## Outpatient Procedure Fee Schedule
## Outpatient Hospital Services

Effective10/1/2006
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.

***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

***APC 610A:*** Emergency Department Screening Fee $32.34 See provider manual for when this APC applies.

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

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 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 | | | $0.00 | APC | $0.00 | | | |
| 00102 | N | ANESTHESIA FOR PROCEDURES ON PLASTIC REPAIR OF CLEFT LIP | | | $0.00 | APC | $0.00 | | | |
| 00103 | N | ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID | | | $0.00 | APC | $0.00 | | | |
| 00104 | N | ANESTHESIA FOR ELECTROCONVULSIVE THERAPY | | | $0.00 | APC | $0.00 | | | |
| 00120 | N | ANESTHESIA FOR PROCEDURES ON EXTERNAL MIDDLE AND INNER EAR | | | $0.00 | APC | $0.00 | | | |
| 00124 | N | ANESTHESIA FOR OTOSCOPY | | | $0.00 | APC | $0.00 | | | |
| 00126 | N | ANESTHESIA FOR TYMPANOTOMY | | | $0.00 | APC | $0.00 | | | |
| 00140 | N | ANESTHESIA FOR PROCEDURES ON EYE; NOS | | | $0.00 | APC | $0.00 | | | |
| 00142 | N | ANESTHESIA FOR LENS SURGERY | | | $0.00 | APC | $0.00 | | | |
| 00144 | N | ANESTHESIA FOR CORNEAL TRANSPLANT | | | $0.00 | APC | $0.00 | | | Y |
| 00145 | N | ANESTHESIA FOR VITREORETINAL SURGERY | | | $0.00 | APC | $0.00 | | | |
| 00147 | N | ANESTHESIA FOR IRIDECTOMY | | | $0.00 | APC | $0.00 | | | |
| 00148 | N | ANESTHESIA FOR OPTHALMOSCOPY | | | $0.00 | APC | $0.00 | | | |
| 00160 | N | ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES; | | | $0.00 | APC | $0.00 | | | |
| 00162 | N | ANESTH FOR PROC ON NOSE/ACCESSORY SINUSES; RADICAL SURGERY | | | $0.00 | APC | $0.00 | | | |
| 00164 | N | ANESTH FOR PROC ON NOSE/ACCESSORY SINSUES; BIOPSY SOFT TISS | | | $0.00 | APC | $0.00 | | | |
| 00170 | N | ANESTHESIA FOR INTRAORAL PROCEDURES INCLUDING BIOPSY; | | | $0.00 | APC | $0.00 | | | |
| 00172 | N | ANESTHESIA FOR REPAIR OF CLEFT PALATE | | | $0.00 | APC | $0.00 | | | |
| 00174 | N | ANESTHESIA FOR EXCISION OF RETROPHARYNGEAL TUMOR | | | $0.00 | APC | $0.00 | | | |
| 00176 | C | ANESTH FOR INTRAORAL PROC INCLUDING BIOPSY; RADICAL SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00190 | N | ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOS | | | $0.00 | APC | $0.00 | | | |
| 00192 | C | ANESTHESIA FOR PROCEDURES ON FACIAL BONES; RADICAL SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00210 | N | ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOS | | | $0.00 | APC | $0.00 | | | |
| 00212 | N | ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS | | | $0.00 | APC | $0.00 | | | |
| 00214 | C | ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES W/VENTRIC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00215 | C | ANES FOR CRANIOPLASTY OR ELEV OF DEP SKULL FX EXTRADURAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00216 | N | ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROC. | | | $0.00 | APC | $0.00 | | | |
| 00218 | N | ANESTH FOR INTRACRANIAL PROCEDURES; PROC IN SITTING POSITION | | | $0.00 | APC | $0.00 | | | |
| 00220 | N | ANESTH INTRCRN NERVE | | | $0.00 | APC | $0.00 | | | |
| 00222 | N | ANESTHESIA FOR ELECTROCOAGULATION OF INTRACRANIAL NERVE | | | $0.00 | APC | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 00300 | N | ANES FOR PX ON INTEG SYS MUSCLES NERVES OF HEAD NECK PTRUNK | | | $0.00 | APC | $0.00 | | | |
| 00320 | N | ANESTH NECK ORGAN 1 & OVER | | | $0.00 | APC | $0.00 | | | |
| 00322 | N | ANESTHESIA FOR NEEDLE BIOPSY OF THYROID | | | $0.00 | APC | $0.00 | | | |
| 00326 | N | ANESTH LARYNX/TRACH < 1 YR | | | $0.00 | APC | $0.00 | | | |
| 00350 | N | ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOS | | | $0.00 | APC | $0.00 | | | |
| 00352 | N | ANESTHESIA FOR PROC ON MAJOR VESSELS OF NECK; SIMPLE LIGATIO | | | $0.00 | APC | $0.00 | | | |
| 00400 | N | ANES FOR PX ON INTEG SYS ON EXTREM ANT TRUNK PERINEUM; NOS | | | $0.00 | APC | $0.00 | | | |
| 00402 | N | ANESTHESIA FOR RECONSTRUCTIVE PROC ON BREAST | | | $0.00 | APC | $0.00 | | | |
| 00404 | C | ANESTH FOR RADICAL OR MODIFIED RADICAL PROC ON BREAST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00406 | C | ANESTH RAD OR MOD RAD PROC/BREAST W/INT MAMMARY NODE DISSECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00410 | N | ANESTHESIA FOELECTRICAL CONVERSION OF ARRYTHMIAS | | | $0.00 | APC | $0.00 | | | |
| 00450 | N | ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA; | | | $0.00 | APC | $0.00 | | | |
| 00452 | C | ANESTH FOR PROC ON CLAVICLE & SCAPULA RADICAL SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00454 | N | ANESTH FOR BIOPSY OF CLAVICLE | | | $0.00 | APC | $0.00 | | | |
| 00470 | N | ANESTHESIA FOR PARTIAL RIB RESECTION; NOS | | | $0.00 | APC | $0.00 | | | |
| 00472 | N | ANESTHESIA FOR THORACOPLASTY | | | $0.00 | APC | $0.00 | | | |
| 00474 | C | ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00500 | N | ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS | | | $0.00 | APC | $0.00 | | | |
| 00520 | N | ANES FOR CLOSED CHEST PX; (INCL BRONCHOSC) NOS | | | $0.00 | APC | $0.00 | | | |
| 00522 | N | ANES FOR CLOSED CHEST PX (INC BRONC);NEEDLE BIOPSY OF PLEURA | | | $0.00 | APC | $0.00 | | | |
| 00524 | C | ANES FOR CLOSED CHEST PX (INC BRONCH); PNEUMOCENTESIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00528 | N | ANESTH CHEST PARTITION VIEW | | | $0.00 | APC | $0.00 | | | |
| 00529 | N | ANESTH CHEST PARTITION VIEW | | | $0.00 | APC | $0.00 | | | |
| 00530 | N | ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION | | | $0.00 | APC | $0.00 | | | |
| 00532 | N | ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION | | | $0.00 | APC | $0.00 | | | |
| 00534 | N | ANESTHESIA FOR TRANSVEN INSERT OR REPLACE OF PACING CARDIOVE | | | $0.00 | APC | $0.00 | | | |
| 00537 | N | ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES | | | $0.00 | APC | $0.00 | | | |
| 00539 | N | ANESTH TRACH-BRONCH RECONST | | | $0.00 | APC | $0.00 | | | |
| 00540 | C | ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS PLEUR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00541 | N | ANESTH ONE LUNG VENTILATION | | | $0.00 | APC | $0.00 | | | |
| 00542 | C | ANESTHESIA FOR DECORTICATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00546 | C | ANESTHESIA FOR PULMONARY RESE TION W/THORACOPLASTY | | | $0.00 | Not Allowed | $0.00 | | | |
| 00548 | N | ANESTH FOR INTRATHORACIC REPAIR ON TRACHEA AND BRONCHI | | | $0.00 | Not Allowed | $0.00 | | | |
| 00550 | N | ANESTHESIA FOR STERNAL DEBRIDEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| 00560 | C | ANESTH, OPEN HEART SURGERY | | | $0.00 | Not Allowed | $0.00 | | | |
| 00561 | C | ANESTH HEART SURG < AGE 1 | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00562 | C | ANESTHESIA FOR PROCEDURES ON HEART PERICARDIUM AND GREAT | | | $0.00 | Not Allowed | $0.00 | | | |
| 00563 | N | ANES FOR HEART PERICARD GREAT VESSELS W/PUMP OXYGENATOR | | | $0.00 | Not Allowed | $0.00 | | | |
| 00566 | N | ANES FOR DIRECT CORONARY ARTERY BYPASS GRAFT W/O PUMP OXYG | | | $0.00 | Not Allowed | $0.00 | | | |
| 00580 | C | ANESTH HEART/LUNG TRANSPLNT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 00600 | N | ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD; | | | $0.00 | APC | $0.00 | | | |
| 00604 | C | ANESTHESIA FOR CERVICAL SPINE & CORD; PATIENT IN SIT POSITIO | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00620 | N | ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD; | | | $0.00 | APC | $0.00 | | | |
| 00622 | C | ANESTHESIA FOR THORACOLUMBAR SYMPATHECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00630 | N | ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOS | | | $0.00 | APC | $0.00 | | | |
| 00632 | C | ANESTHESIA FOR LUMBAR SYMPATHECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00634 | N | ANESTHESIA FOR CHEMONUCLEOLYSIS | | | $0.00 | APC | $0.00 | | | |
| 00635 | N | ANES FOR LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC PUNCTURE | | | $0.00 | APC | $0.00 | | | |
| 00640 | N | ANESTH SPINE MANIPULATION | | | $0.00 | APC | $0.00 | | | |
| 00670 | C | ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (E | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00700 | N | ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL; | | | $0.00 | APC | $0.00 | | | |
| 00702 | N | ANESTHESIA FOR PERCUTANEOUS LIVER BIOPSY | | | $0.00 | APC | $0.00 | | | |
| 00730 | N | ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL | | | $0.00 | APC | $0.00 | | | |
| 00740 | N | ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES | | | $0.00 | APC | $0.00 | | | |
| 00750 | N | ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOS | | | $0.00 | APC | $0.00 | | | |
| 00752 | N | ANESTHESIA FOR LUMBAR/VENTRAL HERNIAS & FOR WOUND DEHISENCE | | | $0.00 | APC | $0.00 | | | |
| 00754 | N | ANESTHESIA FOR OMPHALOCELE | | | $0.00 | APC | $0.00 | | | |
| 00756 | N | ANESTHESIA FOR TRANSABDOMINAL REPAIR OF DIAPHRAGMATIC HERNIA | | | $0.00 | APC | $0.00 | | | |
| 00770 | N | ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSE | | | $0.00 | APC | $0.00 | | | |
| 00790 | N | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN | | | $0.00 | APC | $0.00 | | | |
| 00792 | C | ANESTHESIA FOR PARTIAL HEPATECTOMY (EXCLUDE LIVER BIOPSY) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00794 | C | ANESTHESIA FOR PANCREATECTOMY PARTIAL OR TOTAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00796 | C | ANESTHESIA FOR LIVER TRANSPLANT (RECIPIENT) | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 00797 | N | ANESTH, SURGERY FOR OBESITY | | | $0.00 | APC | $0.00 | | | |
| 00800 | N | ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL; | | | $0.00 | APC | $0.00 | | | |
| 00802 | C | ANESTHESIA FOR PANNICULECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00810 | N | ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES | | | $0.00 | APC | $0.00 | | | |
| 00820 | N | ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL | | | $0.00 | APC | $0.00 | | | |
| 00830 | N | ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN;NOS | | | $0.00 | APC | $0.00 | | | |
| 00832 | N | ANESTHESIA FOR VENTRAL & INCISIONAL HERNIAS | | | $0.00 | APC | $0.00 | | | |
| 00834 | N | ANESTH HERNIA REPAIR< 1 YR | | | $0.00 | APC | $0.00 | | | |
| 00836 | N | ANESTH HERNIA REPAIR PREEMIE | | | $0.00 | APC | $0.00 | | | |
| 00840 | N | ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN | | | $0.00 | APC | $0.00 | | | |
| 00842 | N | ANESTHESIA FOR AMNIOCENTESIS | | | $0.00 | APC | $0.00 | | | |
| 00844 | C | ANESTHESIA FOR ABDOMINOPERINEAL RESECTION | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 00846 | C | ANESTHESIA FOR RADICAL HYSTERECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00848 | C | ANESTHESIA FOR PELVIC EXENTERATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00851 | N | ANES FOR INTRAPERITONEAL PROC IN LOW ABD INCL LAP; TUBAL LIG | | | $0.00 | APC | $0.00 | | | |
| 00860 | N | ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN | | | $0.00 | APC | $0.00 | | | |
| 00862 | N | ANESTHESIA FOR RENAL PROC INCL UPPER 1/3 URETER OR DONOR | | | $0.00 | APC | $0.00 | | | |
| 00864 | C | ANESTHESIA FOR TOTAL CYCTECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00865 | C | RADICAL PROSTATECTOMY (SUPRAPUBIC RETROPUBIC) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00866 | C | ANESTHESIA FOR ADRENALECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00868 | C | ANESTHESIA FOR RENAL TRANSPLANT (RECIPIENT) | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 00870 | N | ANESTHESIA FOR CYSTOLITHOTOMY | | | $0.00 | APC | $0.00 | | | |
| 00872 | N | ANESTHESIA FOR LITHOTRIPSY EXTRACORPOREAL SHOCK WAVE; | | | $0.00 | APC | $0.00 | | | |
| 00873 | N | ANESTHESIA FOR LITHOTRIPSY EXTRACORPOREAL SHOCK WAVE; | | | $0.00 | APC | $0.00 | | | |
| 00880 | N | ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS; | | | $0.00 | APC | $0.00 | | | |
| 00882 | C | ANESTHESIA FOR INFERIOR VENA CAVA LIGATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00902 | N | ANESTH FOR ANORECTAL PROCEDURE | | | $0.00 | APC | $0.00 | | | |
| 00904 | C | ANESTHESIA FOR RADICAL PERINEAL PROCEDURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00906 | N | ANESTHESIA FOR VULVECTOMY | | | $0.00 | APC | $0.00 | | | |
| 00908 | C | ANESTHESIA FOR PERINEAL PROSTATECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00910 | N | ANES FOR TRANSURETHRAL PX; NOT OTHERWISE SPECIFIED | | | $0.00 | APC | $0.00 | | | |
| 00912 | N | ANES FOR TRANSURETHRAL PX; TRANSURETHRAL RESECT BLADDER TUMO | | | $0.00 | APC | $0.00 | | | |
| 00914 | N | ANES FOR TRANSURETHRAL PX; TRANSURETHRAL RESECT PROSTATE | | | $0.00 | APC | $0.00 | | | |
| 00916 | N | ANES FOR TRANSURETHRAL PX; POST-TRANSURETH RESECT BLEEDING | | | $0.00 | APC | $0.00 | | | |
| 00918 | N | ANES FOR TRANSURETHRAL PX;W/FRAGMNT MANIPUL &/OR CALC REMOVA | | | $0.00 | APC | $0.00 | | | |
| 00920 | N | ANESTHESIA FOR PROCEDURES ON MALE GENITALIA; NOS | | | $0.00 | APC | $0.00 | | | |
| 00921 | N | ANESTH VASECTOMY | | | $0.00 | APC | $0.00 | | | |
| 00922 | N | ANESTHESIA FOR PROCEDURES ON SEMINAL VESICLES | | | $0.00 | APC | $0.00 | | | |
| 00924 | N | ANESTHESIA FOR PROCEDURES ON UNDESCENDED TESTIS UNI OR BILA | | | $0.00 | APC | $0.00 | | | |
| 00926 | N | ANESTHESIA FOR RADICAL ORCHIECTOMY INGUINAL | | | $0.00 | APC | $0.00 | | | |
| 00928 | N | ANESTHESIA FOR RADICAL ORCHIECTOMY ABDOMINAL | | | $0.00 | APC | $0.00 | | | |
| 00930 | N | ANESTHESIA FOR ORCHIOPEXY UNILATERAL OR BILATERAL | | | $0.00 | APC | $0.00 | | | |
| 00932 | C | ANESTHESIA FOR COMPLETE AMPUTATION OF PENIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00934 | C | ANESTHESIA FOR RAD AMPUTATION OF PENIS W/BILAT INGUINAL LYMP | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00936 | C | ANESTH FOR RAD AMP OF PENIS W/BILAT INGUINAL & ILIAC LYMPH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00938 | N | ANESTH FOR INSERTION OF PENILE PROSTHESIS (PERINEAL APPROACH | | | $0.00 | APC | $0.00 | | | |
| 00940 | N | ANES FOR VAGINAL PX; NOT OTHERWISE SPECIFIED | | | $0.00 | APC | $0.00 | | | |
| 00942 | N | ANESTH SURG ON VAG/URETHRAL | | | $0.00 | APC | $0.00 | | | |
| 00944 | C | ANES FOR VAGINAL PX; VAGINAL HYSTERECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 00948 | N | ANES FOR VAGINAL PX; CERVICAL CERCLAGE | | | $0.00 | APC | $0.00 | | | |
| 00950 | N | ANES FOR VAGINAL PX; CULDOSCOPY | | | $0.00 | APC | $0.00 | | | |
| 00952 | N | ANES FOR VAGINAL PX; HYSTEROSCOPY &/OR HYSTEROSALPINGOGRAPHY | | | $0.00 | APC | $0.00 | | | |
| 01112 | N | ANESTHESIA FOR BONE MARROW ASP &/OR BIOPSY ILIAC CREST | | | $0.00 | APC | $0.00 | | | |
| 01120 | N | ANESTHESIA FOR PROCEDURES ON BONY PELVIS | | | $0.00 | APC | $0.00 | | | |
| 01130 | N | ANESTHESIA FOR BODY CAST APPLICATION OR REVISION | | | $0.00 | APC | $0.00 | | | |
| 01140 | C | ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01150 | C | ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS EXCEP | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01160 | N | ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS | | | $0.00 | APC | $0.00 | | | |
| 01170 | N | ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR | | | $0.00 | APC | $0.00 | | | |
| 01173 | N | ANESTH FX REPAIR PELVIS | | | $0.00 | APC | $0.00 | | | |
| 01180 | N | ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC | | | $0.00 | APC | $0.00 | | | |
| 01190 | N | ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC | | | $0.00 | APC | $0.00 | | | |
| 01200 | N | ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT | | | $0.00 | APC | $0.00 | | | |
| 01202 | N | ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT | | | $0.00 | APC | $0.00 | | | |
| 01210 | N | ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOS | | | $0.00 | APC | $0.00 | | | |
| 01212 | C | ANESTHESIA FOR HIP DISARTICULATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01214 | C | ANESTH HIP ARTHROPLASTY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01215 | N | ANES FOR OPEN PROCEDURE INVOLVING HIP; REVISION TOTAL HIP | | | $0.00 | APC | $0.00 | | | |
| 01220 | N | ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF | | | $0.00 | APC | $0.00 | | | |
| 01230 | N | ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR; | | | $0.00 | APC | $0.00 | | | |
| 01232 | C | ANESTHESIA FOR AMPUTATION INVOLVING UPPER 2/3 OF FEMUR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01234 | C | ANESTHESIA FOR RADICAL RESECTION INCL UPPER 2/3 OF FEMUR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01250 | N | ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS | | | $0.00 | APC | $0.00 | | | |
| 01260 | N | ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG | | | $0.00 | APC | $0.00 | | | |
| 01270 | N | ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG | | | $0.00 | APC | $0.00 | | | |
| 01272 | C | ANESTHESIA FOR FEMORAL ARTERY LIGATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01274 | C | ANESTHESIA FOR FEMORAL ARTERY EMBOLECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01320 | N | ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS | | | $0.00 | APC | $0.00 | | | |
| 01340 | N | ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR | | | $0.00 | APC | $0.00 | | | |
| 01360 | N | ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR | | | $0.00 | APC | $0.00 | | | |
| 01380 | N | ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT | | | $0.00 | APC | $0.00 | | | |
| 01382 | N | ANESTH DX KNEE ARTHROSCOPY | | | $0.00 | APC | $0.00 | | | |
| 01390 | N | ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA | | | $0.00 | APC | $0.00 | | | |
| 01392 | N | ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA | | | $0.00 | APC | $0.00 | | | |
| 01400 | N | ANESTH KNEE JOINT SURGERY | | | $0.00 | APC | $0.00 | | | |
| 01402 | C | ANESTH KNEE ARTHROPLASTY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01404 | C | ANESTHESIA FOR DISARTICULATION AT KNEE | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 01420 | N | ANESTHESIA FOR ALL CAST APPLICATIONS REMOVAL OR REPAIR INV | | | $0.00 | APC | $0.00 | | | |
| 01430 | N | ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL ARE | | | $0.00 | APC | $0.00 | | | |
| 01432 | N | ANESTHESIA FOR ARTERIOVENOUS FISTULA OF KNEE & POPLITEAL ARE | | | $0.00 | APC | $0.00 | | | |
| 01440 | N | ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL | | | $0.00 | APC | $0.00 | | | |
| 01442 | C | ANEST FOR POPLITEAL THROMBOENDARTECTOMY W/OR W/O PATCH GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01444 | C | ANES FOR POPLITEAL EXC & GRAFT /REPAIR FOR OCCLU/ANEURYSM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01462 | N | ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG ANKLE AN | | | $0.00 | APC | $0.00 | | | |
| 01464 | N | ANESTH ANKLE/FT ARTHROSCOPY | | | $0.00 | APC | $0.00 | | | |
| 01470 | N | ANESTHESIA FOR PROCEDURES ON NERVES MUSCLES TENDONS AND | | | $0.00 | APC | $0.00 | | | |
| 01472 | N | ANES FOR REPAIR RUPTURED ACHILLES TENDON W/OR W/O GRAFT | | | $0.00 | APC | $0.00 | | | |
| 01474 | N | ANEST FOR GASTROCNEMIUS RECESSION (STRAYER PROCEDURE) | | | $0.00 | APC | $0.00 | | | |
| 01480 | N | ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG ANKLE | | | $0.00 | APC | $0.00 | | | |
| 01482 | N | ANESTHESIA FOR RADICAL RESECTION ON BONES OF LOWER LEG ANKLE | | | $0.00 | APC | $0.00 | | | |
| 01484 | N | ANESTHESIA FOR OSEOTOMY OR OSTEOPLASTY OF TIBIA & OR FIBULA | | | $0.00 | APC | $0.00 | | | |
| 01486 | C | ANESTHESIA FOR TOTAL ANKLE REPLACEMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01490 | N | ANESTHESIA FOR LOWER LEG CAST APPLICATION REMOVAL OR REPAI | | | $0.00 | APC | $0.00 | | | |
| 01500 | N | ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG INCLUDIN | | | $0.00 | APC | $0.00 | | | |
| 01502 | C | ANESTHESIA FOR EMBOLECTOMY DIRECT OR CATHETER LOWER LEG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01520 | N | ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOS | | | $0.00 | APC | $0.00 | | | |
| 01522 | N | ANES FOR VENOUS THROMBECTOMY DIRECT OR CATHETER OF LOWER LEG | | | $0.00 | APC | $0.00 | | | |
| 01610 | N | ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS | | | $0.00 | APC | $0.00 | | | |
| 01620 | N | ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NEC | | | $0.00 | APC | $0.00 | | | |
| 01622 | N | ANES DX SHOULDER ARTHROSCOPY | | | $0.00 | APC | $0.00 | | | |
| 01630 | N | ANESTH SURGERY OF SHOULDER | | | $0.00 | APC | $0.00 | | | |
| 01632 | C | ANESTHESIA FOR RADICAL RESECTION ON HUMERAL HEAD & NECK STE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01634 | C | ANESTHESIA FOR SHOULDER DISARTICULATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01636 | C | ANESTHESIA FOR INTERTHORACOSCAPULAR (FOREQUARTER) AMPUTATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01638 | C | ANESTHESIA FOR TOTAL SHOULDER REPLACEMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01650 | N | ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA | | | $0.00 | APC | $0.00 | | | |
| 01652 | C | ANESTHESIA FOR AXILLARY-BRACHIAL ANEURYSM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01654 | C | ANESTHESIA FOR BYPASS GRAFT ON ARTERIES OF SHOULDER & AXILLA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01656 | C | ANESTHESIA FOR AXILLARY-FEMORAL BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01670 | N | ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILL | | | $0.00 | APC | $0.00 | | | |
| 01680 | N | ANESTHESIA FOR SHOULDER CAST APPLICATION REMOVAL OR REPAIR; | | | $0.00 | APC | $0.00 | | | |
| 01682 | N | ANESTHESIA FOR SHOULDER SPICA APPLICATION REMOVAL OR REPAIR | | | $0.00 | APC | $0.00 | | | |
| 01710 | N | ANESTHESIA FOR PROCEDURES ON NERVES MUSCLES TENDONS FASCI | | | $0.00 | APC | $0.00 | | | |
| 01712 | N | ANESTHESIA FOR TENOTOMY ELBOW TO SHOULDER OPEN | | | $0.00 | APC | $0.00 | | | |
| 01714 | N | ANESTHESIA FOR TENOPLASTY ELBOW TO SHOULDER | | | $0.00 | APC | $0.00 | | | |
| 01716 | N | ANESTHESIA FOR TENODESIS RUPTURE OF LONG TENDON OF BICEPS | | | $0.00 | APC | $0.00 | | | |
| 01730 | N | ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW | | | $0.00 | APC | $0.00 | | | |
| 01732 | N | ANESTH DX ELBOW ARTHROSCOPY | | | $0.00 | APC | $0.00 | | | |
| 01740 | N | ANESTH UPPER ARM SURGERY | | | $0.00 | APC | $0.00 | | | |
| 01742 | N | ANESTHESIA FOR OSTEOTOMY OF HUMERUS | | | $0.00 | APC | $0.00 | | | |
| 01744 | N | ANESTHESIA FOR REPAIR OF NONUNION OR MALUNION OF HUMERUS | | | $0.00 | APC | $0.00 | | | |
| 01756 | C | ANESTHESIA FOR RADICAL PROCEDURES ON HUMERUS AND ELBOW | | | $0.00 | Fee Schedule | $0.00 | | | |
| 01758 | N | ANESTHESIA FOR EXCISION OF CYST OR TUMOR OF HUMERUS | | | $0.00 | APC | $0.00 | | | |
| 01760 | N | ANESTHESIA FOR TOTAL ELBOW REPLACEMENT | | | $0.00 | APC | $0.00 | | | |
| 01770 | N | ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW | | | $0.00 | APC | $0.00 | | | |
| 01772 | N | ANESTHESIA FOR EMBOLECTOMY OF UPPER ARM AND ELBOW | | | $0.00 | APC | $0.00 | | | |
| 01780 | N | ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW; | | | $0.00 | APC | $0.00 | | | |
| 01782 | N | ANESTHESIA FOR PHLEBORRHAPHY OF UPPER ARM & ELBOW | | | $0.00 | APC | $0.00 | | | |
| 01810 | N | ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS | | | $0.00 | APC | $0.00 | | | |
| 01820 | N | ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS ULNA WRIST | | | $0.00 | APC | $0.00 | | | |
| 01829 | N | ANESTH DX WRIST ARTHROSCOPY | | | $0.00 | APC | $0.00 | | | |
| 01830 | N | ANESTH LOWER ARM SURGERY | | | $0.00 | APC | $0.00 | | | |
| 01832 | N | ANESTHESIA FOR TOTAL WRIST REPLACEMENT | | | $0.00 | APC | $0.00 | | | |
| 01840 | N | ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM WRIST AND | | | $0.00 | APC | $0.00 | | | |
| 01842 | N | ANESTHESIA FOR EMBOLECTOMY OF FOREARM WRIST AND | | | $0.00 | APC | $0.00 | | | |
| 01844 | N | ANESTHESIA FOR VASCULAR SHUNT OR SHUNT REVISION ANY TYPE ( | | | $0.00 | APC | $0.00 | | | |
| 01850 | N | ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM WRIST AND HA | | | $0.00 | APC | $0.00 | | | |
| 01852 | N | ANESTHESIA FOR PHLEBORRHAPHY OF FOREARM WRIST AND HAND | | | $0.00 | APC | $0.00 | | | |
| 01860 | N | ANESTHESIA FOR FOREARM WRIST OR HAND CAST APPLICATION REM | | | $0.00 | APC | $0.00 | | | |
| 01905 | N | ANESTHESIA FOR MYELOGRAPHY DISKOGRAPHY VERTEBROPLASTY | | | $0.00 | APC | $0.00 | | | |
| 01916 | N | ANESTH DX ARTERIOGRAPHY | | | $0.00 | APC | $0.00 | | | |
| 01920 | N | ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY AN | | | $0.00 | APC | $0.00 | | | |
| 01922 | N | ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY | | | $0.00 | APC | $0.00 | | | |
| 01924 | N | ANES THER INTERVEN RAD ART | | | $0.00 | APC | $0.00 | | | |
| 01925 | N | ANESTH FOR RADIOL PROC INVOLV ARTL SYS CAROTIDOR CORONARY | | | $0.00 | APC | $0.00 | | | |
| 01926 | N | ANES TX INTERV RAD HRT/CRAN | | | $0.00 | APC | $0.00 | | | |
| 01930 | N | ANESTH FOR RADIOL PROC INVOLV VENOUS/LYMPH SYS NOS | | | $0.00 | APC | $0.00 | | | |
| 01931 | N | ANES THER INTERVEN RAD TIP | | | $0.00 | APC | $0.00 | | | |
| 01932 | N | ANES FOR RADIOL PROC INVOLV VEN/LYMPH SYS INTRATHOR JUGULA | | | $0.00 | APC | $0.00 | | | |
| 01933 | N | ANES TX INTERV RAD INTRACRANIAL | | | $0.00 | APC | $0.00 | | | |
| 01951 | N | ANES 2ND&3RD DEG BURN EXCISION OR DEBRIDEMENT; < 1% TBSA | | | $0.00 | APC | $0.00 | | | |
| 01952 | N | ANESTH, BURN, 4-9 PERCENT | | | $0.00 | APC | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 01953 | N | ANES 2ND&3RD DEG BURN EXCISION OR DEBRIDEMENT; EACH +9%TBSA | | | $0.00 | APC | $0.00 | | | |
| 01958 | N | ANESTH ANTEPARTUM MANIPUL | | | $0.00 | APC | $0.00 | | | |
| 01960 | N | ANESTH VAGINAL DELIVERY | | | $0.00 | APC | $0.00 | | | |
| 01961 | N | ANESTH CS DELIVERY | | | $0.00 | APC | $0.00 | | | |
| 01962 | N | ANESTH EMER HYSTERECTOMY | | | $0.00 | APC | $0.00 | | | |
| 01963 | N | ANESTH CS HYSTERECTOMY | | | $0.00 | APC | $0.00 | | | |
| 01965 | N | ANESTH INC/MISSED AB PROC | | | $0.00 | APC | $0.00 | | | |
| 01966 | N | ANESTH INDUCED AB PROCEDURE | | | $0.00 | APC | $0.00 | | | |
| 01967 | N | NEURAXIAL LABOR ANESTH FOR PLANNED VAGINAL DELIVERY | | | $0.00 | APC | $0.00 | | | |
| 01968 | N | ANES/ANALG CS DELIVER ADD-ON | | | $0.00 | APC | $0.00 | | | |
| 01969 | N | ANESTH/ANALG CS HYST ADD-ON | | | $0.00 | APC | $0.00 | | | |
| 01990 | C | PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN- | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 01991 | N | ANESTH NERVE BLOCK/INJ | | | $0.00 | APC | $0.00 | | | |
| 01992 | N | ANESTH N BLOCK/INJ PRONE | | | $0.00 | APC | $0.00 | | | |
| 01995 | N | REGIONAL ANESTHESIA LIMB | | | $0.00 | APC | $0.00 | | | |
| 01996 | N | HOSP MANAGE CONT DRUG ADMIN | | | $0.00 | APC | $0.00 | | | |
| 01999 | N | UNLISTED ANESTHESIA PROCEDURE(S) | | | $0.00 | APC | $0.00 | | | |
| 10021 | T | FNA W/O IMAGE | 0002 | 0.9357 | $44.68 | APC | $44.68 | | | |
| 10022 | T | FNA W/IMAGE | 0036 | 2.1838 | $104.28 | APC | $104.28 | | | |
| 10040 | T | ACNE SURGERY | 0010 | 0.5923 | $28.28 | APC | $28.28 | | | |
| 10060 | T | DRAINAGE OF SKIN ABSCESS | 0006 | 1.5100 | $72.10 | APC | $72.10 | | | |
| 10061 | T | DRAINAGE OF SKIN ABSCESS | 0006 | 1.5100 | $72.10 | APC | $72.10 | | | |
| 10080 | T | DRAINAGE OF PILONIDAL CYST | 0006 | 1.5100 | $72.10 | APC | $72.10 | | | |
| 10081 | T | DRAINAGE OF PILONIDAL CYST | 0007 | 11.6717 | $557.32 | APC | $557.32 | | | |
| 10120 | T | REMOVE FOREIGN BODY | 0006 | 1.5100 | $72.10 | APC | $72.10 | | | |
| 10121 | T | REMOVE FOREIGN BODY | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 10140 | T | DRAINAGE OF HEMATOMA/FLUID | 0007 | 11.6717 | $557.32 | APC | $557.32 | | | |
| 10160 | T | PUNCTURE DRAINAGE OF LESION | 0018 | 1.1010 | $52.57 | APC | $52.57 | | | |
| 10180 | T | COMPLEX DRAINAGE, WOUND | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 11000 | T | DEBRIDE INFECTED SKIN | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 11001 | T | DEBRIDE INFECTED SKIN ADD-ON | 0012 | 0.8477 | $40.48 | APC | $40.48 | | | |
| 11004 | C | DEBRIDE GENITALIA & PERINEUM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 11005 | C | DEBRIDE ABDOM WALL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 11006 | C | DEBRIDE GENIT/PER/ABDOM WALL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 11008 | C | REMOVE MESH FROM ABD WALL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 11010 | T | DEBRIDE SKIN FX | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 11011 | T | DEBRIDE SKIN/MUSCLE FX | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 11012 | T | DEBRIDE SKIN/MUSCLE/BONE FX | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 11040 | T | DEBRIDE SKIN, PARTIAL | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 11041 | T | DEBRIDE SKIN, FULL | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 11042 | T | DEBRIDE SKIN/TISSUE | 0016 | 2.5080 | $119.76 | APC | $119.76 | | | |
| 11043 | T | DEBRIDE TISSUE/MUSCLE | 0016 | 2.5080 | $119.76 | APC | $119.76 | | | |
| 11044 | T | DEBRIDE TISSUE/MUSCLE/BONE | 0682 | 6.7313 | $321.42 | APC | $321.42 | | | |
| 11055 | T | TRIM SKIN LESION | 0012 | 0.8477 | $40.48 | APC | $40.48 | | | |
| 11056 | T | TRIM SKIN LESIONS, 2 TO 4 | 0012 | 0.8477 | $40.48 | APC | $40.48 | | | |
| 11057 | T | TRIM SKIN LESIONS, OVER 4 | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 11100 | T | BIOPSY SKIN LESION | 0018 | 1.1010 | $52.57 | APC | $52.57 | | | |
| 11101 | T | BIOPSY, SKIN ADD-ON | 0018 | 1.1010 | $52.57 | APC | $52.57 | | | |
| 11200 | T | REMOVAL OF SKIN TAGS | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 11201 | T | REMOVE SKIN TAGS ADD-ON | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 11300 | T | SHAVE SKIN LESION | 0012 | 0.8477 | $40.48 | APC | $40.48 | | | |
| 11301 | T | SHAVE SKIN LESION | 0012 | 0.8477 | $40.48 | APC | $40.48 | | | |
| 11302 | T | SHAVE SKIN LESION | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 11303 | T | SHAVE SKIN LESION | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 11305 | T | SHAVE SKIN LESION | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 11306 | T | SHAVE SKIN LESION | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 11307 | T | SHAVE SKIN LESION | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 11308 | T | SHAVE SKIN LESION | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 11310 | T | SHAVE SKIN LESION | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 11311 | T | SHAVE SKIN LESION | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 11312 | T | SHAVE SKIN LESION | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 11313 | T | SHAVE SKIN LESION | 0016 | 2.5080 | $119.76 | APC | $119.76 | | | |
| 11400 | T | EXC TR-EXT B9+MARG 0.5 < CM | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 11401 | T | EXC TR-EXT B9+MARG 0.6-1 CM | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 11402 | T | EXC TR-EXT B9+MARG 1.1-2 CM | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 11403 | T | EXC TR-EXT B9+MARG 2.1-3 CM | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11404 | T | EXC TR-EXT B9+MARG 3.1-4 CM | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 11406 | T | EXC TR-EXT B9+MARG > 4.0 CM | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 11420 | T | EXC H-F-NK-SP B9+MARG 0.5 < | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11421 | T | EXC H-F-NK-SP B9+MARG 0.6-1 | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11422 | T | EXC H-F-NK-SP B9+MARG 1.1-2 | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11423 | T | EXC H-F-NK-SP B9+MARG 2.1-3 | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 11424 | T | EXC H-F-NK-SP B9+MARG 3.1-4 | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 11426 | T | EXC H-F-NK-SP B9+MARG > 4 CM | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11440 | T | EXC FACE-MM B9+MARG 0.5 < CM | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 11441 | T | EXC FACE-MM B9+MARG 0.6-1 CM | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 11442 | T | EXC FACE-MM B9+MARG 1.1-2 CM | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11443 | T | EXC FACE-MM B9+MARG 2.1-3 CM | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11444 | T | EXC FACE-MM B9+MARG 3.1-4 CM | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11446 | T | EXC FACE-MM B9+MARG > 4 CM | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11450 | T | REMOVAL, SWEAT GLAND LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11451 | T | REMOVAL, SWEAT GLAND LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11462 | T | REMOVAL, SWEAT GLAND LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11463 | T | REMOVAL, SWEAT GLAND LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11470 | T | REMOVAL, SWEAT GLAND LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11471 | T | REMOVAL, SWEAT GLAND LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11600 | T | EXC TR-EXT MLG+MARG 0.5 < CM | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 11601 | T | EXC TR-EXT MLG+MARG 0.6-1 CM | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 11602 | T | EXC TR-EXT MLG+MARG 1.1-2 CM | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 11603 | T | EXC TR-EXT MLG+MARG 2.1-3 CM | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11604 | T | EXC TR-EXT MLG+MARG 3.1-4 CM | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11606 | T | EXC TR-EXT MLG+MARG > 4 CM | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 11620 | T | EXC H-F-NK-SP MLG+MARG 0.5 < | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11621 | T | EXC H-F-NK-SP MLG+MARG 0.6-1 | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 11622 | T | EXC H-F-NK-SP MLG+MARG 1.1-2 | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11623 | T | EXC H-F-NK-SP MLG+MARG 2.1-3 | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 11624 | T | EXC H-F-NK-SP MLG+MARG 3.1-4 | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 11626 | T | EXC H-F-NK-SP MLG+MAR > 4 CM | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11640 | T | EXC FACE-MM MALIG+MARG 0.5 < | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11641 | T | EXC FACE-MM MALIG+MARG 0.6-1 | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11642 | T | EXC FACE-MM MALIG+MARG 1.1-2 | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11643 | T | EXC FACE-MM MALIG+MARG 2.1-3 | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 11644 | T | EXC FACE-MM MALIG+MARG 3.1-4 | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 11646 | T | EXC FACE-MM MLG+MARG > 4 CM | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11719 | T | TRIM NAIL(S) | 0009 | 0.7513 | $35.87 | APC | $35.87 | | | |
| 11720 | T | DEBRIDE NAIL, 1-5 | 0009 | 0.7513 | $35.87 | APC | $35.87 | | | |
| 11721 | T | DEBRIDE NAIL, 6 OR MORE | 0009 | 0.7513 | $35.87 | APC | $35.87 | | | |
| 11730 | T | REMOVAL OF NAIL PLATE | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 11732 | T | REMOVE NAIL PLATE, ADD-ON | 0012 | 0.8477 | $40.48 | APC | $40.48 | | | |
| 11740 | T | DRAIN BLOOD FROM UNDER NAIL | 0009 | 0.7513 | $35.87 | APC | $35.87 | | | |
| 11750 | T | REMOVAL OF NAIL BED | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 11752 | T | REMOVE NAIL BED/FINGER TIP | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11755 | T | BIOPSY, NAIL UNIT | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 11760 | T | REPAIR OF NAIL BED | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 11762 | T | RECONSTRUCTION OF NAIL BED | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 11765 | T | EXCISION OF NAIL FOLD, TOE | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 11770 | T | REMOVAL OF PILONIDAL LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11771 | T | REMOVAL OF PILONIDAL LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11772 | T | REMOVAL OF PILONIDAL LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11900 | T | INJECTION INTO SKIN LESIONS | 0012 | 0.8477 | $40.48 | APC | $40.48 | | | |
| 11901 | T | ADDED SKIN LESIONS INJECTION | 0012 | 0.8477 | $40.48 | APC | $40.48 | | | |
| 11920 | T | CORRECT SKIN COLOR DEFECTS | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 11921 | T | CORRECT SKIN COLOR DEFECTS | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 11922 | T | CORRECT SKIN COLOR DEFECTS | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 11950 | T | THERAPY FOR CONTOUR DEFECTS | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 11951 | T | THERAPY FOR CONTOUR DEFECTS | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 11952 | T | THERAPY FOR CONTOUR DEFECTS | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 11954 | T | THERAPY FOR CONTOUR DEFECTS | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 11960 | T | INSERT TISSUE EXPANDER(S) | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 11970 | T | REPLACE TISSUE EXPANDER | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 11971 | T | REMOVE TISSUE EXPANDER(S) | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 11975 | M | INSERT CONTRACEPTIVE CAP | | | $0.00 | By Report | $0.00 | | | |
| 11976 | T | REMOVAL OF CONTRACEPTIVE CAP | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 11977 | M | REMOVAL/REINSERT CONTRA CAP | | | $0.00 | By Report | $0.00 | | | |
| 11980 | X | IMPLANT HORMONE PELLET(S) | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 11981 | X | INSERT DRUG IMPLANT DEVICE | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 11982 | X | REMOVE DRUG IMPLANT DEVICE | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 11983 | X | REMOVE/INSERT DRUG IMPLANT | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 12001 | T | REPAIR SUPERFICIAL WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12002 | T | REPAIR SUPERFICIAL WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12004 | T | REPAIR SUPERFICIAL WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12005 | T | REPAIR SUPERFICIAL WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12006 | T | REPAIR SUPERFICIAL WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12007 | T | REPAIR SUPERFICIAL WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12011 | T | REPAIR SUPERFICIAL WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12013 | T | REPAIR SUPERFICIAL WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12014 | T | REPAIR SUPERFICIAL WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12015 | T | REPAIR SUPERFICIAL WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12016 | T | REPAIR SUPERFICIAL WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12017 | T | REPAIR SUPERFICIAL WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 12018 | T | REPAIR SUPERFICIAL WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12020 | T | CLOSURE OF SPLIT WOUND | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12021 | T | CLOSURE OF SPLIT WOUND | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12031 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12032 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12034 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12035 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12036 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12037 | T | LAYER CLOSURE OF WOUND(S) | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 12041 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12042 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12044 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12045 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12046 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12047 | T | LAYER CLOSURE OF WOUND(S) | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 12051 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12052 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12053 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12054 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12055 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12056 | T | LAYER CLOSURE OF WOUND(S) | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 12057 | T | LAYER CLOSURE OF WOUND(S) | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 13100 | T | REPAIR OF WOUND OR LESION | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 13101 | T | REPAIR OF WOUND OR LESION | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 13102 | T | REPAIR WOUND/LESION ADD-ON | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 13120 | T | REPAIR OF WOUND OR LESION | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 13121 | T | REPAIR OF WOUND OR LESION | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 13122 | T | REPAIR WOUND/LESION ADD-ON | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 13131 | T | REPAIR OF WOUND OR LESION | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 13132 | T | REPAIR OF WOUND OR LESION | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 13133 | T | REPAIR WOUND/LESION ADD-ON | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 13150 | T | REPAIR OF WOUND OR LESION | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 13151 | T | REPAIR OF WOUND OR LESION | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 13152 | T | REPAIR OF WOUND OR LESION | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 13153 | T | REPAIR WOUND/LESION ADD-ON | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 13160 | T | LATE CLOSURE OF WOUND | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 14000 | T | SKIN TISSUE REARRANGEMENT | 0686 | 13.4973 | $644.50 | APC | $644.50 | | | |
| 14001 | T | SKIN TISSUE REARRANGEMENT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 14020 | T | SKIN TISSUE REARRANGEMENT | 0686 | 13.4973 | $644.50 | APC | $644.50 | | | |
| 14021 | T | SKIN TISSUE REARRANGEMENT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 14040 | T | SKIN TISSUE REARRANGEMENT | 0686 | 13.4973 | $644.50 | APC | $644.50 | | | |
| 14041 | T | SKIN TISSUE REARRANGEMENT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 14060 | T | SKIN TISSUE REARRANGEMENT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 14061 | T | SKIN TISSUE REARRANGEMENT | 0686 | 13.4973 | $644.50 | APC | $644.50 | | | |
| 14300 | T | SKIN TISSUE REARRANGEMENT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 14350 | T | SKIN TISSUE REARRANGEMENT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15000 | T | WOUND PREP 1ST 100 SQ CM | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15001 | T | WOUND PREP ADDL 100 SQ CM | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15040 | T | HARVEST CULTURED SKIN GRAFT | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 15050 | T | SKIN PINCH GRAFT | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15100 | T | SKIN SPLT GRFT TRNK/ARM/LEG | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15101 | T | SKIN SPLT GRFT T/A/L ADD-ON | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15110 | T | EPIDRM AUTOGRFT TRNK/ARM/LEG | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15111 | T | EPIDRM AUTOGRFT T/A/L ADD-ON | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15115 | T | EPIDRM A-GRFT FACE/NCK/HF/G | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15116 | T | EPIDRM A-GRFT F/N/HF/G ADDL | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15120 | T | SKN SPLT A-GRFT FAC/NCK/HF/G | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15121 | T | SKN SPLT A-GRFT F/N/HF/G ADD | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15130 | T | DERM AUTOGRAFT TRNK/ARM/LEG | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15131 | T | DERM AUTOGRAFT T/A/L ADD-ON | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15135 | T | DERM AUTOGRAFT FACE/NCK/HF/G | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15136 | T | DERM AUTOGRAFT F/N/HF/G ADD | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15150 | T | CULT EPIDERM GRFT T/ARM/LEG | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15151 | T | CULT EPIDERM GRFT T/A/L ADDL | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15152 | T | CULT EPIDERM GRAFT T/A/L +% | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15155 | T | CULT EPIDERM GRAFT F/N/HF/G | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15156 | T | CULT EPIDRM GRFT F/N/HFG ADD | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15157 | T | CULT EPIDERM GRFT F/N/HFG +% | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15170 | T | ACELL GRAFT TRUNK/ARMS/LEGS | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 15171 | T | ACELL GRAFT T/ARM/LEG ADD-ON | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 15175 | T | ACELLULAR GRAFT F/N/HF/G | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 15176 | T | ACELL GRAFT F/N/HF/G ADD-ON | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 15200 | T | SKIN FULL GRAFT TRUNK | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15201 | T | SKIN FULL GRAFT TRUNK ADD-ON | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15220 | T | SKIN FULL GRAFT SCLP/ARM/LEG | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 15221 | T | SKIN FULL GRAFT ADD-ON | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15240 | T | SKIN FULL GRFT FACE/GENIT/HF | 0686 | 13.4973 | $644.50 | APC | $644.50 | | | |
| 15241 | T | SKIN FULL GRAFT ADD-ON | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15260 | T | SKIN FULL GRAFT EEN & LIPS | 0686 | 13.4973 | $644.50 | APC | $644.50 | | | |
| 15261 | T | SKIN FULL GRAFT ADD-ON | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15300 | T | APPLY SKINALLOGRFT T/ARM/LG | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15301 | T | APPLY SKNALLOGRFT T/A/L ADDL | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15320 | T | APPLY SKIN ALLOGRFT F/N/HF/G | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15321 | T | APLY SKNALLOGRFT F/N/HFG ADD | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15330 | T | APLY ACELL ALOGRFT T/ARM/LEG | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15331 | T | APLY ACELL GRFT T/A/L ADD-ON | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15335 | T | APPLY ACELL GRAFT F/N/HF/G | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15336 | T | APLY ACELL GRFT F/N/HF/G ADD | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15340 | T | APPLY CULT SKIN SUBSTITUTE | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 15341 | T | APPLY CULT SKIN SUB ADD-ON | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 15360 | T | APPLY CULT DERM SUB T/A/L | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 15361 | T | APLY CULT DERM SUB T/A/L ADD | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 15365 | T | APPLY CULT DERM SUB F/N/HF/G | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 15366 | T | APPLY CULT DERM F/HF/G ADD | 0024 | 1.5513 | $74.07 | APC | $74.07 | | | |
| 15400 | T | APPLY SKIN XENOGRAFT T/A/L | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15401 | T | APPLY SKN XENOGRFT T/A/L ADD | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15420 | T | APPLY SKIN XGRAFT F/N/HF/G | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15421 | T | APPLY SKN XGRFT F/N/HF/G ADD | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15430 | T | APPLY ACELLULAR XENOGRAFT | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15431 | T | APPLY ACELLULAR XGRAFT ADD | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 15570 | T | FORM SKIN PEDICLE FLAP | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15572 | T | FORM SKIN PEDICLE FLAP | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15574 | T | FORM SKIN PEDICLE FLAP | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15576 | T | FORM SKIN PEDICLE FLAP | 0686 | 13.4973 | $644.50 | APC | $644.50 | | | |
| 15600 | T | SKIN GRAFT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15610 | T | SKIN GRAFT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15620 | T | SKIN GRAFT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15630 | T | SKIN GRAFT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15650 | T | TRANSFER SKIN PEDICLE FLAP | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15732 | T | MUSCLE-SKIN GRAFT, HEAD/NECK | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15734 | T | MUSCLE-SKIN GRAFT, TRUNK | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15736 | T | MUSCLE-SKIN GRAFT, ARM | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15738 | T | MUSCLE-SKIN GRAFT, LEG | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15740 | T | ISLAND PEDICLE FLAP GRAFT | 0686 | 13.4973 | $644.50 | APC | $644.50 | | | |
| 15750 | T | NEUROVASCULAR PEDICLE GRAFT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15756 | C | FREE MYO/SKIN FLAP MICROVASC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 15757 | C | FREE SKIN FLAP MICROVASC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 15758 | C | FREE FASCIAL FLAP MICROVASC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 15760 | T | COMPOSITE SKIN GRAFT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15770 | T | DERMA-FAT-FASCIA GRAFT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15775 | T | HAIR TRANSPLANT PUNCH GRAFTS | | | $0.00 | Not Allowed | | | | |
| 15776 | T | HAIR TRANSPLANT PUNCH GRAFTS | | | $0.00 | Not Allowed | | | | |
| 15780 | T | ABRASION TREATMENT OF SKIN | | | $0.00 | Not Allowed | | | | |
| 15781 | T | ABRASION TREATMENT OF SKIN | | | $0.00 | Not Allowed | | | | |
| 15782 | T | ABRASION TREATMENT OF SKIN | | | $0.00 | Not Allowed | | | | |
| 15783 | T | ABRASION TREATMENT OF SKIN | | | $0.00 | Not Allowed | | | | |
| 15786 | T | ABRASION, LESION, SINGLE | | | $0.00 | Not Allowed | | | | |
| 15787 | T | ABRASION, LESIONS, ADD-ON | | | $0.00 | Not Allowed | | | | |
| 15788 | T | CHEMICAL PEEL, FACE, EPIDERM | | | $0.00 | Not Allowed | | | | |
| 15789 | T | CHEMICAL PEEL, FACE, DERMAL | | | $0.00 | Not Allowed | | | | |
| 15792 | T | CHEMICAL PEEL, NONFACIAL | | | $0.00 | Not Allowed | | | | |
| 15793 | T | CHEMICAL PEEL, NONFACIAL | | | $0.00 | Not Allowed | | | | |
| 15819 | T | PLASTIC SURGERY, NECK | | | $0.00 | Not Allowed | | | | |
| 15820 | T | REVISION OF LOWER EYELID | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | Y |
| 15821 | T | REVISION OF LOWER EYELID | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | Y |
| 15822 | T | REVISION OF UPPER EYELID | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | Y |
| 15823 | T | REVISION OF UPPER EYELID | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | Y |
| 15824 | T | REMOVAL OF FOREHEAD WRINKLES | | | $0.00 | Not Allowed | | | | Y |
| 15825 | T | REMOVAL OF NECK WRINKLES | | | $0.00 | Not Allowed | | | | Y |
| 15826 | T | REMOVAL OF BROW WRINKLES | | | $0.00 | Not Allowed | | | | Y |
| 15828 | T | REMOVAL OF FACE WRINKLES | | | $0.00 | Not Allowed | | | | Y |
| 15829 | T | REMOVAL OF SKIN WRINKLES | | | $0.00 | Not Allowed | | | | Y |
| 15831 | T | EXCISE EXCESSIVE SKIN TISSUE | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | Y |
| 15832 | T | EXCISE EXCESSIVE SKIN TISSUE | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | Y |
| 15833 | T | EXCISE EXCESSIVE SKIN TISSUE | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | Y |
| 15834 | T | EXCISE EXCESSIVE SKIN TISSUE | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | Y |
| 15835 | T | EXCISE EXCESSIVE SKIN TISSUE | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | Y |
| 15836 | T | EXCISE EXCESSIVE SKIN TISSUE | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | Y |
| 15837 | T | EXCISE EXCESSIVE SKIN TISSUE | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | Y |
| 15838 | T | EXCISE EXCESSIVE SKIN TISSUE | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | Y |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 15839 | T | EXCISE EXCESSIVE SKIN TISSUE | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | Y |
| 15840 | T | GRAFT FOR FACE NERVE PALSY | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15841 | T | GRAFT FOR FACE NERVE PALSY | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15842 | T | FLAP FOR FACE NERVE PALSY | 0686 | 13.4973 | $644.50 | APC | $644.50 | | | |
| 15845 | T | SKIN AND MUSCLE REPAIR, FACE | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15850 | T | REMOVAL OF SUTURES | 0016 | 2.5080 | $119.76 | APC | $119.76 | | | |
| 15851 | T | REMOVAL OF SUTURES | 0016 | 2.5080 | $119.76 | APC | $119.76 | | | |
| 15852 | X | DRESSING CHANGE NOT FOR BURN | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 15860 | X | TEST FOR BLOOD FLOW IN GRAFT | 0359 | 0.8036 | $38.37 | APC | $38.37 | | | |
| 15876 | T | SUCTION ASSISTED LIPECTOMY | | | $0.00 | Not Allowed | | | | |
| 15877 | T | SUCTION ASSISTED LIPECTOMY | | | $0.00 | Not Allowed | | | | |
| 15878 | T | SUCTION ASSISTED LIPECTOMY | | | $0.00 | Not Allowed | | | | |
| 15879 | T | SUCTION ASSISTED LIPECTOMY | | | $0.00 | Not Allowed | | | | Y |
| 15920 | T | REMOVAL OF TAIL BONE ULCER | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 15922 | T | REMOVAL OF TAIL BONE ULCER | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15931 | T | REMOVE SACRUM PRESSURE SORE | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 15933 | T | REMOVE SACRUM PRESSURE SORE | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 15934 | T | REMOVE SACRUM PRESSURE SORE | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15935 | T | REMOVE SACRUM PRESSURE SORE | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15936 | T | REMOVE SACRUM PRESSURE SORE | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15937 | T | REMOVE SACRUM PRESSURE SORE | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15940 | T | REMOVE HIP PRESSURE SORE | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 15941 | T | REMOVE HIP PRESSURE SORE | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 15944 | T | REMOVE HIP PRESSURE SORE | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15945 | T | REMOVE HIP PRESSURE SORE | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15946 | T | REMOVE HIP PRESSURE SORE | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15950 | T | REMOVE THIGH PRESSURE SORE | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 15951 | T | REMOVE THIGH PRESSURE SORE | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 15952 | T | REMOVE THIGH PRESSURE SORE | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15953 | T | REMOVE THIGH PRESSURE SORE | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15956 | T | REMOVE THIGH PRESSURE SORE | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15958 | T | REMOVE THIGH PRESSURE SORE | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 15999 | T | REMOVAL OF PRESSURE SORE | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 16000 | T | INITIAL TREATMENT OF BURN(S) | 0012 | 0.8477 | $40.48 | APC | $40.48 | | | |
| 16020 | T | DRESS/DEBRID P-THICK BURN S | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 16025 | T | DRESS/DEBRID P-THICK BURN M | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 16030 | T | DRESS/DEBRID P-THICK BURN L | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 16035 | C | INCISION OF BURN SCAB INITI | | | $0.00 | Fee Schedule | $0.00 | | | |
| 16036 | C | ESCHAROTOMY; ADDI L INCISION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 17000 | T | DESTROY BENIGN/PREMLG LESION | 0010 | 0.5923 | $28.28 | APC | $28.28 | | | |
| 17003 | T | DESTROY LESIONS, 2-14 | 0010 | 0.5923 | $28.28 | APC | $28.28 | | | |
| 17004 | T | DESTROY LESIONS, 15 OR MORE | 0011 | 2.2274 | $106.36 | APC | $106.36 | | | |
| 17106 | T | DESTRUCTION OF SKIN LESIONS | 0011 | 2.2274 | $106.36 | APC | $106.36 | | | |
| 17107 | T | DESTRUCTION OF SKIN LESIONS | 0011 | 2.2274 | $106.36 | APC | $106.36 | | | |
| 17108 | T | DESTRUCTION OF SKIN LESIONS | 0011 | 2.2274 | $106.36 | APC | $106.36 | | | |
| 17110 | T | DESTRUCT LESION, 1-14 | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 17111 | T | DESTRUCT LESION, 15 OR MORE | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 17250 | T | CHEMICAL CAUTERY, TISSUE | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 17260 | T | DESTRUCTION OF SKIN LESIONS | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 17261 | T | DESTRUCTION OF SKIN LESIONS | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 17262 | T | DESTRUCTION OF SKIN LESIONS | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 17263 | T | DESTRUCTION OF SKIN LESIONS | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 17264 | T | DESTRUCTION OF SKIN LESIONS | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 17266 | T | DESTRUCTION OF SKIN LESIONS | 0016 | 2.5080 | $119.76 | APC | $119.76 | | | |
| 17270 | T | DESTRUCTION OF SKIN LESIONS | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 17271 | T | DESTRUCTION OF SKIN LESIONS | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 17272 | T | DESTRUCTION OF SKIN LESIONS | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 17273 | T | DESTRUCTION OF SKIN LESIONS | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 17274 | T | DESTRUCTION OF SKIN LESIONS | 0016 | 2.5080 | $119.76 | APC | $119.76 | | | |
| 17276 | T | DESTRUCTION OF SKIN LESIONS | 0016 | 2.5080 | $119.76 | APC | $119.76 | | | |
| 17280 | T | DESTRUCTION OF SKIN LESIONS | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 17281 | T | DESTRUCTION OF SKIN LESIONS | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 17282 | T | DESTRUCTION OF SKIN LESIONS | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 17283 | T | DESTRUCTION OF SKIN LESIONS | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 17284 | T | DESTRUCTION OF SKIN LESIONS | 0016 | 2.5080 | $119.76 | APC | $119.76 | | | |
| 17286 | T | DESTRUCTION OF SKIN LESIONS | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 17304 | T | 1 STAGE MOHS UP TO 5 SPEC | 0694 | 3.8832 | $185.42 | APC | $185.42 | | | |
| 17305 | T | 2 STAGE MOHS UP TO 5 SPEC | 0694 | 3.8832 | $185.42 | APC | $185.42 | | | |
| 17306 | T | 3 STAGE MOHS UP TO 5 SPEC | 0694 | 3.8832 | $185.42 | APC | $185.42 | | | |
| 17307 | T | MOHS ADDL STAGE UP TO 5 SPEC | 0694 | 3.8832 | $185.42 | APC | $185.42 | | | |
| 17310 | T | MOHS ANY STAGE > 5 SPEC EACH | 0694 | 3.8832 | $185.42 | APC | $185.42 | | | |
| 17340 | T | CRYOTHERAPY OF SKIN | 0012 | 0.8477 | $40.48 | APC | $40.48 | | | |
| 17360 | T | SKIN PEEL THERAPY | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 17380 | T | HAIR REMOVAL BY ELECTROLYSIS | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 17999 | T | SKIN TISSUE PROCEDURE | 0006 | 1.5100 | $72.10 | APC | $72.10 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 19000 | T | DRAINAGE OF BREAST LESION | 0004 | 1.7771 | $84.86 | APC | $84.86 | | | |
| 19001 | T | DRAIN BREAST LESION ADD-ON | 0004 | 1.7771 | $84.86 | APC | $84.86 | | | |
| 19020 | T | INCISION OF BREAST LESION | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 19030 | N | INJECTION FOR BREAST X-RAY | | | $0.00 | APC | $0.00 | | | |
| 19100 | T | BX BREAST PERCUT W/O IMAGE | 0005 | 3.5834 | $171.11 | APC | $171.11 | | | |
| 19101 | T | BIOPSY OF BREAST, OPEN | 0028 | 19.4351 | $928.03 | APC | $928.03 | | | |
| 19102 | T | BX BREAST PERCUT W/IMAGE | 0005 | 3.5834 | $171.11 | APC | $171.11 | | | |
| 19103 | T | BX BREAST PERCUT W/DEVICE | 0658 | 5.9888 | $285.97 | APC | $285.97 | | | |
| 19110 | T | NIPPLE EXPLORATION | 0028 | 19.4351 | $928.03 | APC | $928.03 | | | |
| 19112 | T | EXCISE BREAST DUCT FISTULA | 0028 | 19.4351 | $928.03 | APC | $928.03 | | | |
| 19120 | T | REMOVAL OF BREAST LESION | 0028 | 19.4351 | $928.03 | APC | $928.03 | | | |
| 19125 | T | EXCISION, BREAST LESION | 0028 | 19.4351 | $928.03 | APC | $928.03 | | | |
| 19126 | T | EXCISION, ADDL BREAST LESION | 0028 | 19.4351 | $928.03 | APC | $928.03 | | | |
| 19140 | T | REMOVAL OF BREAST TISSUE | 0028 | 19.4351 | $928.03 | APC | $928.03 | | | Y |
| 19160 | T | REMOVAL OF BREAST TISSUE | 0028 | 19.4351 | $928.03 | APC | $928.03 | | | |
| 19162 | T | REMOVE BREAST TISSUE, NODES | 0693 | 42.2886 | $2,019.28 | APC | $2,019.28 | | | |
| 19180 | T | REMOVAL OF BREAST | 0029 | 31.4826 | $1,503.29 | APC | $1,503.29 | | | |
| 19182 | T | REMOVAL OF BREAST | 0029 | 31.4826 | $1,503.29 | APC | $1,503.29 | | | |
| 19200 | C | REMOVAL OF BREAST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 19220 | C | REMOVAL OF BREAST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 19240 | T | REMOVAL OF BREAST | 0030 | 39.9779 | $1,908.94 | APC | $1,908.94 | | | |
| 19260 | T | REMOVAL OF CHEST WALL LESION | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 19271 | C | REVISION OF CHEST WALL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 19272 | C | EXTENSIVE CHEST WALL SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 19290 | N | PLACE NEEDLE WIRE, BREAST | | | $0.00 | APC | $0.00 | | | |
| 19291 | N | PLACE NEEDLE WIRE, BREAST | | | $0.00 | APC | $0.00 | | | |
| 19295 | S | PLACE BREAST CLIP, PERCUT | 0657 | 1.6092 | $76.84 | APC | $76.84 | | | |
| 19296 | S | PLACE PO BREAST CATH FOR RAD | 1524 | 54.6118 | $2,607.71 | APC | $2,607.71 | | | |
| 19297 | S | PLACE BREAST CATH FOR RAD | 1523 | 46.2099 | $2,206.52 | APC | $2,206.52 | | | |
| 19298 | S | PLACE BREAST RAD TUBE/CATHS | 1524 | 54.6118 | $2,607.71 | APC | $2,607.71 | | | |
| 19316 | T | SUSPENSION OF BREAST | 0029 | 31.4826 | $1,503.29 | APC | $1,503.29 | | | |
| 19318 | T | REDUCTION OF LARGE BREAST | 0693 | 42.2886 | $2,019.28 | APC | $2,019.28 | | | Y |
| 19324 | T | ENLARGE BREAST | 0693 | 42.2886 | $2,019.28 | APC | $2,019.28 | | | |
| 19325 | T | ENLARGE BREAST WITH IMPLANT | 0648 | 53.5307 | $2,556.09 | APC | $2,556.09 | | | |
| 19328 | T | REMOVAL OF BREAST IMPLANT | 0029 | 31.4826 | $1,503.29 | APC | $1,503.29 | | | |
| 19330 | T | REMOVAL OF IMPLANT MATERIAL | 0029 | 31.4826 | $1,503.29 | APC | $1,503.29 | | | |
| 19340 | T | IMMEDIATE BREAST PROSTHESIS | 0030 | 39.9779 | $1,908.94 | APC | $1,908.94 | | | |
| 19342 | T | DELAYED BREAST PROSTHESIS | 0648 | 53.5307 | $2,556.09 | APC | $2,556.09 | | | |
| 19350 | T | BREAST RECONSTRUCTION | 0028 | 19.4351 | $928.03 | APC | $928.03 | | | |
| 19355 | T | CORRECT INVERTED NIPPLE(S) | | | $0.00 | Not Allowed | | | | Y |
| 19357 | T | BREAST RECONSTRUCTION | 0648 | 53.5307 | $2,556.09 | APC | $2,556.09 | | | |
| 19361 | C | BREAST RECONSTRUCTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 19364 | C | BREAST RECONSTRUCTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 19366 | T | BREAST RECONSTRUCTION | 0029 | 31.4826 | $1,503.29 | APC | $1,503.29 | | | |
| 19367 | C | BREAST RECONSTRUCTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 19368 | C | BREAST RECONSTRUCTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 19369 | C | BREAST RECONSTRUCTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 19370 | T | SURGERY OF BREAST CAPSULE | 0029 | 31.4826 | $1,503.29 | APC | $1,503.29 | | | |
| 19371 | T | REMOVAL OF BREAST CAPSULE | 0029 | 31.4826 | $1,503.29 | APC | $1,503.29 | | | |
| 19380 | T | REVISE BREAST RECONSTRUCTION | 0030 | 39.9779 | $1,908.94 | APC | $1,908.94 | | | |
| 19396 | T | DESIGN CUSTOM BREAST IMPLANT | 0029 | 31.4826 | $1,503.29 | APC | $1,503.29 | | | |
| 19499 | T | BREAST SURGERY PROCEDURE | 0028 | 19.4351 | $928.03 | APC | $928.03 | | | |
| 20000 | T | INCISION OF ABSCESS | 0006 | 1.5100 | $72.10 | APC | $72.10 | | | |
| 20005 | T | INCISION OF DEEP ABSCESS | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 20100 | T | EXPLORE WOUND, NECK | 0023 | 4.7662 | $227.59 | APC | $227.59 | | | |
| 20101 | T | EXPLORE WOUND, CHEST | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 20102 | T | EXPLORE WOUND, ABDOMEN | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 20103 | T | EXPLORE WOUND, EXTREMITY | 0023 | 4.7662 | $227.59 | APC | $227.59 | | | |
| 20150 | T | EXCISE EPIPHYSEAL BAR | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 20200 | T | MUSCLE BIOPSY | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 20205 | T | DEEP MUSCLE BIOPSY | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 20206 | T | NEEDLE BIOPSY, MUSCLE | 0005 | 3.5834 | $171.11 | APC | $171.11 | | | |
| 20220 | T | BONE BIOPSY, TROCAR/NEEDLE | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 20225 | T | BONE BIOPSY, TROCAR/NEEDLE | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 20240 | T | BONE BIOPSY EXCISIONAL | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 20245 | T | BONE BIOPSY, EXCISIONAL | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 20250 | T | OPEN BONE BIOPSY | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 20251 | T | OPEN BONE BIOPSY | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 20500 | T | INJECTION OF SINUS TRACT | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 20501 | N | INJECT SINUS TRACT FOR X-RAY | | | $0.00 | APC | $0.00 | | | |
| 20520 | T | REMOVAL OF FOREIGN BODY | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 20525 | T | REMOVAL OF FOREIGN BODY | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 20526 | T | THER INJECTION CARP TUNNEL | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 20550 | T | INJ TENDON SHEATH/LIGAMENT | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 20551 | T | INJ TENDON ORIGIN/INSERTION | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 20552 | T | INJ TRIGGER POINT 1/2 MUSCL | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 20553 | T | INJECT TRIGGER POINTS =/> 3 | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 20600 | T | DRAIN/INJECT JOINT/BURSA | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 20605 | T | DRAIN/INJECT JOINT/BURSA | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 20610 | T | DRAIN/INJECT, JOINT/BURSA | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 20612 | T | ASPIRATE/INJ GANGLION CYST | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 20615 | T | TREATMENT OF BONE CYST | 0004 | 1.7771 | $84.86 | APC | $84.86 | | | |
| 20650 | T | INSERT AND REMOVE BONE PIN | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 20660 | C | APPLY REM FIXATION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20661 | C | APPLICATION OF HEAD BRACE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20662 | T | APPLICATION OF PELVIS BRACE | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 20663 | T | APPLICATION OF THIGH BRACE | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 20664 | C | HALO BRACE APPLICATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20665 | X | REMOVAL OF FIXATION DEVICE | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 20670 | T | REMOVAL OF SUPPORT IMPLANT | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 20680 | T | REMOVAL OF SUPPORT IMPLANT | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 20690 | T | APPLY BONE FIXATION DEVICE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 20692 | T | APPLY BONE FIXATION DEVICE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 20693 | T | ADJUST BONE FIXATION DEVICE | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 20694 | T | REMOVE BONE FIXATION DEVICE | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 20802 | C | REPLANTATION, ARM, COMPLETE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20805 | C | REPLANT FOREARM COMPLETE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20808 | C | REPLANTATION HAND, COMPLETE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20816 | C | REPLANTATION DIGIT, COMPLETE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20822 | T | REPLANTATION DIGIT, COMPLETE | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 20824 | C | REPLANTATION THUMB, COMPLETE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20827 | C | REPLANTATION THUMB, COMPLETE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20838 | C | REPLANTATION FOOT, COMPLETE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20900 | T | REMOVAL OF BONE FOR GRAFT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 20902 | T | REMOVAL OF BONE FOR GRAFT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 20910 | T | REMOVE CARTILAGE FOR GRAFT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 20912 | T | REMOVE CARTILAGE FOR GRAFT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 20920 | T | REMOVAL OF FASCIA FOR GRAFT | 0686 | 13.4973 | $644.50 | APC | $644.50 | | | |
| 20922 | T | REMOVAL OF FASCIA FOR GRAFT | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 20924 | T | REMOVAL OF TENDON FOR GRAFT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 20926 | T | REMOVAL OF TISSUE FOR GRAFT | 0686 | 13.4973 | $644.50 | APC | $644.50 | | | |
| 20930 | C | SPINAL BONE ALLOGRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20931 | C | SPINAL BONE ALLOGRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20936 | C | SPINAL BONE AUTOGRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20937 | C | SPINAL BONE AUTOGRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20938 | C | SPINAL BONE AUTOGRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20950 | T | FLUID PRESSURE, MUSCLE | 0006 | 1.5100 | $72.10 | APC | $72.10 | | | |
| 20955 | C | FIBULA BONE GRAFT MICROVASC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20956 | C | ILIAC BONE GRAFT, MICROVASC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20957 | C | MT BONE GRAFT, MICROVASC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20962 | C | OTHER BONE GRAFT MICROVASC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20969 | C | BONE/SKIN GRAFT MICROVASC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20970 | C | BONE/SKIN GRAFT ILIAC CREST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 20972 | T | BONE/SKIN GRAFT METATARSAL | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 20973 | T | BONE/SKIN GRAFT GREAT TOE | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 20974 | M | ELECTRICAL BONE STIMULATION | | | $0.00 | Fee Schedule | $42.72 | | | |
| 20975 | X | ELECTRICAL BONE STIMULATION | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 20979 | X | US BONE STIMULATION | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 20982 | T | ABLATE BONE TUMOR(S) PERQ | 1557 | 31.0867 | $1,484.39 | APC | $1,484.39 | | | |
| 20999 | T | MUSCULOSKELETAL SURGERY | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 21010 | T | INCISION OF JAW JOINT | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21015 | T | RESECTION OF FACIAL TUMOR | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 21025 | T | EXCISION OF BONE, LOWER JAW | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21026 | T | EXCISION OF FACIAL BONE(S) | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21029 | T | CONTOUR OF FACE BONE LESION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21030 | T | EXCISE MAX/ZYGOMA B9 TUMOR | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21031 | T | REMOVE EXOSTOSIS, MANDIBLE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21032 | T | REMOVE EXOSTOSIS, MAXILLA | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21034 | T | EXCISE MAX/ZYGOMA MLG TUMOR | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21040 | T | EXCISE MANDIBLE LESION | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21044 | T | REMOVAL OF JAW BONE LESION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21045 | C | EXTENSIVE JAW SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21046 | T | REMOVE MANDIBLE CYST COMPLEX | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21047 | T | EXCISE LWR JAW CYST W/REPAIR | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21048 | T | REMOVE MAXILLA CYST COMPLEX | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21049 | T | EXCIS UPPR JAW CYST W/REPAIR | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21050 | T | REMOVAL OF JAW JOINT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21060 | T | REMOVE JAW JOINT CARTILAGE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21070 | T | REMOVE CORONOID PROCESS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21076 | T | PREPARE FACE/ORAL PROSTHESIS | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 21077 | T | PREPARE FACE/ORAL PROSTHESIS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21079 | T | PREPARE FACE/ORAL PROSTHESIS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21080 | T | PREPARE FACE/ORAL PROSTHESIS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21081 | T | PREPARE FACE/ORAL PROSTHESIS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21082 | T | PREPARE FACE/ORAL PROSTHESIS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21083 | T | PREPARE FACE/ORAL PROSTHESIS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21084 | T | PREPARE FACE/ORAL PROSTHESIS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21085 | T | PREPARE FACE/ORAL PROSTHESIS | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 21086 | T | PREPARE FACE/ORAL PROSTHESIS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21087 | T | PREPARE FACE/ORAL PROSTHESIS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21088 | T | PREPARE FACE/ORAL PROSTHESIS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21089 | T | PREPARE FACE/ORAL PROSTHESIS | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 21100 | T | MAXILLOFACIAL FIXATION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21110 | T | INTERDENTAL FIXATION | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 21116 | N | INJECTION, JAW JOINT X-RAY | | | $0.00 | APC | $0.00 | | | |
| 21120 | T | RECONSTRUCTION OF CHIN | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | Y |
| 21121 | T | RECONSTRUCTION OF CHIN | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | Y |
| 21122 | T | RECONSTRUCTION OF CHIN | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | Y |
| 21123 | T | RECONSTRUCTION OF CHIN | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | Y |
| 21125 | T | AUGMENTATION, LOWER JAW BONE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | Y |
| 21127 | T | AUGMENTATION LOWER JAW BONE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21137 | T | REDUCTION OF FOREHEAD | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | Y |
| 21138 | T | REDUCTION OF FOREHEAD | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21139 | T | REDUCTION OF FOREHEAD | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21141 | C | RECONSTRUCT MIDFACE, LEFORT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21142 | C | RECONSTRUCT MIDFACE, LEFORT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21143 | C | RECONSTRUCT MIDFACE, LEFORT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21145 | C | RECONSTRUCT MIDFACE, LEFORT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21146 | C | RECONSTRUCT MIDFACE, LEFORT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21147 | C | RECONSTRUCT MIDFACE, LEFORT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21150 | T | RECONSTRUCT MIDFACE, LEFORT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21151 | C | RECONSTRUCT MIDFACE, LEFORT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21154 | C | RECONSTRUCT MIDFACE, LEFORT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21155 | C | RECONSTRUCT MIDFACE, LEFORT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21159 | C | RECONSTRUCT MIDFACE, LEFORT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21160 | C | RECONSTRUCT MIDFACE, LEFORT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21172 | C | RECONSTRUCT ORBIT/FOREHEAD | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21175 | T | RECONSTRUCT ORBIT/FOREHEAD | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21179 | C | RECONSTRUCT ENTIRE FOREHEAD | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21180 | C | RECONSTRUCT ENTIRE FOREHEAD | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21181 | T | CONTOUR CRANIAL BONE LESION | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | Y |
| 21182 | C | RECONSTRUCT CRANIAL BONE | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21183 | C | RECONSTRUCT CRANIAL BONE | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21184 | C | RECONSTRUCT CRANIAL BONE | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21188 | C | RECONSTRUCTION OF MIDFACE | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21193 | C | RECONST LWR JAW W/O GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21194 | C | RECONST LWR JAW W/GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21195 | T | RECONST LWR JAW W/O FIXATION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21196 | C | RECONST LWR JAW W/FIXATION | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21198 | T | RECONSTR LWR JAW SEGMENT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21199 | T | RECONSTR LWR JAW W/ADVANCE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21206 | T | RECONSTRUCT UPPER JAW BONE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21208 | T | AUGMENTATION OF FACIAL BONES | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21209 | T | REDUCTION OF FACIAL BONES | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21210 | T | FACE BONE GRAFT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21215 | T | LOWER JAW BONE GRAFT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21230 | T | RIB CARTILAGE GRAFT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21235 | T | EAR CARTILAGE GRAFT | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | Y |
| 21240 | T | RECONSTRUCTION OF JAW JOINT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21242 | T | RECONSTRUCTION OF JAW JOINT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21243 | T | RECONSTRUCTION OF JAW JOINT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21244 | T | RECONSTRUCTION OF LOWER JAW | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21245 | T | RECONSTRUCTION OF JAW | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21246 | T | RECONSTRUCTION OF JAW | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21247 | C | RECONSTRUCT LOWER JAW BONE | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21248 | T | RECONSTRUCTION OF JAW | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21249 | T | RECONSTRUCTION OF JAW | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 21255 | C | RECONSTRUCT LOWER JAW BONE | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21256 | C | RECONSTRUCTION OF ORBIT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 21260 | T | REVISE EYE SOCKETS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21261 | T | REVISE EYE SOCKETS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21263 | T | REVISE EYE SOCKETS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21267 | T | REVISE EYE SOCKETS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21268 | C | REVISE EYE SOCKETS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21270 | T | AUGMENTATION, CHEEK BONE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 21275 | T | REVISION, ORBITOFACIAL BONES | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21280 | T | REVISION OF EYELID | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21282 | T | REVISION OF EYELID | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 21295 | T | REVISION OF JAW MUSCLE/BONE | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 21296 | T | REVISION OF JAW MUSCLE/BONE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21299 | T | CRANIO/MAXILLOFACIAL SURGERY | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 21300 | T | TREATMENT OF SKULL FRACTURE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 21310 | T | TREATMENT OF NOSE FRACTURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 21315 | T | TREATMENT OF NOSE FRACTURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 21320 | T | TREATMENT OF NOSE FRACTURE | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 21325 | T | TREATMENT OF NOSE FRACTURE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21330 | T | TREATMENT OF NOSE FRACTURE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21335 | T | TREATMENT OF NOSE FRACTURE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21336 | T | TREAT NASAL SEPTAL FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 21337 | T | TREAT NASAL SEPTAL FRACTURE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 21338 | T | TREAT NASOETHMOID FRACTURE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21339 | T | TREAT NASOETHMOID FRACTURE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21340 | T | TREATMENT OF NOSE FRACTURE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21343 | C | TREATMENT OF SINUS FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21344 | C | TREATMENT OF SINUS FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21345 | T | TREAT NOSE/JAW FRACTURE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21346 | C | TREAT NOSE/JAW FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21347 | C | TREAT NOSE/JAW FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21348 | C | TREAT NOSE/JAW FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21355 | T | TREAT CHEEK BONE FRACTURE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21356 | T | TREAT CHEEK BONE FRACTURE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21360 | C | TREAT CHEEK BONE FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21365 | C | TREAT CHEEK BONE FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21366 | C | TREAT CHEEK BONE FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21385 | C | TREAT EYE SOCKET FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21386 | C | TREAT EYE SOCKET FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21387 | C | TREAT EYE SOCKET FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21390 | T | TREAT EYE SOCKET FRACTURE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21395 | C | TREAT EYE SOCKET FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21400 | T | TREAT EYE SOCKET FRACTURE | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 21401 | T | TREAT EYE SOCKET FRACTURE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 21406 | T | TREAT EYE SOCKET FRACTURE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21407 | T | TREAT EYE SOCKET FRACTURE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21408 | T | TREAT EYE SOCKET FRACTURE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21421 | T | TREAT MOUTH ROOF FRACTURE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21422 | C | TREAT MOUTH ROOF FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21423 | C | TREAT MOUTH ROOF FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21431 | C | TREAT CRANIOFACIAL FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21432 | C | TREAT CRANIOFACIAL FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21433 | C | TREAT CRANIOFACIAL FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21435 | C | TREAT CRANIOFACIAL FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21436 | C | TREAT CRANIOFACIAL FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21440 | T | TREAT DENTAL RIDGE FRACTURE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21445 | T | TREAT DENTAL RIDGE FRACTURE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21450 | T | TREAT LOWER JAW FRACTURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 21451 | T | TREAT LOWER JAW FRACTURE | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 21452 | T | TREAT LOWER JAW FRACTURE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 21453 | T | TREAT LOWER JAW FRACTURE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21454 | T | TREAT LOWER JAW FRACTURE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 21461 | T | TREAT LOWER JAW FRACTURE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21462 | T | TREAT LOWER JAW FRACTURE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21465 | T | TREAT LOWER JAW FRACTURE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21470 | T | TREAT LOWER JAW FRACTURE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21480 | T | RESET DISLOCATED JAW | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 21485 | T | RESET DISLOCATED JAW | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 21490 | T | REPAIR DISLOCATED JAW | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 21495 | T | TREAT HYOID BONE FRACTURE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 21497 | T | INTERDENTAL WIRING | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 21499 | T | HEAD SURGERY PROCEDURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 21501 | T | DRAIN NECK/CHEST LESION | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 21502 | T | DRAIN CHEST LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 21510 | C | DRAINAGE OF BONE LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21550 | T | BIOPSY OF NECK/CHEST | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 21555 | T | REMOVE LESION, NECK/CHEST | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 21556 | T | REMOVE LESION, NECK/CHEST | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 21557 | T | REMOVE TUMOR, NECK/CHEST | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 21600 | T | PARTIAL REMOVAL OF RIB | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 21610 | T | PARTIAL REMOVAL OF RIB | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 21615 | C | REMOVAL OF RIB | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21616 | C | REMOVAL OF RIB AND NERVES | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 21620 | C | PARTIAL REMOVAL OF STERNUM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21627 | C | STERNAL DEBRIDEMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21630 | C | EXTENSIVE STERNUM SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21632 | C | EXTENSIVE STERNUM SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21685 | T | HYOID MYOTOMY & SUSPENSION | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 21700 | T | REVISION OF NECK MUSCLE | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 21705 | C | REVISION OF NECK MUSCLE/RIB | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21720 | T | REVISION OF NECK MUSCLE | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 21725 | T | REVISION OF NECK MUSCLE | 0006 | 1.5100 | $72.10 | APC | $72.10 | | | |
| 21740 | C | RECONSTRUCTION OF STERNUM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21742 | T | REPAIR STERN/NUSS W/O SCOPE | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 21743 | T | REPAIR STERNUM/NUSS W/SCOPE | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 21750 | C | REPAIR OF STERNUM SEPARATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21800 | T | TREATMENT OF RIB FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 21805 | T | TREATMENT OF RIB FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 21810 | C | TREATMENT OF RIB FRACTURE(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21820 | T | TREAT STERNUM FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 21825 | C | TREAT STERNUM FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 21899 | T | NECK/CHEST SURGERY PROCEDURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 21920 | T | BIOPSY SOFT TISSUE OF BACK | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 21925 | T | BIOPSY SOFT TISSUE OF BACK | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 21930 | T | REMOVE LESION, BACK OR FLANK | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 21935 | T | REMOVE TUMOR, BACK | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 22010 | C | BIOPSY SPINAL SOFT TISSUES; | | | $0.00 | Not Allowed | $0.00 | | | |
| 22015 | C | I&D P-SPINE L/S/LS | | | $0.00 | Not Allowed | $0.00 | | | |
| 22100 | T | REMOVE PART OF NECK VERTEBRA | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 22101 | T | REMOVE PART THORAX VERTEBRA | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 22102 | T | REMOVE PART LUMBAR VERTEBRA | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 22103 | T | REMOVE EXTRA SPINE SEGMENT | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 22110 | C | REMOVE PART OF NECK VERTEBRA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22112 | C | REMOVE PART, THORAX VERTEBRA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22114 | C | REMOVE PART, LUMBAR VERTEBRA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22116 | C | REMOVE EXTRA SPINE SEGMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22210 | C | REVISION OF NECK SPINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22212 | C | REVISION OF THORAX SPINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22214 | C | REVISION OF LUMBAR SPINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22216 | C | REVISE, EXTRA SPINE SEGMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22220 | C | REVISION OF NECK SPINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22222 | T | REVISION OF THORAX SPINE | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 22224 | C | REVISION OF LUMBAR SPINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22226 | C | REVISE, EXTRA SPINE SEGMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22305 | T | TREAT SPINE PROCESS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 22310 | T | TREAT SPINE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 22315 | T | TREAT SPINE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 22318 | C | TREAT ODONTOID FX W/O GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22319 | C | TREAT ODONTOID FX W/GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22325 | C | TREAT SPINE FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22326 | C | TREAT NECK SPINE FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22327 | C | TREAT THORAX SPINE FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22328 | C | TREAT EACH ADD SPINE FX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22505 | T | MANIPULATION OF SPINE | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 22520 | T | PERCUT VERTEBROPLASTY THOR | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 22521 | T | PERCUT VERTEBROPLASTY LUMB | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 22522 | T | PERCUT VERTEBROPLASTY ADD L | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 22523 | T | PERCUT KYPHOPLASTY THOR | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 22524 | T | PERCUT KYPHOPLASTY LUMBAR | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 22525 | T | PERCUT KYPHOPLASTY ADD-ON | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 22532 | C | LAT THORAX SPINE FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22533 | C | LAT LUMBAR SPINE FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22534 | C | LAT THOR/LUMB ADD L SEG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22548 | C | NECK SPINE FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22554 | C | NECK SPINE FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22556 | C | THORAX SPINE FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22558 | C | LUMBAR SPINE FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22585 | C | ADDITIONAL SPINAL FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22590 | C | SPINE & SKULL SPINAL FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22595 | C | NECK SPINAL FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22600 | C | NECK SPINE FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22610 | C | THORAX SPINE FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22612 | T | LUMBAR SPINE FUSION | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 22614 | T | SPINE FUSION, EXTRA SEGMENT | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 22630 | C | LUMBAR SPINE FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22632 | C | SPINE FUSION, EXTRA SEGMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22800 | C | FUSION OF SPINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22802 | C | FUSION OF SPINE | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 22804 | C | FUSION OF SPINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22808 | C | FUSION OF SPINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22810 | C | FUSION OF SPINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22812 | C | FUSION OF SPINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22818 | C | KYPHECTOMY, 1-2 SEGMENTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22819 | C | KYPHECTOMY, 3 OR MORE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22830 | C | EXPLORATION OF SPINAL FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22840 | C | INSERT SPINE FIXATION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22841 | C | INSERT SPINE FIXATION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22842 | C | INSERT SPINE FIXATION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22843 | C | INSERT SPINE FIXATION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22844 | C | INSERT SPINE FIXATION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22845 | C | INSERT SPINE FIXATION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22846 | C | INSERT SPINE FIXATION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22847 | C | INSERT SPINE FIXATION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22848 | C | INSERT PELV FIXATION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22849 | C | REINSERT SPINAL FIXATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22850 | C | REMOVE SPINE FIXATION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22851 | C | APPLY SPINE PROSTH DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22852 | C | REMOVE SPINE FIXATION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22855 | C | REMOVE SPINE FIXATION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 22899 | T | SPINE SURGERY PROCEDURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 22900 | T | REMOVE ABDOMINAL WALL LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 22999 | T | ABDOMEN SURGERY PROCEDURE | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 23000 | T | REMOVAL OF CALCIUM DEPOSITS | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 23020 | T | RELEASE SHOULDER JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 23030 | T | DRAIN SHOULDER LESION | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 23031 | T | DRAIN SHOULDER BURSA | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 23035 | T | DRAIN SHOULDER BONE LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 23040 | T | EXPLORATORY SHOULDER SURGERY | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23044 | T | EXPLORATORY SHOULDER SURGERY | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23065 | T | BIOPSY SHOULDER TISSUES | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 23066 | T | BIOPSY SHOULDER TISSUES | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 23075 | T | REMOVAL OF SHOULDER LESION | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 23076 | T | REMOVAL OF SHOULDER LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 23077 | T | REMOVE TUMOR OF SHOULDER | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 23100 | T | BIOPSY OF SHOULDER JOINT | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 23101 | T | SHOULDER JOINT SURGERY | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23105 | T | REMOVE SHOULDER JOINT LINING | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23106 | T | INCISION OF COLLARBONE JOINT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23107 | T | EXPLORE TREAT SHOULDER JOINT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23120 | T | PARTIAL REMOVAL, COLLAR BONE | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 23125 | T | REMOVAL OF COLLAR BONE | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 23130 | T | REMOVE SHOULDER BONE, PART | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 23140 | T | REMOVAL OF BONE LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 23145 | T | REMOVAL OF BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23146 | T | REMOVAL OF BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23150 | T | REMOVAL OF HUMERUS LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23155 | T | REMOVAL OF HUMERUS LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23156 | T | REMOVAL OF HUMERUS LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23170 | T | REMOVE COLLAR BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23172 | T | REMOVE SHOULDER BLADE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23174 | T | REMOVE HUMERUS LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23180 | T | REMOVE COLLAR BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23182 | T | REMOVE SHOULDER BLADE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23184 | T | REMOVE HUMERUS LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23190 | T | PARTIAL REMOVAL OF SCAPULA | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23195 | T | REMOVAL OF HEAD OF HUMERUS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23200 | C | REMOVAL OF COLLAR BONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 23210 | C | REMOVAL OF SHOULDER BLADE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 23220 | C | PARTIAL REMOVAL OF HUMERUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 23221 | C | PARTIAL REMOVAL OF HUMERUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 23222 | C | PARTIAL REMOVAL OF HUMERUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 23330 | T | REMOVE SHOULDER FOREIGN BODY | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 23331 | T | REMOVE SHOULDER FOREIGN BODY | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 23332 | C | REMOVE SHOULDER FOREIGN BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 23350 | N | INJECTION FOR SHOULDER X-RAY | | | $0.00 | APC | $0.00 | | | |
| 23395 | T | MUSCLE TRANSFER,SHOULDER/ARM | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 23397 | T | MUSCLE TRANSFERS | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 23400 | T | FIXATION OF SHOULDER BLADE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23405 | T | INCISION OF TENDON & MUSCLE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23406 | T | INCISE TENDON(S) & MUSCLE(S) | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 23410 | T | REPAIR ROTATOR CUFF ACUTE | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 23412 | T | REPAIR ROTATOR CUFF CHRONIC | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 23415 | T | RELEASE OF SHOULDER LIGAMENT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 23420 | T | REPAIR OF SHOULDER | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 23430 | T | REPAIR BICEPS TENDON | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 23440 | T | REMOVE/TRANSPLANT TENDON | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 23450 | T | REPAIR SHOULDER CAPSULE | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 23455 | T | REPAIR SHOULDER CAPSULE | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 23460 | T | REPAIR SHOULDER CAPSULE | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 23462 | T | REPAIR SHOULDER CAPSULE | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 23465 | T | REPAIR SHOULDER CAPSULE | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 23466 | T | REPAIR SHOULDER CAPSULE | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 23470 | T | RECONSTRUCT SHOULDER JOINT | 0425 | 104.7352 | $5,001.11 | APC | $5,001.11 | | | |
| 23472 | C | RECONSTRUCT SHOULDER JOINT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 23480 | T | REVISION OF COLLAR BONE | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 23485 | T | REVISION OF COLLAR BONE | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 23490 | T | REINFORCE CLAVICLE | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 23491 | T | REINFORCE SHOULDER BONES | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 23500 | T | TREAT CLAVICLE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23505 | T | TREAT CLAVICLE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23515 | T | TREAT CLAVICLE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 23520 | T | TREAT CLAVICLE DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23525 | T | TREAT CLAVICLE DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23530 | T | TREAT CLAVICLE DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 23532 | T | TREAT CLAVICLE DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 23540 | T | TREAT CLAVICLE DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23545 | T | TREAT CLAVICLE DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23550 | T | TREAT CLAVICLE DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 23552 | T | TREAT CLAVICLE DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 23570 | T | TREAT SHOULDER BLADE FX | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23575 | T | TREAT SHOULDER BLADE FX | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23585 | T | TREAT SCAPULA FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 23600 | T | TREAT HUMERUS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23605 | T | TREAT HUMERUS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23615 | T | TREAT HUMERUS FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 23616 | T | TREAT HUMERUS FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 23620 | T | TREAT HUMERUS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23625 | T | TREAT HUMERUS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23630 | T | TREAT HUMERUS FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 23650 | T | TREAT SHOULDER DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23655 | T | TREAT SHOULDER DISLOCATION | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 23660 | T | TREAT SHOULDER DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 23665 | T | TREAT DISLOCATION/FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23670 | T | TREAT DISLOCATION/FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 23675 | T | TREAT DISLOCATION/FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23680 | T | TREAT DISLOCATION/FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 23700 | T | FIXATION OF SHOULDER | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 23800 | T | FUSION OF SHOULDER JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 23802 | T | FUSION OF SHOULDER JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 23900 | C | AMPUTATION OF ARM & GIRDLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 23920 | C | AMPUTATION AT SHOULDER JOINT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 23921 | T | AMPUTATION FOLLOW-UP SURGERY | 0025 | 5.3051 | $253.32 | APC | $253.32 | | | |
| 23929 | T | SHOULDER SURGERY PROCEDURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 23930 | T | DRAINAGE OF ARM LESION | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 23931 | T | DRAINAGE OF ARM BURSA | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 23935 | T | DRAIN ARM/ELBOW BONE LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 24000 | T | EXPLORATORY ELBOW SURGERY | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24006 | T | RELEASE ELBOW JOINT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24065 | T | BIOPSY ARM/ELBOW SOFT TISSUE | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 24066 | T | BIOPSY ARM/ELBOW SOFT TISSUE | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 24075 | T | REMOVE ARM/ELBOW LESION | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 24076 | T | REMOVE ARM/ELBOW LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 24077 | T | REMOVE TUMOR OF ARM/ELBOW | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 24100 | T | BIOPSY ELBOW JOINT LINING | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 24101 | T | EXPLORE/TREAT ELBOW JOINT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24102 | T | REMOVE ELBOW JOINT LINING | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24105 | T | REMOVAL OF ELBOW BURSA | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 24110 | T | REMOVE HUMERUS LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 24115 | T | REMOVE/GRAFT BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24116 | T | REMOVE/GRAFT BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24120 | T | REMOVE ELBOW LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 24125 | T | REMOVE/GRAFT BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24126 | T | REMOVE/GRAFT BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24130 | T | REMOVAL OF HEAD OF RADIUS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24134 | T | REMOVAL OF ARM BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24136 | T | REMOVE RADIUS BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24138 | T | REMOVE ELBOW BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24140 | T | PARTIAL REMOVAL OF ARM BONE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 24145 | T | PARTIAL REMOVAL OF RADIUS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24147 | T | PARTIAL REMOVAL OF ELBOW | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24149 | T | RADICAL RESECTION OF ELBOW | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24150 | T | EXTENSIVE HUMERUS SURGERY | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 24151 | T | EXTENSIVE HUMERUS SURGERY | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 24152 | T | EXTENSIVE RADIUS SURGERY | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 24153 | T | EXTENSIVE RADIUS SURGERY | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 24155 | T | REMOVAL OF ELBOW JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24160 | T | REMOVE ELBOW JOINT IMPLANT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24164 | T | REMOVE RADIUS HEAD IMPLANT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24200 | T | REMOVAL OF ARM FOREIGN BODY | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 24201 | T | REMOVAL OF ARM FOREIGN BODY | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 24220 | N | INJECTION FOR ELBOW X-RAY | | | $0.00 | APC | $0.00 | | | |
| 24300 | T | MANIPULATE ELBOW W/ANESTH | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 24301 | T | MUSCLE/TENDON TRANSFER | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24305 | T | ARM TENDON LENGTHENING | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24310 | T | REVISION OF ARM TENDON | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 24320 | T | REPAIR OF ARM TENDON | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24330 | T | REVISION OF ARM MUSCLES | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24331 | T | REVISION OF ARM MUSCLES | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24332 | T | TENOLYSIS, TRICEPS | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 24340 | T | REPAIR OF BICEPS TENDON | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24341 | T | REPAIR ARM TENDON/MUSCLE | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24342 | T | REPAIR OF RUPTURED TENDON | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24343 | T | REPR ELBOW LAT LIGMNT W/TISS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24344 | T | RECONSTRUCT ELBOW LAT LIGMNT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24345 | T | REPR ELBW MED LIGMNT W/TISSU | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24346 | T | RECONSTRUCT ELBOW MED LIGMNT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24350 | T | REPAIR OF TENNIS ELBOW | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24351 | T | REPAIR OF TENNIS ELBOW | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24352 | T | REPAIR OF TENNIS ELBOW | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24354 | T | REPAIR OF TENNIS ELBOW | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24356 | T | REVISION OF TENNIS ELBOW | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24360 | T | RECONSTRUCT ELBOW JOINT | 0047 | 31.2345 | $1,491.45 | APC | $1,491.45 | | | |
| 24361 | T | RECONSTRUCT ELBOW JOINT | 0425 | 104.7352 | $5,001.11 | APC | $5,001.11 | | | |
| 24362 | T | RECONSTRUCT ELBOW JOINT | 0048 | 43.3955 | $2,072.14 | APC | $2,072.14 | | | |
| 24363 | T | REPLACE ELBOW JOINT | 0425 | 104.7352 | $5,001.11 | APC | $5,001.11 | | | |
| 24365 | T | RECONSTRUCT HEAD OF RADIUS | 0047 | 31.2345 | $1,491.45 | APC | $1,491.45 | | | |
| 24366 | T | RECONSTRUCT HEAD OF RADIUS | 0425 | 104.7352 | $5,001.11 | APC | $5,001.11 | | | |
| 24400 | T | REVISION OF HUMERUS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24410 | T | REVISION OF HUMERUS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24420 | T | REVISION OF HUMERUS | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24430 | T | REPAIR OF HUMERUS | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24435 | T | REPAIR HUMERUS WITH GRAFT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24470 | T | REVISION OF ELBOW JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24495 | T | DECOMPRESSION OF FOREARM | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 24498 | T | REINFORCE HUMERUS | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24500 | T | TREAT HUMERUS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24505 | T | TREAT HUMERUS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24515 | T | TREAT HUMERUS FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24516 | T | TREAT HUMERUS FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24530 | T | TREAT HUMERUS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24535 | T | TREAT HUMERUS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24538 | T | TREAT HUMERUS FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24545 | T | TREAT HUMERUS FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24546 | T | TREAT HUMERUS FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24560 | T | TREAT HUMERUS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24565 | T | TREAT HUMERUS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24566 | T | TREAT HUMERUS FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24575 | T | TREAT HUMERUS FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24576 | T | TREAT HUMERUS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24577 | T | TREAT HUMERUS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24579 | T | TREAT HUMERUS FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24582 | T | TREAT HUMERUS FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24586 | T | TREAT ELBOW FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24587 | T | TREAT ELBOW FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24600 | T | TREAT ELBOW DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24605 | T | TREAT ELBOW DISLOCATION | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 24615 | T | TREAT ELBOW DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24620 | T | TREAT ELBOW FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24635 | T | TREAT ELBOW FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24640 | T | TREAT ELBOW DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24650 | T | TREAT RADIUS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24655 | T | TREAT RADIUS FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24665 | T | TREAT RADIUS FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 24666 | T | TREAT RADIUS FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24670 | T | TREAT ULNAR FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24675 | T | TREAT ULNAR FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 24685 | T | TREAT ULNAR FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 24800 | T | FUSION OF ELBOW JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24802 | T | FUSION/GRAFT OF ELBOW JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 24900 | C | AMPUTATION OF UPPER ARM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 24920 | C | AMPUTATION OF UPPER ARM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 24925 | T | AMPUTATION FOLLOW-UP SURGERY | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 24930 | C | AMPUTATION FOLLOW-UP SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 24931 | C | AMPUTATE UPPER ARM & IMPLANT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 24935 | T | REVISION OF AMPUTATION | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 24940 | C | REVISION OF UPPER ARM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 24999 | T | UPPER ARM/ELBOW SURGERY | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25000 | T | INCISION OF TENDON SHEATH | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25001 | T | INCISE FLEXOR CARPI RADIALIS | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25020 | T | DECOMPRESS FOREARM 1 SPACE | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25023 | T | DECOMPRESS FOREARM 1 SPACE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25024 | T | DECOMPRESS FOREARM 2 SPACES | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25025 | T | DECOMPRESS FOREARM 2 SPACES | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25028 | T | DRAINAGE OF FOREARM LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25031 | T | DRAINAGE OF FOREARM BURSA | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25035 | T | TREAT FOREARM BONE LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25040 | T | EXPLORE/TREAT WRIST JOINT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25065 | T | BIOPSY FOREARM SOFT TISSUES | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 25066 | T | BIOPSY FOREARM SOFT TISSUES | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 25075 | T | REMOVEL FOREARM LESION SUBCU | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 25076 | T | REMOVEL FOREARM LESION DEEP | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 25077 | T | REMOVE TUMOR, FOREARM/WRIST | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 25085 | T | INCISION OF WRIST CAPSULE | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25100 | T | BIOPSY OF WRIST JOINT | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25101 | T | EXPLORE/TREAT WRIST JOINT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25105 | T | REMOVE WRIST JOINT LINING | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25107 | T | REMOVE WRIST JOINT CARTILAGE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25110 | T | REMOVE WRIST TENDON LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25111 | T | REMOVE WRIST TENDON LESION | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 25112 | T | REREMOVE WRIST TENDON LESION | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 25115 | T | REMOVE WRIST/FOREARM LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25116 | T | REMOVE WRIST/FOREARM LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25118 | T | EXCISE WRIST TENDON SHEATH | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25119 | T | PARTIAL REMOVAL OF ULNA | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25120 | T | REMOVAL OF FOREARM LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25125 | T | REMOVE/GRAFT FOREARM LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25126 | T | REMOVE/GRAFT FOREARM LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25130 | T | REMOVAL OF WRIST LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25135 | T | REMOVE & GRAFT WRIST LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25136 | T | REMOVE & GRAFT WRIST LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25145 | T | REMOVE FOREARM BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25150 | T | PARTIAL REMOVAL OF ULNA | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25151 | T | PARTIAL REMOVAL OF RADIUS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25170 | T | EXTENSIVE FOREARM SURGERY | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 25210 | T | REMOVAL OF WRIST BONE | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 25215 | T | REMOVAL OF WRIST BONES | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 25230 | T | PARTIAL REMOVAL OF RADIUS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25240 | T | PARTIAL REMOVAL OF ULNA | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25246 | N | INJECTION FOR WRIST X-RAY | | | $0.00 | APC | $0.00 | | | |
| 25248 | T | REMOVE FOREARM FOREIGN BODY | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25250 | T | REMOVAL OF WRIST PROSTHESIS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25251 | T | REMOVAL OF WRIST PROSTHESIS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25259 | T | MANIPULATE WRIST W/ANESTHES | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25260 | T | REPAIR FOREARM TENDON/MUSCLE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25263 | T | REPAIR FOREARM TENDON/MUSCLE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25265 | T | REPAIR FOREARM TENDON/MUSCLE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25270 | T | REPAIR FOREARM TENDON/MUSCLE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25272 | T | REPAIR FOREARM TENDON/MUSCLE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25274 | T | REPAIR FOREARM TENDON/MUSCLE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25275 | T | REPAIR FOREARM TENDON SHEATH | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25280 | T | REVISE WRIST/FOREARM TENDON | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25290 | T | INCISE WRIST/FOREARM TENDON | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25295 | T | RELEASE WRIST/FOREARM TENDON | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25300 | T | FUSION OF TENDONS AT WRIST | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25301 | T | FUSION OF TENDONS AT WRIST | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25310 | T | TRANSPLANT FOREARM TENDON | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25312 | T | TRANSPLANT FOREARM TENDON | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25315 | T | REVISE PALSY HAND TENDON(S) | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 25316 | T | REVISE PALSY HAND TENDON(S) | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25320 | T | REPAIR/REVISE WRIST JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25332 | T | REVISE WRIST JOINT | 0047 | 31.2345 | $1,491.45 | APC | $1,491.45 | | | |
| 25335 | T | REALIGNMENT OF HAND | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25337 | T | RECONSTRUCT ULNA/RADIOULNAR | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25350 | T | REVISION OF RADIUS | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25355 | T | REVISION OF RADIUS | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25360 | T | REVISION OF ULNA | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25365 | T | REVISE RADIUS & ULNA | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25370 | T | REVISE RADIUS OR ULNA | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25375 | T | REVISE RADIUS & ULNA | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25390 | T | SHORTEN RADIUS OR ULNA | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25391 | T | LENGTHEN RADIUS OR ULNA | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25392 | T | SHORTEN RADIUS & ULNA | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25393 | T | LENGTHEN RADIUS & ULNA | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25394 | T | REPAIR CARPAL BONE, SHORTEN | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 25400 | T | REPAIR RADIUS OR ULNA | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25405 | T | REPAIR/GRAFT RADIUS OR ULNA | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25415 | T | REPAIR RADIUS & ULNA | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 25420 | T | REPAIR/GRAFT RADIUS & ULNA | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25425 | T | REPAIR/GRAFT RADIUS OR ULNA | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25426 | T | REPAIR/GRAFT RADIUS & ULNA | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25430 | T | VASC GRAFT INTO CARPAL BONE | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 25431 | T | REPAIR NONUNION CARPAL BONE | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 25440 | T | REPAIR/GRAFT WRIST BONE | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25441 | T | RECONSTRUCT WRIST JOINT | 0425 | 104.7352 | $5,001.11 | APC | $5,001.11 | | | |
| 25442 | T | RECONSTRUCT WRIST JOINT | 0425 | 104.7352 | $5,001.11 | APC | $5,001.11 | | | |
| 25443 | T | RECONSTRUCT WRIST JOINT | 0048 | 43.3955 | $2,072.14 | APC | $2,072.14 | | | |
| 25444 | T | RECONSTRUCT WRIST JOINT | 0048 | 43.3955 | $2,072.14 | APC | $2,072.14 | | | |
| 25445 | T | RECONSTRUCT WRIST JOINT | 0048 | 43.3955 | $2,072.14 | APC | $2,072.14 | | | |
| 25446 | T | WRIST REPLACEMENT | 0425 | 104.7352 | $5,001.11 | APC | $5,001.11 | | | |
| 25447 | T | REPAIR WRIST JOINT(S) | 0047 | 31.2345 | $1,491.45 | APC | $1,491.45 | | | |
| 25449 | T | REMOVE WRIST JOINT IMPLANT | 0047 | 31.2345 | $1,491.45 | APC | $1,491.45 | | | |
| 25450 | T | REVISION OF WRIST JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25455 | T | REVISION OF WRIST JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25490 | T | REINFORCE RADIUS | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25491 | T | REINFORCE ULNA | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25492 | T | REINFORCE RADIUS AND ULNA | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25500 | T | TREAT FRACTURE OF RADIUS | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25505 | T | TREAT FRACTURE OF RADIUS | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25515 | T | TREAT FRACTURE OF RADIUS | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25520 | T | TREAT FRACTURE OF RADIUS | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25525 | T | TREAT FRACTURE OF RADIUS | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25526 | T | TREAT FRACTURE OF RADIUS | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25530 | T | TREAT FRACTURE OF ULNA | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25535 | T | TREAT FRACTURE OF ULNA | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25545 | T | TREAT FRACTURE OF ULNA | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25560 | T | TREAT FRACTURE RADIUS & ULNA | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25565 | T | TREAT FRACTURE RADIUS & ULNA | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25574 | T | TREAT FRACTURE RADIUS & ULNA | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25575 | T | TREAT FRACTURE RADIUS/ULNA | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25600 | T | TREAT FRACTURE RADIUS/ULNA | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25605 | T | TREAT FRACTURE RADIUS/ULNA | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25611 | T | TREAT FRACTURE RADIUS/ULNA | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25620 | T | TREAT FRACTURE RADIUS/ULNA | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25622 | T | TREAT WRIST BONE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25624 | T | TREAT WRIST BONE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25628 | T | TREAT WRIST BONE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25630 | T | TREAT WRIST BONE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25635 | T | TREAT WRIST BONE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25645 | T | TREAT WRIST BONE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25650 | T | TREAT WRIST BONE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25651 | T | PIN ULNAR STYLOID FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25652 | T | TREAT FRACTURE ULNAR STYLOID | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25660 | T | TREAT WRIST DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25670 | T | TREAT WRIST DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25671 | T | PIN RADIOULNAR DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25675 | T | TREAT WRIST DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25676 | T | TREAT WRIST DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25680 | T | TREAT WRIST FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25685 | T | TREAT WRIST FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25690 | T | TREAT WRIST DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 25695 | T | TREAT WRIST DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 25800 | T | FUSION OF WRIST JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25805 | T | FUSION/GRAFT OF WRIST JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 25810 | T | FUSION/GRAFT OF WRIST JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25820 | T | FUSION OF HAND BONES | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 25825 | T | FUSE HAND BONES WITH GRAFT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 25830 | T | FUSION RADIOULNAR JNT/ULNA | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 25900 | C | AMPUTATION OF FOREARM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 25905 | C | AMPUTATION OF FOREARM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 25907 | T | AMPUTATION FOLLOW-UP SURGERY | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25909 | C | AMPUTATION FOLLOW-UP SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 25915 | C | AMPUTATION OF FOREARM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 25920 | C | AMPUTATE HAND AT WRIST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 25922 | T | AMPUTATE HAND AT WRIST | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 25924 | C | AMPUTATION FOLLOW-UP SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 25927 | C | AMPUTATION OF HAND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 25929 | T | AMPUTATION FOLLOW-UP SURGERY | 0686 | 13.4973 | $644.50 | APC | $644.50 | | | |
| 25931 | C | AMPUTATION FOLLOW-UP SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 25999 | T | FOREARM OR WRIST SURGERY | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26010 | T | DRAINAGE OF FINGER ABSCESS | 0006 | 1.5100 | $72.10 | APC | $72.10 | | | |
| 26011 | T | DRAINAGE OF FINGER ABSCESS | 0007 | 11.6717 | $557.32 | APC | $557.32 | | | |
| 26020 | T | DRAIN HAND TENDON SHEATH | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26025 | T | DRAINAGE OF PALM BURSA | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26030 | T | DRAINAGE OF PALM BURSA(S) | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26034 | T | TREAT HAND BONE LESION | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26035 | T | DECOMPRESS FINGERS/HAND | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26037 | T | DECOMPRESS FINGERS/HAND | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26040 | T | RELEASE PALM CONTRACTURE | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26045 | T | RELEASE PALM CONTRACTURE | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26055 | T | INCISE FINGER TENDON SHEATH | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26060 | T | INCISION OF FINGER TENDON | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26070 | T | EXPLORE/TREAT HAND JOINT | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26075 | T | EXPLORE/TREAT FINGER JOINT | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26080 | T | EXPLORE/TREAT FINGER JOINT | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26100 | T | BIOPSY HAND JOINT LINING | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26105 | T | BIOPSY FINGER JOINT LINING | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26110 | T | BIOPSY FINGER JOINT LINING | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26115 | T | REMOVEL HAND LESION SUBCUT | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 26116 | T | REMOVEL HAND LESION DEEP | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 26117 | T | REMOVE TUMOR, HAND/FINGER | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 26121 | T | RELEASE PALM CONTRACTURE | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26123 | T | RELEASE PALM CONTRACTURE | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26125 | T | RELEASE PALM CONTRACTURE | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26130 | T | REMOVE WRIST JOINT LINING | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26135 | T | REVISE FINGER JOINT, EACH | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26140 | T | REVISE FINGER JOINT, EACH | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26145 | T | TENDON EXCISION, PALM/FINGER | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26160 | T | REMOVE TENDON SHEATH LESION | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26170 | T | REMOVAL OF PALM TENDON, EACH | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26180 | T | REMOVAL OF FINGER TENDON | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26185 | T | REMOVE FINGER BONE | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26200 | T | REMOVE HAND BONE LESION | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26205 | T | REMOVE/GRAFT BONE LESION | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26210 | T | REMOVAL OF FINGER LESION | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26215 | T | REMOVE/GRAFT FINGER LESION | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26230 | T | PARTIAL REMOVAL OF HAND BONE | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26235 | T | PARTIAL REMOVAL, FINGER BONE | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26236 | T | PARTIAL REMOVAL, FINGER BONE | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26250 | T | EXTENSIVE HAND SURGERY | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26255 | T | EXTENSIVE HAND SURGERY | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26260 | T | EXTENSIVE FINGER SURGERY | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26261 | T | EXTENSIVE FINGER SURGERY | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26262 | T | PARTIAL REMOVAL OF FINGER | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26320 | T | REMOVAL OF IMPLANT FROM HAND | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 26340 | T | MANIPULATE FINGER W/ANESTH | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26350 | T | REPAIR FINGER/HAND TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26352 | T | REPAIR/GRAFT HAND TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26356 | T | REPAIR FINGER/HAND TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26357 | T | REPAIR FINGER/HAND TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26358 | T | REPAIR/GRAFT HAND TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26370 | T | REPAIR FINGER/HAND TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26372 | T | REPAIR/GRAFT HAND TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26373 | T | REPAIR FINGER/HAND TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26390 | T | REVISE HAND/FINGER TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26392 | T | REPAIR/GRAFT HAND TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26410 | T | REPAIR HAND TENDON | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26412 | T | REPAIR/GRAFT HAND TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26415 | T | EXCISION, HAND/FINGER TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 26416 | T | GRAFT HAND OR FINGER TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26418 | T | REPAIR FINGER TENDON | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26420 | T | REPAIR/GRAFT FINGER TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26426 | T | REPAIR FINGER/HAND TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26428 | T | REPAIR/GRAFT FINGER TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26432 | T | REPAIR FINGER TENDON | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26433 | T | REPAIR FINGER TENDON | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26434 | T | REPAIR/GRAFT FINGER TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26437 | T | REALIGNMENT OF TENDONS | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26440 | T | RELEASE PALM/FINGER TENDON | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26442 | T | RELEASE PALM & FINGER TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26445 | T | RELEASE HAND/FINGER TENDON | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26449 | T | RELEASE FOREARM/HAND TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26450 | T | INCISION OF PALM TENDON | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26455 | T | INCISION OF FINGER TENDON | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26460 | T | INCISE HAND/FINGER TENDON | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26471 | T | FUSION OF FINGER TENDONS | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26474 | T | FUSION OF FINGER TENDONS | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26476 | T | TENDON LENGTHENING | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26477 | T | TENDON SHORTENING | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26478 | T | LENGTHENING OF HAND TENDON | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26479 | T | SHORTENING OF HAND TENDON | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26480 | T | TRANSPLANT HAND TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26483 | T | TRANSPLANT/GRAFT HAND TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26485 | T | TRANSPLANT PALM TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26489 | T | TRANSPLANT/GRAFT PALM TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26490 | T | REVISE THUMB TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26492 | T | TENDON TRANSFER WITH GRAFT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26494 | T | HAND TENDON/MUSCLE TRANSFER | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26496 | T | REVISE THUMB TENDON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26497 | T | FINGER TENDON TRANSFER | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26498 | T | FINGER TENDON TRANSFER | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26499 | T | REVISION OF FINGER | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26500 | T | HAND TENDON RECONSTRUCTION | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26502 | T | HAND TENDON RECONSTRUCTION | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26504 | T | HAND TENDON RECONSTRUCTION | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26508 | T | RELEASE THUMB CONTRACTURE | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26510 | T | THUMB TENDON TRANSFER | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26516 | T | FUSION OF KNUCKLE JOINT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26517 | T | FUSION OF KNUCKLE JOINTS | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26518 | T | FUSION OF KNUCKLE JOINTS | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26520 | T | RELEASE KNUCKLE CONTRACTURE | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26525 | T | RELEASE FINGER CONTRACTURE | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26530 | T | REVISE KNUCKLE JOINT | 0047 | 31.2345 | $1,491.45 | APC | $1,491.45 | | | |
| 26531 | T | REVISE KNUCKLE WITH IMPLANT | 0048 | 43.3955 | $2,072.14 | APC | $2,072.14 | | | |
| 26535 | T | REVISE FINGER JOINT | 0047 | 31.2345 | $1,491.45 | APC | $1,491.45 | | | |
| 26536 | T | REVISE/IMPLANT FINGER JOINT | 0048 | 43.3955 | $2,072.14 | APC | $2,072.14 | | | |
| 26540 | T | REPAIR HAND JOINT | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26541 | T | REPAIR HAND JOINT WITH GRAFT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26542 | T | REPAIR HAND JOINT WITH GRAFT | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26545 | T | RECONSTRUCT FINGER JOINT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26546 | T | REPAIR NONUNION HAND | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26548 | T | RECONSTRUCT FINGER JOINT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26550 | T | CONSTRUCT THUMB REPLACEMENT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26551 | C | GREAT TOE-HAND TRANSFER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 26553 | C | SINGLE TRANSFER TOE-HAND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 26554 | C | DOUBLE TRANSFER TOE-HAND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 26555 | T | POSITIONAL CHANGE OF FINGER | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26556 | C | TOE JOINT TRANSFER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 26560 | T | REPAIR OF WEB FINGER | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26561 | T | REPAIR OF WEB FINGER | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26562 | T | REPAIR OF WEB FINGER | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26565 | T | CORRECT METACARPAL FLAW | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26567 | T | CORRECT FINGER DEFORMITY | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26568 | T | LENGTHEN METACARPAL/FINGER | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26580 | T | REPAIR HAND DEFORMITY | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26587 | T | RECONSTRUCT EXTRA FINGER | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26590 | T | REPAIR FINGER DEFORMITY | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26591 | T | REPAIR MUSCLES OF HAND | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26593 | T | RELEASE MUSCLES OF HAND | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26596 | T | EXCISION CONSTRICTING TISSUE | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26600 | T | TREAT METACARPAL FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26605 | T | TREAT METACARPAL FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26607 | T | TREAT METACARPAL FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26608 | T | TREAT METACARPAL FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 26615 | T | TREAT METACARPAL FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 26641 | T | TREAT THUMB DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26645 | T | TREAT THUMB FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26650 | T | TREAT THUMB FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 26665 | T | TREAT THUMB FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 26670 | T | TREAT HAND DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26675 | T | TREAT HAND DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26676 | T | PIN HAND DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 26685 | T | TREAT HAND DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 26686 | T | TREAT HAND DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 26700 | T | TREAT KNUCKLE DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26705 | T | TREAT KNUCKLE DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26706 | T | PIN KNUCKLE DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26715 | T | TREAT KNUCKLE DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 26720 | T | TREAT FINGER FRACTURE, EACH | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26725 | T | TREAT FINGER FRACTURE, EACH | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26727 | T | TREAT FINGER FRACTURE, EACH | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 26735 | T | TREAT FINGER FRACTURE, EACH | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 26740 | T | TREAT FINGER FRACTURE, EACH | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26742 | T | TREAT FINGER FRACTURE, EACH | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26746 | T | TREAT FINGER FRACTURE, EACH | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 26750 | T | TREAT FINGER FRACTURE, EACH | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26755 | T | TREAT FINGER FRACTURE, EACH | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26756 | T | PIN FINGER FRACTURE, EACH | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 26765 | T | TREAT FINGER FRACTURE, EACH | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 26770 | T | TREAT FINGER DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26775 | T | TREAT FINGER DISLOCATION | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 26776 | T | PIN FINGER DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 26785 | T | TREAT FINGER DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 26820 | T | THUMB FUSION WITH GRAFT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26841 | T | FUSION OF THUMB | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26842 | T | THUMB FUSION WITH GRAFT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26843 | T | FUSION OF HAND JOINT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26844 | T | FUSION/GRAFT OF HAND JOINT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26850 | T | FUSION OF KNUCKLE | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26852 | T | FUSION OF KNUCKLE WITH GRAFT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26860 | T | FUSION OF FINGER JOINT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26861 | T | FUSION OF FINGER JNT, ADD-ON | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26862 | T | FUSION/GRAFT OF FINGER JOINT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26863 | T | FUSE/GRAFT ADDED JOINT | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26910 | T | AMPUTATE METACARPAL BONE | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 26951 | T | AMPUTATION OF FINGER/THUMB | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26952 | T | AMPUTATION OF FINGER/THUMB | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 26989 | T | HAND/FINGER SURGERY | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 26990 | T | DRAINAGE OF PELVIS LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 26991 | T | DRAINAGE OF PELVIS BURSA | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 26992 | C | DRAINAGE OF BONE LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27000 | T | INCISION OF HIP TENDON | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27001 | T | INCISION OF HIP TENDON | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27003 | T | INCISION OF HIP TENDON | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27005 | C | INCISION OF HIP TENDON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27006 | C | INCISION OF HIP TENDONS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27025 | C | INCISION OF HIP/THIGH FASCIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27030 | C | DRAINAGE OF HIP JOINT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27033 | T | EXPLORATION OF HIP JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27035 | T | DENERVATION OF HIP JOINT | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 27036 | C | EXCISION OF HIP JOINT/MUSCLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27040 | T | BIOPSY OF SOFT TISSUES | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 27041 | T | BIOPSY OF SOFT TISSUES | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 27047 | T | REMOVE HIP/PELVIS LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 27048 | T | REMOVE HIP/PELVIS LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 27049 | T | REMOVE TUMOR, HIP/PELVIS | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 27050 | T | BIOPSY OF SACROILIAC JOINT | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27052 | T | BIOPSY OF HIP JOINT | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27054 | C | REMOVAL OF HIP JOINT LINING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27060 | T | REMOVAL OF ISCHIAL BURSA | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27062 | T | REMOVE FEMUR LESION/BURSA | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27065 | T | REMOVAL OF HIP BONE LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27066 | T | REMOVAL OF HIP BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27067 | T | REMOVE/GRAFT HIP BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27070 | C | PARTIAL REMOVAL OF HIP BONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27071 | C | PARTIAL REMOVAL OF HIP BONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27075 | C | EXTENSIVE HIP SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27076 | C | EXTENSIVE HIP SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27077 | C | EXTENSIVE HIP SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27078 | C | EXTENSIVE HIP SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27079 | C | EXTENSIVE HIP SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27080 | T | REMOVAL OF TAIL BONE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27086 | T | REMOVE HIP FOREIGN BODY | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 27087 | T | REMOVE HIP FOREIGN BODY | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27090 | C | REMOVAL OF HIP PROSTHESIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27091 | C | REMOVAL OF HIP PROSTHESIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27093 | N | INJECTION FOR HIP X-RAY | | | $0.00 | APC | $0.00 | | | |
| 27095 | N | INJECTION FOR HIP X-RAY | | | $0.00 | APC | $0.00 | | | |
| 27096 | N | INJECT SACROILIAC JOINT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27097 | T | REVISION OF HIP TENDON | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27098 | T | TRANSFER TENDON TO PELVIS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27100 | T | TRANSFER OF ABDOMINAL MUSCLE | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27105 | T | TRANSFER OF SPINAL MUSCLE | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27110 | T | TRANSFER OF ILIOPSOAS MUSCLE | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27111 | T | TRANSFER OF ILIOPSOAS MUSCLE | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27120 | C | RECONSTRUCTION OF HIP SOCKET | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27122 | C | RECONSTRUCTION OF HIP SOCKET | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27125 | C | PARTIAL HIP REPLACEMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27130 | C | TOTAL HIP ARTHROPLASTY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27132 | C | TOTAL HIP ARTHROPLASTY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27134 | C | REVISE HIP JOINT REPLACEMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27137 | C | REVISE HIP JOINT REPLACEMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27138 | C | REVISE HIP JOINT REPLACEMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27140 | C | TRANSPLANT FEMUR RIDGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27146 | C | INCISION OF HIP BONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27147 | C | REVISION OF HIP BONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27151 | C | INCISION OF HIP BONES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27156 | C | REVISION OF HIP BONES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27158 | C | REVISION OF PELVIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27161 | C | INCISION OF NECK OF FEMUR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27165 | C | INCISION/FIXATION OF FEMUR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27170 | C | REPAIR/GRAFT FEMUR HEAD/NECK | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27175 | C | TREAT SLIPPED EPIPHYSIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27176 | C | TREAT SLIPPED EPIPHYSIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27177 | C | TREAT SLIPPED EPIPHYSIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27178 | C | TREAT SLIPPED EPIPHYSIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27179 | C | REVISE HEAD/NECK OF FEMUR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27181 | C | TREAT SLIPPED EPIPHYSIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27185 | C | REVISION OF FEMUR EPIPHYSIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27187 | C | REINFORCE HIP BONES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27193 | T | TREAT PELVIC RING FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27194 | T | TREAT PELVIC RING FRACTURE | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 27200 | T | TREAT TAIL BONE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27202 | T | TREAT TAIL BONE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27215 | C | TREAT PELVIC FRACTURE(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27216 | T | TREAT PELVIC RING FRACTURE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27217 | C | TREAT PELVIC RING FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27218 | C | TREAT PELVIC RING FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27220 | T | TREAT HIP SOCKET FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27222 | C | TREAT HIP SOCKET FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27226 | C | TREAT HIP WALL FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27227 | C | TREAT HIP FRACTURE(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27228 | C | TREAT HIP FRACTURE(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27230 | T | TREAT THIGH FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27232 | C | TREAT THIGH FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27235 | T | TREAT THIGH FRACTURE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27236 | C | TREAT THIGH FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27238 | T | TREAT THIGH FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27240 | C | TREAT THIGH FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27244 | C | TREAT THIGH FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27245 | C | TREAT THIGH FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27246 | T | TREAT THIGH FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27248 | C | TREAT THIGH FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27250 | T | TREAT HIP DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27252 | T | TREAT HIP DISLOCATION | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 27253 | C | TREAT HIP DISLOCATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27254 | C | TREAT HIP DISLOCATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27256 | T | TREAT HIP DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27257 | T | TREAT HIP DISLOCATION | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 27258 | C | TREAT HIP DISLOCATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27259 | C | TREAT HIP DISLOCATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27265 | T | TREAT HIP DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27266 | T | TREAT HIP DISLOCATION | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 27275 | T | MANIPULATION OF HIP JOINT | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27280 | C | FUSION OF SACROILIAC JOINT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27282 | C | FUSION OF PUBIC BONES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27284 | C | FUSION OF HIP JOINT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27286 | C | FUSION OF HIP JOINT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27290 | C | AMPUTATION OF LEG AT HIP | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27295 | C | AMPUTATION OF LEG AT HIP | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27299 | T | PELVIS/HIP JOINT SURGERY | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27301 | T | DRAIN THIGH/KNEE LESION | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 27303 | C | DRAINAGE OF BONE LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27305 | T | INCISE THIGH TENDON & FASCIA | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27306 | T | INCISION OF THIGH TENDON | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27307 | T | INCISION OF THIGH TENDONS | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27310 | T | EXPLORATION OF KNEE JOINT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27315 | T | PARTIAL REMOVAL, THIGH NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 27320 | T | PARTIAL REMOVAL, THIGH NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 27323 | T | BIOPSY, THIGH SOFT TISSUES | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 27324 | T | BIOPSY, THIGH SOFT TISSUES | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 27327 | T | REMOVAL OF THIGH LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 27328 | T | REMOVAL OF THIGH LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 27329 | T | REMOVE TUMOR THIGH/KNEE | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 27330 | T | BIOPSY, KNEE JOINT LINING | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27331 | T | EXPLORE/TREAT KNEE JOINT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27332 | T | REMOVAL OF KNEE CARTILAGE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27333 | T | REMOVAL OF KNEE CARTILAGE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27334 | T | REMOVE KNEE JOINT LINING | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27335 | T | REMOVE KNEE JOINT LINING | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27340 | T | REMOVAL OF KNEECAP BURSA | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27345 | T | REMOVAL OF KNEE CYST | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27347 | T | REMOVE KNEE CYST | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27350 | T | REMOVAL OF KNEECAP | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27355 | T | REMOVE FEMUR LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27356 | T | REMOVE FEMUR LESION/GRAFT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27357 | T | REMOVE FEMUR LESION/GRAFT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27358 | T | REMOVE FEMUR LESION/FIXATION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27360 | T | PARTIAL REMOVAL, LEG BONE(S) | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27365 | C | EXTENSIVE LEG SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27370 | N | INJECTION FOR KNEE X-RAY | | | $0.00 | APC | $0.00 | | | |
| 27372 | T | REMOVAL OF FOREIGN BODY | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 27380 | T | REPAIR OF KNEECAP TENDON | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27381 | T | REPAIR/GRAFT KNEECAP TENDON | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27385 | T | REPAIR OF THIGH MUSCLE | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27386 | T | REPAIR/GRAFT OF THIGH MUSCLE | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27390 | T | INCISION OF THIGH TENDON | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27391 | T | INCISION OF THIGH TENDONS | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27392 | T | INCISION OF THIGH TENDONS | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27393 | T | LENGTHENING OF THIGH TENDON | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27394 | T | LENGTHENING OF THIGH TENDONS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27395 | T | LENGTHENING OF THIGH TENDONS | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27396 | T | TRANSPLANT OF THIGH TENDON | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27397 | T | TRANSPLANTS OF THIGH TENDONS | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27400 | T | REVISE THIGH MUSCLES/TENDONS | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27403 | T | REPAIR OF KNEE CARTILAGE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27405 | T | REPAIR OF KNEE LIGAMENT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27407 | T | REPAIR OF KNEE LIGAMENT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27409 | T | REPAIR OF KNEE LIGAMENTS | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27412 | T | AUTOCHONDROCYTE IMPLANT KNEE | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 27415 | T | OSTEOCHONDRAL KNEE ALLOGRAFT | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 27418 | T | REPAIR DEGENERATED KNEECAP | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27420 | T | REVISION OF UNSTABLE KNEECAP | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27422 | T | REVISION OF UNSTABLE KNEECAP | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27424 | T | REVISION/REMOVAL OF KNEECAP | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27425 | T | LAT RETINACULAR RELEASE OPEN | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27427 | T | RECONSTRUCTION, KNEE | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 27428 | T | RECONSTRUCTION, KNEE | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 27429 | T | RECONSTRUCTION, KNEE | 0052 | 43.5555 | $2,079.78 | APC | $2,079.78 | | | |
| 27430 | T | REVISION OF THIGH MUSCLES | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27435 | T | INCISION OF KNEE JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27437 | T | REVISE KNEECAP | 0047 | 31.2345 | $1,491.45 | APC | $1,491.45 | | | |
| 27438 | T | REVISE KNEECAP WITH IMPLANT | 0048 | 43.3955 | $2,072.14 | APC | $2,072.14 | | | |
| 27440 | T | REVISION OF KNEE JOINT | 0047 | 31.2345 | $1,491.45 | APC | $1,491.45 | | | |
| 27441 | T | REVISION OF KNEE JOINT | 0047 | 31.2345 | $1,491.45 | APC | $1,491.45 | | | |
| 27442 | T | REVISION OF KNEE JOINT | 0047 | 31.2345 | $1,491.45 | APC | $1,491.45 | | | |
| 27443 | T | REVISION OF KNEE JOINT | 0047 | 31.2345 | $1,491.45 | APC | $1,491.45 | | | |
| 27445 | C | REVISION OF KNEE JOINT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27446 | T | REVISION OF KNEE JOINT | 0681 | 135.4643 | $6,468.42 | APC | $6,468.42 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27447 | C | TOTAL KNEE ARTHROPLASTY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27448 | C | INCISION OF THIGH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27450 | C | INCISION OF THIGH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27454 | C | REALIGNMENT OF THIGH BONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27455 | C | REALIGNMENT OF KNEE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27457 | C | REALIGNMENT OF KNEE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27465 | C | SHORTENING OF THIGH BONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27466 | C | LENGTHENING OF THIGH BONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27468 | C | SHORTEN/LENGTHEN THIGHS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27470 | C | REPAIR OF THIGH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27472 | C | REPAIR/GRAFT OF THIGH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27475 | T | SURGERY TO STOP LEG GROWTH | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27477 | C | SURGERY TO STOP LEG GROWTH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27479 | C | SURGERY TO STOP LEG GROWTH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27485 | C | SURGERY TO STOP LEG GROWTH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27486 | C | REVISE/REPLACE KNEE JOINT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27487 | C | REVISE/REPLACE KNEE JOINT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27488 | C | REMOVAL OF KNEE PROSTHESIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27495 | C | REINFORCE THIGH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27496 | T | DECOMPRESSION OF THIGH/KNEE | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27497 | T | DECOMPRESSION OF THIGH/KNEE | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27498 | T | DECOMPRESSION OF THIGH/KNEE | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27499 | T | DECOMPRESSION OF THIGH/KNEE | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27500 | T | TREATMENT OF THIGH FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27501 | T | TREATMENT OF THIGH FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27502 | T | TREATMENT OF THIGH FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27503 | T | TREATMENT OF THIGH FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27506 | C | TREATMENT OF THIGH FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27507 | C | TREATMENT OF THIGH FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27508 | T | TREATMENT OF THIGH FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27509 | T | TREATMENT OF THIGH FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27510 | T | TREATMENT OF THIGH FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27511 | C | TREATMENT OF THIGH FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27513 | C | TREATMENT OF THIGH FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27514 | C | TREATMENT OF THIGH FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27516 | T | TREAT THIGH FX GROWTH PLATE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27517 | T | TREAT THIGH FX GROWTH PLATE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27519 | C | TREAT THIGH FX GROWTH PLATE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27520 | T | TREAT KNEECAP FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27524 | T | TREAT KNEECAP FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27530 | T | TREAT KNEE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27532 | T | TREAT KNEE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27535 | C | TREAT KNEE FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27536 | C | TREAT KNEE FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27538 | T | TREAT KNEE FRACTURE(S) | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27540 | C | TREAT KNEE FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27550 | T | TREAT KNEE DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27552 | T | TREAT KNEE DISLOCATION | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 27556 | C | TREAT KNEE DISLOCATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27557 | C | TREAT KNEE DISLOCATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27558 | C | TREAT KNEE DISLOCATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27560 | T | TREAT KNEECAP DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27562 | T | TREAT KNEECAP DISLOCATION | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 27566 | T | TREAT KNEECAP DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27570 | T | FIXATION OF KNEE JOINT | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 27580 | C | FUSION OF KNEE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27590 | C | AMPUTATE LEG AT THIGH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27591 | C | AMPUTATE LEG AT THIGH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27592 | C | AMPUTATE LEG AT THIGH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27594 | T | AMPUTATION FOLLOW-UP SURGERY | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27596 | C | AMPUTATION FOLLOW-UP SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27598 | C | AMPUTATE LOWER LEG AT KNEE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27599 | T | LEG SURGERY PROCEDURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27600 | T | DECOMPRESSION OF LOWER LEG | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27601 | T | DECOMPRESSION OF LOWER LEG | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27602 | T | DECOMPRESSION OF LOWER LEG | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27603 | T | DRAIN LOWER LEG LESION | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 27604 | T | DRAIN LOWER LEG BURSA | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27605 | T | INCISION OF ACHILLES TENDON | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 27606 | T | INCISION OF ACHILLES TENDON | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27607 | T | TREAT LOWER LEG BONE LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27610 | T | EXPLORE/TREAT ANKLE JOINT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27612 | T | EXPLORATION OF ANKLE JOINT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27613 | T | BIOPSY LOWER LEG SOFT TISSUE | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 27614 | T | BIOPSY LOWER LEG SOFT TISSUE | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27615 | T | REMOVE TUMOR, LOWER LEG | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27618 | T | REMOVE LOWER LEG LESION | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 27619 | T | REMOVE LOWER LEG LESION | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 27620 | T | EXPLORE/TREAT ANKLE JOINT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27625 | T | REMOVE ANKLE JOINT LINING | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27626 | T | REMOVE ANKLE JOINT LINING | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27630 | T | REMOVAL OF TENDON LESION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27635 | T | REMOVE LOWER LEG BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27637 | T | REMOVE/GRAFT LEG BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27638 | T | REMOVE/GRAFT LEG BONE LESION | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27640 | T | PARTIAL REMOVAL OF TIBIA | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27641 | T | PARTIAL REMOVAL OF FIBULA | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27645 | C | EXTENSIVE LOWER LEG SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27646 | C | EXTENSIVE LOWER LEG SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27647 | T | EXTENSIVE ANKLE/HEEL SURGERY | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27648 | N | INJECTION FOR ANKLE X-RAY | | | $0.00 | APC | $0.00 | | | |
| 27650 | T | REPAIR ACHILLES TENDON | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27652 | T | REPAIR/GRAFT ACHILLES TENDON | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27654 | T | REPAIR OF ACHILLES TENDON | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27656 | T | REPAIR LEG FASCIA DEFECT | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27658 | T | REPAIR OF LEG TENDON, EACH | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27659 | T | REPAIR OF LEG TENDON, EACH | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27664 | T | REPAIR OF LEG TENDON, EACH | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27665 | T | REPAIR OF LEG TENDON, EACH | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27675 | T | REPAIR LOWER LEG TENDONS | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27676 | T | REPAIR LOWER LEG TENDONS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27680 | T | RELEASE OF LOWER LEG TENDON | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27681 | T | RELEASE OF LOWER LEG TENDONS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27685 | T | REVISION OF LOWER LEG TENDON | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27686 | T | REVISE LOWER LEG TENDONS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27687 | T | REVISION OF CALF TENDON | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27690 | T | REVISE LOWER LEG TENDON | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27691 | T | REVISE LOWER LEG TENDON | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27692 | T | REVISE ADDITIONAL LEG TENDON | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27695 | T | REPAIR OF ANKLE LIGAMENT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27696 | T | REPAIR OF ANKLE LIGAMENTS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27698 | T | REPAIR OF ANKLE LIGAMENT | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27700 | T | REVISION OF ANKLE JOINT | 0047 | 31.2345 | $1,491.45 | APC | $1,491.45 | | | |
| 27702 | C | RECONSTRUCT ANKLE JOINT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27703 | C | RECONSTRUCTION, ANKLE JOINT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27704 | T | REMOVAL OF ANKLE IMPLANT | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27705 | T | INCISION OF TIBIA | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27707 | T | INCISION OF FIBULA | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27709 | T | INCISION OF TIBIA & FIBULA | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27712 | C | REALIGNMENT OF LOWER LEG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27715 | C | REVISION OF LOWER LEG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27720 | C | REPAIR OF TIBIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27722 | C | REPAIR/GRAFT OF TIBIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27724 | C | REPAIR/GRAFT OF TIBIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27725 | C | REPAIR OF LOWER LEG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27727 | C | REPAIR OF LOWER LEG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27730 | T | REPAIR OF TIBIA EPIPHYSIS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27732 | T | REPAIR OF FIBULA EPIPHYSIS | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27734 | T | REPAIR LOWER LEG EPIPHYSES | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27740 | T | REPAIR OF LEG EPIPHYSES | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27742 | T | REPAIR OF LEG EPIPHYSES | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27745 | T | REINFORCE TIBIA | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27750 | T | TREATMENT OF TIBIA FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27752 | T | TREATMENT OF TIBIA FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27756 | T | TREATMENT OF TIBIA FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27758 | T | TREATMENT OF TIBIA FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27759 | T | TREATMENT OF TIBIA FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27760 | T | TREATMENT OF ANKLE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27762 | T | TREATMENT OF ANKLE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27766 | T | TREATMENT OF ANKLE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27780 | T | TREATMENT OF FIBULA FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27781 | T | TREATMENT OF FIBULA FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27784 | T | TREATMENT OF FIBULA FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27786 | T | TREATMENT OF ANKLE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27788 | T | TREATMENT OF ANKLE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27792 | T | TREATMENT OF ANKLE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27808 | T | TREATMENT OF ANKLE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27810 | T | TREATMENT OF ANKLE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27814 | T | TREATMENT OF ANKLE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27816 | T | TREATMENT OF ANKLE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27818 | T | TREATMENT OF ANKLE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27822 | T | TREATMENT OF ANKLE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27823 | T | TREATMENT OF ANKLE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27824 | T | TREAT LOWER LEG FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27825 | T | TREAT LOWER LEG FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27826 | T | TREAT LOWER LEG FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27827 | T | TREAT LOWER LEG FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27828 | T | TREAT LOWER LEG FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27829 | T | TREAT LOWER LEG JOINT | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27830 | T | TREAT LOWER LEG DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27831 | T | TREAT LOWER LEG DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27832 | T | TREAT LOWER LEG DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27840 | T | TREAT ANKLE DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 27842 | T | TREAT ANKLE DISLOCATION | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 27846 | T | TREAT ANKLE DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27848 | T | TREAT ANKLE DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 27860 | T | FIXATION OF ANKLE JOINT | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 27870 | T | FUSION OF ANKLE JOINT OPEN | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27871 | T | FUSION OF TIBIOFIBULAR JOINT | 0051 | 36.6106 | $1,748.16 | APC | $1,748.16 | | | |
| 27880 | C | AMPUTATION OF LOWER LEG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27881 | C | AMPUTATION OF LOWER LEG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27882 | C | AMPUTATION OF LOWER LEG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27884 | T | AMPUTATION FOLLOW-UP SURGERY | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27886 | C | AMPUTATION FOLLOW-UP SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27888 | C | AMPUTATION OF FOOT AT ANKLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 27889 | T | AMPUTATION OF FOOT AT ANKLE | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 27892 | T | DECOMPRESSION OF LEG | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27893 | T | DECOMPRESSION OF LEG | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27894 | T | DECOMPRESSION OF LEG | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 27899 | T | LEG/ANKLE SURGERY PROCEDURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28001 | T | DRAINAGE OF BURSA OF FOOT | 0007 | 11.6717 | $557.32 | APC | $557.32 | | | |
| 28002 | T | TREATMENT OF FOOT INFECTION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 28003 | T | TREATMENT OF FOOT INFECTION | 0049 | 20.3891 | $973.58 | APC | $973.58 | | | |
| 28005 | T | TREAT FOOT BONE LESION | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28008 | T | INCISION OF FOOT FASCIA | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28010 | T | INCISION OF TOE TENDON | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28011 | T | INCISION OF TOE TENDONS | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28020 | T | EXPLORATION OF FOOT JOINT | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28022 | T | EXPLORATION OF FOOT JOINT | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28024 | T | EXPLORATION OF TOE JOINT | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28030 | T | REMOVAL OF FOOT NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 28035 | T | DECOMPRESSION OF TIBIA NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 28043 | T | EXCISION OF FOOT LESION | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 28045 | T | EXCISION OF FOOT LESION | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28046 | T | RESECTION OF TUMOR, FOOT | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28050 | T | BIOPSY OF FOOT JOINT LINING | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28052 | T | BIOPSY OF FOOT JOINT LINING | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28054 | T | BIOPSY OF TOE JOINT LINING | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28060 | T | PARTIAL REMOVAL, FOOT FASCIA | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28062 | T | REMOVAL OF FOOT FASCIA | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28070 | T | REMOVAL OF FOOT JOINT LINING | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28072 | T | REMOVAL OF FOOT JOINT LINING | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28080 | T | REMOVAL OF FOOT LESION | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28086 | T | EXCISE FOOT TENDON SHEATH | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28088 | T | EXCISE FOOT TENDON SHEATH | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28090 | T | REMOVAL OF FOOT LESION | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28092 | T | REMOVAL OF TOE LESIONS | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28100 | T | REMOVAL OF ANKLE/HEEL LESION | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28102 | T | REMOVE/GRAFT FOOT LESION | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28103 | T | REMOVE/GRAFT FOOT LESION | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28104 | T | REMOVAL OF FOOT LESION | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28106 | T | REMOVE/GRAFT FOOT LESION | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28107 | T | REMOVE/GRAFT FOOT LESION | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28108 | T | REMOVAL OF TOE LESIONS | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28110 | T | PART REMOVAL OF METATARSAL | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28111 | T | PART REMOVAL OF METATARSAL | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28112 | T | PART REMOVAL OF METATARSAL | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28113 | T | PART REMOVAL OF METATARSAL | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28114 | T | REMOVAL OF METATARSAL HEADS | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28116 | T | REVISION OF FOOT | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28118 | T | REMOVAL OF HEEL BONE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28119 | T | REMOVAL OF HEEL SPUR | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28120 | T | PART REMOVAL OF ANKLE/HEEL | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28122 | T | PARTIAL REMOVAL OF FOOT BONE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28124 | T | PARTIAL REMOVAL OF TOE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 28126 | T | PARTIAL REMOVAL OF TOE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28130 | T | REMOVAL OF ANKLE BONE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28140 | T | REMOVAL OF METATARSAL | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28150 | T | REMOVAL OF TOE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28153 | T | PARTIAL REMOVAL OF TOE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28160 | T | PARTIAL REMOVAL OF TOE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28171 | T | EXTENSIVE FOOT SURGERY | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28173 | T | EXTENSIVE FOOT SURGERY | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28175 | T | EXTENSIVE FOOT SURGERY | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28190 | T | REMOVAL OF FOOT FOREIGN BODY | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 28192 | T | REMOVAL OF FOOT FOREIGN BODY | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 28193 | T | REMOVAL OF FOOT FOREIGN BODY | 0020 | 6.9410 | $331.43 | APC | $331.43 | | | |
| 28200 | T | REPAIR OF FOOT TENDON | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28202 | T | REPAIR/GRAFT OF FOOT TENDON | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28208 | T | REPAIR OF FOOT TENDON | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28210 | T | REPAIR/GRAFT OF FOOT TENDON | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28220 | T | RELEASE OF FOOT TENDON | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28222 | T | RELEASE OF FOOT TENDONS | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28225 | T | RELEASE OF FOOT TENDON | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28226 | T | RELEASE OF FOOT TENDONS | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28230 | T | INCISION OF FOOT TENDON(S) | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28232 | T | INCISION OF TOE TENDON | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28234 | T | INCISION OF FOOT TENDON | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28238 | T | REVISION OF FOOT TENDON | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28240 | T | RELEASE OF BIG TOE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28250 | T | REVISION OF FOOT FASCIA | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28260 | T | RELEASE OF MIDFOOT JOINT | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28261 | T | REVISION OF FOOT TENDON | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28262 | T | REVISION OF FOOT AND ANKLE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28264 | T | RELEASE OF MIDFOOT JOINT | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28270 | T | RELEASE OF FOOT CONTRACTURE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28272 | T | RELEASE OF TOE JOINT, EACH | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28280 | T | FUSION OF TOES | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28285 | T | REPAIR OF HAMMERTOE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28286 | T | REPAIR OF HAMMERTOE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28288 | T | PARTIAL REMOVAL OF FOOT BONE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28289 | T | REPAIR HALLUX RIGIDUS | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28290 | T | CORRECTION OF BUNION | 0057 | 27.3981 | $1,308.26 | APC | $1,308.26 | | | |
| 28292 | T | CORRECTION OF BUNION | 0057 | 27.3981 | $1,308.26 | APC | $1,308.26 | | | |
| 28293 | T | CORRECTION OF BUNION | 0057 | 27.3981 | $1,308.26 | APC | $1,308.26 | | | |
| 28294 | T | CORRECTION OF BUNION | 0057 | 27.3981 | $1,308.26 | APC | $1,308.26 | | | |
| 28296 | T | CORRECTION OF BUNION | 0057 | 27.3981 | $1,308.26 | APC | $1,308.26 | | | |
| 28297 | T | CORRECTION OF BUNION | 0057 | 27.3981 | $1,308.26 | APC | $1,308.26 | | | |
| 28298 | T | CORRECTION OF BUNION | 0057 | 27.3981 | $1,308.26 | APC | $1,308.26 | | | |
| 28299 | T | CORRECTION OF BUNION | 0057 | 27.3981 | $1,308.26 | APC | $1,308.26 | | | |
| 28300 | T | INCISION OF HEEL BONE | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28302 | T | INCISION OF ANKLE BONE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28304 | T | INCISION OF MIDFOOT BONES | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28305 | T | INCISE/GRAFT MIDFOOT BONES | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28306 | T | INCISION OF METATARSAL | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28307 | T | INCISION OF METATARSAL | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28308 | T | INCISION OF METATARSAL | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28309 | T | INCISION OF METATARSALS | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28310 | T | REVISION OF BIG TOE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28312 | T | REVISION OF TOE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28313 | T | REPAIR DEFORMITY OF TOE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28315 | T | REMOVAL OF SESAMOID BONE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28320 | T | REPAIR OF FOOT BONES | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28322 | T | REPAIR OF METATARSALS | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28340 | T | RESECT ENLARGED TOE TISSUE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28341 | T | RESECT ENLARGED TOE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28344 | T | REPAIR EXTRA TOE(S) | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28345 | T | REPAIR WEBBED TOE(S) | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28360 | T | RECONSTRUCT CLEFT FOOT | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28400 | T | TREATMENT OF HEEL FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28405 | T | TREATMENT OF HEEL FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28406 | T | TREATMENT OF HEEL FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28415 | T | TREAT HEEL FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28420 | T | TREAT/GRAFT HEEL FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28430 | T | TREATMENT OF ANKLE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28435 | T | TREATMENT OF ANKLE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28436 | T | TREATMENT OF ANKLE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28445 | T | TREAT ANKLE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28450 | T | TREAT MIDFOOT FRACTURE, EACH | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28455 | T | TREAT MIDFOOT FRACTURE, EACH | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 28456 | T | TREAT MIDFOOT FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28465 | T | TREAT MIDFOOT FRACTURE, EACH | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28470 | T | TREAT METATARSAL FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28475 | T | TREAT METATARSAL FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28476 | T | TREAT METATARSAL FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28485 | T | TREAT METATARSAL FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28490 | T | TREAT BIG TOE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28495 | T | TREAT BIG TOE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28496 | T | TREAT BIG TOE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28505 | T | TREAT BIG TOE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28510 | T | TREATMENT OF TOE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28515 | T | TREATMENT OF TOE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28525 | T | TREAT TOE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28530 | T | TREAT SESAMOID BONE FRACTURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28531 | T | TREAT SESAMOID BONE FRACTURE | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28540 | T | TREAT FOOT DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28545 | T | TREAT FOOT DISLOCATION | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 28546 | T | TREAT FOOT DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28555 | T | REPAIR FOOT DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28570 | T | TREAT FOOT DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28575 | T | TREAT FOOT DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28576 | T | TREAT FOOT DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28585 | T | REPAIR FOOT DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28600 | T | TREAT FOOT DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28605 | T | TREAT FOOT DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28606 | T | TREAT FOOT DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28615 | T | REPAIR FOOT DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28630 | T | TREAT TOE DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28635 | T | TREAT TOE DISLOCATION | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 28636 | T | TREAT TOE DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28645 | T | REPAIR TOE DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28660 | T | TREAT TOE DISLOCATION | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 28665 | T | TREAT TOE DISLOCATION | 0045 | 14.3413 | $684.80 | APC | $684.80 | | | |
| 28666 | T | TREAT TOE DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28675 | T | REPAIR OF TOE DISLOCATION | 0046 | 37.8852 | $1,809.02 | APC | $1,809.02 | | | |
| 28705 | T | FUSION OF FOOT BONES | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28715 | T | FUSION OF FOOT BONES | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28725 | T | FUSION OF FOOT BONES | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28730 | T | FUSION OF FOOT BONES | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28735 | T | FUSION OF FOOT BONES | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28737 | T | REVISION OF FOOT BONES | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28740 | T | FUSION OF FOOT BONES | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28750 | T | FUSION OF BIG TOE JOINT | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28755 | T | FUSION OF BIG TOE JOINT | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28760 | T | FUSION OF BIG TOE JOINT | 0056 | 40.5436 | $1,935.96 | APC | $1,935.96 | | | |
| 28800 | C | AMPUTATION OF MIDFOOT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 28805 | C | AMPUTATION THRU METATARSAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 28810 | T | AMPUTATION TOE & METATARSAL | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28820 | T | AMPUTATION OF TOE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28825 | T | PARTIAL AMPUTATION OF TOE | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 28890 | T | HIGH ENERGY ESWT PLANTAR F | 1547 | 14.2831 | $682.02 | APC | $682.02 | | | |
| 28899 | T | FOOT/TOES SURGERY PROCEDURE | 0043 | 1.7200 | $82.13 | APC | $82.13 | | | |
| 29000 | S | APPLICATION OF BODY CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29010 | S | APPLICATION OF BODY CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29015 | S | APPLICATION OF BODY CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29020 | S | APPLICATION OF BODY CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29025 | S | APPLICATION OF BODY CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29035 | S | APPLICATION OF BODY CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29040 | S | APPLICATION OF BODY CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29044 | S | APPLICATION OF BODY CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29046 | S | APPLICATION OF BODY CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29049 | S | APPLICATION OF FIGURE EIGHT | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29055 | S | APPLICATION OF SHOULDER CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29058 | S | APPLICATION OF SHOULDER CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29065 | S | APPLICATION OF LONG ARM CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29075 | S | APPLICATION OF FOREARM CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29085 | S | APPLY HAND/WRIST CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29086 | S | APPLY FINGER CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29105 | S | APPLY LONG ARM SPLINT | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29125 | S | APPLY FOREARM SPLINT | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29126 | S | APPLY FOREARM SPLINT | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29130 | S | APPLICATION OF FINGER SPLINT | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29131 | S | APPLICATION OF FINGER SPLINT | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29200 | S | STRAPPING OF CHEST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29220 | S | STRAPPING OF LOW BACK | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 29240 | S | STRAPPING OF SHOULDER | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29260 | S | STRAPPING OF ELBOW OR WRIST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29280 | S | STRAPPING OF HAND OR FINGER | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29305 | S | APPLICATION OF HIP CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29325 | S | APPLICATION OF HIP CASTS | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29345 | S | APPLICATION OF LONG LEG CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29355 | S | APPLICATION OF LONG LEG CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29358 | S | APPLY LONG LEG CAST BRACE | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29365 | S | APPLICATION OF LONG LEG CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29405 | S | APPLY SHORT LEG CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29425 | S | APPLY SHORT LEG CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29435 | S | APPLY SHORT LEG CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29440 | S | ADDITION OF WALKER TO CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29445 | S | APPLY RIGID LEG CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29450 | S | APPLICATION OF LEG CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29505 | S | APPLICATION, LONG LEG SPLINT | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29515 | S | APPLICATION LOWER LEG SPLINT | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29520 | S | STRAPPING OF HIP | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29530 | S | STRAPPING OF KNEE | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29540 | S | STRAPPING OF ANKLE AND/OR FT | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29550 | S | STRAPPING OF TOES | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29580 | S | APPLICATION OF PASTE BOOT | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29590 | S | APPLICATION OF FOOT SPLINT | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29700 | S | REMOVAL/REVISION OF CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29705 | S | REMOVAL/REVISION OF CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29710 | S | REMOVAL/REVISION OF CAST | 0426 | 2.2146 | $105.75 | APC | $105.75 | | | |
| 29715 | S | REMOVAL/REVISION OF CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29720 | S | REPAIR OF BODY CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29730 | S | WINDOWING OF CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29740 | S | WEDGING OF CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29750 | S | WEDGING OF CLUBFOOT CAST | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29799 | S | CASTING/STRAPPING PROCEDURE | 0058 | 1.0803 | $51.58 | APC | $51.58 | | | |
| 29800 | T | JAW ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | Y |
| 29804 | T | JAW ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | Y |
| 29805 | T | SHOULDER ARTHROSCOPY, DX | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29806 | T | SHOULDER ARTHROSCOPY/SURGERY | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29807 | T | SHOULDER ARTHROSCOPY/SURGERY | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29819 | T | SHOULDER ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29820 | T | SHOULDER ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29821 | T | SHOULDER ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29822 | T | SHOULDER ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29823 | T | SHOULDER ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29824 | T | SHOULDER ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29825 | T | SHOULDER ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29826 | T | SHOULDER ARTHROSCOPY/SURGERY | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29827 | T | ARTHROSCOP ROTATOR CUFF REPR | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29830 | T | ELBOW ARTHROSCOPY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29834 | T | ELBOW ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29835 | T | ELBOW ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29836 | T | ELBOW ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29837 | T | ELBOW ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29838 | T | ELBOW ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29840 | T | WRIST ARTHROSCOPY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29843 | T | WRIST ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29844 | T | WRIST ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29845 | T | WRIST ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29846 | T | WRIST ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29847 | T | WRIST ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29848 | T | WRIST ENDOSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29850 | T | KNEE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29851 | T | KNEE ARTHROSCOPY/SURGERY | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29855 | T | TIBIAL ARTHROSCOPY/SURGERY | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29856 | T | TIBIAL ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29860 | T | HIP ARTHROSCOPY DX | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29861 | T | HIP ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29862 | T | HIP ARTHROSCOPY/SURGERY | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29863 | T | HIP ARTHROSCOPY/SURGERY | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29866 | T | AUTGRFT IMPLNT KNEE W/SCOPE | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29867 | T | ALLGRFT IMPLNT KNEE W/SCOPE | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29868 | T | MENISCAL TRNSPL KNEE W/SCPE | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29870 | T | KNEE ARTHROSCOPY, DX | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29871 | T | KNEE ARTHROSCOPY/DRAINAGE | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29873 | T | KNEE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29874 | T | KNEE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29875 | T | KNEE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 29876 | T | KNEE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29877 | T | KNEE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29879 | T | KNEE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29880 | T | KNEE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29881 | T | KNEE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29882 | T | KNEE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29883 | T | KNEE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29884 | T | KNEE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29885 | T | KNEE ARTHROSCOPY/SURGERY | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29886 | T | KNEE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29887 | T | KNEE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29888 | T | KNEE ARTHROSCOPY/SURGERY | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29889 | T | KNEE ARTHROSCOPY/SURGERY | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29891 | T | ANKLE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29892 | T | ANKLE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29893 | T | SCOPE PLANTAR FASCIOTOMY | 0055 | 19.9374 | $952.01 | APC | $952.01 | | | |
| 29894 | T | ANKLE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29895 | T | ANKLE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29897 | T | ANKLE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29898 | T | ANKLE ARTHROSCOPY/SURGERY | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 29899 | T | ANKLE ARTHROSCOPY/SURGERY | 0042 | 44.2075 | $2,110.91 | APC | $2,110.91 | | | |
| 29900 | T | MCP JOINT ARTHROSCOPY, DX | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 29901 | T | MCP JOINT ARTHROSCOPY, SURG | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 29902 | T | MCP JOINT ARTHROSCOPY, SURG | 0053 | 15.6396 | $746.79 | APC | $746.79 | | | |
| 29999 | T | ARTHROSCOPY OF JOINT | 0041 | 28.0686 | $1,340.28 | APC | $1,340.28 | | | |
| 30000 | T | DRAINAGE OF NOSE LESION | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 30020 | T | DRAINAGE OF NOSE LESION | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 30100 | T | INTRANASAL BIOPSY | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 30110 | T | REMOVAL OF NOSE POLYP(S) | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 30115 | T | REMOVAL OF NOSE POLYP(S) | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 30117 | T | REMOVAL OF INTRANASAL LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 30118 | T | REMOVAL OF INTRANASAL LESION | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 30120 | T | REVISION OF NOSE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 30124 | T | REMOVAL OF NOSE LESION | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 30125 | T | REMOVAL OF NOSE LESION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 30130 | T | EXCISE INFERIOR TURBINATE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 30140 | T | RESECT INFERIOR TURBINATE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 30150 | T | PARTIAL REMOVAL OF NOSE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 30160 | T | REMOVAL OF NOSE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 30200 | T | INJECTION TREATMENT OF NOSE | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 30210 | T | NASAL SINUS THERAPY | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 30220 | T | INSERT NASAL SEPTAL BUTTON | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 30300 | X | REMOVE NASAL FOREIGN BODY | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 30310 | T | REMOVE NASAL FOREIGN BODY | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 30320 | T | REMOVE NASAL FOREIGN BODY | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 30400 | T | RECONSTRUCTION OF NOSE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 30410 | T | RECONSTRUCTION OF NOSE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 30420 | T | RECONSTRUCTION OF NOSE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 30430 | T | REVISION OF NOSE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | Y |
| 30435 | T | REVISION OF NOSE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 30450 | T | REVISION OF NOSE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 30460 | T | REVISION OF NOSE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 30462 | T | REVISION OF NOSE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 30465 | T | REPAIR NASAL STENOSIS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | Y |
| 30520 | T | REPAIR OF NASAL SEPTUM | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 30540 | T | REPAIR NASAL DEFECT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 30545 | T | REPAIR NASAL DEFECT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 30560 | T | RELEASE OF NASAL ADHESIONS | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 30580 | T | REPAIR UPPER JAW FISTULA | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 30600 | T | REPAIR MOUTH/NOSE FISTULA | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 30620 | T | INTRANASAL RECONSTRUCTION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 30630 | T | REPAIR NASAL SEPTUM DEFECT | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 30801 | T | ABLATE INF TURBINATE SUPERF | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 30802 | T | CAUTERIZATION, INNER NOSE | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 30901 | T | CONTROL OF NOSEBLEED | 0250 | 1.2241 | $58.45 | APC | $58.45 | | | |
| 30903 | T | CONTROL OF NOSEBLEED | 0250 | 1.2241 | $58.45 | APC | $58.45 | | | |
| 30905 | T | CONTROL OF NOSEBLEED | 0250 | 1.2241 | $58.45 | APC | $58.45 | | | |
| 30906 | T | REPEAT CONTROL OF NOSEBLEED | 0250 | 1.2241 | $58.45 | APC | $58.45 | | | |
| 30915 | T | LIGATION, NASAL SINUS ARTERY | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 30920 | T | LIGATION, UPPER JAW ARTERY | 0092 | 26.5104 | $1,265.87 | APC | $1,265.87 | | | |
| 30930 | T | THER FX NASAL INF TURBINATE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 30999 | T | NASAL SURGERY PROCEDURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 31000 | T | IRRIGATION, MAXILLARY SINUS | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 31002 | T | IRRIGATION, SPHENOID SINUS | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 31020 | T | EXPLORATION, MAXILLARY SINUS | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 31030 | T | EXPLORATION, MAXILLARY SINUS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31032 | T | EXPLORE SINUS REMOVE POLYPS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31040 | T | EXPLORATION BEHIND UPPER JAW | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 31050 | T | EXPLORATION, SPHENOID SINUS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31051 | T | SPHENOID SINUS SURGERY | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31070 | T | EXPLORATION OF FRONTAL SINUS | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 31075 | T | EXPLORATION OF FRONTAL SINUS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31080 | T | REMOVAL OF FRONTAL SINUS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31081 | T | REMOVAL OF FRONTAL SINUS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31084 | T | REMOVAL OF FRONTAL SINUS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31085 | T | REMOVAL OF FRONTAL SINUS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31086 | T | REMOVAL OF FRONTAL SINUS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31087 | T | REMOVAL OF FRONTAL SINUS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31090 | T | EXPLORATION OF SINUSES | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31200 | T | REMOVAL OF ETHMOID SINUS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31201 | T | REMOVAL OF ETHMOID SINUS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31205 | T | REMOVAL OF ETHMOID SINUS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31225 | C | REMOVAL OF UPPER JAW | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31230 | C | REMOVAL OF UPPER JAW | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31231 | T | NASAL ENDOSCOPY, DX | 0072 | 1.4448 | $68.99 | APC | $68.99 | | | |
| 31233 | T | NASAL/SINUS ENDOSCOPY, DX | 0072 | 1.4448 | $68.99 | APC | $68.99 | | | |
| 31235 | T | NASAL/SINUS ENDOSCOPY, DX | 0074 | 15.4603 | $738.23 | APC | $738.23 | | | |
| 31237 | T | NASAL/SINUS ENDOSCOPY, SURG | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31238 | T | NASAL/SINUS ENDOSCOPY, SURG | 0074 | 15.4603 | $738.23 | APC | $738.23 | | | |
| 31239 | T | NASAL/SINUS ENDOSCOPY, SURG | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31240 | T | NASAL/SINUS ENDOSCOPY, SURG | 0074 | 15.4603 | $738.23 | APC | $738.23 | | | |
| 31254 | T | REVISION OF ETHMOID SINUS | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31255 | T | REMOVAL OF ETHMOID SINUS | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31256 | T | EXPLORATION MAXILLARY SINUS | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31267 | T | ENDOSCOPY, MAXILLARY SINUS | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31276 | T | SINUS ENDOSCOPY, SURGICAL | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31287 | T | NASAL/SINUS ENDOSCOPY, SURG | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31288 | T | NASAL/SINUS ENDOSCOPY, SURG | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31290 | C | NASAL/SINUS ENDOSCOPY, SURG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31291 | C | NASAL/SINUS ENDOSCOPY, SURG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31292 | T | NASAL/SINUS ENDOSCOPY, SURG | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31293 | T | NASAL/SINUS ENDOSCOPY, SURG | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31294 | T | NASAL/SINUS ENDOSCOPY, SURG | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31299 | T | SINUS SURGERY PROCEDURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 31300 | T | REMOVAL OF LARYNX LESION | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 31320 | T | DIAGNOSTIC INCISION, LARYNX | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31360 | C | REMOVAL OF LARYNX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31365 | C | REMOVAL OF LARYNX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31367 | C | PARTIAL REMOVAL OF LARYNX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31368 | C | PARTIAL REMOVAL OF LARYNX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31370 | C | PARTIAL REMOVAL OF LARYNX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31375 | C | PARTIAL REMOVAL OF LARYNX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31380 | C | PARTIAL REMOVAL OF LARYNX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31382 | C | PARTIAL REMOVAL OF LARYNX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31390 | C | REMOVAL OF LARYNX & PHARYNX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31395 | C | RECONSTRUCT LARYNX & PHARYNX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31400 | T | REVISION OF LARYNX | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31420 | T | REMOVAL OF EPIGLOTTIS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31500 | S | INSERT EMERGENCY AIRWAY | 0094 | 2.4582 | $117.38 | APC | $117.38 | | | |
| 31502 | T | CHANGE OF WINDPIPE AIRWAY | 0121 | 2.2374 | $106.84 | APC | $106.84 | | | |
| 31505 | T | DIAGNOSTIC LARYNGOSCOPY | 0071 | 0.8034 | $38.36 | APC | $38.36 | | | |
| 31510 | T | LARYNGOSCOPY WITH BIOPSY | 0074 | 15.4603 | $738.23 | APC | $738.23 | | | |
| 31511 | T | REMOVE FOREIGN BODY, LARYNX | 0072 | 1.4448 | $68.99 | APC | $68.99 | | | |
| 31512 | T | REMOVAL OF LARYNX LESION | 0074 | 15.4603 | $738.23 | APC | $738.23 | | | |
| 31513 | T | INJECTION INTO VOCAL CORD | 0072 | 1.4448 | $68.99 | APC | $68.99 | | | |
| 31515 | T | LARYNGOSCOPY FOR ASPIRATION | 0074 | 15.4603 | $738.23 | APC | $738.23 | | | |
| 31520 | T | DX LARYNGOSCOPY NEWBORN | 0072 | 1.4448 | $68.99 | APC | $68.99 | | | |
| 31525 | T | DX LARYNGOSCOPY EXCL NB | 0074 | 15.4603 | $738.23 | APC | $738.23 | | | |
| 31526 | T | DX LARYNGOSCOPY W/OPER SCOPE | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31527 | T | LARYNGOSCOPY FOR TREATMENT | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31528 | T | LARYNGOSCOPY AND DILATION | 0074 | 15.4603 | $738.23 | APC | $738.23 | | | |
| 31529 | T | LARYNGOSCOPY AND DILATION | 0074 | 15.4603 | $738.23 | APC | $738.23 | | | |
| 31530 | T | LARYNGOSCOPY W/FB REMOVAL | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31531 | T | LARYNGOSCOPY W/FB & OP SCOPE | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31535 | T | LARYNGOSCOPY W/BIOPSY | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31536 | T | LARYNGOSCOPY W/BX & OP SCOPE | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31540 | T | LARYNGOSCOPY W/EXC OF TUMOR | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31541 | T | LARYNSCOP W/TUMR EXC + SCOPE | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31545 | T | REMOVE VC LESION W/SCOPE | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31546 | T | REMOVE VC LESION SCOPE/GRAFT | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 31560 | T | LARYNGOSCOP W/ARYTENOIDECTOM | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31561 | T | LARYNSCOP REMVE CART + SCOP | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31570 | T | LARYNGOSCOPE W/VC INJ | 0074 | 15.4603 | $738.23 | APC | $738.23 | | | |
| 31571 | T | LARYNGOSCOP W/VC INJ + SCOPE | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31575 | T | DIAGNOSTIC LARYNGOSCOPY | 0072 | 1.4448 | $68.99 | APC | $68.99 | | | |
| 31576 | T | LARYNGOSCOPY WITH BIOPSY | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31577 | T | REMOVE FOREIGN BODY, LARYNX | 0073 | 4.2171 | $201.37 | APC | $201.37 | | | |
| 31578 | T | REMOVAL OF LARYNX LESION | 0075 | 21.2258 | $1,013.53 | APC | $1,013.53 | | | |
| 31579 | T | DIAGNOSTIC LARYNGOSCOPY | 0073 | 4.2171 | $201.37 | APC | $201.37 | | | |
| 31580 | T | REVISION OF LARYNX | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31582 | T | REVISION OF LARYNX | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31584 | C | TREAT LARYNX FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31587 | C | REVISION OF LARYNX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31588 | T | REVISION OF LARYNX | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31590 | T | REINNERVATE LARYNX | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31595 | T | LARYNX NERVE SURGERY | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31599 | T | LARYNX SURGERY PROCEDURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 31600 | T | INCISION OF WINDPIPE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 31601 | T | INCISION OF WINDPIPE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 31603 | T | INCISION OF WINDPIPE | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 31605 | T | INCISION OF WINDPIPE | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 31610 | T | INCISION OF WINDPIPE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 31611 | T | SURGERY/SPEECH PROSTHESIS | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 31612 | T | PUNCTURE/CLEAR WINDPIPE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 31613 | T | REPAIR WINDPIPE OPENING | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 31614 | T | REPAIR WINDPIPE OPENING | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31615 | T | VISUALIZATION OF WINDPIPE | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31620 | S | ENDOBRONCHIAL US ADD-ON | 0670 | 28.7546 | $1,373.03 | APC | $1,373.03 | | | |
| 31622 | T | DX BRONCHOSCOPE/WASH | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31623 | T | DX BRONCHOSCOPE/BRUSH | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31624 | T | DX BRONCHOSCOPE/LAVAGE | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31625 | T | BRONCHOSCOPY W/BIOPSY(S) | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31628 | T | BRONCHOSCOPY/LUNG BX EACH | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31629 | T | BRONCHOSCOPY/NEEDLE BX EACH | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31630 | T | BRONCHOSCOPY DILATE/FX REPR | 0415 | 22.0722 | $1,053.95 | APC | $1,053.95 | | | |
| 31631 | T | BRONCHOSCOPY DILATE W/STENT | 0415 | 22.0722 | $1,053.95 | APC | $1,053.95 | | | |
| 31632 | T | BRONCHOSCOPY/LUNG BX ADD□L | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31633 | T | BRONCHOSCOPY/NEEDLE BX ADD□L | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31635 | T | BRONCHOSCOPY W/FB REMOVAL | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31636 | T | BRONCHOSCOPY BRONCH STENTS | 0415 | 22.0722 | $1,053.95 | APC | $1,053.95 | | | |
| 31637 | T | BRONCHOSCOPY STENT ADD-ON | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31638 | T | BRONCHOSCOPY REVISE STENT | 0415 | 22.0722 | $1,053.95 | APC | $1,053.95 | | | |
| 31640 | T | BRONCHOSCOPY W/TUMOR EXCISE | 0415 | 22.0722 | $1,053.95 | APC | $1,053.95 | | | |
| 31641 | T | BRONCHOSCOPY, TREAT BLOCKAGE | 0415 | 22.0722 | $1,053.95 | APC | $1,053.95 | | | |
| 31643 | T | DIAG BRONCHOSCOPE/CATHETER | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31645 | T | BRONCHOSCOPY, CLEAR AIRWAYS | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31646 | T | BRONCHOSCOPY, RECLEAR AIRWAY | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31656 | T | BRONCHOSCOPY INJ FOR X-RAY | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 31700 | T | INSERTION OF AIRWAY CATHETER | 0072 | 1.4448 | $68.99 | APC | $68.99 | | | |
| 31708 | N | INSTILL AIRWAY CONTRAST DYE | | | $0.00 | APC | $0.00 | | | |
| 31710 | N | INSERTION OF AIRWAY CATHETER | | | $0.00 | APC | $0.00 | | | |
| 31715 | N | INJECTION FOR BRONCHUS X-RAY | | | $0.00 | APC | $0.00 | | | |
| 31717 | T | BRONCHIAL BRUSH BIOPSY | 0073 | 4.2171 | $201.37 | APC | $201.37 | | | |
| 31720 | T | CLEARANCE OF AIRWAYS | 0071 | 0.8034 | $38.36 | APC | $38.36 | | | |
| 31725 | C | CLEARANCE OF AIRWAYS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31730 | T | INTRO, WINDPIPE WIRE/TUBE | 0073 | 4.2171 | $201.37 | APC | $201.37 | | | |
| 31750 | T | REPAIR OF WINDPIPE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31755 | T | REPAIR OF WINDPIPE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 31760 | C | REPAIR OF WINDPIPE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31766 | C | RECONSTRUCTION OF WINDPIPE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31770 | C | REPAIR/GRAFT OF BRONCHUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31775 | C | RECONSTRUCT BRONCHUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31780 | C | RECONSTRUCT WINDPIPE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31781 | C | RECONSTRUCT WINDPIPE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31785 | T | REMOVE WINDPIPE LESION | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 31786 | C | REMOVE WINDPIPE LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31800 | C | REPAIR OF WINDPIPE INJURY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31805 | C | REPAIR OF WINDPIPE INJURY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 31820 | T | CLOSURE OF WINDPIPE LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 31825 | T | REPAIR OF WINDPIPE DEFECT | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 31830 | T | REVISE WINDPIPE SCAR | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 31899 | T | AIRWAYS SURGICAL PROCEDURE | 0076 | 9.4030 | $448.99 | APC | $448.99 | | | |
| 32000 | T | DRAINAGE OF CHEST | 0070 | 3.2141 | $153.47 | APC | $153.47 | | | |
| 32002 | T | TREATMENT OF COLLAPSED LUNG | 0070 | 3.2141 | $153.47 | APC | $153.47 | | | |
| 32005 | T | TREAT LUNG LINING CHEMICALLY | 0070 | 3.2141 | $153.47 | APC | $153.47 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 32019 | T | INSERT PLEURAL CATHETER | 0427 | 10.0109 | $478.02 | APC | $478.02 | | | |
| 32020 | T | INSERTION OF CHEST TUBE | 0070 | 3.2141 | $153.47 | APC | $153.47 | | | |
| 32035 | C | EXPLORATION OF CHEST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32036 | C | EXPLORATION OF CHEST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32095 | C | BIOPSY THROUGH CHEST WALL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32100 | C | EXPLORATION/BIOPSY OF CHEST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32110 | C | EXPLORE/REPAIR CHEST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32120 | C | RE-EXPLORATION OF CHEST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32124 | C | EXPLORE CHEST FREE ADHESIONS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32140 | C | REMOVAL OF LUNG LESION(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32141 | C | REMOVE/TREAT LUNG LESIONS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32150 | C | REMOVAL OF LUNG LESION(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32151 | C | REMOVE LUNG FOREIGN BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32160 | C | OPEN CHEST HEART MASSAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32200 | C | DRAIN, OPEN, LUNG LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32201 | T | DRAIN, PERCUT, LUNG LESION | 0070 | 3.2141 | $153.47 | APC | $153.47 | | | |
| 32215 | C | TREAT CHEST LINING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32220 | C | RELEASE OF LUNG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32225 | C | PARTIAL RELEASE OF LUNG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32310 | C | REMOVAL OF CHEST LINING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32320 | C | FREE/REMOVE CHEST LINING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32400 | T | NEEDLE BIOPSY CHEST LINING | 0685 | 6.0034 | $286.66 | APC | $286.66 | | | |
| 32402 | C | OPEN BIOPSY CHEST LINING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32405 | T | BIOPSY, LUNG OR MEDIASTINUM | 0685 | 6.0034 | $286.66 | APC | $286.66 | | | |
| 32420 | T | PUNCTURE/CLEAR LUNG | 0070 | 3.2141 | $153.47 | APC | $153.47 | | | |
| 32440 | C | REMOVAL OF LUNG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32442 | C | SLEEVE PNEUMONECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32445 | C | REMOVAL OF LUNG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32480 | C | PARTIAL REMOVAL OF LUNG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32482 | C | BILOBECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32484 | C | SEGMENTECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32486 | C | SLEEVE LOBECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32488 | C | COMPLETION PNEUMONECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32491 | C | LUNG VOLUME REDUCTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32500 | C | PARTIAL REMOVAL OF LUNG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32501 | C | REPAIR BRONCHUS ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32503 | C | RESECT APICAL LUNG TUMOR | | | $0.00 | Not Allowed | $0.00 | | | |
| 32504 | C | RESECT APICAL LUNG TUM/CHEST | | | $0.00 | Not Allowed | $0.00 | | | |
| 32540 | C | REMOVAL OF LUNG LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32601 | T | THORACOSCOPY, DIAGNOSTIC | 0069 | 30.9541 | $1,478.06 | APC | $1,478.06 | | | |
| 32602 | T | THORACOSCOPY, DIAGNOSTIC | 0069 | 30.9541 | $1,478.06 | APC | $1,478.06 | | | |
| 32603 | T | THORACOSCOPY, DIAGNOSTIC | 0069 | 30.9541 | $1,478.06 | APC | $1,478.06 | | | |
| 32604 | T | THORACOSCOPY, DIAGNOSTIC | 0069 | 30.9541 | $1,478.06 | APC | $1,478.06 | | | |
| 32605 | T | THORACOSCOPY, DIAGNOSTIC | 0069 | 30.9541 | $1,478.06 | APC | $1,478.06 | | | |
| 32606 | T | THORACOSCOPY, DIAGNOSTIC | 0069 | 30.9541 | $1,478.06 | APC | $1,478.06 | | | |
| 32650 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32651 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32652 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32653 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32654 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32655 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32656 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32657 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32658 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32659 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32660 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32661 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32662 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32663 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32664 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32665 | C | THORACOSCOPY, SURGICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32800 | C | REPAIR LUNG HERNIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32810 | C | CLOSE CHEST AFTER DRAINAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32815 | C | CLOSE BRONCHIAL FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32820 | C | RECONSTRUCT INJURED CHEST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32850 | C | DONOR PNEUMONECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 32851 | C | LUNG TRANSPLANT, SINGLE | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 32852 | C | LUNG TRANSPLANT WITH BYPASS | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 32853 | C | LUNG TRANSPLANT, DOUBLE | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 32854 | C | LUNG TRANSPLANT WITH BYPASS | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 32855 | C | PREPARE DONOR LUNG SINGLE | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 32856 | C | PREPARE DONOR LUNG DOUBLE | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 32900 | C | REMOVAL OF RIB(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32905 | C | REVISE & REPAIR CHEST WALL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32906 | C | REVISE & REPAIR CHEST WALL | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 32940 | C | REVISION OF LUNG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32960 | T | THERAPEUTIC PNEUMOTHORAX | 0070 | 3.2141 | $153.47 | APC | $153.47 | | | |
| 32997 | C | TOTAL LUNG LAVAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 32999 | T | CHEST SURGERY PROCEDURE | 0070 | 3.2141 | $153.47 | APC | $153.47 | | | |
| 33010 | T | DRAINAGE OF HEART SAC | 0070 | 3.2141 | $153.47 | APC | $153.47 | | | |
| 33011 | T | REPEAT DRAINAGE OF HEART SAC | 0070 | 3.2141 | $153.47 | APC | $153.47 | | | |
| 33015 | C | INCISION OF HEART SAC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33020 | C | INCISION OF HEART SAC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33025 | C | INCISION OF HEART SAC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33030 | C | PARTIAL REMOVAL OF HEART SAC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33031 | C | PARTIAL REMOVAL OF HEART SAC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33050 | C | REMOVAL OF HEART SAC LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33120 | C | REMOVAL OF HEART LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33130 | C | REMOVAL OF HEART LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33140 | C | HEART REVASCULARIZE (TMR) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33141 | C | HEART TMR W/OTHER PROCEDURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33200 | C | INSERTION OF HEART PACEMAKER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33201 | C | INSERTION OF HEART PACEMAKER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33206 | T | INSERTION OF HEART PACEMAKER | 0089 | 117.0463 | $5,588.96 | APC | $5,588.96 | | | |
| 33207 | T | INSERTION OF HEART PACEMAKER | 0089 | 117.0463 | $5,588.96 | APC | $5,588.96 | | | |
| 33208 | T | INSERTION OF HEART PACEMAKER | 0655 | 136.8448 | $6,534.34 | APC | $6,534.34 | | | |
| 33210 | T | INSERTION OF HEART ELECTRODE | 0106 | 55.9362 | $2,670.95 | APC | $2,670.95 | | | |
| 33211 | T | INSERTION OF HEART ELECTRODE | 0106 | 55.9362 | $2,670.95 | APC | $2,670.95 | | | |
| 33212 | T | INSERTION OF PULSE GENERATOR | 0090 | 90.2017 | $4,307.13 | APC | $4,307.13 | | | |
| 33213 | T | INSERTION OF PULSE GENERATOR | 0654 | 112.0279 | $5,349.33 | APC | $5,349.33 | | | |
| 33214 | T | UPGRADE OF PACEMAKER SYSTEM | 0655 | 136.8448 | $6,534.34 | APC | $6,534.34 | | | |
| 33215 | T | REPOSITION PACING-DEFIB LEAD | 0105 | 21.9865 | $1,049.86 | APC | $1,049.86 | | | |
| 33216 | T | INSERT LEAD PACE-DEFIB ONE | 0106 | 55.9362 | $2,670.95 | APC | $2,670.95 | | | |
| 33217 | T | INSERT LEAD PACE-DEFIB DUAL | 0106 | 55.9362 | $2,670.95 | APC | $2,670.95 | | | |
| 33218 | T | REPAIR LEAD PACE-DEFIB ONE | 0106 | 55.9362 | $2,670.95 | APC | $2,670.95 | | | |
| 33220 | T | REPAIR LEAD PACE-DEFIB DUAL | 0106 | 55.9362 | $2,670.95 | APC | $2,670.95 | | | |
| 33222 | T | REVISE POCKET PACEMAKER | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 33223 | T | REVISE POCKET PACING-DEFIB | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 33224 | T | INSERT PACING LEAD & CONNECT | 0418 | 169.3514 | $8,086.53 | APC | $8,086.53 | | | |
| 33225 | T | L VENTRIC PACING LEAD ADD-ON | 0418 | 169.3514 | $8,086.53 | APC | $8,086.53 | | | |
| 33226 | T | REPOSITION L VENTRIC LEAD | 0105 | 21.9865 | $1,049.86 | APC | $1,049.86 | | | |
| 33233 | T | REMOVAL OF PACEMAKER SYSTEM | 0105 | 21.9865 | $1,049.86 | APC | $1,049.86 | | | |
| 33234 | T | REMOVAL OF PACEMAKER SYSTEM | 0105 | 21.9865 | $1,049.86 | APC | $1,049.86 | | | |
| 33235 | T | REMOVAL PACEMAKER ELECTRODE | 0105 | 21.9865 | $1,049.86 | APC | $1,049.86 | | | |
| 33236 | C | REMOVE ELECTRODE/THORACOTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33237 | C | REMOVE ELECTRODE/THORACOTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33238 | C | REMOVE ELECTRODE/THORACOTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33240 | M | INSERT PULSE GENERATOR | | | $0.00 | Not Allowed | $0.00 | | | |
| 33241 | T | REMOVE PULSE GENERATOR | 0105 | 21.9865 | $1,049.86 | APC | $1,049.86 | | | |
| 33243 | C | REMOVE ELTRD/THORACOTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33244 | T | REMOVE ELTRD, TRANSVEN | 0105 | 21.9865 | $1,049.86 | APC | $1,049.86 | | | |
| 33245 | C | INSERT EPIC ELTRD PACE-DEFIB | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33246 | C | INSERT EPIC ELTRD/GENERATOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33249 | M | ELTRD/INSERT PACE-DEFIB | | | $0.00 | Not Allowed | $0.00 | | | |
| 33250 | C | ABLATE HEART DYSRHYTHM FOCUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33251 | C | ABLATE HEART DYSRHYTHM FOCUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33253 | C | RECONSTRUCT ATRIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33261 | C | ABLATE HEART DYSRHYTHM FOCUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33282 | S | IMPLANT PAT-ACTIVE HT RECORD | 0680 | 74.9052 | $3,576.72 | APC | $3,576.72 | | | |
| 33284 | T | REMOVE PAT-ACTIVE HT RECORD | 0109 | 11.1714 | $533.43 | APC | $533.43 | | | |
| 33300 | C | REPAIR OF HEART WOUND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33305 | C | REPAIR OF HEART WOUND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33310 | C | EXPLORATORY HEART SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33315 | C | EXPLORATORY HEART SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33320 | C | REPAIR MAJOR BLOOD VESSEL(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33321 | C | REPAIR MAJOR VESSEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33322 | C | REPAIR MAJOR BLOOD VESSEL(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33330 | C | INSERT MAJOR VESSEL GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33332 | C | INSERT MAJOR VESSEL GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33335 | C | INSERT MAJOR VESSEL GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33400 | C | REPAIR OF AORTIC VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33401 | C | VALVULOPLASTY, OPEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33403 | C | VALVULOPLASTY, W/CP BYPASS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33404 | C | PREPARE HEART-AORTA CONDUIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33405 | C | REPLACEMENT OF AORTIC VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33406 | C | REPLACEMENT OF AORTIC VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33410 | C | REPLACEMENT OF AORTIC VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33411 | C | REPLACEMENT OF AORTIC VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33412 | C | REPLACEMENT OF AORTIC VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33413 | C | REPLACEMENT OF AORTIC VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 33414 | C | REPAIR OF AORTIC VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33415 | C | REVISION, SUBVALVULAR TISSUE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33416 | C | REVISE VENTRICLE MUSCLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33417 | C | REPAIR OF AORTIC VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33420 | C | REVISION OF MITRAL VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33422 | C | REVISION OF MITRAL VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33425 | C | REPAIR OF MITRAL VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33426 | C | REPAIR OF MITRAL VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33427 | C | REPAIR OF MITRAL VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33430 | C | REPLACEMENT OF MITRAL VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33460 | C | REVISION OF TRICUSPID VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33463 | C | VALVULOPLASTY, TRICUSPID | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33464 | C | VALVULOPLASTY, TRICUSPID | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33465 | C | REPLACE TRICUSPID VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33468 | C | REVISION OF TRICUSPID VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33470 | C | REVISION OF PULMONARY VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33471 | C | VALVOTOMY, PULMONARY VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33472 | C | REVISION OF PULMONARY VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33474 | C | REVISION OF PULMONARY VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33475 | C | REPLACEMENT, PULMONARY VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33476 | C | REVISION OF HEART CHAMBER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33478 | C | REVISION OF HEART CHAMBER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33496 | C | REPAIR, PROSTH VALVE CLOT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33500 | C | REPAIR HEART VESSEL FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33501 | C | REPAIR HEART VESSEL FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33502 | C | CORONARY ARTERY CORRECTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33503 | C | CORONARY ARTERY GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33504 | C | CORONARY ARTERY GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33505 | C | REPAIR ARTERY W/TUNNEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33506 | C | REPAIR ARTERY, TRANSLOCATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33507 | C | REPAIR ART INTRAMURAL | | | $0.00 | Not Allowed | $0.00 | | | |
| 33508 | N | ENDOSCOPIC VEIN HARVEST | | | $0.00 | APC | $0.00 | | | |
| 33510 | C | CABG, VEIN, SINGLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33511 | C | CABG, VEIN, TWO | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33512 | C | CABG, VEIN, THREE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33513 | C | CABG, VEIN, FOUR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33514 | C | CABG, VEIN, FIVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33516 | C | CABG, VEIN, SIX OR MORE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33517 | C | CABG, ARTERY-VEIN, SINGLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33518 | C | CABG, ARTERY-VEIN, TWO | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33519 | C | CABG, ARTERY-VEIN, THREE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33521 | C | CABG, ARTERY-VEIN, FOUR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33522 | C | CABG, ARTERY-VEIN, FIVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33523 | C | CABG, ART-VEIN, SIX OR MORE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33530 | C | CORONARY ARTERY, BYPASS/REOP | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33533 | C | CABG, ARTERIAL, SINGLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33534 | C | CABG, ARTERIAL, TWO | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33535 | C | CABG, ARTERIAL, THREE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33536 | C | CABG, ARTERIAL, FOUR OR MORE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33542 | C | REMOVAL OF HEART LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33545 | C | REPAIR OF HEART DAMAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33548 | C | RESTORE/REMODEL VENTRICLE | | | $0.00 | Not Allowed | $0.00 | | | |
| 33572 | C | OPEN CORONARY ENDARTERECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33600 | C | CLOSURE OF VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33602 | C | CLOSURE OF VALVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33606 | C | ANASTOMOSIS/ARTERY-AORTA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33608 | C | REPAIR ANOMALY W/CONDUIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33610 | C | REPAIR BY ENLARGEMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33611 | C | REPAIR DOUBLE VENTRICLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33612 | C | REPAIR DOUBLE VENTRICLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33615 | C | REPAIR, MODIFIED FONTAN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33617 | C | REPAIR SINGLE VENTRICLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33619 | C | REPAIR SINGLE VENTRICLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33641 | C | REPAIR HEART SEPTUM DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33645 | C | REVISION OF HEART VEINS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33647 | C | REPAIR HEART SEPTUM DEFECTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33660 | C | REPAIR OF HEART DEFECTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33665 | C | REPAIR OF HEART DEFECTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33670 | C | REPAIR OF HEART CHAMBERS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33681 | C | REPAIR HEART SEPTUM DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33684 | C | REPAIR HEART SEPTUM DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33688 | C | REPAIR HEART SEPTUM DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33690 | C | REINFORCE PULMONARY ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33692 | C | REPAIR OF HEART DEFECTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33694 | C | REPAIR OF HEART DEFECTS | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 33697 | C | REPAIR OF HEART DEFECTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33702 | C | REPAIR OF HEART DEFECTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33710 | C | REPAIR OF HEART DEFECTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33720 | C | REPAIR OF HEART DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33722 | C | REPAIR OF HEART DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33730 | C | REPAIR HEART-VEIN DEFECT(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33732 | C | REPAIR HEART-VEIN DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33735 | C | REVISION OF HEART CHAMBER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33736 | C | REVISION OF HEART CHAMBER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33737 | C | REVISION OF HEART CHAMBER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33750 | C | MAJOR VESSEL SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33755 | C | MAJOR VESSEL SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33762 | C | MAJOR VESSEL SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33764 | C | MAJOR VESSEL SHUNT & GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33766 | C | MAJOR VESSEL SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33767 | C | MAJOR VESSEL SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33768 | C | CAVOPULMONARY SHUNTING | | | $0.00 | Not Allowed | $0.00 | | | |
| 33770 | C | REPAIR GREAT VESSELS DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33771 | C | REPAIR GREAT VESSELS DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33774 | C | REPAIR GREAT VESSELS DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33775 | C | REPAIR GREAT VESSELS DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33776 | C | REPAIR GREAT VESSELS DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33777 | C | REPAIR GREAT VESSELS DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33778 | C | REPAIR GREAT VESSELS DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33779 | C | REPAIR GREAT VESSELS DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33780 | C | REPAIR GREAT VESSELS DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33781 | C | REPAIR GREAT VESSELS DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33786 | C | REPAIR ARTERIAL TRUNK | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33788 | C | REVISION OF PULMONARY ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33800 | C | AORTIC SUSPENSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33802 | C | REPAIR VESSEL DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33803 | C | REPAIR VESSEL DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33813 | C | REPAIR SEPTAL DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33814 | C | REPAIR SEPTAL DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33820 | C | REVISE MAJOR VESSEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33822 | C | REVISE MAJOR VESSEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33824 | C | REVISE MAJOR VESSEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33840 | C | REMOVE AORTA CONSTRICTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33845 | C | REMOVE AORTA CONSTRICTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33851 | C | REMOVE AORTA CONSTRICTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33852 | C | REPAIR SEPTAL DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33853 | C | REPAIR SEPTAL DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33860 | C | ASCENDING AORTIC GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33861 | C | ASCENDING AORTIC GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33863 | C | ASCENDING AORTIC GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33870 | C | TRANSVERSE AORTIC ARCH GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33875 | C | THORACIC AORTIC GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33877 | C | THORACOABDOMINAL GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33880 | C | ENDOVASC TAA REPR INCL SUBCL | | | $0.00 | Not Allowed | $0.00 | | | |
| 33881 | C | ENDOVASC TAA REPR W/O SUBCL | | | $0.00 | Not Allowed | $0.00 | | | |
| 33883 | C | INSERT ENDOVASC PROSTH TAA | | | $0.00 | Not Allowed | $0.00 | | | |
| 33884 | C | ENDOVASC PROSTH TAA ADD-ON | | | $0.00 | Not Allowed | $0.00 | | | |
| 33886 | C | ENDOVASC PROSTH DELAYED | | | $0.00 | Not Allowed | $0.00 | | | |
| 33889 | C | ARTERY TRANSPOSE/ENDOVAS TAA | | | $0.00 | Not Allowed | $0.00 | | | |
| 33891 | C | CAR-CAR BP GRFT/ENDOVAS TAA | | | $0.00 | Not Allowed | $0.00 | | | |
| 33910 | C | REMOVE LUNG ARTERY EMBOLI | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33915 | C | REMOVE LUNG ARTERY EMBOLI | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33916 | C | SURGERY OF GREAT VESSEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33917 | C | REPAIR PULMONARY ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33920 | C | REPAIR PULMONARY ATRESIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33922 | C | TRANSECT PULMONARY ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33924 | C | REMOVE PULMONARY SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33925 | C | RPR PUL ART UNIFOCAL W/O CPB | | | $0.00 | Not Allowed | $0.00 | | | |
| 33926 | C | REPR PUL ART UNIFOCAL W/CPB | | | $0.00 | Not Allowed | $0.00 | | | |
| 33930 | C | REMOVAL OF DONOR HEART/LUNG | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 33933 | C | PREPARE DONOR HEART/LUNG | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 33935 | C | TRANSPLANTATION, HEART/LUNG | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 33940 | C | REMOVAL OF DONOR HEART | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 33944 | C | PREPARE DONOR HEART | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 33945 | C | TRANSPLANTATION OF HEART | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 33960 | C | EXTERNAL CIRCULATION ASSIST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33961 | C | EXTERNAL CIRCULATION ASSIST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33967 | C | INSERT IA PERCUT DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33968 | C | REMOVE AORTIC ASSIST DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33970 | C | AORTIC CIRCULATION ASSIST | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 33971 | C | AORTIC CIRCULATION ASSIST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33973 | C | INSERT BALLOON DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33974 | C | REMOVE INTRA-AORTIC BALLOON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33975 | C | IMPLANT VENTRICULAR DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33976 | C | IMPLANT VENTRICULAR DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33977 | C | REMOVE VENTRICULAR DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33978 | C | REMOVE VENTRICULAR DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33979 | C | INSERT INTRACORPOREAL DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33980 | C | REMOVE INTRACORPOREAL DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 33999 | T | CARDIAC SURGERY PROCEDURE | 0070 | 3.2141 | $153.47 | APC | $153.47 | | | |
| 34001 | C | REMOVAL OF ARTERY CLOT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34051 | C | REMOVAL OF ARTERY CLOT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34101 | T | REMOVAL OF ARTERY CLOT | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 34111 | T | REMOVAL OF ARM ARTERY CLOT | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 34151 | C | REMOVAL OF ARTERY CLOT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34201 | T | REMOVAL OF ARTERY CLOT | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 34203 | T | REMOVAL OF LEG ARTERY CLOT | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 34401 | C | REMOVAL OF VEIN CLOT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34421 | T | REMOVAL OF VEIN CLOT | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 34451 | C | REMOVAL OF VEIN CLOT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34471 | T | REMOVAL OF VEIN CLOT | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 34490 | T | REMOVAL OF VEIN CLOT | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 34501 | T | REPAIR VALVE, FEMORAL VEIN | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 34502 | C | RECONSTRUCT VENA CAVA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34510 | T | TRANSPOSITION OF VEIN VALVE | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 34520 | T | CROSS-OVER VEIN GRAFT | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 34530 | T | LEG VEIN FUSION | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 34800 | C | ENDOVASC ABDO REPAIR W/TUBE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34802 | C | ENDOVASC ABDO REPR W/DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34803 | C | ENDOVAS AAA REPR W/3-P PART | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34804 | C | ENDOVASC ABDO REPR W/DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34805 | C | ENDOVASC ABDO REPAIR W/PROS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34808 | C | ENDOVASC ABDO OCCLUD DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34812 | C | XPOSE FOR ENDOPROSTH FEMORL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34813 | C | FEMORAL ENDOVAS GRAFT ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34820 | C | XPOSE FOR ENDOPROSTH, ILIAC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34825 | C | ENDOVASC EXTEND PROSTH INIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34826 | C | ENDOVASC EXTEN PROSTH ADD:L | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34830 | C | OPEN AORTIC TUBE PROSTH REPR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34831 | C | OPEN AORTOILIAC PROSTH REPR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34832 | C | OPEN AORTOFEMOR PROSTH REPR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34833 | C | XPOSE FOR ENDOPROSTH ILIAC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34834 | C | XPOSE ENDOPROSTH BRACHIAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 34900 | C | ENDOVASC ILIAC REPR W/GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35001 | C | REPAIR DEFECT OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35002 | C | REPAIR ARTERY RUPTURE, NECK | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35005 | C | REPAIR DEFECT OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35011 | T | REPAIR DEFECT OF ARTERY | 0653 | 36.9427 | $1,764.01 | APC | $1,764.01 | | | |
| 35013 | C | REPAIR ARTERY RUPTURE, ARM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35021 | C | REPAIR DEFECT OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35022 | C | REPAIR ARTERY RUPTURE, CHEST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35045 | C | REPAIR DEFECT OF ARM ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35081 | C | REPAIR DEFECT OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35082 | C | REPAIR ARTERY RUPTURE, AORTA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35091 | C | REPAIR DEFECT OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35092 | C | REPAIR ARTERY RUPTURE, AORTA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35102 | C | REPAIR DEFECT OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35103 | C | REPAIR ARTERY RUPTURE, GROIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35111 | C | REPAIR DEFECT OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35112 | C | REPAIR ARTERY RUPTURE,SPLEEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35121 | C | REPAIR DEFECT OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35122 | C | REPAIR ARTERY RUPTURE, BELLY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35131 | C | REPAIR DEFECT OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35132 | C | REPAIR ARTERY RUPTURE, GROIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35141 | C | REPAIR DEFECT OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35142 | C | REPAIR ARTERY RUPTURE, THIGH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35151 | C | REPAIR DEFECT OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35152 | C | REPAIR ARTERY RUPTURE, KNEE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35180 | T | REPAIR BLOOD VESSEL LESION | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |
| 35182 | C | REPAIR BLOOD VESSEL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35184 | T | REPAIR BLOOD VESSEL LESION | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |
| 35188 | T | REPAIR BLOOD VESSEL LESION | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 35189 | C | REPAIR BLOOD VESSEL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35190 | T | REPAIR BLOOD VESSEL LESION | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |
| 35201 | T | REPAIR BLOOD VESSEL LESION | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 35206 | T | REPAIR BLOOD VESSEL LESION | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |
| 35207 | T | REPAIR BLOOD VESSEL LESION | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 35211 | C | REPAIR BLOOD VESSEL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35216 | C | REPAIR BLOOD VESSEL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35221 | C | REPAIR BLOOD VESSEL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35226 | T | REPAIR BLOOD VESSEL LESION | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |
| 35231 | T | REPAIR BLOOD VESSEL LESION | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |
| 35236 | T | REPAIR BLOOD VESSEL LESION | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |
| 35241 | C | REPAIR BLOOD VESSEL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35246 | C | REPAIR BLOOD VESSEL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35251 | C | REPAIR BLOOD VESSEL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35256 | T | REPAIR BLOOD VESSEL LESION | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |
| 35261 | T | REPAIR BLOOD VESSEL LESION | 0653 | 36.9427 | $1,764.01 | APC | $1,764.01 | | | |
| 35266 | T | REPAIR BLOOD VESSEL LESION | 0653 | 36.9427 | $1,764.01 | APC | $1,764.01 | | | |
| 35271 | C | REPAIR BLOOD VESSEL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35276 | C | REPAIR BLOOD VESSEL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35281 | C | REPAIR BLOOD VESSEL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35286 | T | REPAIR BLOOD VESSEL LESION | 0653 | 36.9427 | $1,764.01 | APC | $1,764.01 | | | |
| 35301 | C | RECHANNELING OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35311 | C | RECHANNELING OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35321 | T | RECHANNELING OF ARTERY | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |
| 35331 | C | RECHANNELING OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35341 | C | RECHANNELING OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35351 | C | RECHANNELING OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35355 | C | RECHANNELING OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35361 | C | RECHANNELING OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35363 | C | RECHANNELING OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35371 | C | RECHANNELING OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35372 | C | RECHANNELING OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35381 | C | RECHANNELING OF ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35390 | C | REOPERATION, CAROTID ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35400 | C | ANGIOSCOPY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35450 | C | REPAIR ARTERIAL BLOCKAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35452 | C | REPAIR ARTERIAL BLOCKAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35454 | C | REPAIR ARTERIAL BLOCKAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35456 | C | REPAIR ARTERIAL BLOCKAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35458 | T | REPAIR ARTERIAL BLOCKAGE | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35459 | T | REPAIR ARTERIAL BLOCKAGE | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35460 | T | REPAIR VENOUS BLOCKAGE | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35470 | T | REPAIR ARTERIAL BLOCKAGE | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35471 | T | REPAIR ARTERIAL BLOCKAGE | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35472 | T | REPAIR ARTERIAL BLOCKAGE | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35473 | T | REPAIR ARTERIAL BLOCKAGE | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35474 | T | REPAIR ARTERIAL BLOCKAGE | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35475 | T | REPAIR ARTERIAL BLOCKAGE | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35476 | T | REPAIR VENOUS BLOCKAGE | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35480 | C | ATHERECTOMY, OPEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35481 | C | ATHERECTOMY, OPEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35482 | C | ATHERECTOMY, OPEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35483 | C | ATHERECTOMY, OPEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35484 | T | ATHERECTOMY, OPEN | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35485 | T | ATHERECTOMY, OPEN | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35490 | T | ATHERECTOMY, PERCUTANEOUS | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35491 | T | ATHERECTOMY, PERCUTANEOUS | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35492 | T | ATHERECTOMY, PERCUTANEOUS | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35493 | T | ATHERECTOMY, PERCUTANEOUS | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35494 | T | ATHERECTOMY, PERCUTANEOUS | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35495 | T | ATHERECTOMY, PERCUTANEOUS | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35500 | T | HARVEST VEIN FOR BYPASS | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 35501 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35506 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35507 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35508 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35509 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35510 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35511 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35512 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35515 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35516 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35518 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35521 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35522 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35525 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35526 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35531 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 35533 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35536 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35541 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35546 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35548 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35549 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35551 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35556 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35558 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35560 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35563 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35565 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35566 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35571 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35572 | N | HARVEST FEMOROPOPLITEAL VEIN | | | $0.00 | APC | $0.00 | | | |
| 35583 | C | VEIN BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35585 | C | VEIN BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35587 | C | VEIN BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35600 | C | HARVEST ARTERY FOR CABG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35601 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35606 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35612 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35616 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35621 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35623 | C | BYPASS GRAFT, NOT VEIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35626 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35631 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35636 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35641 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35642 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35645 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35646 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35647 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35650 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35651 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35654 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35656 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35661 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35663 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35665 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35666 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35671 | C | ARTERY BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35681 | C | COMPOSITE BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35682 | C | COMPOSITE BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35683 | C | COMPOSITE BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35685 | T | BYPASS GRAFT PATENCY/PATCH | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |
| 35686 | T | BYPASS GRAFT/AV FIST PATENCY | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |
| 35691 | C | ARTERIAL TRANSPOSITION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35693 | C | ARTERIAL TRANSPOSITION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35694 | C | ARTERIAL TRANSPOSITION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35695 | C | ARTERIAL TRANSPOSITION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35697 | C | REIMPLANT ARTERY EACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35700 | C | REOPERATION, BYPASS GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35701 | C | EXPLORATION, CAROTID ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35721 | C | EXPLORATION, FEMORAL ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35741 | C | EXPLORATION POPLITEAL ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35761 | T | EXPLORATION OF ARTERY/VEIN | 0115 | 36.9806 | $1,765.82 | APC | $1,765.82 | | | |
| 35800 | C | EXPLORE NECK VESSELS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35820 | C | EXPLORE CHEST VESSELS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35840 | C | EXPLORE ABDOMINAL VESSELS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35860 | T | EXPLORE LIMB VESSELS | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |
| 35870 | C | REPAIR VESSEL GRAFT DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35875 | T | REMOVAL OF CLOT IN GRAFT | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 35876 | T | REMOVAL OF CLOT IN GRAFT | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 35879 | T | REVISE GRAFT W/VEIN | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 35881 | T | REVISE GRAFT W/VEIN | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 35901 | C | EXCISION, GRAFT, NECK | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35903 | T | EXCISION, GRAFT, EXTREMITY | 0115 | 36.9806 | $1,765.82 | APC | $1,765.82 | | | |
| 35905 | C | EXCISION, GRAFT, THORAX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 35907 | C | EXCISION, GRAFT, ABDOMEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 36000 | N | PLACE NEEDLE IN VEIN | | | $0.00 | APC | $0.00 | | | |
| 36002 | S | PSEUDOANEURYSM INJECTION TRT | 0267 | 2.5543 | $121.97 | APC | $121.97 | | | |
| 36005 | N | INJECTION EXT VENOGRAPHY | | | $0.00 | APC | $0.00 | | | |
| 36010 | N | PLACE CATHETER IN VEIN | | | $0.00 | APC | $0.00 | | | |
| 36011 | N | PLACE CATHETER IN VEIN | | | $0.00 | APC | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 36012 | N | PLACE CATHETER IN VEIN | | | $0.00 | APC | $0.00 | | | |
| 36013 | N | PLACE CATHETER IN ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36014 | N | PLACE CATHETER IN ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36015 | N | PLACE CATHETER IN ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36100 | N | ESTABLISH ACCESS TO ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36120 | N | ESTABLISH ACCESS TO ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36140 | N | ESTABLISH ACCESS TO ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36145 | N | ARTERY TO VEIN SHUNT | | | $0.00 | APC | $0.00 | | | |
| 36160 | N | ESTABLISH ACCESS TO AORTA | | | $0.00 | APC | $0.00 | | | |
| 36200 | N | PLACE CATHETER IN AORTA | | | $0.00 | APC | $0.00 | | | |
| 36215 | N | PLACE CATHETER IN ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36216 | N | PLACE CATHETER IN ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36217 | N | PLACE CATHETER IN ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36218 | N | PLACE CATHETER IN ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36245 | N | PLACE CATHETER IN ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36246 | N | PLACE CATHETER IN ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36247 | N | PLACE CATHETER IN ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36248 | N | PLACE CATHETER IN ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36260 | T | INSERTION OF INFUSION PUMP | 0623 | 27.1472 | $1,296.28 | APC | $1,296.28 | | | |
| 36261 | T | REVISION OF INFUSION PUMP | 0623 | 27.1472 | $1,296.28 | APC | $1,296.28 | | | |
| 36262 | T | REMOVAL OF INFUSION PUMP | 0622 | 21.2464 | $1,014.52 | APC | $1,014.52 | | | |
| 36299 | N | VESSEL INJECTION PROCEDURE | | | $0.00 | APC | $0.00 | | | |
| 36400 | N | BL DRAW < 3 YRS FEM/JUGULAR | | | $0.00 | APC | $0.00 | | | |
| 36405 | N | BL DRAW < 3 YRS SCALP VEIN | | | $0.00 | APC | $0.00 | | | |
| 36406 | N | BL DRAW < 3 YRS OTHER VEIN | | | $0.00 | APC | $0.00 | | | |
| 36410 | N | NON-ROUTINE BL DRAW > 3 YRS | | | $0.00 | APC | $0.00 | | | |
| 36415 | M | ROUTINE VENIPUNCTURE | | | $0.00 | Medicare | $3.00 | | | |
| 36416 | N | CAPILLARY BLOOD DRAW | | | $0.00 | APC | $0.00 | | | |
| 36420 | T | VEIN ACCESS CUTDOWN < 1 YR | 0035 | 0.0834 | $3.98 | APC | $3.98 | | | |
| 36425 | T | VEIN ACCESS CUTDOWN > 1 YR | 0035 | 0.0834 | $3.98 | APC | $3.98 | | | |
| 36430 | S | BLOOD TRANSFUSION SERVICE | 0110 | 3.6419 | $173.90 | APC | $173.90 | | | |
| 36440 | S | BL PUSH TRANSFUSE 2 YR OR < | 0110 | 3.6419 | $173.90 | APC | $173.90 | | | |
| 36450 | S | BL EXCHANGE/TRANSFUSE NB | 0110 | 3.6419 | $173.90 | APC | $173.90 | | | |
| 36455 | S | BL EXCHANGE/TRANSFUSE NON-NB | 0110 | 3.6419 | $173.90 | APC | $173.90 | | | |
| 36460 | S | TRANSFUSION SERVICE, FETAL | 0110 | 3.6419 | $173.90 | APC | $173.90 | | | |
| 36468 | T | INJECTION(S), SPIDER VEINS | 0098 | 1.1444 | $54.65 | APC | $54.65 | | | |
| 36469 | T | INJECTION(S), SPIDER VEINS | 0098 | 1.1444 | $54.65 | APC | $54.65 | | | |
| 36470 | T | INJECTION THERAPY OF VEIN | 0098 | 1.1444 | $54.65 | APC | $54.65 | | | |
| 36471 | T | INJECTION THERAPY OF VEINS | 0098 | 1.1444 | $54.65 | APC | $54.65 | | | |
| 36475 | T | ENDOVENOUS RF 1ST VEIN | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 36476 | T | ENDOVENOUS RF VEIN ADD-ON | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 36478 | T | ENDOVENOUS LASER 1ST VEIN | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 36479 | T | ENDOVENOUS LASER VEIN ADDON | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 36481 | N | INSERTION OF CATHETER, VEIN | | | $0.00 | APC | $0.00 | | | |
| 36500 | N | INSERTION OF CATHETER, VEIN | | | $0.00 | APC | $0.00 | | | |
| 36510 | N | INSERTION OF CATHETER, VEIN | | | $0.00 | APC | $0.00 | | | |
| 36511 | S | APHERESIS WBC | 0111 | 12.0768 | $576.67 | APC | $576.67 | | | |
| 36512 | S | APHERESIS RBC | 0111 | 12.0768 | $576.67 | APC | $576.67 | | | |
| 36513 | S | APHERESIS PLATELETS | 0111 | 12.0768 | $576.67 | APC | $576.67 | | | |
| 36514 | S | APHERESIS PLASMA | 0111 | 12.0768 | $576.67 | APC | $576.67 | | | |
| 36515 | S | APHERESIS ADSORP/REINFUSE | 0112 | 26.3750 | $1,259.41 | APC | $1,259.41 | | | |
| 36516 | S | APHERESIS SELECTIVE | 0112 | 26.3750 | $1,259.41 | APC | $1,259.41 | | | |
| 36522 | S | PHOTOPHERESIS | 0112 | 26.3750 | $1,259.41 | APC | $1,259.41 | | | |
| 36540 | N | COLLECT BLOOD VENOUS DEVICE | | | $0.00 | APC | $0.00 | | | |
| 36550 | T | DECLOT VASCULAR DEVICE | 0676 | 2.2742 | $108.59 | APC | $108.59 | | | |
| 36555 | T | INSERT NON-TUNNEL CV CATH | 0621 | 8.2313 | $393.04 | APC | $393.04 | | | |
| 36556 | T | INSERT NON-TUNNEL CV CATH | 0621 | 8.2313 | $393.04 | APC | $393.04 | | | |
| 36557 | T | INSERT TUNNELED CV CATH | 0622 | 21.2464 | $1,014.52 | APC | $1,014.52 | | | |
| 36558 | T | INSERT TUNNELED CV CATH | 0622 | 21.2464 | $1,014.52 | APC | $1,014.52 | | | |
| 36560 | T | INSERT TUNNELED CV CATH | 0623 | 27.1472 | $1,296.28 | APC | $1,296.28 | | | |
| 36561 | T | INSERT TUNNELED CV CATH | 0623 | 27.1472 | $1,296.28 | APC | $1,296.28 | | | |
| 36563 | T | INSERT TUNNELED CV CATH | 0623 | 27.1472 | $1,296.28 | APC | $1,296.28 | | | |
| 36565 | T | INSERT TUNNELED CV CATH | 0623 | 27.1472 | $1,296.28 | APC | $1,296.28 | | | |
| 36566 | T | INSERT TUNNELED CV CATH | 1564 | 79.8172 | $3,811.27 | APC | $3,811.27 | | | |
| 36568 | T | INSERT TUNNELED CV CATH | 0621 | 8.2313 | $393.04 | APC | $393.04 | | | |
| 36569 | T | INSERT TUNNELED CV CATH | 0621 | 8.2313 | $393.04 | APC | $393.04 | | | |
| 36570 | T | INSERT TUNNELED CV CATH | 0622 | 21.2464 | $1,014.52 | APC | $1,014.52 | | | |
| 36571 | T | INSERT TUNNELED CV CATH | 0622 | 21.2464 | $1,014.52 | APC | $1,014.52 | | | |
| 36575 | T | REPAIR TUNNELED CV CATH | 0621 | 8.2313 | $393.04 | APC | $393.04 | | | |
| 36576 | T | REPAIR TUNNELED CV CATH | 0621 | 8.2313 | $393.04 | APC | $393.04 | | | |
| 36578 | T | REPLACE TUNNELED CV CATH | 0622 | 21.2464 | $1,014.52 | APC | $1,014.52 | | | |
| 36580 | T | REPLACE TUNNELED CV CATH | 0621 | 8.2313 | $393.04 | APC | $393.04 | | | |
| 36581 | T | REPLACE TUNNELED CV CATH | 0622 | 21.2464 | $1,014.52 | APC | $1,014.52 | | | |
| 36582 | T | REPLACE TUNNELED CV CATH | 0623 | 27.1472 | $1,296.28 | APC | $1,296.28 | | | |
| 36583 | T | REPLACE TUNNELED CV CATH | 0623 | 27.1472 | $1,296.28 | APC | $1,296.28 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 36584 | T | REPLACE TUNNELED CV CATH | 0621 | 8.2313 | $393.04 | APC | $393.04 | | | |
| 36585 | T | REPLACE TUNNELED CV CATH | 0622 | 21.2464 | $1,014.52 | APC | $1,014.52 | | | |
| 36589 | T | REMOVAL TUNNELED CV CATH | 0621 | 8.2313 | $393.04 | APC | $393.04 | | | |
| 36590 | T | REMOVAL TUNNELED CV CATH | 0621 | 8.2313 | $393.04 | APC | $393.04 | | | |
| 36595 | T | MECH REMOV TUNNELED CV CATH | 0622 | 21.2464 | $1,014.52 | APC | $1,014.52 | | | |
| 36596 | T | MECH REMOV TUNNELED CV CATH | 0621 | 8.2313 | $393.04 | APC | $393.04 | | | |
| 36597 | T | REPOSITION VENOUS CATHETER | 0621 | 8.2313 | $393.04 | APC | $393.04 | | | |
| 36598 | X | INJ W/FLUOR EVAL CV DEVICE | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 36600 | N | ARTERIAL PUNCTURE WITHDRAWAL OF BLOOD FOR DIAGNOSIS | | | $0.00 | APC | $0.00 | | | |
| 36620 | N | INSERTION CATHETER, ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36625 | N | INSERTION CATHETER, ARTERY | | | $0.00 | APC | $0.00 | | | |
| 36640 | T | INSERTION CATHETER, ARTERY | 0623 | 27.1472 | $1,296.28 | APC | $1,296.28 | | | |
| 36660 | C | INSERTION CATHETER, ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 36680 | T | INSERT NEEDLE, BONE CAVITY | 0002 | 0.9357 | $44.68 | APC | $44.68 | | | |
| 36800 | T | INSERTION OF CANNULA | 0115 | 36.9806 | $1,765.82 | APC | $1,765.82 | | | |
| 36810 | T | INSERTION OF CANNULA | 0115 | 36.9806 | $1,765.82 | APC | $1,765.82 | | | |
| 36815 | T | INSERTION OF CANNULA | 0115 | 36.9806 | $1,765.82 | APC | $1,765.82 | | | |
| 36818 | T | AV FUSE UPPR ARM CEPHALIC | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 36819 | T | AV FUSION/UPPR ARM VEIN | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 36820 | T | AV FUSION/FOREARM VEIN | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 36821 | T | AV FUSION DIRECT ANY SITE | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 36822 | C | INSERTION OF CANNULA(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 36823 | C | INSERTION OF CANNULA(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 36825 | T | ARTERY-VEIN AUTOGRAFT | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 36830 | T | ARTERY-VEIN NONAUTOGRAFT | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 36831 | T | OPEN THROMBECT AV FISTULA | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 36832 | T | AV FISTULA REVISION, OPEN | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 36833 | T | AV FISTULA REVISION | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 36834 | T | REPAIR A-V ANEURYSM | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 36835 | T | ARTERY TO VEIN SHUNT | 0115 | 36.9806 | $1,765.82 | APC | $1,765.82 | | | |
| 36838 | T | DIST REVAS LIGATION HEMO | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 36860 | T | EXTERNAL CANNULA DECLOTTING | 0676 | 2.2742 | $108.59 | APC | $108.59 | | | |
| 36861 | T | CANNULA DECLOTTING | 0115 | 36.9806 | $1,765.82 | APC | $1,765.82 | | | |
| 36870 | T | PERCUT THROMBECT AV FISTULA | 0653 | 36.9427 | $1,764.01 | APC | $1,764.01 | | | |
| 37140 | C | REVISION OF CIRCULATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 37145 | C | REVISION OF CIRCULATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 37160 | C | REVISION OF CIRCULATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 37180 | C | REVISION OF CIRCULATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 37181 | C | SPLICE SPLEEN/KIDNEY VEINS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 37182 | C | INSERT HEPATIC SHUNT (TIPS) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 37183 | T | REMOVE HEPATIC SHUNT (TIPS) | 0229 | 66.3380 | $3,167.64 | APC | $3,167.64 | | | |
| 37184 | T | PRIM ART MECH THROMBECTOMY | 0653 | 36.9427 | $1,764.01 | APC | $1,764.01 | | | |
| 37185 | T | PRIM ART M-THROMBECT ADD-ON | 0103 | 15.0428 | $718.29 | APC | $718.29 | | | |
| 37186 | T | SEC ART M-THROMBECT ADD-ON | 0103 | 15.0428 | $718.29 | APC | $718.29 | | | |
| 37187 | T | VENOUS MECH THROMBECTOMY | 0653 | 36.9427 | $1,764.01 | APC | $1,764.01 | | | |
| 37188 | T | VENOUS M-THROMBECTOMY ADD-ON | 0653 | 36.9427 | $1,764.01 | APC | $1,764.01 | | | |
| 37195 | T | THROMBOLYTIC THERAPY, STROKE | 0676 | 2.2742 | $108.59 | APC | $108.59 | | | |
| 37200 | T | TRANSCATHETER BIOPSY | 0685 | 6.0034 | $286.66 | APC | $286.66 | | | |
| 37201 | T | TRANSCATHETER THERAPY INFUSE | 0676 | 2.2742 | $108.59 | APC | $108.59 | | | |
| 37202 | T | TRANSCATHETER THERAPY INFUSE | 0676 | 2.2742 | $108.59 | APC | $108.59 | | | |
| 37203 | T | TRANSCATHETER RETRIEVAL | 0103 | 15.0428 | $718.29 | APC | $718.29 | | | |
| 37204 | T | TRANSCATHETER OCCLUSION | 0115 | 36.9806 | $1,765.82 | APC | $1,765.82 | | | |
| 37205 | T | TRANSCATHETER STENT | 0229 | 66.3380 | $3,167.64 | APC | $3,167.64 | | | |
| 37206 | T | TRANSCATHETER STENT ADD-ON | 0229 | 66.3380 | $3,167.64 | APC | $3,167.64 | | | |
| 37207 | T | TRANSCATHETER STENT | 0229 | 66.3380 | $3,167.64 | APC | $3,167.64 | | | |
| 37208 | T | TRANSCATHETER STENT ADD-ON | 0229 | 66.3380 | $3,167.64 | APC | $3,167.64 | | | |
| 37209 | T | CHANGE IV CATH AT THROMB TX | 0103 | 15.0428 | $718.29 | APC | $718.29 | | | |
| 37215 | C | TRANSCATH STENT CCA W/EPS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 37216 | M | TRANSCATH STENT CCA W/O EPS | | | $0.00 | Not Allowed | $0.00 | | | |
| 37250 | S | IV US FIRST VESSEL ADD-ON | 0416 | 16.4464 | $785.32 | APC | $785.32 | | | |
| 37251 | S | IV US EACH ADD VESSEL ADD-ON | 0416 | 16.4464 | $785.32 | APC | $785.32 | | | |
| 37500 | T | ENDOSCOPY LIGATE PERF VEINS | 0092 | 26.5104 | $1,265.87 | APC | $1,265.87 | | | |
| 37501 | T | VASCULAR ENDOSCOPY PROCEDURE | 0092 | 26.5104 | $1,265.87 | APC | $1,265.87 | | | |
| 37565 | T | LIGATION OF NECK VEIN | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |
| 37600 | T | LIGATION OF NECK ARTERY | 0093 | 23.3101 | $1,113.06 | APC | $1,113.06 | | | |
| 37605 | T | LIGATION OF NECK ARTERY | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 37606 | T | LIGATION OF NECK ARTERY | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 37607 | T | LIGATION OF A-V FISTULA | 0092 | 26.5104 | $1,265.87 | APC | $1,265.87 | | | |
| 37609 | T | TEMPORAL ARTERY PROCEDURE | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 37615 | T | LIGATION OF NECK ARTERY | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 37616 | C | LIGATION OF CHEST ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 37617 | C | LIGATION OF ABDOMEN ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 37618 | C | LIGATION OF EXTREMITY ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 37620 | T | REVISION OF MAJOR VEIN | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 37650 | T | REVISION OF MAJOR VEIN | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 37660 | C | REVISION OF MAJOR VEIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 37700 | T | REVISE LEG VEIN | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 37718 | T | LIGATE/STRIP SHORT LEG VEIN | 0092 | 26.5104 | $1,265.87 | APC | $1,265.87 | | | |
| 37722 | T | LIGATE/STRIP LONG LEG VEIN | 0092 | 26.5104 | $1,265.87 | APC | $1,265.87 | | | |
| 37735 | T | REMOVAL OF LEG VEINS/LESION | 0092 | 26.5104 | $1,265.87 | APC | $1,265.87 | | | |
| 37760 | T | LIGATION LEG VEINS OPEN | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 37765 | T | PHLEB VEINS - EXTREM - TO 20 | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 37766 | T | PHLEB VEINS - EXTREM 20+ | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 37780 | T | REVISION OF LEG VEIN | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 37785 | T | LIGATE/DIVIDE/EXCISE VEIN | 0091 | 28.8805 | $1,379.04 | APC | $1,379.04 | | | |
| 37788 | C | REVASCULARIZATION, PENIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 37790 | T | PENILE VENOUS OCCLUSION | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 37799 | T | VASCULAR SURGERY PROCEDURE | 0103 | 15.0428 | $718.29 | APC | $718.29 | | | |
| 38100 | C | REMOVAL OF SPLEEN, TOTAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38101 | C | REMOVAL OF SPLEEN, PARTIAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38102 | C | REMOVAL OF SPLEEN, TOTAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38115 | C | REPAIR OF RUPTURED SPLEEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38120 | T | LAPAROSCOPY, SPLENECTOMY | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 38129 | T | LAPAROSCOPE PROC, SPLEEN | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 38200 | N | INJECTION FOR SPLEEN X-RAY | | | $0.00 | APC | $0.00 | | | |
| 38204 | N | BL DONOR SEARCH MANAGEMENT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 38205 | S | HARVEST ALLOGENIC STEM CELLS | 0111 | 12.0768 | $576.67 | APC | $576.67 | | | Y |
| 38206 | S | HARVEST AUTO STEM CELLS | 0111 | 12.0768 | $576.67 | APC | $576.67 | | | Y |
| 38207 | M | CRYOPRESERVE STEM CELLS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 38208 | M | THAW PRESERVED STEM CELLS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 38209 | M | WASH HARVEST STEM CELLS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 38210 | M | T-CELL DEPLETION OF HARVEST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 38211 | M | TUMOR CELL DEPLETE OF HARVST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 38212 | M | RBC DEPLETION OF HARVEST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 38213 | M | PLATELET DEPLETE OF HARVEST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 38214 | M | VOLUME DEPLETE OF HARVEST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 38215 | M | HARVEST STEM CELL CONCENTRTE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 38220 | T | BONE MARROW ASPIRATION | 0003 | 2.6756 | $127.76 | APC | $127.76 | | | |
| 38221 | T | BONE MARROW BIOPSY | 0003 | 2.6756 | $127.76 | APC | $127.76 | | | |
| 38230 | S | BONE MARROW COLLECTION | 0123 | 24.4820 | $1,169.02 | APC | $1,169.02 | | | Y |
| 38240 | S | BONE MARROW/STEM TRANSPLANT | 0123 | 24.4820 | $1,169.02 | APC | $1,169.02 | | | Y |
| 38241 | S | BONE MARROW/STEM TRANSPLANT | 0123 | 24.4820 | $1,169.02 | APC | $1,169.02 | | | Y |
| 38242 | S | LYMPHOCYTE INFUSE TRANSPLANT | 0111 | 12.0768 | $576.67 | APC | $576.67 | | | Y |
| 38300 | T | DRAINAGE, LYMPH NODE LESION | 0007 | 11.6717 | $557.32 | APC | $557.32 | | | |
| 38305 | T | DRAINAGE, LYMPH NODE LESION | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 38308 | T | INCISION OF LYMPH CHANNELS | 0113 | 21.4112 | $1,022.38 | APC | $1,022.38 | | | |
| 38380 | C | THORACIC DUCT PROCEDURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38381 | C | THORACIC DUCT PROCEDURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38382 | C | THORACIC DUCT PROCEDURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38500 | T | BIOPSY/REMOVAL, LYMPH NODES | 0113 | 21.4112 | $1,022.38 | APC | $1,022.38 | | | |
| 38505 | T | NEEDLE BIOPSY, LYMPH NODES | 0005 | 3.5834 | $171.11 | APC | $171.11 | | | |
| 38510 | T | BIOPSY/REMOVAL, LYMPH NODES | 0113 | 21.4112 | $1,022.38 | APC | $1,022.38 | | | |
| 38520 | T | BIOPSY/REMOVAL, LYMPH NODES | 0113 | 21.4112 | $1,022.38 | APC | $1,022.38 | | | |
| 38525 | T | BIOPSY/REMOVAL, LYMPH NODES | 0113 | 21.4112 | $1,022.38 | APC | $1,022.38 | | | |
| 38530 | T | BIOPSY/REMOVAL, LYMPH NODES | 0113 | 21.4112 | $1,022.38 | APC | $1,022.38 | | | |
| 38542 | T | EXPLORE DEEP NODE(S), NECK | 0114 | 40.4596 | $1,931.95 | APC | $1,931.95 | | | |
| 38550 | T | REMOVAL, NECK/ARMPIT LESION | 0113 | 21.4112 | $1,022.38 | APC | $1,022.38 | | | |
| 38555 | T | REMOVAL, NECK/ARMPIT LESION | 0113 | 21.4112 | $1,022.38 | APC | $1,022.38 | | | |
| 38562 | C | REMOVAL, PELVIC LYMPH NODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38564 | C | REMOVAL, ABDOMEN LYMPH NODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38570 | T | LAPAROSCOPY, LYMPH NODE BIOP | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 38571 | T | LAPAROSCOPY, LYMPHADENECTOMY | 0132 | 63.6859 | $3,041.00 | APC | $3,041.00 | | | |
| 38572 | T | LAPAROSCOPY, LYMPHADENECTOMY | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 38589 | T | LAPAROSCOPE PROC, LYMPHATIC | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 38700 | T | REMOVAL OF LYMPH NODES NECK | 0113 | 21.4112 | $1,022.38 | APC | $1,022.38 | | | |
| 38720 | T | REMOVAL OF LYMPH NODES, NECK | 0113 | 21.4112 | $1,022.38 | APC | $1,022.38 | | | |
| 38724 | C | REMOVAL OF LYMPH NODES, NECK | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38740 | T | REMOVE ARMPIT LYMPH NODES | 0114 | 40.4596 | $1,931.95 | APC | $1,931.95 | | | |
| 38745 | T | REMOVE ARMPIT LYMPH NODES | 0114 | 40.4596 | $1,931.95 | APC | $1,931.95 | | | |
| 38746 | C | REMOVE THORACIC LYMPH NODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38747 | C | REMOVE ABDOMINAL LYMPH NODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38760 | T | REMOVE GROIN LYMPH NODES | 0113 | 21.4112 | $1,022.38 | APC | $1,022.38 | | | |
| 38765 | C | REMOVE GROIN LYMPH NODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38770 | C | REMOVE PELVIS LYMPH NODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38780 | C | REMOVE ABDOMEN LYMPH NODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 38790 | N | INJECT FOR LYMPHATIC X-RAY | | | $0.00 | APC | $0.00 | | | |
| 38792 | N | IDENTIFY SENTINEL NODE | | | $0.00 | APC | $0.00 | | | |
| 38794 | N | ACCESS THORACIC LYMPH DUCT | | | $0.00 | APC | $0.00 | | | |
| 38999 | S | BLOOD/LYMPH SYSTEM PROCEDURE | 0110 | 3.6419 | $173.90 | APC | $173.90 | | | |
| 39000 | C | EXPLORATION OF CHEST | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 39010 | C | EXPLORATION OF CHEST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39200 | C | REMOVAL CHEST LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39220 | C | REMOVAL CHEST LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39400 | T | VISUALIZATION OF CHEST | 0069 | 30.9541 | $1,478.06 | APC | $1,478.06 | | | |
| 39499 | C | CHEST PROCEDURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39501 | C | REPAIR DIAPHRAGM LACERATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39502 | C | REPAIR PARAESOPHAGEAL HERNIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39503 | C | REPAIR OF DIAPHRAGM HERNIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39520 | C | REPAIR OF DIAPHRAGM HERNIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39530 | C | REPAIR OF DIAPHRAGM HERNIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39531 | C | REPAIR OF DIAPHRAGM HERNIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39540 | C | REPAIR OF DIAPHRAGM HERNIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39541 | C | REPAIR OF DIAPHRAGM HERNIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39545 | C | REVISION OF DIAPHRAGM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39560 | C | RESECT DIAPHRAGM, SIMPLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39561 | C | RESECT DIAPHRAGM, COMPLEX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 39599 | C | DIAPHRAGM SURGERY PROCEDURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 40490 | T | BIOPSY OF LIP | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 40500 | T | PARTIAL EXCISION OF LIP | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 40510 | T | PARTIAL EXCISION OF LIP | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 40520 | T | PARTIAL EXCISION OF LIP | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 40525 | T | RECONSTRUCT LIP WITH FLAP | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 40527 | T | RECONSTRUCT LIP WITH FLAP | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 40530 | T | PARTIAL REMOVAL OF LIP | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 40650 | T | REPAIR LIP | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 40652 | T | REPAIR LIP | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 40654 | T | REPAIR LIP | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 40700 | T | REPAIR CLEFT LIP/NASAL | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 40701 | T | REPAIR CLEFT LIP/NASAL | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 40702 | T | REPAIR CLEFT LIP/NASAL | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 40720 | T | REPAIR CLEFT LIP/NASAL | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 40761 | T | REPAIR CLEFT LIP/NASAL | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 40799 | T | LIP SURGERY PROCEDURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 40800 | T | DRAINAGE OF MOUTH LESION | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 40801 | T | DRAINAGE OF MOUTH LESION | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 40804 | X | REMOVAL, FOREIGN BODY, MOUTH | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 40805 | T | REMOVAL FOREIGN BODY MOUTH | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 40806 | T | INCISION OF LIP FOLD | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 40808 | T | BIOPSY OF MOUTH LESION | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 40810 | T | EXCISION OF MOUTH LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 40812 | T | EXCISE/REPAIR MOUTH LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 40814 | T | EXCISE/REPAIR MOUTH LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 40816 | T | EXCISION OF MOUTH LESION | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 40818 | T | EXCISE ORAL MUCOSA FOR GRAFT | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 40819 | T | EXCISE LIP OR CHEEK FOLD | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 40820 | T | TREATMENT OF MOUTH LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 40830 | T | REPAIR MOUTH LACERATION | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 40831 | T | REPAIR MOUTH LACERATION | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 40840 | T | RECONSTRUCTION OF MOUTH | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 40842 | T | RECONSTRUCTION OF MOUTH | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 40843 | T | RECONSTRUCTION OF MOUTH | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 40844 | T | RECONSTRUCTION OF MOUTH | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 40845 | T | RECONSTRUCTION OF MOUTH | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 40899 | T | MOUTH SURGERY PROCEDURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 41000 | T | DRAINAGE OF MOUTH LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41005 | T | DRAINAGE OF MOUTH LESION | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 41006 | T | DRAINAGE OF MOUTH LESION | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 41007 | T | DRAINAGE OF MOUTH LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41008 | T | DRAINAGE OF MOUTH LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41009 | T | DRAINAGE OF MOUTH LESION | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 41010 | T | INCISION OF TONGUE FOLD | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 41015 | T | DRAINAGE OF MOUTH LESION | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 41016 | T | DRAINAGE OF MOUTH LESION | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 41017 | T | DRAINAGE OF MOUTH LESION | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 41018 | T | DRAINAGE OF MOUTH LESION | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 41100 | T | BIOPSY OF TONGUE | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 41105 | T | BIOPSY OF TONGUE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41108 | T | BIOPSY OF FLOOR OF MOUTH | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 41110 | T | EXCISION OF TONGUE LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41112 | T | EXCISION OF TONGUE LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41113 | T | EXCISION OF TONGUE LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41114 | T | EXCISION OF TONGUE LESION | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 41115 | T | EXCISION OF TONGUE FOLD | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 41116 | T | EXCISION OF MOUTH LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41120 | T | PARTIAL REMOVAL OF TONGUE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 41130 | C | PARTIAL REMOVAL OF TONGUE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 41135 | C | TONGUE AND NECK SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 41140 | C | REMOVAL OF TONGUE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 41145 | C | TONGUE REMOVAL, NECK SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 41150 | C | TONGUE, MOUTH, JAW SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 41153 | C | TONGUE, MOUTH, NECK SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 41155 | C | TONGUE, JAW, & NECK SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 41250 | T | REPAIR TONGUE LACERATION | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 41251 | T | REPAIR TONGUE LACERATION | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 41252 | T | REPAIR TONGUE LACERATION | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 41500 | T | FIXATION OF TONGUE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 41510 | T | TONGUE TO LIP SURGERY | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41520 | T | RECONSTRUCTION, TONGUE FOLD | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 41599 | T | TONGUE AND MOUTH SURGERY | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 41800 | T | DRAINAGE OF GUM LESION | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 41805 | T | REMOVAL FOREIGN BODY GUM | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 41806 | T | REMOVAL FOREIGN BODY JAWBONE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41820 | T | EXCISION, GUM, EACH QUADRANT | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 41821 | T | EXCISION OF GUM FLAP | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 41822 | T | EXCISION OF GUM LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41823 | T | EXCISION OF GUM LESION | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 41825 | T | EXCISION OF GUM LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41826 | T | EXCISION OF GUM LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41827 | T | EXCISION OF GUM LESION | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 41828 | T | EXCISION OF GUM LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41830 | T | REMOVAL OF GUM TISSUE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41850 | T | TREATMENT OF GUM LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41870 | T | GUM GRAFT | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 41872 | T | REPAIR GUM | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 41874 | T | REPAIR TOOTH SOCKET | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 41899 | T | DENTAL SURGERY PROCEDURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 42000 | T | DRAINAGE MOUTH ROOF LESION | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 42100 | T | BIOPSY ROOF OF MOUTH | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 42104 | T | EXCISION LESION MOUTH ROOF | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42106 | T | EXCISION LESION MOUTH ROOF | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42107 | T | EXCISION LESION, MOUTH ROOF | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 42120 | T | REMOVE PALATE/LESION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42140 | T | EXCISION OF UVULA | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 42145 | T | REPAIR PALATE, PHARYNX/UVULA | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 42160 | T | TREATMENT MOUTH ROOF LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42180 | T | REPAIR PALATE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 42182 | T | REPAIR PALATE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42200 | T | RECONSTRUCT CLEFT PALATE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42205 | T | RECONSTRUCT CLEFT PALATE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42210 | T | RECONSTRUCT CLEFT PALATE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42215 | T | RECONSTRUCT CLEFT PALATE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42220 | T | RECONSTRUCT CLEFT PALATE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42225 | T | RECONSTRUCT CLEFT PALATE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42226 | T | LENGTHENING OF PALATE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42227 | T | LENGTHENING OF PALATE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42235 | T | REPAIR PALATE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42260 | T | REPAIR NOSE TO LIP FISTULA | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 42280 | T | PREPARATION, PALATE MOLD | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 42281 | T | INSERTION PALATE PROSTHESIS | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42299 | T | PALATE/UVULA SURGERY | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 42300 | T | DRAINAGE OF SALIVARY GLAND | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42305 | T | DRAINAGE OF SALIVARY GLAND | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42310 | T | DRAINAGE OF SALIVARY GLAND | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 42320 | T | DRAINAGE OF SALIVARY GLAND | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 42330 | T | REMOVAL OF SALIVARY STONE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42335 | T | REMOVAL OF SALIVARY STONE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42340 | T | REMOVAL OF SALIVARY STONE | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42400 | T | BIOPSY OF SALIVARY GLAND | 0005 | 3.5834 | $171.11 | APC | $171.11 | | | |
| 42405 | T | BIOPSY OF SALIVARY GLAND | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42408 | T | EXCISION OF SALIVARY CYST | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42409 | T | DRAINAGE OF SALIVARY CYST | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42410 | T | EXCISE PAROTID GLAND/LESION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42415 | T | EXCISE PAROTID GLAND/LESION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42420 | T | EXCISE PAROTID GLAND/LESION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42425 | T | EXCISE PAROTID GLAND/LESION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42426 | C | EXCISE PAROTID GLAND/LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 42440 | T | EXCISE SUBMAXILLARY GLAND | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42450 | T | EXCISE SUBLINGUAL GLAND | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 42500 | T | REPAIR SALIVARY DUCT | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 42505 | T | REPAIR SALIVARY DUCT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 42507 | T | PAROTID DUCT DIVERSION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42508 | T | PAROTID DUCT DIVERSION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42509 | T | PAROTID DUCT DIVERSION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42510 | T | PAROTID DUCT DIVERSION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42550 | N | INJECTION FOR SALIVARY X-RAY | | | $0.00 | APC | $0.00 | | | |
| 42600 | T | CLOSURE OF SALIVARY FISTULA | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42650 | T | DILATION OF SALIVARY DUCT | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 42660 | T | DILATION OF SALIVARY DUCT | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 42665 | T | LIGATION OF SALIVARY DUCT | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 42699 | T | SALIVARY SURGERY PROCEDURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 42700 | T | DRAINAGE OF TONSIL ABSCESS | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 42720 | T | DRAINAGE OF THROAT ABSCESS | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42725 | T | DRAINAGE OF THROAT ABSCESS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42800 | T | BIOPSY OF THROAT | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42802 | T | BIOPSY OF THROAT | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42804 | T | BIOPSY OF UPPER NOSE/THROAT | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42806 | T | BIOPSY OF UPPER NOSE/THROAT | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 42808 | T | EXCISE PHARYNX LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42809 | X | REMOVE PHARYNX FOREIGN BODY | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 42810 | T | EXCISION OF NECK CYST | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 42815 | T | EXCISION OF NECK CYST | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42820 | T | REMOVE TONSILS AND ADENOIDS | 0258 | 21.8761 | $1,044.58 | APC | $1,044.58 | | | |
| 42821 | T | REMOVE TONSILS AND ADENOIDS | 0258 | 21.8761 | $1,044.58 | APC | $1,044.58 | | | |
| 42825 | T | REMOVAL OF TONSILS | 0258 | 21.8761 | $1,044.58 | APC | $1,044.58 | | | |
| 42826 | T | REMOVAL OF TONSILS | 0258 | 21.8761 | $1,044.58 | APC | $1,044.58 | | | |
| 42830 | T | REMOVAL OF ADENOIDS | 0258 | 21.8761 | $1,044.58 | APC | $1,044.58 | | | |
| 42831 | T | REMOVAL OF ADENOIDS | 0258 | 21.8761 | $1,044.58 | APC | $1,044.58 | | | |
| 42835 | T | REMOVAL OF ADENOIDS | 0258 | 21.8761 | $1,044.58 | APC | $1,044.58 | | | |
| 42836 | T | REMOVAL OF ADENOIDS | 0258 | 21.8761 | $1,044.58 | APC | $1,044.58 | | | |
| 42842 | T | EXTENSIVE SURGERY OF THROAT | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 42844 | T | EXTENSIVE SURGERY OF THROAT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42845 | C | EXTENSIVE SURGERY OF THROAT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 42860 | T | EXCISION OF TONSIL TAGS | 0258 | 21.8761 | $1,044.58 | APC | $1,044.58 | | | |
| 42870 | T | EXCISION OF LINGUAL TONSIL | 0258 | 21.8761 | $1,044.58 | APC | $1,044.58 | | | |
| 42890 | T | PARTIAL REMOVAL OF PHARYNX | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42892 | T | REVISION OF PHARYNGEAL WALLS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42894 | C | REVISION OF PHARYNGEAL WALLS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 42900 | T | REPAIR THROAT WOUND | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 42950 | T | RECONSTRUCTION OF THROAT | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 42953 | C | REPAIR THROAT, ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 42955 | T | SURGICAL OPENING OF THROAT | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 42960 | T | CONTROL THROAT BLEEDING | 0250 | 1.2241 | $58.45 | APC | $58.45 | | | |
| 42961 | C | CONTROL THROAT BLEEDING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 42962 | T | CONTROL THROAT BLEEDING | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 42970 | T | CONTROL NOSE/THROAT BLEEDING | 0250 | 1.2241 | $58.45 | APC | $58.45 | | | |
| 42971 | C | CONTROL NOSE/THROAT BLEEDING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 42972 | T | CONTROL NOSE/THROAT BLEEDING | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 42999 | T | THROAT SURGERY PROCEDURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 43020 | T | INCISION OF ESOPHAGUS | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 43030 | T | THROAT MUSCLE SURGERY | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 43045 | C | INCISION OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43100 | C | EXCISION OF ESOPHAGUS LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43101 | C | EXCISION OF ESOPHAGUS LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43107 | C | REMOVAL OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43108 | C | REMOVAL OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43112 | C | REMOVAL OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43113 | C | REMOVAL OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43116 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43117 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43118 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43121 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43122 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43123 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43124 | C | REMOVAL OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43130 | T | REMOVAL OF ESOPHAGUS POUCH | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 43135 | C | REMOVAL OF ESOPHAGUS POUCH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43200 | T | ESOPHAGUS ENDOSCOPY | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43201 | T | ESOPH SCOPE W/SUBMUCOUS INJ | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43202 | T | ESOPHAGUS ENDOSCOPY, BIOPSY | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43204 | T | ESOPH SCOPE W/SCLEROSIS INJ | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43205 | T | ESOPHAGUS ENDOSCOPY/LIGATION | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43215 | T | ESOPHAGUS ENDOSCOPY | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43216 | T | ESOPHAGUS ENDOSCOPY/LESION | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43217 | T | ESOPHAGUS ENDOSCOPY | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43219 | T | ESOPHAGUS ENDOSCOPY | 0384 | 26.8955 | $1,284.26 | APC | $1,284.26 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 43220 | T | ESOPH ENDOSCOPY, DILATION | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43226 | T | ESOPH ENDOSCOPY, DILATION | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43227 | T | ESOPH ENDOSCOPY, REPAIR | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43228 | T | ESOPH ENDOSCOPY, ABLATION | 0422 | 24.0525 | $1,148.51 | APC | $1,148.51 | | | |
| 43231 | T | ESOPH ENDOSCOPY W/US EXAM | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43232 | T | ESOPH ENDOSCOPY W/US FN BX | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43234 | T | UPPER GI ENDOSCOPY, EXAM | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43235 | T | UPPR GI ENDOSCOPY, DIAGNOSIS | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43236 | T | UPPR GI SCOPE W/SUBMUC INJ | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43237 | T | ENDOSCOPIC US EXAM ESOPH | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43238 | T | UPPR GI ENDOSCOPY W/US FN BX | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43239 | T | UPPER GI ENDOSCOPY, BIOPSY | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43240 | T | ESOPH ENDOSCOPE W/DRAIN CYST | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43241 | T | UPPER GI ENDOSCOPY WITH TUBE | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43242 | T | UPPR GI ENDOSCOPY W/US FN BX | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43243 | T | UPPER GI ENDOSCOPY & INJECT | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43244 | T | UPPER GI ENDOSCOPY/LIGATION | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43245 | T | UPPR GI SCOPE DILATE STRICTR | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43246 | T | PLACE GASTROSTOMY TUBE | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43247 | T | OPERATIVE UPPER GI ENDOSCOPY | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43248 | T | UPPR GI ENDOSCOPY/GUIDE WIRE | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43249 | T | ESOPH ENDOSCOPY, DILATION | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43250 | T | UPPER GI ENDOSCOPY/TUMOR | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43251 | T | OPERATIVE UPPER GI ENDOSCOPY | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43255 | T | OPERATIVE UPPER GI ENDOSCOPY | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43256 | T | UPPR GI ENDOSCOPY W STENT | 0384 | 26.8955 | $1,284.26 | APC | $1,284.26 | | | |
| 43257 | T | UPPR GI SCOPE W/THRML TXMNT | 0422 | 24.0525 | $1,148.51 | APC | $1,148.51 | | | |
| 43258 | T | OPERATIVE UPPER GI ENDOSCOPY | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43259 | T | ENDOSCOPIC ULTRASOUND EXAM | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43260 | T | ENDO CHOLANGIOPANCREATOGRAPH | 0151 | 18.6171 | $888.97 | APC | $888.97 | | | |
| 43261 | T | ENDO CHOLANGIOPANCREATOGRAPH | 0151 | 18.6171 | $888.97 | APC | $888.97 | | | |
| 43262 | T | ENDO CHOLANGIOPANCREATOGRAPH | 0151 | 18.6171 | $888.97 | APC | $888.97 | | | |
| 43263 | T | ENDO CHOLANGIOPANCREATOGRAPH | 0151 | 18.6171 | $888.97 | APC | $888.97 | | | |
| 43264 | T | ENDO CHOLANGIOPANCREATOGRAPH | 0151 | 18.6171 | $888.97 | APC | $888.97 | | | |
| 43265 | T | ENDO CHOLANGIOPANCREATOGRAPH | 0151 | 18.6171 | $888.97 | APC | $888.97 | | | |
| 43267 | T | ENDO CHOLANGIOPANCREATOGRAPH | 0151 | 18.6171 | $888.97 | APC | $888.97 | | | |
| 43268 | T | ENDO CHOLANGIOPANCREATOGRAPH | 0384 | 26.8955 | $1,284.26 | APC | $1,284.26 | | | |
| 43269 | T | ENDO CHOLANGIOPANCREATOGRAPH | 0384 | 26.8955 | $1,284.26 | APC | $1,284.26 | | | |
| 43271 | T | ENDO CHOLANGIOPANCREATOGRAPH | 0151 | 18.6171 | $888.97 | APC | $888.97 | | | |
| 43272 | T | ENDO CHOLANGIOPANCREATOGRAPH | 0151 | 18.6171 | $888.97 | APC | $888.97 | | | |
| 43280 | T | LAPAROSCOPY, FUNDOPLASTY | 0132 | 63.6859 | $3,041.00 | APC | $3,041.00 | | | |
| 43289 | T | LAPAROSCOPE PROC, ESOPH | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 43300 | C | REPAIR OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43305 | C | REPAIR ESOPHAGUS AND FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43310 | C | REPAIR OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43312 | C | REPAIR ESOPHAGUS AND FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43313 | C | ESOPHAGOPLASTY CONGENITAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43314 | C | TRACHEO-ESOPHAGOPLASTY CONG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43320 | C | FUSE ESOPHAGUS & STOMACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43324 | C | REVISE ESOPHAGUS & STOMACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43325 | C | REVISE ESOPHAGUS & STOMACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43326 | C | REVISE ESOPHAGUS & STOMACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43330 | C | REPAIR OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43331 | C | REPAIR OF ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43340 | C | FUSE ESOPHAGUS & INTESTINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43341 | C | FUSE ESOPHAGUS & INTESTINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43350 | C | SURGICAL OPENING, ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43351 | C | SURGICAL OPENING, ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43352 | C | SURGICAL OPENING, ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43360 | C | GASTROINTESTINAL REPAIR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43361 | C | GASTROINTESTINAL REPAIR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43400 | C | LIGATE ESOPHAGUS VEINS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43401 | C | ESOPHAGUS SURGERY FOR VEINS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43405 | C | LIGATE/STAPLE ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43410 | C | REPAIR ESOPHAGUS WOUND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43415 | C | REPAIR ESOPHAGUS WOUND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43420 | C | REPAIR ESOPHAGUS OPENING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43425 | C | REPAIR ESOPHAGUS OPENING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43450 | T | DILATE ESOPHAGUS | 0140 | 5.2970 | $252.93 | APC | $252.93 | | | |
| 43453 | T | DILATE ESOPHAGUS | 0140 | 5.2970 | $252.93 | APC | $252.93 | | | |
| 43456 | T | DILATE ESOPHAGUS | 0140 | 5.2970 | $252.93 | APC | $252.93 | | | |
| 43458 | T | DILATE ESOPHAGUS | 0140 | 5.2970 | $252.93 | APC | $252.93 | | | |
| 43460 | C | PRESSURE TREATMENT ESOPHAGUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43496 | C | FREE JEJUNUM FLAP, MICROVASC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43499 | T | ESOPHAGUS SURGERY PROCEDURE | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 43500 | C | SURGICAL OPENING OF STOMACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43501 | C | SURGICAL REPAIR OF STOMACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43502 | C | SURGICAL REPAIR OF STOMACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43510 | T | SURGICAL OPENING OF STOMACH | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43520 | C | INCISION OF PYLORIC MUSCLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43600 | T | BIOPSY OF STOMACH | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43605 | C | BIOPSY OF STOMACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43610 | C | EXCISION OF STOMACH LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43611 | C | EXCISION OF STOMACH LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43620 | C | REMOVAL OF STOMACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43621 | C | REMOVAL OF STOMACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43622 | C | REMOVAL OF STOMACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43631 | C | REMOVAL OF STOMACH, PARTIAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43632 | C | REMOVAL OF STOMACH, PARTIAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43633 | C | REMOVAL OF STOMACH, PARTIAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43634 | C | REMOVAL OF STOMACH, PARTIAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43635 | C | REMOVAL OF STOMACH, PARTIAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43640 | C | VAGOTOMY & PYLORUS REPAIR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43641 | C | VAGOTOMY & PYLORUS REPAIR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43644 | C | LAP GASTRIC BYPASS/ROUX-EN-Y | | | $0.00 | Not Allowed | $0.00 | | | |
| 43645 | C | LAP GASTR BYPASS INCL SMLL I | | | $0.00 | Not Allowed | $0.00 | | | |
| 43651 | T | LAPAROSCOPY, VAGUS NERVE | 0132 | 63.6859 | $3,041.00 | APC | $3,041.00 | | | |
| 43652 | T | LAPAROSCOPY, VAGUS NERVE | 0132 | 63.6859 | $3,041.00 | APC | $3,041.00 | | | |
| 43653 | T | LAPAROSCOPY, GASTROSTOMY | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 43659 | T | LAPAROSCOPE PROC, STOM | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 43750 | T | PLACE GASTROSTOMY TUBE | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43752 | X | NASAL/OROGASTRIC W/STENT | 0272 | 1.3291 | $63.46 | APC | $63.46 | | | |
| 43760 | T | CHANGE GASTROSTOMY TUBE | 0121 | 2.2374 | $106.84 | APC | $106.84 | | | |
| 43761 | T | REPOSITION GASTROSTOMY TUBE | 0122 | 6.9179 | $330.33 | APC | $330.33 | | | |
| 43770 | C | LAP PLACE GASTR ADJUST BAND | | | $0.00 | Not Allowed | $0.00 | | | |
| 43771 | C | LAP REVISE ADJUST GAST BAND | | | $0.00 | Not Allowed | $0.00 | | | |
| 43772 | C | LAP REMOVE ADJUST GAST BAND | | | $0.00 | Not Allowed | $0.00 | | | |
| 43773 | C | LAP CHANGE ADJUST GAST BAND | | | $0.00 | Not Allowed | $0.00 | | | |
| 43774 | C | LAP REMOV ADJ GAST BAND/PORT | | | $0.00 | Not Allowed | $0.00 | | | |
| 43800 | C | RECONSTRUCTION OF PYLORUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43810 | C | FUSION OF STOMACH AND BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43820 | C | FUSION OF STOMACH AND BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43825 | C | FUSION OF STOMACH AND BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43830 | T | PLACE GASTROSTOMY TUBE | 0422 | 24.0525 | $1,148.51 | APC | $1,148.51 | | | |
| 43831 | T | PLACE GASTROSTOMY TUBE | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43832 | C | PLACE GASTROSTOMY TUBE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43840 | C | REPAIR OF STOMACH LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43842 | C | GASTROPLASTY FOR OBESITY | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 43843 | C | GASTROPLASTY FOR OBESITY | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 43845 | C | GASTROPLASTY DUODENAL SWITCH | | | $0.00 | Not Allowed | $0.00 | | | |
| 43846 | C | GASTRIC BYPASS FOR OBESITY | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 43847 | C | GASTRIC BYPASS FOR OBESITY | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 43848 | C | REVISION GASTROPLASTY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43850 | C | REVISE STOMACH-BOWEL FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43855 | C | REVISE STOMACH-BOWEL FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43860 | C | REVISE STOMACH-BOWEL FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43865 | C | REVISE STOMACH-BOWEL FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43870 | T | REPAIR STOMACH OPENING | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 43880 | C | REPAIR STOMACH-BOWEL FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 43886 | M | REVISE GASTRIC PORT OPEN | | | $0.00 | Not Allowed | $0.00 | | | |
| 43887 | M | REMOVE GASTRIC PORT OPEN | | | $0.00 | Not Allowed | $0.00 | | | |
| 43888 | M | CHANGE GASTRIC PORT OPEN | | | $0.00 | Not Allowed | $0.00 | | | |
| 43999 | T | STOMACH SURGERY PROCEDURE | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 44005 | C | FREEING OF BOWEL ADHESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44010 | C | INCISION OF SMALL BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44015 | C | INSERT NEEDLE CATH BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44020 | C | EXPLORE SMALL INTESTINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44021 | C | DECOMPRESS SMALL BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44025 | C | INCISION OF LARGE BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44050 | C | REDUCE BOWEL OBSTRUCTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44055 | C | CORRECT MALROTATION OF BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44100 | T | BIOPSY OF BOWEL | 0141 | 8.0662 | $385.16 | APC | $385.16 | | | |
| 44110 | C | EXCISE INTESTINE LESION(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44111 | C | EXCISION OF BOWEL LESION(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44120 | C | REMOVAL OF SMALL INTESTINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44121 | C | REMOVAL OF SMALL INTESTINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44125 | C | REMOVAL OF SMALL INTESTINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44126 | C | ENTERECTOMY W/O TAPER CONG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44127 | C | ENTERECTOMY W/TAPER CONG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44128 | C | ENTERECTOMY CONG, ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 44130 | C | BOWEL TO BOWEL FUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44132 | C | ENTERECTOMY, CADAVER DONOR | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 44133 | C | ENTERECTOMY, LIVE DONOR | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 44135 | C | INTESTINE TRANSPLNT, CADAVER | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 44136 | C | INTESTINE TRANSPLANT, LIVE | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 44137 | C | REMOVE INTESTINAL ALLOGRAFT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 44139 | C | MOBILIZATION OF COLON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44140 | C | PARTIAL REMOVAL OF COLON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44141 | C | PARTIAL REMOVAL OF COLON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44143 | C | PARTIAL REMOVAL OF COLON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44144 | C | PARTIAL REMOVAL OF COLON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44145 | C | PARTIAL REMOVAL OF COLON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44146 | C | PARTIAL REMOVAL OF COLON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44147 | C | PARTIAL REMOVAL OF COLON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44150 | C | REMOVAL OF COLON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44151 | C | REMOVAL OF COLON/ILEOSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44152 | C | REMOVAL OF COLON/ILEOSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44153 | C | REMOVAL OF COLON/ILEOSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44155 | C | REMOVAL OF COLON/ILEOSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44156 | C | REMOVAL OF COLON/ILEOSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44160 | C | REMOVAL OF COLON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44180 | T | LAP ENTEROLYSIS | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 44186 | T | LAP JEJUNOSTOMY | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 44187 | C | LAP ILEO/JEJUNO-STOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| 44188 | C | LAP COLOSTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| 44202 | C | LAP ENTERECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44203 | C | LAP RESECT S/INTESTINE, ADDL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44204 | C | LAPARO PARTIAL COLECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44205 | C | LAP COLECTOMY PART W/ILEUM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44206 | T | LAP PART COLECTOMY W/STOMA | 0132 | 63.6859 | $3,041.00 | APC | $3,041.00 | | | |
| 44207 | T | L COLECTOMY/COLOPROCTOSTOMY | 0132 | 63.6859 | $3,041.00 | APC | $3,041.00 | | | |
| 44208 | T | L COLECTOMY/COLOPROCTOSTOMY | 0132 | 63.6859 | $3,041.00 | APC | $3,041.00 | | | |
| 44210 | C | LAPARO TOTAL PROCTOCOLECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44211 | C | LAPARO TOTAL PROCTOCOLECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44212 | C | LAPARO TOTAL PROCTOCOLECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44213 | T | LAP MOBIL SPLENIC FL ADD-ON | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 44227 | C | LAP CLOSE ENTEROSTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| 44238 | T | LAPAROSCOPE PROC INTESTINE | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 44300 | C | OPEN BOWEL TO SKIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44310 | C | ILEOSTOMY/JEJUNOSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44312 | T | REVISION OF ILEOSTOMY | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 44314 | C | REVISION OF ILEOSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44316 | C | DEVISE BOWEL POUCH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44320 | C | COLOSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44322 | C | COLOSTOMY WITH BIOPSIES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44340 | T | REVISION OF COLOSTOMY | 0027 | 18.1956 | $868.84 | APC | $868.84 | | | |
| 44345 | C | REVISION OF COLOSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44346 | C | REVISION OF COLOSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44360 | T | SMALL BOWEL ENDOSCOPY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44361 | T | SMALL BOWEL ENDOSCOPY/BIOPSY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44363 | T | SMALL BOWEL ENDOSCOPY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44364 | T | SMALL BOWEL ENDOSCOPY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44365 | T | SMALL BOWEL ENDOSCOPY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44366 | T | SMALL BOWEL ENDOSCOPY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44369 | T | SMALL BOWEL ENDOSCOPY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44370 | T | SMALL BOWEL ENDOSCOPY/STENT | 0384 | 26.8955 | $1,284.26 | APC | $1,284.26 | | | |
| 44372 | T | SMALL BOWEL ENDOSCOPY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44373 | T | SMALL BOWEL ENDOSCOPY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44376 | T | SMALL BOWEL ENDOSCOPY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44377 | T | SMALL BOWEL ENDOSCOPY/BIOPSY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44378 | T | SMALL BOWEL ENDOSCOPY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44379 | T | S BOWEL ENDOSCOPE W/STENT | 0384 | 26.8955 | $1,284.26 | APC | $1,284.26 | | | |
| 44380 | T | SMALL BOWEL ENDOSCOPY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44382 | T | SMALL BOWEL ENDOSCOPY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44383 | T | ILEOSCOPY W/STENT | 0384 | 26.8955 | $1,284.26 | APC | $1,284.26 | | | |
| 44385 | T | ENDOSCOPY OF BOWEL POUCH | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 44386 | T | ENDOSCOPY, BOWEL POUCH/BIOP | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 44388 | T | COLONOSCOPY | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 44389 | T | COLONOSCOPY WITH BIOPSY | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 44390 | T | COLONOSCOPY FOR FOREIGN BODY | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 44391 | T | COLONOSCOPY FOR BLEEDING | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 44392 | T | COLONOSCOPY & POLYPECTOMY | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 44393 | T | COLONOSCOPY, LESION REMOVAL | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 44394 | T | COLONOSCOPY W/SNARE | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 44397 | T | COLONOSCOPY W/STENT | 0384 | 26.8955 | $1,284.26 | APC | $1,284.26 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 44500 | T | INTRO, GASTROINTESTINAL TUBE | 0121 | 2.2374 | $106.84 | APC | $106.84 | | | |
| 44602 | C | SUTURE, SMALL INTESTINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44603 | C | SUTURE, SMALL INTESTINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44604 | C | SUTURE, LARGE INTESTINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44605 | C | REPAIR OF BOWEL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44615 | C | INTESTINAL STRICTUROPLASTY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44620 | C | REPAIR BOWEL OPENING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44625 | C | REPAIR BOWEL OPENING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44626 | C | REPAIR BOWEL OPENING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44640 | C | REPAIR BOWEL-SKIN FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44650 | C | REPAIR BOWEL FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44660 | C | REPAIR BOWEL-BLADDER FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44661 | C | REPAIR BOWEL-BLADDER FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44680 | C | SURGICAL REVISION, INTESTINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44700 | C | SUSPEND BOWEL W/PROSTHESIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44701 | N | INTRAOP COLON LAVAGE ADD-ON | | | $0.00 | APC | $0.00 | | | |
| 44715 | C | PREPARE DONOR INTESTINE | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 44720 | C | PREP DONOR INTESTINE/VENOUS | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 44721 | C | PREP DONOR INTESTINE/ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 44799 | T | UNLISTED PROCEDURE INTESTINE | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 44800 | C | EXCISION OF BOWEL POUCH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44820 | C | EXCISION OF MESENTERY LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44850 | C | REPAIR OF MESENTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44899 | C | BOWEL SURGERY PROCEDURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44900 | C | DRAIN APP ABSCESS, OPEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44901 | T | DRAIN APP ABSCESS, PERCUT | 0037 | 9.6103 | $458.89 | APC | $458.89 | | | |
| 44950 | C | APPENDECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44955 | C | APPENDECTOMY ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44960 | C | APPENDECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 44970 | T | LAPAROSCOPY, APPENDECTOMY | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 44979 | T | LAPAROSCOPE PROC, APP | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 45000 | T | DRAINAGE OF PELVIC ABSCESS | 0148 | 3.5047 | $167.35 | APC | $167.35 | | | |
| 45005 | T | DRAINAGE OF RECTAL ABSCESS | 0155 | 15.9499 | $761.61 | APC | $761.61 | | | |
| 45020 | T | DRAINAGE OF RECTAL ABSCESS | 0155 | 15.9499 | $761.61 | APC | $761.61 | | | |
| 45100 | T | BIOPSY OF RECTUM | 0149 | 18.0878 | $863.69 | APC | $863.69 | | | |
| 45108 | T | REMOVAL OF ANORECTAL LESION | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 45110 | C | REMOVAL OF RECTUM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45111 | C | PARTIAL REMOVAL OF RECTUM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45112 | C | REMOVAL OF RECTUM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45113 | C | PARTIAL PROCTECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45114 | C | PARTIAL REMOVAL OF RECTUM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45116 | C | PARTIAL REMOVAL OF RECTUM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45119 | C | REMOVE RECTUM W/RESERVOIR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45120 | C | REMOVAL OF RECTUM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45121 | C | REMOVAL OF RECTUM AND COLON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45123 | C | PARTIAL PROCTECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45126 | C | PELVIC EXENTERATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45130 | C | EXCISION OF RECTAL PROLAPSE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45135 | C | EXCISION OF RECTAL PROLAPSE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45136 | C | EXCISE ILEOANAL RESERVIOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45150 | T | EXCISION OF RECTAL STRICTURE | 0149 | 18.0878 | $863.69 | APC | $863.69 | | | |
| 45160 | T | EXCISION OF RECTAL LESION | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 45170 | T | EXCISION OF RECTAL LESION | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 45190 | T | DESTRUCTION RECTAL TUMOR | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 45300 | T | PROCTOSIGMOIDOSCOPY DX | 0146 | 4.7086 | $224.84 | APC | $224.84 | | | |
| 45303 | T | PROCTOSIGMOIDOSCOPY DILATE | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 45305 | T | PROCTOSIGMOIDOSCOPY W/BX | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 45307 | T | PROCTOSIGMOIDOSCOPY FB | 0428 | 20.0871 | $959.16 | APC | $959.16 | | | |
| 45308 | T | PROCTOSIGMOIDOSCOPY REMOVAL | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 45309 | T | PROCTOSIGMOIDOSCOPY REMOVAL | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 45315 | T | PROCTOSIGMOIDOSCOPY REMOVAL | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 45317 | T | PROCTOSIGMOIDOSCOPY BLEED | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 45320 | T | PROCTOSIGMOIDOSCOPY ABLATE | 0428 | 20.0871 | $959.16 | APC | $959.16 | | | |
| 45321 | T | PROCTOSIGMOIDOSCOPY VOLVUL | 0428 | 20.0871 | $959.16 | APC | $959.16 | | | |
| 45327 | T | PROCTOSIGMOIDOSCOPY W/STENT | 0384 | 26.8955 | $1,284.26 | APC | $1,284.26 | | | |
| 45330 | T | DIAGNOSTIC SIGMOIDOSCOPY | 0146 | 4.7086 | $224.84 | APC | $224.84 | | | |
| 45331 | T | SIGMOIDOSCOPY AND BIOPSY | 0146 | 4.7086 | $224.84 | APC | $224.84 | | | |
| 45332 | T | SIGMOIDOSCOPY W/FB REMOVAL | 0146 | 4.7086 | $224.84 | APC | $224.84 | | | |
| 45333 | T | SIGMOIDOSCOPY & POLYPECTOMY | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 45334 | T | SIGMOIDOSCOPY FOR BLEEDING | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 45335 | T | SIGMOIDOSCOPY W/SUBMUC INJ | 0146 | 4.7086 | $224.84 | APC | $224.84 | | | |
| 45337 | T | SIGMOIDOSCOPY & DECOMPRESS | 0146 | 4.7086 | $224.84 | APC | $224.84 | | | |
| 45338 | T | SIGMOIDOSCOPY W/TUMR REMOVE | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 45339 | T | SIGMOIDOSCOPY W/ABLATE TUMR | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 45340 | T | SIG W/BALLOON DILATION | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 45341 | T | SIGMOIDOSCOPY W/ULTRASOUND | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 45342 | T | SIGMOIDOSCOPY W/US GUIDE BX | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 45345 | T | SIGMOIDOSCOPY W/STENT | 0384 | 26.8955 | $1,284.26 | APC | $1,284.26 | | | |
| 45355 | T | SURGICAL COLONOSCOPY | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 45378 | T | DIAGNOSTIC COLONOSCOPY | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 45379 | T | COLONOSCOPY W/FB REMOVAL | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 45380 | T | COLONOSCOPY AND BIOPSY | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 45381 | T | COLONOSCOPY SUBMUCOUS INJ | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 45382 | T | COLONOSCOPY/CONTROL BLEEDING | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 45383 | T | LESION REMOVAL COLONOSCOPY | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 45384 | T | LESION REMOVE COLONOSCOPY | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 45385 | T | LESION REMOVAL COLONOSCOPY | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 45386 | T | COLONOSCOPY DILATE STRICTURE | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 45387 | T | COLONOSCOPY W/STENT | 0384 | 26.8955 | $1,284.26 | APC | $1,284.26 | | | |
| 45391 | T | COLONOSCOPY W/ENDOSCOPE US | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 45392 | T | COLONOSCOPY W/ENDOSCOPIC FNB | 0143 | 8.5588 | $408.68 | APC | $408.68 | | | |
| 45395 | C | LAP REMOVAL OF RECTUM | | | $0.00 | Not Allowed | $0.00 | | | |
| 45397 | C | LAP REMOVE RECTUM W/POUCH | | | $0.00 | Not Allowed | $0.00 | | | |
| 45400 | C | LAPAROSCOPIC PROCTOPEXY | | | $0.00 | Not Allowed | $0.00 | | | |
| 45402 | C | LAP PROCTOPEXY W/SIG RESECT | | | $0.00 | Not Allowed | $0.00 | | | |
| 45499 | T | LAPAROSCOPE PROC RECTUM | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 45500 | T | REPAIR OF RECTUM | 0149 | 18.0878 | $863.69 | APC | $863.69 | | | |
| 45505 | T | REPAIR OF RECTUM | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 45520 | T | TREATMENT OF RECTAL PROLAPSE | 0098 | 1.1444 | $54.65 | APC | $54.65 | | | |
| 45540 | C | CORRECT RECTAL PROLAPSE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45541 | T | CORRECT RECTAL PROLAPSE | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 45550 | C | REPAIR RECTUM/REMOVE SIGMOID | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45560 | T | REPAIR OF RECTOCELE | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 45562 | C | EXPLORATION/REPAIR OF RECTUM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45563 | C | EXPLORATION/REPAIR OF RECTUM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45800 | C | REPAIR RECT/BLADDER FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45805 | C | REPAIR FISTULA W/COLOSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45820 | C | REPAIR RECTOURETHRAL FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45825 | C | REPAIR FISTULA W/COLOSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 45900 | T | REDUCTION OF RECTAL PROLAPSE | 0148 | 3.5047 | $167.35 | APC | $167.35 | | | |
| 45905 | T | DILATION OF ANAL SPHINCTER | 0149 | 18.0878 | $863.69 | APC | $863.69 | | | |
| 45910 | T | DILATION OF RECTAL NARROWING | 0149 | 18.0878 | $863.69 | APC | $863.69 | | | |
| 45915 | T | REMOVE RECTAL OBSTRUCTION | 0148 | 3.5047 | $167.35 | APC | $167.35 | | | |
| 45990 | T | SURG DX EXAM ANORECTAL | 0148 | 3.5047 | $167.35 | APC | $167.35 | | | |
| 45999 | T | RECTUM SURGERY PROCEDURE | 0148 | 3.5047 | $167.35 | APC | $167.35 | | | |
| 46020 | T | PLACEMENT OF SETON | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46030 | T | REMOVAL OF RECTAL MARKER | 0148 | 3.5047 | $167.35 | APC | $167.35 | | | |
| 46040 | T | INCISION OF RECTAL ABSCESS | 0149 | 18.0878 | $863.69 | APC | $863.69 | | | |
| 46045 | T | INCISION OF RECTAL ABSCESS | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46050 | T | INCISION OF ANAL ABSCESS | 0148 | 3.5047 | $167.35 | APC | $167.35 | | | |
| 46060 | T | INCISION OF RECTAL ABSCESS | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46070 | T | INCISION OF ANAL SEPTUM | 0155 | 15.9499 | $761.61 | APC | $761.61 | | | |
| 46080 | T | INCISION OF ANAL SPHINCTER | 0149 | 18.0878 | $863.69 | APC | $863.69 | | | |
| 46083 | T | INCISE EXTERNAL HEMORRHOID | 0148 | 3.5047 | $167.35 | APC | $167.35 | | | |
| 46200 | T | REMOVAL OF ANAL FISSURE | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46210 | T | REMOVAL OF ANAL CRYPT | 0149 | 18.0878 | $863.69 | APC | $863.69 | | | |
| 46211 | T | REMOVAL OF ANAL CRYPTS | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46220 | T | REMOVAL OF ANAL TAG | 0149 | 18.0878 | $863.69 | APC | $863.69 | | | |
| 46221 | T | LIGATION OF HEMORRHOID(S) | 0148 | 3.5047 | $167.35 | APC | $167.35 | | | |
| 46230 | T | REMOVAL OF ANAL TAGS | 0149 | 18.0878 | $863.69 | APC | $863.69 | | | |
| 46250 | T | HEMORRHOIDECTOMY | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46255 | T | HEMORRHOIDECTOMY | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46257 | T | REMOVE HEMORRHOIDS & FISSURE | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46258 | T | REMOVE HEMORRHOIDS & FISTULA | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46260 | T | HEMORRHOIDECTOMY | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46261 | T | REMOVE HEMORRHOIDS & FISSURE | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46262 | T | REMOVE HEMORRHOIDS & FISTULA | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46270 | T | REMOVAL OF ANAL FISTULA | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46275 | T | REMOVAL OF ANAL FISTULA | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46280 | T | REMOVAL OF ANAL FISTULA | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46285 | T | REMOVAL OF ANAL FISTULA | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46288 | T | REPAIR ANAL FISTULA | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46320 | T | REMOVAL OF HEMORRHOID CLOT | 0148 | 3.5047 | $167.35 | APC | $167.35 | | | |
| 46500 | T | INJECTION INTO HEMORRHOID(S) | 0155 | 15.9499 | $761.61 | APC | $761.61 | | | |
| 46505 | T | CHEMODENERVATION ANAL MUSC | 0148 | 3.5047 | $167.35 | APC | $167.35 | | | |
| 46600 | X | DIAGNOSTIC ANOSCOPY | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 46604 | T | ANOSCOPY AND DILATION | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 46606 | T | ANOSCOPY AND BIOPSY | 0146 | 4.7086 | $224.84 | APC | $224.84 | | | |
| 46608 | T | ANOSCOPY REMOVE FOR BODY | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 46610 | T | ANOSCOPY REMOVE LESION | 0428 | 20.0871 | $959.16 | APC | $959.16 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 46611 | T | ANOSCOPY | 0147 | 7.9652 | $380.34 | APC | $380.34 | | | |
| 46612 | T | ANOSCOPY REMOVE LESIONS | 0428 | 20.0871 | $959.16 | APC | $959.16 | | | |
| 46614 | T | ANOSCOPY CONTROL BLEEDING | 0146 | 4.7086 | $224.84 | APC | $224.84 | | | |
| 46615 | T | ANOSCOPY | 0428 | 20.0871 | $959.16 | APC | $959.16 | | | |
| 46700 | T | REPAIR OF ANAL STRICTURE | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46705 | C | REPAIR OF ANAL STRICTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 46706 | T | REPR OF ANAL FISTULA W/GLUE | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46710 | C | REPR PER/VAG POUCH SNGL PROC | | | $0.00 | Not Allowed | $0.00 | | | |
| 46712 | C | REPR PER/VAG POUCH DBL PROC | | | $0.00 | Not Allowed | $0.00 | | | |
| 46715 | C | REPAIR OF ANOVAGINAL FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 46716 | C | REPAIR OF ANOVAGINAL FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 46730 | C | CONSTRUCTION OF ABSENT ANUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 46735 | C | CONSTRUCTION OF ABSENT ANUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 46740 | C | CONSTRUCTION OF ABSENT ANUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 46742 | C | REPAIR OF IMPERFORATED ANUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 46744 | C | REPAIR OF CLOACAL ANOMALY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 46746 | C | REPAIR OF CLOACAL ANOMALY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 46748 | C | REPAIR OF CLOACAL ANOMALY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 46750 | T | REPAIR OF ANAL SPHINCTER | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46751 | C | REPAIR OF ANAL SPHINCTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 46753 | T | RECONSTRUCTION OF ANUS | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46754 | T | REMOVAL OF SUTURE FROM ANUS | 0149 | 18.0878 | $863.69 | APC | $863.69 | | | |
| 46760 | T | REPAIR OF ANAL SPHINCTER | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46761 | T | REPAIR OF ANAL SPHINCTER | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46762 | T | IMPLANT ARTIFICIAL SPHINCTER | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46900 | T | DESTRUCTION, ANAL LESION(S) | 0016 | 2.5080 | $119.76 | APC | $119.76 | | | |
| 46910 | T | DESTRUCTION, ANAL LESION(S) | 0017 | 17.9937 | $859.20 | APC | $859.20 | | | |
| 46916 | T | CRYOSURGERY, ANAL LESION(S) | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 46917 | T | LASER SURGERY ANAL LESIONS | 0695 | 20.2372 | $966.33 | APC | $966.33 | | | |
| 46922 | T | EXCISION OF ANAL LESION(S) | 0695 | 20.2372 | $966.33 | APC | $966.33 | | | |
| 46924 | T | DESTRUCTION, ANAL LESION(S) | 0695 | 20.2372 | $966.33 | APC | $966.33 | | | |
| 46934 | T | DESTRUCTION OF HEMORRHOIDS | 0155 | 15.9499 | $761.61 | APC | $761.61 | | | |
| 46935 | T | DESTRUCTION OF HEMORRHOIDS | 0155 | 15.9499 | $761.61 | APC | $761.61 | | | |
| 46936 | T | DESTRUCTION OF HEMORRHOIDS | 0149 | 18.0878 | $863.69 | APC | $863.69 | | | |
| 46937 | T | CRYOTHERAPY OF RECTAL LESION | 0149 | 18.0878 | $863.69 | APC | $863.69 | | | |
| 46938 | T | CRYOTHERAPY OF RECTAL LESION | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46940 | T | TREATMENT OF ANAL FISSURE | 0149 | 18.0878 | $863.69 | APC | $863.69 | | | |
| 46942 | T | TREATMENT OF ANAL FISSURE | 0148 | 3.5047 | $167.35 | APC | $167.35 | | | |
| 46945 | T | LIGATION OF HEMORRHOIDS | 0155 | 15.9499 | $761.61 | APC | $761.61 | | | |
| 46946 | T | LIGATION OF HEMORRHOIDS | 0155 | 15.9499 | $761.61 | APC | $761.61 | | | |
| 46947 | T | HEMORRHOIDOPEXY BY STAPLING | 0150 | 23.8736 | $1,139.96 | APC | $1,139.96 | | | |
| 46999 | T | ANUS SURGERY PROCEDURE | 0148 | 3.5047 | $167.35 | APC | $167.35 | | | |
| 47000 | T | NEEDLE BIOPSY OF LIVER | 0685 | 6.0034 | $286.66 | APC | $286.66 | | | |
| 47001 | N | NEEDLE BIOPSY, LIVER ADD-ON | | | $0.00 | APC | $0.00 | | | |
| 47010 | C | OPEN DRAINAGE, LIVER LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47011 | T | PERCUT DRAIN, LIVER LESION | 0037 | 9.6103 | $458.89 | APC | $458.89 | | | |
| 47015 | C | INJECT/ASPIRATE LIVER CYST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47100 | C | WEDGE BIOPSY OF LIVER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47120 | C | PARTIAL REMOVAL OF LIVER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47122 | C | EXTENSIVE REMOVAL OF LIVER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47125 | C | PARTIAL REMOVAL OF LIVER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47130 | C | PARTIAL REMOVAL OF LIVER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47133 | C | REMOVAL OF DONOR LIVER | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 47135 | C | TRANSPLANTATION OF LIVER | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 47136 | C | TRANSPLANTATION OF LIVER | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 47140 | C | PARTIAL REMOVAL DONOR LIVER | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 47141 | C | PARTIAL REMOVAL DONOR LIVER | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 47142 | C | PARTIAL REMOVAL DONOR LIVER | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 47143 | C | PREP DONOR LIVER WHOLE | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 47144 | C | PREP DONOR LIVER 3-SEGMENT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 47145 | C | PREP DONOR LIVER LOBE SPLIT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 47146 | C | PREP DONOR LIVER/VENOUS | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 47147 | C | PREP DONOR LIVER/ARTERIAL | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 47300 | C | SURGERY FOR LIVER LESION | | | $0.00 | Not Allowed | $0.00 | | | |
| 47350 | C | REPAIR LIVER WOUND | | | $0.00 | Not Allowed | $0.00 | | | |
| 47360 | C | REPAIR LIVER WOUND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47361 | C | REPAIR LIVER WOUND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47362 | C | REPAIR LIVER WOUND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47370 | T | LAPARO ABLATE LIVER TUMOR RF | 0132 | 63.6859 | $3,041.00 | APC | $3,041.00 | | | |
| 47371 | T | LAPARO ABLATE LIVER CRYOSURG | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 47379 | T | LAPAROSCOPE PROCEDURE, LIVER | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 47380 | C | OPEN ABLATE LIVER TUMOR RF | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47381 | C | OPEN ABLATE LIVER TUMOR CRYO | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47382 | T | PERCUT ABLATE LIVER RF | 0423 | 39.5881 | $1,890.33 | APC | $1,890.33 | | | |
| 47399 | T | LIVER SURGERY PROCEDURE | 0002 | 0.9357 | $44.68 | APC | $44.68 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 47400 | C | INCISION OF LIVER DUCT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47420 | C | INCISION OF BILE DUCT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47425 | C | INCISION OF BILE DUCT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47460 | C | INCISE BILE DUCT SPHINCTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47480 | C | INCISION OF GALLBLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47490 | T | INCISION OF GALLBLADDER | 0152 | 18.2391 | $870.92 | APC | $870.92 | | | |
| 47500 | N | INJECTION FOR LIVER X-RAYS | | | $0.00 | APC | $0.00 | | | |
| 47505 | N | INJECTION FOR LIVER X-RAYS | | | $0.00 | APC | $0.00 | | | |
| 47510 | T | INSERT CATHETER, BILE DUCT | 0152 | 18.2391 | $870.92 | APC | $870.92 | | | |
| 47511 | T | INSERT BILE DUCT DRAIN | 0152 | 18.2391 | $870.92 | APC | $870.92 | | | |
| 47525 | T | CHANGE BILE DUCT CATHETER | 0427 | 10.0109 | $478.02 | APC | $478.02 | | | |
| 47530 | T | REVISE/REINSERT BILE TUBE | 0427 | 10.0109 | $478.02 | APC | $478.02 | | | |
| 47550 | C | BILE DUCT ENDOSCOPY ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47552 | T | BILIARY ENDOSCOPY THRU SKIN | 0152 | 18.2391 | $870.92 | APC | $870.92 | | | |
| 47553 | T | BILIARY ENDOSCOPY THRU SKIN | 0152 | 18.2391 | $870.92 | APC | $870.92 | | | |
| 47554 | T | BILIARY ENDOSCOPY THRU SKIN | 0152 | 18.2391 | $870.92 | APC | $870.92 | | | |
| 47555 | T | BILIARY ENDOSCOPY THRU SKIN | 0152 | 18.2391 | $870.92 | APC | $870.92 | | | |
| 47556 | T | BILIARY ENDOSCOPY THRU SKIN | 0152 | 18.2391 | $870.92 | APC | $870.92 | | | |
| 47560 | T | LAPAROSCOPY W/CHOLANGIO | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 47561 | T | LAPARO W/CHOLANGIO/BIOPSY | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 47562 | T | LAPAROSCOPIC CHOLECYSTECTOMY | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 47563 | T | LAPARO CHOLECYSTECTOMY/GRAPH | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 47564 | T | LAPARO CHOLECYSTECTOMY/EXPLR | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 47570 | C | LAPARO CHOLECYSTOENTEROSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47579 | T | LAPAROSCOPE PROC, BILIARY | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 47600 | C | REMOVAL OF GALLBLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47605 | C | REMOVAL OF GALLBLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47610 | C | REMOVAL OF GALLBLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47612 | C | REMOVAL OF GALLBLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47620 | C | REMOVAL OF GALLBLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47630 | T | REMOVE BILE DUCT STONE | 0152 | 18.2391 | $870.92 | APC | $870.92 | | | |
| 47700 | C | EXPLORATION OF BILE DUCTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47701 | C | BILE DUCT REVISION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47711 | C | EXCISION OF BILE DUCT TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47712 | C | EXCISION OF BILE DUCT TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47715 | C | EXCISION OF BILE DUCT CYST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47716 | C | FUSION OF BILE DUCT CYST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47720 | C | FUSE GALLBLADDER & BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47721 | C | FUSE UPPER GI STRUCTURES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47740 | C | FUSE GALLBLADDER & BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47741 | C | FUSE GALLBLADDER & BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47760 | C | FUSE BILE DUCTS AND BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47765 | C | FUSE LIVER DUCTS & BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47780 | C | FUSE BILE DUCTS AND BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47785 | C | FUSE BILE DUCTS AND BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47800 | C | RECONSTRUCTION OF BILE DUCTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47801 | C | PLACEMENT, BILE DUCT SUPPORT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47802 | C | FUSE LIVER DUCT & INTESTINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47900 | C | SUTURE BILE DUCT INJURY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 47999 | T | BILE TRACT SURGERY PROCEDURE | 0152 | 18.2391 | $870.92 | APC | $870.92 | | | |
| 48000 | C | DRAINAGE OF ABDOMEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48001 | C | PLACEMENT OF DRAIN, PANCREAS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48005 | C | RESECT/DEBRIDE PANCREAS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48020 | C | REMOVAL OF PANCREATIC STONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48100 | C | BIOPSY OF PANCREAS, OPEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48102 | T | NEEDLE BIOPSY, PANCREAS | 0685 | 6.0034 | $286.66 | APC | $286.66 | | | |
| 48120 | C | REMOVAL OF PANCREAS LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48140 | C | PARTIAL REMOVAL OF PANCREAS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48145 | C | PARTIAL REMOVAL OF PANCREAS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48146 | C | PANCREATECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48148 | C | REMOVAL OF PANCREATIC DUCT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48150 | C | PARTIAL REMOVAL OF PANCREAS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48152 | C | PANCREATECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48153 | C | PANCREATECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48154 | C | PANCREATECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48155 | C | REMOVAL OF PANCREAS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48160 | M | PANCREAS REMOVAL/TRANSPLANT | | | $0.00 | By Report | $0.00 | | | Y |
| 48180 | C | FUSE PANCREAS AND BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48400 | C | INJECTION, INTRAOP ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48500 | C | SURGERY OF PANCREATIC CYST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48510 | C | DRAIN PANCREATIC PSEUDOCYST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48511 | T | DRAIN PANCREATIC PSEUDOCYST | 0037 | 9.6103 | $458.89 | APC | $458.89 | | | |
| 48520 | C | FUSE PANCREAS CYST AND BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48540 | C | FUSE PANCREAS CYST AND BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48545 | C | PANCREATORRHAPHY | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 48547 | C | DUODENAL EXCLUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 48550 | M | DONOR PANCREATECTOMY | | | $0.00 | By Report | $0.00 | | | Y |
| 48551 | C | PREP DONOR PANCREAS | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 48552 | C | PREP DONOR PANCREAS/VENOUS | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 48554 | C | TRANSPL ALLOGRAFT PANCREAS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 48556 | C | REMOVAL, ALLOGRAFT PANCREAS | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 48999 | T | PANCREAS SURGERY PROCEDURE | 0004 | 1.7771 | $84.86 | APC | $84.86 | | | |
| 49000 | C | EXPLORATION OF ABDOMEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49002 | C | REOPENING OF ABDOMEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49010 | C | EXPLORATION BEHIND ABDOMEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49020 | C | DRAIN ABDOMINAL ABSCESS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49021 | T | DRAIN ABDOMINAL ABSCESS | 0037 | 9.6103 | $458.89 | APC | $458.89 | | | |
| 49040 | C | DRAIN, OPEN, ABDOM ABSCESS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49041 | T | DRAIN, PERCUT, ABDOM ABSCESS | 0037 | 9.6103 | $458.89 | APC | $458.89 | | | |
| 49060 | C | DRAIN, OPEN, RETROP ABSCESS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49061 | T | DRAIN, PERCUT, RETROPER ABSC | 0037 | 9.6103 | $458.89 | APC | $458.89 | | | |
| 49062 | C | DRAIN TO PERITONEAL CAVITY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49080 | T | PUNCTURE, PERITONEAL CAVITY | 0070 | 3.2141 | $153.47 | APC | $153.47 | | | |
| 49081 | T | REMOVAL OF ABDOMINAL FLUID | 0070 | 3.2141 | $153.47 | APC | $153.47 | | | |
| 49085 | T | REMOVE ABDOMEN FOREIGN BODY | 0153 | 22.4936 | $1,074.07 | APC | $1,074.07 | | | |
| 49180 | T | BIOPSY, ABDOMINAL MASS | 0685 | 6.0034 | $286.66 | APC | $286.66 | | | |
| 49200 | T | REMOVAL OF ABDOMINAL LESION | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 49201 | C | REMOVE ABDOM LESION COMPLEX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49215 | C | EXCISE SACRAL SPINE TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49220 | C | MULTIPLE SURGERY, ABDOMEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49250 | T | EXCISION OF UMBILICUS | 0153 | 22.4936 | $1,074.07 | APC | $1,074.07 | | | |
| 49255 | C | REMOVAL OF OMENTUM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49320 | T | DIAG LAPARO SEPARATE PROC | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 49321 | T | LAPAROSCOPY, BIOPSY | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 49322 | T | LAPAROSCOPY, ASPIRATION | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 49323 | T | LAPARO DRAIN LYMPHOCELE | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 49329 | T | LAPARO PROC, ABDM/PER/OMENT | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 49400 | N | AIR INJECTION INTO ABDOMEN | | | $0.00 | APC | $0.00 | | | |
| 49419 | T | INSRT ABDOM CATH FOR CHEMOTX | 0115 | 36.9806 | $1,765.82 | APC | $1,765.82 | | | |
| 49420 | T | INSERT ABDOM DRAIN TEMP | 0652 | 29.3648 | $1,402.17 | APC | $1,402.17 | | | |
| 49421 | T | INSERT ABDOM DRAIN PERM | 0652 | 29.3648 | $1,402.17 | APC | $1,402.17 | | | |
| 49422 | T | REMOVE PERM CANNULA/CATHETER | 0105 | 21.9865 | $1,049.86 | APC | $1,049.86 | | | |
| 49423 | T | EXCHANGE DRAINAGE CATHETER | 0427 | 10.0109 | $478.02 | APC | $478.02 | | | |
| 49424 | N | ASSESS CYST, CONTRAST INJECT | | | $0.00 | APC | $0.00 | | | |
| 49425 | C | INSERT ABDOMEN-VENOUS DRAIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49426 | T | REVISE ABDOMEN-VENOUS SHUNT | 0153 | 22.4936 | $1,074.07 | APC | $1,074.07 | | | |
| 49427 | N | INJECTION, ABDOMINAL SHUNT | | | $0.00 | APC | $0.00 | | | |
| 49428 | C | LIGATION OF SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49429 | T | REMOVAL OF SHUNT | 0105 | 21.9865 | $1,049.86 | APC | $1,049.86 | | | |
| 49491 | T | RPR HERN PREEMIE REDUC | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49492 | T | RPR ING HERN PREMIE, BLOCKED | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49495 | T | RPR ING HERNIA BABY REDUC | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49496 | T | RPR ING HERNIA BABY BLOCKED | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49500 | T | RPR ING HERNIA INIT REDUCE | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49501 | T | RPR ING HERNIA INIT BLOCKED | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49505 | T | PRP I/HERN INIT REDUC>5 YR | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49507 | T | PRP I/HERN INIT BLOCK>5 YR | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49520 | T | REREPAIR ING HERNIA, REDUCE | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49521 | T | REREPAIR ING HERNIA BLOCKED | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49525 | T | REPAIR ING HERNIA, SLIDING | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49540 | T | REPAIR LUMBAR HERNIA | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49550 | T | RPR REM HERNIA INIT REDUCE | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49553 | T | RPR FEM HERNIA INIT BLOCKED | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49555 | T | REREPAIR FEM HERNIA, REDUCE | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49557 | T | REREPAIR FEM HERNIA BLOCKED | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49560 | T | RPR VENTRAL HERN INIT, REDUC | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49561 | T | RPR VENTRAL HERN INIT BLOCK | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49565 | T | REREPAIR VENTRL HERN, REDUCE | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49566 | T | REREPAIR VENTRL HERN BLOCK | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49568 | T | HERNIA REPAIR W/MESH | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49570 | T | RPR EPIGASTRIC HERN, REDUCE | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49572 | T | RPR EPIGASTRIC HERN BLOCKED | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49580 | T | RPR UMBIL HERN REDUC < 5 YR | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49582 | T | RPR UMBIL HERN BLOCK < 5 YR | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49585 | T | RPR UMBIL HERN, REDUC > 5 YR | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49587 | T | RPR UMBIL HERN BLOCK > 5 YR | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49590 | T | REPAIR SPIGILIAN HERNIA | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49600 | T | REPAIR UMBILICAL LESION | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 49605 | C | REPAIR UMBILICAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49606 | C | REPAIR UMBILICAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 49610 | C | REPAIR UMBILICAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49611 | C | REPAIR UMBILICAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49650 | T | LAPARO HERNIA REPAIR INITIAL | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 49651 | T | LAPARO HERNIA REPAIR RECUR | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 49659 | T | LAPARO PROC, HERNIA REPAIR | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 49900 | C | REPAIR OF ABDOMINAL WALL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49904 | C | OMENTAL FLAP EXTRA-ABDOM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49905 | C | OMENTAL FLAP INTRA-ABDOM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49906 | C | FREE OMENTAL FLAP, MICROVASC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 49999 | T | ABDOMEN SURGERY PROCEDURE | 0153 | 22.4936 | $1,074.07 | APC | $1,074.07 | | | |
| 50010 | C | EXPLORATION OF KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50020 | T | RENAL ABSCESS OPEN DRAIN | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 50021 | T | RENAL ABSCESS, PERCUT DRAIN | 0037 | 9.6103 | $458.89 | APC | $458.89 | | | |
| 50040 | C | DRAINAGE OF KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50045 | C | EXPLORATION OF KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50060 | C | REMOVAL OF KIDNEY STONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50065 | C | INCISION OF KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50070 | C | INCISION OF KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50075 | C | REMOVAL OF KIDNEY STONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50080 | T | REMOVAL OF KIDNEY STONE | 0429 | 42.0802 | $2,009.33 | APC | $2,009.33 | | | |
| 50081 | T | REMOVAL OF KIDNEY STONE | 0429 | 42.0802 | $2,009.33 | APC | $2,009.33 | | | |
| 50100 | C | REVISE KIDNEY BLOOD VESSELS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50120 | C | EXPLORATION OF KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50125 | C | EXPLORE AND DRAIN KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50130 | C | REMOVAL OF KIDNEY STONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50135 | C | EXPLORATION OF KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50200 | T | BIOPSY OF KIDNEY | 0685 | 6.0034 | $286.66 | APC | $286.66 | | | |
| 50205 | C | BIOPSY OF KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50220 | C | REMOVE KIDNEY, OPEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50225 | C | REMOVAL KIDNEY OPEN, COMPLEX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50230 | C | REMOVAL KIDNEY OPEN, RADICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50234 | C | REMOVAL OF KIDNEY & URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50236 | C | REMOVAL OF KIDNEY & URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50240 | C | PARTIAL REMOVAL OF KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50250 | C | CRYOABLATE RENAL MASS OPEN | | | $0.00 | Not Allowed | $0.00 | | | |
| 50280 | C | REMOVAL OF KIDNEY LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50290 | C | REMOVAL OF KIDNEY LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50300 | C | REMOVAL OF DONOR KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 50320 | C | REMOVAL OF DONOR KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 50323 | C | PREP CADAVER RENAL ALLOGRAFT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 50325 | C | PREP DONOR RENAL GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 50327 | C | PREP RENAL GRAFT/VENOUS | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 50328 | C | PREP RENAL GRAFT/ARTERIAL | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 50329 | C | PREP RENAL GRAFT/URETERAL | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 50340 | C | REMOVAL OF KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 50360 | C | TRANSPLANTATION OF KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 50365 | C | TRANSPLANTATION OF KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 50370 | C | REMOVE TRANSPLANTED KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 50380 | C | REIMPLANTATION OF KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 50382 | T | CHANGE URETER STENT PERCUT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 50384 | T | REMOVE URETER STENT PERCUT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 50387 | T | CHANGE EXT/INT URETER STENT | 0122 | 6.9179 | $330.33 | APC | $330.33 | | | |
| 50389 | T | REMOVE RENAL TUBE W/FLUORO | 0156 | 2.6123 | $124.74 | APC | $124.74 | | | |
| 50390 | T | DRAINAGE OF KIDNEY LESION | 0685 | 6.0034 | $286.66 | APC | $286.66 | | | |
| 50391 | T | INSTLL RX AGNT INTO RNAL TUB | 0156 | 2.6123 | $124.74 | APC | $124.74 | | | |
| 50392 | T | INSERT KIDNEY DRAIN | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 50393 | T | INSERT URETERAL TUBE | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 50394 | N | INJECTION FOR KIDNEY X-RAY | | | $0.00 | APC | $0.00 | | | |
| 50395 | T | CREATE PASSAGE TO KIDNEY | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 50396 | T | MEASURE KIDNEY PRESSURE | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 50398 | T | CHANGE KIDNEY TUBE | 0122 | 6.9179 | $330.33 | APC | $330.33 | | | |
| 50400 | C | REVISION OF KIDNEY/URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50405 | C | REVISION OF KIDNEY/URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50500 | C | REPAIR OF KIDNEY WOUND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50520 | C | CLOSE KIDNEY-SKIN FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50525 | C | REPAIR RENAL-ABDOMEN FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50526 | C | REPAIR RENAL-ABDOMEN FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50540 | C | REVISION OF HORSESHOE KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50541 | T | LAPARO ABLATE RENAL CYST | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 50542 | T | LAPARO ABLATE RENAL MASS | 0132 | 63.6859 | $3,041.00 | APC | $3,041.00 | | | |
| 50543 | T | LAPARO PARTIAL NEPHRECTOMY | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 50544 | T | LAPAROSCOPY, PYELOPLASTY | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 50545 | C | LAPARO RADICAL NEPHRECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50546 | C | LAPAROSCOPIC NEPHRECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50547 | C | LAPARO REMOVAL DONOR KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | Y |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 50548 | C | LAPARO REMOVE W/ URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50549 | T | LAPAROSCOPE PROC, RENAL | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 50551 | T | KIDNEY ENDOSCOPY | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 50553 | T | KIDNEY ENDOSCOPY | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 50555 | T | KIDNEY ENDOSCOPY & BIOPSY | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 50557 | T | KIDNEY ENDOSCOPY & TREATMENT | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 50561 | T | KIDNEY ENDOSCOPY & TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 50562 | T | RENAL SCOPE W/TUMOR RESECT | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 50570 | T | KIDNEY ENDOSCOPY | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 50572 | T | KIDNEY ENDOSCOPY | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 50574 | T | KIDNEY ENDOSCOPY & BIOPSY | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 50575 | T | KIDNEY ENDOSCOPY | 0163 | 33.5963 | $1,604.22 | APC | $1,604.22 | | | |
| 50576 | T | KIDNEY ENDOSCOPY & TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 50580 | C | KIDNEY ENDOSCOPY & TREATMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50590 | T | FRAGMENTING OF KIDNEY STONE | 0169 | 42.4073 | $2,024.95 | APC | $2,024.95 | | | |
| 50592 | T | PERC RF ABLATE RENAL TUMOR | 0423 | 39.5881 | $1,890.33 | APC | $1,890.33 | | | |
| 50600 | C | EXPLORATION OF URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50605 | C | INSERT URETERAL SUPPORT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50610 | C | REMOVAL OF URETER STONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50620 | C | REMOVAL OF URETER STONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50630 | C | REMOVAL OF URETER STONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50650 | C | REMOVAL OF URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50660 | C | REMOVAL OF URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50684 | N | INJECTION FOR URETER X-RAY | | | $0.00 | APC | $0.00 | | | |
| 50686 | T | MEASURE URETER PRESSURE | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 50688 | T | CHANGE OF URETER TUBE/STENT | 0122 | 6.9179 | $330.33 | APC | $330.33 | | | |
| 50690 | N | INJECTION FOR URETER X-RAY | | | $0.00 | APC | $0.00 | | | |
| 50700 | C | REVISION OF URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50715 | C | RELEASE OF URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50722 | C | RELEASE OF URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50725 | C | RELEASE/REVISE URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50727 | C | REVISE URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50728 | C | REVISE URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50740 | C | FUSION OF URETER & KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50750 | C | FUSION OF URETER & KIDNEY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50760 | C | FUSION OF URETERS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50770 | C | SPLICING OF URETERS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50780 | C | REIMPLANT URETER IN BLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50782 | C | REIMPLANT URETER IN BLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50783 | C | REIMPLANT URETER IN BLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50785 | C | REIMPLANT URETER IN BLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50800 | C | IMPLANT URETER IN BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50810 | C | FUSION OF URETER & BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50815 | C | URINE SHUNT TO INTESTINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50820 | C | CONSTRUCT BOWEL BLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50825 | C | CONSTRUCT BOWEL BLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50830 | C | REVISE URINE FLOW | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50840 | C | REPLACE URETER BY BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50845 | C | APPENDICO-VESICOSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50860 | C | TRANSPLANT URETER TO SKIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50900 | C | REPAIR OF URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50920 | C | CLOSURE URETER/SKIN FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50930 | C | CLOSURE URETER/BOWEL FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50940 | C | RELEASE OF URETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 50945 | T | LAPAROSCOPY URETEROLITHOTOMY | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 50947 | T | LAPARO NEW URETER/BLADDER | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 50948 | T | LAPARO NEW URETER/BLADDER | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 50949 | T | LAPAROSCOPE PROC, URETER | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 50951 | T | ENDOSCOPY OF URETER | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 50953 | T | ENDOSCOPY OF URETER | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 50955 | T | URETER ENDOSCOPY & BIOPSY | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 50957 | T | URETER ENDOSCOPY & TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 50961 | T | URETER ENDOSCOPY & TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 50970 | T | URETER ENDOSCOPY | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 50972 | T | URETER ENDOSCOPY & CATHETER | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 50974 | T | URETER ENDOSCOPY & BIOPSY | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 50976 | T | URETER ENDOSCOPY & TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 50980 | T | URETER ENDOSCOPY & TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 51000 | T | DRAINAGE OF BLADDER | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 51005 | T | DRAINAGE OF BLADDER | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 51010 | T | DRAINAGE OF BLADDER | 0165 | 16.5343 | $789.51 | APC | $789.51 | | | |
| 51020 | T | INCISE & TREAT BLADDER | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 51030 | T | INCISE & TREAT BLADDER | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 51040 | T | INCISE & DRAIN BLADDER | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 51045 | T | INCISE BLADDER/DRAIN URETER | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 51050 | T | REMOVAL OF BLADDER STONE | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 51060 | C | REMOVAL OF URETER STONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51065 | T | REMOVE URETER CALCULUS | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 51080 | T | DRAINAGE OF BLADDER ABSCESS | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 51500 | T | REMOVAL OF BLADDER CYST | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 51520 | T | REMOVAL OF BLADDER LESION | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 51525 | C | REMOVAL OF BLADDER LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51530 | C | REMOVAL OF BLADDER LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51535 | C | REPAIR OF URETER LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51550 | C | PARTIAL REMOVAL OF BLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51555 | C | PARTIAL REMOVAL OF BLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51565 | C | REVISE BLADDER & URETER(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51570 | C | REMOVAL OF BLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51575 | C | REMOVAL OF BLADDER & NODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51580 | C | REMOVE BLADDER/REVISE TRACT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51585 | C | REMOVAL OF BLADDER & NODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51590 | C | REMOVE BLADDER/REVISE TRACT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51595 | C | REMOVE BLADDER/REVISE TRACT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51596 | C | REMOVE BLADDER/CREATE POUCH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51597 | C | REMOVAL OF PELVIC STRUCTURES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51600 | N | INJECTION FOR BLADDER X-RAY | | | $0.00 | APC | $0.00 | | | |
| 51605 | N | PREPARATION FOR BLADDER XRAY | | | $0.00 | APC | $0.00 | | | |
| 51610 | N | INJECTION FOR BLADDER X-RAY | | | $0.00 | APC | $0.00 | | | |
| 51700 | T | IRRIGATION OF BLADDER | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 51701 | X | INSERT BLADDER CATHETER | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 51702 | X | INSERT TEMP BLADDER CATH | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 51703 | T | INSERT BLADDER CATH COMPLEX | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 51705 | T | CHANGE OF BLADDER TUBE | 0121 | 2.2374 | $106.84 | APC | $106.84 | | | |
| 51710 | T | CHANGE OF BLADDER TUBE | 0122 | 6.9179 | $330.33 | APC | $330.33 | | | |
| 51715 | T | ENDOSCOPIC INJECTION/IMPLANT | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 51720 | T | TREATMENT OF BLADDER LESION | 0156 | 2.6123 | $124.74 | APC | $124.74 | | | |
| 51725 | T | SIMPLE CYSTOMETROGRAM | 0156 | 2.6123 | $124.74 | APC | $124.74 | | | |
| 51726 | T | COMPLEX CYSTOMETROGRAM | 0156 | 2.6123 | $124.74 | APC | $124.74 | | | |
| 51736 | T | URINE FLOW MEASUREMENT | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 51741 | T | ELECTRO-UROFLOWMETRY FIRST | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 51772 | T | URETHRA PRESSURE PROFILE | 0156 | 2.6123 | $124.74 | APC | $124.74 | | | |
| 51784 | T | ANAL/URINARY MUSCLE STUDY | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 51785 | T | ANAL/URINARY MUSCLE STUDY | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 51792 | T | URINARY REFLEX STUDY | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 51795 | T | URINE VOIDING PRESSURE STUDY | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 51797 | T | INTRAABDOMINAL PRESSURE TEST | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 51798 | X | US URINE CAPACITY MEASURE | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 51800 | C | REVISION OF BLADDER/URETHRA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51820 | C | REVISION OF URINARY TRACT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51840 | C | ATTACH BLADDER/URETHRA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51841 | C | ATTACH BLADDER/URETHRA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51845 | C | REPAIR BLADDER NECK | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51860 | C | REPAIR OF BLADDER WOUND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51865 | C | REPAIR OF BLADDER WOUND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51880 | T | REPAIR OF BLADDER OPENING | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 51900 | C | REPAIR BLADDER/VAGINA LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51920 | C | CLOSE BLADDER-UTERUS FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51925 | C | HYSTERECTOMY/BLADDER REPAIR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51940 | C | CORRECTION OF BLADDER DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51960 | C | REVISION OF BLADDER & BOWEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51980 | C | CONSTRUCT BLADDER OPENING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 51990 | T | LAPARO URETHRAL SUSPENSION | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 51992 | T | LAPARO SLING OPERATION | 0132 | 63.6859 | $3,041.00 | APC | $3,041.00 | | | |
| 51999 | T | LAPAROSCOPE PROC BLADDER | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 52000 | T | CYSTOSCOPY | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 52001 | T | CYSTOSCOPY REMOVAL OF CLOTS | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 52005 | T | CYSTOSCOPY & URETER CATHETER | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52007 | T | CYSTOSCOPY AND BIOPSY | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52010 | T | CYSTOSCOPY & DUCT CATHETER | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 52204 | T | CYSTOSCOPY | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52214 | T | CYSTOSCOPY AND TREATMENT | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52224 | T | CYSTOSCOPY AND TREATMENT | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52234 | T | CYSTOSCOPY AND TREATMENT | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52235 | T | CYSTOSCOPY AND TREATMENT | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52240 | T | CYSTOSCOPY AND TREATMENT | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52250 | T | CYSTOSCOPY AND RADIOTRACER | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52260 | T | CYSTOSCOPY AND TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52265 | T | CYSTOSCOPY AND TREATMENT | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 52270 | T | CYSTOSCOPY & REVISE URETHRA | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52275 | T | CYSTOSCOPY & REVISE URETHRA | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 52276 | T | CYSTOSCOPY AND TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52277 | T | CYSTOSCOPY AND TREATMENT | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52281 | T | CYSTOSCOPY AND TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52282 | T | CYSTOSCOPY IMPLANT STENT | 0163 | 33.5963 | $1,604.22 | APC | $1,604.22 | | | |
| 52283 | T | CYSTOSCOPY AND TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52285 | T | CYSTOSCOPY AND TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52290 | T | CYSTOSCOPY AND TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52300 | T | CYSTOSCOPY AND TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52301 | T | CYSTOSCOPY AND TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52305 | T | CYSTOSCOPY AND TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52310 | T | CYSTOSCOPY AND TREATMENT | 0160 | 6.9387 | $331.32 | APC | $331.32 | | | |
| 52315 | T | CYSTOSCOPY AND TREATMENT | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52317 | T | REMOVE BLADDER STONE | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52318 | T | REMOVE BLADDER STONE | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52320 | T | CYSTOSCOPY AND TREATMENT | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52325 | T | CYSTOSCOPY, STONE REMOVAL | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52327 | T | CYSTOSCOPY INJECT MATERIAL | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52330 | T | CYSTOSCOPY AND TREATMENT | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52332 | T | CYSTOSCOPY AND TREATMENT | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52334 | T | CREATE PASSAGE TO KIDNEY | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52341 | T | CYSTO W/URETER STRICTURE TX | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52342 | T | CYSTO W/UP STRICTURE TX | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52343 | T | CYSTO W/RENAL STRICTURE TX | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52344 | T | CYSTO/URETERO, STRICTURE TX | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52345 | T | CYSTO/URETERO W/UP STRICTURE | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52346 | T | CYSTOURETERO W/RENAL STRICT | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52351 | T | CYSTOURETERO & OR PYELOSCOPE | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52352 | T | CYSTOURETERO W/STONE REMOVE | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52353 | T | CYSTOURETERO W/LITHOTRIPSY | 0163 | 33.5963 | $1,604.22 | APC | $1,604.22 | | | |
| 52354 | T | CYSTOURETERO W/BIOPSY | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52355 | T | CYSTOURETERO W/EXCISE TUMOR | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52400 | T | CYSTOURETERO W/CONGEN REPR | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52402 | T | CYSTOURETHRO CUT EJACUL DUCT | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52450 | T | INCISION OF PROSTATE | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52500 | T | REVISION OF BLADDER NECK | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52510 | T | DILATION PROSTATIC URETHRA | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 52601 | T | PROSTATECTOMY (TURP) | 0163 | 33.5963 | $1,604.22 | APC | $1,604.22 | | | |
| 52606 | T | CONTROL POSTOP BLEEDING | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52612 | T | PROSTATECTOMY, FIRST STAGE | 0163 | 33.5963 | $1,604.22 | APC | $1,604.22 | | | |
| 52614 | T | PROSTATECTOMY, SECOND STAGE | 0163 | 33.5963 | $1,604.22 | APC | $1,604.22 | | | |
| 52620 | T | REMOVE RESIDUAL PROSTATE | 0163 | 33.5963 | $1,604.22 | APC | $1,604.22 | | | |
| 52630 | T | REMOVE PROSTATE REGROWTH | 0163 | 33.5963 | $1,604.22 | APC | $1,604.22 | | | |
| 52640 | T | RELIEVE BLADDER CONTRACTURE | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 52647 | T | LASER SURGERY OF PROSTATE | 0429 | 42.0802 | $2,009.33 | APC | $2,009.33 | | | |
| 52648 | T | LASER SURGERY OF PROSTATE | 0429 | 42.0802 | $2,009.33 | APC | $2,009.33 | | | |
| 52700 | T | DRAINAGE OF PROSTATE ABSCESS | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 53000 | T | INCISION OF URETHRA | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53010 | T | INCISION OF URETHRA | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53020 | T | INCISION OF URETHRA | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53025 | T | INCISION OF URETHRA | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53040 | T | DRAINAGE OF URETHRA ABSCESS | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53060 | T | DRAINAGE OF URETHRA ABSCESS | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53080 | T | DRAINAGE OF URINARY LEAKAGE | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53085 | T | DRAINAGE OF URINARY LEAKAGE | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53200 | T | BIOPSY OF URETHRA | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53210 | T | REMOVAL OF URETHRA | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53215 | T | REMOVAL OF URETHRA | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53220 | T | TREATMENT OF URETHRA LESION | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53230 | T | REMOVAL OF URETHRA LESION | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53235 | T | REMOVAL OF URETHRA LESION | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53240 | T | SURGERY FOR URETHRA POUCH | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53250 | T | REMOVAL OF URETHRA GLAND | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53260 | T | TREATMENT OF URETHRA LESION | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53265 | T | TREATMENT OF URETHRA LESION | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53270 | T | REMOVAL OF URETHRA GLAND | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53275 | T | REPAIR OF URETHRA DEFECT | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53400 | T | REVISE URETHRA, STAGE 1 | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53405 | T | REVISE URETHRA, STAGE 2 | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53410 | T | RECONSTRUCTION OF URETHRA | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53415 | C | RECONSTRUCTION OF URETHRA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 53420 | T | RECONSTRUCT URETHRA, STAGE 1 | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53425 | T | RECONSTRUCT URETHRA, STAGE 2 | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53430 | T | RECONSTRUCTION OF URETHRA | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53431 | T | RECONSTRUCT URETHRA/BLADDER | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53440 | S | MALE SLING PROCEDURE | 0385 | 73.7498 | $3,521.55 | APC | $3,521.55 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 53442 | T | REMOVE/REVISE MALE SLING | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53444 | S | INSERT TANDEM CUFF | 0385 | 73.7498 | $3,521.55 | APC | $3,521.55 | | | |
| 53445 | S | INSERT URO/VES NCK SPHINCTER | 0386 | 126.9292 | $6,060.87 | APC | $6,060.87 | | | |
| 53446 | T | REMOVE URO SPHINCTER | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53447 | S | REMOVE/REPLACE UR SPHINCTER | 0386 | 126.9292 | $6,060.87 | APC | $6,060.87 | | | |
| 53448 | C | REMOV/REPLC UR SPHINCTR COMP | | | $0.00 | Fee Schedule | $0.00 | | | |
| 53449 | T | REPAIR URO SPHINCTER | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53450 | T | REVISION OF URETHRA | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53460 | T | REVISION OF URETHRA | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53500 | T | URETHRLYS TRANSVAG W/ SCOPE | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53502 | T | REPAIR OF URETHRA INJURY | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53505 | T | REPAIR OF URETHRA INJURY | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53510 | T | REPAIR OF URETHRA INJURY | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53515 | T | REPAIR OF URETHRA INJURY | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53520 | T | REPAIR OF URETHRA DEFECT | 0168 | 28.1985 | $1,346.48 | APC | $1,346.48 | | | |
| 53600 | T | DILATE URETHRA STRICTURE | 0156 | 2.6123 | $124.74 | APC | $124.74 | | | |
| 53601 | T | DILATE URETHRA STRICTURE | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 53605 | T | DILATE URETHRA STRICTURE | 0161 | 18.5804 | $887.21 | APC | $887.21 | | | |
| 53620 | T | DILATE URETHRA STRICTURE | 0165 | 16.5343 | $789.51 | APC | $789.51 | | | |
| 53621 | T | DILATE URETHRA STRICTURE | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 53660 | T | DILATION OF URETHRA | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 53661 | T | DILATION OF URETHRA | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 53665 | T | DILATION OF URETHRA | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 53850 | T | PROSTATIC MICROWAVE THERMOTX | 0675 | 44.8197 | $2,140.14 | APC | $2,140.14 | | | |
| 53852 | T | PROSTATIC RF THERMOTX | 0675 | 44.8197 | $2,140.14 | APC | $2,140.14 | | | |
| 53853 | T | PROSTATIC WATER THERMOTHER | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 53899 | T | UROLOGY SURGERY PROCEDURE | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 54000 | T | SLITTING OF PREPUCE | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 54001 | T | SLITTING OF PREPUCE | 0166 | 17.7635 | $848.21 | APC | $848.21 | | | |
| 54015 | T | DRAIN PENIS LESION | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 54050 | T | DESTRUCTION, PENIS LESION(S) | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 54055 | T | DESTRUCTION, PENIS LESION(S) | 0017 | 17.9937 | $859.20 | APC | $859.20 | | | |
| 54056 | T | CRYOSURGERY, PENIS LESION(S) | 0012 | 0.8477 | $40.48 | APC | $40.48 | | | |
| 54057 | T | LASER SURG, PENIS LESION(S) | 0017 | 17.9937 | $859.20 | APC | $859.20 | | | |
| 54060 | T | EXCISION OF PENIS LESION(S) | 0017 | 17.9937 | $859.20 | APC | $859.20 | | | |
| 54065 | T | DESTRUCTION, PENIS LESION(S) | 0695 | 20.2372 | $966.33 | APC | $966.33 | | | |
| 54100 | T | BIOPSY OF PENIS | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 54105 | T | BIOPSY OF PENIS | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 54110 | T | TREATMENT OF PENIS LESION | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54111 | T | TREAT PENIS LESION GRAFT | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54112 | T | TREAT PENIS LESION GRAFT | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54115 | T | TREATMENT OF PENIS LESION | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 54120 | T | PARTIAL REMOVAL OF PENIS | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54125 | C | REMOVAL OF PENIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 54130 | C | REMOVE PENIS & NODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 54135 | C | REMOVE PENIS & NODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 54150 | T | CIRCUMCISION | 0180 | 19.7721 | $944.12 | APC | $944.12 | | | Y |
| 54152 | T | CIRCUMCISION | 0180 | 19.7721 | $944.12 | APC | $944.12 | | | Y |
| 54160 | T | CIRCUMCISION | 0180 | 19.7721 | $944.12 | APC | $944.12 | | | Y |
| 54161 | T | CIRCUMCISION | 0180 | 19.7721 | $944.12 | APC | $944.12 | | | Y |
| 54162 | T | LYSIS PENIL CIRCUMIC LESION | 0180 | 19.7721 | $944.12 | APC | $944.12 | | | |
| 54163 | T | REPAIR OF CIRCUMCISION | 0180 | 19.7721 | $944.12 | APC | $944.12 | | | |
| 54164 | T | FRENULOTOMY OF PENIS | 0180 | 19.7721 | $944.12 | APC | $944.12 | | | |
| 54200 | T | TREATMENT OF PENIS LESION | 0156 | 2.6123 | $124.74 | APC | $124.74 | | | |
| 54205 | T | TREATMENT OF PENIS LESION | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54220 | T | TREATMENT OF PENIS LESION | 0156 | 2.6123 | $124.74 | APC | $124.74 | | | |
| 54230 | N | PREPARE PENIS STUDY | | | $0.00 | APC | $0.00 | | | |
| 54231 | T | DYNAMIC CAVERNOSOMETRY | 0165 | 16.5343 | $789.51 | APC | $789.51 | | | |
| 54235 | T | PENILE INJECTION | | | $0.00 | Not Allowed | $0.00 | | | |
| 54240 | T | PENIS STUDY | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 54250 | T | PENIS STUDY | | | $0.00 | Not Allowed | $0.00 | | | |
| 54300 | T | REVISION OF PENIS | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54304 | T | REVISION OF PENIS | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54308 | T | RECONSTRUCTION OF URETHRA | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54312 | T | RECONSTRUCTION OF URETHRA | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54316 | T | RECONSTRUCTION OF URETHRA | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54318 | T | RECONSTRUCTION OF URETHRA | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54322 | T | RECONSTRUCTION OF URETHRA | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54324 | T | RECONSTRUCTION OF URETHRA | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54326 | T | RECONSTRUCTION OF URETHRA | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54328 | T | REVISE PENIS/URETHRA | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54332 | C | REVISE PENIS/URETHRA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 54336 | C | REVISE PENIS/URETHRA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 54340 | T | SECONDARY URETHRAL SURGERY | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54344 | T | SECONDARY URETHRAL SURGERY | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 54348 | T | SECONDARY URETHRAL SURGERY | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54352 | T | RECONSTRUCT URETHRA/PENIS | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54360 | T | PENIS PLASTIC SURGERY | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 54380 | T | REPAIR PENIS | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54385 | T | REPAIR PENIS | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54390 | C | REPAIR PENIS AND BLADDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 54400 | S | INSERT SEMI-RIGID PROSTHESIS | 0385 | 73.7498 | $3,521.55 | APC | $3,521.55 | | | |
| 54401 | S | INSERT SELF-CONTD PROSTHESIS | 0386 | 126.9292 | $6,060.87 | APC | $6,060.87 | | | |
| 54405 | S | INSERT MULTI-COMP PENIS PROS | 0386 | 126.9292 | $6,060.87 | APC | $6,060.87 | | | |
| 54406 | T | REMOVE MUTI-COMP PENIS PROS | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54408 | T | REPAIR MULTI-COMP PENIS PROS | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54410 | S | REMOVE/REPLACE PENIS PROSTH | 0386 | 126.9292 | $6,060.87 | APC | $6,060.87 | | | |
| 54411 | C | REMOV/REPLC PENIS PROS COMP | | | $0.00 | Fee Schedule | $0.00 | | | |
| 54415 | T | REMOVE SELF-CONTD PENIS PROS | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54416 | S | REMV/REPL PENIS CONTAIN PROS | 0386 | 126.9292 | $6,060.87 | APC | $6,060.87 | | | |
| 54417 | C | REMV/REPLC PENIS PROS, COMPL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 54420 | T | REVISION OF PENIS | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54430 | C | REVISION OF PENIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 54435 | T | REVISION OF PENIS | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54440 | T | REPAIR OF PENIS | 0181 | 30.9472 | $1,477.73 | APC | $1,477.73 | | | |
| 54450 | T | PREPUTIAL STRETCHING | 0156 | 2.6123 | $124.74 | APC | $124.74 | | | |
| 54500 | T | BIOPSY OF TESTIS | 0037 | 9.6103 | $458.89 | APC | $458.89 | | | |
| 54505 | T | BIOPSY OF TESTIS | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54512 | T | EXCISE LESION TESTIS | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54520 | T | REMOVAL OF TESTIS | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54522 | T | ORCHIECTOMY PARTIAL | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54530 | T | REMOVAL OF TESTIS | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 54535 | C | EXTENSIVE TESTIS SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 54550 | T | EXPLORATION FOR TESTIS | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 54560 | T | EXPLORATION FOR TESTIS | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54600 | T | REDUCE TESTIS TORSION | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54620 | T | SUSPENSION OF TESTIS | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54640 | T | SUSPENSION OF TESTIS | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 54650 | C | ORCHIOPEXY (FOWLER-STEPHENS) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 54660 | T | REVISION OF TESTIS | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54670 | T | REPAIR TESTIS INJURY | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54680 | T | RELOCATION OF TESTIS(ES) | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54690 | T | LAPAROSCOPY, ORCHIECTOMY | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 54692 | T | LAPAROSCOPY, ORCHIOPEXY | 0132 | 63.6859 | $3,041.00 | APC | $3,041.00 | | | |
| 54699 | T | LAPAROSCOPE PROC, TESTIS | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 54700 | T | DRAINAGE OF SCROTUM | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54800 | T | BIOPSY OF EPIDIDYMIS | 0004 | 1.7771 | $84.86 | APC | $84.86 | | | |
| 54820 | T | EXPLORATION OF EPIDIDYMIS | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54830 | T | REMOVE EPIDIDYMIS LESION | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54840 | T | REMOVE EPIDIDYMIS LESION | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54860 | T | REMOVAL OF EPIDIDYMIS | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54861 | T | REMOVAL OF EPIDIDYMIS | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54900 | T | FUSION OF SPERMATIC DUCTS | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 54901 | T | FUSION OF SPERMATIC DUCTS | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55000 | T | DRAINAGE OF HYDROCELE | 0004 | 1.7771 | $84.86 | APC | $84.86 | | | |
| 55040 | T | REMOVAL OF HYDROCELE | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 55041 | T | REMOVAL OF HYDROCELES | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 55060 | T | REPAIR OF HYDROCELE | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55100 | T | DRAINAGE OF SCROTUM ABSCESS | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 55110 | T | EXPLORE SCROTUM | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55120 | T | REMOVAL OF SCROTUM LESION | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55150 | T | REMOVAL OF SCROTUM | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55175 | T | REVISION OF SCROTUM | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55180 | T | REVISION OF SCROTUM | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55200 | T | INCISION OF SPERM DUCT | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55250 | T | REMOVAL OF SPERM DUCT(S) | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55300 | N | PREPARE, SPERM DUCT X-RAY | | | $0.00 | APC | $0.00 | | | |
| 55400 | T | REPAIR OF SPERM DUCT | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55450 | T | LIGATION OF SPERM DUCT | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55500 | T | REMOVAL OF HYDROCELE | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55520 | T | REMOVAL OF SPERM CORD LESION | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55530 | T | REVISE SPERMATIC CORD VEINS | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55535 | T | REVISE SPERMATIC CORD VEINS | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 55540 | T | REVISE HERNIA & SPERM VEINS | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 55550 | T | LAPARO LIGATE SPERMATIC VEIN | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 55559 | T | LAPARO PROC, SPERMATIC CORD | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 55600 | T | INCISE SPERM DUCT POUCH | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |
| 55605 | C | INCISE SPERM DUCT POUCH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 55650 | C | REMOVE SPERM DUCT POUCH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 55680 | T | REMOVE SPERM POUCH LESION | 0183 | 23.3500 | $1,114.96 | APC | $1,114.96 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 55700 | T | BIOPSY OF PROSTATE | 0184 | 4.4432 | $212.16 | APC | $212.16 | | | |
| 55705 | T | BIOPSY OF PROSTATE | 0184 | 4.4432 | $212.16 | APC | $212.16 | | | |
| 55720 | T | DRAINAGE OF PROSTATE ABSCESS | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 55725 | T | DRAINAGE OF PROSTATE ABSCESS | 0162 | 23.3383 | $1,114.40 | APC | $1,114.40 | | | |
| 55801 | C | REMOVAL OF PROSTATE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 55810 | C | EXTENSIVE PROSTATE SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 55812 | C | EXTENSIVE PROSTATE SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 55815 | C | EXTENSIVE PROSTATE SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 55821 | C | REMOVAL OF PROSTATE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 55831 | C | REMOVAL OF PROSTATE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 55840 | C | EXTENSIVE PROSTATE SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 55842 | C | EXTENSIVE PROSTATE SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 55845 | C | EXTENSIVE PROSTATE SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 55859 | T | PERCUT/NEEDLE INSERT PROS | 0163 | 33.5963 | $1,604.22 | APC | $1,604.22 | | | |
| 55860 | T | SURGICAL EXPOSURE, PROSTATE | 0165 | 16.5343 | $789.51 | APC | $789.51 | | | |
| 55862 | C | EXTENSIVE PROSTATE SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 55865 | C | EXTENSIVE PROSTATE SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 55866 | C | LAPARO RADICAL PROSTATECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 55870 | M | ELECTROEJACULATION | | | $0.00 | Not Allowed | $0.00 | | | |
| 55873 | T | CRYOABLATE PROSTATE | 0674 | 111.3747 | $5,318.14 | APC | $5,318.14 | | | |
| 55899 | T | GENITAL SURGERY PROCEDURE | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 55970 | M | SEX TRANSFORMATION, M TO F | | | $0.00 | Not Allowed | $0.00 | | | |
| 55980 | M | SEX TRANSFORMATION, F TO M | | | $0.00 | Not Allowed | $0.00 | | | |
| 56405 | T | I & D OF VULVA/PERINEUM | 0189 | 2.3805 | $113.67 | APC | $113.67 | | | |
| 56420 | T | DRAINAGE OF GLAND ABSCESS | 0189 | 2.3805 | $113.67 | APC | $113.67 | | | |
| 56440 | T | SURGERY FOR VULVA LESION | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 56441 | T | LYSIS OF LABIAL LESION(S) | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 56501 | T | DESTROY VULVA LESIONS SIM | 0017 | 17.9937 | $859.20 | APC | $859.20 | | | |
| 56515 | T | DESTROY VULVA LESION/S COMPL | 0695 | 20.2372 | $966.33 | APC | $966.33 | | | |
| 56605 | T | BIOPSY OF VULVA/PERINEUM | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 56606 | T | BIOPSY OF VULVA/PERINEUM | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 56620 | T | PARTIAL REMOVAL OF VULVA | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 56625 | T | COMPLETE REMOVAL OF VULVA | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 56630 | C | EXTENSIVE VULVA SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 56631 | C | EXTENSIVE VULVA SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 56632 | C | EXTENSIVE VULVA SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 56633 | C | EXTENSIVE VULVA SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 56634 | C | EXTENSIVE VULVA SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 56637 | C | EXTENSIVE VULVA SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 56640 | C | EXTENSIVE VULVA SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 56700 | T | PARTIAL REMOVAL OF HYMEN | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 56720 | T | INCISION OF HYMEN | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 56740 | T | REMOVE VAGINA GLAND LESION | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 56800 | T | REPAIR OF VAGINA | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 56805 | T | REPAIR CLITORIS | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 56810 | T | REPAIR OF PERINEUM | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 56820 | T | EXAM OF VULVA W/SCOPE | 0188 | 1.2615 | $60.24 | APC | $60.24 | | | |
| 56821 | T | EXAM/BIOPSY OF VULVA W/SCOPE | 0189 | 2.3805 | $113.67 | APC | $113.67 | | | |
| 57000 | T | EXPLORATION OF VAGINA | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 57010 | T | DRAINAGE OF PELVIC ABSCESS | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 57020 | T | DRAINAGE OF PELVIC FLUID | 0192 | 4.1597 | $198.63 | APC | $198.63 | | | |
| 57022 | T | I & D VAGINAL HEMATOMA, PP | 0007 | 11.6717 | $557.32 | APC | $557.32 | | | |
| 57023 | T | I & D VAG HEMATOMA, NON-OB | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 57061 | T | DESTROY VAG LESIONS, SIMPLE | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57065 | T | DESTROY VAG LESIONS, COMPLEX | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57100 | T | BIOPSY OF VAGINA | 0192 | 4.1597 | $198.63 | APC | $198.63 | | | |
| 57105 | T | BIOPSY OF VAGINA | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57106 | T | REMOVE VAGINA WALL, PARTIAL | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57107 | T | REMOVE VAGINA TISSUE, PART | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57109 | T | VAGINECTOMY PARTIAL W/NODES | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57110 | C | REMOVE VAGINA WALL, COMPLETE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57111 | C | REMOVE VAGINA TISSUE, COMPL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57112 | C | VAGINECTOMY W/NODES, COMPL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57120 | T | CLOSURE OF VAGINA | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57130 | T | REMOVE VAGINA LESION | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57135 | T | REMOVE VAGINA LESION | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57150 | T | TREAT VAGINA INFECTION | 0191 | 0.1702 | $8.13 | APC | $8.13 | | | |
| 57155 | T | INSERT UTERI TANDEMS/OVOIDS | 0192 | 4.1597 | $198.63 | APC | $198.63 | | | |
| 57160 | T | INSERT PESSARY/OTHER DEVICE | 0188 | 1.2615 | $60.24 | APC | $60.24 | | | |
| 57170 | T | FITTING OF DIAPHRAGM/CAP | 0191 | 0.1702 | $8.13 | APC | $8.13 | | | |
| 57180 | T | TREAT VAGINAL BLEEDING | 0189 | 2.3805 | $113.67 | APC | $113.67 | | | |
| 57200 | T | REPAIR OF VAGINA | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57210 | T | REPAIR VAGINA/PERINEUM | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57220 | T | REVISION OF URETHRA | 0202 | 41.2319 | $1,968.82 | APC | $1,968.82 | | | |
| 57230 | T | REPAIR OF URETHRAL LESION | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 57240 | T | REPAIR BLADDER & VAGINA | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57250 | T | REPAIR RECTUM & VAGINA | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57260 | T | REPAIR OF VAGINA | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57265 | T | EXTENSIVE REPAIR OF VAGINA | 0202 | 41.2319 | $1,968.82 | APC | $1,968.82 | | | |
| 57267 | T | INSERT MESH/PELVIC FLR ADDON | 0154 | 28.6432 | $1,367.71 | APC | $1,367.71 | | | |
| 57268 | T | REPAIR OF BOWEL BULGE | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57270 | C | REPAIR OF BOWEL POUCH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57280 | C | SUSPENSION OF VAGINA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57282 | C | REPAIR OF VAGINAL PROLAPSE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57283 | C | COLPOPEXY INTRAPERITONEAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57284 | T | REPAIR PARAVAGINAL DEFECT | 0202 | 41.2319 | $1,968.82 | APC | $1,968.82 | | | |
| 57287 | T | REVISE/REMOVE SLING REPAIR | 0202 | 41.2319 | $1,968.82 | APC | $1,968.82 | | | |
| 57288 | T | REPAIR BLADDER DEFECT | 0202 | 41.2319 | $1,968.82 | APC | $1,968.82 | | | |
| 57289 | T | REPAIR BLADDER & VAGINA | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57291 | T | CONSTRUCTION OF VAGINA | | | $0.00 | Not Allowed | $0.00 | | | |
| 57292 | C | CONSTRUCT VAGINA WITH GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57295 | T | CHANGE VAGINAL GRAFT | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57300 | T | REPAIR RECTUM-VAGINA FISTULA | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57305 | C | REPAIR RECTUM-VAGINA FISTULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57307 | C | FISTULA REPAIR & COLOSTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57308 | C | FISTULA REPAIR, TRANSPERINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57310 | T | REPAIR URETHROVAGINAL LESION | 0202 | 41.2319 | $1,968.82 | APC | $1,968.82 | | | |
| 57311 | C | REPAIR URETHROVAGINAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57320 | T | REPAIR BLADDER-VAGINA LESION | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57330 | T | REPAIR BLADDER-VAGINA LESION | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57335 | C | REPAIR VAGINA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57400 | T | DILATION OF VAGINA | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57410 | T | PELVIC EXAMINATION | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 57415 | T | REMOVE VAGINAL FOREIGN BODY | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57420 | T | EXAM OF VAGINA W/SCOPE | 0189 | 2.3805 | $113.67 | APC | $113.67 | | | |
| 57421 | T | EXAM/BIOPSY OF VAG W/SCOPE | 0189 | 2.3805 | $113.67 | APC | $113.67 | | | |
| 57425 | T | LAPAROSCOPY SURG COLPOPEXY | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 57452 | T | EXAM OF CERVIX W/SCOPE | 0189 | 2.3805 | $113.67 | APC | $113.67 | | | |
| 57454 | T | BX/CURETT OF CERVIX W/SCOPE | 0189 | 2.3805 | $113.67 | APC | $113.67 | | | |
| 57455 | T | BIOPSY OF CERVIX W/SCOPE | 0189 | 2.3805 | $113.67 | APC | $113.67 | | | |
| 57456 | T | ENDOCERV CURETTAGE W/SCOPE | 0189 | 2.3805 | $113.67 | APC | $113.67 | | | |
| 57460 | T | BX OF CERVIX W/SCOPE LEEP | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 57461 | T | CONZ OF CERVIX W/SCOPE LEEP | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57500 | T | BIOPSY OF CERVIX | 0192 | 4.1597 | $198.63 | APC | $198.63 | | | |
| 57505 | T | ENDOCERVICAL CURETTAGE | 0189 | 2.3805 | $113.67 | APC | $113.67 | | | |
| 57510 | T | CAUTERIZATION OF CERVIX | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 57511 | T | CRYOCAUTERY OF CERVIX | 0189 | 2.3805 | $113.67 | APC | $113.67 | | | |
| 57513 | T | LASER SURGERY OF CERVIX | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 57520 | T | CONIZATION OF CERVIX | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57522 | T | CONIZATION OF CERVIX | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57530 | T | REMOVAL OF CERVIX | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57531 | C | REMOVAL OF CERVIX, RADICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57540 | C | REMOVAL OF RESIDUAL CERVIX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57545 | C | REMOVE CERVIX/REPAIR PELVIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 57550 | T | REMOVAL OF RESIDUAL CERVIX | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57555 | T | REMOVE CERVIX/REPAIR VAGINA | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 57556 | T | REMOVE CERVIX REPAIR BOWEL | 0202 | 41.2319 | $1,968.82 | APC | $1,968.82 | | | |
| 57700 | T | REVISION OF CERVIX | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57720 | T | REVISION OF CERVIX | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 57800 | T | DILATION OF CERVICAL CANAL | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 57820 | T | D & C OF RESIDUAL CERVIX | 0196 | 17.0012 | $811.81 | APC | $811.81 | | | |
| 58100 | T | BIOPSY OF UTERUS LINING | 0188 | 1.2615 | $60.24 | APC | $60.24 | | | |
| 58110 | T | BX DONE W/COLPOSCOPY ADD-ON | 0188 | 1.2615 | $60.24 | APC | $60.24 | | | |
| 58120 | T | DILATION AND CURETTAGE | 0196 | 17.0012 | $811.81 | APC | $811.81 | | | |
| 58140 | C | MYOMECTOMY ABDOM METHOD | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58145 | T | MYOMECTOMY VAG METHOD | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 58146 | C | MYOMECTOMY ABDOM COMPLEX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58150 | C | TOTAL HYSTERECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58152 | C | TOTAL HYSTERECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58180 | C | PARTIAL HYSTERECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58200 | C | EXTENSIVE HYSTERECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58210 | C | EXTENSIVE HYSTERECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58240 | C | REMOVAL OF PELVIS CONTENTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58260 | C | VAGINAL HYSTERECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58262 | C | VAG HYST INCLUDING T/O | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58263 | C | VAG HYST W/T/O & VAG REPAIR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58267 | C | VAG HYST W/URINARY REPAIR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58270 | C | VAG HYST W/ENTEROCELE REPAIR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58275 | C | HYSTERECTOMY/REVISE VAGINA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58280 | C | HYSTERECTOMY/REVISE VAGINA | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 58285 | C | EXTENSIVE HYSTERECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58290 | C | VAG HYST COMPLEX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58291 | C | VAG HYST INCL T/O COMPLEX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58292 | C | VAG HYST T/O & REPAIR COMPL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58293 | C | VAG HYST W/URO REPAIR COMPL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58294 | C | VAG HYST W/ENTEROCELE COMPL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58300 | M | INSERT INTRAUTERINE DEVICE | | | $0.00 | By Report | $0.00 | | | |
| 58301 | T | REMOVE INTRAUTERINE DEVICE | 0189 | 2.3805 | $113.67 | APC | $113.67 | | | |
| 58321 | M | ARTIFICIAL INSEMINATION | | | $0.00 | Not Allowed | $0.00 | | | |
| 58322 | M | ARTIFICIAL INSEMINATION | | | $0.00 | Not Allowed | $0.00 | | | |
| 58323 | M | SPERM WASHING | | | $0.00 | Not Allowed | $0.00 | | | |
| 58340 | N | CATHETER FOR HYSTEROGRAPHY | | | $0.00 | APC | $0.00 | | | |
| 58345 | T | REOPEN FALLOPIAN TUBE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 58346 | T | INSERT HEYMAN UTERI CAPSULE | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 58350 | T | REOPEN FALLOPIAN TUBE | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 58353 | T | ENDOMETR ABLATE, THERMAL | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 58356 | T | ENDOMETRIAL CRYOABLATION | 0202 | 41.2319 | $1,968.82 | APC | $1,968.82 | | | |
| 58400 | C | SUSPENSION OF UTERUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58410 | C | SUSPENSION OF UTERUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58520 | C | REPAIR OF RUPTURED UTERUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58540 | C | REVISION OF UTERUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58545 | T | LAPAROSCOPIC MYOMECTOMY | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 58546 | T | LAPARO-MYOMECTOMY COMPLEX | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 58550 | T | LAPARO-ASST VAG HYSTERECTOMY | 0132 | 63.6859 | $3,041.00 | APC | $3,041.00 | | | |
| 58552 | T | LAPARO-VAG HYST INCL T/O | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 58553 | T | LAPARO-VAG HYST COMPLEX | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 58554 | T | LAPARO-VAG HYST W/T/O COMPL | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 58555 | T | HYSTEROSCOPY, DX, SEP PROC | 0190 | 20.9198 | $998.92 | APC | $998.92 | | | |
| 58558 | T | HYSTEROSCOPY, BIOPSY | 0190 | 20.9198 | $998.92 | APC | $998.92 | | | |
| 58559 | T | HYSTEROSCOPY, LYSIS | 0190 | 20.9198 | $998.92 | APC | $998.92 | | | |
| 58560 | T | HYSTEROSCOPY, RESECT SEPTUM | 0387 | 32.3170 | $1,543.14 | APC | $1,543.14 | | | |
| 58561 | T | HYSTEROSCOPY, REMOVE MYOMA | 0387 | 32.3170 | $1,543.14 | APC | $1,543.14 | | | |
| 58562 | T | HYSTEROSCOPY, REMOVE FB | 0190 | 20.9198 | $998.92 | APC | $998.92 | | | |
| 58563 | T | HYSTEROSCOPY, ABLATION | 0387 | 32.3170 | $1,543.14 | APC | $1,543.14 | | | |
| 58565 | T | HYSTEROSCOPY STERILIZATION | 0202 | 41.2319 | $1,968.82 | APC | $1,968.82 | | | |
| 58578 | T | LAPARO PROC, UTERUS | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 58579 | T | HYSTEROSCOPE PROCEDURE | 0190 | 20.9198 | $998.92 | APC | $998.92 | | | |
| 58600 | T | DIVISION OF FALLOPIAN TUBE | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 58605 | C | DIVISION OF FALLOPIAN TUBE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58611 | C | LIGATE OVIDUCT(S) ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58615 | T | OCCLUDE FALLOPIAN TUBE(S) | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 58660 | T | LAPAROSCOPY, LYSIS | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 58661 | T | LAPAROSCOPY, REMOVE ADNEXA | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 58662 | T | LAPAROSCOPY, EXCISE LESIONS | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 58670 | T | LAPAROSCOPY, TUBAL CAUTERY | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 58671 | T | LAPAROSCOPY, TUBAL BLOCK | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 58672 | T | LAPAROSCOPY, FIMBRIOPLASTY | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 58673 | T | LAPAROSCOPY, SALPINGOSTOMY | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 58679 | T | LAPARO PROC, OVIDUCT-OVARY | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 58700 | C | REMOVAL OF FALLOPIAN TUBE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58720 | C | REMOVAL OF OVARY/TUBE(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58740 | C | REVISE FALLOPIAN TUBE(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58750 | C | REPAIR OVIDUCT | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 58752 | C | REVISE OVARIAN TUBE(S) | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 58760 | C | REMOVE TUBAL OBSTRUCTION | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 58770 | T | CREATE NEW TUBAL OPENING | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | Y |
| 58800 | T | DRAINAGE OF OVARIAN CYST(S) | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 58805 | C | DRAINAGE OF OVARIAN CYST(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58820 | T | DRAIN OVARY ABSCESS, OPEN | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 58822 | C | DRAIN OVARY ABSCESS, PERCUT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58823 | T | DRAIN PELVIC ABSCESS, PERCUT | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 58825 | C | TRANSPOSITION, OVARY(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58900 | T | BIOPSY OF OVARY(S) | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 58920 | T | PARTIAL REMOVAL OF OVARY(S) | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 58925 | T | REMOVAL OF OVARIAN CYST(S) | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 58940 | C | REMOVAL OF OVARY(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58943 | C | REMOVAL OF OVARY(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58950 | C | RESECT OVARIAN MALIGNANCY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58951 | C | RESECT OVARIAN MALIGNANCY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58952 | C | RESECT OVARIAN MALIGNANCY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58953 | C | TAH, RAD DISSECT FOR DEBULK | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58954 | C | TAH RAD DEBULK/LYMPH REMOVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58956 | C | BSO OMENTECTOMY W/TAH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58960 | C | EXPLORATION OF ABDOMEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 58970 | E | RETRIEVAL OF OOCYTE | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 58974 | M | TRANSFER OF EMBRYO | | | $0.00 | Not Allowed | $0.00 | | | |
| 58976 | M | TRANSFER OF EMBRYO | | | $0.00 | Not Allowed | $0.00 | | | |
| 58999 | T | GENITAL SURGERY PROCEDURE | 0191 | 0.1702 | $8.13 | APC | $8.13 | | | |
| 59000 | T | AMNIOCENTESIS, DIAGNOSTIC | 0198 | 1.3622 | $65.05 | APC | $65.05 | | | |
| 59001 | T | AMNIOCENTESIS, THERAPEUTIC | 0192 | 4.1597 | $198.63 | APC | $198.63 | | | |
| 59012 | T | FETAL CORD PUNCTURE,PRENATAL | 0198 | 1.3622 | $65.05 | APC | $65.05 | | | |
| 59015 | T | CHORION BIOPSY | 0198 | 1.3622 | $65.05 | APC | $65.05 | | | |
| 59020 | T | FETAL CONTRACT STRESS TEST | 0192 | 4.1597 | $198.63 | APC | $198.63 | | | |
| 59025 | T | FETAL NON-STRESS TEST | 0198 | 1.3622 | $65.05 | APC | $65.05 | | | |
| 59030 | T | FETAL SCALP BLOOD SAMPLE | 0198 | 1.3622 | $65.05 | APC | $65.05 | | | |
| 59050 | M | FETAL MONITOR W/REPORT | | | $0.00 | By Report | $0.00 | | | |
| 59051 | M | FETAL MONITOR/INTERPRET ONLY | | | $0.00 | Not Allowed | $0.00 | | | |
| 59070 | T | TRANSABDOM AMNIOINFUS W/ US | 0198 | 1.3622 | $65.05 | APC | $65.05 | | | |
| 59072 | T | UMBILICAL CORD OCCLUD W/ US | 0198 | 1.3622 | $65.05 | APC | $65.05 | | | |
| 59074 | T | FETAL FLUID DRAINAGE W/ US | 0198 | 1.3622 | $65.05 | APC | $65.05 | | | |
| 59076 | T | FETAL SHUNT PLACEMENT W/ US | 0198 | 1.3622 | $65.05 | APC | $65.05 | | | |
| 59100 | T | REMOVE UTERUS LESION | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 59120 | C | TREAT ECTOPIC PREGNANCY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59121 | C | TREAT ECTOPIC PREGNANCY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59130 | C | TREAT ECTOPIC PREGNANCY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59135 | C | TREAT ECTOPIC PREGNANCY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59136 | C | TREAT ECTOPIC PREGNANCY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59140 | C | TREAT ECTOPIC PREGNANCY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59150 | T | TREAT ECTOPIC PREGNANCY | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 59151 | T | TREAT ECTOPIC PREGNANCY | 0131 | 43.0498 | $2,055.63 | APC | $2,055.63 | | | |
| 59160 | T | D & C AFTER DELIVERY | 0196 | 17.0012 | $811.81 | APC | $811.81 | | | |
| 59200 | T | INSERT CERVICAL DILATOR | 0189 | 2.3805 | $113.67 | APC | $113.67 | | | |
| 59300 | T | EPISIOTOMY OR VAGINAL REPAIR | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 59320 | T | REVISION OF CERVIX | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 59325 | C | REVISION OF CERVIX | | | $0.00 | Not Allowed | $0.00 | | | |
| 59350 | C | REPAIR OF UTERUS | | | $0.00 | Not Allowed | $0.00 | | | |
| 59400 | M | OBSTETRICAL CARE | | | $0.00 | Not Allowed | $0.00 | | | |
| 59409 | T | OBSTETRICAL CARE | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 59410 | M | OBSTETRICAL CARE | | | $0.00 | Not Allowed | $0.00 | | | |
| 59412 | T | ANTEPARTUM MANIPULATION | 0700 | 4.1398 | $197.68 | APC | $197.68 | | | |
| 59414 | T | DELIVER PLACENTA | 0193 | 14.6385 | $698.99 | APC | $698.99 | | | |
| 59425 | M | ANTEPARTUM CARE ONLY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59426 | M | ANTEPARTUM CARE ONLY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59430 | M | CARE AFTER DELIVERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59510 | M | CESAREAN DELIVERY | | | $0.00 | Not Allowed | $0.00 | | | |
| 59514 | C | CESAREAN DELIVERY ONLY | | | $0.00 | Not Allowed | $0.00 | | | |
| 59515 | M | CESAREAN DELIVERY | | | $0.00 | Not Allowed | $0.00 | | | |
| 59525 | C | REMOVE UTERUS AFTER CESAREAN | | | $0.00 | Not Allowed | $0.00 | | | |
| 59610 | M | VBAC DELIVERY | | | $0.00 | Not Allowed | $0.00 | | | |
| 59612 | T | VBAC DELIVERY ONLY | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 59614 | M | VBAC CARE AFTER DELIVERY | | | $0.00 | Not Allowed | $0.00 | | | |
| 59618 | M | ATTEMPTED VBAC DELIVERY | | | $0.00 | Not Allowed | $0.00 | | | |
| 59620 | C | ATTEMPTED VBAC DELIVERY ONLY | | | $0.00 | Not Allowed | $0.00 | | | |
| 59622 | C | ATTEMPTED VBAC AFTER CARE | | | $0.00 | Not Allowed | $0.00 | | | |
| 59812 | T | TREATMENT OF MISCARRIAGE | 0201 | 17.4749 | $834.43 | APC | $834.43 | | | |
| 59820 | T | CARE OF MISCARRIAGE | 0201 | 17.4749 | $834.43 | APC | $834.43 | | | |
| 59821 | T | TREATMENT OF MISCARRIAGE | 0201 | 17.4749 | $834.43 | APC | $834.43 | | | |
| 59830 | C | TREAT UTERUS INFECTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59840 | T | ABORTION | 0200 | 18.9518 | $904.95 | APC | $904.95 | | | |
| 59841 | T | ABORTION | 0200 | 18.9518 | $904.95 | APC | $904.95 | | | |
| 59850 | C | ABORTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59851 | C | ABORTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59852 | C | ABORTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59855 | C | ABORTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59856 | C | ABORTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59857 | C | ABORTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 59866 | T | ABORTION (MPR) | 0198 | 1.3622 | $65.05 | APC | $65.05 | | | |
| 59870 | T | EVACUATE MOLE OF UTERUS | 0201 | 17.4749 | $834.43 | APC | $834.43 | | | |
| 59871 | T | REMOVE CERCLAGE SUTURE | 0194 | 20.6573 | $986.39 | APC | $986.39 | | | |
| 59897 | T | FETAL INVAS PX W/ US | 0198 | 1.3622 | $65.05 | APC | $65.05 | | | |
| 59898 | T | LAPARO PROC, OB CARE/DELIVER | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 59899 | T | MATERNITY CARE PROCEDURE | 0198 | 1.3622 | $65.05 | APC | $65.05 | | | |
| 60000 | T | DRAIN THYROID/TONGUE CYST | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 60001 | T | ASPIRATE/INJECT THYRIOD CYST | 0004 | 1.7771 | $84.86 | APC | $84.86 | | | |
| 60100 | T | BIOPSY OF THYROID | 0004 | 1.7771 | $84.86 | APC | $84.86 | | | |
| 60200 | T | REMOVE THYROID LESION | 0114 | 40.4596 | $1,931.95 | APC | $1,931.95 | | | |
| 60210 | T | PARTIAL THYROID EXCISION | 0114 | 40.4596 | $1,931.95 | APC | $1,931.95 | | | |
| 60212 | T | PARTIAL THYROID EXCISION | 0114 | 40.4596 | $1,931.95 | APC | $1,931.95 | | | |
| 60220 | T | PARTIAL REMOVAL OF THYROID | 0114 | 40.4596 | $1,931.95 | APC | $1,931.95 | | | |
| 60225 | T | PARTIAL REMOVAL OF THYROID | 0114 | 40.4596 | $1,931.95 | APC | $1,931.95 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 60240 | T | REMOVAL OF THYROID | 0114 | 40.4596 | $1,931.95 | APC | $1,931.95 | | | |
| 60252 | T | REMOVAL OF THYROID | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 60254 | C | EXTENSIVE THYROID SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 60260 | T | REPEAT THYROID SURGERY | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 60270 | C | REMOVAL OF THYROID | | | $0.00 | Fee Schedule | $0.00 | | | |
| 60271 | C | REMOVAL OF THYROID | | | $0.00 | Fee Schedule | $0.00 | | | |
| 60280 | T | REMOVE THYROID DUCT LESION | 0114 | 40.4596 | $1,931.95 | APC | $1,931.95 | | | |
| 60281 | T | REMOVE THYROID DUCT LESION | 0114 | 40.4596 | $1,931.95 | APC | $1,931.95 | | | |
| 60500 | T | EXPLORE PARATHYROID GLANDS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 60502 | C | RE-EXPLORE PARATHYROIDS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 60505 | C | EXPLORE PARATHYROID GLANDS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 60512 | T | AUTOTRANSPLANT PARATHYROID | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 60520 | C | REMOVAL OF THYMUS GLAND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 60521 | C | REMOVAL OF THYMUS GLAND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 60522 | C | REMOVAL OF THYMUS GLAND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 60540 | C | EXPLORE ADRENAL GLAND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 60545 | C | EXPLORE ADRENAL GLAND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 60600 | C | REMOVE CAROTID BODY LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 60605 | C | REMOVE CAROTID BODY LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 60650 | C | LAPAROSCOPY ADRENALECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 60659 | T | LAPARO PROC, ENDOCRINE | 0130 | 31.8753 | $1,522.05 | APC | $1,522.05 | | | |
| 60699 | T | ENDOCRINE SURGERY PROCEDURE | 0114 | 40.4596 | $1,931.95 | APC | $1,931.95 | | | |
| 61000 | T | REMOVE CRANIAL CAVITY FLUID | 0212 | 2.7712 | $132.32 | APC | $132.32 | | | |
| 61001 | T | REMOVE CRANIAL CAVITY FLUID | 0212 | 2.7712 | $132.32 | APC | $132.32 | | | |
| 61020 | T | REMOVE BRAIN CAVITY FLUID | 0212 | 2.7712 | $132.32 | APC | $132.32 | | | |
| 61026 | T | INJECTION INTO BRAIN CANAL | 0212 | 2.7712 | $132.32 | APC | $132.32 | | | |
| 61050 | T | REMOVE BRAIN CANAL FLUID | 0212 | 2.7712 | $132.32 | APC | $132.32 | | | |
| 61055 | T | INJECTION INTO BRAIN CANAL | 0212 | 2.7712 | $132.32 | APC | $132.32 | | | |
| 61070 | T | BRAIN CANAL SHUNT PROCEDURE | 0212 | 2.7712 | $132.32 | APC | $132.32 | | | |
| 61105 | C | TWIST DRILL HOLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61107 | C | DRILL SKULL FOR IMPLANTATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61108 | C | DRILL SKULL FOR DRAINAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61120 | C | BURR HOLE FOR PUNCTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61140 | C | PIERCE SKULL FOR BIOPSY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61150 | C | PIERCE SKULL FOR DRAINAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61151 | C | PIERCE SKULL FOR DRAINAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61154 | C | PIERCE SKULL & REMOVE CLOT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61156 | C | PIERCE SKULL FOR DRAINAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61210 | C | PIERCE SKULL, IMPLANT DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61215 | T | INSERT BRAIN-FLUID DEVICE | 0224 | 41.1421 | $1,964.54 | APC | $1,964.54 | | | |
| 61250 | C | PIERCE SKULL & EXPLORE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61253 | C | PIERCE SKULL & EXPLORE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61304 | C | OPEN SKULL FOR EXPLORATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61305 | C | OPEN SKULL FOR EXPLORATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61312 | C | OPEN SKULL FOR DRAINAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61313 | C | OPEN SKULL FOR DRAINAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61314 | C | OPEN SKULL FOR DRAINAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61315 | C | OPEN SKULL FOR DRAINAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61316 | C | IMPLT CRAN BONE FLAP TO ABDO | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61320 | C | OPEN SKULL FOR DRAINAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61321 | C | OPEN SKULL FOR DRAINAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61322 | C | DECOMPRESSIVE CRANIOTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61323 | C | DECOMPRESSIVE LOBECTOMY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61330 | T | DECOMPRESS EYE SOCKET | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 61332 | C | EXPLORE/BIOPSY EYE SOCKET | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61333 | C | EXPLORE ORBIT/REMOVE LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61334 | T | EXPLORE ORBIT/REMOVE OBJECT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 61340 | C | SUBTEMPORAL DECOMPRESSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61343 | C | INCISE SKULL (PRESS RELIEF) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61345 | C | RELIEVE CRANIAL PRESSURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61440 | C | INCISE SKULL FOR SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61450 | C | INCISE SKULL FOR SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61458 | C | INCISE SKULL FOR BRAIN WOUND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61460 | C | INCISE SKULL FOR SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61470 | C | INCISE SKULL FOR SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61480 | C | INCISE SKULL FOR SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61490 | C | INCISE SKULL FOR SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61500 | C | REMOVAL OF SKULL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61501 | C | REMOVE INFECTED SKULL BONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61510 | C | REMOVAL OF BRAIN LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61512 | C | REMOVE BRAIN LINING LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61514 | C | REMOVAL OF BRAIN ABSCESS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61516 | C | REMOVAL OF BRAIN LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61517 | C | IMPLT BRAIN CHEMOTX ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61518 | C | REMOVAL OF BRAIN LESION | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 61519 | C | REMOVE BRAIN LINING LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61520 | C | REMOVAL OF BRAIN LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61521 | C | REMOVAL OF BRAIN LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61522 | C | REMOVAL OF BRAIN ABSCESS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61524 | C | REMOVAL OF BRAIN LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61526 | C | REMOVAL OF BRAIN LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61530 | C | REMOVAL OF BRAIN LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61531 | C | IMPLANT BRAIN ELECTRODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61533 | C | IMPLANT BRAIN ELECTRODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61534 | C | REMOVAL OF BRAIN LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61535 | C | REMOVE BRAIN ELECTRODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61536 | C | REMOVAL OF BRAIN LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61537 | C | REMOVAL OF BRAIN TISSUE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61538 | C | REMOVAL OF BRAIN TISSUE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61539 | C | REMOVAL OF BRAIN TISSUE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61540 | C | REMOVAL OF BRAIN TISSUE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61541 | C | INCISION OF BRAIN TISSUE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61542 | C | REMOVAL OF BRAIN TISSUE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61543 | C | REMOVAL OF BRAIN TISSUE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61544 | C | REMOVE & TREAT BRAIN LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61545 | C | EXCISION OF BRAIN TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61546 | C | REMOVAL OF PITUITARY GLAND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61548 | C | REMOVAL OF PITUITARY GLAND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61550 | C | RELEASE OF SKULL SEAMS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61552 | C | RELEASE OF SKULL SEAMS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61556 | C | INCISE SKULL/SUTURES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61557 | C | INCISE SKULL/SUTURES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61558 | C | EXCISION OF SKULL/SUTURES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61559 | C | EXCISION OF SKULL/SUTURES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61563 | C | EXCISION OF SKULL TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61564 | C | EXCISION OF SKULL TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61566 | C | REMOVAL OF BRAIN TISSUE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61567 | C | INCISION OF BRAIN TISSUE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61570 | C | REMOVE FOREIGN BODY, BRAIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61571 | C | INCISE SKULL FOR BRAIN WOUND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61575 | C | SKULL BASE/BRAINSTEM SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61576 | C | SKULL BASE/BRAINSTEM SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61580 | C | CRANIOFACIAL APPROACH, SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61581 | C | CRANIOFACIAL APPROACH, SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61582 | C | CRANIOFACIAL APPROACH, SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61583 | C | CRANIOFACIAL APPROACH, SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61584 | C | ORBITOCRANIAL APPROACH/SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61585 | C | ORBITOCRANIAL APPROACH/SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61586 | C | RESECT NASOPHARYNX, SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61590 | C | INFRATEMPORAL APPROACH/SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61591 | C | INFRATEMPORAL APPROACH/SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61592 | C | ORBITOCRANIAL APPROACH/SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61595 | C | TRANSTEMPORAL APPROACH/SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61596 | C | TRANSCOCHLEAR APPROACH/SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61597 | C | TRANSCONDYLAR APPROACH/SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61598 | C | TRANSPETROSAL APPROACH/SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61600 | C | RESECT/EXCISE CRANIAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61601 | C | RESECT/EXCISE CRANIAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61605 | C | RESECT/EXCISE CRANIAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61606 | C | RESECT/EXCISE CRANIAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61607 | C | RESECT/EXCISE CRANIAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61608 | C | RESECT/EXCISE CRANIAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61609 | C | TRANSECT ARTERY, SINUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61610 | C | TRANSECT ARTERY, SINUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61611 | C | TRANSECT ARTERY, SINUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61612 | C | TRANSECT ARTERY, SINUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61613 | C | REMOVE ANEURYSM, SINUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61615 | C | RESECT/EXCISE LESION, SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61616 | C | RESECT/EXCISE LESION, SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61618 | C | REPAIR DURA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61619 | C | REPAIR DURA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61623 | T | ENDOVASC TEMPORY VESSEL OCCL | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 61624 | C | TRANSCATH OCCLUSION CNS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61626 | T | TRANSCATH OCCLUSION NON-CNS | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 61630 | M | INTRACRANIAL ANGIOPLASTY | | | $0.00 | Not Allowed | $0.00 | | | |
| 61635 | M | INTRACRAN ANGIOPLSTY W/STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| 61640 | M | DILATE IC VASOSPASM INIT | | | $0.00 | Not Allowed | $0.00 | | | |
| 61641 | M | DILATE IC VASOSPASM ADD-ON | | | $0.00 | Not Allowed | $0.00 | | | |
| 61642 | M | DILATE IC VASOSPASM ADD-ON | | | $0.00 | Not Allowed | $0.00 | | | |
| 61680 | C | INTRACRANIAL VESSEL SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 61682 | C | INTRACRANIAL VESSEL SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61684 | C | INTRACRANIAL VESSEL SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61686 | C | INTRACRANIAL VESSEL SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61690 | C | INTRACRANIAL VESSEL SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61692 | C | INTRACRANIAL VESSEL SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61697 | C | BRAIN ANEURYSM REPR, COMPLX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61698 | C | BRAIN ANEURYSM REPR, COMPLX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61700 | C | BRAIN ANEURYSM REPR SIMPLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61702 | C | INNER SKULL VESSEL SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61703 | C | CLAMP NECK ARTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61705 | C | REVISE CIRCULATION TO HEAD | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61708 | C | REVISE CIRCULATION TO HEAD | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61710 | C | REVISE CIRCULATION TO HEAD | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61711 | C | FUSION OF SKULL ARTERIES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61720 | C | INCISE SKULL/BRAIN SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61735 | C | INCISE SKULL/BRAIN SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61750 | C | INCISE SKULL/BRAIN BIOPSY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61751 | C | BRAIN BIOPSY W/CT/MR GUIDE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61760 | C | IMPLANT BRAIN ELECTRODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61770 | C | INCISE SKULL FOR TREATMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61790 | T | TREAT TRIGEMINAL NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 61791 | T | TREAT TRIGEMINAL TRACT | 0206 | 5.4011 | $257.90 | APC | $257.90 | | | |
| 61793 | M | FOCUS RADIATION BEAM | | | $0.00 | By Report | $0.00 | | | |
| 61795 | S | BRAIN SURGERY USING COMPUTER | 0302 | 4.6992 | $224.39 | APC | $224.39 | | | |
| 61850 | C | IMPLANT NEUROELECTRODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61860 | C | IMPLANT NEUROELECTRODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61863 | C | IMPLANT NEUROELECTRODE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61864 | C | IMPLANT NEUROELECTRDE ADDL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61867 | C | IMPLANT NEUROELECTRODE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61868 | C | IMPLANT NEUROELECTRDE ADD L | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61870 | C | IMPLANT NEUROELECTRODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61875 | C | IMPLANT NEUROELECTRODES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 61880 | T | REVISE/REMOVE NEUROELECTRODE | 0687 | 19.1962 | $916.62 | APC | $916.62 | | | |
| 61885 | S | IMPLANT NEUROSTIM ONE ARRAY | 0039 | 194.9690 | $9,309.77 | APC | $9,309.77 | | | |
| 61886 | T | IMPLANT NEUROSTIM ARRAYS | 0315 | 312.3876 | $14,916.51 | APC | $14,916.51 | | | |
| 61888 | T | REVISE/REMOVE NEURORECEIVER | 0688 | 42.8588 | $2,046.51 | APC | $2,046.51 | | | |
| 62000 | C | TREAT SKULL FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62005 | C | TREAT SKULL FRACTURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62010 | C | TREATMENT OF HEAD INJURY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62100 | C | REPAIR BRAIN FLUID LEAKAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62115 | C | REDUCTION OF SKULL DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62116 | C | REDUCTION OF SKULL DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62117 | C | REDUCTION OF SKULL DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62120 | C | REPAIR SKULL CAVITY LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62121 | C | INCISE SKULL REPAIR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62140 | C | REPAIR OF SKULL DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62141 | C | REPAIR OF SKULL DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62142 | C | REMOVE SKULL PLATE/FLAP | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62143 | C | REPLACE SKULL PLATE/FLAP | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62145 | C | REPAIR OF SKULL & BRAIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62146 | C | REPAIR OF SKULL WITH GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62147 | C | REPAIR OF SKULL WITH GRAFT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62148 | C | RETR BONE FLAP TO FIX SKULL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62160 | T | NEUROENDOSCOPY ADD-ON | 0122 | 6.9179 | $330.33 | APC | $330.33 | | | |
| 62161 | C | DISSECT BRAIN W/SCOPE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62162 | C | REMOVE COLLOID CYST W/SCOPE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62163 | C | NEUROENDOSCOPY W/FB REMOVAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62164 | C | REMOVE BRAIN TUMOR W/SCOPE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62165 | C | REMOVE PITUIT TUMOR W/SCOPE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62180 | C | ESTABLISH BRAIN CAVITY SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62190 | C | ESTABLISH BRAIN CAVITY SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62192 | C | ESTABLISH BRAIN CAVITY SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62194 | T | REPLACE/IRRIGATE CATHETER | 0427 | 10.0109 | $478.02 | APC | $478.02 | | | |
| 62200 | C | ESTABLISH BRAIN CAVITY SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62201 | C | BRAIN CAVITY SHUNT W/SCOPE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62220 | C | ESTABLISH BRAIN CAVITY SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62223 | C | ESTABLISH BRAIN CAVITY SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62225 | T | REPLACE/IRRIGATE CATHETER | 0427 | 10.0109 | $478.02 | APC | $478.02 | | | |
| 62230 | T | REPLACE/REVISE BRAIN SHUNT | 0224 | 41.1421 | $1,964.54 | APC | $1,964.54 | | | |
| 62252 | S | CSF SHUNT REPROGRAM | 0691 | 2.5464 | $121.59 | APC | $121.59 | | | |
| 62256 | C | REMOVE BRAIN CAVITY SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62258 | C | REPLACE BRAIN CAVITY SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 62263 | T | EPIDURAL LYSIS MULT SESSIONS | 0203 | 10.0965 | $482.11 | APC | $482.11 | | | |
| 62264 | T | EPIDURAL LYSIS ON SINGLE DAY | 0203 | 10.0965 | $482.11 | APC | $482.11 | | | |
| 62268 | T | DRAIN SPINAL CORD CYST | 0212 | 2.7712 | $132.32 | APC | $132.32 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 62269 | T | NEEDLE BIOPSY, SPINAL CORD | 0685 | 6.0034 | $286.66 | APC | $286.66 | | | |
| 62270 | T | SPINAL FLUID TAP, DIAGNOSTIC | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 62272 | T | DRAIN CEREBRO SPINAL FLUID | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 62273 | T | INJECT EPIDURAL PATCH | 0206 | 5.4011 | $257.90 | APC | $257.90 | | | |
| 62280 | T | TREAT SPINAL CORD LESION | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 62281 | T | TREAT SPINAL CORD LESION | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 62282 | T | TREAT SPINAL CANAL LESION | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 62284 | N | INJECTION FOR MYELOGRAM | | | $0.00 | APC | $0.00 | | | |
| 62287 | T | PERCUTANEOUS DISKECTOMY | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 62290 | N | INJECT FOR SPINE DISK X-RAY | | | $0.00 | APC | $0.00 | | | |
| 62291 | N | INJECT FOR SPINE DISK X-RAY | | | $0.00 | APC | $0.00 | | | |
| 62292 | T | INJECTION INTO DISK LESION | 0212 | 2.7712 | $132.32 | APC | $132.32 | | | |
| 62294 | T | INJECTION INTO SPINAL ARTERY | 0212 | 2.7712 | $132.32 | APC | $132.32 | | | |
| 62310 | T | INJECT SPINE C/T | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 62311 | T | INJECT SPINE L/S (CD) | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 62318 | T | INJECT SPINE W/CATH, C/T | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 62319 | T | INJECT SPINE W/CATH L/S (CD) | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 62350 | T | IMPLANT SPINAL CANAL CATH | 0223 | 28.5636 | $1,363.91 | APC | $1,363.91 | | | |
| 62351 | T | IMPLANT SPINAL CANAL CATH | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 62355 | T | REMOVE SPINAL CANAL CATHETER | 0203 | 10.0965 | $482.11 | APC | $482.11 | | | |
| 62360 | T | INSERT SPINE INFUSION DEVICE | 0226 | 72.5804 | $3,465.71 | APC | $3,465.71 | | | |
| 62361 | T | IMPLANT SPINE INFUSION PUMP | 0227 | 155.0431 | $7,403.31 | APC | $7,403.31 | | | |
| 62362 | T | IMPLANT SPINE INFUSION PUMP | 0227 | 155.0431 | $7,403.31 | APC | $7,403.31 | | | |
| 62365 | T | REMOVE SPINE INFUSION DEVICE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 62367 | S | ANALYZE SPINE INFUSION PUMP | 0691 | 2.5464 | $121.59 | APC | $121.59 | | | |
| 62368 | S | ANALYZE SPINE INFUSION PUMP | 0691 | 2.5464 | $121.59 | APC | $121.59 | | | |
| 63001 | T | REMOVAL OF SPINAL LAMINA | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63003 | T | REMOVAL OF SPINAL LAMINA | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63005 | T | REMOVAL OF SPINAL LAMINA | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63011 | T | REMOVAL OF SPINAL LAMINA | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63012 | T | REMOVAL OF SPINAL LAMINA | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63015 | T | REMOVAL OF SPINAL LAMINA | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63016 | T | REMOVAL OF SPINAL LAMINA | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63017 | T | REMOVAL OF SPINAL LAMINA | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63020 | T | NECK SPINE DISK SURGERY | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63030 | T | LOW BACK DISK SURGERY | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63035 | T | SPINAL DISK SURGERY ADD-ON | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63040 | T | LAMINOTOMY, SINGLE CERVICAL | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63042 | T | LAMINOTOMY, SINGLE LUMBAR | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63043 | C | LAMINOTOMY ADD□L CERVICAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63044 | C | LAMINOTOMY ADD□L LUMBAR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63045 | T | REMOVAL OF SPINAL LAMINA | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63046 | T | REMOVAL OF SPINAL LAMINA | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63047 | T | REMOVAL OF SPINAL LAMINA | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63048 | T | REMOVE SPINAL LAMINA ADD-ON | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63050 | C | CERVICAL LAMINOPLASTY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63051 | C | C-LAMINOPLASTY W/GRAFT/PLATE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63055 | T | DECOMPRESS SPINAL CORD | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63056 | T | DECOMPRESS SPINAL CORD | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63057 | T | DECOMPRESS SPINE CORD ADD-ON | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63064 | T | DECOMPRESS SPINAL CORD | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63066 | T | DECOMPRESS SPINE CORD ADD-ON | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63075 | T | NECK SPINE DISK SURGERY | 0208 | 42.5200 | $2,030.33 | APC | $2,030.33 | | | |
| 63076 | C | NECK SPINE DISK SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63077 | C | SPINE DISK SURGERY, THORAX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63078 | C | SPINE DISK SURGERY, THORAX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63081 | C | REMOVAL OF VERTEBRAL BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63082 | C | REMOVE VERTEBRAL BODY ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63085 | C | REMOVAL OF VERTEBRAL BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63086 | C | REMOVE VERTEBRAL BODY ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63087 | C | REMOVAL OF VERTEBRAL BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63088 | C | REMOVE VERTEBRAL BODY ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63090 | C | REMOVAL OF VERTEBRAL BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63091 | C | REMOVE VERTEBRAL BODY ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63101 | C | REMOVAL OF VERTEBRAL BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63102 | C | REMOVAL OF VERTEBRAL BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63103 | C | REMOVE VERTEBRAL BODY ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63170 | C | INCISE SPINAL CORD TRACT(S) | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63172 | C | DRAINAGE OF SPINAL CYST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63173 | C | DRAINAGE OF SPINAL CYST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63180 | C | REVISE SPINAL CORD LIGAMENTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63182 | C | REVISE SPINAL CORD LIGAMENTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63185 | C | INCISE SPINAL COLUMN/NERVES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63190 | C | INCISE SPINAL COLUMN/NERVES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63191 | C | INCISE SPINAL COLUMN/NERVES | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 63194 | C | INCISE SPINAL COLUMN & CORD | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63195 | C | INCISE SPINAL COLUMN & CORD | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63196 | C | INCISE SPINAL COLUMN & CORD | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63197 | C | INCISE SPINAL COLUMN & CORD | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63198 | C | INCISE SPINAL COLUMN & CORD | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63199 | C | INCISE SPINAL COLUMN & CORD | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63200 | C | RELEASE OF SPINAL CORD | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63250 | C | REVISE SPINAL CORD VESSELS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63251 | C | REVISE SPINAL CORD VESSELS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63252 | C | REVISE SPINAL CORD VESSELS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63265 | C | EXCISE INTRASPINAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63266 | C | EXCISE INTRASPINAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63267 | C | EXCISE INTRASPINAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63268 | C | EXCISE INTRASPINAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63270 | C | EXCISE INTRASPINAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63271 | C | EXCISE INTRASPINAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63272 | C | EXCISE INTRASPINAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63273 | C | EXCISE INTRASPINAL LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63275 | C | BIOPSY/EXCISE SPINAL TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63276 | C | BIOPSY/EXCISE SPINAL TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63277 | C | BIOPSY/EXCISE SPINAL TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63278 | C | BIOPSY/EXCISE SPINAL TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63280 | C | BIOPSY/EXCISE SPINAL TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63281 | C | BIOPSY/EXCISE SPINAL TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63282 | C | BIOPSY/EXCISE SPINAL TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63283 | C | BIOPSY/EXCISE SPINAL TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63285 | C | BIOPSY/EXCISE SPINAL TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63286 | C | BIOPSY/EXCISE SPINAL TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63287 | C | BIOPSY/EXCISE SPINAL TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63290 | C | BIOPSY/EXCISE SPINAL TUMOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63295 | C | REPAIR OF LAMINECTOMY DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63300 | C | REMOVAL OF VERTEBRAL BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63301 | C | REMOVAL OF VERTEBRAL BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63302 | C | REMOVAL OF VERTEBRAL BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63303 | C | REMOVAL OF VERTEBRAL BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63304 | C | REMOVAL OF VERTEBRAL BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63305 | C | REMOVAL OF VERTEBRAL BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63306 | C | REMOVAL OF VERTEBRAL BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63307 | C | REMOVAL OF VERTEBRAL BODY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63308 | C | REMOVE VERTEBRAL BODY ADD-ON | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63600 | T | REMOVE SPINAL CORD LESION | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 63610 | T | STIMULATION OF SPINAL CORD | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 63615 | T | REMOVE LESION OF SPINAL CORD | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 63650 | S | IMPLANT NEUROELECTRODES | 0040 | 50.8322 | $2,427.24 | APC | $2,427.24 | | | |
| 63655 | S | IMPLANT NEUROELECTRODES | 0061 | 93.4063 | $4,460.15 | APC | $4,460.15 | | | |
| 63660 | T | REVISE/REMOVE NEUROELECTRODE | 0687 | 19.1962 | $916.62 | APC | $916.62 | | | |
| 63685 | T | IMPLANT NEURORECEIVER | 0222 | 192.4950 | $9,191.64 | APC | $9,191.64 | | | |
| 63688 | T | REVISE/REMOVE NEURORECEIVER | 0688 | 42.8588 | $2,046.51 | APC | $2,046.51 | | | |
| 63700 | C | REPAIR OF SPINAL HERNIATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63702 | C | REPAIR OF SPINAL HERNIATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63704 | C | REPAIR OF SPINAL HERNIATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63706 | C | REPAIR OF SPINAL HERNIATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63707 | C | REPAIR SPINAL FLUID LEAKAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63709 | C | REPAIR SPINAL FLUID LEAKAGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63710 | C | GRAFT REPAIR OF SPINE DEFECT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63740 | C | INSTALL SPINAL SHUNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 63741 | T | INSTALL SPINAL SHUNT | 0228 | 46.4126 | $2,216.20 | APC | $2,216.20 | | | |
| 63744 | T | REVISION OF SPINAL SHUNT | 0228 | 46.4126 | $2,216.20 | APC | $2,216.20 | | | |
| 63746 | T | REMOVAL OF SPINAL SHUNT | 0109 | 11.1714 | $533.43 | APC | $533.43 | | | |
| 64400 | T | N BLOCK INJ TRIGEMINAL | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64402 | T | N BLOCK INJ FACIAL | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64405 | T | N BLOCK INJ OCCIPITAL | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64408 | T | N BLOCK INJ VAGUS | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64410 | T | N BLOCK INJ PHRENIC | 0206 | 5.4011 | $257.90 | APC | $257.90 | | | |
| 64412 | T | N BLOCK INJ SPINAL ACCESSOR | 0206 | 5.4011 | $257.90 | APC | $257.90 | | | |
| 64413 | T | N BLOCK INJ CERVICAL PLEXUS | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64415 | T | N BLOCK INJ BRACHIAL PLEXUS | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64416 | T | N BLOCK CONT INFUSE B PLEX | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64417 | T | N BLOCK INJ AXILLARY | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64418 | T | N BLOCK INJ SUPRASCAPULAR | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64420 | T | N BLOCK INJ INTERCOST SNG | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64421 | T | N BLOCK INJ INTERCOST MLT | 0206 | 5.4011 | $257.90 | APC | $257.90 | | | |
| 64425 | T | N BLOCK INJ ILIO-ING/HYPOGI | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64430 | T | N BLOCK INJ PUDENDAL | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64435 | T | N BLOCK INJ PARACERVICAL | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 64445 | T | N BLOCK INJ SCIATIC SNG | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64446 | T | N BLK INJ SCIATIC CONT INF | 0206 | 5.4011 | $257.90 | APC | $257.90 | | | |
| 64447 | T | N BLOCK INJ FEM SINGLE | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64448 | T | N BLOCK INJ FEM CONT INF | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64449 | T | N BLOCK INJ LUMBAR PLEXUS | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64450 | T | N BLOCK OTHER PERIPHERAL | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64470 | T | INJ PARAVERTEBRAL C/T | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 64472 | T | INJ PARAVERTEBRAL C/T ADD-ON | 0206 | 5.4011 | $257.90 | APC | $257.90 | | | |
| 64475 | T | INJ PARAVERTEBRAL L/S | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 64476 | T | INJ PARAVERTEBRAL L/S ADD-ON | 0206 | 5.4011 | $257.90 | APC | $257.90 | | | |
| 64479 | T | INJ FORAMEN EPIDURAL C/T | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 64480 | T | INJ FORAMEN EPIDURAL ADD-ON | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 64483 | T | INJ FORAMEN EPIDURAL L/S | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 64484 | T | INJ FORAMEN EPIDURAL ADD-ON | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 64505 | T | N BLOCK SPENOPALATINE GANGL | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64508 | T | N BLOCK CAROTID SINUS S/P | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64510 | T | N BLOCK STELLATE GANGLION | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 64517 | T | N BLOCK INJ HYPOGAS PLXS | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64520 | T | N BLOCK LUMBAR/THORACIC | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 64530 | T | N BLOCK INJ CELIAC PELUS | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 64550 | M | APPLY NEUROSTIMULATOR | | | $0.00 | Fee Schedule | $7.58 | | | |
| 64553 | S | IMPLANT NEUROELECTRODES | 0225 | 250.8484 | $11,978.01 | APC | $11,978.01 | | | |
| 64555 | S | IMPLANT NEUROELECTRODES | 0040 | 50.8322 | $2,427.24 | APC | $2,427.24 | | | |
| 64560 | S | IMPLANT NEUROELECTRODES | 0040 | 50.8322 | $2,427.24 | APC | $2,427.24 | | | |
| 64561 | S | IMPLANT NEUROELECTRODES | 0040 | 50.8322 | $2,427.24 | APC | $2,427.24 | | | |
| 64565 | S | IMPLANT NEUROELECTRODES | 0040 | 50.8322 | $2,427.24 | APC | $2,427.24 | | | |
| 64573 | S | IMPLANT NEUROELECTRODES | 0225 | 250.8484 | $11,978.01 | APC | $11,978.01 | | | |
| 64575 | S | IMPLANT NEUROELECTRODES | 0061 | 93.4063 | $4,460.15 | APC | $4,460.15 | | | |
| 64577 | S | IMPLANT NEUROELECTRODES | 0061 | 93.4063 | $4,460.15 | APC | $4,460.15 | | | |
| 64580 | S | IMPLANT NEUROELECTRODES | 0061 | 93.4063 | $4,460.15 | APC | $4,460.15 | | | |
| 64581 | S | IMPLANT NEUROELECTRODES | 0061 | 93.4063 | $4,460.15 | APC | $4,460.15 | | | |
| 64585 | T | REVISE/REMOVE NEUROELECTRODE | 0687 | 19.1962 | $916.62 | APC | $916.62 | | | |
| 64590 | T | IMPLANT NEURORECEIVER | 0222 | 192.4950 | $9,191.64 | APC | $9,191.64 | | | |
| 64595 | T | REVISE/REMOVE NEURORECEIVER | 0688 | 42.8588 | $2,046.51 | APC | $2,046.51 | | | |
| 64600 | T | INJECTION TREATMENT OF NERVE | 0203 | 10.0965 | $482.11 | APC | $482.11 | | | |
| 64605 | T | INJECTION TREATMENT OF NERVE | 0203 | 10.0965 | $482.11 | APC | $482.11 | | | |
| 64610 | T | INJECTION TREATMENT OF NERVE | 0203 | 10.0965 | $482.11 | APC | $482.11 | | | |
| 64612 | T | DESTROY NERVE, FACE MUSCLE | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64613 | T | DESTROY NERVE NECK MUSCLE | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64614 | T | DESTROY NERVE, EXTREM MUSC | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64620 | T | INJECTION TREATMENT OF NERVE | 0203 | 10.0965 | $482.11 | APC | $482.11 | | | |
| 64622 | T | DESTR PARAVERTEBRL NERVE L/S | 0203 | 10.0965 | $482.11 | APC | $482.11 | | | |
| 64623 | T | DESTR PARAVERTEBRAL N ADD-ON | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 64626 | T | DESTR PARAVERTEBRL NERVE C/T | 0203 | 10.0965 | $482.11 | APC | $482.11 | | | |
| 64627 | T | DESTR PARAVERTEBRAL N ADD-ON | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 64630 | T | INJECTION TREATMENT OF NERVE | 0206 | 5.4011 | $257.90 | APC | $257.90 | | | |
| 64640 | T | INJECTION TREATMENT OF NERVE | 0206 | 5.4011 | $257.90 | APC | $257.90 | | | |
| 64650 | T | CHEMODENERV ECCRINE GLANDS | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64653 | T | CHEMODENERV ECCRINE GLANDS | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 64680 | T | INJECTION TREATMENT OF NERVE | 0207 | 6.0140 | $287.17 | APC | $287.17 | | | |
| 64681 | T | INJECTION TREATMENT OF NERVE | 0203 | 10.0965 | $482.11 | APC | $482.11 | | | |
| 64702 | T | REVISE FINGER/TOE NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64704 | T | REVISE HAND/FOOT NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64708 | T | REVISE ARM/LEG NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64712 | T | REVISION OF SCIATIC NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64713 | T | REVISION OF ARM NERVE(S) | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64714 | T | REVISE LOW BACK NERVE(S) | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64716 | T | REVISION OF CRANIAL NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64718 | T | REVISE ULNAR NERVE AT ELBOW | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64719 | T | REVISE ULNAR NERVE AT WRIST | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64721 | T | CARPAL TUNNEL SURGERY | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64722 | T | RELIEVE PRESSURE ON NERVE(S) | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64726 | T | RELEASE FOOT/TOE NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64727 | T | INTERNAL NERVE REVISION | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64732 | T | INCISION OF BROW NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64734 | T | INCISION OF CHEEK NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64736 | T | INCISION OF CHIN NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64738 | T | INCISION OF JAW NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64740 | T | INCISION OF TONGUE NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64742 | T | INCISION OF FACIAL NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64744 | T | INCISE NERVE, BACK OF HEAD | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64746 | T | INCISE DIAPHRAGM NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64752 | C | INCISION OF VAGUS NERVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 64755 | C | INCISION OF STOMACH NERVES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 64760 | C | INCISION OF VAGUS NERVE | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 64761 | T | INCISION OF PELVIS NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64763 | T | INCISE HIP/THIGH NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64766 | T | INCISE HIP/THIGH NERVE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64771 | T | SEVER CRANIAL NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64772 | T | INCISION OF SPINAL NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64774 | T | REMOVE SKIN NERVE LESION | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64776 | T | REMOVE DIGIT NERVE LESION | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64778 | T | DIGIT NERVE SURGERY ADD-ON | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64782 | T | REMOVE LIMB NERVE LESION | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64783 | T | LIMB NERVE SURGERY ADD-ON | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64784 | T | REMOVE NERVE LESION | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64786 | T | REMOVE SCIATIC NERVE LESION | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64787 | T | IMPLANT NERVE END | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64788 | T | REMOVE SKIN NERVE LESION | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64790 | T | REMOVAL OF NERVE LESION | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64792 | T | REMOVAL OF NERVE LESION | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64795 | T | BIOPSY OF NERVE | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64802 | T | REMOVE SYMPATHETIC NERVES | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64804 | C | REMOVE SYMPATHETIC NERVES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 64809 | C | REMOVE SYMPATHETIC NERVES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 64818 | C | REMOVE SYMPATHETIC NERVES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 64820 | T | REMOVE SYMPATHETIC NERVES | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | |
| 64821 | T | REMOVE SYMPATHETIC NERVES | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 64822 | T | REMOVE SYMPATHETIC NERVES | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 64823 | T | REMOVE SYMPATHETIC NERVES | 0054 | 25.1321 | $1,200.06 | APC | $1,200.06 | | | |
| 64831 | T | REPAIR OF DIGIT NERVE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64832 | T | REPAIR NERVE ADD-ON | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64834 | T | REPAIR OF HAND OR FOOT NERVE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64835 | T | REPAIR OF HAND OR FOOT NERVE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64836 | T | REPAIR OF HAND OR FOOT NERVE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64837 | T | REPAIR NERVE ADD-ON | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64840 | T | REPAIR OF LEG NERVE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64856 | T | REPAIR/TRANSPOSE NERVE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64857 | T | REPAIR ARM/LEG NERVE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64858 | T | REPAIR SCIATIC NERVE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64859 | T | NERVE SURGERY | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64861 | T | REPAIR OF ARM NERVES | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64862 | T | REPAIR OF LOW BACK NERVES | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64864 | T | REPAIR OF FACIAL NERVE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64865 | T | REPAIR OF FACIAL NERVE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64866 | C | FUSION OF FACIAL/OTHER NERVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 64868 | C | FUSION OF FACIAL/OTHER NERVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 64870 | T | FUSION OF FACIAL/OTHER NERVE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64872 | T | SUBSEQUENT REPAIR OF NERVE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64874 | T | REPAIR & REVISE NERVE ADD-ON | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64876 | T | REPAIR NERVE/SHORTEN BONE | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64885 | T | NERVE GRAFT HEAD OR NECK | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64886 | T | NERVE GRAFT HEAD OR NECK | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64890 | T | NERVE GRAFT, HAND OR FOOT | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64891 | T | NERVE GRAFT, HAND OR FOOT | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64892 | T | NERVE GRAFT, ARM OR LEG | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64893 | T | NERVE GRAFT, ARM OR LEG | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64895 | T | NERVE GRAFT, HAND OR FOOT | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64896 | T | NERVE GRAFT, HAND OR FOOT | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64897 | T | NERVE GRAFT, ARM OR LEG | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64898 | T | NERVE GRAFT, ARM OR LEG | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64901 | T | NERVE GRAFT ADD-ON | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64902 | T | NERVE GRAFT ADD-ON | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64905 | T | NERVE PEDICLE TRANSFER | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64907 | T | NERVE PEDICLE TRANSFER | 0221 | 31.0536 | $1,482.81 | APC | $1,482.81 | | | |
| 64999 | T | NERVOUS SYSTEM SURGERY | 0204 | 2.2667 | $108.23 | APC | $108.23 | | | |
| 65091 | T | REVISE EYE | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 65093 | T | REVISE EYE WITH IMPLANT | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 65101 | T | REMOVAL OF EYE | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 65103 | T | REMOVE EYE/INSERT IMPLANT | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 65105 | T | REMOVE EYE/ATTACH IMPLANT | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 65110 | T | REMOVAL OF EYE | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 65112 | T | REMOVE EYE/REVISE SOCKET | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 65114 | T | REMOVE EYE/REVISE SOCKET | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 65125 | T | REVISE OCULAR IMPLANT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 65130 | T | INSERT OCULAR IMPLANT | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 65135 | T | INSERT OCULAR IMPLANT | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 65140 | T | ATTACH OCULAR IMPLANT | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 65150 | T | REVISE OCULAR IMPLANT | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 65155 | T | REINSERT OCULAR IMPLANT | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 65175 | T | REMOVAL OF OCULAR IMPLANT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 65205 | S | REMOVE FOREIGN BODY FROM EYE | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 65210 | S | REMOVE FOREIGN BODY FROM EYE | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 65220 | S | REMOVE FOREIGN BODY FROM EYE | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 65222 | S | REMOVE FOREIGN BODY FROM EYE | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 65235 | T | REMOVE FOREIGN BODY FROM EYE | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 65260 | T | REMOVE FOREIGN BODY FROM EYE | 0236 | 16.9771 | $810.66 | APC | $810.66 | | | |
| 65265 | T | REMOVE FOREIGN BODY FROM EYE | 0237 | 28.7866 | $1,374.56 | APC | $1,374.56 | | | |
| 65270 | T | REPAIR OF EYE WOUND | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 65272 | T | REPAIR OF EYE WOUND | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 65273 | C | REPAIR OF EYE WOUND | | | $0.00 | Fee Schedule | $0.00 | | | |
| 65275 | T | REPAIR OF EYE WOUND | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 65280 | T | REPAIR OF EYE WOUND | 0236 | 16.9771 | $810.66 | APC | $810.66 | | | |
| 65285 | T | REPAIR OF EYE WOUND | 0672 | 36.8773 | $1,760.89 | APC | $1,760.89 | | | |
| 65286 | T | REPAIR OF EYE WOUND | 0232 | 6.9204 | $330.45 | APC | $330.45 | | | |
| 65290 | T | REPAIR OF EYE SOCKET WOUND | 0243 | 22.0338 | $1,052.11 | APC | $1,052.11 | | | |
| 65400 | T | REMOVAL OF EYE LESION | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 65410 | T | BIOPSY OF CORNEA | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 65420 | T | REMOVAL OF EYE LESION | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 65426 | T | REMOVAL OF EYE LESION | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 65430 | S | CORNEAL SMEAR | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 65435 | T | CURETTE/TREAT CORNEA | 0239 | 7.0583 | $337.03 | APC | $337.03 | | | |
| 65436 | T | CURETTE/TREAT CORNEA | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 65450 | S | TREATMENT OF CORNEAL LESION | 0231 | 1.9167 | $91.52 | APC | $91.52 | | | |
| 65600 | T | REVISION OF CORNEA | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 65710 | T | CORNEAL TRANSPLANT | 0244 | 38.2309 | $1,825.53 | APC | $1,825.53 | | | Y |
| 65730 | T | CORNEAL TRANSPLANT | 0244 | 38.2309 | $1,825.53 | APC | $1,825.53 | | | Y |
| 65750 | T | CORNEAL TRANSPLANT | 0244 | 38.2309 | $1,825.53 | APC | $1,825.53 | | | Y |
| 65755 | T | CORNEAL TRANSPLANT | 0244 | 38.2309 | $1,825.53 | APC | $1,825.53 | | | Y |
| 65760 | M | REVISION OF CORNEA | | | $0.00 | Not Allowed | $0.00 | | | |
| 65765 | M | REVISION OF CORNEA | | | $0.00 | Not Allowed | $0.00 | | | |
| 65767 | M | CORNEAL TISSUE TRANSPLANT | | | $0.00 | By Report | $0.00 | | | |
| 65770 | T | REVISE CORNEA WITH IMPLANT | 0244 | 38.2309 | $1,825.53 | APC | $1,825.53 | | | |
| 65771 | M | RADIAL KERATOTOMY | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 65772 | T | CORRECTION OF ASTIGMATISM | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 65775 | T | CORRECTION OF ASTIGMATISM | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 65780 | T | OCULAR RECONST TRANSPLANT | 0244 | 38.2309 | $1,825.53 | APC | $1,825.53 | | | Y |
| 65781 | T | OCULAR RECONST TRANSPLANT | 0244 | 38.2309 | $1,825.53 | APC | $1,825.53 | | | Y |
| 65782 | T | OCULAR RECONST TRANSPLANT | 0244 | 38.2309 | $1,825.53 | APC | $1,825.53 | | | Y |
| 65800 | T | DRAINAGE OF EYE | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 65805 | T | DRAINAGE OF EYE | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 65810 | T | DRAINAGE OF EYE | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 65815 | T | DRAINAGE OF EYE | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 65820 | T | RELIEVE INNER EYE PRESSURE | 0232 | 6.9204 | $330.45 | APC | $330.45 | | | |
| 65850 | T | INCISION OF EYE | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 65855 | T | LASER SURGERY OF EYE | 0247 | 5.0255 | $239.97 | APC | $239.97 | | | |
| 65860 | T | INCISE INNER EYE ADHESIONS | 0247 | 5.0255 | $239.97 | APC | $239.97 | | | |
| 65865 | T | INCISE INNER EYE ADHESIONS | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 65870 | T | INCISE INNER EYE ADHESIONS | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 65875 | T | INCISE INNER EYE ADHESIONS | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 65880 | T | INCISE INNER EYE ADHESIONS | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 65900 | T | REMOVE EYE LESION | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 65920 | T | REMOVE IMPLANT OF EYE | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 65930 | T | REMOVE BLOOD CLOT FROM EYE | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 66020 | T | INJECTION TREATMENT OF EYE | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 66030 | T | INJECTION TREATMENT OF EYE | 0232 | 6.9204 | $330.45 | APC | $330.45 | | | |
| 66130 | T | REMOVE EYE LESION | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 66150 | T | GLAUCOMA SURGERY | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 66155 | T | GLAUCOMA SURGERY | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 66160 | T | GLAUCOMA SURGERY | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 66165 | T | GLAUCOMA SURGERY | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 66170 | T | GLAUCOMA SURGERY | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 66172 | T | INCISION OF EYE | 0673 | 29.0835 | $1,388.74 | APC | $1,388.74 | | | |
| 66180 | T | IMPLANT EYE SHUNT | 0673 | 29.0835 | $1,388.74 | APC | $1,388.74 | | | |
| 66185 | T | REVISE EYE SHUNT | 0673 | 29.0835 | $1,388.74 | APC | $1,388.74 | | | |
| 66220 | T | REPAIR EYE LESION | 0672 | 36.8773 | $1,760.89 | APC | $1,760.89 | | | |
| 66225 | T | REPAIR/GRAFT EYE LESION | 0673 | 29.0835 | $1,388.74 | APC | $1,388.74 | | | |
| 66250 | T | FOLLOW-UP SURGERY OF EYE | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 66500 | T | INCISION OF IRIS | 0232 | 6.9204 | $330.45 | APC | $330.45 | | | |
| 66505 | T | INCISION OF IRIS | 0232 | 6.9204 | $330.45 | APC | $330.45 | | | |
| 66600 | T | REMOVE IRIS AND LESION | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 66605 | T | REMOVAL OF IRIS | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 66625 | T | REMOVAL OF IRIS | 0232 | 6.9204 | $330.45 | APC | $330.45 | | | |
| 66630 | T | REMOVAL OF IRIS | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 66635 | T | REMOVAL OF IRIS | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 66680 | T | REPAIR IRIS & CILIARY BODY | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 66682 | T | REPAIR IRIS & CILIARY BODY | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 66700 | T | DESTRUCTION, CILIARY BODY | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 66710 | T | DESTRUCTION, CILIARY BODY | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 66711 | T | CILIARY ENDOSCOPIC ABLATION | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 66720 | T | DESTRUCTION, CILIARY BODY | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 66740 | T | DESTRUCTION, CILIARY BODY | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 66761 | T | REVISION OF IRIS | 0247 | 5.0255 | $239.97 | APC | $239.97 | | | |
| 66762 | T | REVISION OF IRIS | 0247 | 5.0255 | $239.97 | APC | $239.97 | | | |
| 66770 | T | REMOVAL OF INNER EYE LESION | 0247 | 5.0255 | $239.97 | APC | $239.97 | | | |
| 66820 | T | INCISION, SECONDARY CATARACT | 0232 | 6.9204 | $330.45 | APC | $330.45 | | | |
| 66821 | T | AFTER CATARACT LASER SURGERY | 0247 | 5.0255 | $239.97 | APC | $239.97 | | | |
| 66825 | T | REPOSITION INTRAOCULAR LENS | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 66830 | T | REMOVAL OF LENS LESION | 0232 | 6.9204 | $330.45 | APC | $330.45 | | | |
| 66840 | T | REMOVAL OF LENS MATERIAL | 0245 | 13.0344 | $622.39 | APC | $622.39 | | | |
| 66850 | T | REMOVAL OF LENS MATERIAL | 0249 | 27.6388 | $1,319.75 | APC | $1,319.75 | | | |
| 66852 | T | REMOVAL OF LENS MATERIAL | 0249 | 27.6388 | $1,319.75 | APC | $1,319.75 | | | |
| 66920 | T | EXTRACTION OF LENS | 0249 | 27.6388 | $1,319.75 | APC | $1,319.75 | | | |
| 66930 | T | EXTRACTION OF LENS | 0249 | 27.6388 | $1,319.75 | APC | $1,319.75 | | | |
| 66940 | T | EXTRACTION OF LENS | 0245 | 13.0344 | $622.39 | APC | $622.39 | | | |
| 66982 | T | CATARACT SURGERY, COMPLEX | 0246 | 23.3185 | $1,113.46 | APC | $1,113.46 | | | |
| 66983 | T | CATARACT SURG W/IOL, 1 STAGE | 0246 | 23.3185 | $1,113.46 | APC | $1,113.46 | | | |
| 66984 | T | CATARACT SURG W/IOL 1 STAGE | 0246 | 23.3185 | $1,113.46 | APC | $1,113.46 | | | |
| 66985 | T | INSERT LENS PROSTHESIS | 0246 | 23.3185 | $1,113.46 | APC | $1,113.46 | | | |
| 66986 | T | EXCHANGE LENS PROSTHESIS | 0246 | 23.3185 | $1,113.46 | APC | $1,113.46 | | | |
| 66990 | N | OPHTHALMIC ENDOSCOPE ADD-ON | | | $0.00 | APC | $0.00 | | | |
| 66999 | T | EYE SURGERY PROCEDURE | 0232 | 6.9204 | $330.45 | APC | $330.45 | | | |
| 67005 | T | PARTIAL REMOVAL OF EYE FLUID | 0237 | 28.7866 | $1,374.56 | APC | $1,374.56 | | | |
| 67010 | T | PARTIAL REMOVAL OF EYE FLUID | 0237 | 28.7866 | $1,374.56 | APC | $1,374.56 | | | |
| 67015 | T | RELEASE OF EYE FLUID | 0237 | 28.7866 | $1,374.56 | APC | $1,374.56 | | | |
| 67025 | T | REPLACE EYE FLUID | 0237 | 28.7866 | $1,374.56 | APC | $1,374.56 | | | |
| 67027 | T | IMPLANT EYE DRUG SYSTEM | 0672 | 36.8773 | $1,760.89 | APC | $1,760.89 | | | |
| 67028 | T | INJECTION EYE DRUG | 0235 | 4.7925 | $228.84 | APC | $228.84 | | | |
| 67030 | T | INCISE INNER EYE STRANDS | 0236 | 16.9771 | $810.66 | APC | $810.66 | | | |
| 67031 | T | LASER SURGERY, EYE STRANDS | 0247 | 5.0255 | $239.97 | APC | $239.97 | | | |
| 67036 | T | REMOVAL OF INNER EYE FLUID | 0672 | 36.8773 | $1,760.89 | APC | $1,760.89 | | | |
| 67038 | T | STRIP RETINAL MEMBRANE | 0672 | 36.8773 | $1,760.89 | APC | $1,760.89 | | | |
| 67039 | T | LASER TREATMENT OF RETINA | 0672 | 36.8773 | $1,760.89 | APC | $1,760.89 | | | |
| 67040 | T | LASER TREATMENT OF RETINA | 0672 | 36.8773 | $1,760.89 | APC | $1,760.89 | | | |
| 67101 | T | REPAIR DETACHED RETINA | 0236 | 16.9771 | $810.66 | APC | $810.66 | | | |
| 67105 | T | REPAIR DETACHED RETINA | 0248 | 4.7199 | $225.38 | APC | $225.38 | | | |
| 67107 | T | REPAIR DETACHED RETINA | 0672 | 36.8773 | $1,760.89 | APC | $1,760.89 | | | |
| 67108 | T | REPAIR DETACHED RETINA | 0672 | 36.8773 | $1,760.89 | APC | $1,760.89 | | | |
| 67110 | T | REPAIR DETACHED RETINA | 0236 | 16.9771 | $810.66 | APC | $810.66 | | | |
| 67112 | T | REREPAIR DETACHED RETINA | 0672 | 36.8773 | $1,760.89 | APC | $1,760.89 | | | |
| 67115 | T | RELEASE ENCIRCLING MATERIAL | 0236 | 16.9771 | $810.66 | APC | $810.66 | | | |
| 67120 | T | REMOVE EYE IMPLANT MATERIAL | 0236 | 16.9771 | $810.66 | APC | $810.66 | | | |
| 67121 | T | REMOVE EYE IMPLANT MATERIAL | 0237 | 28.7866 | $1,374.56 | APC | $1,374.56 | | | |
| 67141 | T | TREATMENT OF RETINA | 0235 | 4.7925 | $228.84 | APC | $228.84 | | | |
| 67145 | T | TREATMENT OF RETINA | 0248 | 4.7199 | $225.38 | APC | $225.38 | | | |
| 67208 | T | TREATMENT OF RETINAL LESION | 0236 | 16.9771 | $810.66 | APC | $810.66 | | | |
| 67210 | T | TREATMENT OF RETINAL LESION | 0248 | 4.7199 | $225.38 | APC | $225.38 | | | |
| 67218 | T | TREATMENT OF RETINAL LESION | 0236 | 16.9771 | $810.66 | APC | $810.66 | | | |
| 67220 | T | TREATMENT OF CHOROID LESION | 0235 | 4.7925 | $228.84 | APC | $228.84 | | | |
| 67221 | T | OCULAR PHOTODYNAMIC THER | 0235 | 4.7925 | $228.84 | APC | $228.84 | | | |
| 67225 | T | EYE PHOTODYNAMIC THER ADD-ON | 0235 | 4.7925 | $228.84 | APC | $228.84 | | | |
| 67227 | T | TREATMENT OF RETINAL LESION | 0236 | 16.9771 | $810.66 | APC | $810.66 | | | |
| 67228 | T | TREATMENT OF RETINAL LESION | 0248 | 4.7199 | $225.38 | APC | $225.38 | | | |
| 67250 | T | REINFORCE EYE WALL | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 67255 | T | REINFORCE/GRAFT EYE WALL | 0237 | 28.7866 | $1,374.56 | APC | $1,374.56 | | | |
| 67299 | T | EYE SURGERY PROCEDURE | 0235 | 4.7925 | $228.84 | APC | $228.84 | | | |
| 67311 | T | REVISE EYE MUSCLE | 0243 | 22.0338 | $1,052.11 | APC | $1,052.11 | | | |
| 67312 | T | REVISE TWO EYE MUSCLES | 0243 | 22.0338 | $1,052.11 | APC | $1,052.11 | | | |
| 67314 | T | REVISE EYE MUSCLE | 0243 | 22.0338 | $1,052.11 | APC | $1,052.11 | | | |
| 67316 | T | REVISE TWO EYE MUSCLES | 0243 | 22.0338 | $1,052.11 | APC | $1,052.11 | | | |
| 67318 | T | REVISE EYE MUSCLE(S) | 0243 | 22.0338 | $1,052.11 | APC | $1,052.11 | | | |
| 67320 | T | REVISE EYE MUSCLE(S) ADD-ON | 0243 | 22.0338 | $1,052.11 | APC | $1,052.11 | | | |
| 67331 | T | EYE SURGERY FOLLOW-UP ADD-ON | 0243 | 22.0338 | $1,052.11 | APC | $1,052.11 | | | |
| 67332 | T | REREVISE EYE MUSCLES ADD-ON | 0243 | 22.0338 | $1,052.11 | APC | $1,052.11 | | | |
| 67334 | T | REVISE EYE MUSCLE W/SUTURE | 0243 | 22.0338 | $1,052.11 | APC | $1,052.11 | | | |
| 67335 | T | EYE SUTURE DURING SURGERY | 0243 | 22.0338 | $1,052.11 | APC | $1,052.11 | | | |
| 67340 | T | REVISE EYE MUSCLE ADD-ON | 0243 | 22.0338 | $1,052.11 | APC | $1,052.11 | | | |
| 67343 | T | RELEASE EYE TISSUE | 0243 | 22.0338 | $1,052.11 | APC | $1,052.11 | | | |
| 67345 | T | DESTROY NERVE OF EYE MUSCLE | 0238 | 2.6031 | $124.30 | APC | $124.30 | | | |
| 67350 | T | BIOPSY EYE MUSCLE | 0699 | 8.9556 | $427.63 | APC | $427.63 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 67399 | T | EYE MUSCLE SURGERY PROCEDURE | 0243 | 22.0338 | $1,052.11 | APC | $1,052.11 | | | |
| 67400 | T | EXPLORE/BIOPSY EYE SOCKET | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 67405 | T | EXPLORE/DRAIN EYE SOCKET | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 67412 | T | EXPLORE/TREAT EYE SOCKET | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 67413 | T | EXPLORE/TREAT EYE SOCKET | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 67414 | T | EXPLR/DECOMPRESS EYE SOCKET | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 67415 | T | ASPIRATION, ORBITAL CONTENTS | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 67420 | T | EXPLORE/TREAT EYE SOCKET | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 67430 | T | EXPLORE/TREAT EYE SOCKET | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 67440 | T | EXPLORE/DRAIN EYE SOCKET | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 67445 | T | EXPLR/DECOMPRESS EYE SOCKET | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 67450 | T | EXPLORE/BIOPSY EYE SOCKET | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 67500 | S | INJECT/TREAT EYE SOCKET | 0231 | 1.9167 | $91.52 | APC | $91.52 | | | |
| 67505 | T | INJECT/TREAT EYE SOCKET | 0238 | 2.6031 | $124.30 | APC | $124.30 | | | |
| 67515 | T | INJECT/TREAT EYE SOCKET | 0238 | 2.6031 | $124.30 | APC | $124.30 | | | |
| 67550 | T | INSERT EYE SOCKET IMPLANT | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 67560 | T | REVISE EYE SOCKET IMPLANT | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 67570 | T | DECOMPRESS OPTIC NERVE | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 67599 | T | ORBIT SURGERY PROCEDURE | 0238 | 2.6031 | $124.30 | APC | $124.30 | | | |
| 67700 | T | DRAINAGE OF EYELID ABSCESS | 0238 | 2.6031 | $124.30 | APC | $124.30 | | | |
| 67710 | T | INCISION OF EYELID | 0239 | 7.0583 | $337.03 | APC | $337.03 | | | |
| 67715 | T | INCISION OF EYELID FOLD | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 67800 | T | REMOVE EYELID LESION | 0238 | 2.6031 | $124.30 | APC | $124.30 | | | |
| 67801 | T | REMOVE EYELID LESIONS | 0239 | 7.0583 | $337.03 | APC | $337.03 | | | |
| 67805 | T | REMOVE EYELID LESIONS | 0238 | 2.6031 | $124.30 | APC | $124.30 | | | |
| 67808 | T | REMOVE EYELID LESION(S) | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 67810 | T | BIOPSY OF EYELID | 0238 | 2.6031 | $124.30 | APC | $124.30 | | | |
| 67820 | S | REVISE EYELASHES | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 67825 | T | REVISE EYELASHES | 0238 | 2.6031 | $124.30 | APC | $124.30 | | | |
| 67830 | T | REVISE EYELASHES | 0239 | 7.0583 | $337.03 | APC | $337.03 | | | |
| 67835 | T | REVISE EYELASHES | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 67840 | T | REMOVE EYELID LESION | 0239 | 7.0583 | $337.03 | APC | $337.03 | | | |
| 67850 | T | TREAT EYELID LESION | 0239 | 7.0583 | $337.03 | APC | $337.03 | | | |
| 67875 | T | CLOSURE OF EYELID BY SUTURE | 0239 | 7.0583 | $337.03 | APC | $337.03 | | | |
| 67880 | T | REVISION OF EYELID | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 67882 | T | REVISION OF EYELID | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 67900 | T | REPAIR BROW DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67901 | T | REPAIR EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67902 | T | REPAIR EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67903 | T | REPAIR EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67904 | T | REPAIR EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67906 | T | REPAIR EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67908 | T | REPAIR EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67909 | T | REVISE EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67911 | T | REVISE EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67912 | T | CORRECTION EYELID W/ IMPLANT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 67914 | T | REPAIR EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67915 | T | REPAIR EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67916 | T | REPAIR EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67917 | T | REPAIR EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67921 | T | REPAIR EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67922 | T | REPAIR EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67923 | T | REPAIR EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67924 | T | REPAIR EYELID DEFECT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | Y |
| 67930 | T | REPAIR EYELID WOUND | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 67935 | T | REPAIR EYELID WOUND | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 67938 | S | REMOVE EYELID FOREIGN BODY | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 67950 | T | REVISION OF EYELID | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 67961 | T | REVISION OF EYELID | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 67966 | T | REVISION OF EYELID | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 67971 | T | RECONSTRUCTION OF EYELID | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 67973 | T | RECONSTRUCTION OF EYELID | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 67974 | T | RECONSTRUCTION OF EYELID | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 67975 | T | RECONSTRUCTION OF EYELID | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 67999 | T | REVISION OF EYELID | 0238 | 2.6031 | $124.30 | APC | $124.30 | | | |
| 68020 | T | INCISE/DRAIN EYELID LINING | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 68040 | S | TREATMENT OF EYELID LESIONS | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 68100 | T | BIOPSY OF EYELID LINING | 0232 | 6.9204 | $330.45 | APC | $330.45 | | | |
| 68110 | T | REMOVE EYELID LINING LESION | 0699 | 8.9556 | $427.63 | APC | $427.63 | | | |
| 68115 | T | REMOVE EYELID LINING LESION | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 68130 | T | REMOVE EYELID LINING LESION | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | |
| 68135 | T | REMOVE EYELID LINING LESION | 0239 | 7.0583 | $337.03 | APC | $337.03 | | | |
| 68200 | S | TREAT EYELID BY INJECTION | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 68320 | T | REVISE/GRAFT EYELID LINING | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 68325 | T | REVISE/GRAFT EYELID LINING | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 68326 | T | REVISE/GRAFT EYELID LINING | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 68328 | T | REVISE/GRAFT EYELID LINING | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 68330 | T | REVISE EYELID LINING | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 68335 | T | REVISE/GRAFT EYELID LINING | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 68340 | T | SEPARATE EYELID ADHESIONS | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 68360 | T | REVISE EYELID LINING | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 68362 | T | REVISE EYELID LINING | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | |
| 68371 | T | HARVEST EYE TISSUE ALOGRAFT | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | Y |
| 68399 | T | EYELID LINING SURGERY | 0238 | 2.6031 | $124.30 | APC | $124.30 | | | |
| 68400 | T | INCISE/DRAIN TEAR GLAND | 0238 | 2.6031 | $124.30 | APC | $124.30 | | | |
| 68420 | T | INCISE/DRAIN TEAR SAC | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 68440 | T | INCISE TEAR DUCT OPENING | 0238 | 2.6031 | $124.30 | APC | $124.30 | | | |
| 68500 | T | REMOVAL OF TEAR GLAND | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 68505 | T | PARTIAL REMOVAL, TEAR GLAND | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 68510 | T | BIOPSY OF TEAR GLAND | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 68520 | T | REMOVAL OF TEAR SAC | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 68525 | T | BIOPSY OF TEAR SAC | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 68530 | T | CLEARANCE OF TEAR DUCT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 68540 | T | REMOVE TEAR GLAND LESION | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 68550 | T | REMOVE TEAR GLAND LESION | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 68700 | T | REPAIR TEAR DUCTS | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 68705 | T | REVISE TEAR DUCT OPENING | 0238 | 2.6031 | $124.30 | APC | $124.30 | | | |
| 68720 | T | CREATE TEAR SAC DRAIN | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 68745 | T | CREATE TEAR DUCT DRAIN | 0241 | 23.1681 | $1,106.28 | APC | $1,106.28 | | | |
| 68750 | T | CREATE TEAR DUCT DRAIN | 0242 | 30.3478 | $1,449.11 | APC | $1,449.11 | | | |
| 68760 | S | CLOSE TEAR DUCT OPENING | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 68761 | S | CLOSE TEAR DUCT OPENING | 0231 | 1.9167 | $91.52 | APC | $91.52 | | | |
| 68770 | T | CLOSE TEAR SYSTEM FISTULA | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 68801 | S | DILATE TEAR DUCT OPENING | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 68810 | S | PROBE NASOLACRIMAL DUCT | 0231 | 1.9167 | $91.52 | APC | $91.52 | | | |
| 68811 | T | PROBE NASOLACRIMAL DUCT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 68815 | T | PROBE NASOLACRIMAL DUCT | 0240 | 18.0194 | $860.43 | APC | $860.43 | | | |
| 68840 | S | EXPLORE/IRRIGATE TEAR DUCTS | 0231 | 1.9167 | $91.52 | APC | $91.52 | | | |
| 68850 | N | INJECTION FOR TEAR SAC X-RAY | | | $0.00 | APC | $0.00 | | | |
| 68899 | S | TEAR DUCT SYSTEM SURGERY | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 69000 | T | DRAIN EXTERNAL EAR LESION | 0006 | 1.5100 | $72.10 | APC | $72.10 | | | |
| 69005 | T | DRAIN EXTERNAL EAR LESION | 0008 | 16.2953 | $778.10 | APC | $778.10 | | | |
| 69020 | T | DRAIN OUTER EAR CANAL LESION | 0006 | 1.5100 | $72.10 | APC | $72.10 | | | |
| 69090 | M | PIERCE EARLOBES | | | $0.00 | Not Allowed | $0.00 | | | |
| 69100 | T | BIOPSY OF EXTERNAL EAR | 0019 | 4.1481 | $198.07 | APC | $198.07 | | | |
| 69105 | T | BIOPSY OF EXTERNAL EAR CANAL | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 69110 | T | REMOVE EXTERNAL EAR, PARTIAL | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 69120 | T | REMOVAL OF EXTERNAL EAR | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 69140 | T | REMOVE EAR CANAL LESION(S) | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 69145 | T | REMOVE EAR CANAL LESION(S) | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 69150 | T | EXTENSIVE EAR CANAL SURGERY | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 69155 | C | EXTENSIVE EAR/NECK SURGERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 69200 | X | CLEAR OUTER EAR CANAL | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 69205 | T | CLEAR OUTER EAR CANAL | 0022 | 19.5716 | $934.54 | APC | $934.54 | | | |
| 69210 | X | REMOVE IMPACTED EAR WAX | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 69220 | T | CLEAN OUT MASTOID CAVITY | 0012 | 0.8477 | $40.48 | APC | $40.48 | | | |
| 69222 | T | CLEAN OUT MASTOID CAVITY | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 69300 | T | REVISE EXTERNAL EAR | | | $0.00 | Not Allowed | $0.00 | | | |
| 69310 | T | REBUILD OUTER EAR CANAL | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69320 | T | REBUILD OUTER EAR CANAL | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69399 | T | OUTER EAR SURGERY PROCEDURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 69400 | T | INFLATE MIDDLE EAR CANAL | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 69401 | T | INFLATE MIDDLE EAR CANAL | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 69405 | T | CATHETERIZE MIDDLE EAR CANAL | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 69420 | T | INCISION OF EARDRUM | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 69421 | T | INCISION OF EARDRUM | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 69424 | T | REMOVE VENTILATING TUBE | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 69433 | T | CREATE EARDRUM OPENING | 0252 | 8.1033 | $386.93 | APC | $386.93 | | | |
| 69436 | T | CREATE EARDRUM OPENING | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 69440 | T | EXPLORATION OF MIDDLE EAR | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 69450 | T | EARDRUM REVISION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69501 | T | MASTOIDECTOMY | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69502 | T | MASTOIDECTOMY | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 69505 | T | REMOVE MASTOID STRUCTURES | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69511 | T | EXTENSIVE MASTOID SURGERY | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69530 | T | EXTENSIVE MASTOID SURGERY | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69535 | C | REMOVE PART OF TEMPORAL BONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 69540 | T | REMOVE EAR LESION | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 69550 | T | REMOVE EAR LESION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69552 | T | REMOVE EAR LESION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 69554 | C | REMOVE EAR LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 69601 | T | MASTOID SURGERY REVISION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69602 | T | MASTOID SURGERY REVISION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69603 | T | MASTOID SURGERY REVISION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69604 | T | MASTOID SURGERY REVISION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69605 | T | MASTOID SURGERY REVISION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69610 | T | REPAIR OF EARDRUM | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 69620 | T | REPAIR OF EARDRUM | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 69631 | T | REPAIR EARDRUM STRUCTURES | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69632 | T | REBUILD EARDRUM STRUCTURES | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69633 | T | REBUILD EARDRUM STRUCTURES | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69635 | T | REPAIR EARDRUM STRUCTURES | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69636 | T | REBUILD EARDRUM STRUCTURES | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69637 | T | REBUILD EARDRUM STRUCTURES | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69641 | T | REVISE MIDDLE EAR & MASTOID | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69642 | T | REVISE MIDDLE EAR & MASTOID | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69643 | T | REVISE MIDDLE EAR & MASTOID | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69644 | T | REVISE MIDDLE EAR & MASTOID | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69645 | T | REVISE MIDDLE EAR & MASTOID | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69646 | T | REVISE MIDDLE EAR & MASTOID | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69650 | T | RELEASE MIDDLE EAR BONE | 0254 | 23.3114 | $1,113.12 | APC | $1,113.12 | | | |
| 69660 | T | REVISE MIDDLE EAR BONE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69661 | T | REVISE MIDDLE EAR BONE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69662 | T | REVISE MIDDLE EAR BONE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69666 | T | REPAIR MIDDLE EAR STRUCTURES | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69667 | T | REPAIR MIDDLE EAR STRUCTURES | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69670 | T | REMOVE MASTOID AIR CELLS | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69676 | T | REMOVE MIDDLE EAR NERVE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69700 | T | CLOSE MASTOID FISTULA | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69710 | M | IMPLANT/REPLACE HEARING AID | | | $0.00 | Not Allowed | $0.00 | | | |
| 69711 | T | REMOVE/REPAIR HEARING AID | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69714 | T | IMPLANT TEMPLE BONE W/STIMUL | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69715 | T | TEMPLE BNE IMPLNT W/STIMULAT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69717 | T | TEMPLE BONE IMPLANT REVISION | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69718 | T | REVISE TEMPLE BONE IMPLANT | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69720 | T | RELEASE FACIAL NERVE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69725 | T | RELEASE FACIAL NERVE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69740 | T | REPAIR FACIAL NERVE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69745 | T | REPAIR FACIAL NERVE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69799 | T | MIDDLE EAR SURGERY PROCEDURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 69801 | T | INCISE INNER EAR | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69802 | T | INCISE INNER EAR | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69805 | T | EXPLORE INNER EAR | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69806 | T | EXPLORE INNER EAR | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69820 | T | ESTABLISH INNER EAR WINDOW | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69840 | T | REVISE INNER EAR WINDOW | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69905 | T | REMOVE INNER EAR | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69910 | T | REMOVE INNER EAR & MASTOID | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69915 | T | INCISE INNER EAR NERVE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69930 | T | IMPLANT COCHLEAR DEVICE | 0259 | 393.7337 | $18,800.78 | APC | $18,800.78 | | | |
| 69949 | T | INNER EAR SURGERY PROCEDURE | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 69950 | C | INCISE INNER EAR NERVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 69955 | T | RELEASE FACIAL NERVE | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69960 | T | RELEASE INNER EAR CANAL | 0256 | 37.0000 | $1,766.75 | APC | $1,766.75 | | | |
| 69970 | C | REMOVE INNER EAR LESION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 69979 | T | TEMPORAL BONE SURGERY | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 69990 | N | MICROSURGERY ADD-ON | | | $0.00 | APC | $0.00 | | | |
| 70010 | S | CONTRAST X-RAY OF BRAIN | 0274 | 2.9160 | $139.24 | APC | $139.24 | | | |
| 70015 | S | CONTRAST X-RAY OF BRAIN | 0274 | 2.9160 | $139.24 | APC | $139.24 | | | |
| 70030 | X | X-RAY EYE FOR FOREIGN BODY | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70100 | X | X-RAY EXAM OF JAW | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70110 | X | X-RAY EXAM OF JAW | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70120 | X | X-RAY EXAM OF MASTOIDS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70130 | X | X-RAY EXAM OF MASTOIDS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70134 | X | X-RAY EXAM OF MIDDLE EAR | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 70140 | X | X-RAY EXAM OF FACIAL BONES | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70150 | X | X-RAY EXAM OF FACIAL BONES | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70160 | X | X-RAY EXAM OF NASAL BONES | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70170 | X | X-RAY EXAM OF TEAR DUCT | 0264 | 3.4542 | $164.94 | APC | $164.94 | | | |
| 70190 | X | X-RAY EXAM OF EYE SOCKETS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70200 | X | X-RAY EXAM OF EYE SOCKETS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70210 | X | X-RAY EXAM OF SINUSES | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70220 | X | X-RAY EXAM OF SINUSES | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70240 | X | X-RAY EXAM PITUITARY SADDLE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70250 | X | X-RAY EXAM OF SKULL | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 70260 | X | X-RAY EXAM OF SKULL | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 70300 | X | X-RAY EXAM OF TEETH | 0262 | 0.8019 | $38.29 | APC | $38.29 | | | |
| 70310 | X | X-RAY EXAM OF TEETH | 0262 | 0.8019 | $38.29 | APC | $38.29 | | | |
| 70320 | X | FULL MOUTH X-RAY OF TEETH | 0262 | 0.8019 | $38.29 | APC | $38.29 | | | |
| 70328 | X | X-RAY EXAM OF JAW JOINT | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70330 | X | X-RAY EXAM OF JAW JOINTS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70332 | S | X-RAY EXAM OF JAW JOINT | 0275 | 3.4927 | $166.78 | APC | $166.78 | | | |
| 70336 | S | MAGNETIC IMAGE JAW JOINT | 0335 | 5.0997 | $243.51 | APC | $243.51 | | | |
| 70350 | X | X-RAY HEAD FOR ORTHODONTIA | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70355 | X | PANORAMIC X-RAY OF JAWS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70360 | X | X-RAY EXAM OF NECK | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70370 | X | THROAT X-RAY & FLUOROSCOPY | 0272 | 1.3291 | $63.46 | APC | $63.46 | | | |
| 70371 | X | SPEECH EVALUATION COMPLEX | 0272 | 1.3291 | $63.46 | APC | $63.46 | | | |
| 70373 | X | CONTRAST X-RAY OF LARYNX | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 70380 | X | X-RAY EXAM OF SALIVARY GLAND | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 70390 | X | X-RAY EXAM OF SALIVARY DUCT | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 70450 | S | CT HEAD/BRAIN W/O DYE | 0332 | 3.1608 | $150.93 | APC | $150.93 | | | |
| 70460 | S | CONTRAST CAT SCAN OF HEAD | 0283 | 4.2921 | $204.95 | APC | $204.95 | | | |
| 70470 | S | CT HEAD/BRAIN W/O & W/DYE | 0333 | 5.1053 | $243.78 | APC | $243.78 | | | |
| 70480 | S | CT ORBIT/EAR/FOSSA W/O DYE | 0332 | 3.1608 | $150.93 | APC | $150.93 | | | |
| 70481 | S | CONTRAST CAT SCAN OF SKULL | 0283 | 4.2921 | $204.95 | APC | $204.95 | | | |
| 70482 | S | CT ORBIT/EAR/FOSSA W/O&W/DYE | 0333 | 5.1053 | $243.78 | APC | $243.78 | | | |
| 70486 | S | CT MAXILLOFACIAL W/O DYE | 0332 | 3.1608 | $150.93 | APC | $150.93 | | | |
| 70487 | S | CT MAXILLOFACIAL W/DYE | 0283 | 4.2921 | $204.95 | APC | $204.95 | | | |
| 70488 | S | CT MAXILLOFACIAL W/O & W/DYE | 0333 | 5.1053 | $243.78 | APC | $243.78 | | | |
| 70490 | S | CT SOFT TISSUE NECK W/O DYE | 0332 | 3.1608 | $150.93 | APC | $150.93 | | | |
| 70491 | S | CT SOFT TISSUE NECK W/DYE | 0283 | 4.2921 | $204.95 | APC | $204.95 | | | |
| 70492 | S | CT SFT TSUE NCK W/O & W/DYE | 0333 | 5.1053 | $243.78 | APC | $243.78 | | | |
| 70496 | S | CT ANGIOGRAPHY HEAD | 0662 | 4.9944 | $238.48 | APC | $238.48 | | | |
| 70498 | S | CT ANGIOGRAPHY NECK | 0662 | 4.9944 | $238.48 | APC | $238.48 | | | |
| 70540 | S | MRI ORBIT/FACE/NECK W/O DYE | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 70542 | S | MRI ORBIT FACE AND NECK; WITH CONTRAST MATERIAL(S) | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 70543 | S | MRI ORBT/FAC/NCK W/O & W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| 70544 | S | MAGNETIC RESONANCE ANGIOGRAPHY HEAD; W/O CONTRAST MATERIAL | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 70545 | S | MAGNETIC RESONANCE ANGIOGRAPHY HEAD; WITH CONTRAST MATERIAL | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 70546 | S | MR ANGIOGRAPH HEAD W/O&W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| 70547 | S | MAGNETIC RESONANCE ANGIOGRAPHY NECK; W/O CONTRAST MATERIAL | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 70548 | S | MAGNETIC RESONANCE ANGIOGRAPHY NECK;WITH CONTRAST MATERIAL | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 70549 | S | MR ANGIOGRAPH NECK W/O&W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| 70551 | S | MAGNETIC IMAGE BRAIN (MRI) | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 70552 | S | MRI BRAIN W/DYE | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 70553 | S | MRI BRAIN W/O & W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| 70557 | S | MRI BRAIN W/O DYE | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 70558 | S | MRI BRAIN W/DYE | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 70559 | S | MRI BRAIN W/O & W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| 71010 | X | CHEST X-RAY | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 71015 | X | X-RAY EXAM OF CHEST | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 71020 | X | CHEST X-RAY | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 71021 | X | CHEST X-RAY | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 71022 | X | CHEST X-RAY | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 71023 | X | CHEST X-RAY AND FLUOROSCOPY | 0272 | 1.3291 | $63.46 | APC | $63.46 | | | |
| 71030 | X | CHEST X-RAY | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 71034 | X | CHEST X-RAY & FLUOROSCOPY | 0272 | 1.3291 | $63.46 | APC | $63.46 | | | |
| 71035 | X | CHEST X-RAY | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 71040 | X | CONTRAST X-RAY OF BRONCHI | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 71060 | X | CONTRAST X-RAY OF BRONCHI | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 71090 | X | X-RAY & PACEMAKER INSERTION | 0272 | 1.3291 | $63.46 | APC | $63.46 | | | |
| 71100 | X | X-RAY EXAM OF RIBS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 71101 | X | X-RAY EXAM OF RIBS CHEST | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 71110 | X | X-RAY EXAM OF RIBS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 71111 | X | X-RAY EXAM OF RIBS/CHEST | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 71120 | X | X-RAY EXAM OF BREASTBONE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 71130 | X | X-RAY EXAM OF BREASTBONE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 71250 | S | CT THORAX W/O DYE | 0332 | 3.1608 | $150.93 | APC | $150.93 | | | |
| 71260 | S | CONTRAST CAT SCAN OF CHEST | 0283 | 4.2921 | $204.95 | APC | $204.95 | | | |
| 71270 | S | CT THORAX W/O & W/DYE | 0333 | 5.1053 | $243.78 | APC | $243.78 | | | |
| 71275 | S | CT ANGIOGRAPHY CHEST W/O CONTRAST FOLLOWED BY CONTRAST | 0662 | 4.9944 | $238.48 | APC | $238.48 | | | |
| 71550 | S | MAGNETIC IMAGE CHEST | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 71551 | S | MRI CHEST; WITH CONTRAST MATERIAL(S) | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 71552 | S | MRI CHEST W/O & W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| 71555 | M | MAGNETIC IMAGING/CHEST (MRA) | | | $0.00 | By Report | $0.00 | | | |
| 72010 | X | X-RAY EXAM OF SPINE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 72020 | X | X-RAY EXAM OF SPINE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 72040 | X | X-RAY EXAM OF NECK SPINE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 72050 | X | X-RAY EXAM OF NECK SPINE | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 72052 | X | X-RAY EXAM OF NECK SPINE | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 72069 | X | X-RAY EXAM OF TRUNK SPINE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 72070 | X | X-RAY EXAM OF THORAX SPINE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 72072 | X | X-RAY EXAM OF THORACIC SPINE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 72074 | X | X-RAY EXAM OF THORACIC SPINE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 72080 | X | X-RAY EXAM OF TRUNK SPINE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 72090 | X | X-RAY EXAM OF TRUNK SPINE | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 72100 | X | X-RAY EXAM OF LOWER SPINE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 72110 | X | X-RAY EXAM OF LOWER SPINE | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 72114 | X | X-RAY EXAM OF LOWER SPINE | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 72120 | X | X-RAY EXAM OF LOWER SPINE | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 72125 | S | CT NECK SPINE W/O DYE | 0332 | 3.1608 | $150.93 | APC | $150.93 | | | |
| 72126 | S | CONTRAST CAT SCAN OF NECK | 0283 | 4.2921 | $204.95 | APC | $204.95 | | | |
| 72127 | S | CT NECK SPINE W/O & W/DYE | 0333 | 5.1053 | $243.78 | APC | $243.78 | | | |
| 72128 | S | CT CHEST SPINE W/O DYE | 0332 | 3.1608 | $150.93 | APC | $150.93 | | | |
| 72129 | S | CONTRAST CAT SCAN OF THORAX | 0283 | 4.2921 | $204.95 | APC | $204.95 | | | |
| 72130 | S | CT CHEST SPINE W/O & W/DYE | 0333 | 5.1053 | $243.78 | APC | $243.78 | | | |
| 72131 | S | CT LUMBAR SPINE W/O DYE | 0332 | 3.1608 | $150.93 | APC | $150.93 | | | |
| 72132 | S | CONTRAST CAT OF LOWER SPINE | 0283 | 4.2921 | $204.95 | APC | $204.95 | | | |
| 72133 | S | CT LUMBAR SPINE W/O & W/DYE | 0333 | 5.1053 | $243.78 | APC | $243.78 | | | |
| 72141 | S | MAGNETIC IMAGE NECK SPINE | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 72142 | S | MAGNETIC IMAGE NECK SPINE | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 72146 | S | MAGNETIC IMAGE CHEST SPINE | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 72147 | S | MAGNETIC IMAGE CHEST SPINE | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 72148 | S | MAGNETIC IMAGE LUMBAR SPINE | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 72149 | S | MAGNETIC IMAGE LUMBAR SPINE | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 72156 | S | MRI NECK SPINE W/O & W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| 72157 | S | MRI CHEST SPINE W/O & W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| 72158 | S | MRI LUMBAR SPINE W/O & W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| 72159 | M | MR ANGIO SPINE W/O&W/DYE | | | $0.00 | Not Allowed | $0.00 | | | |
| 72170 | X | X-RAY EXAM OF PELVIS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 72190 | X | X-RAY EXAM OF PELVIS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 72191 | S | CT ANGIOGRAPH PELV W/O&W/DYE | 0662 | 4.9944 | $238.48 | APC | $238.48 | | | |
| 72192 | S | CT PELVIS W/O DYE | 0332 | 3.1608 | $150.93 | APC | $150.93 | | | |
| 72193 | S | CONTRAST CAT SCAN OF PELVIS | 0283 | 4.2921 | $204.95 | APC | $204.95 | | | |
| 72194 | S | CT PELVIS W/O & W/DYE | 0333 | 5.1053 | $243.78 | APC | $243.78 | | | |
| 72195 | S | MRI PELVIS W/O DYE | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 72196 | S | MAGNETIC IMAGE PELVIS | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 72197 | S | MRI PELVIS W/O & W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| 72198 | M | MR ANGIO PELVIS W/O & W/DYE | | | $0.00 | Not Allowed | $0.00 | | | |
| 72200 | X | X-RAY EXAM SACROILIAC JOINTS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 72202 | X | X-RAY EXAM SACROILIAC JOINTS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 72220 | X | X-RAY EXAM OF TAILBONE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 72240 | S | CONTRAST X-RAY OF NECK SPINE | 0274 | 2.9160 | $139.24 | APC | $139.24 | | | |
| 72255 | S | CONTRAST X-RAY THORAX SPINE | 0274 | 2.9160 | $139.24 | APC | $139.24 | | | |
| 72265 | S | CONTRAST X-RAY LOWER SPINE | 0274 | 2.9160 | $139.24 | APC | $139.24 | | | |
| 72270 | S | CONTRAST X-RAY SPINE | 0274 | 2.9160 | $139.24 | APC | $139.24 | | | |
| 72275 | S | EPIDUROGRAPHY | 0274 | 2.9160 | $139.24 | APC | $139.24 | | | |
| 72285 | S | DISKOGRAPHY CERVICAL OR THORACIC RADIOLOGICAL SPRVSN/INTER | 0388 | 12.1712 | $581.17 | APC | $581.17 | | | |
| 72295 | S | X-RAY OF LOWER SPINE DISK | 0388 | 12.1712 | $581.17 | APC | $581.17 | | | |
| 73000 | X | X-RAY EXAM OF COLLARBONE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73010 | X | X-RAY EXAM OF SHOULDER BLADE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73020 | X | X-RAY EXAM OF SHOULDER | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73030 | X | X-RAY EXAM OF SHOULDER | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73040 | S | CONTRAST X-RAY OF SHOULDER | 0275 | 3.4927 | $166.78 | APC | $166.78 | | | |
| 73050 | X | X-RAY EXAM OF SHOULDERS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73060 | X | X-RAY EXAM OF HUMERUS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73070 | X | X-RAY EXAM OF ELBOW | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73080 | X | X-RAY EXAM OF ELBOW | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73085 | S | CONTRAST X-RAY OF ELBOW | 0275 | 3.4927 | $166.78 | APC | $166.78 | | | |
| 73090 | X | X-RAY EXAM OF FOREARM | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73092 | X | X-RAY EXAM OF ARM INFANT | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73100 | X | X-RAY EXAM OF WRIST | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73110 | X | X-RAY EXAM OF WRIST | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73115 | S | CONTRAST X-RAY OF WRIST | 0275 | 3.4927 | $166.78 | APC | $166.78 | | | |
| 73120 | X | X-RAY EXAM OF HAND | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73130 | X | X-RAY EXAM OF HAND | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73140 | X | X-RAY EXAM OF FINGER(S) | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73200 | S | CT UPPER EXTREMITY W/O DYE | 0332 | 3.1608 | $150.93 | APC | $150.93 | | | |
| 73201 | S | CONTRAST CAT SCAN OF ARM | 0283 | 4.2921 | $204.95 | APC | $204.95 | | | |
| 73202 | S | CT UPPR EXTREMITY W/O&W/DYE | 0333 | 5.1053 | $243.78 | APC | $243.78 | | | |
| 73206 | S | CT ANGIO UPR EXTRM W/O&W/DYE | 0662 | 4.9944 | $238.48 | APC | $238.48 | | | |
| 73218 | S | MRI UPPER EXTREMITY OTHER THAN JOINT; W/O CONTRAST MATERIAL | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 73219 | S | MRI UPPER EXTREMITY OTHER THAN JOINT WITH CONTRAST MATERIAL | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 73220 | S | MRI UPPR EXTREMITY W/O&W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 73221 | S | MAGNETIC IMAGE JOINT OF ARM | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 73222 | S | MRI JOINT UPR EXTREM W/DYE | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 73223 | S | MRI JOINT UPR EXTR W/O&W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| 73225 | E | MR ANGIO UPR EXTR W/O&W/DYE | | | $0.00 | Not Allowed | $0.00 | | | |
| 73500 | X | X-RAY EXAM OF HIP | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73510 | X | X-RAY EXAM OF HIP | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73520 | X | X-RAY EXAM OF HIPS | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 73525 | S | CONTRAST X-RAY OF HIP | 0275 | 3.4927 | $166.78 | APC | $166.78 | | | |
| 73530 | X | X-RAY EXAM OF HIP | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 73540 | X | X-RAY EXAM OF PELVIS & HIPS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73542 | S | X-RAY EXAM SACROILIAC JOINT | 0275 | 3.4927 | $166.78 | APC | $166.78 | | | |
| 73550 | X | X-RAY EXAM OF THIGH | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73560 | X | RADIOLOGIC EXAMINATION KNEE; ONE OR TWO VIEWS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73562 | X | RADIOLOGIC EXAMINATION KNEE; THREE VIEWS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73564 | X | RADIOLOGIC EXAMINATION KNEE; COMPLETE FOUR OR MORE VIEWS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73565 | X | RADIOLOGIC EXAMINATION KNEE; BOTH KNEES STANDING AP | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73580 | S | CONTRAST X-RAY OF KNEE JOINT | 0275 | 3.4927 | $166.78 | APC | $166.78 | | | |
| 73590 | X | X-RAY EXAM OF LOWER LEG | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73592 | X | X-RAY EXAM OF LEG INFANT | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73600 | X | X-RAY EXAM OF ANKLE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73610 | X | X-RAY EXAM OF ANKLE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73615 | S | CONTRAST X-RAY OF ANKLE | 0275 | 3.4927 | $166.78 | APC | $166.78 | | | |
| 73620 | X | X-RAY EXAM OF FOOT | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73630 | X | X-RAY EXAM OF FOOT | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73650 | X | X-RAY EXAM OF HEEL | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73660 | X | X-RAY EXAM OF TOE(S) | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 73700 | S | CT LOWER EXTREMITY W/O DYE | 0332 | 3.1608 | $150.93 | APC | $150.93 | | | |
| 73701 | S | CONTRAST CAT SCAN OF LEG | 0283 | 4.2921 | $204.95 | APC | $204.95 | | | |
| 73702 | S | CT LWR EXTREMITY W/O&W/DYE | 0333 | 5.1053 | $243.78 | APC | $243.78 | | | |
| 73706 | S | CT ANGIO LWR EXTR W/O&W/DYE | 0662 | 4.9944 | $238.48 | APC | $238.48 | | | |
| 73718 | S | MRI LOWER EXTREMITY OTHER THAN JOINT; W/O CONTRAST MATERIAL | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 73719 | S | MRI LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 73720 | S | MRI LWR EXTREMITY W/O&W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| 73721 | S | MRI JNT OF LWR EXTRE W/O DYE | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 73722 | S | MRI ANY LOWER EXTREMITY JOINT; WITH CONTRAST MATERIAL(S) | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 73723 | S | MRI JOINT LWR EXTR W/O&W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| 73725 | M | MAGNETIC IMAGING/LOWER (MRA) | | | $0.00 | By Report | $0.00 | | | |
| 74000 | X | X-RAY EXAM OF ABDOMEN | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 74010 | X | X-RAY EXAM OF ABDOMEN | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 74020 | X | X-RAY EXAM OF ABDOMEN | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 74022 | X | X-RAY EXAM SERIES ABDOMEN | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 74150 | S | CT ABDOMEN W/O DYE | 0332 | 3.1608 | $150.93 | APC | $150.93 | | | |
| 74160 | S | CONTRAST CAT SCAN OF ABDOMEN | 0283 | 4.2921 | $204.95 | APC | $204.95 | | | |
| 74170 | S | CT ABDOMEN W/O & W/DYE | 0333 | 5.1053 | $243.78 | APC | $243.78 | | | |
| 74175 | S | CT ANGIO ABDOM W/O & W/DYE | 0662 | 4.9944 | $238.48 | APC | $238.48 | | | |
| 74181 | S | MAGNETIC IMAGE ABDOMEN (MRI) | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 74182 | S | MRI ABDOMEN; WITH CONTRAST MATERIAL(S) | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 74183 | S | MRI ABDOMEN W/O & W/DYE | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| 74185 | M | MRI ANGIO ABDOM W ORW/O DYE | | | $0.00 | By Report | $0.00 | | | |
| 74190 | X | X-RAY EXAM OF PERITONEUM | 0264 | 3.4542 | $164.94 | APC | $164.94 | | | |
| 74210 | S | CONTRAST XRAY EXAM OF THROAT | 0276 | 1.4693 | $70.16 | APC | $70.16 | | | |
| 74220 | S | CONTRAST XRAY EXAM ESOPHAGUS | 0276 | 1.4693 | $70.16 | APC | $70.16 | | | |
| 74230 | S | CINE/VID X-RAY THROAT/ESOPH | 0276 | 1.4693 | $70.16 | APC | $70.16 | | | |
| 74235 | S | REMOVE ESOPHAGUS OBSTRUCTION | 0296 | 2.2684 | $108.32 | APC | $108.32 | | | |
| 74240 | S | X-RAY EXAM UPPER GI TRACT | 0276 | 1.4693 | $70.16 | APC | $70.16 | | | |
| 74241 | S | X-RAY EXAM UPPER GI TRACT | 0276 | 1.4693 | $70.16 | APC | $70.16 | | | |
| 74245 | S | X-RAY EXAM, UPPER GI TRACT | 0277 | 2.2951 | $109.59 | APC | $109.59 | | | |
| 74246 | S | CONTRAST XRAY UPPER GI TRACT | 0276 | 1.4693 | $70.16 | APC | $70.16 | | | |
| 74247 | S | CONTRAST XRAY UPPER GI TRACT | 0276 | 1.4693 | $70.16 | APC | $70.16 | | | |
| 74249 | S | CONTRST X-RAY UPPR GI TRACT | 0277 | 2.2951 | $109.59 | APC | $109.59 | | | |
| 74250 | S | X-RAY EXAM OF SMALL BOWEL | 0276 | 1.4693 | $70.16 | APC | $70.16 | | | |
| 74251 | S | X-RAY EXAM OF SMALL BOWEL | 0277 | 2.2951 | $109.59 | APC | $109.59 | | | |
| 74260 | S | X-RAY EXAM OF SMALL BOWEL | 0277 | 2.2951 | $109.59 | APC | $109.59 | | | |
| 74270 | S | CONTRAST X-RAY EXAM OF COLON | 0276 | 1.4693 | $70.16 | APC | $70.16 | | | |
| 74280 | S | CONTRAST X-RAY EXAM OF COLON | 0277 | 2.2951 | $109.59 | APC | $109.59 | | | |
| 74283 | S | CONTRAST X-RAY EXAM OF COLON | 0276 | 1.4693 | $70.16 | APC | $70.16 | | | |
| 74290 | S | CONTRAST X-RAY GALLBLADDER | 0276 | 1.4693 | $70.16 | APC | $70.16 | | | |
| 74291 | S | CONTRAST X-RAYS GALLBLADDER | 0276 | 1.4693 | $70.16 | APC | $70.16 | | | |
| 74300 | X | X-RAY BILE DUCTS/PANCREAS | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 74301 | X | X-RAYS AT SURGERY ADD-ON | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 74305 | X | X-RAY BILE DUCTS/PANCREAS | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 74320 | X | CONTRAST X-RAY OF BILE DUCTS | 0264 | 3.4542 | $164.94 | APC | $164.94 | | | |
| 74327 | S | X-RAY BILE STONE REMOVAL | 0296 | 2.2684 | $108.32 | APC | $108.32 | | | |
| 74328 | N | X-RAY BILE DUCT ENDOSCOPY | | | $0.00 | APC | $0.00 | | | |
| 74329 | N | X-RAY FOR PANCREAS ENDOSCOPY | | | $0.00 | APC | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 74330 | N | X-RAY BILE/PANC ENDOSCOPY | | | $0.00 | APC | $0.00 | | | |
| 74340 | X | X-RAY GUIDE FOR GI TUBE | 0272 | 1.3291 | $63.46 | APC | $63.46 | | | |
| 74350 | X | X-RAY GUIDE STOMACH TUBE | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 74355 | X | X-RAY GUIDE INTESTINAL TUBE | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 74360 | S | X-RAY GUIDE GI DILATION | 0296 | 2.2684 | $108.32 | APC | $108.32 | | | |
| 74363 | S | X-RAY BILE DUCT DILATION | 0297 | 5.0977 | $243.42 | APC | $243.42 | | | |
| 74400 | S | CONTRAST X-RAY URINARY TRACT | 0278 | 2.5559 | $122.04 | APC | $122.04 | | | |
| 74410 | S | CONTRAST X-RAY URINARY TRACT | 0278 | 2.5559 | $122.04 | APC | $122.04 | | | |
| 74415 | S | CONTRAST X-RAY URINARY TRACT | 0278 | 2.5559 | $122.04 | APC | $122.04 | | | |
| 74420 | S | CONTRAST X-RAY URINARY TRACT | 0278 | 2.5559 | $122.04 | APC | $122.04 | | | |
| 74425 | S | CONTRAST X-RAY URINARY TRACT | 0278 | 2.5559 | $122.04 | APC | $122.04 | | | |
| 74430 | S | CONTRAST X-RAY OF BLADDER | 0278 | 2.5559 | $122.04 | APC | $122.04 | | | |
| 74440 | S | XRAY EXAM MALE GENITAL TRACT | 0278 | 2.5559 | $122.04 | APC | $122.04 | | | |
| 74445 | S | X-RAY EXAM OF PENIS | 0278 | 2.5559 | $122.04 | APC | $122.04 | | | |
| 74450 | S | X-RAY EXAM URETHRA/BLADDER | 0278 | 2.5559 | $122.04 | APC | $122.04 | | | |
| 74455 | S | X-RAY EXAM URETHRA/BLADDER | 0278 | 2.5559 | $122.04 | APC | $122.04 | | | |
| 74470 | X | X-RAY EXAM OF KIDNEY LESION | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 74475 | S | X-RAY CONTROL CATH INSERT | 0297 | 5.0977 | $243.42 | APC | $243.42 | | | |
| 74480 | S | X-RAY CONTROL CATH INSERT | 0296 | 2.2684 | $108.32 | APC | $108.32 | | | |
| 74485 | S | X-RAY GUIDE GU DILATION | 0296 | 2.2684 | $108.32 | APC | $108.32 | | | |
| 74710 | X | X-RAY MEASUREMENT OF PELVIS | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 74740 | X | X-RAY FEMALE GENITAL TRACT | 0264 | 3.4542 | $164.94 | APC | $164.94 | | | |
| 74742 | X | X-RAY FALLOPIAN TUBE | 0264 | 3.4542 | $164.94 | APC | $164.94 | | | |
| 74775 | S | X-RAY EXAM OF PERINEUM | 0278 | 2.5559 | $122.04 | APC | $122.04 | | | |
| 75552 | S | MAGNETIC IMAGE MYOCARDIUM | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 75553 | S | MAGNETIC IMAGE MYOCARDIUM | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| 75554 | S | CARDIAC MRI/FUNCTION | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 75555 | S | CARDIAC MRI/LIMITED STUDY | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| 75556 | M | CARDIAC MRI/FLOW MAPPING | | | $0.00 | By Report | $0.00 | | | |
| 75600 | S | CONTRAST X-RAY EXAM OF AORTA | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75605 | S | CONTRAST X-RAY EXAM OF AORTA | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75625 | S | CONTRAST X-RAY EXAM OF AORTA | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75630 | S | X-RAY AORTA LEG ARTERIES | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75635 | S | CT ANGIO ABDOMINAL ARTERIES | 0662 | 4.9944 | $238.48 | APC | $238.48 | | | |
| 75650 | S | ARTERY X-RAYS HEAD & NECK | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75658 | S | X-RAY EXAM OF ARM ARTERIES | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75660 | S | ARTERY X-RAYS HEAD & NECK | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75662 | S | ARTERY X-RAYS HEAD & NECK | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75665 | S | ARTERY X-RAYS HEAD & NECK | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75671 | S | ARTERY X-RAYS HEAD & NECK | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75676 | S | ARTERY X-RAYS NECK | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75680 | S | ARTERY X-RAYS NECK | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75685 | S | ARTERY X-RAYS SPINE | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75705 | S | ARTERY X-RAYS SPINE | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75710 | S | ARTERY X-RAYS ARM/LEG | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75716 | S | ARTERY X-RAYS ARMS/LEGS | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75722 | S | ARTERY X-RAYS KIDNEY | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75724 | S | ARTERY X-RAYS KIDNEYS | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75726 | S | ARTERY X-RAYS ABDOMEN | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75731 | S | ARTERY X-RAYS ADRENAL GLAND | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75733 | S | ARTERY X-RAYS ADRENAL GLANDS | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75736 | S | ARTERY X-RAYS PELVIS | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75741 | S | ARTERY X-RAYS LUNG | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75743 | S | ARTERY X-RAYS LUNGS | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75746 | S | ARTERY X-RAYS LUNG | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75756 | S | ARTERY X-RAYS CHEST | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75774 | S | ANGIOGRAPHY SELECTIVE EA ADD'L VESSEL STUDIED AFTER BASIC | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75790 | S | VISUALIZE A-V SHUNT | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75801 | X | LYMPH VESSEL X-RAY ARM/LEG | 0264 | 3.4542 | $164.94 | APC | $164.94 | | | |
| 75803 | X | LYMPH VESSEL X-RAY ARMS/LEGS | 0264 | 3.4542 | $164.94 | APC | $164.94 | | | |
| 75805 | X | LYMPH VESSEL X-RAY TRUNK | 0264 | 3.4542 | $164.94 | APC | $164.94 | | | |
| 75807 | X | LYMPH VESSEL X-RAY TRUNK | 0264 | 3.4542 | $164.94 | APC | $164.94 | | | |
| 75809 | X | NONVASCULAR SHUNT X-RAY | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 75810 | S | VEIN X-RAY SPLEEN/LIVER | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75820 | S | VEIN X-RAY ARM/LEG | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75822 | S | VEIN X-RAY ARMS/LEGS | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75825 | S | VEIN X-RAY TRUNK | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75827 | S | VEIN X-RAY CHEST | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75831 | S | VEIN X-RAY KIDNEY | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75833 | S | VEIN X-RAY KIDNEYS | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75840 | S | VEIN X-RAY ADRENAL GLAND | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75842 | S | VEIN X-RAY ADRENAL GLANDS | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75860 | S | VEIN X-RAY NECK | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75870 | S | VEIN X-RAY SKULL | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75872 | S | VEIN X-RAY SKULL | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 75880 | S | VEIN X-RAY EYE SOCKET | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75885 | S | .EIN X-RAY LIVER | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75887 | S | VEIN X-RAY LIVER | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75889 | S | VEIN X-RAY LIVER | 0280 | 20.4187 | $974.99 | APC | $974.99 | | | |
| 75891 | S | VEIN X-RAY LIVER | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75893 | N | VENOUS SAMPLING BY CATHETER | | | $0.00 | APC | $0.00 | | | |
| 75894 | S | X-RAYS TRANSCATH THERAPY | 0297 | 5.0977 | $243.42 | APC | $243.42 | | | |
| 75896 | S | X-RAYS TRANSCATH THERAPY | 0297 | 5.0977 | $243.42 | APC | $243.42 | | | |
| 75898 | X | FOLLOW-UP ANGIOGRAPHY | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 75900 | C | INTRAVASCULAR CATH EXCHANGE | | | $0.00 | Not Allowed | $0.00 | | | |
| 75901 | X | REMOVE CVA DEVICE OBSTRUCT | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 75902 | X | REMOVE CVA LUMEN OBSTRUCT | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 75940 | S | X-RAY PLACEMENT VEIN FILTER | 0297 | 5.0977 | $243.42 | APC | $243.42 | | | |
| 75945 | S | INTRAVASCULAR ULTRASOUND RADIOLOGICAL S&I; INITIAL VESSEL | 0267 | 2.5543 | $121.97 | APC | $121.97 | | | |
| 75946 | S | INTRAVASCULAR ULTRASOUND RADIOLOGICAL S&I; EA ADD'L VESSEL | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 75952 | C | ENDOVASC REPAIR ABDOM AORTA | | | $0.00 | Not Allowed | $0.00 | | | |
| 75953 | C | ABDOM ANEURYSM ENDOVAS RPR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 75954 | C | ILIAC ANEURYSM ENDOVAS RPR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 75956 | C | XRAY, ENDOVASC THOR AO REPR | | | $0.00 | Not Allowed | $0.00 | | | |
| 75957 | C | XRAY ENDOVASC THOR AO REPR | | | $0.00 | Not Allowed | $0.00 | | | |
| 75958 | C | XRAY PLACE PROX EXT THOR AO | | | $0.00 | Not Allowed | $0.00 | | | |
| 75959 | C | XRAY PLACE DIST EXT THOR AO | | | $0.00 | Not Allowed | $0.00 | | | |
| 75960 | S | TRANSCATH IV STENT RS&I | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75961 | S | RETRIEVAL BROKEN CATHETER | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75962 | S | REPAIR ARTERIAL BLOCKAGE | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75964 | S | REPAIR ARTERY BLOCKAGE EACH | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75966 | S | REPAIR ARTERIAL BLOCKAGE | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75968 | S | REPAIR ARTERY BLOCKAGE EACH | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75970 | S | VASCULAR BIOPSY | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75978 | S | REPAIR VENOUS BLOCKAGE | 0668 | 6.3104 | $301.32 | APC | $301.32 | | | |
| 75980 | S | CONTRAST XRAY EXAM BILE DUCT | 0297 | 5.0977 | $243.42 | APC | $243.42 | | | |
| 75982 | S | CONTRAST XRAY EXAM BILE DUCT | 0297 | 5.0977 | $243.42 | APC | $243.42 | | | |
| 75984 | X | XRAY CONTROL CATHETER CHANGE | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 75989 | N | ABSCESS DRAINAGE UNDER X-RAY | | | $0.00 | APC | $0.00 | | | |
| 75992 | S | ATHERECTOMY X-RAY EXAM | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75993 | S | ATHERECTOMY X-RAY EXAM | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75994 | S | ATHERECTOMY X-RAY EXAM | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75995 | S | ATHERECTOMY X-RAY EXAM | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75996 | S | ATHERECTOMY X-RAY EXAM | 0279 | 8.6988 | $415.37 | APC | $415.37 | | | |
| 75998 | N | FLUOROGUIDE FOR VEIN DEVICE | | | $0.00 | APC | $0.00 | | | |
| 76000 | X | FLUOROSCOPE EXAMINATION | 0272 | 1.3291 | $63.46 | APC | $63.46 | | | |
| 76001 | N | FLUOROSCOPE EXAM EXTENSIVE | | | $0.00 | APC | $0.00 | | | |
| 76003 | N | NEEDLE LOCALIZATION BY X-RAY | | | $0.00 | APC | $0.00 | | | |
| 76005 | N | FLUORO GUID/LOCALIZ OF NEEDLE OR CATH SPINE INJECTION PROCED | | | $0.00 | APC | $0.00 | | | |
| 76006 | X | X-RAY STRESS VIEW | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 76010 | X | X-RAY NOSE TO RECTUM | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 76012 | S | PERCUT VERTEBROPLASTY FLUOR | 0274 | 2.9160 | $139.24 | APC | $139.24 | | | |
| 76013 | S | PERCUT VERTEBROPLASTY CT | 0274 | 2.9160 | $139.24 | APC | $139.24 | | | |
| 76020 | X | X-RAYS FOR BONE AGE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 76040 | X | X-RAYS BONE EVALUATION | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 76061 | X | X-RAYS BONE SURVEY | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 76062 | X | X-RAYS BONE SURVEY | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 76065 | X | X-RAYS BONE EVALUATION | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 76066 | X | JOINT SURVEY, SINGLE VIEW | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 76070 | S | CT BONE DENSITY AXIAL | 0288 | 1.2216 | $58.33 | APC | $58.33 | | | |
| 76071 | S | CT BONE DENSITY PERIPHERAL | 0282 | 1.5934 | $76.08 | APC | $76.08 | | | |
| 76075 | S | DXA BONE DENSITY AXIAL | 0288 | 1.2216 | $58.33 | APC | $58.33 | | | |
| 76076 | S | DXA BONE DENSITY/PERIPHERAL | 0665 | 0.6381 | $30.47 | APC | $30.47 | | | |
| 76077 | X | DXA BONE DENSITY/V-FRACTURE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 76078 | X | RADIOGRAPHIC ABSORPTIOMETRY | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 76080 | X | RADIOLOGIC EXAM ABSCESS FISTULA OR SINUS TRACT STUDY | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 76082 | M | COMPUTER MAMMOGRAM ADD-ON | | | $0.00 | Fee Schedule | $11.94 | | | |
| 76083 | M | COMPUTER MAMMOGRAM ADD-ON | | | $0.00 | Fee Schedule | $11.94 | | | |
| 76086 | X | X-RAY OF MAMMARY DUCT | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 76088 | X | X-RAY OF MAMMARY DUCTS | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 76090 | M | MAMMOGRAM ONE BREAST | | | $0.00 | Fee Schedule | $30.84 | | | |
| 76091 | M | MAMMOGRAM BOTH BREASTS | | | $0.00 | Fee Schedule | $38.35 | | | |
| 76092 | M | MAMM0GRAM, SCREENING | | | $0.00 | Fee Schedule | $36.12 | | | |
| 76093 | M | MAGNETIC IMAGE BREAST | | | $0.00 | Fee Schedule | $516.59 | | | |
| 76094 | M | MAGNETIC IMAGE BOTH BREASTS | | | $0.00 | Fee Schedule | $700.82 | | | |
| 76095 | X | STEREOTACTIC BREAST BIOPSY | 0264 | 3.4542 | $164.94 | APC | $164.94 | | | |
| 76096 | X | X-RAY OF NEEDLE WIRE BREAST | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |
| 76098 | X | X-RAY EXAM BREAST SPECIMEN | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 76100 | X | X-RAY EXAM OF BODY SECTION | 0261 | 1.2416 | $59.29 | APC | $59.29 | | | |
| 76101 | X | COMPLEX BODY SECTION X-RAY | 0263 | 1.6979 | $81.07 | APC | $81.07 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 76102 | X | COMPLEX BODY SECTION X-RAYS | 0264 | 3.4542 | $164.94 | APC | $164.94 | | | |
| 76120 | X | CINE/VIDEO X-RAYS | 0272 | 1.3291 | $63.46 | APC | $63.46 | | | |
| 76125 | X | CINE/VIDEO X-RAYS ADD-ON | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 76140 | M | X-RAY CONSULTATION | | | $0.00 | Not Allowed | $0.00 | | | |
| 76150 | X | X-RAY EXAM DRY PROCESS | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 76350 | N | SPECIAL X-RAY CONTRAST STUDY | | | $0.00 | APC | $0.00 | | | |
| 76355 | S | CT SCAN FOR LOCALIZATION | 0283 | 4.2921 | $204.95 | APC | $204.95 | | | |
| 76360 | S | CT SCAN FOR NEEDLE BIOPSY | 0283 | 4.2921 | $204.95 | APC | $204.95 | | | |
| 76362 | S | CT GUIDE FOR TISSUE ABLATION | 0333 | 5.1053 | $243.78 | APC | $243.78 | | | |
| 76370 | S | CT SCAN FOR THERAPY GUIDE | 0282 | 1.5934 | $76.08 | APC | $76.08 | | | |
| 76376 | X | 3D RENDER W/O POSTPROCESS | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 76377 | S | 3D RENDERING W/POSTPROCESS | 0282 | 1.5934 | $76.08 | APC | $76.08 | | | |
| 76380 | S | CAT SCAN FOLLOW-UP STUDY | 0282 | 1.5934 | $76.08 | APC | $76.08 | | | |
| 76390 | E | MR SPECTROSCOPY | | | $0.00 | Not Allowed | $0.00 | | | |
| 76393 | S | MR GUIDANCE FOR NEEDLE PLACEMENT RADIOLOGIC SUPERVISION | 0335 | 5.0997 | $243.51 | APC | $243.51 | | | |
| 76394 | S | MRI FOR TISSUE ABLATION | 0335 | 5.0997 | $243.51 | APC | $243.51 | | | |
| 76400 | S | MAGNETIC IMAGE BONE MARROW | 0335 | 5.0997 | $243.51 | APC | $243.51 | | | |
| 76496 | X | FLUOROSCOPIC PROCEDURE | 0272 | 1.3291 | $63.46 | APC | $63.46 | | | |
| 76497 | S | CT PROCEDURE | 0282 | 1.5934 | $76.08 | APC | $76.08 | | | |
| 76498 | S | MRI PROCEDURE | 0335 | 5.0997 | $243.51 | APC | $243.51 | | | |
| 76499 | X | RADIOGRAPHIC PROCEDURE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 76506 | S | ECHO EXAM OF HEAD | 0265 | 0.9930 | $47.42 | APC | $47.42 | | | |
| 76510 | S | OPHTH US B & QUANT A | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76511 | S | OPHTH US QUANT A ONLY | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76512 | S | OPHTH US B W/NON-QUANT A | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76513 | S | OPHTHALMIC U/S ECHOGRAPHY DX; ANTERIOR IMMERSION OR BIOMI | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76514 | X | ECHO EXAM OF EYE THICKNESS | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 76516 | S | ECHO EXAM OF EYE | 0265 | 0.9930 | $47.42 | APC | $47.42 | | | |
| 76519 | S | ECHO EXAM OF EYE | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76529 | S | ECHO EXAM OF EYE | 0265 | 0.9930 | $47.42 | APC | $47.42 | | | |
| 76536 | S | US EXAM OF HEAD AND NECK | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76604 | S | ECHO EXAM OF CHEST | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76645 | S | US EXAM, BREAST(S) | 0265 | 0.9930 | $47.42 | APC | $47.42 | | | |
| 76700 | S | ECHO EXAM OF ABDOMEN | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76705 | S | ECHO EXAM OF ABDOMEN | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76770 | S | ECHO EXAM ABDOMEN BACK WALL | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76775 | S | US EXAM ABDO BACK WALL LIM | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76778 | S | ECHO EXAM KIDNEY TRANSPLANT | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76800 | S | US EXAM, SPINAL CANAL | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76801 | S | OB US < 14 WKS SINGLE FETUS | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76802 | S | OB US < 14 WKS ADD L FETUS | 0265 | 0.9930 | $47.42 | APC | $47.42 | | | |
| 76805 | S | OB US >/= 14 WKS SNGL FETUS | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76810 | S | OB US >/= 14 WKS ADDL FETUS | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76811 | S | OB US DETAILED SNGL FETUS | 0267 | 2.5543 | $121.97 | APC | $121.97 | | | |
| 76812 | S | OB US DETAILED ADDL FETUS | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76815 | S | OB US LIMITED FETUS(S) | 0265 | 0.9930 | $47.42 | APC | $47.42 | | | |
| 76816 | S | OB US FOLLOW-UP PER FETUS | 0265 | 0.9930 | $47.42 | APC | $47.42 | | | |
| 76817 | S | TRANSVAGINAL US OBSTETRIC | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76818 | S | FETAL BIOPHYS PROFILE W/NST | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76819 | S | FETAL BIOPHYS PROFIL W/O NST | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76820 | S | UMBILICAL ARTERY ECHO | 0096 | 1.6020 | $76.50 | APC | $76.50 | | | |
| 76821 | S | MIDDLE CEREBRAL ARTERY ECHO | 0096 | 1.6020 | $76.50 | APC | $76.50 | | | |
| 76825 | S | ECHO EXAM OF FETAL HEART | 0671 | 1.6763 | $80.04 | APC | $80.04 | | | |
| 76826 | S | ECHO EXAM OF FETAL HEART | 0697 | 1.5121 | $72.20 | APC | $72.20 | | | |
| 76827 | S | ECHO EXAM OF FETAL HEART | 0671 | 1.6763 | $80.04 | APC | $80.04 | | | |
| 76828 | S | ECHO EXAM OF FETAL HEART | 0697 | 1.5121 | $72.20 | APC | $72.20 | | | |
| 76830 | S | TRANSVAGINAL US NON-OB | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76831 | S | ECHO EXAM UTERUS | 0267 | 2.5543 | $121.97 | APC | $121.97 | | | |
| 76856 | S | US EXAM, PELVIC, COMPLETE | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76857 | S | ECHO EXAM OF PELVIS | 0265 | 0.9930 | $47.42 | APC | $47.42 | | | |
| 76870 | S | US EXAM, SCROTUM | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76872 | S | US TRANSRECTAL | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76873 | S | ECHOGRAP TRANS R PROS STUDY | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76880 | S | US EXAM, EXTREMITY | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76885 | S | US EXAM INFANT HIPS DYNAMIC | 0265 | 0.9930 | $47.42 | APC | $47.42 | | | |
| 76886 | S | US EXAM INFANT HIPS STATIC | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76930 | S | ECHO GUIDE CARDIOCENTESIS | 0268 | 1.0460 | $49.95 | APC | $49.95 | | | |
| 76932 | S | ECHO GUIDE FOR HEART BIOPSY | 0268 | 1.0460 | $49.95 | APC | $49.95 | | | |
| 76936 | S | ECHO GUIDE FOR ARTERY REPAIR | 0268 | 1.0460 | $49.95 | APC | $49.95 | | | |
| 76937 | N | US GUIDE VASCULAR ACCESS | | | $0.00 | APC | $0.00 | | | |
| 76940 | S | US GUIDE TISSUE ABLATION | 0268 | 1.0460 | $49.95 | APC | $49.95 | | | |
| 76941 | S | ECHO GUIDE FOR TRANSFUSION | 0268 | 1.0460 | $49.95 | APC | $49.95 | | | |
| 76942 | S | ECHO GUIDE FOR BIOPSY | 0268 | 1.0460 | $49.95 | APC | $49.95 | | | |
| 76945 | S | ECHO GUIDE VILLUS SAMPLING | 0268 | 1.0460 | $49.95 | APC | $49.95 | | | |
| 76946 | S | ECHO GUIDE FOR AMNIOCENTESIS | 0268 | 1.0460 | $49.95 | APC | $49.95 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 76948 | S | ECHO GUIDE OVA ASPIRATION | 0268 | 1.0460 | $49.95 | APC | $49.95 | | | |
| 76950 | S | ECHO GUIDANCE RADIOTHERAPY | 0268 | 1.0460 | $49.95 | APC | $49.95 | | | |
| 76965 | S | ECHO GUIDANCE RADIOTHERAPY | 0268 | 1.0460 | $49.95 | APC | $49.95 | | | |
| 76970 | S | ULTRASOUND EXAM FOLLOW-UP | 0265 | 0.9930 | $47.42 | APC | $47.42 | | | |
| 76975 | S | GI ENDOSCOPIC ULTRASOUND | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76977 | X | U/S BONE DENSITY MEASUREMENT AND INTERP PERIPH SITE ANY MTHD | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 76986 | S | ECHO EXAM AT SURGERY | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 76999 | S | ECHO EXAMINATION PROCEDURE | 0265 | 0.9930 | $47.42 | APC | $47.42 | | | |
| 77261 | M | RADIATION THERAPY PLANNING | | | $0.00 | Not Allowed | $0.00 | | | |
| 77262 | M | RADIATION THERAPY PLANNING | | | $0.00 | Not Allowed | $0.00 | | | |
| 77263 | M | RADIATION THERAPY PLANNING | | | $0.00 | Not Allowed | $0.00 | | | |
| 77280 | X | SET RADIATION THERAPY FIELD; SIMPLE | 0304 | 1.7323 | $82.72 | APC | $82.72 | | | |
| 77285 | X | SET RADIATION THERAPY FIELD; INTERMEDIATE | 0305 | 3.9335 | $187.82 | APC | $187.82 | | | |
| 77290 | X | SET RADIATION THERAPY FIELD; COMPLEX | 0305 | 3.9335 | $187.82 | APC | $187.82 | | | |
| 77295 | X | THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; 3-DIM | 0310 | 13.8818 | $662.86 | APC | $662.86 | | | |
| 77299 | X | RADIATION THERAPY PLANNING UNLISTED PROCEDURE | 0304 | 1.7323 | $82.72 | APC | $82.72 | | | |
| 77300 | X | RADIATION THERAPY DOSE PLAN | 0304 | 1.7323 | $82.72 | APC | $82.72 | | | |
| 77301 | X | RADIOTHERAPY DOSE PLAN IMRT | 0310 | 13.8818 | $662.86 | APC | $662.86 | | | |
| 77305 | X | TELETX ISODOSE PLAN SIMPLE | 0304 | 1.7323 | $82.72 | APC | $82.72 | | | |
| 77310 | X | TELETX ISODOSE PLAN INTERMED | 0305 | 3.9335 | $187.82 | APC | $187.82 | | | |
| 77315 | X | TELETX ISODOSE PLAN COMPLEX | 0305 | 3.9335 | $187.82 | APC | $187.82 | | | |
| 77321 | X | SPECIAL TELETX PORT PLAN | 0305 | 3.9335 | $187.82 | APC | $187.82 | | | |
| 77326 | X | BRACHYTX ISODOSE CALC SIMP | 0304 | 1.7323 | $82.72 | APC | $82.72 | | | |
| 77327 | X | BRACHYTX ISODOSE CALC INTERM | 0305 | 3.9335 | $187.82 | APC | $187.82 | | | |
| 77328 | X | BRACHYTX ISODOSE PLAN COMPL | 0305 | 3.9335 | $187.82 | APC | $187.82 | | | |
| 77331 | X | SPECIAL RADIATION DOSIMETRY | 0304 | 1.7323 | $82.72 | APC | $82.72 | | | |
| 77332 | X | RADIATION TREATMENT AID(S) | 0303 | 2.8241 | $134.85 | APC | $134.85 | | | |
| 77333 | X | RADIATION TREATMENT AID(S) | 0303 | 2.8241 | $134.85 | APC | $134.85 | | | |
| 77334 | X | RADIATION TREATMENT AID(S) | 0303 | 2.8241 | $134.85 | APC | $134.85 | | | |
| 77336 | X | CONTINUING MEDICAL RADIATION PHYSICS CONSULT PER WEEK OF TX | 0304 | 1.7323 | $82.72 | APC | $82.72 | | | |
| 77370 | X | RADIATION PHYSICS CONSULT | 0304 | 1.7323 | $82.72 | APC | $82.72 | | | |
| 77399 | X | UNLISTED PROC RADIATION PHYSICS DOSIM/TX DEVICE& SPEC SVCS | 0304 | 1.7323 | $82.72 | APC | $82.72 | | | |
| 77401 | S | RADIATION TREATMENT DELIVERY | 0300 | 1.4660 | $70.00 | APC | $70.00 | | | |
| 77402 | S | RADIATION TREATMENT DELIVERY | 0300 | 1.4660 | $70.00 | APC | $70.00 | | | |
| 77403 | S | RADIATION TREATMENT DELIVERY | 0300 | 1.4660 | $70.00 | APC | $70.00 | | | |
| 77404 | S | RADIATION TREATMENT DELIVERY | 0300 | 1.4660 | $70.00 | APC | $70.00 | | | |
| 77406 | S | RADIATION TREATMENT DELIVERY | 0300 | 1.4660 | $70.00 | APC | $70.00 | | | |
| 77407 | S | RADIATION TREATMENT DELIVERY | 0300 | 1.4660 | $70.00 | APC | $70.00 | | | |
| 77408 | S | RADIATION TREATMENT DELIVERY | 0300 | 1.4660 | $70.00 | APC | $70.00 | | | |
| 77409 | S | RADIATION TREATMENT DELIVERY | 0300 | 1.4660 | $70.00 | APC | $70.00 | | | |
| 77411 | S | RADIATION TREATMENT DELIVERY | 0301 | 2.2056 | $105.32 | APC | $105.32 | | | |
| 77412 | S | RADIATION TREATMENT DELIVERY | 0301 | 2.2056 | $105.32 | APC | $105.32 | | | |
| 77413 | S | RADIATION TREATMENT DELIVERY | 0301 | 2.2056 | $105.32 | APC | $105.32 | | | |
| 77414 | S | RADIATION TREATMENT DELIVERY | 0301 | 2.2056 | $105.32 | APC | $105.32 | | | |
| 77416 | S | RADIATION TREATMENT DELIVERY | 0301 | 2.2056 | $105.32 | APC | $105.32 | | | |
| 77417 | X | RADIOLOGY PORT FILM(S) | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 77418 | S | RADIATION TX DELIVERY IMRT | 0412 | 5.3573 | $255.81 | APC | $255.81 | | | |
| 77421 | S | STEREOSCOPIC X-RAY GUIDANCE | 1502 | 1.2603 | $60.18 | APC | $60.18 | | | |
| 77422 | S | NEUTRON BEAM TX SIMPLE | 0301 | 2.2056 | $105.32 | APC | $105.32 | | | |
| 77423 | S | NEUTRON BEAM TX COMPLEX | 0301 | 2.2056 | $105.32 | APC | $105.32 | | | |
| 77427 | M | RADIATION TREATMENT MANAGEMENT FIVE TREATMENTS | | | $0.00 | Fee Schedule | $142.99 | | | |
| 77431 | M | RADIATION THERAPY MANAGEMENT | | | $0.00 | Fee Schedule | $80.88 | | | |
| 77432 | M | STEREOTACTIC RADIATION TRMT | | | $0.00 | Fee Schedule | $352.61 | | | |
| 77470 | S | SPECIAL RADIATION TREATMENT | 0299 | 5.7678 | $275.41 | APC | $275.41 | | | |
| 77499 | M | RADIATION THERAPY MANAGEMENT | | | $0.00 | By Report | $0.00 | | | |
| 77520 | S | PROTON BEAM DELIVERY TO SNGL TX AREA SNGL PORT CUSTOM BLK | 0664 | 15.9286 | $760.59 | APC | $760.59 | | | |
| 77522 | S | PROTON TREATMENT DELIVERY; SIMPLE WITH COMPENSATION | 0664 | 15.9286 | $760.59 | APC | $760.59 | | | |
| 77523 | S | PROTON BEAM DELIVERY TO 1-2 TX AREAS 2 OR MORE PORTS/BLOCKS | 0667 | 19.0566 | $909.95 | APC | $909.95 | | | |
| 77525 | S | PROTON TREATMENT DELIVERY; COMPLEX | 0667 | 19.0566 | $909.95 | APC | $909.95 | | | |
| 77600 | S | HYPERTHERMIA TREATMENT | 0314 | 5.5840 | $266.64 | APC | $266.64 | | | |
| 77605 | S | HYPERTHERMIA TREATMENT | 0314 | 5.5840 | $266.64 | APC | $266.64 | | | |
| 77610 | S | HYPERTHERMIA TREATMENT | 0314 | 5.5840 | $266.64 | APC | $266.64 | | | |
| 77615 | S | HYPERTHERMIA TREATMENT | 0314 | 5.5840 | $266.64 | APC | $266.64 | | | |
| 77620 | S | HYPERTHERMIA TREATMENT | 0314 | 5.5840 | $266.64 | APC | $266.64 | | | |
| 77750 | S | INFUSE RADIOACTIVE MATERIALS | 0301 | 2.2056 | $105.32 | APC | $105.32 | | | |
| 77761 | S | RADIOELEMENT APPLICATION | 0312 | 5.5674 | $265.84 | APC | $265.84 | | | |
| 77762 | S | RADIOELEMENT APPLICATION | 0312 | 5.5674 | $265.84 | APC | $265.84 | | | |
| 77763 | S | RADIOELEMENT APPLICATION | 0312 | 5.5674 | $265.84 | APC | $265.84 | | | |
| 77776 | S | RADIOELEMENT APPLICATION | 0312 | 5.5674 | $265.84 | APC | $265.84 | | | |
| 77777 | S | 3ADIOELEMENT APPLICATION | 0312 | 5.5674 | $265.84 | APC | $265.84 | | | |
| 77778 | S | APPLY INTERSTIT RADIAT COMPL | 0651 | 11.1948 | $534.55 | APC | $534.55 | | | |
| 77781 | S | HIGH INTENSITY BRACHYTHERAPY | 0313 | 13.0202 | $621.71 | APC | $621.71 | | | |
| 77782 | S | HIGH INTENSITY BRACHYTHERAPY | 0313 | 13.0202 | $621.71 | APC | $621.71 | | | |
| 77783 | S | HIGH INTENSITY BRACHYTHERAPY | 0313 | 13.0202 | $621.71 | APC | $621.71 | | | |
| 77784 | S | HIGH INTENSITY BRACHYTHERAPY | 0313 | 13.0202 | $621.71 | APC | $621.71 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 77789 | S | RADIOELEMENT APPLICATION | 0300 | 1.4660 | $70.00 | APC | $70.00 | | | |
| 77790 | N | RADIOELEMENT HANDLING | | | $0.00 | APC | $0.00 | | | |
| 77799 | S | RADIUM/RADIOISOTOPE THERAPY | 0313 | 13.0202 | $621.71 | APC | $621.71 | | | |
| 78000 | S | THYROID SINGLE UPTAKE | 0389 | 1.4276 | $68.17 | APC | $68.17 | | | |
| 78001 | S | THYROID MULTIPLE UPTAKES | 0389 | 1.4276 | $68.17 | APC | $68.17 | | | |
| 78003 | S | THYROID SUPPRESS/STIMUL | 0392 | 3.5231 | $168.23 | APC | $168.23 | | | |
| 78006 | S | THYROID IMAGING WITH UPTAKE | 0390 | 2.4663 | $117.77 | APC | $117.77 | | | |
| 78007 | S | THYROID IMAGE MULT UPTAKES | 0391 | 2.7803 | $132.76 | APC | $132.76 | | | |
| 78010 | S | THYROID IMAGING | 0390 | 2.4663 | $117.77 | APC | $117.77 | | | |
| 78011 | S | THYROID IMAGING WITH FLOW | 0390 | 2.4663 | $117.77 | APC | $117.77 | | | |
| 78015 | S | THYROID MET IMAGING | 0406 | 4.1397 | $197.67 | APC | $197.67 | | | |
| 78016 | S | THYROID MET IMAGING/STUDIES | 0406 | 4.1397 | $197.67 | APC | $197.67 | | | |
| 78018 | S | THYROID MET IMAGING BODY | 0406 | 4.1397 | $197.67 | APC | $197.67 | | | |
| 78020 | S | THYROID CARCINOMA METASTASES UPTAKE | 0399 | 1.5039 | $71.81 | APC | $71.81 | | | |
| 78070 | S | PARATHYROID NUCLEAR IMAGING | 0391 | 2.7803 | $132.76 | APC | $132.76 | | | |
| 78075 | S | ADRENAL NUCLEAR IMAGING | 0391 | 2.7803 | $132.76 | APC | $132.76 | | | |
| 78099 | S | ENDOCRINE NUCLEAR PROCEDURE | 0390 | 2.4663 | $117.77 | APC | $117.77 | | | |
| 78102 | S | BONE MARROW IMAGING LTD | 0400 | 3.9160 | $186.99 | APC | $186.99 | | | |
| 78103 | S | BONE MARROW IMAGING MULT | 0400 | 3.9160 | $186.99 | APC | $186.99 | | | |
| 78104 | S | BONE MARROW IMAGING BODY | 0400 | 3.9160 | $186.99 | APC | $186.99 | | | |
| 78110 | S | PLASMA VOLUME SINGLE | 0393 | 3.4467 | $164.58 | APC | $164.58 | | | |
| 78111 | S | PLASMA VOLUME MULTIPLE | 0393 | 3.4467 | $164.58 | APC | $164.58 | | | |
| 78120 | S | RED CELL MASS SINGLE | 0393 | 3.4467 | $164.58 | APC | $164.58 | | | |
| 78121 | S | RED CELL MASS MULTIPLE | 0393 | 3.4467 | $164.58 | APC | $164.58 | | | |
| 78122 | S | BLOOD VOLUME | 0393 | 3.4467 | $164.58 | APC | $164.58 | | | |
| 78130 | S | RED CELL SURVIVAL STUDY | 0393 | 3.4467 | $164.58 | APC | $164.58 | | | |
| 78135 | S | RED CELL SURVIVAL KINETICS | 0393 | 3.4467 | $164.58 | APC | $164.58 | | | |
| 78140 | S | RED CELL SEQUESTRATION | 0393 | 3.4467 | $164.58 | APC | $164.58 | | | |
| 78185 | S | SPLEEN IMAGING | 0400 | 3.9160 | $186.99 | APC | $186.99 | | | |
| 78190 | S | PLATELET SURVIVAL KINETICS | 0392 | 3.5231 | $168.23 | APC | $168.23 | | | |
| 78191 | S | PLATELET SURVIVAL | 0392 | 3.5231 | $168.23 | APC | $168.23 | | | |
| 78195 | S | LYMPH SYSTEM IMAGING | 0400 | 3.9160 | $186.99 | APC | $186.99 | | | |
| 78199 | S | BLOOD/LYMPH NUCLEAR EXAM | 0400 | 3.9160 | $186.99 | APC | $186.99 | | | |
| 78201 | S | LIVER IMAGING | 0394 | 4.3107 | $205.84 | APC | $205.84 | | | |
| 78202 | S | LIVER IMAGING WITH FLOW | 0394 | 4.3107 | $205.84 | APC | $205.84 | | | |
| 78205 | S | LIVER IMAGING (3D) | 0394 | 4.3107 | $205.84 | APC | $205.84 | | | |
| 78206 | S | LIVER IMAGE (3D) WITH FLOW | 0394 | 4.3107 | $205.84 | APC | $205.84 | | | |
| 78215 | S | LIVER AND SPLEEN IMAGING | 0394 | 4.3107 | $205.84 | APC | $205.84 | | | |
| 78216 | S | LIVER & SPLEEN IMAGE FLOW | 0394 | 4.3107 | $205.84 | APC | $205.84 | | | |
| 78220 | S | LIVER FUNCTION STUDY | 0394 | 4.3107 | $205.84 | APC | $205.84 | | | |
| 78223 | S | HEPATOBILIARY IMAGING | 0394 | 4.3107 | $205.84 | APC | $205.84 | | | |
| 78230 | S | SALIVARY GLAND IMAGING | 0395 | 3.7696 | $180.00 | APC | $180.00 | | | |
| 78231 | S | SERIAL SALIVARY IMAGING | 0395 | 3.7696 | $180.00 | APC | $180.00 | | | |
| 78232 | S | SALIVARY GLAND FUNCTION EXAM | 0395 | 3.7696 | $180.00 | APC | $180.00 | | | |
| 78258 | S | ESOPHAGEAL MOTILITY STUDY | 0395 | 3.7696 | $180.00 | APC | $180.00 | | | |
| 78261 | S | GASTRIC MUCOSA IMAGING | 0395 | 3.7696 | $180.00 | APC | $180.00 | | | |
| 78262 | S | GASTROESOPHAGEAL REFLUX EXAM | 0395 | 3.7696 | $180.00 | APC | $180.00 | | | |
| 78264 | S | GASTRIC EMPTYING STUDY | 0395 | 3.7696 | $180.00 | APC | $180.00 | | | |
| 78267 | Q | BREATH TST ATTAIN/ANAL C-14 | | | $0.00 | Medicare | $18.30 | $11.35 | $10.98 | |
| 78268 | Q | BREATH TEST ANALYSIS C-14 | | | $0.00 | Medicare | $156.85 | $97.25 | $94.11 | |
| 78270 | S | VIT B-12 ABSORPTION EXAM | 0392 | 3.5231 | $168.23 | APC | $168.23 | | | |
| 78271 | S | VIT B-12 ABSRP EXAM INT FAC | 0392 | 3.5231 | $168.23 | APC | $168.23 | | | |
| 78272 | S | VIT B-12 ABSORP COMBINED | 0392 | 3.5231 | $168.23 | APC | $168.23 | | | |
| 78278 | S | ACUTE GI BLOOD LOSS IMAGING | 0395 | 3.7696 | $180.00 | APC | $180.00 | | | |
| 78282 | S | GI PROTEIN LOSS EXAM | 0395 | 3.7696 | $180.00 | APC | $180.00 | | | |
| 78290 | S | MECKEL□S DIVERT EXAM | 0395 | 3.7696 | $180.00 | APC | $180.00 | | | |
| 78291 | S | LEVEEN/SHUNT PATENCY EXAM | 0395 | 3.7696 | $180.00 | APC | $180.00 | | | |
| 78299 | S | GI NUCLEAR PROCEDURE | 0395 | 3.7696 | $180.00 | APC | $180.00 | | | |
| 78300 | S | BONE IMAGING LIMITED AREA | 0396 | 3.9921 | $190.62 | APC | $190.62 | | | |
| 78305 | S | BONE IMAGING MULTIPLE AREAS | 0396 | 3.9921 | $190.62 | APC | $190.62 | | | |
| 78306 | S | BONE IMAGING WHOLE BODY | 0396 | 3.9921 | $190.62 | APC | $190.62 | | | |
| 78315 | S | BONE IMAGING 3 PHASE | 0396 | 3.9921 | $190.62 | APC | $190.62 | | | |
| 78320 | S | BONE IMAGING (3D) | 0396 | 3.9921 | $190.62 | APC | $190.62 | | | |
| 78350 | X | BONE DENSITY STUDY ONE OR MORE SITES; SINGLE PHOTON ABSORP | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| 78351 | M | BONE DENSITY STUDY ONE OR MORE SITES; DUAL PHOTON ABSORPTIO | | | $0.00 | Not Allowed | $0.00 | | | |
| 78399 | S | MUSCULOSKELETAL NUCLEAR EXAM | 0396 | 3.9921 | $190.62 | APC | $190.62 | | | |
| 78414 | S | NON-IMAGING HEART FUNCTION | 0398 | 4.2038 | $200.73 | APC | $200.73 | | | |
| 78428 | S | CARDIAC SHUNT IMAGING | 0398 | 4.2038 | $200.73 | APC | $200.73 | | | |
| 78445 | S | VASCULAR FLOW IMAGING | 0397 | 2.0829 | $99.46 | APC | $99.46 | | | |
| 78456 | S | ACUTE VENOUS THROMBUS IMAGE | 0397 | 2.0829 | $99.46 | APC | $99.46 | | | |
| 78457 | S | VENOUS THROMBOSIS IMAGING VENOGRAM; UNILATERAL | 0397 | 2.0829 | $99.46 | APC | $99.46 | | | |
| 78458 | S | VENOUS THROMBOSIS IMAGING VENOGRAM; BILATERAL | 0397 | 2.0829 | $99.46 | APC | $99.46 | | | |
| 78459 | S | HEART MUSCLE IMAGING (PET) | 0306 | 13.4521 | $642.34 | APC | $642.34 | | | |
| 78460 | S | HEART MUSCLE BLOOD SINGLE | 0398 | 4.2038 | $200.73 | APC | $200.73 | | | |
| 78461 | S | HEART MUSCLE BLOOD MULTIPLE | 0377 | 6.6729 | $318.63 | APC | $318.63 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 78464 | S | HEART IMAGE (3D) SINGLE | 0398 | 4.2038 | $200.73 | APC | $200.73 | | | |
| 78465 | S | HEART IMAGE (3D) MULTIPLE | 0377 | 6.6729 | $318.63 | APC | $318.63 | | | |
| 78466 | S | HEART INFARCT IMAGE | 0398 | 4.2038 | $200.73 | APC | $200.73 | | | |
| 78468 | S | HEART INFARCT IMAGE EF | 0398 | 4.2038 | $200.73 | APC | $200.73 | | | |
| 78469 | S | HEART INFARCT IMAGE (3D) | 0398 | 4.2038 | $200.73 | APC | $200.73 | | | |
| 78472 | S | CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM; PLANAR SINGL | 0398 | 4.2038 | $200.73 | APC | $200.73 | | | |
| 78473 | S | CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM; MULT STUDIES | 0376 | 5.0315 | $240.25 | APC | $240.25 | | | |
| 78478 | S | MYOCARDIAL PERF STUDY W/ WALL MOTION QUALIT OR QUANTIT STDY | 0399 | 1.5039 | $71.81 | APC | $71.81 | | | |
| 78480 | S | MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION | 0399 | 1.5039 | $71.81 | APC | $71.81 | | | |
| 78481 | S | HEART FIRST PASS SINGLE | 0398 | 4.2038 | $200.73 | APC | $200.73 | | | |
| 78483 | S | HEART FIRST PASS MULTIPLE | 0376 | 5.0315 | $240.25 | APC | $240.25 | | | |
| 78491 | S | HEART IMAGE (PET) SINGLE | 0306 | 13.4521 | $642.34 | APC | $642.34 | | | |
| 78492 | S | HEART IMAGE (PET) MULTIPLE | 0307 | 41.7549 | $1,993.80 | APC | $1,993.80 | | | |
| 78494 | S | CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM SPECT | 0398 | 4.2038 | $200.73 | APC | $200.73 | | | |
| 78496 | S | CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM SNGL 1ST PASS | 0399 | 1.5039 | $71.81 | APC | $71.81 | | | |
| 78499 | S | CARDIOVASCULAR NUCLEAR EXAM | 0398 | 4.2038 | $200.73 | APC | $200.73 | | | |
| 78580 | S | LUNG PERFUSION IMAGING | 0401 | 3.3166 | $158.37 | APC | $158.37 | | | |
| 78584 | S | LUNG V/Q IMAGE SINGLE BREATH | 0378 | 5.4064 | $258.16 | APC | $258.16 | | | |
| 78585 | S | LUNG V/Q IMAGING | 0378 | 5.4064 | $258.16 | APC | $258.16 | | | |
| 78586 | S | AEROSOL LUNG IMAGE SINGLE | 0401 | 3.3166 | $158.37 | APC | $158.37 | | | |
| 78587 | S | AEROSOL LUNG IMAGE MULTIPLE | 0401 | 3.3166 | $158.37 | APC | $158.37 | | | |
| 78588 | S | PULMONARY PERFUSION IMAG PARTICULATE W/VENT IMAG AEROSOL | 0378 | 5.4064 | $258.16 | APC | $258.16 | | | |
| 78591 | S | VENT IMAGE 1 BREATH 1 PROJ | 0401 | 3.3166 | $158.37 | APC | $158.37 | | | |
| 78593 | S | VENT IMAGE 1 PROJ GAS | 0401 | 3.3166 | $158.37 | APC | $158.37 | | | |
| 78594 | S | VENT IMAGE MULT PROJ GAS | 0401 | 3.3166 | $158.37 | APC | $158.37 | | | |
| 78596 | S | LUNG DIFFERENTIAL FUNCTION | 0378 | 5.4064 | $258.16 | APC | $258.16 | | | |
| 78599 | S | RESPIRATORY NUCLEAR EXAM | 0401 | 3.3166 | $158.37 | APC | $158.37 | | | |
| 78600 | S | BRAIN IMAGING LTD STATIC | 0402 | 5.1709 | $246.91 | APC | $246.91 | | | |
| 78601 | S | BRAIN IMAGING LTD W/FLOW | 0402 | 5.1709 | $246.91 | APC | $246.91 | | | |
| 78605 | S | BRAIN IMAGING COMPLETE | 0402 | 5.1709 | $246.91 | APC | $246.91 | | | |
| 78606 | S | BRAIN IMAGING COMP & FLOW | 0402 | 5.1709 | $246.91 | APC | $246.91 | | | |
| 78607 | S | BRAIN IMAGING (3D) | 0402 | 5.1709 | $246.91 | APC | $246.91 | | | |
| 78608 | S | BRAIN IMAGING (PET) | 1513 | 19.3242 | $922.73 | APC | $922.73 | | | |
| 78609 | M | BRAIN IMAGING (PET) | | | $0.00 | Not Allowed | $0.00 | | | |
| 78610 | S | BRAIN FLOW IMAGING ONLY | 0402 | 5.1709 | $246.91 | APC | $246.91 | | | |
| 78615 | S | CEREBRAL VASCULAR FLOW IMAGE | 0402 | 5.1709 | $246.91 | APC | $246.91 | | | |
| 78630 | S | CEREBROSPINAL FLUID SCAN | 0403 | 3.5015 | $167.20 | APC | $167.20 | | | |
| 78635 | S | CSF VENTRICULOGRAPHY | 0403 | 3.5015 | $167.20 | APC | $167.20 | | | |
| 78645 | S | CSF SHUNT EVALUATION | 0403 | 3.5015 | $167.20 | APC | $167.20 | | | |
| 78647 | S | CEREBROSPINAL FLUID SCAN | 0403 | 3.5015 | $167.20 | APC | $167.20 | | | |
| 78650 | S | CSF LEAKAGE IMAGING | 0403 | 3.5015 | $167.20 | APC | $167.20 | | | |
| 78660 | S | NUCLEAR EXAM OF TEAR FLOW | 0403 | 3.5015 | $167.20 | APC | $167.20 | | | |
| 78699 | S | NERVOUS SYSTEM NUCLEAR EXAM | 0402 | 5.1709 | $246.91 | APC | $246.91 | | | |
| 78700 | S | KIDNEY IMAGING STATIC | 0404 | 3.6558 | $174.56 | APC | $174.56 | | | |
| 78701 | S | KIDNEY IMAGING WITH FLOW | 0404 | 3.6558 | $174.56 | APC | $174.56 | | | |
| 78704 | S | IMAGING RENOGRAM | 0404 | 3.6558 | $174.56 | APC | $174.56 | | | |
| 78707 | S | KIDNEY IMAGING; SINGLE STUDY W/OUT PHARMACOLOGICAL INTERVENT | 0404 | 3.6558 | $174.56 | APC | $174.56 | | | |
| 78708 | S | KIDNEY FLOW/FUNCTION IMAGE | 0405 | 4.1493 | $198.13 | APC | $198.13 | | | |
| 78709 | S | KIDNEY FLOW/FUNCTION IMAGE | 0405 | 4.1493 | $198.13 | APC | $198.13 | | | |
| 78710 | S | KIDNEY IMAGING TOMOGRAPHIC (SPECT) | 0404 | 3.6558 | $174.56 | APC | $174.56 | | | |
| 78715 | S | RENAL VASCULAR FLOW EXAM | 0404 | 3.6558 | $174.56 | APC | $174.56 | | | |
| 78725 | S | KIDNEY FUNCTION STUDY NON-IMAGING RADIOISOTOPIC STUDY | 0389 | 1.4276 | $68.17 | APC | $68.17 | | | |
| 78730 | X | URINARY BLADDER RETENTION | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 78740 | S | URETERAL REFLUX STUDY | 0404 | 3.6558 | $174.56 | APC | $174.56 | | | |
| 78760 | S | TESTICULAR IMAGING | 0404 | 3.6558 | $174.56 | APC | $174.56 | | | |
| 78761 | S | TESTICULAR IMAGING & FLOW | 0404 | 3.6558 | $174.56 | APC | $174.56 | | | |
| 78799 | S | GENITOURINARY NUCLEAR EXAM | 0404 | 3.6558 | $174.56 | APC | $174.56 | | | |
| 78800 | S | TUMOR IMAGING LIMITED AREA | 0406 | 4.1397 | $197.67 | APC | $197.67 | | | |
| 78801 | S | TUMOR IMAGING MULT AREAS | 0406 | 4.1397 | $197.67 | APC | $197.67 | | | |
| 78802 | S | TUMOR IMAGING WHOLE BODY | 0406 | 4.1397 | $197.67 | APC | $197.67 | | | |
| 78803 | S | TUMOR IMAGING (3D) | 0406 | 4.1397 | $197.67 | APC | $197.67 | | | |
| 78804 | S | TUMOR IMAGING WHOLE BODY | 1508 | 10.9224 | $521.54 | APC | $521.54 | | | |
| 78805 | S | ABSCESS IMAGING LTD AREA | 0406 | 4.1397 | $197.67 | APC | $197.67 | | | |
| 78806 | S | ABSCESS IMAGING WHOLE BODY | 0406 | 4.1397 | $197.67 | APC | $197.67 | | | |
| 78807 | S | NUCLEAR LOCALIZATION/ABSCESS | 0406 | 4.1397 | $197.67 | APC | $197.67 | | | |
| 78811 | S | TUMOR IMAGING (PET) LIMITED | 1513 | 19.3242 | $922.73 | APC | $922.73 | | | |
| 78812 | S | TUMOR IMAGE (PET)/SKUL-THIGH | 1513 | 19.3242 | $922.73 | APC | $922.73 | | | |
| 78813 | S | TUMOR IMAGE (PET) FULL BODY | 1513 | 19.3242 | $922.73 | APC | $922.73 | | | |
| 78814 | S | TUMOR IMAGE PET/CT LIMITED | 1514 | 21.0045 | $1,002.96 | APC | $1,002.96 | | | |
| 78815 | S | TUMORIMAGE PET/CT SKUL-THIGH | 1514 | 21.0045 | $1,002.96 | APC | $1,002.96 | | | |
| 78816 | S | TUMOR IMAGE PET/CT FULL BODY | 1514 | 21.0045 | $1,002.96 | APC | $1,002.96 | | | |
| 78890 | N | NUCLEAR MEDICINE DATA PROC | | | $0.00 | APC | $0.00 | | | |
| 78891 | N | NUCLEAR MED DATA PROC | | | $0.00 | APC | $0.00 | | | |
| 78999 | S | NUCLEAR DIAGNOSTIC EXAM | 0389 | 1.4276 | $68.17 | APC | $68.17 | | | |
| 79005 | S | NUCLEAR RX ORAL ADMIN | 0407 | 3.8758 | $185.07 | APC | $185.07 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 79101 | S | NUCLEAR RX IV ADMIN | 0407 | 3.8758 | $185.07 | APC | $185.07 | | | |
| 79200 | S | NUCLEAR RX INTRACAV ADMIN | 0407 | 3.8758 | $185.07 | APC | $185.07 | | | |
| 79300 | S | NUCLR RX INTERSTIT COLLOID | 0407 | 3.8758 | $185.07 | APC | $185.07 | | | |
| 79403 | S | HEMATOPOIETIC NUCLEAR TX | 1507 | 9.2420 | $441.31 | APC | $441.31 | | | |
| 79440 | S | NUCLEAR RX INTRA-ARTICULAR | 0407 | 3.8758 | $185.07 | APC | $185.07 | | | |
| 79445 | S | NUCLEAR RX INTRA-ARTERIAL | 0407 | 3.8758 | $185.07 | APC | $185.07 | | | |
| 79999 | S | NUCLEAR MEDICINE THERAPY | 0407 | 3.8758 | $185.07 | APC | $185.07 | | | |
| 80048 | Q | BASIC METABOLIC PANEL | | | $0.00 | Medicare | $19.72 | $12.23 | $11.83 | |
| 80050 | Q | GENERAL HEALTH PANEL | | | $0.00 | Fee Schedule | $56.77 | | | |
| 80051 | Q | ELECTROLYTE PANEL | | | $0.00 | Medicare | $16.33 | $10.12 | $9.80 | |
| 80053 | Q | COMPREHENSIVE METABOLIC PANEL | | | $0.00 | Medicare | $24.62 | $15.26 | $14.77 | |
| 80055 | Q | OBSTETRIC PANEL | | | $0.00 | Fee Schedule | $44.69 | | | |
| 80061 | Q | LIPID PANEL | | | $0.00 | Medicare | $31.20 | $19.34 | $18.72 | |
| 80069 | Q | RENAL FUNCTION PANEL | | | $0.00 | Medicare | $20.22 | $12.54 | $12.13 | |
| 80074 | Q | ACUTE HEPATITIS PANEL | | | $0.00 | Medicare | $109.38 | $67.82 | $65.63 | |
| 80076 | Q | HEPATIC FUNCTION PANEL | | | $0.00 | Medicare | $19.03 | $11.80 | $11.42 | |
| 80100 | Q | DRUG SCREEN; MULTIPLE DRUG CLASSES EACH PROCEDURE | | | $0.00 | Medicare | $33.87 | $21.00 | $20.32 | |
| 80101 | Q | DRUG SCREEN; SINGLE DRUG CLASS EACH DRUG CLASS | | | $0.00 | Medicare | $32.07 | $19.88 | $19.24 | |
| 80102 | Q | DRUG CONFIRMATION EACH PROCEDURE | | | $0.00 | Medicare | $30.85 | $19.13 | $18.51 | |
| 80103 | N | TISSUE PREPARATION FOR DRUG ANALYSIS | | | $0.00 | APC | $0.00 | | | |
| 80150 | Q | AMIKACIN | | | $0.00 | Medicare | $35.10 | $21.76 | $21.06 | |
| 80152 | Q | AMITRIPTYLINE | | | $0.00 | Medicare | $41.68 | $25.84 | $25.01 | |
| 80154 | Q | BENZODIAZEPINES | | | $0.00 | Medicare | $43.07 | $26.70 | $25.84 | |
| 80156 | Q | CARBAMAZEPINE | | | $0.00 | Medicare | $33.90 | $21.02 | $20.34 | |
| 80157 | Q | ASSAY, CARBAMAZEPINE, FREE | | | $0.00 | Medicare | $30.87 | $19.14 | $18.52 | |
| 80158 | Q | CYCLOSPORINE | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |
| 80160 | Q | DESIPRAMINE | | | $0.00 | Medicare | $40.08 | $24.85 | $24.05 | |
| 80162 | Q | DIGOXIN | | | $0.00 | Medicare | $30.92 | $19.17 | $18.55 | |
| 80164 | Q | DIPROPYLACETIC ACID (VALPROIC ACID) | | | $0.00 | Medicare | $31.55 | $19.56 | $18.93 | |
| 80166 | Q | DOXEPIN | | | $0.00 | Medicare | $36.10 | $22.38 | $21.66 | |
| 80168 | Q | ETHOSUXIMIDE | | | $0.00 | Medicare | $26.63 | $16.51 | $15.98 | |
| 80170 | Q | GENTAMICIN | | | $0.00 | Medicare | $38.17 | $23.67 | $22.90 | |
| 80172 | Q | GOLD | | | $0.00 | Medicare | $37.93 | $23.52 | $22.76 | |
| 80173 | Q | ASSAY OF HALOPERIDOL | | | $0.00 | Medicare | $33.90 | $21.02 | $20.34 | |
| 80174 | Q | IMIPRAMINE | | | $0.00 | Medicare | $40.08 | $24.85 | $24.05 | |
| 80176 | Q | LIDOCAINE | | | $0.00 | Medicare | $34.20 | $21.20 | $20.52 | |
| 80178 | Q | LITHIUM | | | $0.00 | Medicare | $15.40 | $9.55 | $9.24 | |
| 80182 | Q | NORTRIPTYLINE | | | $0.00 | Medicare | $31.55 | $19.56 | $18.93 | |
| 80184 | Q | PHENOBARBITAL | | | $0.00 | Medicare | $26.68 | $16.54 | $16.01 | |
| 80185 | Q | PHENYTOIN; TOTAL | | | $0.00 | Medicare | $30.87 | $19.14 | $18.52 | |
| 80186 | Q | PHENYTOIN; FREE | | | $0.00 | Medicare | $32.05 | $19.87 | $19.23 | |
| 80188 | Q | PRIMIDONE | | | $0.00 | Medicare | $36.87 | $22.86 | $22.12 | |
| 80190 | Q | PROCAINAMIDE; | | | $0.00 | Medicare | $39.02 | $24.19 | $23.41 | |
| 80192 | Q | PROCAINAMIDE;W/METABOLITES (EG N-ACETYL PROCAINAMIDE) | | | $0.00 | Medicare | $39.02 | $24.19 | $23.41 | |
| 80194 | Q | QUINIDINE | | | $0.00 | Medicare | $33.98 | $21.07 | $20.39 | |
| 80195 | Q | ASSAY OF SIROLIMUS | | | $0.00 | Medicare | $31.95 | $19.81 | $19.17 | |
| 80196 | Q | SALICYLATE | | | $0.00 | Medicare | $16.53 | $10.25 | $9.92 | |
| 80197 | Q | TACROLIMUS | | | $0.00 | Medicare | $31.95 | $19.81 | $19.17 | |
| 80198 | Q | THEOPHYLLINE | | | $0.00 | Medicare | $32.95 | $20.43 | $19.77 | |
| 80200 | Q | TOBRAMYCIN | | | $0.00 | Medicare | $37.53 | $23.27 | $22.52 | |
| 80201 | Q | ASSAY OF TOPIRAMATE | | | $0.00 | Medicare | $27.77 | $17.22 | $16.66 | |
| 80202 | Q | VANCOMYCIN | | | $0.00 | Medicare | $31.55 | $19.56 | $18.93 | |
| 80299 | Q | QUANTITATION OF DRUG NOT ELSEWHERE SPECIFIED | | | $0.00 | Medicare | $31.88 | $19.77 | $19.13 | |
| 80400 | Q | ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY | | | $0.00 | Medicare | $75.93 | $47.08 | $45.56 | |
| 80402 | Q | ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY | | | $0.00 | Medicare | $202.43 | $125.51 | $121.46 | |
| 80406 | Q | ACTH STIMULATION PANEL;FOR 3 BETA-HYDROXYDEHYDROGENASE DEFIC | | | $0.00 | Medicare | $147.60 | $91.51 | $88.56 | |
| 80408 | Q | ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG SALINE INFUSIO | | | $0.00 | Medicare | $292.23 | $181.18 | $175.34 | |
| 80410 | Q | CALCIUM-PENTAGASTRIN STIMULATION PANEL | | | $0.00 | Medicare | $187.05 | $115.97 | $112.23 | |
| 80412 | Q | CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL | | | $0.00 | Medicare | $767.50 | $475.85 | $460.50 | |
| 80414 | Q | CHORIONIC GONADOTROPHIN STIMULATION PANEL;TESTOSTERONE RESPO | | | $0.00 | Medicare | $120.27 | $74.57 | $72.16 | |
| 80415 | Q | CHORIONIC GONADOTROPHIN STIMULATION PANEL;ESTRADIOL RESPONSE | | | $0.00 | Medicare | $130.13 | $80.68 | $78.08 | |
| 80416 | Q | RENAL VEIN RENIN STIMULATION PANEL (EG CAPTOPRIL) | | | $0.00 | Medicare | $307.30 | $190.53 | $184.38 | |
| 80417 | Q | PERIPHERAL VEIN RENIN STIMULATION PANEL (EG CAPTOPRIL) | | | $0.00 | Medicare | $102.43 | $63.51 | $61.46 | |
| 80418 | Q | COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL | | | $0.00 | Medicare | $1,349.60 | $836.75 | $809.76 | |
| 80420 | Q | DEXAMETHASONE SUPPRESSION PANEL 48 HOUR | | | $0.00 | Medicare | $167.73 | $103.99 | $100.64 | |
| 80422 | Q | GLUCAGON TOLERANCE PANEL; FOR INSULINOMA | | | $0.00 | Medicare | $107.30 | $66.53 | $64.38 | |
| 80424 | Q | GLUCAGON TOLERANCE PANEL | | | $0.00 | Medicare | $117.60 | $72.91 | $70.56 | |
| 80426 | Q | GONADOTROPIN RELEASING HORMONE STIMULATION PANEL | | | $0.00 | Medicare | $345.67 | $214.32 | $207.40 | |
| 80428 | Q | GROWTH HORMONE STIMULATION PANEL (EG ARGININE INFUSION L-D | | | $0.00 | Medicare | $155.27 | $96.27 | $93.16 | |
| 80430 | Q | GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION) | | | $0.00 | Medicare | $182.67 | $113.26 | $109.60 | |
| 80432 | Q | INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL | | | $0.00 | Medicare | $261.97 | $162.42 | $157.18 | |
| 80434 | Q | INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY | | | $0.00 | Medicare | $235.50 | $146.01 | $141.30 | |
| 80435 | Q | INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY | | | $0.00 | Medicare | $239.75 | $148.65 | $143.85 | |
| 80436 | Q | METYRAPONE PANEL | | | $0.00 | Medicare | $212.27 | $131.61 | $127.36 | |
| 80438 | Q | THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;1 HOUR | | | $0.00 | Medicare | $117.35 | $72.76 | $70.41 | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 80439 | Q | THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;2 HOUR | | | $0.00 | Medicare | $156.47 | $97.01 | $93.88 | |
| 80440 | Q | THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;FOR HY | | | $0.00 | Medicare | $135.40 | $83.95 | $81.24 | |
| 80500 | X | CLINICAL PATHOLOGY CONSULTATION;LIMITED W/O REVIEW OF PT HI | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 80502 | X | CLINICAL PATHOLOGY CONSULTATION;COMPREHENSIVE FOR A COMPLEX | 0342 | 0.1450 | $6.92 | APC | $6.92 | | | |
| 81000 | Q | URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GL | | | $0.00 | Medicare | $7.38 | $4.58 | $4.43 | |
| 81001 | Q | URINALYSIS BY DIP STICK OR TABLE REAGENT;AUTOMATED W/MICROS | | | $0.00 | Medicare | $7.38 | $4.58 | $4.43 | |
| 81002 | Q | URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GL | | | $0.00 | Medicare | $5.95 | $3.69 | $3.57 | |
| 81003 | Q | URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GL | | | $0.00 | Medicare | $5.23 | $3.24 | $3.14 | |
| 81005 | Q | URINALYSIS;QUALITATIVE OR SEMIQUANTITIVE EXCEPT IMMUNOASSAY | | | $0.00 | Medicare | $5.05 | $3.13 | $3.03 | |
| 81007 | Q | URINALYSIS;BACTERIURIA SCREEN BY NON-CULTURE TECHNIQUE | | | $0.00 | Medicare | $5.98 | $3.71 | $3.59 | |
| 81015 | Q | URINALYSIS; MICROSCOPIC ONLY | | | $0.00 | Medicare | $7.07 | $4.38 | $4.24 | |
| 81020 | Q | URINALYSIS TWO OR THREE GLASS TEST | | | $0.00 | Medicare | $8.58 | $5.32 | $5.15 | |
| 81025 | Q | URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS | | | $0.00 | Medicare | $9.23 | $5.72 | $5.54 | |
| 81050 | Q | VOLUME MEASUREMENT FOR TIMED COLLECTION EACH | | | $0.00 | Medicare | $6.98 | $4.33 | $4.19 | |
| 81099 | X | UNLISTED URINALYSIS PROCEDURE | 0342 | 0.1450 | $6.92 | APC | $6.92 | | | |
| 82000 | Q | ACETALDEHYDE BLOOD | | | $0.00 | Medicare | $28.85 | $17.89 | $17.31 | |
| 82003 | Q | ACETAMINOPHEN | | | $0.00 | Medicare | $47.13 | $29.22 | $28.28 | |
| 82009 | Q | ACETONE OR OTHER KETONE BODIES SERUM; QUALITATIVE | | | $0.00 | Medicare | $10.52 | $6.52 | $6.31 | |
| 82010 | Q | ACETONE OR OTHER KETONE BODIES SERUM; QUANTITATIVE | | | $0.00 | Medicare | $19.03 | $11.80 | $11.42 | |
| 82013 | Q | ACETYLCHOLINESTERASE | | | $0.00 | Medicare | $26.02 | $16.13 | $15.61 | |
| 82016 | Q | ACYLCARNITINES; QUALITATIVE EACH SPECIMEN | | | $0.00 | Medicare | $32.28 | $20.01 | $19.37 | |
| 82017 | Q | ACYLCARNITINES; QUANTITATIVE EACH SPEC (82379 FOR CARNITINE) | | | $0.00 | Medicare | $39.28 | $24.35 | $23.57 | |
| 82024 | Q | ADRENOCORTICOTROPIC HORMONE (ACTH) | | | $0.00 | Medicare | $89.95 | $55.77 | $53.97 | |
| 82030 | Q | ASSAY OF ADP & AMP | | | $0.00 | Medicare | $60.08 | $37.25 | $36.05 | |
| 82040 | Q | ALBUMIN; SERUM | | | $0.00 | Medicare | $9.73 | $6.03 | $5.84 | |
| 82042 | Q | ALBUMIN; URINE QUANTITATIVE | | | $0.00 | Medicare | $6.92 | $4.29 | $4.15 | |
| 82043 | Q | ALBUMIN; URINE MICROALBUMIN QUANTITATIVE | | | $0.00 | Medicare | $13.48 | $8.36 | $8.09 | |
| 82044 | Q | ALBUMIN;URINE MICROALBUMIN SEMIQUANTITATIVE(EG REAGENT STR | | | $0.00 | Medicare | $10.65 | $6.60 | $6.39 | |
| 82045 | Q | ALBUMIN ISCHEMIA MODIFIED | | | $0.00 | Medicare | $79.05 | $49.01 | $47.43 | |
| 82055 | Q | ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH | | | $0.00 | Medicare | $25.17 | $15.61 | $15.10 | |
| 82075 | Q | ALCOHOL (ETHANOL); BREATH | | | $0.00 | Medicare | $28.07 | $17.40 | $16.84 | |
| 82085 | Q | ALDOLASE | | | $0.00 | Medicare | $22.60 | $14.01 | $13.56 | |
| 82088 | Q | ALDOSTERONE | | | $0.00 | Medicare | $94.90 | $58.84 | $56.94 | |
| 82101 | Q | ALKALOIDS URINE QUANTITATIVE | | | $0.00 | Medicare | $69.90 | $43.34 | $41.94 | |
| 82103 | Q | ALPHA-1-ANTITRYPSIN; TOTAL | | | $0.00 | Medicare | $31.28 | $19.39 | $18.77 | |
| 82104 | Q | ALPHA-1-ANTITRYPSIN; PHENOTYPE | | | $0.00 | Medicare | $33.67 | $20.88 | $20.20 | |
| 82105 | Q | ALPHA-FETOPROTEIN; SERUM | | | $0.00 | Medicare | $39.07 | $24.22 | $23.44 | |
| 82106 | Q | ALPHA-FETOPROTEIN; AMNIOTIC FLUID | | | $0.00 | Medicare | $39.07 | $24.22 | $23.44 | |
| 82108 | Q | ALUMINUM | | | $0.00 | Medicare | $59.33 | $36.78 | $35.60 | |
| 82120 | Q | AMINES VAGINAL FLUID QUALITATIVE | | | $0.00 | Medicare | $8.75 | $5.43 | $5.25 | |
| 82127 | Q | AMINO ACIDS; SINGLE QUALITATIVE EACH SPECIMEN | | | $0.00 | Medicare | $32.28 | $20.01 | $19.37 | |
| 82128 | Q | AMINO ACIDS; MULTIPLE QUALITATIVE EACH SPECIMEN | | | $0.00 | Medicare | $32.28 | $20.01 | $19.37 | |
| 82131 | Q | AMINO ACIDS; SINGLE QUANTITATIVE EACH SPECIMEN | | | $0.00 | Medicare | $39.28 | $24.35 | $23.57 | |
| 82135 | Q | AMINOLEVULINIC ACID DELTA (ALA) | | | $0.00 | Medicare | $38.33 | $23.76 | $23.00 | |
| 82136 | Q | AMINO ACIDS 2 TO 5 AMINO ACIDS QUANTITATIVE EACH SPECIMEN | | | $0.00 | Medicare | $39.28 | $24.35 | $23.57 | |
| 82139 | Q | AMINO ACIDS 6 OR MORE AMINO ACIDS QUANTITATIVE EACH SPECI | | | $0.00 | Medicare | $39.28 | $24.35 | $23.57 | |
| 82140 | Q | AMMONIA | | | $0.00 | Medicare | $30.58 | $18.96 | $18.35 | |
| 82143 | Q | AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC) | | | $0.00 | Medicare | $16.02 | $9.93 | $9.61 | |
| 82145 | Q | AMPHETAMINE OR METHAMPHETAMINE | | | $0.00 | Medicare | $36.20 | $22.44 | $21.72 | |
| 82150 | Q | AMYLASE | | | $0.00 | Medicare | $15.10 | $9.36 | $9.06 | |
| 82154 | Q | ANDROSTANEDIOL GLUCURONIDE | | | $0.00 | Medicare | $67.15 | $41.63 | $40.29 | |
| 82157 | Q | ANDROSTENEDIONE | | | $0.00 | Medicare | $68.17 | $42.27 | $40.90 | |
| 82160 | Q | ANDROSTERONE | | | $0.00 | Medicare | $58.23 | $36.10 | $34.94 | |
| 82163 | Q | ANGIOTENSIN II | | | $0.00 | Medicare | $47.80 | $29.64 | $28.68 | |
| 82164 | Q | ANGIOTENSIN I - CONVERTING ENZYME (ACE) | | | $0.00 | Medicare | $33.98 | $21.07 | $20.39 | |
| 82172 | Q | APOLIPOPROTEIN EACH | | | $0.00 | Medicare | $36.08 | $22.37 | $21.65 | |
| 82175 | Q | ARSENIC | | | $0.00 | Medicare | $44.18 | $27.39 | $26.51 | |
| 82180 | Q | ASCORBIC ACID (VITAMIN C) BLOOD | | | $0.00 | Medicare | $23.02 | $14.27 | $13.81 | |
| 82190 | Q | ATOMIC ABSORPTION SPECTROSCOPY EACH ANALYTE | | | $0.00 | Medicare | $34.72 | $21.53 | $20.83 | |
| 82205 | Q | BARBITURATES NOT ELSEWHERE SPECIFIED | | | $0.00 | Medicare | $26.68 | $16.54 | $16.01 | |
| 82232 | Q | BETA-2 MICROGLOBULIN | | | $0.00 | Medicare | $37.68 | $23.36 | $22.61 | |
| 82239 | Q | BILE ACIDS; TOTAL | | | $0.00 | Medicare | $39.90 | $24.74 | $23.94 | |
| 82240 | Q | BILE ACIDS; CHOLYLGLYCINE | | | $0.00 | Medicare | $61.88 | $38.37 | $37.13 | |
| 82247 | Q | BILIRUBIN; TOTAL | | | $0.00 | Medicare | $11.70 | $7.25 | $7.02 | |
| 82248 | Q | BILIRUBIN; DIRECT | | | $0.00 | Medicare | $11.70 | $7.25 | $7.02 | |
| 82252 | Q | BILIRUBIN; FECES QUALITATIVE | | | $0.00 | Medicare | $10.58 | $6.56 | $6.35 | |
| 82261 | Q | BIOTINIDASE EACH SPECIMEN | | | $0.00 | Medicare | $39.28 | $24.35 | $23.57 | |
| 82270 | Q | OCCULT BLOOD OTHER SOURCES | | | $0.00 | Medicare | $7.57 | $4.69 | $4.54 | |
| 82271 | Q | OCCULT BLOOD FECES SINGLE | | | $0.00 | Medicare | $7.57 | $4.69 | $4.54 | |
| 82272 | Q | BLOOD OCCULT PEROXIDASE | | | $0.00 | Medicare | $7.57 | $4.69 | $4.54 | |
| 82274 | Q | ASSAY TEST FOR BLOOD FECAL | | | $0.00 | Medicare | $37.03 | $22.96 | $22.22 | |
| 82286 | Q | BRADYKININ | | | $0.00 | Medicare | $16.03 | $9.94 | $9.62 | |
| 82300 | Q | CADMIUM | | | $0.00 | Medicare | $53.88 | $33.41 | $32.33 | |
| 82306 | Q | CALCIFEDIOL (25-OH VITAMIN D-3) | | | $0.00 | Medicare | $68.93 | $42.74 | $41.36 | |
| 82307 | Q | CALCIFEROL (VITAMIN D) | | | $0.00 | Medicare | $75.03 | $46.52 | $45.02 | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 82308 | Q | CALCITONIN | | | $0.00 | Medicare | $62.35 | $38.66 | $37.41 | |
| 82310 | Q | CALCIUM; TOTAL | | | $0.00 | Medicare | $12.00 | $7.44 | $7.20 | |
| 82330 | Q | CALCIUM; IONIZED | | | $0.00 | Medicare | $31.82 | $19.73 | $19.09 | |
| 82331 | Q | CALCIUM; AFTER CALCIUM INFUSION TEST | | | $0.00 | Medicare | $12.05 | $7.47 | $7.23 | |
| 82340 | Q | CALCIUM; URINE QUANTITATIVE TIMED SPECIMEN | | | $0.00 | Medicare | $14.05 | $8.71 | $8.43 | |
| 82355 | Q | CALCULUS ANALYSIS, QUAL | | | $0.00 | Medicare | $26.95 | $16.71 | $16.17 | |
| 82360 | Q | CALCULUS (STONE); QUANTITATIVE ANALYSIS CHEMICAL | | | $0.00 | Medicare | $29.98 | $18.59 | $17.99 | |
| 82365 | Q | CALCULUS SPECTROSCOPY | | | $0.00 | Medicare | $30.02 | $18.61 | $18.01 | |
| 82370 | Q | CALCULUS (STONE); X-RAY DIFFRACTION | | | $0.00 | Medicare | $29.18 | $18.09 | $17.51 | |
| 82373 | Q | ASSAY, C-D TRANSFER MEASURE | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |
| 82374 | Q | CARBON DIOXIDE (BICARBONATE) | | | $0.00 | Medicare | $11.38 | $7.06 | $6.83 | |
| 82375 | Q | CARBON MONOXIDE (CARBOXYHEMOGLOBIN); QUANTITATIVE | | | $0.00 | Medicare | $20.37 | $12.63 | $12.22 | |
| 82376 | Q | CARBON MONOXIDE (CARBOXYHEMOGLOBIN); QUALITATIVE | | | $0.00 | Medicare | $13.95 | $8.65 | $8.37 | |
| 82378 | Q | CARCINOEMBRYONIC ANTIGEN (CEA) | | | $0.00 | Medicare | $44.18 | $27.39 | $26.51 | |
| 82379 | Q | CARNITINE (TOTAL AND FREE) QUANTITATIVE EACH SPECIMEN | | | $0.00 | Medicare | $39.28 | $24.35 | $23.57 | |
| 82380 | Q | CAROTENE | | | $0.00 | Medicare | $21.48 | $13.32 | $12.89 | |
| 82382 | Q | CATECHOLAMINES; TOTAL URINE | | | $0.00 | Medicare | $40.03 | $24.82 | $24.02 | |
| 82383 | Q | CATECHOLAMINES; BLOOD | | | $0.00 | Medicare | $58.35 | $36.18 | $35.01 | |
| 82384 | Q | CATECHOLAMINES; FRACTIONATED | | | $0.00 | Medicare | $58.80 | $36.46 | $35.28 | |
| 82387 | Q | CATHEPSIN-D | | | $0.00 | Medicare | $9.15 | $5.67 | $5.49 | |
| 82390 | Q | CERULOPLASMIN | | | $0.00 | Medicare | $25.02 | $15.51 | $15.01 | |
| 82397 | Q | CHEMILUMINESCENT ASSAY | | | $0.00 | Medicare | $30.52 | $18.92 | $18.31 | |
| 82415 | Q | CHLORAMPHENICOL | | | $0.00 | Medicare | $29.50 | $18.29 | $17.70 | |
| 82435 | Q | CHLORIDE; BLOOD | | | $0.00 | Medicare | $10.70 | $6.63 | $6.42 | |
| 82436 | Q | CHLORIDE; URINE | | | $0.00 | Medicare | $11.70 | $7.25 | $7.02 | |
| 82438 | Q | CHLORIDE; OTHER SOURCE | | | $0.00 | Medicare | $11.38 | $7.06 | $6.83 | |
| 82441 | Q | CHLORINATED HYDROCARBONS SCREEN | | | $0.00 | Medicare | $13.97 | $8.66 | $8.38 | |
| 82465 | Q | CHOLESTEROL SERUM TOTAL | | | $0.00 | Medicare | $10.13 | $6.28 | $6.08 | |
| 82480 | Q | CHOLINESTERASE; SERUM | | | $0.00 | Medicare | $18.35 | $11.38 | $11.01 | |
| 82482 | Q | CHOLINESTERASE; RBC | | | $0.00 | Medicare | $17.90 | $11.10 | $10.74 | |
| 82485 | Q | CHONDROITIN B SULFATE QUANTITATIVE | | | $0.00 | Medicare | $48.08 | $29.81 | $28.85 | |
| 82486 | Q | CHROMATOGRAPHY QUALITATIVE; COLUMN ANALYTE NES | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |
| 82487 | Q | CHROMATOGRAPHY QUALITATIVE;PAPER 1-DIMENSIONAL ANALYTE NES | | | $0.00 | Medicare | $37.17 | $23.05 | $22.30 | |
| 82488 | Q | CHROMATOGRAPHY QUALITATIVE;PAPER 2-DIMENSIONAL ANALYTE NES | | | $0.00 | Medicare | $49.75 | $30.85 | $29.85 | |
| 82489 | Q | CHROMATOGRAPHY QUALITATIVE; THIN LAYER. ANALYTE NES | | | $0.00 | Medicare | $43.07 | $26.70 | $25.84 | |
| 82491 | Q | CHROMATOGRAPHY QUANTITATIVE COLUMN; SINGLE ANALYTE NES | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |
| 82492 | Q | CHROMATOGRAPHY QUANTITATIVE COLUMN; MULT ANALYTES SNGL ST | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |
| 82495 | Q | CHROMIUM | | | $0.00 | Medicare | $47.23 | $29.28 | $28.34 | |
| 82507 | Q | CITRATE | | | $0.00 | Medicare | $64.75 | $40.15 | $38.85 | |
| 82520 | Q | COCAINE OR METABOLITE | | | $0.00 | Medicare | $35.28 | $21.87 | $21.17 | |
| 82523 | Q | COLLAGEN CROSSLINKS | | | $0.00 | Medicare | $35.65 | $22.10 | $21.39 | |
| 82525 | Q | COPPER | | | $0.00 | Medicare | $28.90 | $17.92 | $17.34 | |
| 82528 | Q | CORTICOSTERONE | | | $0.00 | Medicare | $52.42 | $32.50 | $31.45 | |
| 82530 | Q | CORTISOL; FREE | | | $0.00 | Medicare | $38.92 | $24.13 | $23.35 | |
| 82533 | Q | CORTISOL; TOTAL | | | $0.00 | Medicare | $37.97 | $23.54 | $22.78 | |
| 82540 | Q | CREATINE | | | $0.00 | Medicare | $10.80 | $6.70 | $6.48 | |
| 82541 | Q | COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; QUALITATIVE | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |
| 82542 | Q | COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; QUANTITATIVE | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |
| 82543 | Q | COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; ISOTOPE/SNGL | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |
| 82544 | Q | COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; ISOTOPE/MULT | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |
| 82550 | Q | CREATINE KINASE (CK) (CPK); TOTAL | | | $0.00 | Medicare | $15.17 | $9.41 | $9.10 | |
| 82552 | Q | CREATINE KINASE (CK) (CPK); ISOENZYMES | | | $0.00 | Medicare | $31.18 | $19.33 | $18.71 | |
| 82553 | Q | CREATINE KINASE (CK) (CPK); MB FRACTION ONLY | | | $0.00 | Medicare | $26.88 | $16.67 | $16.13 | |
| 82554 | Q | CREATINE KINASE (CK) (CPK); ISOFORMS | | | $0.00 | Medicare | $21.35 | $13.24 | $12.81 | |
| 82565 | Q | CREATININE; BLOOD | | | $0.00 | Medicare | $11.93 | $7.40 | $7.16 | |
| 82570 | Q | CREATININE; OTHER SOURCE | | | $0.00 | Medicare | $12.05 | $7.47 | $7.23 | |
| 82575 | Q | CREATININE; CLEARANCE | | | $0.00 | Medicare | $22.00 | $13.64 | $13.20 | |
| 82585 | Q | CRYOFIBRINOGEN | | | $0.00 | Medicare | $19.97 | $12.38 | $11.98 | |
| 82595 | Q | CRYOGLOBULIN | | | $0.00 | Medicare | $15.07 | $9.34 | $9.04 | |
| 82600 | Q | CYANIDE | | | $0.00 | Medicare | $45.18 | $28.01 | $27.11 | |
| 82607 | Q | CYANOCOBALAMIN (VITAMIN B-12); | | | $0.00 | Medicare | $35.10 | $21.76 | $21.06 | |
| 82608 | Q | CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY | | | $0.00 | Medicare | $33.35 | $20.68 | $20.01 | |
| 82615 | Q | CYSTINE AND HOMOCYSTINE URINE QUALITATIVE | | | $0.00 | Medicare | $19.02 | $11.79 | $11.41 | |
| 82626 | Q | DEHYDROEPIANDROSTERONE (DHEA) | | | $0.00 | Medicare | $58.85 | $36.49 | $35.31 | |
| 82627 | Q | DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S) | | | $0.00 | Medicare | $51.78 | $32.10 | $31.07 | |
| 82633 | Q | DESOXYCORTICOSTERONE 11- | | | $0.00 | Medicare | $72.13 | $44.72 | $43.28 | |
| 82634 | Q | DEOXYCORTISOL 11- | | | $0.00 | Medicare | $68.17 | $42.27 | $40.90 | |
| 82638 | Q | DIBUCAINE NUMBER | | | $0.00 | Medicare | $28.52 | $17.68 | $17.11 | |
| 82646 | Q | DIHYDROCODEINONE | | | $0.00 | Medicare | $48.08 | $29.81 | $28.85 | |
| 82649 | Q | DIHYDROMORPHINONE | | | $0.00 | Medicare | $59.85 | $37.11 | $35.91 | |
| 82651 | Q | DIHYDROTESTOSTERONE (DHT) | | | $0.00 | Medicare | $60.12 | $37.27 | $36.07 | |
| 82652 | Q | DIHYDROXYVITAMIN D 1 25- | | | $0.00 | Medicare | $89.63 | $55.57 | $53.78 | |
| 82654 | Q | DIMETHADIONE | | | $0.00 | Medicare | $32.23 | $19.98 | $19.34 | |
| 82656 | Q | DOXEPIN | | | $0.00 | Medicare | $26.87 | $16.66 | $16.12 | |
| 82657 | Q | ENZYME ACTIVITY BLOOD OR CULTURED CELLS OR TISSUE; NON-RA | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 82658 | Q | ENZYME ACTIVITY BLOOD OR CULTURED CELLS OR TISSUE; R.A. | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |
| 82664 | Q | ELECTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED | | | $0.00 | Medicare | $80.00 | $49.60 | $48.00 | |
| 82666 | Q | EPIANDROSTERONE | | | $0.00 | Medicare | $50.02 | $31.01 | $30.01 | |
| 82668 | Q | ERYTHROPOIETIN | | | $0.00 | Medicare | $43.77 | $27.14 | $26.26 | |
| 82670 | Q | ESTRADIOL | | | $0.00 | Medicare | $65.07 | $40.34 | $39.04 | |
| 82671 | Q | ESTROGENS; FRACTIONATED | | | $0.00 | Medicare | $75.22 | $46.64 | $45.13 | |
| 82672 | Q | ESTROGENS; TOTAL | | | $0.00 | Medicare | $50.50 | $31.31 | $30.30 | |
| 82677 | Q | ESTRIOL | | | $0.00 | Medicare | $56.32 | $34.92 | $33.79 | |
| 82679 | Q | ESTRONE | | | $0.00 | Medicare | $58.13 | $36.04 | $34.88 | |
| 82690 | Q | ETHCHLORVYNOL | | | $0.00 | Medicare | $40.25 | $24.96 | $24.15 | |
| 82693 | Q | ETHYLENE GLYCOL | | | $0.00 | Medicare | $34.70 | $21.51 | $20.82 | |
| 82696 | Q | ETIOCHOLANOLONE | | | $0.00 | Medicare | $54.92 | $34.05 | $32.95 | |
| 82705 | Q | FAT OR LIPIDS FECES; QUALITATIVE | | | $0.00 | Medicare | $11.85 | $7.35 | $7.11 | |
| 82710 | Q | FAT OR LIPIDS FECES; QUANITITATIVE | | | $0.00 | Medicare | $39.12 | $24.25 | $23.47 | |
| 82715 | Q | FAT DIFFERENTIAL FECES QUANTITATIVE | | | $0.00 | Medicare | $40.08 | $24.85 | $24.05 | |
| 82725 | Q | FATTY ACIDS NONESTERIFIED | | | $0.00 | Medicare | $31.00 | $19.22 | $18.60 | |
| 82726 | Q | VERY LONG CHAIN FATTY ACIDS | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |
| 82728 | Q | FERRITIN | | | $0.00 | Medicare | $31.72 | $19.67 | $19.03 | |
| 82731 | Q | FETAL FIBRONECTIN CERVICOVAGINAL SECRETIONS SEMI-QUANTIT. | | | $0.00 | Medicare | $149.98 | $92.99 | $89.99 | |
| 82735 | Q | FLUORIDE | | | $0.00 | Medicare | $43.18 | $26.77 | $25.91 | |
| 82742 | Q | FLURAZEPAM | | | $0.00 | Medicare | $46.10 | $28.58 | $27.66 | |
| 82746 | Q | FOLIC ACID; SERUM | | | $0.00 | Medicare | $34.23 | $21.22 | $20.54 | |
| 82747 | Q | FOLIC ACID; RBC | | | $0.00 | Medicare | $40.33 | $25.00 | $24.20 | |
| 82757 | Q | FRUCTOSE SEMEN | | | $0.00 | Medicare | $40.40 | $25.05 | $24.24 | |
| 82759 | Q | GALACTOKINASE RBC | | | $0.00 | Medicare | $50.02 | $31.01 | $30.01 | |
| 82760 | Q | GALACTOSE | | | $0.00 | Medicare | $26.07 | $16.16 | $15.64 | |
| 82775 | Q | GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE | | | $0.00 | Medicare | $49.05 | $30.41 | $29.43 | |
| 82776 | Q | GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN | | | $0.00 | Medicare | $19.52 | $12.10 | $11.71 | |
| 82784 | Q | GAMMAGLOBULIN; IGA IGD IGG IGM EACH | | | $0.00 | Medicare | $21.20 | $13.14 | $12.72 | |
| 82785 | Q | GAMMAGLOBULIN; IGE | | | $0.00 | Medicare | $38.35 | $23.78 | $23.01 | |
| 82787 | Q | GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES (IGG1 2 3 & 4) | | | $0.00 | Medicare | $18.67 | $11.58 | $11.20 | |
| 82800 | Q | GASES BLOOD PH ONLY | | | $0.00 | Medicare | $19.72 | $12.23 | $11.83 | |
| 82803 | Q | GASES BLOOD ANY COMBINATION OF PH PCO2 PO2 CO2 HCO2 (I | | | $0.00 | Medicare | $45.07 | $27.94 | $27.04 | |
| 82805 | Q | GASES BLOOD ANY COMBINATION OF PH PCO2 PO2 CO2 HCO2 (I | | | $0.00 | Medicare | $66.08 | $40.97 | $39.65 | |
| 82810 | Q | GASES BLOOD O2 SATURATION ONLY BY DIRECT MEASUREMENT EXC | | | $0.00 | Medicare | $20.33 | $12.60 | $12.20 | |
| 82820 | Q | HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATIO | | | $0.00 | Medicare | $23.27 | $14.43 | $13.96 | |
| 82926 | Q | GASTRIC ACID FREE AND TOTAL EACH SPECIMEN | | | $0.00 | Medicare | $12.68 | $7.86 | $7.61 | |
| 82928 | Q | GASTRIC ACID FREE OR TOTAL EACH SPECIMEN | | | $0.00 | Medicare | $15.25 | $9.46 | $9.15 | |
| 82938 | Q | GASTRIN AFTER SECRETIN STIMULATION | | | $0.00 | Medicare | $41.20 | $25.54 | $24.72 | |
| 82941 | Q | GASTRIN | | | $0.00 | Medicare | $41.07 | $25.46 | $24.64 | |
| 82943 | Q | ASSAY OF GLUCAGON | | | $0.00 | Medicare | $33.28 | $20.63 | $19.97 | |
| 82945 | Q | GLUCOSE OTHER FLUID | | | $0.00 | Medicare | $9.13 | $5.66 | $5.48 | |
| 82946 | Q | GLUCAGON TOLERANCE TEST | | | $0.00 | Medicare | $31.85 | $19.75 | $19.11 | |
| 82947 | Q | GLUCOSE; QUANTITATIVE | | | $0.00 | Medicare | $9.13 | $5.66 | $5.48 | |
| 82948 | Q | GLUCOSE; BLOOD REAGENT STRIP | | | $0.00 | Medicare | $7.38 | $4.58 | $4.43 | |
| 82950 | Q | GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE) | | | $0.00 | Medicare | $11.07 | $6.86 | $6.64 | |
| 82951 | Q | GLUCOSE; TOLERANCE TEST (GTT) 3 SPECIMENS (INCLUDES GLUCOSE) | | | $0.00 | Medicare | $29.98 | $18.59 | $17.99 | |
| 82952 | Q | GLUCOSE;TOLERANCE TEST EACH ADDITONAL BEYOND 3 SPECIMENS | | | $0.00 | Medicare | $9.13 | $5.66 | $5.48 | |
| 82953 | Q | GLUCOSE; TOLBUTAMIDE TOLERANCE TEST | | | $0.00 | Medicare | $35.27 | $21.87 | $21.16 | |
| 82955 | Q | GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE | | | $0.00 | Medicare | $22.58 | $14.00 | $13.55 | |
| 82960 | Q | GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN | | | $0.00 | Medicare | $14.12 | $8.75 | $8.47 | |
| 82962 | Q | GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY TH | | | $0.00 | Medicare | $5.45 | $3.38 | $3.27 | |
| 82963 | Q | GLUCOSIDASE BETA | | | $0.00 | Medicare | $50.02 | $31.01 | $30.01 | |
| 82965 | Q | GLUTAMATE DEHYDROGENASE | | | $0.00 | Medicare | $18.00 | $11.16 | $10.80 | |
| 82975 | Q | GLUTAMINE (GLUTAMIC ACID AMIDE) | | | $0.00 | Medicare | $36.88 | $22.87 | $22.13 | |
| 82977 | Q | GLUTAMYLTRANSFERASE GAMMA (GGT) | | | $0.00 | Medicare | $16.77 | $10.40 | $10.06 | |
| 82978 | Q | GLUTATHIONE | | | $0.00 | Medicare | $33.18 | $20.57 | $19.91 | |
| 82979 | Q | GLUTATHIONE REDUCTASE RBC | | | $0.00 | Medicare | $16.03 | $9.94 | $9.62 | |
| 82980 | Q | GLUTETHIMIDE | | | $0.00 | Medicare | $42.67 | $26.46 | $25.60 | |
| 82985 | Q | GLYCATED PROTEIN | | | $0.00 | Medicare | $27.10 | $16.80 | $16.26 | |
| 83001 | Q | GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH) | | | $0.00 | Medicare | $43.28 | $26.83 | $25.97 | |
| 83002 | Q | GONADOTROPIN; LUTEINIZING HORMONE (LH) | | | $0.00 | Medicare | $43.13 | $26.74 | $25.88 | |
| 83003 | Q | GROWTH HORMONE HUMAN (HGH) (SOMATOTROPIN) | | | $0.00 | Medicare | $38.82 | $24.07 | $23.29 | |
| 83008 | Q | GUANOSINE MONOPHOSPHATE (GMP) CYCLIC | | | $0.00 | Medicare | $39.08 | $24.23 | $23.45 | |
| 83009 | Q | H PYLORI (C-13) BLOOD | | | $0.00 | Medicare | $156.85 | $97.25 | $94.11 | |
| 83010 | Q | HAPTOGLOBIN; QUANTITATIVE | | | $0.00 | Medicare | $29.30 | $18.17 | $17.58 | |
| 83012 | Q | HAPTOGLOBIN; PHENOTYPES | | | $0.00 | Medicare | $40.03 | $24.82 | $24.02 | |
| 83013 | Q | H PYLORI (C-13) BREATH | | | $0.00 | Medicare | $156.85 | $97.25 | $94.11 | |
| 83014 | Q | H PYLORI DRUG ADMIN | | | $0.00 | Medicare | $18.30 | $11.35 | $10.98 | |
| 83015 | Q | HEAVY METAL (ARSENIC BARIUM BERYLLIUM BISMUTH ANTIMONY | | | $0.00 | Medicare | $43.85 | $27.19 | $26.31 | |
| 83018 | Q | HEAVY METAL (ARSENIC BARIUM BERYLLIUM BISMUTH ANTIMONY | | | $0.00 | Medicare | $51.13 | $31.70 | $30.68 | |
| 83020 | Q | HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS | | | $0.00 | Medicare | $29.98 | $18.59 | $17.99 | |
| 83021 | Q | HEMOGLOBIN FRACTIONATION/QUANTITATION; CHROMOTOGRAPHY | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |
| 83026 | Q | HEMOGLOBIN; BY COPPER SULFATE METHOD NONAUTOMATED | | | $0.00 | Medicare | $5.50 | $3.41 | $3.30 | |
| 83030 | Q | HEMOGLOBIN; F (FETAL) CHEMICAL | | | $0.00 | Medicare | $19.27 | $11.95 | $11.56 | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 83033 | Q | HEMOGLOBIN; F (FETAL) QUALITATIVE (APT) TEST FECAL | | | $0.00 | Medicare | $13.88 | $8.61 | $8.33 | |
| 83036 | Q | GLYCOSYLATED HEMOGLOBIN TEST | | | $0.00 | Medicare | $22.60 | $14.01 | $13.56 | |
| 83037 | Q | GLYCOSYLATED HB HOME DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| 83045 | Q | HEMOGLOBIN; METHEMOGLOBIN QUALITATIVE | | | $0.00 | Medicare | $11.55 | $7.16 | $6.93 | |
| 83050 | Q | HEMOGLOBIN; METHEMOGLOBIN QUANTITATIVE | | | $0.00 | Medicare | $17.05 | $10.57 | $10.23 | |
| 83051 | Q | HEMOGLOBIN; PLASMA | | | $0.00 | Medicare | $17.02 | $10.55 | $10.21 | |
| 83055 | Q | HEMOGLOBIN; SULFHEMOGLOBIN QUALITATIVE | | | $0.00 | Medicare | $11.45 | $7.10 | $6.87 | |
| 83060 | Q | HEMOGLOBIN; SULFHEMOGLOBIN QUANTITATIVE | | | $0.00 | Medicare | $19.27 | $11.95 | $11.56 | |
| 83065 | Q | HEMOGLOBIN; THERMOLABILE | | | $0.00 | Medicare | $16.03 | $9.94 | $9.62 | |
| 83068 | Q | HEMOGLOBIN; UNSTABLE SCREEN | | | $0.00 | Medicare | $19.72 | $12.23 | $11.83 | |
| 83069 | Q | HEMOGLOBIN; URINE | | | $0.00 | Medicare | $9.18 | $5.69 | $5.51 | |
| 83070 | Q | HEMOSIDERIN; QUALITATIVE | | | $0.00 | Medicare | $11.07 | $6.86 | $6.64 | |
| 83071 | Q | HEMOSIDERIN; QUANTITATIVE | | | $0.00 | Medicare | $16.02 | $9.93 | $9.61 | |
| 83080 | Q | B-HEXOSAMINIDASE EACH ASSAY | | | $0.00 | Medicare | $39.28 | $24.35 | $23.57 | |
| 83088 | Q | HISTAMINE | | | $0.00 | Medicare | $68.77 | $42.64 | $41.26 | |
| 83090 | Q | ASSAY OF HOMOCYSTINE | | | $0.00 | Medicare | $39.28 | $24.35 | $23.57 | |
| 83150 | Q | HOMOVANILLIC ACID (HVA) | | | $0.00 | Medicare | $45.07 | $27.94 | $27.04 | |
| 83491 | Q | HYDROXYCORTICOSTEROIDS 17- (17-OHCS) | | | $0.00 | Medicare | $40.78 | $25.28 | $24.47 | |
| 83497 | Q | HYDROXYINDOLACETIC ACID 5-(HIAA) | | | $0.00 | Medicare | $30.02 | $18.61 | $18.01 | |
| 83498 | Q | HYDROXYPROGESTERONE 17-D | | | $0.00 | Medicare | $63.25 | $39.22 | $37.95 | |
| 83499 | Q | HYDROXYPROGESTERONE 20- | | | $0.00 | Medicare | $58.70 | $36.39 | $35.22 | |
| 83500 | Q | ASSAY, FREE HYDROXYPROLINE | | | $0.00 | Medicare | $52.75 | $32.71 | $31.65 | |
| 83505 | Q | HYDROXYPROLINE; TOTAL | | | $0.00 | Medicare | $56.60 | $35.09 | $33.96 | |
| 83516 | Q | IMMUNOASSAY FOR ANALYTE QUALIT OR SEMIQUANTIT; MULT STEP | | | $0.00 | Medicare | $26.87 | $16.66 | $16.12 | |
| 83518 | Q | IMMUNOASSAY FOR ANALYTE QUALIT OR SEMIQUANTIT; SINGLE STEP | | | $0.00 | Medicare | $19.75 | $12.25 | $11.85 | |
| 83519 | Q | IMMUNOASSAY ANALYTE; QUANTITATIVE; BY RADIOPHARM TECHNIQUE | | | $0.00 | Medicare | $31.47 | $19.51 | $18.88 | |
| 83520 | Q | IMMUNOASSAY ANALYTE QUANTITATIVE; NOT OTHERWISE SPECIFIED | | | $0.00 | Medicare | $30.15 | $18.69 | $18.09 | |
| 83525 | Q | INSULIN; TOTAL | | | $0.00 | Medicare | $26.63 | $16.51 | $15.98 | |
| 83527 | Q | INSULIN; FREE | | | $0.00 | Medicare | $30.15 | $18.69 | $18.09 | |
| 83528 | Q | INTRINSIC FACTOR | | | $0.00 | Medicare | $37.03 | $22.96 | $22.22 | |
| 83540 | Q | IRON | | | $0.00 | Medicare | $10.10 | $6.26 | $6.06 | |
| 83550 | Q | IRON BINDING CAPACITY | | | $0.00 | Medicare | $12.63 | $7.83 | $7.58 | |
| 83570 | Q | ISOCITRIC DEHYDROGENASE (IDH) | | | $0.00 | Medicare | $20.60 | $12.77 | $12.36 | |
| 83582 | Q | KETOGENIC STEROIDS FRACTIONATION | | | $0.00 | Medicare | $33.00 | $20.46 | $19.80 | |
| 83586 | Q | KETOSTEROIDS 17- (17-KS); TOTAL | | | $0.00 | Medicare | $29.82 | $18.49 | $17.89 | |
| 83593 | Q | KETOSTEROIDS 17- (17-KS); FRACTIONATION | | | $0.00 | Medicare | $61.25 | $37.98 | $36.75 | |
| 83605 | Q | LACTATE (LACTIC ACID) | | | $0.00 | Medicare | $24.87 | $15.42 | $14.92 | |
| 83615 | Q | LACTATE DEHYDROGENASE (LD) (LDH); | | | $0.00 | Medicare | $14.07 | $8.72 | $8.44 | |
| 83625 | Q | LACTATE DEHYDROGENASE (LD) (LDH);ISOENZYMES SEPARATION & Q | | | $0.00 | Medicare | $29.80 | $18.48 | $17.88 | |
| 83630 | Q | LACTOFERRIN FECAL (QUAL) | | | $0.00 | Medicare | $45.70 | $28.33 | $27.42 | |
| 83631 | Q | LACTOFERRIN, FECAL (QUANT) | | | $0.00 | Medicare | $45.70 | $28.33 | $27.42 | |
| 83632 | Q | LACTOGEN HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOT | | | $0.00 | Medicare | $47.07 | $29.18 | $28.24 | |
| 83633 | Q | LACTOSE URINE; QUALITATIVE | | | $0.00 | Medicare | $12.82 | $7.95 | $7.69 | |
| 83634 | Q | LACTOSE URINE; QUANTITATIVE | | | $0.00 | Medicare | $26.83 | $16.63 | $16.10 | |
| 83655 | Q | LEAD | | | $0.00 | Medicare | $28.18 | $17.47 | $16.91 | |
| 83661 | Q | LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); QUANTITATIVE | | | $0.00 | Medicare | $51.18 | $31.73 | $30.71 | |
| 83662 | Q | LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO);FROM STABILITY TEST | | | $0.00 | Medicare | $15.75 | $9.77 | $9.45 | |
| 83663 | Q | FLUORO POLARIZE, FETAL LUNG | | | $0.00 | Medicare | $15.75 | $9.77 | $9.45 | |
| 83664 | Q | FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY | | | $0.00 | Medicare | $15.75 | $9.77 | $9.45 | |
| 83670 | Q | LEUCINE AMINOPEPTIDASE (LAP) | | | $0.00 | Medicare | $21.33 | $13.22 | $12.80 | |
| 83690 | Q | LIPASE | | | $0.00 | Medicare | $15.60 | $9.67 | $9.36 | |
| 83695 | Q | ASSAY OF LIPOPROTEIN(A) | | | $0.00 | Medicare | $30.15 | $18.69 | $18.09 | |
| 83700 | Q | LIPIDS BLOOD; | | | $0.00 | Medicare | $26.22 | $16.26 | $15.73 | |
| 83701 | Q | LIPOPROTEIN BLD HR FRACTION | | | $0.00 | Medicare | $57.80 | $35.84 | $34.68 | |
| 83704 | Q | LIPOPROTEIN BLD BY NMR | | | $0.00 | Medicare | $73.47 | $45.55 | $44.08 | |
| 83718 | Q | LIPOPROTEIN DIRECT MEASUREMENT;HIGH DENSITY CHOLESTEROL(HDL | | | $0.00 | Medicare | $19.07 | $11.82 | $11.44 | |
| 83719 | Q | LIPOPROTEIN DIRECT MEASUREMENT; VLDL CHOLESTEROL | | | $0.00 | Medicare | $27.10 | $16.80 | $16.26 | |
| 83721 | Q | LIPOPROTEIN DIRECT MEASUREMENT; LDL CHOLESTEROL | | | $0.00 | Medicare | $22.22 | $13.78 | $13.33 | |
| 83727 | Q | LUTEINIZING RELEASING FACTOR (LRH) | | | $0.00 | Medicare | $40.03 | $24.82 | $24.02 | |
| 83735 | Q | MAGNESIUM | | | $0.00 | Medicare | $15.60 | $9.67 | $9.36 | |
| 83775 | Q | MALATE DEHYDROGENASE | | | $0.00 | Medicare | $17.17 | $10.65 | $10.30 | |
| 83785 | Q | MANGANESE | | | $0.00 | Medicare | $57.27 | $35.51 | $34.36 | |
| 83788 | Q | MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY; QUALITATIVE | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |
| 83789 | Q | MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY; QUANTITATIVE | | | $0.00 | Medicare | $42.05 | $26.07 | $25.23 | |
| 83805 | Q | MEPROBAMATE | | | $0.00 | Medicare | $41.05 | $25.45 | $24.63 | |
| 83825 | Q | MERCURY QUANTITATIVE | | | $0.00 | Medicare | $37.87 | $23.48 | $22.72 | |
| 83835 | Q | METANEPHRINES | | | $0.00 | Medicare | $39.45 | $24.46 | $23.67 | |
| 83840 | Q | METHADONE | | | $0.00 | Medicare | $38.02 | $23.57 | $22.81 | |
| 83857 | Q | METHEMALBUMIN | | | $0.00 | Medicare | $25.02 | $15.51 | $15.01 | |
| 83858 | Q | METHSUXIMIDE | | | $0.00 | Medicare | $34.52 | $21.40 | $20.71 | |
| 83864 | Q | MUCOPOLYSACCHARIDES ACID; QUANTITATIVE | | | $0.00 | Medicare | $46.37 | $28.75 | $27.82 | |
| 83866 | Q | MUCOPOLYSACCHARIDES ACID; SCREEN | | | $0.00 | Medicare | $22.93 | $14.22 | $13.76 | |
| 83872 | Q | MUCIN SYNOVIAL FLUID (ROPES TEST) | | | $0.00 | Medicare | $13.65 | $8.46 | $8.19 | |
| 83873 | Q | ASSAY OF CSF PROTEIN | | | $0.00 | Medicare | $40.07 | $24.84 | $24.04 | |
| 83874 | Q | MYOGLOBIN | | | $0.00 | Medicare | $30.07 | $18.64 | $18.04 | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 83880 | Q | NATRIURETIC PEPTIDE | | | $0.00 | Medicare | $79.05 | $49.01 | $47.43 | |
| 83883 | Q | NEPHELOMETRY EACH ANALYTE NOT ELSEWHERE SPECIFIED | | | $0.00 | Medicare | $31.67 | $19.64 | $19.00 | |
| 83885 | Q | NICKEL | | | $0.00 | Medicare | $57.05 | $35.37 | $34.23 | |
| 83887 | Q | NICOTINE | | | $0.00 | Medicare | $55.15 | $34.19 | $33.09 | |
| 83890 | Q | MOLECULAR DIAGNOSTICS; MOLECULAR ISOLATION OR EXTRACTION | | | $0.00 | Medicare | $9.33 | $5.78 | $5.60 | |
| 83891 | Q | MOLECULAR DIAGNOSTICS; ISOLATION/EXTRACTION NUCLEIC ACID | | | $0.00 | Medicare | $9.33 | $5.78 | $5.60 | |
| 83892 | Q | MOLECULAR DIAGNOSTICS | | | $0.00 | Medicare | $9.33 | $5.78 | $5.60 | |
| 83893 | Q | MOLECULE DOT/SLOT/BLOT | | | $0.00 | Medicare | $9.33 | $5.78 | $5.60 | |
| 83894 | Q | MOLECULE GEL ELECTROPHOR | | | $0.00 | Medicare | $9.33 | $5.78 | $5.60 | |
| 83896 | Q | MOLECULAR DIAGNOSTICS | | | $0.00 | Medicare | $9.33 | $5.78 | $5.60 | |
| 83897 | Q | MOLECULE NUCLEIC TRANSFER | | | $0.00 | Medicare | $9.33 | $5.78 | $5.60 | |
| 83898 | Q | MOLECULE NUCLEIC AMPLI EACH | | | $0.00 | Medicare | $39.03 | $24.20 | $23.42 | |
| 83900 | Q | MOLECULE NUCLEIC AMPLI 2 SEQ | | | $0.00 | Medicare | $78.07 | $48.40 | $46.84 | |
| 83901 | Q | MOLECULE NUCLEIC AMPLI ADDON | | | $0.00 | Medicare | $39.03 | $24.20 | $23.42 | |
| 83902 | Q | MOLECULAR DIAGNOSTICS | | | $0.00 | Medicare | $33.05 | $20.49 | $19.83 | |
| 83903 | Q | MOLECULAR DIAGNOSTICS; MUTATION SCANNING SINGLE SEGMENT EA | | | $0.00 | Medicare | $39.03 | $24.20 | $23.42 | |
| 83904 | Q | MOLECULAR DIAGNOSTICS; MUTATION IDENTIF SEQUENCING EA SGMNT | | | $0.00 | Medicare | $39.03 | $24.20 | $23.42 | |
| 83905 | Q | MOLECULAR DIAGNOSTICS; MUTATION IDENTIF ALLELE TRANSCRIP EA | | | $0.00 | Medicare | $39.03 | $24.20 | $23.42 | |
| 83906 | Q | MOLECULAR DIAGNOSTICS; MUTATION IDENTIF. ALLELE TRANSLAT EA | | | $0.00 | Medicare | $39.03 | $24.20 | $23.42 | |
| 83907 | Q | LYSE CELLS FOR NUCLEIC EXT | | | $0.00 | Medicare | $31.10 | $19.28 | $18.66 | |
| 83908 | Q | NUCLEIC ACID SIGNAL AMPLI | | | $0.00 | Medicare | $39.03 | $24.20 | $23.42 | |
| 83909 | Q | NUCLEIC ACID HIGH RESOLUTE | | | $0.00 | Medicare | $39.03 | $24.20 | $23.42 | |
| 83912 | Q | GENETIC EXAMINATION | | | $0.00 | Medicare | $9.33 | $5.78 | $5.60 | |
| 83914 | Q | MUTATION IDENT OLA/SBCE/ASPE | | | $0.00 | Medicare | $39.03 | $24.20 | $23.42 | |
| 83915 | Q | NUCLEOTIDASE 5'- | | | $0.00 | Medicare | $25.97 | $16.10 | $15.58 | |
| 83916 | Q | OLIGOCLONAL BANDS | | | $0.00 | Medicare | $46.82 | $29.03 | $28.09 | |
| 83918 | Q | ORGANIC ACIDS QUANTITATIVE EACH SPECIMEN | | | $0.00 | Medicare | $38.33 | $23.76 | $23.00 | |
| 83919 | Q | ORGANIC ACIDS; QUALITATIVE EACH SPECIMEN | | | $0.00 | Medicare | $38.33 | $23.76 | $23.00 | |
| 83921 | Q | ORGANIC ACID SINGLE QUANT | | | $0.00 | Medicare | $38.33 | $23.76 | $23.00 | |
| 83925 | Q | OPIATES (EG MORPHINE MEPERIDINE) | | | $0.00 | Medicare | $45.32 | $28.10 | $27.19 | |
| 83930 | Q | OSMOLALITY; BLOOD | | | $0.00 | Medicare | $15.40 | $9.55 | $9.24 | |
| 83935 | Q | OSMOLALITY; URINE | | | $0.00 | Medicare | $15.87 | $9.84 | $9.52 | |
| 83937 | Q | OSTEOCALCIN (BONE G1A PROTEIN) | | | $0.00 | Medicare | $69.52 | $43.10 | $41.71 | |
| 83945 | Q | OXALATE | | | $0.00 | Medicare | $29.98 | $18.59 | $17.99 | |
| 83950 | Q | ONCOPROTEIN HER-2/NEU | | | $0.00 | Medicare | $149.98 | $92.99 | $89.99 | |
| 83970 | Q | PARATHORMONE (PARATHYROID HORMONE) | | | $0.00 | Medicare | $96.12 | $59.59 | $57.67 | |
| 83986 | Q | PH BODY FLUID EXCEPT BLOOD | | | $0.00 | Medicare | $8.33 | $5.16 | $5.00 | |
| 83992 | Q | PHENCYCLIDINE (PCP) | | | $0.00 | Medicare | $34.23 | $21.22 | $20.54 | |
| 84022 | Q | PHENOTHIAZINE | | | $0.00 | Medicare | $36.27 | $22.49 | $21.76 | |
| 84030 | Q | PHENYLALANINE (PKU) BLOOD | | | $0.00 | Medicare | $12.82 | $7.95 | $7.69 | |
| 84035 | Q | PHENYLKETONES QUALITATIVE | | | $0.00 | Medicare | $8.52 | $5.28 | $5.11 | |
| 84060 | Q | PHOSPHATASE ACID; TOTAL | | | $0.00 | Medicare | $17.20 | $10.66 | $10.32 | |
| 84061 | Q | PHOSPHATASE ACID; FORENSIC EXAMINATION | | | $0.00 | Medicare | $18.43 | $11.43 | $11.06 | |
| 84066 | Q | PHOSPHATASE ACID; PROSTATIC | | | $0.00 | Medicare | $22.50 | $13.95 | $13.50 | |
| 84075 | Q | PHOSPHATASE ALKALINE; | | | $0.00 | Medicare | $12.05 | $7.47 | $7.23 | |
| 84078 | Q | PHOSPHATASE ALKALINE; HEAT STABLE (TOTAL NOT INCLUDED) | | | $0.00 | Medicare | $17.00 | $10.54 | $10.20 | |
| 84080 | Q | PHOSPHATASE ALKALINE; ISOENZYMES | | | $0.00 | Medicare | $34.43 | $21.35 | $20.66 | |
| 84081 | Q | PHOSPHATIDYLGLYCEROL | | | $0.00 | Medicare | $38.48 | $23.86 | $23.09 | |
| 84085 | Q | PHOSPHOGLUCONATE 6- DEHYDROGENASE RBC | | | $0.00 | Medicare | $15.70 | $9.73 | $9.42 | |
| 84087 | Q | PHOSPHOHEXOSE ISOMERASE | | | $0.00 | Medicare | $24.03 | $14.90 | $14.42 | |
| 84100 | Q | PHOSPHORUS INORGANIC (PHOSPHATE); | | | $0.00 | Medicare | $11.05 | $6.85 | $6.63 | |
| 84105 | Q | PHOSPHORUS INORGANIC (PHOSPHATE); URINE | | | $0.00 | Medicare | $12.05 | $7.47 | $7.23 | |
| 84106 | Q | PORPHOBILINOGEN URINE; QUALITATIVE | | | $0.00 | Medicare | $9.98 | $6.19 | $5.99 | |
| 84110 | Q | PORPHOBILINOGEN URINE; QUANTITATIVE | | | $0.00 | Medicare | $19.67 | $12.20 | $11.80 | |
| 84119 | Q | PORPHYRINS URINE; QUALITATIVE | | | $0.00 | Medicare | $20.05 | $12.43 | $12.03 | |
| 84120 | Q | PORPHYRINS URINE; QUANTITATION & FRACTIONATION | | | $0.00 | Medicare | $34.25 | $21.24 | $20.55 | |
| 84126 | Q | PORPHYRINS FECES; QUANTITATIVE | | | $0.00 | Medicare | $59.32 | $36.78 | $35.59 | |
| 84127 | Q | PORPHYRINS FECES; QUALITATIVE | | | $0.00 | Medicare | $27.13 | $16.82 | $16.28 | |
| 84132 | Q | POTASSIUM; SERUM | | | $0.00 | Medicare | $10.70 | $6.63 | $6.42 | |
| 84133 | Q | POTASSIUM; URINE | | | $0.00 | Medicare | $10.02 | $6.21 | $6.01 | |
| 84134 | Q | PREALBUMIN | | | $0.00 | Medicare | $33.97 | $21.06 | $20.38 | |
| 84135 | Q | PREGNANEDIOL | | | $0.00 | Medicare | $44.55 | $27.62 | $26.73 | |
| 84138 | Q | PREGNANETRIOL | | | $0.00 | Medicare | $44.10 | $27.34 | $26.46 | |
| 84140 | Q | PREGNENOLONE | | | $0.00 | Medicare | $48.15 | $29.85 | $28.89 | |
| 84143 | Q | 17-HYDROXYPREGNENOLONE | | | $0.00 | Medicare | $35.83 | $22.21 | $21.50 | |
| 84144 | Q | PROGESTERONE | | | $0.00 | Medicare | $48.58 | $30.12 | $29.15 | |
| 84146 | Q | PROLACTIN | | | $0.00 | Medicare | $45.13 | $27.98 | $27.08 | |
| 84150 | Q | PROSTAGLANDIN EACH | | | $0.00 | Medicare | $58.13 | $36.04 | $34.88 | |
| 84152 | Q | ASSAY OF PSA, COMPLEXED | | | $0.00 | Medicare | $42.83 | $26.55 | $25.70 | |
| 84153 | Q | PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL | | | $0.00 | Medicare | $42.83 | $26.55 | $25.70 | |
| 84154 | Q | PROSTATE SPECIFIC ANTIGEN (PSA); FREE | | | $0.00 | Medicare | $42.83 | $26.55 | $25.70 | |
| 84155 | Q | ASSAY OF PROTEIN SERUM | | | $0.00 | Medicare | $8.53 | $5.29 | $5.12 | |
| 84156 | Q | ASSAY OF PROTEIN URINE | | | $0.00 | Medicare | $8.53 | $5.29 | $5.12 | |
| 84157 | Q | ASSAY OF PROTEIN OTHER | | | $0.00 | Medicare | $8.53 | $5.29 | $5.12 | |
| 84160 | Q | ASSAY OF PROTEIN ANY SOURCE | | | $0.00 | Medicare | $12.05 | $7.47 | $7.23 | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 84163 | Q | PAPPA SERUM | | | $0.00 | Medicare | $35.05 | $21.73 | $21.03 | |
| 84165 | Q | PROTEIN E-PHORESIS SERUM | | | $0.00 | Medicare | $25.02 | $15.51 | $15.01 | |
| 84166 | Q | PROTEIN E-PHORESIS/URINE/CSF | | | $0.00 | Medicare | $41.53 | $25.75 | $24.92 | |
| 84181 | Q | PROTEIN;WESTERN BLOT W/INTERP & REPORT BLOOD OR OTHER BODY | | | $0.00 | Medicare | $39.67 | $24.60 | $23.80 | |
| 84182 | Q | WESTERN BLOT W/INTERP & REPORT BLOOD OR OTHER BODY FLUID I | | | $0.00 | Medicare | $41.92 | $25.99 | $25.15 | |
| 84202 | Q | PROTOPORPHYRIN RBC; QUANTITATIVE | | | $0.00 | Medicare | $33.42 | $20.72 | $20.05 | |
| 84203 | Q | PROTOPORPHYRIN RBC; SERUM | | | $0.00 | Medicare | $20.05 | $12.43 | $12.03 | |
| 84206 | Q | PROINSULIN | | | $0.00 | Medicare | $41.48 | $25.72 | $24.89 | |
| 84207 | Q | PYRIDOXAL PHOSPHATE (VITAMIN B-6) | | | $0.00 | Medicare | $65.42 | $40.56 | $39.25 | |
| 84210 | Q | PYRUVATE | | | $0.00 | Medicare | $25.28 | $15.67 | $15.17 | |
| 84220 | Q | PYRUVATE KINASE | | | $0.00 | Medicare | $21.97 | $13.62 | $13.18 | |
| 84228 | Q | QUININE | | | $0.00 | Medicare | $27.10 | $16.80 | $16.26 | |
| 84233 | Q | RECEPTOR ASSAY; ESTROGEN | | | $0.00 | Medicare | $149.98 | $92.99 | $89.99 | |
| 84234 | Q | RECEPTOR ASSAY; PROGESTERONE | | | $0.00 | Medicare | $151.07 | $93.66 | $90.64 | |
| 84235 | Q | RECEPTOR ASSAY;ENDOCRINE OTHER THAN ESTROGEN OR PROGESTERON | | | $0.00 | Medicare | $121.87 | $75.56 | $73.12 | |
| 84238 | Q | ASSAY NONENDOCRINE RECEPTOR | | | $0.00 | Medicare | $85.15 | $52.79 | $51.09 | |
| 84244 | Q | RENIN | | | $0.00 | Medicare | $51.22 | $31.76 | $30.73 | |
| 84252 | Q | RIBOFLAVIN (VITAMIN B-2) | | | $0.00 | Medicare | $47.13 | $29.22 | $28.28 | |
| 84255 | Q | SELENIUM | | | $0.00 | Medicare | $59.45 | $36.86 | $35.67 | |
| 84260 | Q | ASSAY OF SEROTONIN | | | $0.00 | Medicare | $72.13 | $44.72 | $43.28 | |
| 84270 | Q | SEX HORMONE BINDING GLOBULIN (SHBG) | | | $0.00 | Medicare | $50.60 | $31.37 | $30.36 | |
| 84275 | Q | SIALIC ACID | | | $0.00 | Medicare | $31.28 | $19.39 | $18.77 | |
| 84285 | Q | SILICA | | | $0.00 | Medicare | $54.83 | $33.99 | $32.90 | |
| 84295 | Q | SODIUM; SCREEN | | | $0.00 | Medicare | $11.20 | $6.94 | $6.72 | |
| 84300 | Q | SODIUM; URINE | | | $0.00 | Medicare | $11.32 | $7.02 | $6.79 | |
| 84302 | Q | ASSAY OF SWEAT SODIUM | | | $0.00 | Medicare | $11.32 | $7.02 | $6.79 | |
| 84305 | Q | SOMATOMEDIN | | | $0.00 | Medicare | $49.50 | $30.69 | $29.70 | |
| 84307 | Q | SOMATOSTATIN | | | $0.00 | Medicare | $42.57 | $26.39 | $25.54 | |
| 84311 | Q | SPECTROPHOTOMETRY ANALYTE NOT ELSEWHERE SPECIFIED | | | $0.00 | Medicare | $16.28 | $10.09 | $9.77 | |
| 84315 | Q | SPECIFIC GRAVITY (EXCEPT URINE) | | | $0.00 | Medicare | $5.83 | $3.61 | $3.50 | |
| 84375 | Q | SUGARS CHROMATOGRAPHIC TLC OR PAPER CHROMATOGRAPHY | | | $0.00 | Medicare | $45.65 | $28.30 | $27.39 | |
| 84376 | Q | SUGARS (MON- DI AND OLIGOSACCHARIDES); SINGLE QUALITATIVE | | | $0.00 | Medicare | $12.82 | $7.95 | $7.69 | |
| 84377 | Q | SUGARS (MON- DI AND OLIGOSACCHARIDES); MULTIPLE QUALITATIVE | | | $0.00 | Medicare | $12.82 | $7.95 | $7.69 | |
| 84378 | Q | SUGARS SINGLE QUANT | | | $0.00 | Medicare | $26.83 | $16.63 | $16.10 | |
| 84379 | Q | SUGARS (MON- DI AND OLIGOSACCHARIDES); MULTIPLE QUANTITATIVE | | | $0.00 | Medicare | $26.83 | $16.63 | $16.10 | |
| 84392 | Q | SULFATE URINE | | | $0.00 | Medicare | $11.07 | $6.86 | $6.64 | |
| 84402 | Q | TESTOSTERONE; FREE | | | $0.00 | Medicare | $59.28 | $36.75 | $35.57 | |
| 84403 | Q | TESTOSTERONE; TOTAL | | | $0.00 | Medicare | $60.13 | $37.28 | $36.08 | |
| 84425 | Q | THIAMINE (VITAMIN B-1) | | | $0.00 | Medicare | $49.45 | $30.66 | $29.67 | |
| 84430 | Q | THIOCYANATE | | | $0.00 | Medicare | $27.10 | $16.80 | $16.26 | |
| 84432 | Q | THYROGLOBULIN | | | $0.00 | Medicare | $37.40 | $23.19 | $22.44 | |
| 84436 | Q | THYROXINE; TOTAL | | | $0.00 | Medicare | $16.02 | $9.93 | $9.61 | |
| 84437 | Q | THYROXINE; REQUIRING ELUTION (EG NEONATAL) | | | $0.00 | Medicare | $15.07 | $9.34 | $9.04 | |
| 84439 | Q | THYROXINE; FREE | | | $0.00 | Medicare | $21.00 | $13.02 | $12.60 | |
| 84442 | Q | THYROXINE BINDING GLOBULIN (TBG) | | | $0.00 | Medicare | $34.43 | $21.35 | $20.66 | |
| 84443 | Q | THYROID STIMULATING HORMONE (TSH) | | | $0.00 | Medicare | $39.12 | $24.25 | $23.47 | |
| 84445 | Q | ASSAY OF TSI | | | $0.00 | Medicare | $118.42 | $73.42 | $71.05 | |
| 84446 | Q | TOCOPHEROL ALPHA (VITAMIN E) | | | $0.00 | Medicare | $33.02 | $20.47 | $19.81 | |
| 84449 | Q | TRANSCORTIN (CORTISOL BINDING GLOBULIN) | | | $0.00 | Medicare | $41.92 | $25.99 | $25.15 | |
| 84450 | Q | TRANSFERASE; ASPARTATE AMINO (AST)(SGOT) | | | $0.00 | Medicare | $12.03 | $7.46 | $7.22 | |
| 84460 | Q | TRANSFERASE; ALANINE AMINO (ALT)(SGPT) | | | $0.00 | Medicare | $12.33 | $7.64 | $7.40 | |
| 84466 | Q | TRANSFERRIN | | | $0.00 | Medicare | $29.73 | $18.43 | $17.84 | |
| 84478 | Q | TRIGLYCERIDES | | | $0.00 | Medicare | $13.40 | $8.31 | $8.04 | |
| 84479 | Q | TRIIODOTHYRONINE (T-3); RESIN UPTAKE | | | $0.00 | Medicare | $15.07 | $9.34 | $9.04 | |
| 84480 | Q | TRIIODOTHYRONINE (T-3); TOTAL (TT-3) | | | $0.00 | Medicare | $33.02 | $20.47 | $19.81 | |
| 84481 | Q | TRIIODOTHYRONINE (T-3); FREE | | | $0.00 | Medicare | $39.45 | $24.46 | $23.67 | |
| 84482 | Q | T3 REVERSE | | | $0.00 | Medicare | $36.70 | $22.75 | $22.02 | |
| 84484 | Q | TROPONIN QUALITATIVE | | | $0.00 | Medicare | $22.92 | $14.21 | $13.75 | |
| 84485 | Q | TRYPSIN; DUODENAL FLUID | | | $0.00 | Medicare | $17.48 | $10.84 | $10.49 | |
| 84488 | Q | TRYPSIN; FECES QUALITATIVE | | | $0.00 | Medicare | $17.00 | $10.54 | $10.20 | |
| 84490 | Q | TRYPSIN; FECES QUANTITATIVE 24-HOUR COLLECTION | | | $0.00 | Medicare | $17.72 | $10.99 | $10.63 | |
| 84510 | Q | TYROSINE | | | $0.00 | Medicare | $24.22 | $15.02 | $14.53 | |
| 84512 | Q | TROPONIN QUALITATIVE | | | $0.00 | Medicare | $17.93 | $11.12 | $10.76 | |
| 84520 | Q | UREA NITROGEN; QUANTITATIVE | | | $0.00 | Medicare | $9.18 | $5.69 | $5.51 | |
| 84525 | Q | UREA NITROGEN; SEMIQUANTITATIVE (EG REAGENT STRIP TEST) | | | $0.00 | Medicare | $8.75 | $5.43 | $5.25 | |
| 84540 | Q | UREA NITROGEN URINE | | | $0.00 | Medicare | $11.07 | $6.86 | $6.64 | |
| 84545 | Q | UREA NITROGEN CLEARANCE | | | $0.00 | Medicare | $15.38 | $9.54 | $9.23 | |
| 84550 | Q | URIC ACID; BLOOD | | | $0.00 | Medicare | $10.52 | $6.52 | $6.31 | |
| 84560 | Q | URIC ACID; OTHER SOURCE | | | $0.00 | Medicare | $11.07 | $6.86 | $6.64 | |
| 84577 | Q | UROBILINOGEN FECES QUANTITATIVE | | | $0.00 | Medicare | $29.05 | $18.01 | $17.43 | |
| 84578 | Q | UROBILINOGEN URINE; QUALITATIVE | | | $0.00 | Medicare | $7.57 | $4.69 | $4.54 | |
| 84580 | Q | UROBILINOGEN URINE; QUANTITATIVE TIMED SPECIMEN | | | $0.00 | Medicare | $16.53 | $10.25 | $9.92 | |
| 84583 | Q | UROBILINOGEN URINE; SEMIQUANTITATIVE | | | $0.00 | Medicare | $11.70 | $7.25 | $7.02 | |
| 84585 | Q | VANILLYLMANDELIC ACID (VMA) URINE | | | $0.00 | Medicare | $36.10 | $22.38 | $21.66 | |
| 84586 | Q | VASOACTIVE INTESTINAL PEPTIDE (VIP) | | | $0.00 | Medicare | $82.28 | $51.01 | $49.37 | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 84588 | Q | VASOPRESSIN (ANTIDIURETIC HORMONE ADH) | | | $0.00 | Medicare | $79.05 | $49.01 | $47.43 | |
| 84590 | Q | VITAMIN A | | | $0.00 | Medicare | $27.00 | $16.74 | $16.20 | |
| 84591 | Q | ASSAY OF NOS VITAMIN | | | $0.00 | Medicare | $27.00 | $16.74 | $16.20 | |
| 84597 | Q | VITAMIN K | | | $0.00 | Medicare | $31.92 | $19.79 | $19.15 | |
| 84600 | Q | VOLATILES (EG ACETIC ANHYDRIDE CARBON TETRACHLORIDE DICHL | | | $0.00 | Medicare | $37.42 | $23.20 | $22.45 | |
| 84620 | Q | XYLOSE ABSORPTION TEST BLOOD AND/OR URINE | | | $0.00 | Medicare | $27.58 | $17.10 | $16.55 | |
| 84630 | Q | ZINC | | | $0.00 | Medicare | $26.52 | $16.44 | $15.91 | |
| 84681 | Q | C-PEPTIDE | | | $0.00 | Medicare | $37.93 | $23.52 | $22.76 | |
| 84702 | Q | GONADOTROPIN CHORIONIC (HCG); QUANTITATIVE | | | $0.00 | Medicare | $35.05 | $21.73 | $21.03 | |
| 84703 | Q | GONADOTROPIN CHORIONIC (HCG); QUALITATIVE | | | $0.00 | Medicare | $17.48 | $10.84 | $10.49 | |
| 84830 | Q | OVULATION TESTS BY VISUAL COLOR COMPARISON METHODS FOR HUMA | | | $0.00 | Medicare | $9.23 | $5.72 | $5.54 | |
| 84999 | X | UNLISTED CHEMISTRY PROCEDURE | 0342 | 0.1450 | $6.92 | APC | $6.92 | | | |
| 85002 | Q | BLEEDING TIME | | | $0.00 | Medicare | $10.48 | $6.50 | $6.29 | |
| 85004 | Q | AUTOMATED DIFF WBC COUNT | | | $0.00 | Medicare | $15.07 | $9.34 | $9.04 | |
| 85007 | Q | BL SMEAR W/DIFF WBC COUNT | | | $0.00 | Medicare | $8.02 | $4.97 | $4.81 | |
| 85008 | Q | BL SMEAR W/O DIFF WBC COUNT | | | $0.00 | Medicare | $8.02 | $4.97 | $4.81 | |
| 85009 | Q | MANUAL DIFF WBC COUNT B-COAT | | | $0.00 | Medicare | $6.70 | $4.15 | $4.02 | |
| 85013 | Q | SPUN MICROHEMATOCRIT | | | $0.00 | Medicare | $5.52 | $3.42 | $3.31 | |
| 85014 | Q | HEMATOCRIT | | | $0.00 | Medicare | $5.52 | $3.42 | $3.31 | |
| 85018 | Q | HEMOGLOBIN | | | $0.00 | Medicare | $5.52 | $3.42 | $3.31 | |
| 85025 | Q | COMPLETE CBC W/AUTO DIFF WBC | | | $0.00 | Medicare | $18.10 | $11.22 | $10.86 | |
| 85027 | Q | COMPLETE CBC AUTOMATED | | | $0.00 | Medicare | $15.07 | $9.34 | $9.04 | |
| 85032 | Q | MANUAL CELL COUNT EACH | | | $0.00 | Medicare | $10.02 | $6.21 | $6.01 | |
| 85041 | Q | AUTOMATED RBC COUNT | | | $0.00 | Medicare | $7.00 | $4.34 | $4.20 | |
| 85044 | Q | MANUAL RETICULOCYTE COUNT | | | $0.00 | Medicare | $10.02 | $6.21 | $6.01 | |
| 85045 | Q | AUTOMATED RETICULOCYTE COUNT | | | $0.00 | Medicare | $9.32 | $5.78 | $5.59 | |
| 85046 | Q | RETICYTE/HGB CONCENTRATE | | | $0.00 | Medicare | $13.00 | $8.06 | $7.80 | |
| 85048 | Q | AUTOMATED LEUKOCYTE COUNT | | | $0.00 | Medicare | $5.92 | $3.67 | $3.55 | |
| 85049 | Q | AUTOMATED PLATELET COUNT | | | $0.00 | Medicare | $10.42 | $6.46 | $6.25 | |
| 85055 | Q | RETICULATED PLATELET ASSAY | | | $0.00 | Medicare | $62.35 | $38.66 | $37.41 | |
| 85060 | M | BLOOD SMEAR INTERPRETATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 85097 | X | BONE MARROW INTERPRETATION | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 85130 | Q | CHROMOGENIC SUBSTRATE ASSAY | | | $0.00 | Medicare | $27.70 | $17.17 | $16.62 | |
| 85170 | Q | CLOT RETRACTION | | | $0.00 | Medicare | $8.42 | $5.22 | $5.05 | |
| 85175 | Q | CLOT LYSIS TIME WHOLE BLOOD DILUTION | | | $0.00 | Medicare | $10.58 | $6.56 | $6.35 | |
| 85210 | Q | CLOTTING; FACTOR II PROTHROMBIN SPECIFIC | | | $0.00 | Medicare | $30.23 | $18.74 | $18.14 | |
| 85220 | Q | CLOTTING; FACTOR V (ACG OR PROACCELERIN) LABILE FACTOR | | | $0.00 | Medicare | $41.10 | $25.48 | $24.66 | |
| 85230 | Q | CLOTTING; FACTOR VII (PROCONVERTIN STABLE FACTOR) | | | $0.00 | Medicare | $41.70 | $25.85 | $25.02 | |
| 85240 | Q | CLOTTING; FACTOR VIII (AHG) ONE STAGE | | | $0.00 | Medicare | $41.70 | $25.85 | $25.02 | |
| 85244 | Q | CLOTTING; FACTOR VIII RELATED ANTIGEN | | | $0.00 | Medicare | $47.55 | $29.48 | $28.53 | |
| 85245 | Q | CLOTTING; FACTOR VIII VW FACTOR RISTOCETIN COFACTOR | | | $0.00 | Medicare | $53.43 | $33.13 | $32.06 | |
| 85246 | Q | CLOTTING; FACTOR VIII VW FACTOR ANTIGEN | | | $0.00 | Medicare | $53.43 | $33.13 | $32.06 | |
| 85247 | Q | CLOTTING; FACTOR VIII VON WILLEBRAND'S FACTOR MULTIMETRIC | | | $0.00 | Medicare | $53.43 | $33.13 | $32.06 | |
| 85250 | Q | CLOTTING; FACTOR IX (PTC OR CHRISTMAS) | | | $0.00 | Medicare | $44.33 | $27.48 | $26.60 | |
| 85260 | Q | CLOTTING; FACTOR X (STUART-POWER) | | | $0.00 | Medicare | $41.70 | $25.85 | $25.02 | |
| 85270 | Q | CLOTTING; FACTOR XI (PTA) | | | $0.00 | Medicare | $41.70 | $25.85 | $25.02 | |
| 85280 | Q | CLOTTING; FACTOR XII (HAGEMAN) | | | $0.00 | Medicare | $45.07 | $27.94 | $27.04 | |
| 85290 | Q | CLOTTING; FACTOR XIII (FIBRIN STABILIZING) | | | $0.00 | Medicare | $38.05 | $23.59 | $22.83 | |
| 85291 | Q | CLOTTING;FACTOR XIII (FIBRIN STABILIZING) SCREEN SOLUBILITY | | | $0.00 | Medicare | $20.70 | $12.83 | $12.42 | |
| 85292 | Q | CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY) | | | $0.00 | Medicare | $44.10 | $27.34 | $26.46 | |
| 85293 | Q | CLOTTING;HIGH MOLECULAR WEIGHT KININOGEN ASSAY(FITZGERALD FA | | | $0.00 | Medicare | $44.10 | $27.34 | $26.46 | |
| 85300 | Q | CLOTTING INHIBITORS OR ANTICOAGULANTS;ANTITHROMBIN III ACTI | | | $0.00 | Medicare | $27.58 | $17.10 | $16.55 | |
| 85301 | Q | CLOTTING INHIBITORS OR ANTICOAGULANTS;ANTITHROMBIN III ANTI | | | $0.00 | Medicare | $25.18 | $15.61 | $15.11 | |
| 85302 | Q | CLOTTING INHIBITORS OR ANTICOAGULANTS;PROTEIN C ANTIGEN | | | $0.00 | Medicare | $28.00 | $17.36 | $16.80 | |
| 85303 | Q | CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C ACTIVITY | | | $0.00 | Medicare | $32.20 | $19.96 | $19.32 | |
| 85305 | Q | CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S TOTAL | | | $0.00 | Medicare | $27.00 | $16.74 | $16.20 | |
| 85306 | Q | CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S FREE | | | $0.00 | Medicare | $35.68 | $22.12 | $21.41 | |
| 85307 | Q | ASSAY ACTIVATED PROTEIN C | | | $0.00 | Medicare | $35.68 | $22.12 | $21.41 | |
| 85335 | Q | FACTOR INHIBITOR TEST | | | $0.00 | Medicare | $29.98 | $18.59 | $17.99 | |
| 85337 | Q | THROMBOMODULIN | | | $0.00 | Medicare | $24.27 | $15.05 | $14.56 | |
| 85345 | Q | COAGULATION TIME; LEE & WHITE | | | $0.00 | Medicare | $10.02 | $6.21 | $6.01 | |
| 85347 | Q | COAGULATION TIME; ACTIVATED | | | $0.00 | Medicare | $9.92 | $6.15 | $5.95 | |
| 85348 | Q | COAGULATION TIME; OTHER METHODS | | | $0.00 | Medicare | $8.67 | $5.38 | $5.20 | |
| 85360 | Q | EUGLOBULIN LYSIS | | | $0.00 | Medicare | $19.57 | $12.13 | $11.74 | |
| 85362 | Q | FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); | | | $0.00 | Medicare | $16.03 | $9.94 | $9.62 | |
| 85366 | Q | FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); | | | $0.00 | Medicare | $20.05 | $12.43 | $12.03 | |
| 85370 | Q | FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); | | | $0.00 | Medicare | $26.45 | $16.40 | $15.87 | |
| 85378 | Q | FIBRIN DEGRADE SEMIQUANT | | | $0.00 | Medicare | $16.62 | $10.30 | $9.97 | |
| 85379 | Q | FIBRIN DEGRADATION QUANT | | | $0.00 | Medicare | $23.70 | $14.69 | $14.22 | |
| 85380 | Q | FIBRIN DEGRADATION VTE | | | $0.00 | Medicare | $23.70 | $14.69 | $14.22 | |
| 85384 | Q | FIBRINOGEN; ACTIVITY | | | $0.00 | Medicare | $19.78 | $12.26 | $11.87 | |
| 85385 | Q | FIBRINOGEN; ANTIGEN | | | $0.00 | Medicare | $19.78 | $12.26 | $11.87 | |
| 85390 | Q | FIBRINOLYSINS OR COAGULOPATHY SCREEN INTERPRETATION AND REP | | | $0.00 | Medicare | $12.03 | $7.46 | $7.22 | |
| 85396 | N | FIBRINOLYSINS CLOT LYSI | | | $0.00 | APC | $0.00 | | | |
| 85400 | Q | FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN | | | $0.00 | Medicare | $20.60 | $12.77 | $12.36 | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 85410 | Q | FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ACTIVATOR | | | $0.00 | Medicare | $17.95 | $11.13 | $10.77 | |
| 85415 | Q | FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR | | | $0.00 | Medicare | $40.03 | $24.82 | $24.02 | |
| 85420 | Q | FIBRINOLYTIC FACTORS AND INHIBITORS;PLASMINOGEN EXCEPT ANTI | | | $0.00 | Medicare | $15.22 | $9.44 | $9.13 | |
| 85421 | Q | FIBRINOLYTIC FACTORS AND INHIBITORS;PLASMINOGEN ANTIGENIC A | | | $0.00 | Medicare | $23.72 | $14.71 | $14.23 | |
| 85441 | Q | HEINZ BODIES; DIRECT | | | $0.00 | Medicare | $9.80 | $6.08 | $5.88 | |
| 85445 | Q | HEINZ BODIES; INDUCED ACETYL PHENYLHYDRAZINE | | | $0.00 | Medicare | $15.87 | $9.84 | $9.52 | |
| 85460 | Q | HGC OR RBC'S FETAL FOR FETOMATERNAL HEMORRHAGE; DIFF LYSIS | | | $0.00 | Medicare | $18.02 | $11.17 | $10.81 | |
| 85461 | Q | HGB OR RBC'S FETAL FOR FETOMATERNAL HEMORRHAGE; ROSETTE | | | $0.00 | Medicare | $15.43 | $9.57 | $9.26 | |
| 85475 | Q | HEMOLYSIN ACID | | | $0.00 | Medicare | $20.67 | $12.82 | $12.40 | |
| 85520 | Q | HEPARIN ASSAY | | | $0.00 | Medicare | $30.48 | $18.90 | $18.29 | |
| 85525 | Q | HEPARIN NEUTRALIZATION | | | $0.00 | Medicare | $27.58 | $17.10 | $16.55 | |
| 85530 | Q | HEPARIN-PROTAMINE TOLERANCE TEST | | | $0.00 | Medicare | $33.02 | $20.47 | $19.81 | |
| 85536 | Q | IRON STAIN PERIPHERAL BLOOD | | | $0.00 | Medicare | $15.07 | $9.34 | $9.04 | |
| 85540 | Q | LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT | | | $0.00 | Medicare | $20.03 | $12.42 | $12.02 | |
| 85547 | Q | MECHANICAL FRAGILITY RBC | | | $0.00 | Medicare | $20.03 | $12.42 | $12.02 | |
| 85549 | Q | MURAMIDASE | | | $0.00 | Medicare | $43.68 | $27.08 | $26.21 | |
| 85555 | Q | OSMOTIC FRAGILITY RBC; UNINCUBATED | | | $0.00 | Medicare | $15.57 | $9.65 | $9.34 | |
| 85557 | Q | OSMOTIC FRAGILITY RBC; INCUBATED | | | $0.00 | Medicare | $31.10 | $19.28 | $18.66 | |
| 85576 | Q | PLATELET; AGGREGATION (IN VITRO) EACH AGENT | | | $0.00 | Medicare | $50.02 | $31.01 | $30.01 | |
| 85597 | Q | PLATELET NEUTRALIZATION | | | $0.00 | Medicare | $12.45 | $7.72 | $7.47 | |
| 85610 | Q | PROTHROMBIN TIME; | | | $0.00 | Medicare | $9.15 | $5.67 | $5.49 | |
| 85611 | Q | PROTHROMBIN TIME; SUBSTITUTIONS PLASMA FRACTIONS EACH | | | $0.00 | Medicare | $9.18 | $5.69 | $5.51 | |
| 85612 | Q | RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED | | | $0.00 | Medicare | $22.28 | $13.81 | $13.37 | |
| 85613 | Q | RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED | | | $0.00 | Medicare | $22.28 | $13.81 | $13.37 | |
| 85635 | Q | REPTILASE TEST | | | $0.00 | Medicare | $22.93 | $14.22 | $13.76 | |
| 85651 | Q | SEDIMENTATION RATE ERYTHROCYTE NON-AUTOMATED | | | $0.00 | Medicare | $8.27 | $5.13 | $4.96 | |
| 85652 | Q | SEDIMENTATION RATE ERYTHROCYTE; AUTOMATED | | | $0.00 | Medicare | $6.28 | $3.89 | $3.77 | |
| 85660 | Q | SICKLING OF RBC REDUCTION | | | $0.00 | Medicare | $12.85 | $7.97 | $7.71 | |
| 85670 | Q | THROMBIN TIME; PLASMA | | | $0.00 | Medicare | $13.45 | $8.34 | $8.07 | |
| 85675 | Q | THROMBIN TIME; TITER | | | $0.00 | Medicare | $15.97 | $9.90 | $9.58 | |
| 85705 | Q | THROMBOPLASTIN INHIBITION; TISSUE | | | $0.00 | Medicare | $21.97 | $13.62 | $13.18 | |
| 85730 | Q | THROMBOPLASTIN TIME PARTIAL (PTT); PLASMA OR WHOLE BLOOD | | | $0.00 | Medicare | $13.97 | $8.66 | $8.38 | |
| 85732 | Q | THROMBOPLASTIN TIME PARTIAL (PTT);SUBSTITUTION PLASMA FRAC | | | $0.00 | Medicare | $15.07 | $9.34 | $9.04 | |
| 85810 | Q | VISCOSITY | | | $0.00 | Medicare | $27.20 | $16.86 | $16.32 | |
| 85999 | Q | UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE | | | $0.00 | Not Allowed | $0.00 | | | |
| 86000 | Q | AGGLUTININS FEBRILE (EG BRUCELLA FRANCISELLA MURINE TYPH | | | $0.00 | Medicare | $16.25 | $10.08 | $9.75 | |
| 86001 | Q | ALLERGEN SPECIFIC IGG | | | $0.00 | Medicare | $6.73 | $4.17 | $4.04 | |
| 86003 | Q | ALLERGEN SPECIFIC IGE;QUANTITATIVE/SEMI-QUANT EACH ALLERGEN | | | $0.00 | Medicare | $6.73 | $4.17 | $4.04 | |
| 86005 | Q | ALLERGEN SPECIFIC IGE;QUALITATIVE MULTIALLERGEN SCREEN (DIP | | | $0.00 | Medicare | $18.57 | $11.51 | $11.14 | |
| 86021 | Q | ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES | | | $0.00 | Medicare | $35.05 | $21.73 | $21.03 | |
| 86022 | Q | PLATELET ANTIBODIES | | | $0.00 | Medicare | $42.77 | $26.52 | $25.66 | |
| 86023 | Q | IMMUNOGLOBULIN ASSAY | | | $0.00 | Medicare | $29.00 | $17.98 | $17.40 | |
| 86038 | Q | ANTINUCLEAR ANTIBODIES (ANA); | | | $0.00 | Medicare | $28.15 | $17.45 | $16.89 | |
| 86039 | Q | ANTINUCLEAR ANTIBODIES (ANA); TITER | | | $0.00 | Medicare | $26.00 | $16.12 | $15.60 | |
| 86060 | Q | ANTISTREPTOLYSIN 0; TITER | | | $0.00 | Medicare | $17.00 | $10.54 | $10.20 | |
| 86063 | Q | ANTISTREPTOLYSIN 0; SCREEN | | | $0.00 | Medicare | $13.45 | $8.34 | $8.07 | |
| 86077 | X | PHYSICIAN BLOOD BANK SERVICE | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 86078 | X | PHYSICIAN BLOOD BANK SERVICE | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 86079 | X | PHYSICIAN BLOOD BANK SERVICE | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 86140 | Q | C-REACTIVE PROTEIN | | | $0.00 | Medicare | $12.05 | $7.47 | $7.23 | |
| 86141 | Q | C-REACTIVE PROTEIN HS | | | $0.00 | Medicare | $30.15 | $18.69 | $18.09 | |
| 86146 | Q | GLYCOPROTEIN ANTIBODY | | | $0.00 | Medicare | $59.23 | $36.72 | $35.54 | |
| 86147 | Q | CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY | | | $0.00 | Medicare | $59.23 | $36.72 | $35.54 | |
| 86148 | Q | ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID) | | | $0.00 | Medicare | $37.40 | $23.19 | $22.44 | |
| 86155 | Q | CHEMOTAXIS ASSAY SPECIFY METHOD | | | $0.00 | Medicare | $37.22 | $23.08 | $22.33 | |
| 86156 | Q | COLD AGGLUTININ; SCREEN | | | $0.00 | Medicare | $15.60 | $9.67 | $9.36 | |
| 86157 | Q | COLD AGGLUTININ; TITER | | | $0.00 | Medicare | $18.78 | $11.64 | $11.27 | |
| 86160 | Q | COMPLEMENT; ANTIGEN EACH COMPONENT | | | $0.00 | Medicare | $27.97 | $17.34 | $16.78 | |
| 86161 | Q | COMPLEMENT; FUNCTIONAL ACTIVITY EACH COMPONENT | | | $0.00 | Medicare | $27.97 | $17.34 | $16.78 | |
| 86162 | Q | COMPLEMENT; TOTAL HEMOLYTIC (CH50) | | | $0.00 | Medicare | $44.85 | $27.81 | $26.91 | |
| 86171 | Q | COMPLEMENT FIXATION TESTS EACH ANTIGEN | | | $0.00 | Medicare | $23.33 | $14.46 | $14.00 | |
| 86185 | Q | COUNTERIMMUNOELECTROPHORESIS EACH ANTIGEN | | | $0.00 | Medicare | $20.83 | $12.91 | $12.50 | |
| 86200 | Q | CCP ANTIBODY | | | $0.00 | Medicare | $30.15 | $18.69 | $18.09 | |
| 86215 | Q | DEOXYRIBONUCLEASE ANTIBODY | | | $0.00 | Medicare | $30.85 | $19.13 | $18.51 | |
| 86225 | Q | DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY;NATIVE OR DOUBLE STRAND | | | $0.00 | Medicare | $32.00 | $19.84 | $19.20 | |
| 86226 | Q | DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED | | | $0.00 | Medicare | $25.75 | $15.97 | $15.45 | |
| 86235 | Q | EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY TO ANY METHOD (EG NR | | | $0.00 | Medicare | $41.77 | $25.90 | $25.06 | |
| 86243 | Q | FC RECEPTOR | | | $0.00 | Medicare | $47.80 | $29.64 | $28.68 | |
| 86255 | Q | FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN EA ANTIBODY | | | $0.00 | Medicare | $28.07 | $17.40 | $16.84 | |
| 86256 | Q | FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER EA ANTIBODY | | | $0.00 | Medicare | $28.07 | $17.40 | $16.84 | |
| 86277 | Q | GROWTH HORMONE HUMAN (HGH) ANTIBODY | | | $0.00 | Medicare | $36.65 | $22.72 | $21.99 | |
| 86280 | Q | HEMAGGLUTINATION INHIBITION TEST (HAI) | | | $0.00 | Medicare | $19.07 | $11.82 | $11.44 | |
| 86294 | Q | IMMUNOASSAY TUMOR QUAL | | | $0.00 | Medicare | $45.68 | $28.32 | $27.41 | |
| 86300 | Q | IMMUNOASSAY TUMOR CA 15-3 | | | $0.00 | Medicare | $48.45 | $30.04 | $29.07 | |
| 86301 | Q | IMMUNOASSAY TUMOR CA 19-9 | | | $0.00 | Medicare | $48.45 | $30.04 | $29.07 | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 86304 | Q | IMUNOASSAY FOR TUMOR ANTIGEN QUANTITATIVE; CA 125 | | | $0.00 | Medicare | $48.45 | $30.04 | $29.07 | |
| 86308 | Q | HETEROPHILE ANTIBODIES; SCREENING | | | $0.00 | Medicare | $9.55 | $5.92 | $5.73 | |
| 86309 | Q | HETEROPHILE ANTIBODIES; TITER | | | $0.00 | Medicare | $15.07 | $9.34 | $9.04 | |
| 86310 | Q | HETEROPHILE ANTIBODIES;TITERS AFTER ABSORPTION W/BEEF CELLS | | | $0.00 | Medicare | $17.17 | $10.65 | $10.30 | |
| 86316 | Q | IMMUNOASSAY, TUMOR OTHER | | | $0.00 | Medicare | $48.45 | $30.04 | $29.07 | |
| 86317 | Q | IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY QUANTITATIVE NOS | | | $0.00 | Medicare | $25.78 | $15.98 | $15.47 | |
| 86318 | Q | IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY QUALITATIVE OR SE | | | $0.00 | Medicare | $30.15 | $18.69 | $18.09 | |
| 86320 | Q | IMMUNOELECTROPHORESIS; SERUM | | | $0.00 | Medicare | $52.20 | $32.36 | $31.32 | |
| 86325 | Q | OTHER IMMUNOELECTROPHORESIS | | | $0.00 | Medicare | $52.07 | $32.28 | $31.24 | |
| 86327 | Q | IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY) | | | $0.00 | Medicare | $52.83 | $32.75 | $31.70 | |
| 86329 | Q | IMMUNODIFFUSION; NOT ELSEWHERE SPECIFIED | | | $0.00 | Medicare | $32.70 | $20.27 | $19.62 | |
| 86331 | Q | IMMUNODIFFUSION; GEL DIFFUSION QUALITATIVE EACH ANTIGEN AN | | | $0.00 | Medicare | $27.92 | $17.31 | $16.75 | |
| 86332 | Q | IMMUNE COMPLEX ASSAY | | | $0.00 | Medicare | $56.75 | $35.19 | $34.05 | |
| 86334 | Q | IMMUNOFIX E-PHORESIS SERUM | | | $0.00 | Medicare | $52.02 | $32.25 | $31.21 | |
| 86335 | Q | IMMUNOGLOBULIN TYPING (GC GM INV) EACH | | | $0.00 | Medicare | $68.33 | $42.36 | $41.00 | |
| 86336 | Q | INHIBIN A | | | $0.00 | Medicare | $36.28 | $22.49 | $21.77 | |
| 86337 | Q | INSULIN ANTIBODIES | | | $0.00 | Medicare | $49.87 | $30.92 | $29.92 | |
| 86340 | Q | INTRINSIC FACTOR ANTIBODIES | | | $0.00 | Medicare | $35.10 | $21.76 | $21.06 | |
| 86341 | Q | ISLET CELL ANTIBODY | | | $0.00 | Medicare | $46.08 | $28.57 | $27.65 | |
| 86343 | Q | LEUKOCYTE HISTAMINE RELEASE TEST (LHR) | | | $0.00 | Medicare | $29.02 | $17.99 | $17.41 | |
| 86344 | Q | LEUKOCYTE PHAGOCYTOSIS | | | $0.00 | Medicare | $18.60 | $11.53 | $11.16 | |
| 86353 | Q | LYMPHOCYTE TRANSFORMATION MITOGEN (PHYTOMITOGEN) OR ANTIGEN | | | $0.00 | Medicare | $114.15 | $70.77 | $68.49 | |
| 86355 | Q | B CELLS TOTAL COUNT | | | $0.00 | Medicare | $87.83 | $54.45 | $52.70 | |
| 86357 | Q | NK CELLS, TOTAL COUNT | | | $0.00 | Medicare | $87.83 | $54.45 | $52.70 | |
| 86359 | Q | T CELLS; (TOTAL COUNT) | | | $0.00 | Medicare | $87.83 | $54.45 | $52.70 | |
| 86360 | Q | T CELLS; ABSOLUTE CD4 AND CD8 COUNT INCLUDING RATIO | | | $0.00 | Medicare | $109.42 | $67.84 | $65.65 | |
| 86361 | Q | T CELLS; ABSOLUTE CD4 COUNT | | | $0.00 | Medicare | $62.35 | $38.66 | $37.41 | |
| 86367 | Q | STEM CELLS TOTAL COUNT | | | $0.00 | Medicare | $87.83 | $54.45 | $52.70 | |
| 86376 | Q | MICROSOMAL ANTIBODIES (EG THYROID OR LIVER-KIDNEY) EACH | | | $0.00 | Medicare | $33.88 | $21.01 | $20.33 | |
| 86378 | Q | MIGRATION INHIBITORY FACTOR TEST (MIF) | | | $0.00 | Medicare | $45.85 | $28.43 | $27.51 | |
| 86382 | Q | NEUTRALIZATION TEST VIRAL | | | $0.00 | Medicare | $39.37 | $24.41 | $23.62 | |
| 86384 | Q | NITROBLUE TETRAZOLIUM DYE TEST (NTD) | | | $0.00 | Medicare | $26.52 | $16.44 | $15.91 | |
| 86403 | Q | PARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY | | | $0.00 | Medicare | $23.73 | $14.71 | $14.24 | |
| 86406 | Q | PARTICLE AGGULINATION; TITER EACH ANTIBODY | | | $0.00 | Medicare | $24.78 | $15.36 | $14.87 | |
| 86430 | Q | RHEUMATOID FACTOR; QUALITATIVE | | | $0.00 | Medicare | $13.22 | $8.20 | $7.93 | |
| 86431 | Q | RHEUMATOID FACTOR; QUANTITATIVE | | | $0.00 | Medicare | $13.22 | $8.20 | $7.93 | |
| 86480 | Q | TB TEST, CELL IMMUN MEASURE | | | $0.00 | Medicare | $144.32 | $89.48 | $86.59 | |
| 86485 | X | SKIN TEST; CANDIDA | 0341 | 0.1035 | $4.94 | APC | $4.94 | | | |
| 86490 | X | SKIN TEST; COCCIDIOIDOMYCOSIS | 0341 | 0.1035 | $4.94 | APC | $4.94 | | | |
| 86510 | X | SKIN TEST; HISTOPLASMOSIS | 0341 | 0.1035 | $4.94 | APC | $4.94 | | | |
| 86580 | X | SKIN TEST; TUBERCULOSIS INTRADERMAL | 0341 | 0.1035 | $4.94 | APC | $4.94 | | | |
| 86586 | Q | SKIN TEST; UNLISTED ANTIGEN EACH | | | $0.00 | Medicare | $87.83 | $54.45 | $52.70 | |
| 86590 | Q | STREPTOKINASE ANTIBODY | | | $0.00 | Medicare | $25.68 | $15.92 | $15.41 | |
| 86592 | Q | SYPHILIS TEST; QUALITATIVE (EG VDRL RPR ART) | | | $0.00 | Medicare | $9.93 | $6.16 | $5.96 | |
| 86593 | Q | SYPHILIS TEST; QUANTITATIVE | | | $0.00 | Medicare | $10.27 | $6.37 | $6.16 | |
| 86602 | Q | ANTIBODY; ACTINOMYCES | | | $0.00 | Medicare | $23.70 | $14.69 | $14.22 | |
| 86603 | Q | ANTIBODY; ADENOVIRUS | | | $0.00 | Medicare | $29.97 | $18.58 | $17.98 | |
| 86606 | Q | ANTIBODY; ASPERGILLUS | | | $0.00 | Medicare | $35.05 | $21.73 | $21.03 | |
| 86609 | Q | ANTIBODY; BACTERIUM NOT ELSEWHERE SPECIFIED | | | $0.00 | Medicare | $30.00 | $18.60 | $18.00 | |
| 86611 | Q | BARTONELLA ANTIBODY | | | $0.00 | Medicare | $23.70 | $14.69 | $14.22 | |
| 86612 | Q | ANTIBODY; BLASTOMYCES | | | $0.00 | Medicare | $30.05 | $18.63 | $18.03 | |
| 86615 | Q | ANTIBODY; BORDETELLA | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86617 | Q | ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY | | | $0.00 | Medicare | $36.07 | $22.36 | $21.64 | |
| 86618 | Q | ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) | | | $0.00 | Medicare | $39.67 | $24.60 | $23.80 | |
| 86619 | Q | ANTIBODY; BORRELIA (RELAPSING FEVER) | | | $0.00 | Medicare | $31.15 | $19.31 | $18.69 | |
| 86622 | Q | ANTIBODY; BRUCELLA | | | $0.00 | Medicare | $20.80 | $12.90 | $12.48 | |
| 86625 | Q | ANTIBODY; CAMPYLOBACTER | | | $0.00 | Medicare | $30.55 | $18.94 | $18.33 | |
| 86628 | Q | ANTIBODY; CANDIDA | | | $0.00 | Medicare | $27.97 | $17.34 | $16.78 | |
| 86631 | Q | ANTIBODY; CHLAMYDIA | | | $0.00 | Medicare | $27.53 | $17.07 | $16.52 | |
| 86632 | Q | ANTIBODY; CHLAMYDIA IGG | | | $0.00 | Medicare | $29.57 | $18.33 | $17.74 | |
| 86635 | Q | ANTIBODY; CACCIDIOIDES | | | $0.00 | Medicare | $26.72 | $16.57 | $16.03 | |
| 86638 | Q | ANTIBODY; COXIELLA BRUNETTI (Q FEVER) | | | $0.00 | Medicare | $28.23 | $17.50 | $16.94 | |
| 86641 | Q | ANTIBODY; CRYPTOCOCCUS | | | $0.00 | Medicare | $33.57 | $20.81 | $20.14 | |
| 86644 | Q | ANTIBODY; CYTOMEGALOVIRUS (CMV) | | | $0.00 | Medicare | $26.30 | $16.31 | $15.78 | |
| 86645 | Q | ANTIBODY; CYTOMEGALOVIRUS (CMV) IGM | | | $0.00 | Medicare | $39.23 | $24.32 | $23.54 | |
| 86648 | Q | ANTIBODY; DIPHTHERIA | | | $0.00 | Medicare | $35.42 | $21.96 | $21.25 | |
| 86651 | Q | ANTIBODY; ENCEPHALITIS CALIFORNIA (LA CROSSE) | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86652 | Q | ANTIBODY; ENCEPHALITIS EASTERN EQUINE | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86653 | Q | ANTIBODY; ENCEPHALITIS ST. LOUIS | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86654 | Q | ANTIBODY; ENCEPHALITIS WESTERN EQUINE | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86658 | Q | ANTIBODY; ENTEROVIRUS (EG COXSACKIE ECHO POLIO) | | | $0.00 | Medicare | $30.33 | $18.80 | $18.20 | |
| 86663 | Q | ANTIBODY; EPSTEIN-BARR (EB) VIRUS EARLY ANTIGEN (EA) | | | $0.00 | Medicare | $30.55 | $18.94 | $18.33 | |
| 86664 | Q | ANTIBODY; EPSTEIN-BARR (EB) VIRUS NUCLEAR ANTIGEN | | | $0.00 | Medicare | $35.63 | $22.09 | $21.38 | |
| 86665 | Q | ANTIBODY; EPSTEIN-BARR (EB) VIRUS VIRAL CAPOID (VCA) | | | $0.00 | Medicare | $42.25 | $26.20 | $25.35 | |
| 86666 | Q | EHRLICHIA ANTIBODY | | | $0.00 | Medicare | $23.70 | $14.69 | $14.22 | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 86668 | Q | ANTIBODY; FRANCISELLA TULARENSIS | | | $0.00 | Medicare | $24.22 | $15.02 | $14.53 | |
| 86671 | Q | ANTIBODY; FUNGUS NES | | | $0.00 | Medicare | $28.55 | $17.70 | $17.13 | |
| 86674 | Q | ANTIBODY; GIARDIA LAMBLIA | | | $0.00 | Medicare | $34.27 | $21.25 | $20.56 | |
| 86677 | Q | ANTIBODY; HELICOBACTER PYLORI | | | $0.00 | Medicare | $33.80 | $20.96 | $20.28 | |
| 86682 | Q | ANTIBODY; HELMINTH NES | | | $0.00 | Medicare | $30.28 | $18.77 | $18.17 | |
| 86684 | Q | ANTIBODY; HEMOPHILUS INFLUENZA | | | $0.00 | Medicare | $36.90 | $22.88 | $22.14 | |
| 86687 | Q | ANTIBODY; HTLV-I | | | $0.00 | Medicare | $19.53 | $12.11 | $11.72 | |
| 86688 | Q | ANTIBODY; HTLV-II | | | $0.00 | Medicare | $32.62 | $20.22 | $19.57 | |
| 86689 | Q | ANTIBODY;HTLV OR HIV ANTIBODY CONFIRMATORY TEST(EG WESTERN | | | $0.00 | Medicare | $45.08 | $27.95 | $27.05 | |
| 86692 | Q | ANTIBODY; HEPATITIS DELTA AGENT | | | $0.00 | Medicare | $39.97 | $24.78 | $23.98 | |
| 86694 | Q | ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST | | | $0.00 | Medicare | $26.30 | $16.31 | $15.78 | |
| 86695 | Q | ANTIBODY; HERPES SIMPLEX TYPE 1 | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86696 | Q | HERPES SIMPLEX TYPE 2 | | | $0.00 | Medicare | $45.08 | $27.95 | $27.05 | |
| 86698 | Q | ANTIBODY; HISTOPLASMA | | | $0.00 | Medicare | $29.10 | $18.04 | $17.46 | |
| 86701 | Q | ANTIBODY; HIV-1 | | | $0.00 | Medicare | $17.13 | $10.62 | $10.28 | |
| 86702 | Q | ANTIBODY; HIV-2 | | | $0.00 | Medicare | $31.47 | $19.51 | $18.88 | |
| 86703 | Q | ANTIBODY; HIV-1 AND HIV-2 SINGLE ASSAY | | | $0.00 | Medicare | $31.95 | $19.81 | $19.17 | |
| 86704 | Q | HEPATITIS B CORE ANTIBODY (HBCAB); IGG AND IGM | | | $0.00 | Medicare | $28.07 | $17.40 | $16.84 | |
| 86705 | Q | HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY | | | $0.00 | Medicare | $27.40 | $16.99 | $16.44 | |
| 86706 | Q | HEPATITIS B SURFACE ANTIBODY (HBSAB) | | | $0.00 | Medicare | $21.20 | $13.14 | $12.72 | |
| 86707 | Q | HEPATITIS BE ANTIBODY (HBEAB) | | | $0.00 | Medicare | $26.93 | $16.70 | $16.16 | |
| 86708 | Q | HEPATITIS A ANTIBODY (HAAB); IGG AND IGM | | | $0.00 | Medicare | $28.85 | $17.89 | $17.31 | |
| 86709 | Q | HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY | | | $0.00 | Medicare | $26.22 | $16.26 | $15.73 | |
| 86710 | Q | ANTIBODY; INFLUENZA VIRUS | | | $0.00 | Medicare | $31.57 | $19.57 | $18.94 | |
| 86713 | Q | ANTIBODY; LEGIONELLA | | | $0.00 | Medicare | $35.65 | $22.10 | $21.39 | |
| 86717 | Q | ANTIBODY; LEISHMANIA | | | $0.00 | Medicare | $28.53 | $17.69 | $17.12 | |
| 86720 | Q | ANTIBODY; LEPTOSPIRA | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86723 | Q | ANTIBODY; LISTERIA MONOCYTOGENES | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86727 | Q | ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS | | | $0.00 | Medicare | $29.97 | $18.58 | $17.98 | |
| 86729 | Q | ANTIBODY; LYMPHOGRANULOMA VENEREUM | | | $0.00 | Medicare | $27.82 | $17.25 | $16.69 | |
| 86732 | Q | ANTIBODY; MUCORMYCOSIS | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86735 | Q | ANTIBODY; MUMPS | | | $0.00 | Medicare | $30.38 | $18.84 | $18.23 | |
| 86738 | Q | ANTIBODY; MYCOPLASMA | | | $0.00 | Medicare | $30.85 | $19.13 | $18.51 | |
| 86741 | Q | ANTIBODY; NEISSERIA MENINGITIS | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86744 | Q | ANTIBODY; NOCARDIA | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86747 | Q | ANTIBODY; PARVOVIRUS | | | $0.00 | Medicare | $35.00 | $21.70 | $21.00 | |
| 86750 | Q | ANTIBODY; PLASMODIUM (MALARIA) | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86753 | Q | ANTIBODY; PROTOZOA NES | | | $0.00 | Medicare | $28.87 | $17.90 | $17.32 | |
| 86756 | Q | ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS | | | $0.00 | Medicare | $30.02 | $18.61 | $18.01 | |
| 86757 | Q | RICKETTSIA ANTIBODY | | | $0.00 | Medicare | $45.08 | $27.95 | $27.05 | |
| 86759 | Q | ANTIBODY; ROTAVIRUS | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86762 | Q | ANTIBODY; RUBELLA | | | $0.00 | Medicare | $26.30 | $16.31 | $15.78 | |
| 86765 | Q | ANTIBODY; RUBEOLA | | | $0.00 | Medicare | $30.00 | $18.60 | $18.00 | |
| 86768 | Q | ANTIBODY; SALMONELLA | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86771 | Q | ANTIBODY; SHIGELLA | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86774 | Q | ANTIBODY; TETANUS | | | $0.00 | Medicare | $34.47 | $21.37 | $20.68 | |
| 86777 | Q | ANTIBODY; TOXOPLASMA | | | $0.00 | Medicare | $26.30 | $16.31 | $15.78 | |
| 86778 | Q | ANTIBODY; TOXOPLASMA IGM | | | $0.00 | Medicare | $33.53 | $20.79 | $20.12 | |
| 86781 | Q | ANTIBODY;TREPONEMA PALLIDUM CONFIRMATORY TEST (EG FTA-ABS) | | | $0.00 | Medicare | $30.83 | $19.11 | $18.50 | |
| 86784 | Q | ANTIBODY; TRICHINELLA | | | $0.00 | Medicare | $29.25 | $18.14 | $17.55 | |
| 86787 | Q | ANTIBODY; VARICELLA-ZOSTER | | | $0.00 | Medicare | $30.00 | $18.60 | $18.00 | |
| 86790 | Q | ANTIBODY; VIRUS NES | | | $0.00 | Medicare | $30.00 | $18.60 | $18.00 | |
| 86793 | Q | ANTIBODY; YERSINIA | | | $0.00 | Medicare | $30.72 | $19.05 | $18.43 | |
| 86800 | Q | THYROGLOBULIN ANTIBODY | | | $0.00 | Medicare | $37.03 | $22.96 | $22.22 | |
| 86803 | Q | HEPATITIS C ANTIBODY | | | $0.00 | Medicare | $33.23 | $20.60 | $19.94 | |
| 86804 | Q | HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG IMMUNOBLOT) | | | $0.00 | Medicare | $35.93 | $22.28 | $21.56 | |
| 86805 | Q | LYMPHOCYTOTOXICITY ASSAY VISUAL CROSSMATCH;W/TITRATION | | | $0.00 | Medicare | $121.75 | $75.49 | $73.05 | |
| 86806 | Q | LYMPHOCYTOTOXICITY ASSAY VISUAL CROSSMATCH; W/O TITRATION | | | $0.00 | Medicare | $110.82 | $68.71 | $66.49 | |
| 86807 | Q | SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA | | | $0.00 | Medicare | $92.15 | $57.13 | $55.29 | |
| 86808 | Q | SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA | | | $0.00 | Medicare | $69.12 | $42.85 | $41.47 | |
| 86812 | Q | HLA TYPING; A B OR C (EG A10 B7 B27) SINGLE ANTIGEN | | | $0.00 | Medicare | $60.10 | $37.26 | $36.06 | |
| 86813 | Q | HLA TYPING; A B OR C MULTIPLE ANTIGENS | | | $0.00 | Medicare | $135.03 | $83.72 | $81.02 | |
| 86816 | Q | HLA TYPING; DR/DQ MULTIPLE ANTIGENS | | | $0.00 | Medicare | $64.87 | $40.22 | $38.92 | |
| 86817 | Q | HLA TYPING; DR/DQ MULTIPLE ANTIGENS | | | $0.00 | Medicare | $149.92 | $92.95 | $89.95 | |
| 86821 | Q | HLA TYPING; LYMPHOCYTE CULTURE MIXED (MLC) | | | $0.00 | Medicare | $131.47 | $81.51 | $78.88 | |
| 86822 | Q | HLA TYPING; LYMPHOCYTE CULTURE PRIMED (PLC) | | | $0.00 | Medicare | $85.12 | $52.77 | $51.07 | |
| 86849 | X | UNLISTED IMMUNOLOGY PROCEDURE | 0342 | 0.1450 | $6.92 | APC | $6.92 | | | |
| 86850 | X | ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86860 | X | ANTIBODY ELUTION (RBC) EACH ELUTION | 0346 | 0.3314 | $15.82 | APC | $15.82 | | | |
| 86870 | X | ANTIBODY IDENTIFICATION RBC ANTIBODIES EACH PANEL FOR EACH | 0346 | 0.3314 | $15.82 | APC | $15.82 | | | |
| 86880 | X | COOMBS TEST DIRECT | 0409 | 0.1210 | $5.78 | APC | $5.78 | | | |
| 86885 | X | COOMBS TEST INDIRECT QUAL | 0409 | 0.1210 | $5.78 | APC | $5.78 | | | |
| 86886 | X | COOMBS TEST INDIRECT TITER | 0409 | 0.1210 | $5.78 | APC | $5.78 | | | |
| 86890 | X | AUTOLOGOUS BLOOD OR COMPONENT COLLECTION PROCESSING AND STO | 0347 | 0.8243 | $39.36 | APC | $39.36 | | | |
| 86891 | X | AUTOLOGOUS BLOOD OR COMPONENT COLLECTION PROCESSING AND STO | 0346 | 0.3314 | $15.82 | APC | $15.82 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 86900 | X | BLOOD TYPING; ABO | 0409 | 0.1210 | $5.78 | APC | $5.78 | | | |
| 86901 | X | BLOOD TYPING; RH (D) | 0409 | 0.1210 | $5.78 | APC | $5.78 | | | |
| 86903 | X | BLOOD TYPING;ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT USI | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86904 | X | BLOOD TYPING;ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT USI | 0346 | 0.3314 | $15.82 | APC | $15.82 | | | |
| 86905 | X | BLOOD TYPING;RBC ANTIGENS OTHER THAN ABO OR RH(D) EACH | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86906 | X | BLOOD TYPING; RH PHENOTYPING COMPLETE | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86910 | Q | BLOOD TYPING FOR PATERNITY TESTING PER INDIVIDUAL ABO RH | | | $0.00 | Not Allowed | $0.00 | | | |
| 86911 | Q | BLOOD TYPING FOR PATERNITY TESTING PER INDIVIDUAL ABO RH | | | $0.00 | Not Allowed | $0.00 | | | |
| 86920 | X | COMPATIBILITY TEST SPIN | 0346 | 0.3314 | $15.82 | APC | $15.82 | | | |
| 86921 | X | COMPATIBILITY TEST INCUBATE | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86922 | X | COMPATIBILITY TEST ANTIGLOB | 0346 | 0.3314 | $15.82 | APC | $15.82 | | | |
| 86923 | X | COMPATIBILITY TEST ELECTRIC | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86927 | X | FRESH FROZEN PLASMA THAWING EACH UNIT | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86930 | X | FROZEN BLOOD PREP | 0347 | 0.8243 | $39.36 | APC | $39.36 | | | |
| 86931 | X | FROZEN BLOOD THAW | 0347 | 0.8243 | $39.36 | APC | $39.36 | | | |
| 86932 | X | FROZEN BLOOD FREEZE/THAW | 0347 | 0.8243 | $39.36 | APC | $39.36 | | | |
| 86940 | Q | HEMOLYSINS AND AGGLUTININS AUTO SCREEN EACH; | | | $0.00 | Medicare | $19.10 | $11.84 | $11.46 | |
| 86941 | Q | HEMOLYSINS AND AGGLUTININS AUTO SCREEN EACH; INCUBATED | | | $0.00 | Medicare | $28.20 | $17.48 | $16.92 | |
| 86945 | X | IRRADIATION OF BLOOD PRODUCT EACH UNIT | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86950 | X | LEUKOCYTE TRANSFUSION | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86960 | X | VOL REDUCTION OF BLOOD/PROD | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86965 | X | POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86970 | X | PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86971 | X | PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86972 | X | PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION | 0346 | 0.3314 | $15.82 | APC | $15.82 | | | |
| 86975 | X | PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86976 | X | PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86977 | X | PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86978 | X | PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86985 | X | SPLITTING OF BLOOD OR BLOOD PRODUCTS EACH UNIT | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 86999 | X | UNLISTED TRANSFUSION MEDICINE PROCEDURE | 0345 | 0.2170 | $10.36 | APC | $10.36 | | | |
| 87001 | Q | ANIMAL INOCULATION SMALL ANIMAL; W/OBSERVATION | | | $0.00 | Medicare | $30.78 | $19.08 | $18.47 | |
| 87003 | Q | ANIMAL INOCULATION SMALL ANIMAL; W/OBSEVATION & DISSECTION | | | $0.00 | Medicare | $39.20 | $24.30 | $23.52 | |
| 87015 | Q | CONCENTRATION (ANY TYPE) FOR PARASITES OVA OR TUBERCLE BA | | | $0.00 | Medicare | $15.55 | $9.64 | $9.33 | |
| 87040 | Q | BLOOD CULTURE FOR BACTERIA | | | $0.00 | Medicare | $24.03 | $14.90 | $14.42 | |
| 87045 | Q | FECES CULTURE BACTERIA | | | $0.00 | Medicare | $21.97 | $13.62 | $13.18 | |
| 87046 | Q | STOOL CULTR BACTERIA EACH | | | $0.00 | Medicare | $21.97 | $13.62 | $13.18 | |
| 87070 | Q | CULTURE BACTERIA OTHER | | | $0.00 | Medicare | $20.05 | $12.43 | $12.03 | |
| 87071 | Q | CULTURE BACTERI AEROBIC OTHR | | | $0.00 | Medicare | $21.97 | $13.62 | $13.18 | |
| 87073 | Q | CULTURE BACTERIA ANAEROBIC | | | $0.00 | Medicare | $21.97 | $13.62 | $13.18 | |
| 87075 | Q | CULTR BACTERIA EXCEPT BLOOD | | | $0.00 | Medicare | $22.03 | $13.66 | $13.22 | |
| 87076 | Q | CULTURE BACTERIAL ANY SOURCE;DIFINITIVE IDENTIFICATION EA | | | $0.00 | Medicare | $18.82 | $11.67 | $11.29 | |
| 87077 | Q | CULTURE AEROBIC IDENTIFY | | | $0.00 | Medicare | $18.82 | $11.67 | $11.29 | |
| 87081 | Q | CULTURE BACTERIAL SCREENING ONLY FOR SINGLE ORGANISMS | | | $0.00 | Medicare | $13.23 | $8.20 | $7.94 | |
| 87084 | Q | CULTURE PRESUMPTIVE PATHOGENIC ORGANISMS SCREENING ONLY | | | $0.00 | Medicare | $20.05 | $12.43 | $12.03 | |
| 87086 | Q | CULTURE BACTERIAL URINE; QUANTITATIVE COLONY COUNT | | | $0.00 | Medicare | $18.80 | $11.66 | $11.28 | |
| 87088 | Q | CULTURE BACTERIAL URINE;IDENTIFICATION IN ADDITION TO QUA | | | $0.00 | Medicare | $13.23 | $8.20 | $7.94 | |
| 87101 | Q | CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENT | | | $0.00 | Medicare | $17.95 | $11.13 | $10.77 | |
| 87102 | Q | CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENT | | | $0.00 | Medicare | $16.28 | $10.09 | $9.77 | |
| 87103 | Q | CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENT | | | $0.00 | Medicare | $21.00 | $13.02 | $12.60 | |
| 87106 | Q | CULTURE FUNGI DEFINITIVE IDENTIFICATION OF EACH FUNGUS (US | | | $0.00 | Medicare | $12.78 | $7.92 | $7.67 | |
| 87107 | Q | FUNGI IDENTIFICATION, MOLD | | | $0.00 | Medicare | $12.78 | $7.92 | $7.67 | |
| 87109 | Q | CULTURE MYCOPLASMA ANY SOURCE | | | $0.00 | Medicare | $35.83 | $22.21 | $21.50 | |
| 87110 | Q | CULTURE CHLAMYDIA | | | $0.00 | Medicare | $45.62 | $28.28 | $27.37 | |
| 87116 | Q | CULTURE TUBERCLE OR OTHER ACID-FAST BACILLI (EG TB AFB M | | | $0.00 | Medicare | $25.17 | $15.61 | $15.10 | |
| 87118 | Q | CULTURE MYCOBACTERIA DEFINITIVE IDENTIFICATION OF EACH ORG | | | $0.00 | Medicare | $25.48 | $15.80 | $15.29 | |
| 87140 | Q | CULTURE TYPE IMMUNOFLUORESC | | | $0.00 | Medicare | $12.98 | $8.05 | $7.79 | |
| 87143 | Q | CULTURE TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) METHOD | | | $0.00 | Medicare | $29.18 | $18.09 | $17.51 | |
| 87147 | Q | CULTURE TYPING;IMMUNOLOGIC METHOD OTHER THAN IMMUNOFLUORES | | | $0.00 | Medicare | $12.05 | $7.47 | $7.23 | |
| 87149 | Q | CULTURE TYPE, NUCLEIC ACID | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87152 | Q | CULTURE TYPE PULSE FIELD GEL | | | $0.00 | Medicare | $12.18 | $7.55 | $7.31 | |
| 87158 | Q | CULTURE TYPING; OTHER METHODS | | | $0.00 | Medicare | $12.18 | $7.55 | $7.31 | |
| 87164 | Q | DARK FIELD EXAMINATION | | | $0.00 | Medicare | $25.02 | $15.51 | $15.01 | |
| 87166 | Q | DARK FIELD EXAMINATION ANY SOURCE (EG PENILE VAGINAL ORA | | | $0.00 | Medicare | $26.30 | $16.31 | $15.78 | |
| 87168 | Q | MACROSCOPIC EXAM ARTHROPOD | | | $0.00 | Medicare | $9.93 | $6.16 | $5.96 | |
| 87169 | Q | MACROSCOPIC EXAM PARASITE | | | $0.00 | Medicare | $9.93 | $6.16 | $5.96 | |
| 87172 | Q | PINWORM EXAM | | | $0.00 | Medicare | $9.93 | $6.16 | $5.96 | |
| 87176 | Q | ENDOTOXIN BACTERIAL (PYROGENS); HOMOGENIZATION TISSUE FOR | | | $0.00 | Medicare | $13.70 | $8.49 | $8.22 | |
| 87177 | Q | OVA AND PARASITES DIRECT SMEARS CONCENTRATION AND IDENTIFI | | | $0.00 | Medicare | $20.72 | $12.85 | $12.43 | |
| 87181 | Q | MICROBE SUSCEPTIBLE, DIFFUSE | | | $0.00 | Medicare | $9.55 | $5.92 | $5.73 | |
| 87184 | Q | SENSITIVITY STUDIES ANTIBIOTIC;DISK METHOD PER PLATE(12 OR | | | $0.00 | Medicare | $16.05 | $9.95 | $9.63 | |
| 87185 | Q | MICROBE SUSCEPTIBLE, ENZYME | | | $0.00 | Medicare | $9.55 | $5.92 | $5.73 | |
| 87186 | Q | SENSITIVITY STUDIES ANTIBIOTIC;MICROTITER MINIMUM INHIBITO | | | $0.00 | Medicare | $20.13 | $12.48 | $12.08 | |
| 87187 | Q | MICROBE SUSCEPTIBLE, MLC | | | $0.00 | Medicare | $24.13 | $14.96 | $14.48 | |
| 87188 | Q | SENSITIVITY STUDIES ANTIBIOTIC;MACROTUBE DILUTION METHOD E | | | $0.00 | Medicare | $15.45 | $9.58 | $9.27 | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 87190 | Q | SENSITIVITY STUDIES ANTIBIOTIC;TUBERCLE BACILLUS(TB AFB) | | | $0.00 | Medicare | $13.17 | $8.17 | $7.90 | |
| 87197 | Q | SERUM BACTERICIDAL TITER (SCHLICTER TEST) | | | $0.00 | Medicare | $34.98 | $21.69 | $20.99 | |
| 87205 | Q | SMEAR PRIMARY SOURCE WITH INTERP;ROUTINE STAIN FOR BACTERI | | | $0.00 | Medicare | $9.93 | $6.16 | $5.96 | |
| 87206 | Q | SMEAR, FLUORESCENT/ACID STAI | | | $0.00 | Medicare | $12.50 | $7.75 | $7.50 | |
| 87207 | Q | SMEAR SPECIAL STAIN | | | $0.00 | Medicare | $13.95 | $8.65 | $8.37 | |
| 87209 | Q | SMEAR COMPLEX STAIN | | | $0.00 | Medicare | $41.85 | $25.95 | $25.11 | |
| 87210 | Q | SMEAR PRIMARY SOURCE WITH INTERP;WET MOUNT W/SIMPLE STAIN. | | | $0.00 | Medicare | $9.93 | $6.16 | $5.96 | |
| 87220 | Q | TISSUE EXAM FOR FUNGI | | | $0.00 | Medicare | $9.93 | $6.16 | $5.96 | |
| 87230 | Q | TOXIN OR ANTITOXIN ASSAY TISSUE CULTURE (EG CLOSTRIDIUM DI | | | $0.00 | Medicare | $45.98 | $28.51 | $27.59 | |
| 87250 | Q | VIRUS IDENTIFICATION;INCOCULATION OF EMBRYONATED EGGS OR SM | | | $0.00 | Medicare | $45.53 | $28.23 | $27.32 | |
| 87252 | Q | VIRUS IDENTIFICATION;TISSUE CULTURE INOCULATION & OBSERVATIO | | | $0.00 | Medicare | $58.12 | $36.03 | $34.87 | |
| 87253 | Q | VIRUS IDENTIFICATION;TISSUE CULTURE ADDITIONAL STUDIES EAC | | | $0.00 | Medicare | $47.03 | $29.16 | $28.22 | |
| 87254 | Q | VIRUS INOCULATION SHELL VIA | | | $0.00 | Medicare | $45.53 | $28.23 | $27.32 | |
| 87255 | Q | GENET VIRUS ISOLATE HSV | | | $0.00 | Medicare | $78.85 | $48.89 | $47.31 | |
| 87260 | Q | INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; ADENOVIRUS | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87265 | Q | INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; PERTUSSIS | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87267 | Q | ENTEROVIRUS ANTIBODY DFA | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87269 | Q | GIARDIA AG IF | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87270 | Q | INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; CHYLMD TRACH | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87271 | Q | CRYPTOSPORIDUM/GARDIA AG IF | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87272 | Q | CRYPTOSPORIDIUM AG IF | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87273 | Q | HERPES SIMPLEX 2, AG, IF | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87274 | Q | INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; HERPES SIMPLE | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87275 | Q | INFLUENZA B, AG, IF | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87276 | Q | INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; INFLUENZA A | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87277 | Q | LEGIONELLA MICDADEI, AG, IF | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87278 | Q | INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; LEGION PNEUMO | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87279 | Q | PARAINFLUENZA, AG, IF | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87280 | Q | INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; RSV | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87281 | Q | PNEUMOCYSTIS CARINII, AG, IF | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87283 | Q | INFECTIOUS AGENT ANTIGEN DETECT BY IMMUNOFL; RUBEOLA | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87285 | Q | TREPONEMA PALLIDUM, AG, IF | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87290 | Q | INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; VARICELLA ZOS | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87299 | Q | INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; NOS | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87300 | Q | AG DETECTION, POLYVAL, IF | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87301 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;ADENOVIRUS | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87320 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;CHYLDM TRACH | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87324 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; CLOSTRIDIU | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87327 | Q | CRYPTOCOCCUS NEOFORM AG, EIA | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87328 | Q | CRYPTOSPORIDIUM AG EIA | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87329 | Q | GIARDIA AG EIA | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87332 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; CMV | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87335 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; E COLI 0157 | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87336 | Q | ENTAMOEB HIST DISPR, AG, EIA | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87337 | Q | INFECT AGENT ANTIGEN DETECT BY ENZYME IMMUNO;ENTAMOEBA HISTO | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87338 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;HELICOBACTER | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87339 | Q | H PYLORI AG, EIA | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87340 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP B SA | | | $0.00 | Medicare | $22.53 | $13.97 | $13.52 | |
| 87341 | Q | HEPATITIS B SURFACE, AG, EIA | | | $0.00 | Medicare | $22.53 | $13.97 | $13.52 | |
| 87350 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP BE ANTIG | | | $0.00 | Medicare | $22.77 | $14.12 | $13.66 | |
| 87380 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP DELTA AG | | | $0.00 | Medicare | $38.23 | $23.70 | $22.94 | |
| 87385 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HISTOPLASMA | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87390 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HIV-1 | | | $0.00 | Medicare | $41.08 | $25.47 | $24.65 | |
| 87391 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HIV-2 | | | $0.00 | Medicare | $41.08 | $25.47 | $24.65 | |
| 87400 | Q | INFLUENZA A/B, AG, EIA | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87420 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; RSV | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87425 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; ROTAVIRUS | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87427 | Q | SHIGA-LIKE TOXIN AG, EIA | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87430 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; STREP A | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87449 | Q | INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; NOS | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87450 | Q | INFEC. AGENT ANTIGEN DETEC/EIA SING STEP MTHD; NOS | | | $0.00 | Medicare | $22.32 | $13.84 | $13.39 | |
| 87451 | Q | AG DETECT POLYVAL, EIA, MULT | | | $0.00 | Medicare | $22.32 | $13.84 | $13.39 | |
| 87470 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA DIRECT PRO | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87471 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA AMP PROBE | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87472 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA QUANTIFIC | | | $0.00 | Medicare | $99.75 | $61.85 | $59.85 | |
| 87475 | Q | LYME DIS, DNA, DIR PROBE | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87476 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BORRELIA AMP PROBE | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87477 | Q | LYME DIS, DNA, QUANT | | | $0.00 | Medicare | $99.75 | $61.85 | $59.85 | |
| 87480 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA DIRECT PROBE | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87481 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA AMPLIF PROBE | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87482 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA QUANTIFICATI | | | $0.00 | Medicare | $97.22 | $60.28 | $58.33 | |
| 87485 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM DIR PROB | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87486 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM AMP PROB | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87487 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM QUANTIFI | | | $0.00 | Medicare | $99.75 | $61.85 | $59.85 | |
| 87490 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH DIR PROB | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 87491 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH AMP PROB | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87492 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH QUANTIFI | | | $0.00 | Medicare | $81.40 | $50.47 | $48.84 | |
| 87495 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV DIRECT PROBE TEC | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87496 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV AMP PROBE TECHNI | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87497 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV QUANTIFICATION | | | $0.00 | Medicare | $99.75 | $61.85 | $59.85 | |
| 87510 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG DIR PROB | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87511 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG AMP PROB | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87512 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG QUANTIFI | | | $0.00 | Medicare | $97.22 | $60.28 | $58.33 | |
| 87515 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEP B VIRUS DIR PROB | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87516 | Q | HEPATITIS B, DNA, AMP PROBE | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87517 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEP B VIRUS QUANTIFI | | | $0.00 | Medicare | $99.75 | $61.85 | $59.85 | |
| 87520 | Q | HEPATITIS C, RNA, DIR PROBE | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87521 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS C AMP PROB | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87522 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS C QUANTIFI | | | $0.00 | Medicare | $99.75 | $61.85 | $59.85 | |
| 87525 | Q | HEPATITIS G, DNA, DIR PROBE | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87526 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS G AMP PROB | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87527 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS G QUANTIFI | | | $0.00 | Medicare | $97.22 | $60.28 | $58.33 | |
| 87528 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP DIR PROB | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87529 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP AMP PROB | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87530 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP QUANTIFI | | | $0.00 | Medicare | $99.75 | $61.85 | $59.85 | |
| 87531 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6 DIR PRO | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87532 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6 AMP PRO | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87533 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6 QUANTIF | | | $0.00 | Medicare | $97.22 | $60.28 | $58.33 | |
| 87534 | Q | HIV-1 DNA DIR PROBE | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87535 | Q | HIV-1 DNA AMP PROBE | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87536 | Q | HIV-1 DNA QUANT | | | $0.00 | Medicare | $198.15 | $122.85 | $118.89 | |
| 87537 | Q | HIV-2 DNA DIR PROBE | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87538 | Q | HIV-2 DNA AMP PROBE | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87539 | Q | HIV-2 DNA QUANT | | | $0.00 | Medicare | $99.75 | $61.85 | $59.85 | |
| 87540 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMO;DIR PROB | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87541 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMO;AMP PROB | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87542 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMO;QUANTIFI | | | $0.00 | Medicare | $97.22 | $60.28 | $58.33 | |
| 87550 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA DIR PROB | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87551 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA AMP PROB | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87552 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA QUANTIFI | | | $0.00 | Medicare | $99.75 | $61.85 | $59.85 | |
| 87555 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB DIR PROBE | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87556 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB AMP PROBE | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87557 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB QUANTIFIC | | | $0.00 | Medicare | $99.75 | $61.85 | $59.85 | |
| 87560 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA DIR PRO | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87561 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA AMP PRO | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87562 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA QUANTIF | | | $0.00 | Medicare | $99.75 | $61.85 | $59.85 | |
| 87580 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON DIR PRO | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87581 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON AMP PRO | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87582 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON QUANTIF | | | $0.00 | Medicare | $97.22 | $60.28 | $58.33 | |
| 87590 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEAE DIR PRO | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87591 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEAE AMP PRO | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87592 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEAE QUANTIF | | | $0.00 | Medicare | $99.75 | $61.85 | $59.85 | |
| 87620 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV DIRECT PROBE TEC | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87621 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV AMP PROBE TECHNI | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87622 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV QUANTIFICATION | | | $0.00 | Medicare | $97.22 | $60.28 | $58.33 | |
| 87650 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A DIRECT PROBE | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87651 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A AMP PROBE TE | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87652 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A QUANTIFICATI | | | $0.00 | Medicare | $97.22 | $60.28 | $58.33 | |
| 87660 | Q | TRICHOMONAS VAGIN DIR PROBE | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87797 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS DIRECT PROBE TEC | | | $0.00 | Medicare | $46.70 | $28.95 | $28.02 | |
| 87798 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS AMP PROBE TECHNI | | | $0.00 | Medicare | $81.73 | $50.67 | $49.04 | |
| 87799 | Q | INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS QUANTIFICATION | | | $0.00 | Medicare | $99.75 | $61.85 | $59.85 | |
| 87800 | Q | DETECT AGNT MULT, DNA, DIREC | | | $0.00 | Medicare | $93.38 | $57.90 | $56.03 | |
| 87801 | Q | INFECTIOUS AGENT DETECT BY NUCLEIC ACID;AMPLIFIED PROBE TECH | | | $0.00 | Medicare | $163.45 | $101.34 | $98.07 | |
| 87802 | Q | STREP B ASSAY W/OPTIC | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87803 | Q | CLOSTRIDIUM TOXIN A W/OPTIC | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87804 | Q | INFLUENZA ASSAY W/OPTIC | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87807 | Q | RSV ASSAY W/OPTIC | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87810 | Q | INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; CHYLMD TRAC | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87850 | Q | INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; N.GONORRHOE | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87880 | Q | INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; STREP A | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87899 | Q | INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; NOS | | | $0.00 | Medicare | $27.93 | $17.32 | $16.76 | |
| 87900 | Q | PHENOTYPE INFECT AGENT DRUG | | | $0.00 | Medicare | $290.58 | $180.16 | $174.35 | |
| 87901 | Q | GENOTYPE DNA HIV REVERSE T | | | $0.00 | Medicare | $599.48 | $371.68 | $359.69 | |
| 87902 | Q | GENOTYPE DNA HEPATITIS C | | | $0.00 | Medicare | $599.48 | $371.68 | $359.69 | |
| 87903 | Q | PHENOTYPE DNA HIV W/CULTURE | | | $0.00 | Medicare | $1,137.87 | $705.48 | $682.72 | |
| 87904 | Q | PHENOTYPE DNA HIV W/CLT ADD | | | $0.00 | Medicare | $58.12 | $36.03 | $34.87 | |
| 87999 | X | MICROBIOLOGY PROCEDURE | 0342 | 0.1450 | $6.92 | APC | $6.92 | | | |
| 88000 | Q | NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY; | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 88005 | Q | NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY; | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 88007 | Q | NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY; | | | $0.00 | Not Allowed | $0.00 | | | |
| 88012 | Q | NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY; | | | $0.00 | Not Allowed | $0.00 | | | |
| 88014 | Q | NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY; | | | $0.00 | Not Allowed | $0.00 | | | |
| 88016 | Q | NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY; | | | $0.00 | Not Allowed | $0.00 | | | |
| 88020 | Q | NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC; | | | $0.00 | Not Allowed | $0.00 | | | |
| 88025 | Q | NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC; | | | $0.00 | Not Allowed | $0.00 | | | |
| 88027 | Q | NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC; | | | $0.00 | Not Allowed | $0.00 | | | |
| 88028 | Q | NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC; | | | $0.00 | Not Allowed | $0.00 | | | |
| 88029 | Q | NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC; | | | $0.00 | Not Allowed | $0.00 | | | |
| 88036 | Q | NECROPSY (AUTOPSY) LIMITED GROSS AND/OR MICROSCOPIC; | | | $0.00 | Not Allowed | $0.00 | | | |
| 88037 | Q | NECROPSY (AUTOPSY) LIMITED GROSS AND/OR MICROSCOPIC; | | | $0.00 | Not Allowed | $0.00 | | | |
| 88040 | Q | NECROPSY (AUTOPSY); | | | $0.00 | Not Allowed | $0.00 | | | |
| 88045 | Q | CORONER S AUTOPSY (NECROPSY) | | | $0.00 | Not Allowed | $0.00 | | | |
| 88099 | Q | NECROPSY (AUTOPSY) PROCEDURE | | | $0.00 | Not Allowed | $0.00 | | | |
| 88104 | X | CYTOPATHOLOGY FLUIDS | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88106 | X | CYTOPATHOLOGY FLUIDS | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88107 | X | CYTOPATHOLOGY FLUIDS | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88108 | X | CYTOPATH CONCENTRATE TECH | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88112 | X | CYTOPATH CELL ENHANCE TECH | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88125 | X | FORENSIC CYTOPATHOLOGY | 0342 | 0.1450 | $6.92 | APC | $6.92 | | | |
| 88130 | Q | SEX CHROMATIN IDENTIFICATION | | | $0.00 | Medicare | $35.03 | $21.72 | $21.02 | |
| 88140 | Q | SEX CHROMATIN IDENTIFICATION | | | $0.00 | Medicare | $18.62 | $11.54 | $11.17 | |
| 88141 | N | CYTOPATH C/V INTERPRET | | | $0.00 | APC | $0.00 | | | |
| 88142 | Q | DX CYTOPATHOLOGY/CERV OR VAG; MANUAL SCREEN PHYS SPRVSN | | | $0.00 | Medicare | $47.18 | $29.25 | $28.31 | |
| 88143 | Q | CYTOPATH C/V THIN LAYER REDO | | | $0.00 | Medicare | $47.18 | $29.25 | $28.31 | |
| 88147 | Q | CYTOPATHOLOGY SMEARS CERV/VAG; AUTOMATED SCRN PHYS SPRVSN | | | $0.00 | Medicare | $26.50 | $16.43 | $15.90 | |
| 88148 | Q | CYTOPATHOLOGY SMEARS CERV/VAG; AUTO SCRN MAN RESCRN PHYS | | | $0.00 | Medicare | $35.38 | $21.94 | $21.23 | |
| 88150 | Q | CYTOPATH C/V MANUAL | | | $0.00 | Medicare | $24.60 | $15.25 | $14.76 | |
| 88152 | Q | CYTOPATHOLOGY SLIDES CERV/VAG; MAN & COMP SCRN PHYS SPRVSN | | | $0.00 | Medicare | $24.60 | $15.25 | $14.76 | |
| 88153 | Q | CYTOPATH SLIDES CERV OR VAG; MAN SCRN & RE-SCRN PHYS SPRVS | | | $0.00 | Medicare | $24.60 | $15.25 | $14.76 | |
| 88154 | Q | CYTOPATH SLIDES CERV/VAG;MAN&COMP SCRN CELL SELEC PHYS SPRV | | | $0.00 | Medicare | $24.60 | $15.25 | $14.76 | |
| 88155 | Q | CYTOPATH C/V INDEX ADD-ON | | | $0.00 | Medicare | $13.95 | $8.65 | $8.37 | |
| 88160 | X | CYTOPATH SMEAR OTHER SOURCE | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88161 | X | CYTOPATH SMEAR OTHER SOURCE | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88162 | X | CYTOPATH SMEAR OTHER SOURCE | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88164 | Q | DX CYTOPATH SLIDES CERV OR VAG; MAN SCREEN UNDER PHYS SPRVSN | | | $0.00 | Medicare | $24.60 | $15.25 | $14.76 | |
| 88165 | Q | DX CYTOPATH SLIDES CERV OR VAG; MAN SCRN & RE-SCRN PHYS SPRV | | | $0.00 | Medicare | $24.60 | $15.25 | $14.76 | |
| 88166 | Q | DX CYTOPATH SLIDE CERV/VAG; MAN & COMP SCRN UNDER PHYS SPRVS | | | $0.00 | Medicare | $24.60 | $15.25 | $14.76 | |
| 88167 | Q | DX CYTOPATH SLIDE CERV/VAG;MAN&COMP SCRN CELL SELEC PHYS SUP | | | $0.00 | Medicare | $24.60 | $15.25 | $14.76 | |
| 88172 | X | CYTOPATHOLOGY EVAL OF FNA | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88173 | X | CYTOPATH EVAL FNA REPORT | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88174 | Q | CYTOPATH C/V AUTO IN FLUID | | | $0.00 | Medicare | $49.75 | $30.85 | $29.85 | |
| 88175 | Q | CYTOPATH C/V AUTO FLUID REDO | | | $0.00 | Medicare | $61.68 | $38.24 | $37.01 | |
| 88182 | X | FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS | 0344 | 0.7584 | $36.21 | APC | $36.21 | | | |
| 88184 | X | FLOWCYTOMETRY/ TC 1 MARKER | 0344 | 0.7584 | $36.21 | APC | $36.21 | | | |
| 88185 | X | FLOWCYTOMETRY/TC ADD-ON | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88187 | X | FLOWCYTOMETRY/READ 2-8 | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88188 | X | FLOWCYTOMETRY/READ 9-15 | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88189 | X | FLOWCYTOMETRY/READ 16 & > | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88199 | X | UNLISTED CYTOPATHOLOGY PROCEDURE | 0342 | 0.1450 | $6.92 | APC | $6.92 | | | |
| 88230 | Q | TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; LYMPHOCYTE | | | $0.00 | Medicare | $271.28 | $168.19 | $162.77 | |
| 88233 | Q | TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; SKIN/SOLID TISS BX | | | $0.00 | Medicare | $327.72 | $203.19 | $196.63 | |
| 88235 | Q | TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; AMNIOTIC /CV CELLS | | | $0.00 | Medicare | $342.90 | $212.60 | $205.74 | |
| 88237 | Q | TISSUE CULTURE FOR NEOPLASTIC DISORD; BONE MARROW BLOOD CEL | | | $0.00 | Medicare | $294.12 | $182.35 | $176.47 | |
| 88239 | Q | TISSUE CULTURE FOR NEOPLASTIC DISORD; SOLID TUMOR | | | $0.00 | Medicare | $343.53 | $212.99 | $206.12 | |
| 88240 | Q | CRYOPRESERVATION FREEZING & STORAGE OF CELLS EA CELL LINE | | | $0.00 | Medicare | $23.52 | $14.58 | $14.11 | |
| 88241 | Q | THAWING AND EXPANSION OF FROZEN CELLS EACH ALIQUOT | | | $0.00 | Medicare | $23.52 | $14.58 | $14.11 | |
| 88245 | Q | CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; BASELINE SEC 20-25 | | | $0.00 | Medicare | $346.63 | $214.91 | $207.98 | |
| 88248 | Q | CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; BASELINE BRKG | | | $0.00 | Medicare | $403.27 | $250.03 | $241.96 | |
| 88249 | Q | CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; SCORE 100 CELLS | | | $0.00 | Medicare | $403.27 | $250.03 | $241.96 | |
| 88261 | Q | CHROMOSOME ANALYSIS; COUNT 5 CELLS 1 KARYOTYPE W/ BANDING | | | $0.00 | Medicare | $411.55 | $255.16 | $246.93 | |
| 88262 | Q | CHROMOSOME ANALYSIS; COUNT 15-20 CELLS 2 KARYOTYPES W/BANDI | | | $0.00 | Medicare | $290.23 | $179.94 | $174.14 | |
| 88263 | Q | CHROMOSOME ANALYSIS; CNT 45 CELLS MOSAICISM 2 KARYOTP W/BAND | | | $0.00 | Medicare | $349.95 | $216.97 | $209.97 | |
| 88264 | Q | CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS | | | $0.00 | Medicare | $290.23 | $179.94 | $174.14 | |
| 88267 | Q | CHROMOSOME ANALYSIS AMNIOTIC FLUID OR CHORIONIC VILLUS COU | | | $0.00 | Medicare | $418.62 | $259.54 | $251.17 | |
| 88269 | Q | CHROMOSOME ANALYSIS IN SITU FOR AMNIOTIC FLUID CELLS COUNT | | | $0.00 | Medicare | $387.30 | $240.13 | $232.38 | |
| 88271 | Q | MOLECULAR CYTOGENETICS; DNA PROBE EACH (EG FISH) | | | $0.00 | Medicare | $33.70 | $20.89 | $20.22 | |
| 88272 | Q | MOLECULAR CYTOGENETICS; ANALYZE 3-5 CELLS CHROMOSOMAL | | | $0.00 | Medicare | $42.13 | $26.12 | $25.28 | |
| 88273 | Q | MOLECULAR CYTOGENETICS; ANALYZE 10-30 CELLS CHROMOSOMAL | | | $0.00 | Medicare | $58.98 | $36.57 | $35.39 | |
| 88274 | Q | MOLECULAR CYTOGENETICS; ANALYZE 25-99 CELLS INTERPHASE | | | $0.00 | Medicare | $67.40 | $41.79 | $40.44 | |
| 88275 | Q | MOLECULAR CYTOGENETICS; ANALYZE 100-300 CELLS INTERPHASE | | | $0.00 | Medicare | $75.83 | $47.01 | $45.50 | |
| 88280 | Q | CHROMOSOME ANALYSIS; ADDITIONAL KAROTYPES EACH STUDY | | | $0.00 | Medicare | $58.45 | $36.24 | $35.07 | |
| 88283 | Q | CHROMOSOME ANALYSIS;ADDITIONAL SPECIALIZED BANDING TECHNIQUE | | | $0.00 | Medicare | $43.18 | $26.77 | $25.91 | |
| 88285 | Q | CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED EACH STUDY | | | $0.00 | Medicare | $44.23 | $27.42 | $26.54 | |
| 88289 | Q | CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY | | | $0.00 | Medicare | $7.42 | $4.60 | $4.45 | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 88291 | Q | CYTO/MOLECULAR REPORT | | | $0.00 | Medicare | $9.23 | $5.72 | $5.54 | |
| 88299 | X | UNLISTED CYTOGENETIC STUDY | 0342 | 0.1450 | $6.92 | APC | $6.92 | | | |
| 88300 | X | SURGICAL PATH GROSS | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88302 | X | TISSUE EXAM BY PATHOLOGIST | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88304 | X | TISSUE EXAM BY PATHOLOGIST | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88305 | X | TISSUE EXAM BY PATHOLOGIST | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88307 | X | TISSUE EXAM BY PATHOLOGIST | 0344 | 0.7584 | $36.21 | APC | $36.21 | | | |
| 88309 | X | TISSUE EXAM BY PATHOLOGIST | 0344 | 0.7584 | $36.21 | APC | $36.21 | | | |
| 88311 | X | DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CO | 0342 | 0.1450 | $6.92 | APC | $6.92 | | | |
| 88312 | X | SPECIAL STAINS | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88313 | X | SPECIAL STAINS | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88314 | X | SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURG | 0342 | 0.1450 | $6.92 | APC | $6.92 | | | |
| 88318 | X | DETERMINATIVE HISTOCHEMISTRY TO IDENTIFY CHEMICAL COMPONENTS | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88319 | X | DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY EN | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88321 | X | MICROSLIDE CONSULTATION | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88323 | X | MICROSLIDE CONSULTATION | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88325 | X | COMPREHENSIVE REVIEW OF DATA | 0344 | 0.7584 | $36.21 | APC | $36.21 | | | |
| 88329 | X | PATH CONSULT INTROP | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88331 | X | PATH CONSULT INTRAOP 1 BLOC | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88332 | X | PATH CONSULT INTRAOP ADD L | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88333 | X | INTRAOP CYTO PATH CONSULT 1 | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88334 | X | INTRAOP CYTO PATH CONSULT 2 | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88342 | X | IMMUNOHISTOCHEMISTRY | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88346 | X | IMMUNOFLUORESCENT STUDY EACH ANTIBODY; DIRECT METHOD | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88347 | X | IMMUNOFLUORESCENT STUDY EACH ANTIBODY; INDIRECT METHOD | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88348 | X | ELECTRON MICROSCOPY | 0661 | 3.1514 | $150.48 | APC | $150.48 | | | |
| 88349 | X | SCANNING ELECTRON MICROSCOPY | 0661 | 3.1514 | $150.48 | APC | $150.48 | | | |
| 88355 | X | MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88356 | X | MORPHOMETRIC ANALYSIS; NERVE | 0344 | 0.7584 | $36.21 | APC | $36.21 | | | |
| 88358 | X | ANALYSIS TUMOR | 0344 | 0.7584 | $36.21 | APC | $36.21 | | | |
| 88360 | X | SPECIAL WHOLE ORGAN SECT | 0344 | 0.7584 | $36.21 | APC | $36.21 | | | |
| 88361 | X | TUMOR IMMUNOHISTOCHEM/COMPUT | 0344 | 0.7584 | $36.21 | APC | $36.21 | | | |
| 88362 | X | NERVE TEASING PREPARATIONS | 0344 | 0.7584 | $36.21 | APC | $36.21 | | | |
| 88365 | X | INSITU HYBRIDIZATION (FISH) | 0344 | 0.7584 | $36.21 | APC | $36.21 | | | |
| 88367 | X | INSITU HYBRIDIZATION AUTO | 0344 | 0.7584 | $36.21 | APC | $36.21 | | | |
| 88368 | X | INSITU HYBRIDIZATION MANUAL | 0344 | 0.7584 | $36.21 | APC | $36.21 | | | |
| 88371 | Q | PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT WITH INTERPRETAT | | | $0.00 | Medicare | $28.82 | $17.87 | $17.29 | |
| 88372 | Q | PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT WITH INTERPRETAT | | | $0.00 | Medicare | $43.22 | $26.80 | $25.93 | |
| 88380 | N | MICRODISSECTION | | | $0.00 | Not Allowed | $0.00 | | | |
| 88384 | X | EVAL MOLECULAR PROBES 11-50 | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 88385 | X | EVAL MOLECUL PROBES 51-250 | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 88386 | X | EVAL MOLECUL PROBES 251-500 | 0344 | 0.7584 | $36.21 | APC | $36.21 | | | |
| 88399 | X | UNLISTED SURGICAL PATHOLOGY PROCEDURE | 0342 | 0.1450 | $6.92 | APC | $6.92 | | | |
| 88400 | Q | BILIRUBIN TOTAL TRANSCUTANEOUS | | | $0.00 | Medicare | $11.70 | $7.25 | $7.02 | |
| 89049 | X | CHCT FOR MAL HYPERTHERMIA | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 89050 | Q | BODY FLUID CELL COUNT | | | $0.00 | Medicare | $11.02 | $6.83 | $6.61 | |
| 89051 | Q | CELL COUNT MISCELLANEOUS BODY FLUIDS (EG CSF JOINT FLUID) | | | $0.00 | Medicare | $12.83 | $7.95 | $7.70 | |
| 89055 | Q | LEUKOCYTE ASSESSMENT FECAL | | | $0.00 | Medicare | $9.93 | $6.16 | $5.96 | |
| 89060 | Q | EXAM SYNOVIAL FLUID CRYSTALS | | | $0.00 | Medicare | $16.65 | $10.32 | $9.99 | |
| 89100 | X | SAMPLE INTESTINAL CONTENTS | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 89105 | X | SAMPLE INTESTINAL CONTENTS | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 89125 | Q | FAT STAIN FECES URINE OR SPUTUM | | | $0.00 | Medicare | $10.05 | $6.23 | $6.03 | |
| 89130 | X | SAMPLE STOMACH CONTENTS | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 89132 | X | SAMPLE STOMACH CONTENTS | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 89135 | X | SAMPLE STOMACH CONTENTS | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 89136 | X | SAMPLE STOMACH CONTENTS | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 89140 | X | SAMPLE STOMACH CONTENTS | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 89141 | X | SAMPLE STOMACH CONTENTS | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 89160 | Q | MEAT FIBERS FECES | | | $0.00 | Medicare | $8.58 | $5.32 | $5.15 | |
| 89190 | Q | NASAL SMEAR FOR EOSINOPHILS | | | $0.00 | Medicare | $11.07 | $6.86 | $6.64 | |
| 89220 | X | SPUTUM SPECIMEN COLLECTION | 0343 | 0.4553 | $21.74 | APC | $21.74 | | | |
| 89225 | Q | STARCH GRANULES FECES | | | $0.00 | Medicare | $7.78 | $4.82 | $4.67 | |
| 89230 | X | COLLECT SWEAT FOR TEST | 0433 | 0.2493 | $11.90 | APC | $11.90 | | | |
| 89235 | Q | WATER LOAD TEST | | | $0.00 | Medicare | $12.82 | $7.95 | $7.69 | |
| 89240 | M | PATHOLOGY LAB PROCEDURE | | | $0.00 | Not Allowed | $0.00 | | | |
| 89250 | X | CULTR OOCYTE/EMBRYO <4 DAYS | | | $0.00 | Not Allowed | $0.00 | | | |
| 89251 | X | CULTR OOCYTE/EMBRYO <4 DAYS | | | $0.00 | Not Allowed | $0.00 | | | |
| 89253 | X | ASSISTED EMBRYO HATCHING MICROTECHNIQUES (ANY METHOD) | | | $0.00 | Not Allowed | $0.00 | | | |
| 89254 | X | OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID | | | $0.00 | Not Allowed | $0.00 | | | |
| 89255 | X | PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD) | | | $0.00 | Not Allowed | $0.00 | | | |
| 89257 | X | SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLU | | | $0.00 | Not Allowed | $0.00 | | | |
| 89258 | X | CRYOPRESERVATION; EMBRYO(S) | | | $0.00 | Not Allowed | $0.00 | | | |
| 89259 | X | CRYOPRESERVATION; SPERM | | | $0.00 | Not Allowed | $0.00 | | | |
| 89260 | X | SPERM ISOLATION; SIMPLE PREP FOR INSEMINATION OR DIAGNOSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| 89261 | X | SPERM ISOLATION; COMPLEX PREP FOR INSEMINATION OR DIAGNOSIS | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 89264 | X | SPERM IDENTIFICATION FROM TESTIS TISSUE FRESH OR CRYOPRSRVD | | | $0.00 | Not Allowed | $0.00 | | | |
| 89268 | X | INSEMINATION OF OOCYTES | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89272 | X | EXTENDED CULTURE OF OOCYTES | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89280 | X | ASSIST OOCYTE FERTILIZATION | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89281 | X | ASSIST OOCYTE FERTILIZATION | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89290 | X | BIOPSY OOCYTE POLAR BODY | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89291 | X | BIOPSY OOCYTE POLAR BODY | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89300 | Q | SEMEN ANALYSIS W/HUHNER | | | $0.00 | Not Allowed | $0.00 | | | |
| 89310 | Q | SEMEN ANALYSIS W/COUNT | | | $0.00 | Not Allowed | $0.00 | | | |
| 89320 | Q | SEMEN ANALYSIS COMPLETE | | | $0.00 | Not Allowed | $0.00 | | | |
| 89321 | Q | SEMEN ANALYSIS & MOTILITY | | | $0.00 | Not Allowed | $0.00 | | | |
| 89325 | Q | SPERM ANTIBODIES | | | $0.00 | Not Allowed | $0.00 | | | |
| 89329 | Q | SPERM EVALUATION; HAMSTER PENETRATION TEST | | | $0.00 | Not Allowed | $0.00 | | | |
| 89330 | Q | SPERM EVALUATION;CERVICAL MUCUS PENETRATION TEST W/OR W/O S | | | $0.00 | Not Allowed | $0.00 | | | |
| 89335 | X | CRYOPRESERVE TESTICULAR TISS | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89342 | X | STORAGE/YEAR; EMBRYO(S) | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89343 | X | STORAGE/YEAR; SPERM/SEMEN | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89344 | X | STORAGE/YEAR; REPROD TISSUE | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89346 | X | STORAGE/YEAR; OOCYTE(S) | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89350 | M | SPUTUM OBTAINING SPECIMEN AEROSOL INDUCED TECHNIQUE (SEPAR | | | $0.00 | Not Allowed | $0.00 | | | |
| 89352 | X | THAWING CRYOPRESRVED; EMBRYO | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89353 | X | THAWING CRYOPRESRVED; SPERM | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89354 | X | THAW CRYOPRSVRD; REPROD TISS | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89356 | X | THAWING CRYOPRESRVED; OOCYTE | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 89360 | M | SWEAT COLLECTION BY IONTOPHORESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| 90281 | N | HUMAN IG, IM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90283 | N | HUMAN IG, IV | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90287 | N | BOTULINUM ANTITOXIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90288 | N | BOTULISM IG, IV | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90291 | N | CMV IG, IV | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90296 | N | DIPHTHERIA ANTITOXIN | | | $0.00 | APC | $0.00 | | | |
| 90371 | K | HEP B IG, IM | 1630 | 1.9993 | $95.47 | APC | $95.47 | | | |
| 90375 | K | RABIES IG, IM/SC | 9133 | 1.0836 | $51.74 | APC | $51.74 | | | |
| 90376 | K | RABIES IG, HEAT TREATED | 9134 | 1.1459 | $54.72 | APC | $54.72 | | | |
| 90378 | M | RSV IG, IM, 50MG | | | $0.00 | Fee Schedule | $686.04 | | | |
| 90379 | M | RSV IG, IV | | | $0.00 | Fee Schedule | $839.34 | | | |
| 90384 | M | RH IG, FULL-DOSE, IM | | | $0.00 | By Report | $0.00 | | | |
| 90385 | N | RH IG, MINIDOSE, IM | | | $0.00 | APC | $0.00 | | | |
| 90386 | M | RH IG, IV | | | $0.00 | By Report | $0.00 | | | |
| 90389 | M | TETANUS IG, IM | | | $0.00 | By Report | $0.00 | | | |
| 90393 | N | VACCINA IG, IM | | | $0.00 | APC | $0.00 | | | |
| 90396 | K | VARICELLA-ZOSTER IG, IM | 9135 | 2.3664 | $113.00 | APC | $113.00 | | | |
| 90399 | M | IMMUNE GLOBULIN | | | $0.00 | By Report | $0.00 | | | |
| 90465 | M | IMMUNE ADMIN 1 INJ < 8 YRS | | | $0.00 | Fee Schedule | $14.54 | | | |
| 90466 | M | IMMUNE ADMIN ADDL INJ < 8 Y | | | $0.00 | Fee Schedule | $8.83 | | | |
| 90467 | M | IMMUNE ADMIN O OR N < 8 YRS | | | $0.00 | By Report | $0.00 | | | |
| 90468 | M | IMMUNE ADMIN O/N ADDL < 8 Y | | | $0.00 | By Report | $0.00 | | | |
| 90471 | N | IMMUNIZATION ADMIN | 0353 | | | Fee Schedule | $0.00 | | | |
| 90472 | N | IMMUNIZATION ADMIN, EACH ADD | 0353 | | | Fee Schedule | $0.00 | | | |
| 90473 | S | IMMUNE ADMIN ORAL/NASAL | 1491 | 0.0840 | $4.01 | APC | $4.01 | | | |
| 90474 | S | IMMUNE ADMIN ORAL/NASAL ADDL | 1491 | 0.0840 | $4.01 | APC | $4.01 | | | |
| 90476 | K | ADENOVIRUS VACCINE, TYPE 4 | 9136 | 0.8674 | $41.42 | APC | $41.42 | | | |
| 90477 | N | ADENOVIRUS VACCINE, TYPE 7 | | | $0.00 | APC | $0.00 | | | |
| 90581 | K | ANTHRAX VACCINE, SC | 9169 | 2.1236 | $101.40 | APC | $101.40 | | | |
| 90585 | K | BCG VACCINE, PERCUT | 9137 | 1.9713 | $94.13 | APC | $94.13 | | | |
| 90586 | M | BCG VACCINE, INTRAVESICAL | | | $0.00 | Medicare | $113.44 | | | |
| 90632 | N | HEP A VACCINE, ADULT IM | | | $0.00 | APC | $0.00 | | | |
| 90633 | N | HEP A VACC, PED/ADOL, 2 DOSE | | | $0.00 | APC | $0.00 | | | |
| 90634 | M | HEP A VACC, PED/ADOL, 3 DOSE | | | $0.00 | Not Allowed | $0.00 | | | |
| 90636 | K | HEP A/HEP B VACC, ADULT IM | 9138 | 0.9250 | $44.17 | APC | $44.17 | | | |
| 90645 | N | HIB VACCINE, HBOC, IM | | | $0.00 | APC | $0.00 | | | |
| 90646 | N | HIB VACCINE, PRP-D, IM | | | $0.00 | APC | $0.00 | | | |
| 90647 | N | HIB VACCINE, PRP-OMP, IM | | | $0.00 | APC | $0.00 | | | |
| 90648 | N | HIB VACCINE, PRP-T, IM | | | $0.00 | APC | $0.00 | | | |
| 90649 | M | H PAPILLOMA VACC 3 DOSE IM | | | $0.00 | Fee Schedule | $120.00 | | | |
| 90655 | M | FLU VACCINE 6-35 MO IM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90656 | M | FLU VACCINE NO PRESERV 3 & > | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90657 | M | FLU VACCINE 6-35 MO IM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90658 | M | FLU VACCINE AGE 3 & OVER IM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90660 | M | FLU VACCINE, NASAL | | | $0.00 | Fee Schedule | $18.75 | | | |
| 90665 | K | LYME DISEASE VACCINE, IM | 9170 | 0.9161 | $43.74 | APC | $43.74 | | | |
| 90669 | M | PNEUMOCOCCAL VACC PED <5 | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90675 | K | RABIES VACCINE, IM | 9139 | 2.6488 | $126.48 | APC | $126.48 | | | |
| 90676 | K | RABIES VACCINE, ID | 9140 | 1.5048 | $71.85 | APC | $71.85 | | | |
| 90680 | N | ROTOVIRUS VACC 3 DOSE ORAL | | | $0.00 | APC | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 90690 | N | TYPHOID VACCINE, ORAL | | | $0.00 | APC | $0.00 | | | |
| 90691 | N | TYPHOID VACCINE, IM | | | $0.00 | APC | $0.00 | | | |
| 90692 | N | TYPHOID VACCINE, H-P, SC/ID | | | $0.00 | APC | $0.00 | | | |
| 90693 | N | TYPHOID VACCINE AKD SC | | | $0.00 | APC | $0.00 | | | |
| 90698 | N | DTAP-HIB-IP VACCINE IM | | | $0.00 | APC | $0.00 | | | |
| 90700 | N | DTAP VACCINE, < 7 YRS, IM | | | $0.00 | APC | $0.00 | | | |
| 90701 | N | DTP VACCINE, IM | | | $0.00 | APC | $0.00 | | | |
| 90702 | N | DT VACCINE < 7, IM | | | $0.00 | APC | $0.00 | | | |
| 90703 | N | TETANUS VACCINE IM | | | $0.00 | APC | $0.00 | | | |
| 90704 | N | MUMPS VACCINE SC | | | $0.00 | APC | $0.00 | | | |
| 90705 | N | MEASLES VACCINE SC | | | $0.00 | APC | $0.00 | | | |
| 90706 | N | RUBELLA VACCINE SC | | | $0.00 | APC | $0.00 | | | |
| 90707 | N | MMR VACCINE SC | | | $0.00 | APC | $0.00 | | | |
| 90708 | K | MEASLES-RUBELLA VACCINE SC | 9141 | 1.0220 | $48.80 | APC | $48.80 | | | |
| 90710 | N | MMRV VACCINE, SC | | | $0.00 | APC | $0.00 | | | |
| 90712 | N | ORAL POLIOVIRUS VACCINE | | | $0.00 | APC | $0.00 | | | |
| 90713 | N | POLIOVIRUS IPV SC/IM | | | $0.00 | APC | $0.00 | | | |
| 90714 | K | TD VACCINE NO PRSRV >/= 7 IM | 1634 | 0.3154 | $15.06 | APC | $15.06 | | | |
| 90715 | N | TDAP VACCINE >7 IM | | | $0.00 | APC | $0.00 | | | |
| 90716 | K | CHICKEN POX VACCINE, SC | 9142 | 1.2146 | $58.00 | APC | $58.00 | | | |
| 90717 | K | YELLOW FEVER VACCINE, SC | 1636 | 0.9142 | $43.65 | APC | $43.65 | | | |
| 90718 | N | TD VACCINE > 7 IM | | | $0.00 | APC | $0.00 | | | |
| 90719 | N | DIPHTHERIA VACCINE, IM | | | $0.00 | APC | $0.00 | | | |
| 90720 | N | DTP/HIB VACCINE, IM | | | $0.00 | APC | $0.00 | | | |
| 90721 | N | DTAP/HIB VACCINE, IM | | | $0.00 | APC | $0.00 | | | |
| 90723 | M | DTAP-HEP B-IPV VACCINE IM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90725 | N | CHOLERA VACCINE, INJECTABLE | | | $0.00 | APC | $0.00 | | | |
| 90727 | N | PLAGUE VACCINE IM | | | $0.00 | APC | $0.00 | | | |
| 90732 | M | PNEUMOCOCCAL VACCINE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90733 | K | MENINGOCOCCAL VACCINE SC | 9143 | 1.4183 | $67.72 | APC | $67.72 | | | |
| 90734 | K | MENINGOCOCCAL VACCINE IM | 9145 | 0.9025 | $43.09 | APC | $43.09 | | | |
| 90735 | K | ENCEPHALITIS VACCINE, SC | 9144 | 1.6158 | $77.15 | APC | $77.15 | | | |
| 90736 | M | ZOSTER VACC SC | | | $0.00 | Not Allowed | $0.00 | | | |
| 90740 | M | HEPB VACC ILL PAT 3 DOSE IM | | | $0.00 | Fee Schedule | $102.46 | | | |
| 90743 | M | HEP B VACC ADOL 2 DOSE IM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90744 | M | HEPB VACC PED/ADOL 3 DOSE IM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90746 | M | HEP B VACCINE ADULT IM | | | $0.00 | Fee Schedule | $51.24 | | | |
| 90747 | M | HEPB VACC ILL PAT 4 DOSE IM | | | $0.00 | Fee Schedule | $102.46 | | | |
| 90748 | M | HEP B/HIB VACCINE, IM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90749 | N | VACCINE TOXOID | | | $0.00 | APC | $0.00 | | | |
| 90760 | N | HYDRATION IV INFUSION, INIT | | | $0.00 | APC | $0.00 | | | |
| 90761 | N | HYDRATE IV INFUSION, ADD-ON | | | $0.00 | APC | $0.00 | | | |
| 90765 | M | THER/PROPH/DIAG IV INF INIT | | | $0.00 | Fee Schedule | $57.71 | | | |
| 90766 | M | THER/PROPH/DG IV INF ADD-ON | | | $0.00 | Fee Schedule | $19.82 | | | |
| 90767 | M | TX/PROPH/DG ADDL SEQ IV INF | | | $0.00 | Fee Schedule | $32.06 | | | |
| 90768 | M | THER/DIAG CONCURRENT INF | | | $0.00 | Fee Schedule | $18.96 | | | |
| 90772 | X | THER/PROPH/DIAG INJ SC/IM | 0353 | 0.3917 | $18.70 | APC | $18.70 | | | |
| 90773 | X | THER/PROPH/DIAG INJ IA | 0359 | 0.8036 | $38.37 | APC | $38.37 | | | |
| 90774 | M | THER/PROPH/DIAG IINJ, IV PUSH | | | $0.00 | Fee Schedule | $43.08 | | | |
| 90775 | M | THER/PROPH/DIAG INJ ADD-ON | | | $0.00 | Fee Schedule | $20.24 | | | |
| 90779 | X | THER/PROP/DIAG INJ/INF PROC | 0352 | 0.1368 | $6.53 | APC | $6.53 | | | |
| 90801 | S | PSY DX INTERVIEW | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90802 | S | INTAC PSY DX INTERVIEW | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90804 | S | PSYTX, OFFICE, 20-30 MIN | 0322 | 1.2304 | $58.75 | APC | $58.75 | | | |
| 90805 | S | PSYTX, OFF, 20-30 MIN W/E&M | 0322 | 1.2304 | $58.75 | APC | $58.75 | | | |
| 90806 | S | PSYTX, OFF, 45-50 MIN | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90807 | S | PSYTX, OFF, 45-50 MIN W/E&M | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90808 | S | PSYTX, OFFICE, 75-80 MIN | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90809 | S | PSYTX, OFF, 75-80, W/E&M | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90810 | S | INTAC PSYTX, OFF, 20-30 MIN | 0322 | 1.2304 | $58.75 | APC | $58.75 | | | |
| 90811 | S | INTAC PSYTX, 20-30, W/E&M | 0322 | 1.2304 | $58.75 | APC | $58.75 | | | |
| 90812 | S | INTAC PSYTX, OFF, 45-50 MIN | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90813 | S | INTAC PSYTX, 45-50 MIN W/E&M | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90814 | S | INTAC PSYTX, OFF, 75-80 MIN | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90815 | S | INTAC PSYTX, 75-80 W/E&M | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90816 | S | PSYTX, HOSP, 20-30 MIN | 0322 | 1.2304 | $58.75 | APC | $58.75 | | | |
| 90817 | S | PSYTX, HOSP, 20-30 MIN W/E&M | 0322 | 1.2304 | $58.75 | APC | $58.75 | | | |
| 90818 | S | PSYTX, HOSP, 45-50 MIN | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90819 | S | PSYTX, HOSP, 45-50 MIN W/E&M | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90821 | S | PSYTX, HOSP, 75-80 MIN | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90822 | S | PSYTX, HOSP, 75-80 MIN W/E&M | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90823 | S | INTAC PSYTX, HOSP, 20-30 MIN | 0322 | 1.2304 | $58.75 | APC | $58.75 | | | |
| 90824 | S | INTAC PSYTX, HSP 20-30 W/E&M | 0322 | 1.2304 | $58.75 | APC | $58.75 | | | |
| 90826 | S | INTAC PSYTX, HOSP, 45-50 MIN | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90827 | S | INTAC PSYTX, HSP 45-50 W/E&M | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 90828 | S | INTAC PSYTX, HOSP, 75-80 MIN | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90829 | S | INTAC PSYTX, HSP 75-80 W/E&M | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90845 | S | PSYCHOANALYSIS | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90846 | S | FAMILY PSYTX W/O PATIENT | 0324 | 2.3119 | $110.39 | APC | $110.39 | | | |
| 90847 | S | FAMILY PSYTX W/PATIENT | 0324 | 2.3119 | $110.39 | APC | $110.39 | | | |
| 90849 | S | MULTIPLE FAMILY GROUP PSYTX | 0325 | 1.3434 | $64.15 | APC | $64.15 | | | |
| 90852 | M | INPT CARE W PSYCH-MIL 15 | | | $0.00 | Not Allowed | $0.00 | | | |
| 90853 | S | GROUP PSYCHOTHERAPY | 0325 | 1.3434 | $64.15 | APC | $64.15 | | | |
| 90857 | S | INTAC GROUP PSYTX | 0325 | 1.3434 | $64.15 | APC | $64.15 | | | |
| 90862 | X | MEDICATION MANAGEMENT | 0374 | 1.1270 | $53.81 | APC | $53.81 | | | |
| 90865 | S | NARCOSYNTHESIS | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90870 | S | ELECTROCONVULSIVE THERAPY | 0320 | 5.2528 | $250.82 | APC | $250.82 | | | |
| 90875 | M | PSYCHOPHYSIOLOGICAL THERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| 90876 | M | PSYCHOPHYSIOLOGICAL THERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| 90880 | S | HYPNOTHERAPY | 0323 | 1.6398 | $78.30 | APC | $78.30 | | | |
| 90882 | M | ENVIRONMENTAL MANIPULATION | | | $0.00 | Not Allowed | $0.00 | | | |
| 90885 | N | PSY EVALUATION OF RECORDS | | | $0.00 | APC | $0.00 | | | |
| 90887 | N | CONSULTATION WITH FAMILY | | | $0.00 | APC | $0.00 | | | |
| 90889 | N | PREPARATION OF REPORT | | | $0.00 | APC | $0.00 | | | |
| 90899 | S | PSYCHIATRIC SERVICE/THERAPY | 0322 | 1.2304 | $58.75 | APC | $58.75 | | | |
| 90901 | M | BIOFEEDBACK TRAIN, ANY METH | | | $0.00 | Fee Schedule | $32.06 | | | |
| 90911 | S | BIOFEEDBACK PERI/URO/RECTAL | 0321 | 1.3651 | $65.18 | APC | $65.18 | | | |
| 90918 | M | ESRD RELATED SERVICES MONTH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90919 | M | ESRD RELATED SERVICES MONTH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90920 | M | ESRD RELATED SERVICES MONTH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90921 | M | ESRD RELATED SERVICES MONTH | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90922 | M | ESRD RELATED SERVICES DAY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90923 | M | ESRD RELATED SERVICES DAY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90924 | M | ESRD RELATED SERVICES DAY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90925 | M | ESRD RELATED SERVICES DAY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90935 | S | HEMODIALYSIS, ONE EVALUATION | 0170 | 5.9448 | $283.86 | APC | $283.86 | | | |
| 90937 | M | HEMODIALYSIS, REPEATED EVAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90940 | N | HEMODIALYSIS ACCESS STUDY | | | $0.00 | APC | $0.00 | | | |
| 90945 | S | DIALYSIS, ONE EVALUATION | 0170 | 5.9448 | $283.86 | APC | $283.86 | | | |
| 90947 | M | DIALYSIS, REPEATED EVAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90989 | M | DIALYSIS TRAINING, COMPLETE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90993 | M | DIALYSIS TRAINING, INCOMPL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90997 | M | HEMOPERFUSION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 90999 | M | DIALYSIS PROCEDURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 91000 | X | ESOPHAGEAL INTUBATION | 0361 | 3.5671 | $170.33 | APC | $170.33 | | | |
| 91010 | X | ESOPHAGEAL MOTILITY STUDY; | 0361 | 3.5671 | $170.33 | APC | $170.33 | | | |
| 91011 | X | ESOPHAGUS MOTILITY STUDY | 0361 | 3.5671 | $170.33 | APC | $170.33 | | | |
| 91012 | X | ESOPHAGUS MOTILITY STUDY | 0361 | 3.5671 | $170.33 | APC | $170.33 | | | |
| 91020 | X | GASTRIC MOTILITY STUDIES | 0361 | 3.5671 | $170.33 | APC | $170.33 | | | |
| 91022 | X | DUODENAL MOTILITY STUDY | 0361 | 3.5671 | $170.33 | APC | $170.33 | | | |
| 91030 | X | ACID PERFUSION OF ESOPHAGUS | 0361 | 3.5671 | $170.33 | APC | $170.33 | | | |
| 91034 | X | GASTROESOPHAGEAL REFLUX TEST | 0361 | 3.5671 | $170.33 | APC | $170.33 | | | |
| 91035 | S | G-ESOPH REFLX TST W/ELECTROD | 1506 | 7.5616 | $361.07 | APC | $361.07 | | | |
| 91037 | X | ESOPH IMPED FUNCTION TEST | 0361 | 3.5671 | $170.33 | APC | $170.33 | | | |
| 91038 | X | ESOPH IMPED FUNCT TEST > 1H | 0361 | 3.5671 | $170.33 | APC | $170.33 | | | |
| 91040 | X | ESOPH BALLOON DISTENSION TST | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 91052 | X | GASTRIC ANALYSIS TEST | 0361 | 3.5671 | $170.33 | APC | $170.33 | | | |
| 91055 | X | GASTRIC INTUBATION FOR SMEAR | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 91060 | X | GASTRIC SALINE LOAD TEST | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 91065 | X | BREATH HYDROGEN TEST | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 91100 | X | PASS INTESTINE BLEEDING TUBE | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 91105 | X | GASTRIC INTUBATION TREATMENT | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 91110 | T | GI TRACT CAPSULE ENDOSCOPY | 0142 | 9.0564 | $432.44 | APC | $432.44 | | | |
| 91120 | T | RECTAL SENSATION TEST | 0156 | 2.6123 | $124.74 | APC | $124.74 | | | |
| 91122 | T | ANAL PRESSURE RECORD | 0156 | 2.6123 | $124.74 | APC | $124.74 | | | |
| 91123 | N | IRRIGATE FECAL IMPACTION | | | $0.00 | APC | $0.00 | | | |
| 91132 | X | ELECTROGASTROGRAPHY | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 91133 | X | ELECTROGASTROGRAPHY W/TEST | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 91299 | X | GASTROENTEROLOGY PROCEDURE | 0360 | 1.4235 | $67.97 | APC | $67.97 | | | |
| 92002 | V | EYE EXAM, NEW PATIENT | 0601 | 1.0125 | $48.35 | APC | $48.35 | | | |
| 92004 | V | EYE EXAM, NEW PATIENT | 0602 | 1.4731 | $70.34 | APC | $70.34 | | | |
| 92012 | V | EYE EXAM ESTABLISHED PAT | 0600 | 0.8800 | $42.02 | APC | $42.02 | | | |
| 92014 | V | EYE EXAM & TREATMENT | 0601 | 1.0125 | $48.35 | APC | $48.35 | | | |
| 92015 | M | REFRACTION | | | $0.00 | Not Allowed | $0.00 | | | |
| 92018 | T | NEW EYE EXAM & TREATMENT | 0699 | 8.9556 | $427.63 | APC | $427.63 | | | |
| 92019 | T | EYE EXAM & TREATMENT | 0699 | 8.9556 | $427.63 | APC | $427.63 | | | |
| 92020 | S | SPECIAL EYE EVALUATION | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92060 | S | SPECIAL EYE EVALUATION | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92065 | S | ORTHOPTIC/PLEOPTIC TRAINING | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 92070 | N | FITTING OF CONTACT LENS | | | $0.00 | APC | $0.00 | | | Y |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 92081 | S | VISUAL FIELD EXAMINATION(S) | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92082 | S | VISUAL FIELD EXAMINATION(S) | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92083 | S | VISUAL FIELD EXAMINATION(S) | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92100 | N | SERIAL TONOMETRY EXAM(S) | | | $0.00 | APC | $0.00 | | | |
| 92120 | S | TONOGRAPHY & EYE EVALUATION | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92130 | S | WATER PROVOCATION TONOGRAPHY | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92135 | S | SCANNING COMPUT.OPHTHALMIC DX IMAGING INTERP & REPORT UNIL | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92136 | S | OPHTHALMIC BIOMETRY | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 92140 | S | GLAUCOMA PROVOCATIVE TESTS | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 92225 | S | SPECIAL EYE EXAM, INITIAL | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92226 | S | SPECIAL EYE EXAM, SUBSEQUENT | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92230 | T | EYE EXAM WITH PHOTOS | 0699 | 8.9556 | $427.63 | APC | $427.63 | | | |
| 92235 | S | EYE EXAM WITH PHOTOS | 0231 | 1.9167 | $91.52 | APC | $91.52 | | | |
| 92240 | S | ICG ANGIOGRAPHY | 0231 | 1.9167 | $91.52 | APC | $91.52 | | | |
| 92250 | S | EYE EXAM WITH PHOTOS | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92260 | S | OPHTHALMOSCOPY/DYNAMOMETRY | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 92265 | S | EYE MUSCLE EVALUATION | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92270 | S | ELECTRO-OCULOGRAPHY | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92275 | S | ELECTRORETINOGRAPHY | 0231 | 1.9167 | $91.52 | APC | $91.52 | | | |
| 92283 | S | COLOR VISION EXAMINATION | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92284 | S | DARK ADAPTATION EYE EXAM | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 92285 | S | EYE PHOTOGRAPHY | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92286 | S | INTERNAL EYE PHOTOGRAPHY | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 92287 | S | INTERNAL EYE PHOTOGRAPHY | 0698 | 1.2378 | $59.10 | APC | $59.10 | | | |
| 92310 | M | CONTACT LENS FITTING | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 92311 | X | CONTACT LENS FITTING | 0362 | 2.2654 | $108.17 | APC | $108.17 | | | Y |
| 92312 | X | CONTACT LENS FITTING | 0362 | 2.2654 | $108.17 | APC | $108.17 | | | Y |
| 92313 | X | CONTACT LENS FITTING | 0362 | 2.2654 | $108.17 | APC | $108.17 | | | Y |
| 92314 | M | PRESCRIPTION OF CONTACT LENS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 92315 | X | PRESCRIPTION OF CONTACT LENS | 0362 | 2.2654 | $108.17 | APC | $108.17 | | | Y |
| 92316 | X | PRESCRIPTION OF CONTACT LENS | 0362 | 2.2654 | $108.17 | APC | $108.17 | | | Y |
| 92317 | X | PRESCRIPTION OF CONTACT LENS | 0362 | 2.2654 | $108.17 | APC | $108.17 | | | Y |
| 92325 | X | MODIFICATION OF CONTACT LENS | 0362 | 2.2654 | $108.17 | APC | $108.17 | | | Y |
| 92326 | X | REPLACEMENT OF CONTACT LENS | 0362 | 2.2654 | $108.17 | APC | $108.17 | | | Y |
| 92340 | M | FITTING OF SPECTACLES | | | $0.00 | Not Allowed | $0.00 | | | |
| 92341 | M | FITTING OF SPECTACLES | | | $0.00 | Not Allowed | $0.00 | | | |
| 92342 | M | FITTING OF SPECTACLES | | | $0.00 | Not Allowed | $0.00 | | | |
| 92352 | X | SPECIAL SPECTACLES FITTING | 0362 | 2.2654 | $108.17 | APC | $108.17 | | | |
| 92353 | X | SPECIAL SPECTACLES FITTING | 0362 | 2.2654 | $108.17 | APC | $108.17 | | | |
| 92354 | X | SPECIAL SPECTACLES FITTING | 0362 | 2.2654 | $108.17 | APC | $108.17 | | | |
| 92355 | X | SPECIAL SPECTACLES FITTING | 0362 | 2.2654 | $108.17 | APC | $108.17 | | | |
| 92358 | X | EYE PROSTHESIS SERVICE | 0362 | 2.2654 | $108.17 | APC | $108.17 | | | |
| 92370 | M | REPAIR & ADJUST SPECTACLES | | | $0.00 | Not Allowed | $0.00 | | | |
| 92371 | X | REPAIR & ADJUST SPECTACLES | 0362 | 2.2654 | $108.17 | APC | $108.17 | | | |
| 92499 | S | EYE SERVICE OR PROCEDURE | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| 92502 | T | EAR AND THROAT EXAMINATION | 0251 | 2.0789 | $99.27 | APC | $99.27 | | | |
| 92504 | N | EAR MICROSCOPY EXAMINATION | | | $0.00 | APC | $0.00 | | | |
| 92506 | Y | SPEECH/HEARING EVALUATION | | | $0.00 | Fee Schedule | $33.28 | | | |
| 92507 | Y | SPEECH/HEARING THERAPY | | | $0.00 | Fee Schedule | $19.89 | | | |
| 92508 | Y | SPEECH/HEARING THERAPY | | | $0.00 | Fee Schedule | $10.05 | | | |
| 92511 | T | NASOPHARYNGOSCOPY | 0071 | 0.8034 | $38.36 | APC | $38.36 | | | |
| 92512 | X | NASAL FUNCTION STUDIES | 0363 | 0.8707 | $41.58 | APC | $41.58 | | | |
| 92516 | X | FACIAL NERVE FUNCTION TEST | 0660 | 1.5488 | $73.96 | APC | $73.96 | | | |
| 92520 | X | LARYNGEAL FUNCTION STUDIES | 0660 | 1.5488 | $73.96 | APC | $73.96 | | | |
| 92526 | Y | ORAL FUNCTION THERAPY | | | $0.00 | Fee Schedule | $20.02 | | | |
| 92531 | N | SPONTANEOUS NYSTAGMUS STUDY | | | $0.00 | APC | $0.00 | | | |
| 92532 | N | POSITIONAL NYSTAGMUS TEST | | | $0.00 | APC | $0.00 | | | |
| 92533 | N | CALORIC VESTIBULAR TEST | | | $0.00 | APC | $0.00 | | | |
| 92534 | N | OPTOKINETIC NYSTAGMUS TEST | | | $0.00 | APC | $0.00 | | | |
| 92541 | X | SPONTANEOUS NYSTAGMUS TEST | 0363 | 0.8707 | $41.58 | APC | $41.58 | | | |
| 92542 | X | POSITIONAL NYSTAGMUS TEST | 0363 | 0.8707 | $41.58 | APC | $41.58 | | | |
| 92543 | X | CALORIC VESTIBULAR TEST | 0660 | 1.5488 | $73.96 | APC | $73.96 | | | |
| 92544 | X | OPTOKINETIC NYSTAGMUS TEST | 0363 | 0.8707 | $41.58 | APC | $41.58 | | | |
| 92545 | X | OSCILLATING TRACKING TEST | 0363 | 0.8707 | $41.58 | APC | $41.58 | | | |
| 92546 | X | TORSION SWING RECORDING | 0660 | 1.5488 | $73.96 | APC | $73.96 | | | |
| 92547 | X | SUPPLEMENTAL ELECTRICAL TEST | 0363 | 0.8707 | $41.58 | APC | $41.58 | | | |
| 92548 | X | POSTUROGRAPHY | 0660 | 1.5488 | $73.96 | APC | $73.96 | | | |
| 92551 | M | PURE TONE HEARING TEST, AIR | | | $0.00 | Fee Schedule | $9.45 | | | |
| 92552 | X | PURE TONE AUDIOMETRY AIR | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92553 | X | AUDIOMETRY AIR & BONE | 0365 | 1.1928 | $56.96 | APC | $56.96 | | | |
| 92555 | X | SPEECH THRESHOLD AUDIOMETRY | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92556 | X | SPEECH AUDIOMETRY COMPLETE | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92557 | X | COMPREHENSIVE HEARING TEST | 0365 | 1.1928 | $56.96 | APC | $56.96 | | | |
| 92559 | M | GROUP AUDIOMETRIC TESTING | | | $0.00 | Not Allowed | $0.00 | | | |
| 92560 | M | BEKESY AUDIOMETRY, SCREEN | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 92561 | X | BEKESY AUDIOMETRY DIAGNOSIS | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92562 | X | LOUDNESS BALANCE TEST | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92563 | X | TONE DECAY HEARING TEST | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92564 | X | SISI HEARING TEST | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92565 | X | STENGER TEST PURE TONE | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92567 | X | TYMPANOMETRY | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92568 | X | ACOUSTIC REFL THRESHOLD TST | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92569 | X | ACOUSTIC REFLEX DECAY TEST | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92571 | X | FILTERED SPEECH HEARING TEST | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92572 | X | STAGGERED SPONDAIC WORD TEST | 0366 | 1.6829 | $80.36 | APC | $80.36 | | | |
| 92573 | X | LOMBARD TEST | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92575 | X | SENSORINEURAL ACUITY TEST | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92576 | X | SYNTHETIC SENTENCE TEST | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92577 | X | STENGER TEST SPEECH | 0366 | 1.6829 | $80.36 | APC | $80.36 | | | |
| 92579 | X | VISUAL AUDIOMETRY (VRA) | 0365 | 1.1928 | $56.96 | APC | $56.96 | | | |
| 92582 | X | CONDITIONING PLAY AUDIOMETRY | 0365 | 1.1928 | $56.96 | APC | $56.96 | | | |
| 92583 | X | SELECT PICTURE AUDIOMETRY | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92584 | X | ELECTROCOCHLEOGRAPHY | 0660 | 1.5488 | $73.96 | APC | $73.96 | | | |
| 92585 | S | BRAINSTEM EVOKED AUDIOMETRY | 0216 | 2.5976 | $124.04 | APC | $124.04 | | | |
| 92586 | S | AUDITOR EVOKE POTENT, LIMIT | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 92587 | X | EVOKED AUDITORY TEST | 0363 | 0.8707 | $41.58 | APC | $41.58 | | | |
| 92588 | X | EVOKED AUDITORY TEST | 0660 | 1.5488 | $73.96 | APC | $73.96 | | | |
| 92590 | M | HEARING AID EXAM, ONE EAR | | | $0.00 | Not Allowed | $0.00 | | | |
| 92591 | M | HEARING AID EXAM, BOTH EARS | | | $0.00 | Not Allowed | $0.00 | | | |
| 92592 | M | HEARING AID CHECK, ONE EAR | | | $0.00 | Not Allowed | $0.00 | | | |
| 92593 | M | HEARING AID CHECK, BOTH EARS | | | $0.00 | Not Allowed | $0.00 | | | |
| 92594 | M | ELECTRO HEARNG AID TEST, ONE | | | $0.00 | Not Allowed | $0.00 | | | |
| 92595 | M | ELECTRO HEARNG AID TST, BOTH | | | $0.00 | Not Allowed | $0.00 | | | |
| 92596 | X | EAR PROTECTOR EVALUATION | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92597 | Y | ORAL SPEECH DEVICE EVAL | | | $0.00 | Fee Schedule | $62.84 | | | |
| 92601 | M | COCHLEAR IMPLT F/UP EXAM < 7 | | | $0.00 | Not Allowed | $0.00 | | | |
| 92602 | M | REPROGRAM COCHLEAR IMPLT < 7 | | | $0.00 | Not Allowed | $0.00 | | | |
| 92603 | X | COCHLEAR IMPLT F/UP EXAM 7 > | 0366 | 1.6829 | $80.36 | APC | $80.36 | | | |
| 92604 | M | REPROGRAM COCHLEAR IMPLT 7 > | | | $0.00 | Not Allowed | $0.00 | | | |
| 92605 | M | EVAL FOR NONSPEECH DEVICE RX | | | $0.00 | Fee Schedule | $0.00 | | | |
| 92606 | N | NON-SPEECH DEVICE SERVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 92607 | Y | EX FOR SPEECH DEVICE RX 1HR | | | $0.00 | Fee Schedule | $72.07 | | | |
| 92608 | Y | EX FOR SPEECH DEVICE RX ADDL | | | $0.00 | Fee Schedule | $13.82 | | | |
| 92609 | Y | USE OF SPEECH DEVICE SERVICE | | | $0.00 | Fee Schedule | $37.43 | | | |
| 92610 | Y | EVALUATE SWALLOWING FUNCTION | | | $0.00 | Fee Schedule | $80.85 | | | |
| 92611 | Y | MOTION FLUOROSCOPY/SWALLOW | | | $0.00 | Fee Schedule | $80.85 | | | |
| 92612 | M | ENDOSCOPY SWALLOW TST (FEES) | | | $0.00 | Fee Schedule | $119.00 | | | |
| 92613 | M | ENDOSCOPY SWALLOW TST (FEES) | | | $0.00 | Fee Schedule | $35.86 | | | |
| 92614 | M | LARYNGOSCOPIC SENSORY TEST | | | $0.00 | Fee Schedule | $112.37 | | | |
| 92615 | M | EVAL LARYNGOSCOPY SENSE TST | | | $0.00 | Fee Schedule | $31.86 | | | |
| 92616 | M | FEES W/LARYNGEAL SENSE TEST | | | $0.00 | Fee Schedule | $157.62 | | | |
| 92617 | M | INTERPRT FEES/LARYNGEAL TEST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 92620 | X | AUDITORY FUNCTION 60 MIN | 0365 | 1.1928 | $56.96 | APC | $56.96 | | | |
| 92621 | N | AUDITORY FUNCTION + 15 MIN | | | $0.00 | APC | $0.00 | | | |
| 92625 | X | TINNITUS ASSESSMENT | 0365 | 1.1928 | $56.96 | APC | $56.96 | | | |
| 92626 | X | EVAL AUD REHAB STATUS | 0365 | 1.1928 | $56.96 | APC | $56.96 | | | |
| 92627 | N | EVAL AUD STATUS REHAB ADD-ON | | | $0.00 | APC | $0.00 | | | |
| 92630 | M | AUD REHAB PRE-LING HEAR LOSS | | | $0.00 | Not Allowed | $0.00 | | | |
| 92633 | M | AUD REHAB POSTLING HEAR LOSS | | | $0.00 | Not Allowed | $0.00 | | | |
| 92700 | X | ENT PROCEDURE/SERVICE | 0364 | 0.4548 | $21.72 | APC | $21.72 | | | |
| 92950 | S | HEART/LUNG RESUSCITATION CPR | 0094 | 2.4582 | $117.38 | APC | $117.38 | | | |
| 92953 | S | TEMPORARY EXTERNAL PACING | 0094 | 2.4582 | $117.38 | APC | $117.38 | | | |
| 92960 | S | CARDIOVERSION ELECTRIC, EXT | 0679 | 5.4992 | $262.59 | APC | $262.59 | | | |
| 92961 | S | CARDIOVERSION, ELECTRIC, INT | 0679 | 5.4992 | $262.59 | APC | $262.59 | | | |
| 92970 | C | CARDIOASSIST, INTERNAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 92971 | C | CARDIOASSIST, EXTERNAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 92973 | T | PERCUT CORONARY THROMBECTOMY | 0088 | 36.5126 | $1,743.48 | APC | $1,743.48 | | | |
| 92974 | T | CATH PLACE, CARDIO BRACHYTX | 0103 | 15.0428 | $718.29 | APC | $718.29 | | | |
| 92975 | C | DISSOLVE CLOT, HEART VESSEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 92977 | T | DISSOLVE CLOT, HEART VESSEL | 0676 | 2.2742 | $108.59 | APC | $108.59 | | | |
| 92978 | S | INTRAVASC US, HEART ADD-ON | 0670 | 28.7546 | $1,373.03 | APC | $1,373.03 | | | |
| 92979 | S | INTRAVASC US, HEART ADD-ON | 0416 | 16.4464 | $785.32 | APC | $785.32 | | | |
| 92980 | T | INSERT INTRACORONARY STENT | 0104 | 80.7852 | $3,857.49 | APC | $3,857.49 | | | |
| 92981 | T | INSERT INTRACORONARY STENT | 0104 | 80.7852 | $3,857.49 | APC | $3,857.49 | | | |
| 92982 | T | CORONARY ARTERY DILATION | 0083 | 55.2741 | $2,639.34 | APC | $2,639.34 | | | |
| 92984 | T | CORONARY ARTERY DILATION | 0083 | 55.2741 | $2,639.34 | APC | $2,639.34 | | | |
| 92986 | T | REVISION OF AORTIC VALVE | 0083 | 55.2741 | $2,639.34 | APC | $2,639.34 | | | |
| 92987 | T | REVISION OF MITRAL VALVE | 0083 | 55.2741 | $2,639.34 | APC | $2,639.34 | | | |
| 92990 | T | REVISION OF PULMONARY VALVE | 0083 | 55.2741 | $2,639.34 | APC | $2,639.34 | | | |
| 92992 | C | REVISION OF HEART CHAMBER | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 92993 | C | REVISION OF HEART CHAMBER | | | $0.00 | Fee Schedule | $0.00 | | | |
| 92995 | T | CORONARY ATHERECTOMY | 0082 | 91.3717 | $4,363.00 | APC | $4,363.00 | | | |
| 92996 | T | CORONARY ATHERECTOMY ADD-ON | 0082 | 91.3717 | $4,363.00 | APC | $4,363.00 | | | |
| 92997 | T | PUL ART BALLOON REPR, PERCUT | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 92998 | T | PUL ART BALLOON REPR, PERCUT | 0081 | 42.2664 | $2,018.22 | APC | $2,018.22 | | | |
| 93000 | M | ELECTROCARDIOGRAM, COMPLETE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93005 | S | ELECTROCARDIOGRAM TRACING | 0099 | 0.3769 | $18.00 | APC | $18.00 | | | |
| 93010 | M | ELECTROCARDIOGRAM REPORT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93012 | N | TRANSMISSION OF ECG | | | $0.00 | APC | $0.00 | | | |
| 93014 | M | REPORT ON TRANSMITTED ECG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93015 | M | CARDIOVASCULAR STRESS TEST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93016 | M | CARDIOVASCULAR STRESS TEST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93017 | X | CARDIOVASCULAR STRESS TEST | 0100 | 2.4833 | $118.58 | APC | $118.58 | | | |
| 93018 | M | CARDIOVASCULAR STRESS TEST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93024 | X | CARDIAC DRUG STRESS TEST | 0100 | 2.4833 | $118.58 | APC | $118.58 | | | |
| 93025 | X | MICROVOLT T-WAVE ASSESS | 0100 | 2.4833 | $118.58 | APC | $118.58 | | | |
| 93040 | M | RHYTHM ECG WITH REPORT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93041 | S | RHYTHM ECG TRACING | 0099 | 0.3769 | $18.00 | APC | $18.00 | | | |
| 93042 | M | RHYTHM ECG, REPORT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93224 | M | ECG MONITOR/REPORT, 24 HRS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93225 | X | ECG MONITOR/RECORD 24 HRS | 0097 | 1.0211 | $48.76 | APC | $48.76 | | | |
| 93226 | X | ECG MONITOR/REPORT 24 HRS | 0097 | 1.0211 | $48.76 | APC | $48.76 | | | |
| 93227 | M | ECG MONITOR/REVIEW, 24 HRS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93230 | M | ECG MONITOR/REPORT, 24 HRS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93231 | X | EXG MONITOR/RECORD 24 HRS | 0097 | 1.0211 | $48.76 | APC | $48.76 | | | |
| 93232 | X | ECG MONITOR/REPORT 24 HRS | 0097 | 1.0211 | $48.76 | APC | $48.76 | | | |
| 93233 | M | ECG MONITOR/REVIEW, 24 HRS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93235 | M | ECG MONITOR/REPORT, 24 HRS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93236 | X | ECG MONITOR/REPORT 24 HRS | 0097 | 1.0211 | $48.76 | APC | $48.76 | | | |
| 93237 | M | ECG MONITOR/REVIEW, 24 HRS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93268 | M | ECG RECORD/REVIEW | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93270 | X | ECG RECORDING | 0097 | 1.0211 | $48.76 | APC | $48.76 | | | |
| 93271 | X | ECG/MONITORING AND ANALYSIS | 0097 | 1.0211 | $48.76 | APC | $48.76 | | | |
| 93272 | M | ECG/REVIEW, INTERPRET ONLY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93278 | S | ECG/SIGNAL-AVERAGED | 0099 | 0.3769 | $18.00 | APC | $18.00 | | | |
| 93303 | S | ECHO TRANSTHORACIC | 0269 | 3.1761 | $151.66 | APC | $151.66 | | | |
| 93304 | S | ECHO TRANSTHORACIC | 0697 | 1.5121 | $72.20 | APC | $72.20 | | | |
| 93307 | S | ECHO EXAM OF HEART | 0269 | 3.1761 | $151.66 | APC | $151.66 | | | |
| 93308 | S | ECHO EXAM OF HEART | 0697 | 1.5121 | $72.20 | APC | $72.20 | | | |
| 93312 | S | ECHO EXAM OF HEART | 0270 | 5.9369 | $283.49 | APC | $283.49 | | | |
| 93313 | S | ECHO TRANSESOPHAGEAL | 0270 | 5.9369 | $283.49 | APC | $283.49 | | | |
| 93314 | N | ECHO EXAM OF HEART | | | $0.00 | APC | $0.00 | | | |
| 93315 | S | ECHO TRANSESOPHAGEAL | 0270 | 5.9369 | $283.49 | APC | $283.49 | | | |
| 93316 | S | ECHO TRANSESOPHAGEAL | 0270 | 5.9369 | $283.49 | APC | $283.49 | | | |
| 93317 | N | ECHO TRANSESOPHAGEAL | | | $0.00 | APC | $0.00 | | | |
| 93318 | S | ECHO TRANSESOPHAGEAL INTRAOP | 0270 | 5.9369 | $283.49 | APC | $283.49 | | | |
| 93320 | S | DOPPLER ECHOCARDIOGRAPHY; COMPLETE | 0671 | 1.6763 | $80.04 | APC | $80.04 | | | |
| 93321 | S | DOPPLER ECHO EXAM HEART | 0697 | 1.5121 | $72.20 | APC | $72.20 | | | |
| 93325 | S | DOPPLER COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDI | 0697 | 1.5121 | $72.20 | APC | $72.20 | | | |
| 93350 | S | ECHO TRANSTHORACIC | 0269 | 3.1761 | $151.66 | APC | $151.66 | | | |
| 93501 | T | RIGHT HEART CATHETERIZATION | 0080 | 36.3392 | $1,735.20 | APC | $1,735.20 | | | |
| 93503 | T | INSERT/PLACE HEART CATHETER | 0103 | 15.0428 | $718.29 | APC | $718.29 | | | |
| 93505 | T | BIOPSY OF HEART LINING | 0103 | 15.0428 | $718.29 | APC | $718.29 | | | |
| 93508 | T | CATHETER PLACEMENT FOR ANGIOPLASTY W/OUT CONCOM LT. HT. CATH | 0080 | 36.3392 | $1,735.20 | APC | $1,735.20 | | | |
| 93510 | T | LEFT HEART CATHETERIZATION | 0080 | 36.3392 | $1,735.20 | APC | $1,735.20 | | | |
| 93511 | T | LEFT HEART CATHETERIZATION | 0080 | 36.3392 | $1,735.20 | APC | $1,735.20 | | | |
| 93514 | T | LEFT HEART CATHETERIZATION | 0080 | 36.3392 | $1,735.20 | APC | $1,735.20 | | | |
| 93524 | T | LEFT HEART CATHETERIZATION | 0080 | 36.3392 | $1,735.20 | APC | $1,735.20 | | | |
| 93526 | T | RT & LT HEART CATHETERS | 0080 | 36.3392 | $1,735.20 | APC | $1,735.20 | | | |
| 93527 | T | RT & LT HEART CATHETERS | 0080 | 36.3392 | $1,735.20 | APC | $1,735.20 | | | |
| 93528 | T | RT & LT HEART CATHETERS | 0080 | 36.3392 | $1,735.20 | APC | $1,735.20 | | | |
| 93529 | T | RT LT HEART CATHETERIZATION | 0080 | 36.3392 | $1,735.20 | APC | $1,735.20 | | | |
| 93530 | T | RIGHT HEART CATHETERIZATION FOR CONITAL CARDIAC ANOMALIES | 0080 | 36.3392 | $1,735.20 | APC | $1,735.20 | | | |
| 93531 | T | COMBINED RT HEART CATH & RETRO LT HEART CATH FOR CONGEN ANOM | 0080 | 36.3392 | $1,735.20 | APC | $1,735.20 | | | |
| 93532 | T | COMBINED RT & TRANSSEPTAL LT HEART CATH THRU INTACT SEPTUM | 0080 | 36.3392 | $1,735.20 | APC | $1,735.20 | | | |
| 93533 | T | COMBINED RT & TRANSSEPTAL LT HEART CATH THRU EXISTING SEPTAL | 0080 | 36.3392 | $1,735.20 | APC | $1,735.20 | | | |
| 93536 | M | INSERT CIRCULATION ASSI | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93539 | N | INJECTION CARDIAC CATH | | | $0.00 | APC | $0.00 | | | |
| 93540 | N | INJECTION CARDIAC CATH | | | $0.00 | APC | $0.00 | | | |
| 93541 | N | INJECTION FOR LUNG ANGIOGRAM | | | $0.00 | APC | $0.00 | | | |
| 93542 | N | INJECTION FOR HEART X-RAYS | | | $0.00 | APC | $0.00 | | | |
| 93543 | N | INJECTION FOR HEART X-RAYS | | | $0.00 | APC | $0.00 | | | |
| 93544 | N | INJECTION FOR AORTOGRAPHY | | | $0.00 | APC | $0.00 | | | |
| 93545 | N | INJECTION FOR CORONARY X-RAYS | | | $0.00 | APC | $0.00 | | | |
| 93555 | N | IMAGING CARDIAC CATH | | | $0.00 | APC | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 93556 | N | IMAGING CARDIAC CATH | | | $0.00 | APC | $0.00 | | | |
| 93561 | N | CARDIAC OUTPUT MEASUREMENT | | | $0.00 | APC | $0.00 | | | |
| 93562 | N | CARDIAC OUTPUT MEASUREMENT | | | $0.00 | APC | $0.00 | | | |
| 93571 | S | HEART FLOW RESERV MSRMNT DURING CORONARY ANGIO; INITIAL VESS | 0670 | 28.7546 | $1,373.03 | APC | $1,373.03 | | | |
| 93572 | S | HEART FLOW RESERV MSRMNT DURING CORONARY ANGIO; EA ADD'L VES | 0416 | 16.4464 | $785.32 | APC | $785.32 | | | |
| 93580 | T | TRANSCATH CLOSURE OF ASD | 0434 | 86.4834 | $4,129.58 | APC | $4,129.58 | | | |
| 93581 | T | TRANSCATH CLOSURE OF VSD | 0434 | 86.4834 | $4,129.58 | APC | $4,129.58 | | | |
| 93600 | T | BUNDLE OF HIS RECORDING | 0087 | 33.0075 | $1,576.11 | APC | $1,576.11 | | | |
| 93602 | T | INTRA-ATRIAL RECORDING | 0087 | 33.0075 | $1,576.11 | APC | $1,576.11 | | | |
| 93603 | T | RIGHT VENTRICULAR RECORDING | 0087 | 33.0075 | $1,576.11 | APC | $1,576.11 | | | |
| 93609 | T | MAPPING OF TACHYCARDIA | 0087 | 33.0075 | $1,576.11 | APC | $1,576.11 | | | |
| 93610 | T | INTRA-ATRIAL PACING | 0087 | 33.0075 | $1,576.11 | APC | $1,576.11 | | | |
| 93612 | T | INTRAVENTRICULAR PACING | 0087 | 33.0075 | $1,576.11 | APC | $1,576.11 | | | |
| 93613 | T | ELECTROPHYS MAP 3D ADD-ON | 0087 | 33.0075 | $1,576.11 | APC | $1,576.11 | | | |
| 93615 | T | ESOPHAGEAL RECORDING | 0087 | 33.0075 | $1,576.11 | APC | $1,576.11 | | | |
| 93616 | T | ESOPHAGEAL RECORDING | 0087 | 33.0075 | $1,576.11 | APC | $1,576.11 | | | |
| 93618 | T | HEART RHYTHM PACING | 0087 | 33.0075 | $1,576.11 | APC | $1,576.11 | | | |
| 93619 | T | ELECTROPHYSIOLOGY EVALUATION | 0085 | 34.2055 | $1,633.31 | APC | $1,633.31 | | | |
| 93620 | T | ELECTROPHYSIOLOGY EVALUATION | 0085 | 34.2055 | $1,633.31 | APC | $1,633.31 | | | |
| 93621 | T | ELECTROPHYSIOLOGY EVALUATION | 0085 | 34.2055 | $1,633.31 | APC | $1,633.31 | | | |
| 93622 | T | ELECTROPHYSIOLOGY EVALUATION | 0085 | 34.2055 | $1,633.31 | APC | $1,633.31 | | | |
| 93623 | T | STIMULATION, PACING HEART | 0087 | 33.0075 | $1,576.11 | APC | $1,576.11 | | | |
| 93624 | T | ELECTROPHYSIOLOGIC STUDY | 0085 | 34.2055 | $1,633.31 | APC | $1,633.31 | | | |
| 93631 | T | HEART PACING MAPPING | 0087 | 33.0075 | $1,576.11 | APC | $1,576.11 | | | |
| 93640 | S | ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIB LEADS; | 0084 | 9.6108 | $458.92 | APC | $458.92 | | | |
| 93641 | S | ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIB LEADS; W/TEST | 0084 | 9.6108 | $458.92 | APC | $458.92 | | | |
| 93642 | S | ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIBRILLATOR | 0084 | 9.6108 | $458.92 | APC | $458.92 | | | |
| 93650 | T | ABLATE HEART DYSRHYTHM FOCUS | 0086 | 42.0498 | $2,007.88 | APC | $2,007.88 | | | |
| 93651 | T | ABLATE HEART DYSRHYTHM FOCUS | 0086 | 42.0498 | $2,007.88 | APC | $2,007.88 | | | |
| 93652 | T | ABLATE HEART DYSRHYTHM FOCUS | 0086 | 42.0498 | $2,007.88 | APC | $2,007.88 | | | |
| 93660 | S | TILT TABLE EVALUATION | 0101 | 4.2112 | $201.08 | APC | $201.08 | | | |
| 93662 | S | INTRACARDIAC ECG (ICE) | 0670 | 28.7546 | $1,373.03 | APC | $1,373.03 | | | |
| 93668 | M | PERIPHERAL VASCULAR REHAB | | | $0.00 | Not Allowed | $0.00 | | | |
| 93701 | S | BIOIMPEDANCE, THORACIC | 0099 | 0.3769 | $18.00 | APC | $18.00 | | | |
| 93720 | M | TOTAL BODY PLETHYSMOGRAPHY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93721 | X | PLETHYSMOGRAPHY TRACING | 0368 | 0.9568 | $45.69 | APC | $45.69 | | | |
| 93722 | M | PLETHYSMOGRAPHY REPORT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93724 | S | ANALYZE PACEMAKER SYSTEM | 0690 | 0.3645 | $17.40 | APC | $17.40 | | | |
| 93727 | S | ANALYZE ILR SYSTEM | 0690 | 0.3645 | $17.40 | APC | $17.40 | | | |
| 93731 | S | ELECT ANALYSIS DUAL-CHAMBER PACEMAKER SYSTEM; W/O REPROGRAM | 0690 | 0.3645 | $17.40 | APC | $17.40 | | | |
| 93732 | S | ELECT ANALYSIS DUAL-CHAMBER PACEMAKER SYSTEM; W/ REPROGRAMM | 0690 | 0.3645 | $17.40 | APC | $17.40 | | | |
| 93733 | S | ELECT ANAL DUAL-CHAMBER PACEMAKER SYSTEM TELEPHONIC ANALYS | 0690 | 0.3645 | $17.40 | APC | $17.40 | | | |
| 93734 | S | ELECT ANALYSIS SNGL-CHAMBER PACEMAKER SYSTEM; W/O REPROGRAM | 0690 | 0.3645 | $17.40 | APC | $17.40 | | | |
| 93735 | S | ELECT ANALYSIS SNGL-CHAMBER PACEMAKER SYSTEM; W/ REPROGRAMM | 0690 | 0.3645 | $17.40 | APC | $17.40 | | | |
| 93736 | S | TELEPHONIC ANALY PACEMAKER | 0690 | 0.3645 | $17.40 | APC | $17.40 | | | |
| 93740 | X | TEMPERATURE GRADIENT STUDIES | 0368 | 0.9568 | $45.69 | APC | $45.69 | | | |
| 93741 | S | ANALYZE HT PACE DEVICE SNGL | 0689 | 0.5608 | $26.78 | APC | $26.78 | | | |
| 93742 | S | ANALYZE HT PACE DEVICE SNGL | 0689 | 0.5608 | $26.78 | APC | $26.78 | | | |
| 93743 | S | ANALYZE HT PACE DEVICE DUAL | 0689 | 0.5608 | $26.78 | APC | $26.78 | | | |
| 93744 | S | ANALYZE HT PACE DEVICE DUAL | 0689 | 0.5608 | $26.78 | APC | $26.78 | | | |
| 93745 | S | SET-UP CARDIOVERT-DEFIBRILL | 0689 | 0.5608 | $26.78 | APC | $26.78 | | | |
| 93760 | M | CEPHALIC THERMOGRAM | | | $0.00 | By Report | $0.00 | | | |
| 93762 | M | PERIPHERAL THERMOGRAM | | | $0.00 | By Report | $0.00 | | | |
| 93770 | N | MEASURE VENOUS PRESSURE | | | $0.00 | APC | $0.00 | | | |
| 93784 | M | AMBULATORY BP MONITORING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93786 | X | AMBULATORY BP RECORDING | 0097 | 1.0211 | $48.76 | APC | $48.76 | | | |
| 93788 | X | AMBULATORY BP ANALYSIS | 0097 | 1.0211 | $48.76 | APC | $48.76 | | | |
| 93790 | M | REVIEW/REPORT BP RECORDING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 93797 | S | CARDIAC REHAB | 0095 | 0.5822 | $27.80 | APC | $27.80 | | | |
| 93798 | S | CARDIAC REHAB/MONITOR | 0095 | 0.5822 | $27.80 | APC | $27.80 | | | |
| 93799 | S | CARDIOVASCULAR PROCEDURE | 0096 | 1.6020 | $76.50 | APC | $76.50 | | | |
| 93875 | S | EXTRACRANIAL STUDY | 0096 | 1.6020 | $76.50 | APC | $76.50 | | | |
| 93880 | S | EXTRACRANIAL STUDY | 0267 | 2.5543 | $121.97 | APC | $121.97 | | | |
| 93882 | S | EXTRACRANIAL STUDY | 0267 | 2.5543 | $121.97 | APC | $121.97 | | | |
| 93886 | S | INTRACRANIAL STUDY | 0267 | 2.5543 | $121.97 | APC | $121.97 | | | |
| 93888 | S | INTRACRANIAL STUDY | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 93890 | S | TCD VASOREACTIVITY STUDY | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 93892 | S | TCD EMBOLI DETECT W/O INJ | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 93893 | S | TCD EMBOLI DETECT W/INJ | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 93922 | S | EXTREMITY STUDY | 0096 | 1.6020 | $76.50 | APC | $76.50 | | | |
| 93923 | S | EXTREMITY STUDY | 0096 | 1.6020 | $76.50 | APC | $76.50 | | | |
| 93924 | S | EXTREMITY STUDY | 0096 | 1.6020 | $76.50 | APC | $76.50 | | | |
| 93925 | S | LOWER EXTREMITY STUDY | 0267 | 2.5543 | $121.97 | APC | $121.97 | | | |
| 93926 | S | LOWER EXTREMITY STUDY | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 93930 | S | UPPER EXTREMITY STUDY | 0267 | 2.5543 | $121.97 | APC | $121.97 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 93931 | S | UPPER EXTREMITY STUDY | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 93965 | S | EXTREMITY STUDY | 0096 | 1.6020 | $76.50 | APC | $76.50 | | | |
| 93970 | S | EXTREMITY STUDY | 0267 | 2.5543 | $121.97 | APC | $121.97 | | | |
| 93971 | S | EXTREMITY STUDY | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 93975 | S | VASCULAR STUDY | 0267 | 2.5543 | $121.97 | APC | $121.97 | | | |
| 93976 | S | VASCULAR STUDY | 0267 | 2.5543 | $121.97 | APC | $121.97 | | | |
| 93978 | S | VASCULAR STUDY | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 93979 | S | VASCULAR STUDY | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 93980 | S | PENILE VASCULAR STUDY | 0267 | 2.5543 | $121.97 | APC | $121.97 | | | |
| 93981 | S | PENILE VASCULAR STUDY | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 93990 | S | DOPPLER FLOW TESTING | 0266 | 1.5883 | $75.84 | APC | $75.84 | | | |
| 94010 | X | SPIROMETRY INCL GRAPHIC RECORD TOTAL AND TIMED VC EPR | 0368 | 0.9568 | $45.69 | APC | $45.69 | | | |
| 94014 | X | PATIENT RECORDED SPIROMETRY/30 DAY; EDU/TRANSM/CAPTURE/ANALY | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 94015 | X | PATIENT RECORDED SPIROMETRY/30 DAY; RECORDING | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 94016 | N | REVIEW PATIENT SPIROMETRY | | | $0.00 | APC | $0.00 | | | |
| 94060 | X | EVALUATION OF WHEEZING | 0368 | 0.9568 | $45.69 | APC | $45.69 | | | |
| 94070 | X | PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM W/SPIROME | 0369 | 2.7046 | $129.14 | APC | $129.14 | | | |
| 94150 | X | VITAL CAPACITY TEST | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 94200 | X | LUNG FUNCTION TEST (MBC/MVV) | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 94240 | X | RESIDUAL LUNG CAPACITY | 0368 | 0.9568 | $45.69 | APC | $45.69 | | | |
| 94250 | X | EXPIRED GAS COLLECTION | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 94260 | X | THORACIC GAS VOLUME | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 94350 | X | LUNG NITROGEN WASHOUT CURVE | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 94360 | X | MEASURE AIRFLOW RESISTANCE | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 94370 | X | BREATH AIRWAY CLOSING VOLUME | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 94375 | X | RESPIRATORY FLOW VOLUME LOOP | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 94400 | X | CO2 BREATHING RESPONSE CURVE | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 94450 | X | HYPOXIA RESPONSE CURVE | 0368 | 0.9568 | $45.69 | APC | $45.69 | | | |
| 94452 | X | HAST W/REPORT | 0368 | 0.9568 | $45.69 | APC | $45.69 | | | |
| 94453 | X | HAST W/OXYGEN TITRATE | 0368 | 0.9568 | $45.69 | APC | $45.69 | | | |
| 94620 | X | PULMONARY STRESS TESTING | 0368 | 0.9568 | $45.69 | APC | $45.69 | | | |
| 94621 | X | PULMONARY STRESS TESTING; COMPLEX | 0369 | 2.7046 | $129.14 | APC | $129.14 | | | |
| 94640 | S | AIRWAY INHALATION TREATMENT | 0077 | 0.3428 | $16.37 | APC | $16.37 | | | |
| 94642 | S | AEROSOL INHALATION TREATMENT | 0078 | 1.0229 | $48.84 | APC | $48.84 | | | |
| 94656 | S | INITIAL VENTILATOR MGMT | 0079 | 2.2410 | $107.01 | APC | $107.01 | | | |
| 94657 | S | CONTINUED VENTILATOR MGMT | 0079 | 2.2410 | $107.01 | APC | $107.01 | | | |
| 94660 | S | POS AIRWAY PRESSURE, CPAP | 0068 | 1.2435 | $59.38 | APC | $59.38 | | | |
| 94662 | S | NEG PRESS VENTILATION, CNP | 0079 | 2.2410 | $107.01 | APC | $107.01 | | | |
| 94664 | S | EVALUATE PT USE OF INHALER | 0077 | 0.3428 | $16.37 | APC | $16.37 | | | |
| 94667 | S | CHEST WALL MANIPULATION | 0077 | 0.3428 | $16.37 | APC | $16.37 | | | |
| 94668 | S | CHEST WALL MANIPULATION | 0077 | 0.3428 | $16.37 | APC | $16.37 | | | |
| 94680 | X | EXHALED AIR ANALYSIS: O2 | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 94681 | X | EXHALED AIR ANALYSIS: O2 CO2 | 0368 | 0.9568 | $45.69 | APC | $45.69 | | | |
| 94690 | X | EXHALED AIR ANALYSIS | 0368 | 0.9568 | $45.69 | APC | $45.69 | | | |
| 94720 | X | MONOXIDE DIFFUSING CAPACITY | 0368 | 0.9568 | $45.69 | APC | $45.69 | | | |
| 94725 | X | MEMBRANE DIFFUSION CAPACITY | 0368 | 0.9568 | $45.69 | APC | $45.69 | | | |
| 94750 | X | PULMONARY COMPLIANCE STUDY | 0368 | 0.9568 | $45.69 | APC | $45.69 | | | |
| 94760 | N | MEASURE BLOOD OXYGEN LEVEL | | | $0.00 | APC | $0.00 | | | |
| 94761 | N | MEASURE BLOOD OXYGEN LEVEL | | | $0.00 | APC | $0.00 | | | |
| 94762 | N | MEASURE BLOOD OXYGEN LEVEL | | | $0.00 | APC | $0.00 | | | |
| 94770 | X | EXHALED CARBON DIOXIDE TEST | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 94772 | X | BREATH RECORDING, INFANT | 0369 | 2.7046 | $129.14 | APC | $129.14 | | | |
| 94799 | X | PULMONARY SERVICE/PROCEDURE | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 95004 | X | ALLERGY SKIN TESTS | 0381 | 0.1925 | $9.19 | APC | $9.19 | | | |
| 95010 | X | PERCUT ALLERGY TITRATE TEST | 0381 | 0.1925 | $9.19 | APC | $9.19 | | | |
| 95015 | X | ID ALLERGY TITRATE-DRUG/BUG | 0381 | 0.1925 | $9.19 | APC | $9.19 | | | |
| 95024 | X | ALLERGY SKIN TESTS | 0381 | 0.1925 | $9.19 | APC | $9.19 | | | |
| 95027 | X | SKIN END POINT TITRATION | 0381 | 0.1925 | $9.19 | APC | $9.19 | | | |
| 95028 | X | ALLERGY SKIN TESTS | 0381 | 0.1925 | $9.19 | APC | $9.19 | | | |
| 95044 | X | ALLERGY PATCH TESTS | 0381 | 0.1925 | $9.19 | APC | $9.19 | | | |
| 95052 | X | PHOTO PATCH TEST | 0381 | 0.1925 | $9.19 | APC | $9.19 | | | |
| 95056 | X | PHOTOSENSITIVITY TESTS | 0370 | 2.8133 | $134.34 | APC | $134.34 | | | |
| 95060 | X | EYE ALLERGY TEST | 0370 | 2.8133 | $134.34 | APC | $134.34 | | | |
| 95065 | X | NOSE ALLERGY TEST | 0381 | 0.1925 | $9.19 | APC | $9.19 | | | |
| 95070 | X | BRONCHIAL ALLERGY TESTS | 0369 | 2.7046 | $129.14 | APC | $129.14 | | | |
| 95071 | X | BRONCHIAL ALLERGY TESTS | 0369 | 2.7046 | $129.14 | APC | $129.14 | | | |
| 95075 | X | INGESTION CHALLENGE TEST | 0361 | 3.5671 | $170.33 | APC | $170.33 | | | |
| 95078 | X | PROVOCATIVE TESTING | 0370 | 2.8133 | $134.34 | APC | $134.34 | | | |
| 95115 | X | IMMUNOTHERAPY, ONE INJECTION | 0352 | 0.1368 | $6.53 | APC | $6.53 | | | |
| 95117 | X | IMMUNOTHERAPY INJECTIONS | 0353 | 0.3917 | $18.70 | APC | $18.70 | | | |
| 95120 | M | IMMUNOTHERAPY, ONE INJECTION | | | $0.00 | By Report | $0.00 | | | |
| 95125 | M | IMMUNOTHERAPY, MANY ANTIGENS | | | $0.00 | By Report | $0.00 | | | |
| 95130 | M | IMMUNOTHERAPY, INSECT VENOM | | | $0.00 | By Report | $0.00 | | | |
| 95131 | M | IMMUNOTHERAPY, INSECT VENOMS | | | $0.00 | By Report | $0.00 | | | |
| 95132 | M | IMMUNOTHERAPY, INSECT VENOMS | | | $0.00 | By Report | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 95133 | M | IMMUNOTHERAPY, INSECT VENOMS | | | $0.00 | By Report | $0.00 | | | |
| 95134 | M | IMMUNOTHERAPY, INSECT VENOMS | | | $0.00 | By Report | $0.00 | | | |
| 95144 | X | ANTIGEN THERAPY SERVICES | 0353 | 0.3917 | $18.70 | APC | $18.70 | | | |
| 95145 | X | ANTIGEN THERAPY SERVICES | 0353 | 0.3917 | $18.70 | APC | $18.70 | | | |
| 95146 | X | ANTIGEN THERAPY SERVICES | 0353 | 0.3917 | $18.70 | APC | $18.70 | | | |
| 95147 | X | ANTIGEN THERAPY SERVICES | 0353 | 0.3917 | $18.70 | APC | $18.70 | | | |
| 95148 | X | ANTIGEN THERAPY SERVICES | 0353 | 0.3917 | $18.70 | APC | $18.70 | | | |
| 95149 | X | ANTIGEN THERAPY SERVICES | 0353 | 0.3917 | $18.70 | APC | $18.70 | | | |
| 95165 | X | ANTIGEN THERAPY SERVICES | 0353 | 0.3917 | $18.70 | APC | $18.70 | | | |
| 95170 | X | ANTIGEN THERAPY SERVICES | 0352 | 0.1368 | $6.53 | APC | $6.53 | | | |
| 95180 | X | RAPID DESENSITIZATION | 0370 | 2.8133 | $134.34 | APC | $134.34 | | | |
| 95199 | X | ALLERGY IMMUNOLOGY SERVICES | 0370 | 2.8133 | $134.34 | APC | $134.34 | | | |
| 95250 | X | GLUCOSE MONITORING CONT | 0421 | 1.6026 | $76.52 | APC | $76.52 | | | |
| 95251 | M | GLUC MONITOR CONT PHYS I&R | | | $0.00 | Not Allowed | $0.00 | | | |
| 95805 | S | MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING | 0209 | 11.2895 | $539.07 | APC | $539.07 | | | |
| 95806 | S | SLEEP STUDY, UNATTENDED | 0213 | 2.2509 | $107.48 | APC | $107.48 | | | |
| 95807 | S | SLEEP STUDY SIMULTANEOUS RECORDING ATTENDED BY TECHNOLOGIS | 0209 | 11.2895 | $539.07 | APC | $539.07 | | | |
| 95808 | S | POLYSOMNOGRAPHY 1-3 | 0209 | 11.2895 | $539.07 | APC | $539.07 | | | |
| 95810 | S | POLYSOMNOGRAPHY 4 OR MORE | 0209 | 11.2895 | $539.07 | APC | $539.07 | | | |
| 95811 | S | POLYSOMNOGRAPHY W/CPAP | 0209 | 11.2895 | $539.07 | APC | $539.07 | | | |
| 95812 | S | EEG EXTENDED MONITORING; UP TO ONE HOUR | 0213 | 2.2509 | $107.48 | APC | $107.48 | | | |
| 95813 | S | EEG EXTENDED MONITORING; GREATER THAN ONE HOUR | 0213 | 2.2509 | $107.48 | APC | $107.48 | | | |
| 95816 | S | ELECTROENCEPHALOGRAM (EEG) INCL RECORDING AWAKE AND DROWSY | 0213 | 2.2509 | $107.48 | APC | $107.48 | | | |
| 95819 | S | ELECTROENCEPHALOGRAM (EEG) INCL RECORDING AWAKE AND ASLEEP | 0213 | 2.2509 | $107.48 | APC | $107.48 | | | |
| 95822 | S | ELECTROENCEPHALOGRAM (EEG); SLEEP ONLY | 0213 | 2.2509 | $107.48 | APC | $107.48 | | | |
| 95824 | S | ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY | 0214 | 1.1863 | $56.65 | APC | $56.65 | | | |
| 95827 | S | ELECTROENCEPHALOGRAM (EEG); ALL NIGHT SLEEP ONLY | 0213 | 2.2509 | $107.48 | APC | $107.48 | | | |
| 95829 | S | SURGERY ELECTROCORTICOGRAM | 0214 | 1.1863 | $56.65 | APC | $56.65 | | | |
| 95830 | M | INSERT ELECTRODES FOR EEG | | | $0.00 | Fee Schedule | $0.00 | | | |
| 95831 | N | LIMB MUSCLE TESTING, MANUAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 95832 | N | HAND MUSCLE TESTING, MANUAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 95833 | N | BODY MUSCLE TESTING, MANUAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 95834 | N | BODY MUSCLE TESTING, MANUAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 95851 | N | RANGE OF MOTION MEASUREMENTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 95852 | N | RANGE OF MOTION MEASUREMENTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 95857 | S | TENSILON TEST | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95860 | S | NEEDLE ELECTROMYOGRAPHY ONE EXTREMITY W/ OR W/OUT PARASPINA | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95861 | S | NEEDLE ELECTROMYOGRAPHY TWO EXTREMITIES W/ OR W/OUT PARASPI | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95863 | S | NEEDLE ELECTROMYOGRAPHY THREE EXTREMITIES W/ OR W/OUT PARAS | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95864 | S | NEEDLE ELECTROMYOGRAPHY FOUR EXTREMITIES W/ OR W/OUT PARASP | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95865 | S | MUSCLE TEST LARYNX | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95866 | S | MUSCLE TEST HEMIDIAPHRAGM | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95867 | S | MUSCLE TEST HEAD OR NECK | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95868 | S | MUSCLE TEST HEAD OR NECK | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95869 | S | NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES | 0215 | 0.6025 | $28.77 | APC | $28.77 | | | |
| 95870 | S | NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES | 0215 | 0.6025 | $28.77 | APC | $28.77 | | | |
| 95872 | S | MUSCLE TEST ONE FIBER | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95873 | S | GUIDE NERV DESTR ELEC STIM | 0215 | 0.6025 | $28.77 | APC | $28.77 | | | |
| 95874 | S | GUIDE NERV DESTR NEEDLE EMG | 0215 | 0.6025 | $28.77 | APC | $28.77 | | | |
| 95875 | S | LIMB EXERCISE TEST | 0215 | 0.6025 | $28.77 | APC | $28.77 | | | |
| 95900 | S | NERVE CONDUCTION STUDY EA NERVE; MOTOR W/O F-WAVE STUDY | 0215 | 0.6025 | $28.77 | APC | $28.77 | | | |
| 95903 | S | NERVE CONDUCTION STUDY EA NERVE; MOTOR WITH F-WAVE STUDY | 0215 | 0.6025 | $28.77 | APC | $28.77 | | | |
| 95904 | S | NERVE CONDUCTION STUDY EA NERVE; SENSORY OR MIXED | 0215 | 0.6025 | $28.77 | APC | $28.77 | | | |
| 95920 | S | INTRAOPERATIVE NERVE TESTING | 0216 | 2.5976 | $124.04 | APC | $124.04 | | | |
| 95921 | S | AUTONOMIC NERVE FUNCTION TEST | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95922 | S | AUTONOMIC NERVE FUNCTION TEST | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95923 | S | AUTONOMIC NERVE FUNCTION TEST | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95925 | S | SOMATOSENSORY TESTING | 0216 | 2.5976 | $124.04 | APC | $124.04 | | | |
| 95926 | S | SOMATOSENSORY TESTING | 0216 | 2.5976 | $124.04 | APC | $124.04 | | | |
| 95927 | S | SOMATOSENSORY TESTING | 0216 | 2.5976 | $124.04 | APC | $124.04 | | | |
| 95928 | S | C MOTOR EVOKED UPPR LIMBS | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95929 | S | C MOTOR EVOKED LWR LIMBS | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95930 | S | VISUAL EVOKED POTENTIAL TEST | 0216 | 2.5976 | $124.04 | APC | $124.04 | | | |
| 95933 | S | BLINK REFLEX TEST | 0215 | 0.6025 | $28.77 | APC | $28.77 | | | |
| 95934 | S | H'REFEX TEST | 0215 | 0.6025 | $28.77 | APC | $28.77 | | | |
| 95936 | S | H'REFLEX TEST | 0215 | 0.6025 | $28.77 | APC | $28.77 | | | |
| 95937 | S | NEUROMUSCULAR JUNCTION TEST | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95950 | S | AMBULATORY EEG MONITORING | 0209 | 11.2895 | $539.07 | APC | $539.07 | | | |
| 95951 | S | EEG MONITORING/VIDEORECORD | 0209 | 11.2895 | $539.07 | APC | $539.07 | | | |
| 95953 | S | EEG MONITORING/COMPUTER | 0209 | 11.2895 | $539.07 | APC | $539.07 | | | |
| 95954 | S | EEG MONITORING/GIVING DRUGS | 0214 | 1.1863 | $56.65 | APC | $56.65 | | | |
| 95955 | S | EEG DURING SURGERY | 0213 | 2.2509 | $107.48 | APC | $107.48 | | | |
| 95956 | S | EEG MONITORING/CABLE/RADIO | 0209 | 11.2895 | $539.07 | APC | $539.07 | | | |
| 95957 | S | DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EG FOR SPIKE ANAL) | 0214 | 1.1863 | $56.65 | APC | $56.65 | | | |
| 95958 | S | EEG MONITORING/FUNCTION TEST | 0213 | 2.2509 | $107.48 | APC | $107.48 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 95961 | S | STIMULATION OF ELECTRODES ON BRAIN SURF; INITIAL HR PHYS ATT | 0216 | 2.5976 | $124.04 | APC | $124.04 | | | |
| 95962 | S | STIMULATION OF ELECTRODES ON BRAIN SURF;EA ADD'L HR PHYS ATT | 0216 | 2.5976 | $124.04 | APC | $124.04 | | | |
| 95965 | T | MEG, SPONTANEOUS | 1523 | 46.2099 | $2,206.52 | APC | $2,206.52 | | | |
| 95966 | T | MEG, EVOKED, SINGLE | 1514 | 21.0045 | $1,002.96 | APC | $1,002.96 | | | |
| 95967 | T | MEG EVOKED EACH ADD L | 1510 | 14.2831 | $682.02 | APC | $682.02 | | | |
| 95970 | S | ANALYZE NEUROSTIM, NO PROG | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 95971 | S | ANALYZE NEUROSTIM, SIMPLE | 0692 | 1.9774 | $94.42 | APC | $94.42 | | | |
| 95972 | S | ANALYZE NEUROSTIM, COMPLEX | 0692 | 1.9774 | $94.42 | APC | $94.42 | | | |
| 95973 | S | ANALYZE NEUROSTIM, COMPLEX | 0692 | 1.9774 | $94.42 | APC | $94.42 | | | |
| 95974 | S | CRANIAL NEUROSTIM, COMPLEX | 0692 | 1.9774 | $94.42 | APC | $94.42 | | | |
| 95975 | S | CRANIAL NEUROSTIM, COMPLEX | 0692 | 1.9774 | $94.42 | APC | $94.42 | | | |
| 95978 | S | ANALYZE NEUROSTIM BRAIN/1H | 0692 | 1.9774 | $94.42 | APC | $94.42 | | | |
| 95979 | S | ANALYZ NEUROSTIM BRAIN ADDON | 0692 | 1.9774 | $94.42 | APC | $94.42 | | | |
| 95990 | T | SPIN/BRAIN PUMP REFIL & MAIN | 0125 | 1.9021 | $90.83 | APC | $90.83 | | | |
| 95991 | T | SPIN/BRAIN PUMP REFIL & MAIN | 0125 | 1.9021 | $90.83 | APC | $90.83 | | | |
| 95999 | S | NEUROLOGICAL PROCEDURE | 0215 | 0.6025 | $28.77 | APC | $28.77 | | | |
| 96000 | S | MOTION ANALYSIS, VIDEO/3D | 0216 | 2.5976 | $124.04 | APC | $124.04 | | | |
| 96001 | S | MOTION TEST W/FT PRESS MEAS | 0216 | 2.5976 | $124.04 | APC | $124.04 | | | |
| 96002 | S | DYNAMIC SURFACE EMG | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | |
| 96003 | S | DYNAMIC FINE WIRE EMG | 0215 | 0.6025 | $28.77 | APC | $28.77 | | | |
| 96004 | M | PHYS REVIEW OF MOTION TESTS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 96101 | X | PSYCHO TESTING BY PSYCH/PHYS | 0373 | 1.2514 | $59.75 | APC | $59.75 | | | |
| 96102 | X | PSYCHO TESTING BY TECHNICIAN | 0382 | 3.4127 | $162.96 | APC | $162.96 | | | |
| 96103 | X | PSYCHO TESTING ADMIN BY COMP | 0373 | 1.2514 | $59.75 | APC | $59.75 | | | |
| 96105 | Y | ASSESSMENT OF APHASIA | | | $0.00 | Fee Schedule | $45.02 | | | |
| 96110 | X | DEVELOPMENTAL TEST, LIM | 0373 | 1.2514 | $59.75 | APC | $59.75 | | | |
| 96111 | X | DEVELOPMENTAL TEST, EXTEND | 0373 | 1.2514 | $59.75 | APC | $59.75 | | | |
| 96116 | X | NEUROBEHAVIORAL STATUS EXAM | 0373 | 1.2514 | $59.75 | APC | $59.75 | | | |
| 96118 | X | NEUROPSYCH TST BY PSYCH/PHYS | 0373 | 1.2514 | $59.75 | APC | $59.75 | | | |
| 96119 | X | NEUROPSYCH TESTING BY TECH | 0382 | 3.4127 | $162.96 | APC | $162.96 | | | |
| 96120 | X | NEUROPSYCH TST ADMIN W/COMP | 0373 | 1.2514 | $59.75 | APC | $59.75 | | | |
| 96150 | S | ASSESS LTH/BEHAVE INIT | 0432 | 0.6396 | $30.54 | APC | $30.54 | | | |
| 96151 | S | ASSESS HLTH/BEHAVE, SUBSEQ | 0432 | 0.6396 | $30.54 | APC | $30.54 | | | |
| 96152 | S | INTERVENE HLTH/BEHAVE, INDIV | 0432 | 0.6396 | $30.54 | APC | $30.54 | | | |
| 96153 | S | INTERVENE HLTH/BEHAVE, GROUP | 0432 | 0.6396 | $30.54 | APC | $30.54 | | | |
| 96154 | S | INTERV HLTH/BEHAV, FAM W/PT | 0432 | 0.6396 | $30.54 | APC | $30.54 | | | |
| 96155 | M | INTERV HLTH/BEHAV FAM NO PT | | | $0.00 | Fee Schedule | $18.49 | | | |
| 96401 | S | CHEMO ANTI-NEOPL SQ/IM | 0116 | 1.1488 | $54.86 | APC | $54.86 | | | |
| 96402 | S | CHEMO HORMON ANTINEOPL SQ/IM | 0116 | 1.1488 | $54.86 | APC | $54.86 | | | |
| 96405 | S | CHEMO INTRALESIONAL UP TO 7 | 0116 | 1.1488 | $54.86 | APC | $54.86 | | | |
| 96406 | S | CHEMO INTRALESIONAL OVER 7 | 0116 | 1.1488 | $54.86 | APC | $54.86 | | | |
| 96409 | M | CHEMO IV PUSH SNGL DRUG | | | $0.00 | Fee Schedule | $91.71 | | | |
| 96411 | M | CHEMO IV PUSH ADDL DRUG | | | $0.00 | Fee Schedule | $53.42 | | | |
| 96413 | M | CHEMO IV INFUSION 1 HR | | | $0.00 | Fee Schedule | $129.19 | | | |
| 96415 | M | CHEMO IV INFUSION ADDL HR | | | $0.00 | Fee Schedule | $29.82 | | | |
| 96416 | S | CHEMO PROLONG INFUSE W/PUMP | 0117 | 3.1766 | $151.68 | APC | $151.68 | | | |
| 96417 | M | CHEMO IV INFUS EACH ADDL SEQ | | | $0.00 | Fee Schedule | $63.55 | | | |
| 96420 | S | CHEMO IA PUSH TECNIQUE | 0116 | 1.1488 | $54.86 | APC | $54.86 | | | |
| 96422 | S | CHEMO IA INFUSION UP TO 1 HR | 0117 | 3.1766 | $151.68 | APC | $151.68 | | | |
| 96423 | N | CHEMO IA INFUSE EACH ADDL HR | | | $0.00 | APC | $0.00 | | | |
| 96425 | S | CHEMOTHERAPY INFUSION METHOD | 0117 | 3.1766 | $151.68 | APC | $151.68 | | | |
| 96440 | S | CHEMOTHERAPY, INTRACAVITARY | 0116 | 1.1488 | $54.86 | APC | $54.86 | | | |
| 96445 | S | CHEMOTHERAPY, INTRACAVITARY | 0116 | 1.1488 | $54.86 | APC | $54.86 | | | |
| 96450 | S | CHEMOTHERAPY, INTO CNS | 0116 | 1.1488 | $54.86 | APC | $54.86 | | | |
| 96521 | T | REFILL/MAINT PORTABLE PUMP | 0125 | 1.9021 | $90.83 | APC | $90.83 | | | |
| 96522 | T | REFILL/MAINT PUMP/RESVR SYST | 0125 | 1.9021 | $90.83 | APC | $90.83 | | | |
| 96523 | N | IRRIG DRUG DELIVERY DEVICE | | | $0.00 | APC | $0.00 | | | |
| 96542 | S | CHEMOTHERAPY INJECTION | 0116 | 1.1488 | $54.86 | APC | $54.86 | | | |
| 96549 | S | CHEMOTHERAPY, UNSPECIFIED | 0116 | 1.1488 | $54.86 | APC | $54.86 | | | |
| 96567 | T | PHOTODYNAMIC TX, SKIN | 0016 | 2.5080 | $119.76 | APC | $119.76 | | | |
| 96570 | T | PHOTODYNAMIC TX, 30 MIN | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 96571 | T | PHOTODYNAMIC TX, ADDL 15 MIN | 0015 | 1.6338 | $78.01 | APC | $78.01 | | | |
| 96900 | S | ULTRAVIOLET LIGHT THERAPY | 0001 | 0.3998 | $19.09 | APC | $19.09 | | | |
| 96902 | N | TRICHOGRAM | | | $0.00 | APC | $0.00 | | | |
| 96910 | S | PHOTOCHEMOTHERAPY WITH UV-B | 0001 | 0.3998 | $19.09 | APC | $19.09 | | | |
| 96912 | S | PHOTOCHEMOTHERAPY WITH UV-A | 0001 | 0.3998 | $19.09 | APC | $19.09 | | | |
| 96913 | S | PHOTOCHEMOTHERAPY, UV-A OR B | 0683 | 1.9289 | $92.10 | APC | $92.10 | | | |
| 96920 | T | LASER TX SKIN < 250 SQ CM | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 96921 | T | LASER TX SKIN 250-500 SQ CM | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 96922 | T | LASER TX SKIN > 500 SQ CM | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 96999 | T | DERMATOLOGICAL PROCEDURE | 0010 | 0.5923 | $28.28 | APC | $28.28 | | | |
| 97001 | Y | PT EVALUATION | | | $0.00 | Fee Schedule | $44.15 | | | |
| 97002 | Y | PT RE-EVALUATION | | | $0.00 | Fee Schedule | $22.06 | | | |
| 97003 | Y | OT EVALUATION | | | $0.00 | Fee Schedule | $43.25 | | | |
| 97004 | Y | OT RE-EVALUATION | | | $0.00 | Fee Schedule | $21.14 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 97005 | M | ATHLETIC TRAIN EVAL | | | $0.00 | Not Allowed | $0.00 | | | |
| 97006 | M | ATHLETIC TRAIN REEVAL | | | $0.00 | Not Allowed | $0.00 | | | |
| 97010 | M | HOT OR COLD PACKS THERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| 97012 | Y | MECHANICAL TRACTION THERAPY | | | $0.00 | Fee Schedule | $10.02 | | | |
| 97014 | Y | ELECTRIC STIMULATION THERAPY | | | $0.00 | Fee Schedule | $9.48 | | | |
| 97016 | Y | VASOPNEUMATIC DEVICE THERAPY | | | $0.00 | Fee Schedule | $9.26 | | | |
| 97018 | Y | PARAFFIN BATH THERAPY | | | $0.00 | Fee Schedule | $4.16 | | | |
| 97022 | Y | WHIRLPOOL THERAPY | | | $0.00 | Fee Schedule | $9.67 | | | |
| 97024 | Y | DIATHERMY EG MICROWAVE | | | $0.00 | Fee Schedule | $3.48 | | | |
| 97026 | Y | INFRARED THERAPY | | | $0.00 | Fee Schedule | $3.26 | | | |
| 97028 | Y | ULTRAVIOLET THERAPY | | | $0.00 | Fee Schedule | $4.02 | | | |
| 97032 | Y | ELECTRICAL STIMULATION | | | $0.00 | Fee Schedule | $10.70 | | | |
| 97033 | Y | ELECTRIC CURRENT THERAPY | | | $0.00 | Fee Schedule | $13.50 | | | |
| 97034 | Y | CONTRAST BATH THERAPY | | | $0.00 | Fee Schedule | $9.40 | | | |
| 97035 | Y | ULTRASOUND THERAPY | | | $0.00 | Fee Schedule | $8.23 | | | |
| 97036 | Y | HYDROTHERAPY | | | $0.00 | Fee Schedule | $15.19 | | | |
| 97039 | Y | PHYSICAL THERAPY TREATMENT | | | $0.00 | By Report | $0.00 | | | |
| 97110 | Y | THERAPEUTIC EXERCISES | | | $0.00 | Fee Schedule | $18.91 | | | |
| 97112 | Y | NEUROMUSCULAR REEDUCATION | | | $0.00 | Fee Schedule | $19.59 | | | |
| 97113 | Y | AQUATIC THERAPY/EXERCISES | | | $0.00 | Fee Schedule | $21.14 | | | |
| 97116 | Y | GAIT TRAINING THERAPY | | | $0.00 | Fee Schedule | $16.63 | | | |
| 97124 | Y | MASSAGE THERAPY | | | $0.00 | Fee Schedule | $15.02 | | | |
| 97139 | Y | PHYSICAL MEDICINE PROCEDURE | | | $0.00 | By Report | $0.00 | | | |
| 97140 | Y | MANUAL THERAPY | | | $0.00 | Fee Schedule | $17.66 | | | |
| 97150 | Y | GROUP THERAPEUTIC PROCEDURES | | | $0.00 | Fee Schedule | $11.71 | | | |
| 97530 | Y | THERAPEUTIC ACTIVITIES | | | $0.00 | Fee Schedule | $19.53 | | | |
| 97532 | Y | COGNITIVE SKILLS DEVELOPMENT | | | $0.00 | Fee Schedule | $16.79 | | | |
| 97533 | Y | SENSORY INTEGRATION | | | $0.00 | Fee Schedule | $17.71 | | | |
| 97535 | Y | SELF CARE MNGMENT TRAINING | | | $0.00 | Fee Schedule | $20.05 | | | |
| 97537 | Y | COMMUNITY/WORK REINTEGRATION | | | $0.00 | Fee Schedule | $18.42 | | | |
| 97542 | Y | WHEELCHAIR MNGMENT TRAINING | | | $0.00 | Fee Schedule | $18.88 | | | |
| 97545 | Y | WORK HARDENING | | | $0.00 | By Report | $0.00 | | | |
| 97546 | Y | WORK HARDENING ADD-ON | | | $0.00 | By Report | $0.00 | | | |
| 97597 | T | ACTIVE WOUND CARE/20 CM OR < | 0012 | 0.8477 | $40.48 | APC | $40.48 | | | |
| 97598 | T | ACTIVE WOUND CARE > 20 CM | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 97602 | X | WOUND(S) CARE NON-SELECTIVE | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 97605 | T | NEG PRESS WOUND TX < 50 CM | 0012 | 0.8477 | $40.48 | APC | $40.48 | | | |
| 97606 | T | NEG PRESS WOUND TX > 50 CM | 0013 | 1.0603 | $50.63 | APC | $50.63 | | | |
| 97750 | Y | PHYSICAL PERFORMANCE TEST | | | $0.00 | Fee Schedule | $20.05 | | | |
| 97755 | M | ASSISTIVE TECHNOLOGY ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 97760 | Y | ORTHOTIC MGMT AND TRAINING | | | $0.00 | Fee Schedule | $17.55 | | | |
| 97761 | M | PROSTHETIC TRAINING | | | $0.00 | Fee Schedule | $20.56 | | | |
| 97762 | M | C/O FOR ORTHOTIC/PROSTH USE | | | $0.00 | Fee Schedule | $14.05 | | | |
| 97799 | Y | PHYSICAL MEDICINE PROCEDURE | | | $0.00 | By Report | $0.00 | | | |
| 97802 | M | MEDICAL NUTRITION, INDIV, IN | | | $0.00 | Fee Schedule | $13.32 | | | |
| 97803 | M | MED NUTRITION, INDIV, SUBSEQ | | | $0.00 | Fee Schedule | $13.32 | | | |
| 97804 | M | MEDICAL NUTRITION, GROUP | | | $0.00 | Fee Schedule | $5.28 | | | |
| 97810 | M | ACUPUNCT W/O STIMUL 15 MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| 97811 | M | ACUPUNCT W/O STIMUL ADDL 15M | | | $0.00 | Not Allowed | $0.00 | | | |
| 97813 | M | ACUPUNCT W/STIMUL 15 MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| 97814 | M | ACUPUNCT W/STIMUL ADDL 15M | | | $0.00 | Not Allowed | $0.00 | | | |
| 98925 | S | OSTEOPATHIC MANIPULATION | 0060 | 0.5011 | $23.93 | APC | $23.93 | | | |
| 98926 | S | OSTEOPATHIC MANIPULATION | 0060 | 0.5011 | $23.93 | APC | $23.93 | | | |
| 98927 | S | OSTEOPATHIC MANIPULATION | 0060 | 0.5011 | $23.93 | APC | $23.93 | | | |
| 98928 | S | OSTEOPATHIC MANIPULATION | 0060 | 0.5011 | $23.93 | APC | $23.93 | | | |
| 98929 | S | OSTEOPATHIC MANIPULATION | 0060 | 0.5011 | $23.93 | APC | $23.93 | | | |
| 98940 | S | CHIROPRACTIC MANIPULATION | 0060 | 0.5011 | $23.93 | APC | $23.93 | | | |
| 98941 | S | CHIROPRACTIC MANIPULATION | 0060 | 0.5011 | $23.93 | APC | $23.93 | | | |
| 98942 | S | CHIROPRACTIC MANIPULATION | 0060 | 0.5011 | $23.93 | APC | $23.93 | | | |
| 98943 | M | CHIROPRACTIC MANIPULATION | | | $0.00 | Not Allowed | $0.00 | | | |
| 98960 | M | SELF-MGMT EDUC & TRAIN 1 PT | | | $0.00 | Not Allowed | $0.00 | | | |
| 98961 | M | SELF-MGMT EDUC/TRAIN 2-4 PT | | | $0.00 | Not Allowed | $0.00 | | | |
| 98962 | M | SELF-MGMT EDUC/TRAIN 5-8 PT | | | $0.00 | Not Allowed | $0.00 | | | |
| 99000 | M | SPECIMEN HANDLING | | | $0.00 | Not Allowed | $0.00 | | | |
| 99001 | M | HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANFER FROM THE | | | $0.00 | Not Allowed | $0.00 | | | |
| 99002 | N | DEVICE HANDLING | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99024 | M | POSTOP FOLLOW-UP VISIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99026 | M | IN-HOSPITAL ON CALL SERVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| 99027 | M | OUT-OF-HOSP ON CALL SERVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| 99050 | M | MEDICAL SERVICES AFTER HRS | | | $0.00 | Not Allowed | $0.00 | | | |
| 99051 | M | MED SERV EVE/WKEND/HOLIDAY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99053 | M | MED SERV 10PM-8AM 24 HR FAC | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99056 | M | MED SERVICE OUT OF OFFICE | | | $0.00 | Not Allowed | $0.00 | | | |
| 99058 | M | OFFICE EMERGENCY CARE | | | $0.00 | Not Allowed | $0.00 | | | |
| 99060 | M | OUT OF OFFICE EMERG MED SERV | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 99070 | N | SPECIAL SUPPLIES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99071 | N | PATIENT EDUCATION MATERIALS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99075 | M | MEDICAL TESTIMONY | | | $0.00 | Not Allowed | $0.00 | | | |
| 99078 | N | GROUP HEALTH EDUCATION | | | $0.00 | APC | $0.00 | | | |
| 99080 | M | SPECIAL REPORTS OR FORMS | | | $0.00 | Not Allowed | $0.00 | | | |
| 99082 | M | UNUSUAL PHYSICIAN TRAVEL | | | $0.00 | Not Allowed | $0.00 | | | |
| 99090 | M | COMPUTER DATA ANALYSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| 99091 | N | COLLECT/REVIEW DATA FROM PT | | | $0.00 | Not Allowed | $0.00 | | | |
| 99100 | N | SPECIAL ANESTHESIA SERVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99116 | N | ANESTHESIA WITH HYPOTHERMIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99135 | N | SPECIAL ANESTHESIA PROCEDURE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99140 | N | EMERGENCY ANESTHESIA | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99143 | N | MOD CS BY SAME PHYS < 5 YRS | | | $0.00 | APC | $0.00 | | | |
| 99144 | N | MOD CS BY SAME PHYS 5 YRS + | | | $0.00 | APC | $0.00 | | | |
| 99145 | N | MOD CS BY SAME PHYS ADD-ON | | | $0.00 | APC | $0.00 | | | |
| 99148 | N | MOD CS DIFF PHYS < 5 YRS | | | $0.00 | APC | $0.00 | | | |
| 99149 | N | MOD CS DIFF PHYS 5 YRS + | | | $0.00 | APC | $0.00 | | | |
| 99150 | N | MOD CS DIFF PHYS ADD-ON | | | $0.00 | APC | $0.00 | | | |
| 99170 | T | ANOGENITAL EXAM, CHILD | 0191 | 0.1702 | $8.13 | APC | $8.13 | | | |
| 99172 | M | OCULAR FUNCTION SCREEN | | | $0.00 | By Report | $0.00 | | | |
| 99173 | M | VISUAL ACUITY SCREEN | | | $0.00 | By Report | $0.00 | | | |
| 99175 | N | INDUCTION OF VOMITING | | | $0.00 | APC | $0.00 | | | |
| 99183 | M | HYPERBARIC OXYGEN THERAPY | | | $0.00 | By Report | $0.00 | | | |
| 99185 | N | REGIONAL HYPOTHERMIA | | | $0.00 | APC | $0.00 | | | |
| 99186 | N | TOTAL BODY HYPOTHERMIA | | | $0.00 | APC | $0.00 | | | |
| 99190 | C | SPECIAL PUMP SERVICES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99191 | C | SPECIAL PUMP SERVICES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99192 | C | SPECIAL PUMP SERVICES | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99195 | X | PHLEBOTOMY | 0372 | 0.5580 | $26.64 | APC | $26.64 | | | |
| 99199 | M | SPECIAL SERVICE/PROC/REPORT | | | $0.00 | Not Allowed | $0.00 | | | |
| 99201 | V | OFFICE/OUTPATIENT VISIT, NEW | 0600 | 0.8800 | $42.02 | APC | $42.02 | | | |
| 99202 | V | OFFICE/OUTPATIENT VISIT, NEW | 0600 | 0.8800 | $42.02 | APC | $42.02 | | | |
| 99203 | V | OFFICE/OUTPATIENT VISIT, NEW | 0601 | 1.0125 | $48.35 | APC | $48.35 | | | |
| 99204 | V | OFFICE/OUTPATIENT VISIT, NEW | 0602 | 1.4731 | $70.34 | APC | $70.34 | | | |
| 99205 | V | OFFICE/OUTPATIENT VISIT, NEW | 0602 | 1.4731 | $70.34 | APC | $70.34 | | | |
| 99211 | V | OFFICE/OUTPATIENT VISIT, EST | 0600 | 0.8800 | $42.02 | APC | $42.02 | | | |
| 99212 | V | OFFICE/OUTPATIENT VISIT, EST | 0600 | 0.8800 | $42.02 | APC | $42.02 | | | |
| 99213 | V | OFFICE/OUTPATIENT VISIT, EST | 0601 | 1.0125 | $48.35 | APC | $48.35 | | | |
| 99214 | V | OFFICE/OUTPATIENT VISIT, EST | 0602 | 1.4731 | $70.34 | APC | $70.34 | | | |
| 99215 | V | OFFICE/OUTPATIENT VISIT, EST | 0602 | 1.4731 | $70.34 | APC | $70.34 | | | |
| 99217 | M | OBSERVATION CARE DISCHARGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99218 | M | OBSERVATION CARE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99219 | M | OBSERVATION CARE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99220 | M | OBSERVATION CARE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99221 | M | INITIAL HOSPITAL CARE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99222 | M | INITIAL HOSPITAL CARE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99223 | M | INITIAL HOSPITAL CARE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99231 | M | SUBSEQUENT HOSPITAL CARE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99232 | M | SUBSEQUENT HOSPITAL CARE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99233 | M | SUBSEQUENT HOSPITAL CARE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99234 | N | OBSERV/HOSP SAME DATE | | | $0.00 | APC | $0.00 | | | |
| 99235 | N | OBSERV/HOSP SAME DATE | | | $0.00 | APC | $0.00 | | | |
| 99236 | N | OBSERV/HOSP SAME DATE | | | $0.00 | APC | $0.00 | | | |
| 99238 | M | HOSPITAL DISCHARGE DAY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99239 | M | HOSPITAL DISCHARGE DAY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99241 | V | OFFICE CONSULTATION | 0600 | 0.8800 | $42.02 | APC | $42.02 | | | |
| 99242 | V | OFFICE CONSULTATION | 0600 | 0.8800 | $42.02 | APC | $42.02 | | | |
| 99243 | V | OFFICE CONSULTATION | 0601 | 1.0125 | $48.35 | APC | $48.35 | | | |
| 99244 | V | OFFICE CONSULTATION | 0602 | 1.4731 | $70.34 | APC | $70.34 | | | |
| 99245 | V | OFFICE CONSULTATION | 0602 | 1.4731 | $70.34 | APC | $70.34 | | | |
| 99251 | C | INITIAL INPATIENT CONSULT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99252 | C | INITIAL INPATIENT CONSULT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99253 | C | INITIAL INPATIENT CONSULT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99254 | C | INITIAL INPATIENT CONSULT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99255 | C | INITIAL INPATIENT CONSULT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99281 | V | EMERGENCY DEPT VISIT | 0610 | 1.2399 | $59.21 | APC | $59.21 | | | |
| 99282 | V | EMERGENCY DEPT VISIT | 0610 | 1.2399 | $59.21 | APC | $59.21 | | | |
| 99283 | V | EMERGENCY DEPT VISIT | 0611 | 2.1707 | $103.65 | APC | $103.65 | | | |
| 99284 | V | EMERGENCY DEPT VISIT | 0612 | 3.7772 | $180.36 | APC | $180.36 | | | |
| 99285 | V | EMERGENCY DEPT VISIT | 0612 | 3.7772 | $180.36 | APC | $180.36 | | | |
| 99288 | M | DIRECT ADVANCED LIFE SUPPORT | | | $0.00 | Not Allowed | $0.00 | | | |
| 99289 | N | PED CRIT CARE TRANSPORT | | | $0.00 | APC | $0.00 | | | |
| 99290 | N | PED CRIT CARE TRANSPORT ADDL | | | $0.00 | APC | $0.00 | | | |
| 99291 | S | CRITICAL CARE, FIRST HOUR | 0620 | 8.0276 | $383.32 | APC | $383.32 | | | |
| 99292 | N | CRITICAL CARE ADD□L 30 MIN | | | $0.00 | APC | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 99293 | C | PED CRITICAL CARE INITIAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99294 | C | PED CRITICAL CARE SUBSEQ | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99295 | C | SURGICAL OR CARDIAC CONDITIO | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99296 | C | NEONATE CRITICAL CARE SUBSEQ | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99298 | C | IC FOR LBW INFANT < 1500 GM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99299 | C | IC LBW INFANT 1500-2500 GM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99300 | N | IC INFANT PBW 2501-5000 GM | | | $0.00 | APC | $0.00 | | | |
| 99304 | M | NURSING FACILITY CARE INIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99305 | M | NURSING FACILITY CARE INIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99306 | M | NURSING FACILITY CARE INIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99307 | M | NURSING FAC CARE SUBSEQ | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99308 | M | NURSING FAC CARE SUBSEQ | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99309 | M | NURSING FAC CARE SUBSEQ | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99310 | M | NURSING FAC CARE SUBSEQ | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99315 | M | NURSING FAC DISCHARGE DAY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99316 | M | NURSING FAC DISCHARGE DAY | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99318 | M | ANNUAL NURSING FAC ASSESSMNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99324 | M | DOMICIL/R-HOME VISIT NEW PAT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99325 | M | DOMICIL/R-HOME VISIT NEW PAT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99326 | M | DOMICIL/R-HOME VISIT NEW PAT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99327 | M | DOMICIL/R-HOME VISIT NEW PAT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99328 | M | DOMICIL/R-HOME VISIT NEW PAT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99334 | M | DOMICIL/R-HOME VISIT EST PAT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99335 | M | DOMICIL/R-HOME VISIT EST PAT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99336 | M | DOMICIL/R-HOME VISIT EST PAT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99337 | M | DOMICIL/R-HOME VISIT EST PAT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99339 | M | DOMICIL/R-HOME CARE SUPERVIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99340 | M | MORE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99341 | M | HOME VISIT, NEW PATIENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99342 | M | HOME VISIT, NEW PATIENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99343 | M | HOME VISIT, NEW PATIENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99344 | M | HOME VISIT, NEW PATIENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99345 | M | HOME VISIT, NEW PATIENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99347 | M | HOME VISIT, EST PATIENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99348 | M | HOME VISIT, EST PATIENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99349 | M | HOME VISIT, EST PATIENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99350 | M | HOME VISIT, EST PATIENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99354 | N | PROLONGED SERVICE, OFFICE | | | $0.00 | APC | $0.00 | | | |
| 99355 | N | PROLONGED SERVICE, OFFICE | | | $0.00 | APC | $0.00 | | | |
| 99356 | C | PROLONGED SERVICE, INPATIENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99357 | C | PROLONGED SERVICE, INPATIENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99358 | N | PROLONGED SERV, W/O CONTACT | | | $0.00 | APC | $0.00 | | | |
| 99359 | N | PROLONGED SERV, W/O CONTACT | | | $0.00 | APC | $0.00 | | | |
| 99360 | M | PHYSICIAN STANDBY SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| 99361 | N | PHYSICIAN/TEAM CONFERENCE | | | $0.00 | Not Allowed | $0.00 | | | |
| 99362 | N | PHYSICIAN/TEAM CONFERENCE | | | $0.00 | Not Allowed | $0.00 | | | |
| 99371 | M | PHYSICIAN PHONE CONSULTATION | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 99372 | M | PHYSICIAN PHONE CONSULTATION | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 99373 | M | PHYSICIAN PHONE CONSULTATION | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 99374 | M | HOME HEALTH CARE SUPERVISION | | | $0.00 | Not Allowed | $0.00 | | | |
| 99375 | M | HOME HEALTH CARE SUPERVISION | | | $0.00 | Not Allowed | $0.00 | | | |
| 99377 | M | HOSPICE CARE SUPERVISION | | | $0.00 | Not Allowed | $0.00 | | | |
| 99378 | M | HOSPICE CARE SUPERVISION | | | $0.00 | Not Allowed | $0.00 | | | |
| 99379 | M | NURSING FAC CARE SUPERVISION | | | $0.00 | Not Allowed | $0.00 | | | |
| 99380 | M | NURSING FAC CARE SUPERVISION | | | $0.00 | Not Allowed | $0.00 | | | |
| 99381 | M | PREV VISIT, NEW, INFANT | | | $0.00 | Fee Schedule | $68.31 | | | |
| 99382 | M | PREV VISIT, NEW, AGE 1-4 | | | $0.00 | Fee Schedule | $75.86 | | | |
| 99383 | M | PREV VISIT, NEW, AGE 5-11 | | | $0.00 | Fee Schedule | $75.86 | | | |
| 99384 | M | PREV VISIT, NEW, AGE 12-17 | | | $0.00 | Fee Schedule | $83.73 | | | |
| 99385 | M | PREV VISIT, NEW, AGE 18-39 | | | $0.00 | Fee Schedule | $68.31 | | | |
| 99386 | M | PREV VISIT, NEW, AGE 40-64 | | | $0.00 | Fee Schedule | $83.70 | | | |
| 99387 | M | PREV VISIT, NEW, 65 & OVER | | | $0.00 | Fee Schedule | $91.54 | | | |
| 99391 | M | PREV VISIT, EST, INFANT | | | $0.00 | Fee Schedule | $60.76 | | | |
| 99392 | M | PREV VISIT, EST, AGE 1-4 | | | $0.00 | Fee Schedule | $68.31 | | | |
| 99393 | M | PREV VISIT, EST, AGE 5-11 | | | $0.00 | Fee Schedule | $52.99 | | | |
| 99394 | M | PREV VISIT, EST, AGE 12-17 | | | $0.00 | Fee Schedule | $75.86 | | | |
| 99395 | M | PREV VISIT, EST, AGE 18-39 | | | $0.00 | Fee Schedule | $60.50 | | | |
| 99396 | M | PREV VISIT, EST, AGE 40-64 | | | $0.00 | Fee Schedule | $68.31 | | | |
| 99397 | M | PREV VISIT, EST, 65 & OVER | | | $0.00 | Fee Schedule | $76.15 | | | |
| 99401 | M | PREVENTIVE COUNSELING, INDIV | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99402 | M | PREVENTIVE COUNSELING, INDIV | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99403 | M | PREVENTIVE COUNSELING, INDIV | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99404 | M | PREVENTIVE COUNSELING, INDIV | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99411 | M | PREVENTIVE COUNSELING, GROUP | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99412 | M | PREVENTIVE COUNSELING, GROUP | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 99420 | M | HEALTH RISK ASSESSMENT TEST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99429 | M | UNLISTED PREVENTIVE SERVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99431 | V | INITIAL CARE, NORMAL NEWBORN | 0600 | 0.8800 | $42.02 | APC | $42.02 | | | |
| 99432 | N | NEWBORN CARE, NOT IN HOSP | | | $0.00 | APC | $0.00 | | | |
| 99433 | C | NORMAL NEWBORN CARE/HOSPITAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99435 | M | NEWBORN DISCHARGE DAY HOSP | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99436 | N | ATTENDANCE, BIRTH | | | $0.00 | APC | $0.00 | | | |
| 99440 | S | NEWBORN RESUSCITATION | 0094 | 2.4582 | $117.38 | APC | $117.38 | | | |
| 99450 | M | LIFE/DISABILITY EVALUATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99455 | M | DISABILITY EXAMINATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99456 | M | DISABILITY EXAMINATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99499 | M | UNLISTED E&M SERVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99500 | M | HOME VISIT, PRENATAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99501 | M | HOME VISIT, POSTNATAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99502 | M | HOME VISIT, NB CARE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 99503 | M | HOME VISIT, RESP THERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| 99504 | M | HOME VISIT MECH VENTILATOR | | | $0.00 | Not Allowed | $0.00 | | | |
| 99505 | M | HOME VISIT, STOMA CARE | | | $0.00 | Not Allowed | $0.00 | | | |
| 99506 | M | HOME VISIT, IM INJECTION | | | $0.00 | Not Allowed | $0.00 | | | |
| 99507 | M | HOME VISIT, CATH MAINTAIN | | | $0.00 | Not Allowed | $0.00 | | | |
| 99509 | M | HOME VISIT DAY LIFE ACTIVITY | | | $0.00 | Not Allowed | $0.00 | | | |
| 99510 | M | HOME VISIT, SING/M/FAM COUNS | | | $0.00 | Not Allowed | $0.00 | | | |
| 99511 | M | HOME VISIT, FECAL/ENEMA MGMT | | | $0.00 | Not Allowed | $0.00 | | | |
| 99512 | M | HOME VISIT FOR HEMODIALYSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| 99539 | M | HOME VISIT, NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| 99600 | M | HOME VISIT NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| 99601 | M | HOME INFUSION/VISIT 2 HRS | | | $0.00 | Not Allowed | $0.00 | | | |
| 99602 | M | HOME INFUSION EACH ADDTL HR | | | $0.00 | Not Allowed | $0.00 | | | |
| 0001F | E | HEART FAILURE COMPOSITE | | | $0.00 | Not Allowed | $0.00 | | | |
| 0003T | S | CERVICOGRAPHY | 1492 | 0.2521 | $12.04 | APC | $12.04 | | | Y |
| 0005F | E | OSTEOARTHRITIS COMPOSITE | | | $0.00 | Not Allowed | $0.00 | | | |
| 0008T | T | UPPER GI ENDOSCOPY W/SUTURE | 0422 | 24.0525 | $1,148.51 | APC | $1,148.51 | | | Y |
| 0012F | M | CAP BACTERIAL ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 0016T | T | THERMOTX CHOROID VASC LESION | 0235 | 4.7925 | $228.84 | APC | $228.84 | | | Y |
| 0017T | T | PHOTOCOAGULAT MACULAR DRUSEN | 0235 | 4.7925 | $228.84 | APC | $228.84 | | | Y |
| 0018T | S | TRANSCRANIAL MAGNETIC STIMUL | 0215 | 0.6025 | $28.77 | APC | $28.77 | | | Y |
| 0019T | M | EXTRACORP SHOCK WAVE TX MS | | | $0.00 | By Report | $0.00 | | | Y |
| 0021T | C | FETAL OXIMETRY TRNSVAG/CERV | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 0024T | C | TRANSCATH CARDIAC REDUCTION | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 0026T | M | MEASURE REMNANT LIPOPROTEINS | | | $0.00 | By Report | $0.00 | | | Y |
| 0027T | T | ENDOSCOPIC EPIDURAL LYSIS | 0220 | 17.3203 | $827.04 | APC | $827.04 | | | Y |
| 0028T | N | DEXA BODY COMPOSITION STUDY | | | $0.00 | APC | $0.00 | | | |
| 0029T | N | MAGNETIC TX FOR INCONTINENCE | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| 0030T | M | ANTIPROTHROMBIN ANTIBODY | | | $0.00 | By Report | $0.00 | | | Y |
| 0031T | N | SPECULOSCOPY | | | $0.00 | APC | $0.00 | | | Y |
| 0032T | N | SPECULOSCOPY W/DIRECT SAMPLE | | | $0.00 | APC | $0.00 | | | Y |
| 0041T | Q | DETECT UR INFECT AGNT W/CPAS | | | $0.00 | By Report | $0.00 | | | Y |
| 0042T | N | CT PERFUSION W/CONTRAST CBF | | | $0.00 | APC | $0.00 | | | Y |
| 0043T | Q | CO EXPIRED GAS ANALYSIS | | | $0.00 | By Report | $0.00 | | | Y |
| 0044T | N | WHOLE BODY PHOTOGRAPHY | | | $0.00 | APC | $0.00 | | | |
| 0045T | N | WHOLE BODY PHOTOGRAPHY | | | $0.00 | APC | $0.00 | | | |
| 0046T | T | CATH LAVAGE MAMMARY DUCT(S | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 0047T | T | CATH LAVAGE MAMMARY DUCT(S) | 0021 | 14.9984 | $716.17 | APC | $716.17 | | | |
| 0048T | C | IMPLANT VENTRICULAR DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 0049T | C | EXTERNAL CIRCULATION ASSIST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 0050T | C | REMOVAL CIRCULATION ASSIST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 0051T | C | IMPLANT TOTAL HEART SYSTEM | | | $0.00 | Fee Schedule | $0.00 | | | |
| 0052T | C | REPLACE COMPONENT HEART SYST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 0053T | C | REPLACE COMPONENT HEART SYST | | | $0.00 | Fee Schedule | $0.00 | | | |
| 0054T | S | BONE SURGERY USING COMPUTER | 0302 | 4.6992 | $224.39 | APC | $224.39 | | | |
| 0055T | S | BONE SURGERY USING COMPUTER | 0302 | 4.6992 | $224.39 | APC | $224.39 | | | |
| 0056T | S | BONE SURGERY USING COMPUTER | 0302 | 4.6992 | $224.39 | APC | $224.39 | | | |
| 0058T | M | CRYOPRESERVATION OVARY TISS | | | $0.00 | Not Allowed | $0.00 | | | |
| 0059T | X | CRYOPRESERVATION OOCYTE | 0348 | 0.7607 | $36.32 | APC | $36.32 | | | |
| 0060T | M | ELECTRICAL IMPEDANCE SCAN | | | $0.00 | Not Allowed | $0.00 | | | |
| 0061T | M | DESTRUCTION OF TUMOR BREAST | | | $0.00 | Not Allowed | $0.00 | | | |
| 0062T | T | REP INTRADISC ANNULUS;1 LEV | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 0063T | T | REP INTRADISC ANNULUS;>1LEV | 0050 | 23.9367 | $1,142.98 | APC | $1,142.98 | | | |
| 0064T | X | SPECTROSCOP EVAL EXPIRED GAS | 0367 | 0.6539 | $31.22 | APC | $31.22 | | | |
| 0065T | M | OCULAR PHOTOSCREEN BILAT | | | $0.00 | Not Allowed | $0.00 | | | |
| 0066T | M | CT COLONOGRAPHY;SCREEN | | | $0.00 | Not Allowed | $0.00 | | | |
| 0067T | S | CT COLONOGRAPHY;DX | 0333 | 5.1053 | $243.78 | APC | $243.78 | | | |
| 0068T | M | INTERP/REPT HEART SOUND | | | $0.00 | Not Allowed | $0.00 | | | |
| 0069T | N | ANALYSIS ONLY HEART SOUND | | | $0.00 | APC | $0.00 | | | |
| 0070T | N | INTERP ONLY HEART SOUND | | | $0.00 | APC | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 0071T | T | U/S LEIOMYOMATA ABLATE <200 | 0195 | 26.7972 | $1,279.57 | APC | $1,279.57 | | | |
| 0072T | T | U/S LEIOMYOMATA ABLATE >200 | 0202 | 41.2319 | $1,968.82 | APC | $1,968.82 | | | |
| 0073T | S | DELIVERY COMP IMRT | 0412 | 5.3573 | $255.81 | APC | $255.81 | | | |
| 0074T | M | ONLINE PHYSICIAN E/M | | | $0.00 | Not Allowed | $0.00 | | | |
| 0075T | C | PERQ STENT/CHEST VERT ART | | | $0.00 | Fee Schedule | $0.00 | | | |
| 0076T | C | S&I STENT/CHEST VERT ART | | | $0.00 | Fee Schedule | $0.00 | | | |
| 0077T | C | CEREB THERM PERFUSION PROBE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 0078T | C | ENDOVASC AORT REPR W/DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| 0079T | C | ENDOVASC VISC EXTNSN REPR | | | $0.00 | Fee Schedule | $0.00 | | | |
| 0080T | C | ENDOVASC AORT REPR RAD S&I | | | $0.00 | Fee Schedule | $0.00 | | | |
| 0081T | C | ENDOVASC VISC EXTNSN S&I | | | $0.00 | Fee Schedule | $0.00 | | | |
| 0082T | M | STEREOTACTIC RAD DELIVERY | | | $0.00 | Not Allowed | $0.00 | | | |
| 0083T | N | STEREOTACTIC RAD TX MNGMT | | | $0.00 | APC | $0.00 | | | |
| 0084T | T | TEMP PROSTATE URETHRAL STENT | 0164 | 1.1600 | $55.39 | APC | $55.39 | | | |
| 0085T | X | BREATH TEST HEART REJECT | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | |
| 0086T | N | L VENTRICLE FILL PRESSURE | | | $0.00 | APC | $0.00 | | | |
| 0087T | M | SPERM EVAL HYALURONAN | | | $0.00 | Not Allowed | $0.00 | | | |
| 0088T | T | RF TONGUE BASE VOL REDUXN | 0253 | 16.0740 | $767.53 | APC | $767.53 | | | |
| 0089T | S | ACTIGRAPHY TESTING, 3-DAY | 0218 | 1.1138 | $53.18 | APC | $53.18 | | | Y |
| 0090T | C | CERVICAL ARTIFIC DISC | | | $0.00 | Not Allowed | $0.00 | | | |
| 0091T | C | LUMBAR ARTIFIC DISC | | | $0.00 | Not Allowed | $0.00 | | | |
| 0092T | C | ARTIFIC DISC ADDL | | | $0.00 | Not Allowed | $0.00 | | | |
| 0093T | C | CERVICAL ARTIFIC DISKECTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| 0094T | C | LUMBAR ARTIFIC DISKECTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| 0095T | C | ARTIFIC DISKECTOMY ADDL | | | $0.00 | Not Allowed | $0.00 | | | |
| 0096T | C | REV CERVICAL ARTIFIC DISC | | | $0.00 | Not Allowed | $0.00 | | | |
| 0097T | C | REV LUMBAR ARTIFIC DISC | | | $0.00 | Not Allowed | $0.00 | | | |
| 0098T | C | REV ARTIFIC DISC ADDL | | | $0.00 | Not Allowed | $0.00 | | | |
| 0099T | T | IMPLANT CORNEAL RING | 0233 | 14.6645 | $700.23 | APC | $700.23 | | | Y |
| 0100T | T | PROSTH RETINA RECEIVE & GEN | 0672 | 36.8773 | $1,760.89 | APC | $1,760.89 | | | Y |
| 0101T | T | EXTRACORP SHOCKWV TX, HI ENRG | 1547 | 14.2831 | $682.02 | APC | $682.02 | | | Y |
| 0102T | T | EXTRACORP SHOCKWV TX, ANESTH | 1547 | 14.2831 | $682.02 | APC | $682.02 | | | Y |
| 0103T | M | HOLOTRANSCOBALAMIN | | | $0.00 | Not Allowed | $0.00 | | | |
| 0104T | M | AT REST CARDIO GAS REBREATHE | | | $0.00 | Not Allowed | $0.00 | | | |
| 0105T | M | EXERC CARDIO GAS REBREATHE | | | $0.00 | Not Allowed | $0.00 | | | |
| 0106T | X | TOUCH QUANT SENSORY TEST | 0341 | 0.1035 | $4.94 | APC | $4.94 | | | Y |
| 0107T | X | VIBRATE QUANT SENSORY TEST | 0341 | 0.1035 | $4.94 | APC | $4.94 | | | Y |
| 0108T | X | COOL QUANT SENSORY TEST | 0341 | 0.1035 | $4.94 | APC | $4.94 | | | Y |
| 0109T | X | HEAT QUANT SENSORY TEST | 0341 | 0.1035 | $4.94 | APC | $4.94 | | | Y |
| 0110T | X | NOS QUANT SENSORY TEST | 0341 | 0.1035 | $4.94 | APC | $4.94 | | | Y |
| 0111T | M | RBC MEMBRANES FATTY ACIDS | | | $0.00 | Not Allowed | $0.00 | | | |
| 0115T | M | MED TX MNGMT 15 MIN | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 0116T | M | MED TX MNGMT SUBSQT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 0117T | M | MED TX MNGMT ADDL 15 MIN | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 0120T | T | FIBROADENOMA CRYOABLATE EA | 0029 | 31.4826 | $1,503.29 | APC | $1,503.29 | | | Y |
| 0123T | T | SCLERAL FISTULIZATION | 0234 | 22.0521 | $1,052.99 | APC | $1,052.99 | | | Y |
| 0124T | T | CONJUNCTIVAL DRUG PLACEMENT | 0232 | 6.9204 | $330.45 | APC | $330.45 | | | Y |
| 0126T | N | CHD RISK IMT STUDY | | | $0.00 | APC | $0.00 | | | Y |
| 0130T | M | CHRON CARE DRUG INVESTIGATN | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 0133T | T | ESOPHAGEAL IMPLANT INJEXN | 1556 | 29.4063 | $1,404.15 | APC | $1,404.15 | | | Y |
| 0135T | T | PERQ CRYOABLATE RENAL TUMOR | 0163 | 33.5963 | $1,604.22 | APC | $1,604.22 | | | Y |
| 0137T | T | PROSTATE SATURATION SAMPLING | 0184 | 4.4432 | $212.16 | APC | $212.16 | | | Y |
| 0140T | M | EXHALED BREATH CONDENSATE PH | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 0141T | M | PERQ ISLET TRANSPLANT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 0142T | M | OPEN ISLET TRANSPLANT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 0143T | M | LAPAROSCOPIC ISLET TRANSPLNT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 0144T | S | CT HEART WO DYE; QUAL CALC | 0398 | 4.2038 | $200.73 | APC | $200.73 | | | Y |
| 0145T | S | CT HEART W/WO DYE FUNCT | 0376 | 5.0315 | $240.25 | APC | $240.25 | | | Y |
| 0146T | S | CCTA W/WO DYE | 0376 | 5.0315 | $240.25 | APC | $240.25 | | | Y |
| 0147T | S | CCTA W/WO QUAN CALCIUM | 0376 | 5.0315 | $240.25 | APC | $240.25 | | | Y |
| 0148T | S | CCTA W/WO STRXR | 0377 | 6.6729 | $318.63 | APC | $318.63 | | | Y |
| 0149T | S | CCTA W/WO STRXR QUAN CALC | 0377 | 6.6729 | $318.63 | APC | $318.63 | | | Y |
| 0150T | S | CCTA W/WO DISEASE STRXR | 0398 | 4.2038 | $200.73 | APC | $200.73 | | | Y |
| 0151T | S | CT HEART FUNCT ADD-ON | 0282 | 1.5934 | $76.08 | APC | $76.08 | | | Y |
| 0152T | N | COMPUTER CHEST ADD-ON | | | $0.00 | APC | $0.00 | | | Y |
| 0153T | C | IMPLANT ANEUR SENSOR ADD-ON | | | $0.00 | Not Allowed | $0.00 | | | Y |
| 0154T | X | IMPLANT ANEUR SENSOR STUDY | 0097 | 1.0211 | $48.76 | APC | $48.76 | | | Y |
| 0155T | M | LAP INS GASTR ELRD FOR MO | | | $0.00 | Not Allowed | $0.00 | | | |
| 0156T | M | LAP REDO GASTR ELRD FOR MO | | | $0.00 | Not Allowed | $0.00 | | | |
| 0157T | M | OPN INS GAST ELRD FOR MO | | | $0.00 | Not Allowed | $0.00 | | | |
| 0158T | M | OPN REDO GAST ELRD FOR MO | | | $0.00 | Not Allowed | $0.00 | | | |
| 0159T | N | COMPUTER BREAST MRI ADD-ON | | | $0.00 | APC | $0.00 | | | |
| 0160T | M | TRANSCRAN MAG STIM PLANNING | | | $0.00 | Not Allowed | $0.00 | | | |
| 0161T | M | TRANSCAN MAG STIM DELIVERY | | | $0.00 | Not Allowed | $0.00 | | | |
| 0500F | M | INITIAL PRENATAL CARE VISIT | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 0501F | M | PRENATAL FLOW SHEET | | | $0.00 | Not Allowed | $0.00 | | | |
| 0502F | M | SUBSEQUENT PRENATAL CARE | | | $0.00 | Not Allowed | $0.00 | | | |
| 0503F | M | POSTPARTUM CARE VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| 1000F | M | TOBACCO USE ASSESSED | | | $0.00 | Not Allowed | $0.00 | | | |
| 1001F | M | TOBACCO USE NON-SMOKING | | | $0.00 | Not Allowed | $0.00 | | | |
| 1002F | M | ASSESS ANGINAL SYMPTOM/LEVEL | | | $0.00 | Not Allowed | $0.00 | | | |
| 1003F | M | LEVEL OF ACTIVITY ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 1004F | M | CLIN SYMP VOL OVRLD ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 1005F | M | ASTHMA SYMPTOMS EVALUATE | | | $0.00 | Not Allowed | $0.00 | | | |
| 1006F | M | OSTEOARTHRITIS ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 1007F | M | ANTI-INFLM/ANLGSC OTC ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 1008F | M | GI/RENAL RISK ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 1015F | M | COPD SYMPTOMS ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 1018F | M | ASSESS DYSPNEA NOT PRESENT | | | $0.00 | Not Allowed | $0.00 | | | |
| 1019F | M | ASSESS DYSPNEA PRESENT | | | $0.00 | Not Allowed | $0.00 | | | |
| 1022F | M | PNEUMO IMM STATUS ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 1026F | M | CO-MORBID CONDITION ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 1030F | M | INFLUENZA IMM STATUS ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 1034F | M | CURRENT TOBACCO SMOKER | | | $0.00 | Not Allowed | $0.00 | | | |
| 1035F | M | SMOKELESS TOBACCO USER | | | $0.00 | Not Allowed | $0.00 | | | |
| 1036F | M | TOBACCO NON-USER | | | $0.00 | Not Allowed | $0.00 | | | |
| 1038F | M | PERSISTENT ASTHMA | | | $0.00 | Not Allowed | $0.00 | | | |
| 1039F | M | INTERMITTENT ASTHMA | | | $0.00 | Not Allowed | $0.00 | | | |
| 2000F | M | BLOOD PRESSURE MEASURE | | | $0.00 | Not Allowed | $0.00 | | | |
| 2001F | M | WEIGHT RECORD | | | $0.00 | Not Allowed | $0.00 | | | |
| 2002F | M | CLIN SIGN VOL OVRLD ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 2003F | M | AUSCULTATION HEART PERFORM | | | $0.00 | Not Allowed | $0.00 | | | |
| 2004F | M | INITIAL EXAM INVOLVED JOINTS | | | $0.00 | Not Allowed | $0.00 | | | |
| 2010F | M | VITAL SIGNS RECORDED | | | $0.00 | Not Allowed | $0.00 | | | |
| 2014F | M | MENTAL STATUS ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 2018F | M | HYDRATION STATUS ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 2022F | M | DIL RETINA EXAM INTERP REV | | | $0.00 | Not Allowed | $0.00 | | | |
| 2024F | M | 7 FIELD PHOTO INTERP DOC REV | | | $0.00 | Not Allowed | $0.00 | | | |
| 2026F | M | EYE IMAGE VALID TO DX REV | | | $0.00 | Not Allowed | $0.00 | | | |
| 2028F | M | FOOT EXAM PERFORMED | | | $0.00 | Not Allowed | $0.00 | | | |
| 3000F | M | BLOOD PRESS </= 140/90 MMHG | | | $0.00 | Not Allowed | $0.00 | | | |
| 3002F | M | BLOOD PRESSURE > 140/90 MMHG | | | $0.00 | Not Allowed | $0.00 | | | |
| 3006F | M | CXR DOC REV | | | $0.00 | Not Allowed | $0.00 | | | |
| 3011F | M | LIPID PANEL DOC REV | | | $0.00 | Not Allowed | $0.00 | | | |
| 3014F | M | SCREEN MAMMO DOC REV | | | $0.00 | Not Allowed | $0.00 | | | |
| 3017F | M | COLORECTAL CA SCREEN DOC REV | | | $0.00 | Not Allowed | $0.00 | | | |
| 3020F | M | LVF ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| 3021F | M | LVEF MOD/SEVER DEPRS SYST | | | $0.00 | Not Allowed | $0.00 | | | |
| 3022F | M | LVEF >= 40% SYSTOLIC | | | $0.00 | Not Allowed | $0.00 | | | |
| 3023F | M | SPIROM DOC REV | | | $0.00 | Not Allowed | $0.00 | | | |
| 3025F | M | SPIROM FEV/FVC<70% W COPD | | | $0.00 | Not Allowed | $0.00 | | | |
| 3027F | M | SPIROM FEV/FVC >= 70%/ W/O COPD | | | $0.00 | Not Allowed | $0.00 | | | |
| 3028F | M | O2 SATURATION DOC REV | | | $0.00 | Not Allowed | $0.00 | | | |
| 3035F | M | O2 SATURATION <= 88% /PA0 <= 55 | | | $0.00 | Not Allowed | $0.00 | | | |
| 3037F | M | O2 SATURATION> 88% /PA0>55 | | | $0.00 | Not Allowed | $0.00 | | | |
| 3040F | M | FEV<40% PREDICTED VALUE | | | $0.00 | Not Allowed | $0.00 | | | |
| 3042F | M | FEV >= 40% PREDICTED VALUE | | | $0.00 | Not Allowed | $0.00 | | | |
| 3046F | M | HEMOGLOBIN A1C LEVEL > 9.0% | | | $0.00 | Not Allowed | $0.00 | | | |
| 3047F | M | HEMOGLOBIN A1C LEVEL <= 9.0% | | | $0.00 | Not Allowed | $0.00 | | | |
| 3048F | M | LDL-C <100 MG/DL | | | $0.00 | Not Allowed | $0.00 | | | |
| 3049F | M | LDL-C 100-129 MG/DL | | | $0.00 | Not Allowed | $0.00 | | | |
| 3050F | M | LDL-C >= 130 MG/DL | | | $0.00 | Not Allowed | $0.00 | | | |
| 3060F | M | POS MICROALBUMINURIA REV | | | $0.00 | Not Allowed | $0.00 | | | |
| 3061F | M | NEG MICROALBUMINURIA REV | | | $0.00 | Not Allowed | $0.00 | | | |
| 3062F | M | POS MACROALBUMINURIA REV | | | $0.00 | Not Allowed | $0.00 | | | |
| 3066F | M | NEPHROPATHY DOC TX | | | $0.00 | Not Allowed | $0.00 | | | |
| 3072F | M | LOW RISK FOR RETINOPATHY | | | $0.00 | Not Allowed | $0.00 | | | |
| 3076F | M | SYST BP < 140 MM HG | | | $0.00 | Not Allowed | $0.00 | | | |
| 3077F | M | SYST BP >= 140 MM HG | | | $0.00 | Not Allowed | $0.00 | | | |
| 3078F | M | DIAST BP < 80 MM HG | | | $0.00 | Not Allowed | $0.00 | | | |
| 3079F | M | DIAST BP 80-89 MM HG | | | $0.00 | Not Allowed | $0.00 | | | |
| 3080F | M | DIAST BP >= 90 MM HG | | | $0.00 | Not Allowed | $0.00 | | | |
| 4000F | M | TOBACCO USE TXMNT COUNSELING | | | $0.00 | Not Allowed | $0.00 | | | |
| 4001F | M | TOBACCO USE TXMNT PHARMACOL | | | $0.00 | Not Allowed | $0.00 | | | |
| 4002F | M | STATIN THERAPY RX | | | $0.00 | Not Allowed | $0.00 | | | |
| 4003F | M | PT ED WRITE/ORAL PTS W/ HF | | | $0.00 | Not Allowed | $0.00 | | | |
| 4006F | M | BETA-BLOCKER THERAPY RX | | | $0.00 | Not Allowed | $0.00 | | | |
| 4009F | M | ACE/ARB INHIBITOR THERAPY RX | | | $0.00 | Not Allowed | $0.00 | | | |
| 4011F | M | ORAL ANTIPLATELET THERAPY RX | | | $0.00 | Not Allowed | $0.00 | | | |
| 4012F | M | WARFARIN THERAPY RX | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 4014F | M | WRITTEN DISCHARGE INSTR PRVD | | | $0.00 | Not Allowed | $0.00 | | | |
| 4015F | M | PERSIST ASTHMA MEDICINE CTRL | | | $0.00 | Not Allowed | $0.00 | | | |
| 4016F | M | ANTI-INFLM/ANLGSC AGENT RX | | | $0.00 | Not Allowed | $0.00 | | | |
| 4017F | M | GI PROPHYLAXIS FOR NSAID RX | | | $0.00 | Not Allowed | $0.00 | | | |
| 4018F | M | THERAPY EXERCISE JOINT RX | | | $0.00 | Not Allowed | $0.00 | | | |
| 4025F | M | INHALED BRONCHOLIDATOR RX | | | $0.00 | Not Allowed | $0.00 | | | |
| 4030F | M | OXYGEN THERAPY RX | | | $0.00 | Not Allowed | $0.00 | | | |
| 4033F | M | PULMONARY REHAB REC | | | $0.00 | Not Allowed | $0.00 | | | |
| 4035F | M | INFLUENZA IMM REC | | | $0.00 | Not Allowed | $0.00 | | | |
| 4037F | M | INFLUENZA IMM ORDER/ADMIN | | | $0.00 | Not Allowed | $0.00 | | | |
| 4040F | M | PNEUMOC IMM ORDER/ADMIN | | | $0.00 | Not Allowed | $0.00 | | | |
| 4045F | M | EMPIRIC ANTIBIOTIC RX | | | $0.00 | Not Allowed | $0.00 | | | |
| 4050F | M | HT CARE PLAN DOC | | | $0.00 | Not Allowed | $0.00 | | | |
| 6005F | M | CARE LEVEL RATIONALE DOC | | | $0.00 | Not Allowed | $0.00 | | | |
| A0021 | M | OUTSIDE STATE AMBULANCE SERV | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0030 | M | AMBULANCE SERVICE CONVENTIONAL AIR SERVICE TRANSPORT ONE | | | $0.00 | Not Allowed | $0.00 | | | |
| A0040 | M | AMBULANCE SERVICE AIR HELICOPTER SERVICE TRANSPORT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0050 | M | AMBULANCE SERVICE EMERGENCY WATER SPECIAL TRANSPORTATION | | | $0.00 | Not Allowed | $0.00 | | | |
| A0080 | M | NONINTEREST ESCORT IN NON ER | | | $0.00 | Not Allowed | $0.00 | | | |
| A0090 | M | INTEREST ESCORT IN NON ER | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0100 | M | NONEMERGENCY TRANSPORT TAXI | | | $0.00 | Not Allowed | $0.00 | | | |
| A0110 | M | NONEMERGENCY TRANSPORT BUS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0120 | M | NONER TRANSPORT MINI-BUS | | | $0.00 | Not Allowed | $0.00 | | | |
| A0130 | M | NONER TRANSPORT WHEELCH VAN | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0140 | M | NONEMERGENCY TRANSPORT AIR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0160 | M | NONER TRANSPORT CASE WORKER | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0170 | M | TRANSPORT PARKING FEES/TOLLS | | | $0.00 | Not Allowed | $0.00 | | | |
| A0180 | M | NONER TRANSPORT LODGNG RECIP | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0190 | M | NONER TRANSPORT MEALS RECIP | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0200 | M | NONER TRANSPORT LODGNG ESCRT | | | $0.00 | Not Allowed | $0.00 | | | |
| A0210 | M | NONER TRANSPORT MEALS ESCORT | | | $0.00 | Not Allowed | $0.00 | | | |
| A0225 | M | NEONATAL EMERGENCY TRANSPORT | | | $0.00 | Not Allowed | $0.00 | | | |
| A0380 | M | BASIC LIFE SUPPORT MILEAGE | | | $0.00 | Not Allowed | $0.00 | | | |
| A0382 | M | BASIC SUPPORT ROUTINE SUPPLS | | | $0.00 | Not Allowed | $0.00 | | | |
| A0384 | M | BLS DEFIBRILLATION SUPPLIES | | | $0.00 | Not Allowed | $0.00 | | | |
| A0390 | M | ADVANCED LIFE SUPPORT MILEAG | | | $0.00 | Not Allowed | $0.00 | | | |
| A0392 | M | ALS DEFIBRILLATION SUPPLIES | | | $0.00 | Not Allowed | $0.00 | | | |
| A0394 | M | ALS IV DRUG THERAPY SUPPLIES | | | $0.00 | Not Allowed | $0.00 | | | |
| A0396 | M | ALS ESOPHAGEAL INTUB SUPPLS | | | $0.00 | Not Allowed | $0.00 | | | |
| A0398 | M | ALS ROUTINE DISPOSBLE SUPPLS | | | $0.00 | Not Allowed | $0.00 | | | |
| A0420 | M | ALS ROUTINE DISPOSBLE SUPPLS | | | $0.00 | Not Allowed | $0.00 | | | |
| A0422 | M | AMBULANCE 02 LIFE SUSTAINING | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0424 | M | EXTRA AMBULANCE ATTENDANT | | | $0.00 | Not Allowed | $0.00 | | | |
| A0425 | M | GROUND MILEAGE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0426 | M | ALS 1 | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0427 | M | ALS1-EMERGENCY | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0428 | M | BLS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0429 | M | BLS-EMERGENCY | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0430 | M | FIXED WING AIR TRANSPORT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0431 | M | ROTARY WING AIR TRANSPORT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0432 | M | PI VOLUNTEER AMBULANCE CO | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0433 | M | ALS 2 | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0434 | M | SPECIALTY CARE TRANSPORT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0435 | M | FIXED WING AIR MILEAGE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0436 | M | ROTARY WING AIR MILEAGE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0495 | M | CHARGER ELEC/COMBO VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| A0496 | M | BATTERY ELEC/COMBO VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| A0497 | M | BAT CLPS ELEC/COMB VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| A0498 | M | HOLSTER ELEC/COMBO VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| A0499 | M | BELT/VEST ELEC/COMBO VAD REP | | | $0.00 | Not Allowed | $0.00 | | | |
| A0800 | M | AMB TRANS 7PM-7AM | | | $0.00 | Not Allowed | $0.00 | | | |
| A0888 | M | ROTARY WING AIR MILEAGE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| A0998 | M | AMBULANCE RESPONSE/TREATMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| A0999 | M | UNLISTED AMBULANCE SERVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| A4206 | N | 1 CC STERILE SYRINGE&NEEDLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4207 | N | 2 CC STERILE SYRINGE&NEEDLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4208 | N | 3 CC STERILE SYRINGE&NEEDLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4209 | N | 5+ CC STERILE SYRINGE&NEEDLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4210 | N | NONNEEDLE INJECTION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4211 | N | SUPP FOR SELF-ADM INJECTIONS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4212 | N | NON CORING NEEDLE OR STYLET | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4213 | N | 20+ CC SYRINGE ONLY | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4215 | N | STERILE NEEDLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4216 | M | STERILE WATER/SALINE 10 ML | | | $0.00 | Not Allowed | $0.00 | | | |
| A4217 | M | STERILE WATER/SALINE 500 ML | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A4218 | N | STERILE SALINE OR WATER | | | $0.00 | APC | $0.00 | | | |
| A4220 | N | INFUSION PUMP REFILL KIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4221 | N | MAINT DRUG INFUS CATH PER WK | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4222 | N | DRUG INFUSION PUMP SUPPLIES | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4223 | M | INFUSION SUPPLIES W/O PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| A4230 | N | INFUS INSULIN PUMP NON NEEDL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4231 | N | INFUSION INSULIN PUMP NEEDLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4232 | N | SYRINGE W/NEEDLE INSULIN 3CC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4233 | M | ALKALIN BATT FOR GLUCOSE MON | | | $0.00 | Not Allowed | $0.00 | | | |
| A4234 | M | J-CELL BATT FOR GLUCOSE MON | | | $0.00 | Not Allowed | $0.00 | | | |
| A4235 | M | LITHIUM BATT FOR GLUCOSE MON | | | $0.00 | Not Allowed | $0.00 | | | |
| A4236 | M | SILVR OXIDE BATT GLUCOSE MON | | | $0.00 | Not Allowed | $0.00 | | | |
| A4244 | N | ALCOHOL OR PEROXIDE PER PINT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4245 | N | ALCOHOL WIPES PER BOX | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4246 | N | BETADINE/PHISOHEX SOLUTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4247 | N | BETADINE/IODINE SWABS/WIPES | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4248 | N | CHLORHEXIDINE ANTISEPT | | | $0.00 | APC | $0.00 | | | |
| A4250 | N | URINE REAGENT STRIPS/TABLETS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4253 | N | BLOOD GLUCOSE/REAGENT STRIPS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4255 | N | GLUCOSE MONITOR PLATFORMS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4256 | N | CALIBRATOR SOLUTION/CHIPS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4257 | N | REPLACE LENSSHIELD CARTRIDGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4258 | N | LANCET DEVICE EACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4259 | N | LANCETS PER BOX | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4261 | M | CERVICAL CAP CONTRACEPTIVE | | | $0.00 | Not Allowed | $0.00 | | | |
| A4262 | N | TEMPORARY TEAR DUCT PLUG | | | $0.00 | APC | $0.00 | | | |
| A4263 | N | PERMANENT TEAR DUCT PLUG | | | $0.00 | APC | $0.00 | | | |
| A4265 | N | PARAFFIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4266 | M | DIAPHRAGM | | | $0.00 | Not Allowed | $0.00 | | | |
| A4267 | M | MALE CONDOM | | | $0.00 | Not Allowed | $0.00 | | | |
| A4268 | N | FEMALE CONDOM | | | $0.00 | Not Allowed | $0.00 | | | |
| A4269 | N | SPERMICIDE | | | $0.00 | APC | $0.00 | | | |
| A4270 | N | DISPOSABLE ENDOSCOPE SHEATH | | | $0.00 | APC | $0.00 | | | |
| A4280 | N | BRST PRSTHS ADHSV ATTCHMNT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4281 | M | REPLACEMENT BREASTPUMP TUBE | | | $0.00 | Not Allowed | $0.00 | | | |
| A4282 | M | REPLACEMENT BREASTPUMP ADPT | | | $0.00 | Not Allowed | $0.00 | | | |
| A4283 | M | REPLACEMENT BREASTPUMP CAP | | | $0.00 | Not Allowed | $0.00 | | | |
| A4284 | M | REPLCMNT BREAST PUMP SHIELD | | | $0.00 | Not Allowed | $0.00 | | | |
| A4285 | M | REPLCMNT BREAST PUMP BOTTLE | | | $0.00 | Not Allowed | $0.00 | | | |
| A4286 | M | REPLCMNT BREASTPUMP LOK RING | | | $0.00 | Not Allowed | $0.00 | | | |
| A4290 | N | SACRAL NERVE STIM TEST LEAD | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4300 | N | CATH IMPL VASC ACCESS PORTAL | | | $0.00 | APC | $0.00 | | | |
| A4301 | N | IMPLANTABLE ACCESS SYST PERC | | | $0.00 | APC | $0.00 | | | |
| A4305 | N | DRUG DELIVERY SYSTEM >=50 ML | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4306 | N | DRUG DELIVERY SYSTEM <=5 ML | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4310 | N | INSERT TRAY W/O BAG/CATH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4311 | N | CATHETER W/O BAG 2-WAY LATEX | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4312 | N | CATH W/O BAG 2-WAY SILICONE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4313 | N | CATHETER W/BAG 3-WAY | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4314 | N | CATH W/DRAINAGE 2-WAY LATEX | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4315 | N | CATH W/DRAINAGE 2-WAY SILCNE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4316 | N | CATH W/DRAINAGE 3-WAY | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4320 | N | IRRIGATION TRAY | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4321 | N | CATH THERAPEUTIC IRRIG AGENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4322 | N | IRRIGATION SYRINGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4326 | N | MALE EXTERNAL CATHETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4327 | N | FEM URINARY COLLECT DEV CUP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4328 | N | FEM URINARY COLLECT POUCH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4329 | N | EXTERNAL CATHETER START SET | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4330 | N | STOOL COLLECTION POUCH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4331 | N | EXTENSION DRAINAGE TUBING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4332 | N | LUBRICANT FOR CATH INSERTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4333 | N | URINARY CATH ANCHOR DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4334 | N | URINARY CATH LEG STRAP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4335 | N | INCONTINENCE SUPPLY | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4338 | N | INDWELLING CATHETER LATEX | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4340 | N | INDWELLING CATHETER SPECIAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4344 | N | CATH INDW FOLEY 2 WAY SILICN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4346 | N | CATH INDW FOLEY 3 WAY | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4348 | N | MALE EXT CATH EXTENDED WEAR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4349 | M | DISPOSABLE MALE EXTERNAL CAT | | | $0.00 | Not Allowed | $0.00 | | | |
| A4351 | N | STRAIGHT TIP URINE CATHETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4352 | N | COUDE TIP URINARY CATHETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4353 | N | INTERMITTENT URINARY CATH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4354 | N | CATH INSERTION TRAY W/BAG | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A4355 | N | BLADDER IRRIGATION TUBING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4356 | N | EXT URETH CLMP OR COMPR DVC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4357 | N | BEDSIDE DRAINAGE BAG | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4358 | N | URINARY LEG OR ABDOMEN BAG | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4359 | N | URINARY SUSPENSORY W/O LEG B | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4361 | N | OSTOMY FACE PLATE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4362 | N | SOLID SKIN BARRIER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4363 | N | OSTOMY CLAMP, REPLACEMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4364 | N | ADHESIVE LIQUID OR EQUAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4365 | N | ADHESIVE REMOVER WIPES | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4366 | M | OSTOMY VENT | | | $0.00 | Not Allowed | $0.00 | | | |
| A4367 | N | OSTOMY BELT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4368 | N | OSTOMY FILTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4369 | N | SKIN BARRIER LIQUID PER OZ | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4371 | N | SKIN BARRIER POWDER PER OZ | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4372 | N | SKIN BARRIER SOLID 4X4 EQUIV | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4373 | N | SKIN BARRIER WITH FLANGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4375 | N | DRAINABLE PLASTIC PCH W FCPL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4376 | N | DRAINABLE RUBBER PCH W FCPLT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4377 | N | DRAINABLE PLSTIC PCH W/O FP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4378 | N | DRAINABLE RUBBER PCH W/O FP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4379 | N | URINARY PLASTIC POUCH W FCPL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4380 | N | URINARY RUBBER POUCH W FCPLT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4381 | N | URINARY PLASTIC POUCH W/O FP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4382 | N | URINARY HVY PLSTC PCH W/O FP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4383 | N | URINARY RUBBER POUCH W/O FP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4384 | N | OSTOMY FACEPLT/SILICONE RING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4385 | N | OST SKN BARRIER SLD EXT WEAR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4387 | N | OST CLSD POUCH W ATT ST BARR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4388 | N | DRAINABLE PCH W EX WEAR BARR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4389 | N | DRAINABLE PCH W ST WEAR BARR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4390 | N | DRAINABLE PCH EX WEAR CONVEX | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4391 | N | URINARY POUCH W EX WEAR BARR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4392 | N | URINARY POUCH W ST WEAR BARR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4393 | N | URINE PCH W EX WEAR BAR CONV | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4394 | N | OSTOMY POUCH LIQ DEODORANT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4395 | N | OSTOMY POUCH SOLID DEODORANT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4396 | N | PERISTOMAL HERNIA SUPPRT BLT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4397 | N | IRRIGATION SUPPLY SLEEVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4398 | N | OSTOMY IRRIGATION BAG | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4399 | N | OSTOMY IRRIG CONE/CATH W BRS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4400 | N | OSTOMY IRRIGATION SET | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4402 | N | LUBRICANT PER OUNCE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4404 | N | OSTOMY RING EACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4405 | N | NONPECTIN BASED OSTOMY PASTE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4406 | N | PECTIN BASED OSTOMY PASTE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4407 | N | EXT WEAR OST SKN BARR <=4SQ | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4408 | N | EXT WEAR OST SKN BARR >4SQ | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4409 | N | OST SKN BARR CONVEX <=4 SQ I | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4410 | N | OST SKN BARR EXTND >4 SQ | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4411 | M | OST SKN BARR EXTND =4SQ | | | $0.00 | Not Allowed | $0.00 | | | |
| A4412 | M | OST POUCH DRAIN HIGH OUTPUT | | | $0.00 | Not Allowed | $0.00 | | | |
| A4413 | N | 2 PC DRAINABLE OST POUCH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4414 | N | OST SKNBAR W/O CONV<=4 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4415 | N | OST SKN BARR W/O CONV >4 SQI | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4416 | M | OST PCH CLSD W BARRIER/FILTR | | | $0.00 | Not Allowed | $0.00 | | | |
| A4417 | M | OST PCH W BAR/BLTINCONV/FLTR | | | $0.00 | Not Allowed | $0.00 | | | |
| A4418 | M | OST PCH CLSD W/O BAR W FILTR | | | $0.00 | Not Allowed | $0.00 | | | |
| A4419 | M | OST PCH FOR BAR W FLANGE/FLT | | | $0.00 | Not Allowed | $0.00 | | | |
| A4420 | M | OST PCH CLSD FOR BAR W LK FL | | | $0.00 | Not Allowed | $0.00 | | | |
| A4421 | N | OSTOMY SUPPLY MISC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4422 | N | OST POUCH ABSORBENT MATERIAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4423 | M | OST PCH FOR BAR W LK FL/FLTR | | | $0.00 | Not Allowed | $0.00 | | | |
| A4424 | M | OST PCH DRAIN W BAR & FILTER | | | $0.00 | Not Allowed | $0.00 | | | |
| A4425 | M | OST PCH DRAIN FOR BARRIER FL | | | $0.00 | Not Allowed | $0.00 | | | |
| A4426 | M | OST PCH DRAIN 2 PIECE SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| A4427 | M | OST PCH DRAIN/BARR LK FLNG/F | | | $0.00 | Not Allowed | $0.00 | | | |
| A4428 | M | URINE OST POUCH W FAUCET/TAP | | | $0.00 | Not Allowed | $0.00 | | | |
| A4429 | M | URINE OST POUCH W BLTINCONV | | | $0.00 | Not Allowed | $0.00 | | | |
| A4430 | M | OST URINE PCH W B/BLTIN CONV | | | $0.00 | Not Allowed | $0.00 | | | |
| A4431 | M | OST PCH URINE W BARRIER/TAPV | | | $0.00 | Not Allowed | $0.00 | | | |
| A4432 | M | OS PCH URINE W BAR/FANGE/TAP | | | $0.00 | Not Allowed | $0.00 | | | |
| A4433 | M | URINE OST PCH BAR W LOCK FLN | | | $0.00 | Not Allowed | $0.00 | | | |
| A4434 | M | OST PCH URINE W LOCK FLNG/FT | | | $0.00 | Not Allowed | $0.00 | | | |
| A4450 | N | NON-WATERPROOF TAPE | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A4452 | N | WATERPROOF TAPE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4455 | N | ADHESIVE REMOVER PER OUNCE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4458 | N | REUSABLE ENEMA BAG | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4462 | N | ABDMNL DRSSNG HOLDER/BINDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4465 | N | NON-ELASTIC EXTREMITY BINDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4470 | N | GRAVLEE JET WASHER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4480 | N | VABRA ASPIRATOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4481 | N | TRACHEOSTOMA FILTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4483 | N | MOISTURE EXCHANGER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4490 | N | ABOVE KNEE SURGICAL STOCKING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4495 | N | THIGH LENGTH SURG STOCKING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4500 | N | BELOW KNEE SURGICAL STOCKING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4510 | N | FULL LENGTH SURG STOCKING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4520 | M | INCONTINENCE GARMENT ANYTYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| A4534 | M | YOUTH SIZE BRIEF EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| A4550 | N | SURGICAL TRAYS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4554 | N | DISPOSABLE UNDERPADS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4556 | N | ELECTRODES, PAIR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4557 | N | LEAD WIRES, PAIR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4558 | N | CONDUCTIVE PASTE OR GEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4560 | N | PESSARY | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4561 | N | PESSARY RUBBER, ANY TYPE | | | $0.00 | APC | $0.00 | | | |
| A4562 | N | PESSARY, NON RUBBER,ANY TYPE | | | $0.00 | APC | $0.00 | | | |
| A4565 | N | SLINGS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4570 | N | SPLINT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4575 | N | HYPERBARIC O2 CHAMBER DISPS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4580 | N | CAST SUPPLIES (PLASTER) | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4590 | N | SPECIAL CASTING MATERIAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4595 | N | TENS SUPPL 2 LEAD PER MONTH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4604 | M | TUBING WITH HEATING ELEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| A4605 | M | TRACH SUCTION CATH CLOSE SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| A4606 | N | OXYGEN PROBE USED W OXIMETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4608 | N | TRANSTRACHEAL OXYGEN CATH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4611 | N | HEAVY DUTY BATTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4612 | N | BATTERY CABLES | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4613 | N | BATTERY CHARGER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4614 | N | HAND-HELD PEFR METER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4615 | N | CANNULA NASAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4616 | N | TUBING (OXYGEN) PER FOOT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4617 | N | MOUTH PIECE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4618 | N | BREATHING CIRCUITS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4619 | N | FACE TENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4620 | N | VARIABLE CONCENTRATION MASK | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4623 | N | TRACHEOSTOMY INNER CANNULA | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4624 | N | TRACHEAL SUCTION TUBE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4625 | N | TRACH CARE KIT FOR NEW TRACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4626 | N | TRACHEOSTOMY CLEANING BRUSH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4627 | N | SPACER BAG/RESERVOIR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4628 | N | OROPHARYNGEAL SUCTION CATH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4629 | N | TRACHEOSTOMY CARE KIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4630 | N | REPL BAT T.E.N.S. OWN BY PT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4632 | N | INFUS PUMP RPLCEMNT BATTERY | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4633 | N | UVL REPLACEMENT BULB | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4634 | N | REPLACEMENT BULB TH LIGHTBOX | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4635 | N | UNDERARM CRUTCH PAD | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4636 | N | HANDGRIP FOR CANE ETC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4637 | N | REPL TIP CANE/CRUTCH/WALKER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4638 | M | REPL BATT PULSE GEN SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| A4639 | N | INFRARED HT SYS REPLCMNT PAD | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4640 | N | ALTERNATING PRESSURE PAD | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4641 | N | RADIOPHARM DX AGENT NOC | | | $0.00 | APC | $0.00 | | | |
| A4642 | H | IN111 SATUMOMAB | 0704 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A4649 | N | SURGICAL SUPPLIES | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4650 | N | SUPP ESRD CENTRIFUGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4651 | N | CALIBRATED MICROCAP TUBE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4652 | N | MICROCAPILLARY TUBE SEALANT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4653 | N | PD CATHETER ANCHOR BELT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4655 | N | ESRD SYRINGE/NEEDLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4657 | N | SYRINGE W/WO NEEDLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4660 | N | SPHYG/BP APP W CUFF AND STET | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4663 | N | DIALYSIS BLOOD PRESSURE CUFF | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4670 | N | AUTOMATIC BP MONITOR DIAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4671 | M | DISPOSABLE CYCLER SET | | | $0.00 | Not Allowed | $0.00 | | | |
| A4672 | M | DRAINAGE EXT LINE DIALYSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| A4673 | M | EXT LINE W EASY LOCK CONNECT | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A4674 | M | CHEM/ANTISEPT SOLUTION 8OZ | | | $0.00 | Not Allowed | $0.00 | | | |
| A4680 | N | ACTIFICIAL CARBON FILTER, EA | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4690 | N | DIALYZER, EACH | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| A4705 | N | BICARB DIALYSATE SOLUTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4706 | N | BICARBONATE CONC SOL PER GAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4707 | N | BICARBONATE CONC POW PER PAC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4708 | N | ACETATE CONC SOL PER GALLON | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4709 | N | ACID CONC SOL PER GALLON | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4714 | N | TREATED WATER PER GALLON | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4719 | N | Y SET TUBING FOR PERITONEAL DIALYSIS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4720 | N | DIALYSAT SOL FLD VOL > 249CC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4721 | N | DIALYSAT SOL FLD VOL > 999CC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4722 | N | DIALYS SOL FLD VOL > 1999CC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4723 | N | DIALYS SOL FLD VOL > 2999CC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4724 | N | DIALYS SOL FLD VOL > 3999CC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4725 | N | DIALYS SOL FLD VOL > 4999CC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4726 | N | DIALYS SOL FLD VOL > 5999CC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4728 | M | DIALYSATE SOLUTION NON-DEX | | | $0.00 | Not Allowed | $0.00 | | | |
| A4730 | N | FISTULA CANNULATION SET, EA | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4735 | N | LOCAL/TOPICAL ANESTHETICS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4736 | N | TOPICAL ANESTHETIC, PER GRAM | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4737 | N | INJ ANESTHETIC PER 10 ML | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4740 | N | SHUNT ACCESSORY | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4750 | N | ART OR VENOUS BLOOD TUBING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4755 | N | COMB ART/VENOUS BLOOD TUBING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4760 | N | DIALYSATE SOL TEST KIT, EACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4765 | N | DIALYSATE CONC POW PER PACK | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4766 | N | DIALYSATE CONC SOL ADD 10 ML | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4770 | N | BLOOD COLLECTION TUBE/VACUUM | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4771 | N | SERUM CLOTTING TIME TUBE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4772 | N | BLOOD GLUCOSE TEST STRIPS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4773 | N | OCCULT BLOOD TEST STRIPS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4774 | N | AMMONIA TEST STRIPS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4802 | N | PROTAMINE SULFATE PER 50 MG | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4820 | N | SUPPLIES HEMODIALYSIS KIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4850 | N | RUBBER TIPPED HEMOSTATS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4860 | N | DISPOSABLE CATHETER TIPS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4870 | N | PLUMB/ELEC WK HM HEMO EQUIP | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| A4880 | N | WATER STORAGE TANKS | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| A4890 | N | REPAIR/MAINT CONT HEMO EQUIP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4901 | N | CCPD SUPPLY KIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4905 | N | IPD SUPPLY KIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4910 | N | ESRD NONMEDICAL SUPPLIES | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4911 | N | DRAIN BAG/BOTTLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4912 | N | GOMCO DRAIN BOTTLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4913 | N | MISC DIALYSIS SUPPLIES NOC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4914 | N | PREPARATION KIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4918 | N | VENOUS PRESSURE CLAMP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4919 | N | SUPP DIALYSIS DIALYZER HOLDE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4920 | N | HARVARD PRESSURE CLAMP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4921 | N | MEASURING CYLINDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4927 | N | NON-STERILE GLOVES | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4928 | N | SURGICAL MASK | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4929 | N | TOURNIQUET FOR DIALYSIS, EA | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4930 | N | STERILE GLOVES PER PAIR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4931 | N | REUSABLE ORAL THERMOMETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A4932 | N | REUSABLE RECTAL THERMOMETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5051 | N | POUCH CLSD W BARR ATTACHED | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5052 | N | CLSD OSTOMY POUCH W/O BARR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5053 | N | CLSD OSTOMY POUCH FACEPLATE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5054 | N | CLSD OSTOMY POUCH W/FLANGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5055 | N | STOMA CAP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5061 | N | POUCH DRAINABLE W BARRIER AT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5062 | N | DRNBLE OSTOMY POUCH W/O BARR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5063 | N | DRAIN OSTOMY POUCH W/FLANGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5064 | N | DRAIN OSTOMY POUCH W/FCEPLTE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5065 | N | POUCH DRAINABLE; FOR USE ON FACEPLATE; PLASTIC OR RUBBER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5071 | N | URINARY POUCH W/BARRIER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5072 | N | URINARY POUCH W/O BARRIER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5073 | N | URINARY POUCH ON BARR W/FLNG | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5074 | N | URINARY POUCH W/FACEPLATE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5075 | N | URINARY POUCH ON FACEPLATE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5081 | N | CONTINENT STOMA PLUG | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5082 | N | CONTINENT STOMA CATHETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5093 | N | OSTOMY ACCESSORY CONVEX INSE | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A5102 | N | BEDSIDE DRAIN BTL W/WO TUBE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5105 | N | URINARY SUSPENSORY | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5112 | N | URINARY LEG BAG | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5113 | N | LATEX LEG STRAP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5114 | N | FOAM/FABRIC LEG STRAP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5120 | M | SKIN BARRIER WIPE OR SWAB | | | $0.00 | Not Allowed | $0.00 | | | |
| A5121 | N | SOLID SKIN BARRIER 6X6 | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5122 | N | SOLID SKIN BARRIER 8X8 | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5126 | N | DISK/FOAM PAD +OR- ADHESIVE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5131 | N | APPLIANCE CLEANER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5149 | N | INCONTINENCE/OSTOMY SUPPLY; MISCELLANEOUS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5200 | N | PERCUTANEOUS CATHETER ANCHOR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5500 | N | DIAB SHOE FOR DENSITY INSERT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5501 | N | DIABETIC CUSTOM MOLDED SHOE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5502 | N | DIABETIC SHOE DENSITY INSERT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5503 | N | DIABETIC SHOE W/ROLLER/ROCKR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5504 | N | DIABETIC SHOE WITH WEDGE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5505 | N | DIAB SHOE W/METATARSAL BAR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5506 | N | DIABETIC SHOE W/OFF SET HEEL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5507 | N | MODIFICATION DIABETIC SHOE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5508 | N | DIABETIC DELUXE SHOE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5510 | N | COMPRESSION FORM SHOE INSERT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A5512 | M | MULTI DEN INSERT DIRECT FORM | | | $0.00 | Not Allowed | $0.00 | | | |
| A5513 | M | MULTI DEN INSERT CUSTOM MOLD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6000 | N | WOUND WARMING WOUND COVER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6010 | N | COLLAGEN BASED WOUND FILLER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6011 | N | COLLAGEN GEL/PASTE WOUND FIL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6020 | N | COLLAGEN WOUND DRESSING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6021 | N | COLLAGEN DRESSING <=16 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6022 | N | COLLAGEN DRSG>6<=48 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6023 | N | COLLAGEN DRESSING >48 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6024 | N | COLLAGEN DSG WOUND FILLER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6025 | N | SILICONE GEL SHEET EACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6154 | N | WOUND POUCH EACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6196 | N | ALGINATE DRESSING <=16 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6197 | N | ALGINATE DRSG >16 <=48 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6198 | N | ALGINATE DRESSING > 48 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6199 | N | ALGINATE DRSG WOUND FILLER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6200 | N | COMPOS DRSG <=16 NO BORDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6201 | N | COMPOS DRSG >16<=48 NO BDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6202 | N | COMPOS DRSG >48 NO BORDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6203 | N | COMPOSITE DRSG <= 16 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6204 | N | COMPOSITE DRSG >16<=48 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6205 | N | COMPOSITE DRSG > 48 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6206 | N | CONTACT LAYER <= 16 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6207 | N | CONTACT LAYER >16<= 48 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6208 | N | CONTACT LAYER > 48 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6209 | N | FOAM DRSG <=16 SQ IN W/O BDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6210 | N | FOAM DRG >16<=48 SQ IN W/O B | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6211 | N | FOAM DRG > 48 SQ IN W/O BRDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6212 | N | FOAM DRG <=16 SQ IN W/BORDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6213 | N | FOAM DRG >16<=48 SQ IN W/BDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6214 | N | FOAM DRG > 48 SQ IN W/BORDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6215 | N | FOAM DRESSING WOUND FILLER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6216 | N | NON-STERILE GAUZE<=16 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6217 | N | NON-STERILE GAUZE>16<=48 SQ | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6218 | N | NON-STERILE GAUZE > 48 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6219 | N | GAUZE <= 16 SQ IN W/BORDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6220 | N | GAUZE >16 <=48 SQ IN W/BORDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6221 | N | GAUZE > 48 SQ IN W/BORDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6222 | N | GAUZE <=16 IN NO W/SAL W/O B | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6223 | N | GAUZE >16<=48 NO W/SAL W/O B | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6224 | N | GAUZE > 48 IN NO W/SAL W/O B | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6228 | N | GAUZE <= 16 SQ IN WATER/SAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6229 | N | GAUZE >16<=48 SQ IN WATR/SAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6230 | N | GAUZE > 48 SQ IN WATER/SALNE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6231 | N | HYDROGEL DSG<=16 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6232 | N | HYDROGEL DSG>16<=48 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6233 | N | HYDROGEL DRESSING >48 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6234 | N | HYDROCOLLD DRG <=16 W/O BDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6235 | N | HYDROCOLLD DRG >16<=48 W/O B | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6236 | N | HYDROCOLLD DRG > 48 IN W/O B | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6237 | N | HYDROCOLLD DRG <=16 IN W/BDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6238 | N | HYDROCOLLD DRG >16<=48 W/BDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6239 | N | HYDROCOLLD DRG > 48 IN W/BDR | | | $0.00 | Fee Schedule | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| A6240 | N | HYDROCOLLD DRG FILLER PASTE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6241 | N | HYDROCOLLOID DRG FILLER DRY | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6242 | N | HYDROGEL DRG <=16 IN W/O BDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6243 | N | HYDROGEL DRG >16<=48 W/O BDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6244 | N | HYDROGEL DRG >48 IN W/O BDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6245 | N | HYDROGEL DRG <= 16 IN W/BDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6246 | N | HYDROGEL DRG >16<=48 IN W/B | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6247 | N | HYDROGEL DRG > 48 SQ IN W/B | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6248 | N | HYDROGEL DRSG GEL FILLER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6250 | N | SKIN SEAL PROTECT MOISTURIZR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6251 | N | ABSORPT DRG <=16 SQ IN W/O B | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6252 | N | ABSORPT DRG >16 <=48 W/O BDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6253 | N | ABSORPT DRG > 48 SQ IN W/O B | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6254 | N | ABSORPT DRG <=16 SQ IN W/BDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6255 | N | ABSORPT DRG >16<=48 IN W/BDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6256 | N | ABSORPT DRG > 48 SQ IN W/BDR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6257 | N | TRANSPARENT FILM <= 16 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6258 | N | TRANSPARENT FILM >16<=48 IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6259 | N | TRANSPARENT FILM > 48 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6260 | N | WOUND CLEANSER ANY TYPE/SIZE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6261 | N | WOUND FILLER GEL/PASTE /OZ | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6262 | N | WOUND FILLER DRY FORM / GRAM | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6266 | N | IMPREG GAUZE NO H20/SAL/YARD | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6402 | N | STERILE GAUZE <= 16 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6403 | N | STERILE GAUZE>16 <= 48 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6404 | N | STERILE GAUZE > 48 SQ IN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6407 | M | PACKING STRIPS NON-IMPREG | | | $0.00 | Not Allowed | $0.00 | | | |
| A6410 | N | STERILE EYE PAD | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6411 | N | NON-STERILE EYE PAD | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6412 | N | OCCLUSIVE EYE PATCH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6441 | M | PAD BAND W>=3" <5"/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6442 | M | CONFORM BAND N/S W<3"/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6443 | M | CONFORM BAND N/S W>=3"<5"/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6444 | M | CONFORM BAND N/S W>=5Þ/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6445 | M | CONFORM BAND S W <3Þ/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6446 | M | CONFORM BAND S W>=3Þ <5Þ/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6447 | M | CONFORM BAND S W >=5Þ/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6448 | M | LT COMPRES BAND <3Þ/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6449 | M | LT COMPRES BAND >=3Þ <5Þ/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6450 | M | LT COMPRES BAND >=5Þ/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6451 | M | MOD COMPRES BAND W>=3Þ<5Þ/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6452 | M | HIGH COMPRES BAND W>=3Þ<5ÞYD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6453 | M | SELF-ADHER BAND W <3Þ/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6454 | M | SELF-ADHER BAND W>=3Þ <5Þ/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6455 | M | SELF-ADHER BAND >=5Þ/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6456 | M | ZINC PASTE BAND W >=3Þ<5Þ/YD | | | $0.00 | Not Allowed | $0.00 | | | |
| A6457 | M | TUBULAR DRESSING | | | $0.00 | Not Allowed | $0.00 | | | |
| A6501 | N | COMPRES BURNGARMENT BODYSUIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6502 | N | COMPRES BURNGARMENT CHINSTRP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6503 | N | COMPRES BURNGARMENT FACEHOOD | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6504 | N | CMPRSBURNGARMENT GLOVE-WRIST | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6505 | N | CMPRSBURNGARMENT GLOVE-ELBOW | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6506 | N | CMPRSBURNGRMNT GLOVE-AXILLA | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6507 | N | CMPRS BURNGARMENT FOOT-KNEE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6508 | N | CMPRS BURNGARMENT FOOT-THIGH | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6509 | N | COMPRES BURN GARMENT JACKET | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6510 | N | COMPRES BURN GARMENT LEOTARD | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6511 | N | COMPRES BURN GARMENT PANTY | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6512 | N | COMPRES BURN GARMENT NOC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A6513 | M | COMPRESS BURN MASK FACE/NECK | | | $0.00 | Not Allowed | $0.00 | | | |
| A6530 | M | COMPRESSION STOCKING BK18-30 | | | $0.00 | Not Allowed | $0.00 | | | |
| A6531 | M | COMPRESSION STOCKING BK30-40 | | | $0.00 | Not Allowed | $0.00 | | | |
| A6532 | M | COMPRESSION STOCKING BK40-50 | | | $0.00 | Not Allowed | $0.00 | | | |
| A6533 | M | GC STOCKING THIGHLNGTH 18-30 | | | $0.00 | Not Allowed | $0.00 | | | |
| A6534 | M | GC STOCKING THIGHLNGTH 30-40 | | | $0.00 | Not Allowed | $0.00 | | | |
| A6535 | M | GC STOCKING THIGHLNGTH 40-50 | | | $0.00 | Not Allowed | $0.00 | | | |
| A6536 | M | GC STOCKING FULL LNGTH 18-30 | | | $0.00 | Not Allowed | $0.00 | | | |
| A6537 | M | GC STOCKING FULL LNGTH 30-40 | | | $0.00 | Not Allowed | $0.00 | | | |
| A6538 | M | GC STOCKING FULL LNGTH 40-50 | | | $0.00 | Not Allowed | $0.00 | | | |
| A6539 | M | GC STOCKING WAISTLNGTH 18-30 | | | $0.00 | Not Allowed | $0.00 | | | |
| A6540 | M | GC STOCKING WAISTLNGTH 30-40 | | | $0.00 | Not Allowed | $0.00 | | | |
| A6541 | M | GC STOCKING WAISTLNGTH 40-50 | | | $0.00 | Not Allowed | $0.00 | | | |
| A6542 | M | GC STOCKING CUSTOM MADE | | | $0.00 | Not Allowed | $0.00 | | | |
| A6543 | M | GC STOCKING LYMPHEDEMA | | | $0.00 | Not Allowed | $0.00 | | | |
| A6544 | M | GC STOCKING GARTER BELT | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A6549 | M | G COMPRESSION STOCKING | | | $0.00 | Not Allowed | $0.00 | | | |
| A6550 | M | NEG PRES WOUND THER DRSG SET | | | $0.00 | Not Allowed | $0.00 | | | |
| A7000 | N | DISPOSABLE CANISTER FOR PUMP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7001 | N | NONDISPOSABLE PUMP CANISTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7002 | N | TUBING USED W SUCTION PUMP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7003 | N | NEBULIZER ADMINISTRATION SET | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7004 | N | DISPOSABLE NEBULIZER SML VOL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7005 | N | NONDISPOSABLE NEBULIZER SET | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7006 | N | FILTERED NEBULIZER ADMIN SET | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7007 | N | LG VOL NEBULIZER DISPOSABLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7008 | N | DISPOSABLE NEBULIZER PREFILL | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7009 | N | NEBULIZER RESERVOIR BOTTLE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7010 | N | DISPOSABLE CORRUGATED TUBING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7011 | N | NONDISPOS CORRUGATED TUBING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7012 | N | NEBULIZER WATER COLLEC DEVIC | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7013 | N | DISPOSABLE COMPRESSOR FILTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7014 | N | COMPRESSOR NONDISPOS FILTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7015 | N | AEROSOL MASK USED W NEBULIZE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7016 | N | NEBULIZER DOME & MOUTHPIECE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7017 | N | NEBULIZER NOT USED W OXYGEN | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7018 | N | WATER DISTILLED W/NEBULIZER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7025 | N | REPLACE CHEST COMPRESS VEST | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7026 | N | REPLACE CHST CMPRSS SYS HOSE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7030 | N | CPAP FULL FACE MASK | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7031 | N | REPLACEMENT FACEMASK INTERFA | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7032 | N | REPLACEMENT NASAL CUSHION | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7033 | N | REPLACEMENT NASAL PILLOWS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7034 | N | NASAL APPLICATION DEVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7035 | N | POS AIRWAY PRESS HEADGEAR | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7036 | N | POS AIRWAY PRESS CHINSTRAP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7037 | N | POS AIRWAY PRESSURE TUBING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7038 | N | POS AIRWAY PRESSURE FILTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7039 | N | FILTER NON DISPOSABLE W PAP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7040 | M | ONE WAY CHEST DRAIN VALVE | | | $0.00 | Not Allowed | $0.00 | | | |
| A7041 | M | WATER SEAL DRAIN CONTAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| A7042 | N | IMPLANTED PLEURAL CATHETER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7043 | N | VACUUM DRAINAGEBOTTLE/TUBING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7044 | N | PAP ORAL INTERFACE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7045 | M | REPL EXHALATION PORT FOR PAP | | | $0.00 | Not Allowed | $0.00 | | | |
| A7046 | M | REPL WATER CHAMBER PAP DEV | | | $0.00 | Not Allowed | $0.00 | | | |
| A7501 | N | TRACHEOSTOMA VALVE W DIAPHRA | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7502 | N | REPLACEMENT DIAPHRAGM/FPLATE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7503 | N | HMES FILTER HOLDER OR CAP | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7504 | N | TRACHEOSTOMA HMES FILTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7505 | N | HMES OR TRACH VALVE HOUSING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7506 | N | HMES/TRACHVALVE ADHESIVEDISK | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7507 | N | INTEGRATED FILTER & HOLDER | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7508 | N | HOUSING & INTEGRATED ADHESIV | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7509 | N | HEAT & MOISTURE EXCHANGE SYS | | | $0.00 | Fee Schedule | $0.00 | | | |
| A7520 | M | TRACH/LARYN TUBE NON-CUFFED | | | $0.00 | Not Allowed | $0.00 | | | |
| A7521 | M | TRACH/LARYN TUBE CUFFED | | | $0.00 | Not Allowed | $0.00 | | | |
| A7522 | M | TRACH/LARYN TUBE STAINLESS | | | $0.00 | Not Allowed | $0.00 | | | |
| A7523 | M | TRACHEOSTOMY SHOWER PROTECT | | | $0.00 | Not Allowed | $0.00 | | | |
| A7524 | M | TRACHEOSTOMA STENT/STUD/BTTN | | | $0.00 | Not Allowed | $0.00 | | | |
| A7525 | M | TRACHEOSTOMY MASK | | | $0.00 | Not Allowed | $0.00 | | | |
| A7526 | M | TRACHEOSTOMY TUBE COLLAR | | | $0.00 | Not Allowed | $0.00 | | | |
| A7527 | M | TRACH/LARYN TUBE PLUG/STOP | | | $0.00 | Not Allowed | $0.00 | | | |
| A9150 | N | MISC/EXPER NON-PRESCRIPT DRU | | | $0.00 | Fee Schedule | $0.00 | | | |
| A9152 | M | SINGLE VITAMIN NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| A9153 | M | MULTI-VITAMIN NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| A9160 | M | PODIATRIST NON-COVERED SERVI | | | $0.00 | Not Allowed | $0.00 | | | |
| A9170 | M | CHIROPRACTOR NON-COVERED SER | | | $0.00 | Not Allowed | $0.00 | | | |
| A9180 | M | LICE TREATMENT TOPICAL | | | $0.00 | Not Allowed | $0.00 | | | |
| A9190 | M | MISC/EXPE PERSONAL COMFORT I | | | $0.00 | Not Allowed | $0.00 | | | |
| A9270 | M | NON-COVERED ITEM OR SERVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| A9275 | M | DISP HOME GLUCOSE MONITOR | | | $0.00 | Not Allowed | $0.00 | | | |
| A9280 | M | ALERT DEVICE, NOC | | | $0.00 | Not Allowed | $0.00 | | | |
| A9281 | M | REACHING/GRABBING DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| A9282 | M | WIG ANY TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| A9300 | M | EXERCISE EQUIPMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| A9500 | H | TC99M SESTAMIBI | 1600 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9502 | H | TC99M TETROFOSMIN | 0705 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9503 | N | TC99M MEDRONATE | | | $0.00 | APC | $0.00 | | | |
| A9504 | H | TC99M APCITIDE | 1602 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9505 | H | TL201 THALLIUM | 1603 | 0.0000 | $0.00 | By Report | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A9507 | H | IN111 CAPROMAB | 1604 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9508 | H | I131 IODOBENGUATE DX | 1045 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9510 | H | TC99M DISOFENIN | 9146 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9512 | N | TC99M PERTECHNETATE | | | $0.00 | APC | $0.00 | | | |
| A9516 | H | I123 IODIDE CAP DX | 9148 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9517 | H | I131 IODIDE CAP RX | 1064 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9521 | H | TC99M EXAMETAZIME | 1096 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9524 | H | I131 SERUM ALBUMIN DX | 9100 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9526 | H | NITROGEN N-13 AMMONIA | 0737 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9528 | H | IODINE I-131 IODIDE CAP DX | 1088 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9529 | H | I131 IODIDE SOL DX | 1065 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9530 | H | I131 IODIDE SOL RX | 1150 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9531 | H | I131 MAX 100UCI | 9149 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9532 | H | I125 SERUM ALBUMIN DX | 9150 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9535 | K | INJECTION METHYLENE BLUE | 1640 | 0.0803 | $3.83 | APC | $3.83 | | | |
| A9536 | H | TC99M DEPREOTIDE | 1641 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9537 | N | TC99M MEBROFENIN | | | $0.00 | APC | $0.00 | | | |
| A9538 | N | TC99M PYROPHOSPHATE | | | $0.00 | APC | $0.00 | | | |
| A9539 | N | TC99M PENTETATE | | | $0.00 | APC | $0.00 | | | |
| A9540 | N | TC99M MAA | | | $0.00 | APC | $0.00 | | | |
| A9541 | N | TC99M SULFUR COLLOID | | | $0.00 | APC | $0.00 | | | |
| A9542 | H | IN111 IBRITUMOMAB DX | 1642 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9543 | H | Y90 IBRITUMOMAB RX | 1643 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9544 | H | I131 TOSITUMOMAB DX | 1644 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9545 | H | I131 TOSITUMOMAB RX | 1645 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9546 | N | CO57/58 | | | $0.00 | APC | $0.00 | | | |
| A9547 | H | IN111 OXYQUINOLINE | 1646 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9548 | H | IN111 PENTETATE | 1647 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9549 | H | TC99M ARCITUMOMAB | 1648 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9550 | H | TC99M GLUCEPTATE | 1649 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9551 | H | TC99M SUCCIMER | 1650 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9552 | H | F18 FDG | 1651 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9553 | H | CR51 CHROMATE | 1652 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9554 | H | I125 IOTHALAMATE DX | 1653 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9555 | H | RB82 RUBIDIUM | 1654 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9556 | H | GA67 GALLIUM | 1671 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9557 | H | TC99M BICISATE | 1672 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9558 | N | XE133 XENON 10MCI | | | $0.00 | APC | $0.00 | | | |
| A9559 | N | CO57 CYANO | | | $0.00 | APC | $0.00 | | | |
| A9560 | H | TC99M LABELED RBC | 1673 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9561 | N | TC99M OXIDRONATE | | | $0.00 | APC | $0.00 | | | |
| A9562 | H | TC99M MERTIATIDE | 1674 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9563 | H | P32 NA PHOSPHATE | 1675 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9564 | H | P32 CHROMIC PHOSPHATE | 1676 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9565 | H | IN111 PENTETREOTIDE | 1677 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9566 | H | TC99M FANOLESOMAB | 1678 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9567 | H | TECHNETIUM TC-99M AEROSOL | 1679 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9600 | H | SR89 STRONTIUM | 0701 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9603 | N | STRONTIUM-89 CHLORIDE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A9605 | H | SM 153 LEXIDRONM | 0702 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| A9698 | N | NON-RAD CONTRAST MATERIALNOC | | | $0.00 | APC | $0.00 | | | |
| A9699 | N | RADIOPHARM RX AGENT NOC | | | $0.00 | APC | $0.00 | | | |
| A9700 | M | ECHOCARDIOGRAPHY CONTRAST | | | $0.00 | Not Allowed | $0.00 | | | |
| A9900 | N | SUPPLY/ACCESSORY/SERVICE | | | $0.00 | Fee Schedule | $0.00 | | | |
| A9901 | N | DELIVERY/SET UP/DISPENSING | | | $0.00 | Fee Schedule | $0.00 | | | |
| A9999 | M | DME SUPPLY OR ACCESSORY NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| B4034 | M | ENTERAL FEEDING SUPPLY KIT; SYRINGE PER DAY | | | $0.00 | Not Allowed | $0.00 | | | |
| B4035 | M | ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY | | | $0.00 | Not Allowed | $0.00 | | | |
| B4036 | M | ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY | | | $0.00 | Not Allowed | $0.00 | | | |
| B4081 | M | NASOGASTRIC TUBING WITH STYLET | | | $0.00 | Not Allowed | $0.00 | | | |
| B4082 | M | NASOGASTRIC TUBING WITHOUT STYLET | | | $0.00 | Not Allowed | $0.00 | | | |
| B4083 | M | STOMACH TUBE - LEVINE TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| B4084 | N | GASTROSTOMY/JEJUNOSTOMY TUBING | | | $0.00 | Fee Schedule | $0.00 | | | |
| B4085 | N | GASTROSTOMY TUBE SILICONE WITH SLIDING RING EACH | | | $0.00 | Fee Schedule | $0.00 | | | |
| B4086 | M | GASTROSTOMY/JEJUNOSTOMY TUBE | | | $0.00 | Not Allowed | $0.00 | | | |
| B4100 | M | FOOD THICKENER ORAL | | | $0.00 | Not Allowed | $0.00 | | | |
| B4102 | M | EF ADULT FLUIDS AND ELECTRO | | | $0.00 | Not Allowed | $0.00 | | | |
| B4103 | M | EF PED FLUID AND ELECTROLYTE | | | $0.00 | Not Allowed | $0.00 | | | |
| B4104 | M | ADDITIVE FOR ENTERAL FORMULA | | | $0.00 | Not Allowed | $0.00 | | | |
| B4149 | M | EF BLENDERIZED FOODS | | | $0.00 | Not Allowed | $0.00 | | | |
| B4150 | M | ENTERAL FORMULAE CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN | | | $0.00 | Not Allowed | $0.00 | | | |
| B4152 | M | ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLAT | | | $0.00 | Not Allowed | $0.00 | | | |
| B4153 | M | ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACI | | | $0.00 | Not Allowed | $0.00 | | | |
| B4154 | M | ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPECIAL NEED | | | $0.00 | Not Allowed | $0.00 | | | |
| B4155 | M | ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS 100 CAL= 1 UN | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| B4157 | M | EF SPECIAL METABOLIC INHERIT | | | $0.00 | Not Allowed | $0.00 | | | |
| B4158 | M | EF PED COMPLETE INTACT NUT | | | $0.00 | Not Allowed | $0.00 | | | |
| B4159 | M | EF PED COMPLETE SOY BASED | | | $0.00 | Not Allowed | $0.00 | | | |
| B4160 | M | EF PED CALORIC DENSE>/=0.7KC | | | $0.00 | Not Allowed | $0.00 | | | |
| B4161 | M | EF PED HYDROLYZED/AMINO ACID | | | $0.00 | Not Allowed | $0.00 | | | |
| B4162 | M | EF PED SPECMETABOLIC INHERIT | | | $0.00 | Not Allowed | $0.00 | | | |
| B4164 | M | PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE) 50 | | | $0.00 | Not Allowed | $0.00 | | | |
| B4168 | M | PARENTERAL NUTRITION SOLUTION; AMINO ACID | | | $0.00 | Not Allowed | $0.00 | | | |
| B4172 | M | PARENTERAL NUTRITION SOLUTION; AMINO ACID | | | $0.00 | Not Allowed | $0.00 | | | |
| B4176 | M | PARENTERAL NUTRITION SOLUTION; AMINO ACID | | | $0.00 | Not Allowed | $0.00 | | | |
| B4178 | M | PARENTERAL NUTRITION SOLUTION: AMINO ACID GREATER THAN 8.5% | | | $0.00 | Not Allowed | $0.00 | | | |
| B4180 | M | PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE) GRE | | | $0.00 | Not Allowed | $0.00 | | | |
| B4185 | M | PARENTERAL SOL 10 GM LIPIDS | | | $0.00 | Not Allowed | $0.00 | | | |
| B4189 | M | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR | | | $0.00 | Not Allowed | $0.00 | | | |
| B4193 | M | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR | | | $0.00 | Not Allowed | $0.00 | | | |
| B4197 | M | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR | | | $0.00 | Not Allowed | $0.00 | | | |
| B4199 | M | PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR | | | $0.00 | Not Allowed | $0.00 | | | |
| B4216 | M | PARENTERAL NUTRITION; ADDITIVES (VITAMINS TRACE ELEMENTS H | | | $0.00 | Not Allowed | $0.00 | | | |
| B4220 | M | PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY | | | $0.00 | Not Allowed | $0.00 | | | |
| B4222 | M | PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY | | | $0.00 | Not Allowed | $0.00 | | | |
| B4224 | M | PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY | | | $0.00 | Not Allowed | $0.00 | | | |
| B5000 | M | PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA | | | $0.00 | Not Allowed | $0.00 | | | |
| B5100 | M | PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CAR | | | $0.00 | Not Allowed | $0.00 | | | |
| B5200 | M | PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA | | | $0.00 | Not Allowed | $0.00 | | | |
| B9000 | M | ENTERAL NUTRITION INFUSION PUMP WITHOUT ALARM | | | $0.00 | Not Allowed | $0.00 | | | |
| B9002 | M | ENTERAL NUTRITION INFUSION PUMP - WITH ALARM | | | $0.00 | Not Allowed | $0.00 | | | |
| B9004 | M | PARENTERAL NUTRITION INFUSION PUMP PORTABLE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| B9006 | M | PARENTERAL NUTRITION INFUSION PUMP STATIONARY | | | $0.00 | Not Allowed | $0.00 | | | Y |
| B9998 | M | NOC FOR ENTERNAL SUPPLIES | | | $0.00 | Not Allowed | $0.00 | | | |
| B9999 | M | NOC FOR PARENTERAL SUPPLIES | | | $0.00 | Not Allowed | $0.00 | | | |
| C1000 | M | CLOSURE ARTERIAL VASCULAR DEVICE PERCLOSE DEVICE PROSTAR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1001 | M | CATHETER DIAGNOSTIC ULTRASOUND ACUNAV | | | $0.00 | Not Allowed | $0.00 | | | |
| C1003 | M | CATH, ABLATION, LIVEWIRE TC | | | $0.00 | Not Allowed | $0.00 | | | |
| C1004 | M | FAST-CATH,SWARTZ,SAFL,CSTA | | | $0.00 | Not Allowed | $0.00 | | | |
| C1006 | M | INTRAOCULAR LENS ARRAY MULTIFOCAL SILICONE POSTERIOR CHAMBR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1007 | M | AMS 700 OR AMS AMBICOR PENILE PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1008 | M | STENT URETHRAL PERMANENT UROLUME | | | $0.00 | Not Allowed | $0.00 | | | |
| C1009 | M | PLASMA CRYOPRECIPITATE REDUCED EACH UNIT | | | $0.00 | Not Allowed | $0.00 | | | |
| C1010 | M | BLOOD L/R CMV-NEG | | | $0.00 | Not Allowed | $0.00 | | | |
| C1011 | M | PLATELET HLA-MATCHED LEUKOREDUCED APHERSIS/PHERESIS EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1015 | M | PLT PHER L/R CMV IRRAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1016 | M | BLOOD L/R FROZ/DEGLY/WASHED | | | $0.00 | Not Allowed | $0.00 | | | |
| C1017 | M | PLATELET LEUKOREDUCED CMV-NEGATIVE APHERESIS/PHERESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1018 | M | BLOOD L/R IRRADIATED | | | $0.00 | Not Allowed | $0.00 | | | |
| C1019 | M | PLATELET LEUKOREDUCED IRRADIATED APHERESIS/PHERESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1020 | M | RBC FRZ/DEG/WSH L/R IRRAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1021 | M | RBC L/R CMV NEG IRRAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1022 | M | PLASMA FRZ WITHIN 24 HOUR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1024 | M | QUINOPRISTIN/DALFOPRISTIN 10ML SYNERCID IV | | | $0.00 | Not Allowed | $0.00 | | | |
| C1025 | M | CATHETER MARINR CS CATHETER | | | $0.00 | Not Allowed | $0.00 | | | |
| C1026 | M | CATHETER ABLATION RF PERFORMR 5F RF MARINR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1027 | M | CORONARY STENT MAGIC WALLSTENT XTRA SHORT OVER THE WIRE DEL | | | $0.00 | Not Allowed | $0.00 | | | |
| C1028 | M | SLING FIXATION FOR TREATMENT OF STRESS INCONTINENCE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1029 | M | BALLOON DILATATION CRE CATHETER WIRE GUIDED FIXED WIRE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1030 | M | CATHETER BALLOON DILATATION MARSHAL BLUE MAX 20 ULTRA THN | | | $0.00 | Not Allowed | $0.00 | | | |
| C1031 | M | NEEDLE ABLATION ELECTRODE MR COMPATIBLE LEVEEN | | | $0.00 | Not Allowed | $0.00 | | | |
| C1033 | M | IMAGING CATHETER SONICATH ULTRA MODEL 37-410 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1034 | M | CORONARY ANGIOPLASTY CATHETER LONG 30 SURPASS SUPERFUSION | | | $0.00 | Not Allowed | $0.00 | | | |
| C1035 | M | CATH, ULTRA ICE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1036 | M | PORT/RES VENOUS ACCESS DEVICE VAXCEL SYSTEM R PORT PREMIER | | | $0.00 | Not Allowed | $0.00 | | | |
| C1037 | M | CATHETER DIALYSIS VAXCEL CHRONIC DIALYSIS CATHETER | | | $0.00 | Not Allowed | $0.00 | | | |
| C1038 | M | ULTRACROSS IMAGING CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1039 | M | TRACHEOBRONCHIAL STENT WALLSTENT ENDOPROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1040 | M | SELF-EXPANDABLE STENT FOR INTRAHEPATIC SHUNT | | | $0.00 | Not Allowed | $0.00 | | | |
| C1042 | M | STENT BILIARY WALLSTENT ENDOPROSTHESIS WITH UNISTEP | | | $0.00 | Not Allowed | $0.00 | | | |
| C1043 | M | ATHERECTOMY SYSTEM CORONARY ROTOBLATOR ROTALINK CATHETER | | | $0.00 | Not Allowed | $0.00 | | | |
| C1045 | M | SUPPLY OF RADIOPHARMACEUTICAL AGENT I-131 IOBENGUANE SULF | | | $0.00 | Not Allowed | $0.00 | | | |
| C1047 | M | DIAGNOSTIC NAVI-STAR DEFLECTABLE TIP CATHETER NOGA-STAR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1048 | M | GENERATOR BIPOLAR PULSE CYBERONICS NEUROCYBERNETIC | | | $0.00 | Not Allowed | $0.00 | | | |
| C1050 | M | PROTEIN A IMMUNOADSORPTION PROSORBA COLUMN | | | $0.00 | Not Allowed | $0.00 | | | |
| C1051 | M | OASIS THROMBECTOMY CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1053 | M | CATHETER DIAGNOSTIC ENSITE 3000 CATHETER | | | $0.00 | Not Allowed | $0.00 | | | |
| C1054 | M | HYDROLYSER THROMB CATH 6/7F | | | $0.00 | Not Allowed | $0.00 | | | |
| C1055 | M | TRANSESOPH 210, 210-S CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1056 | M | THERMACHOICE II CATH | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C1057 | M | TISSUE MARKER 11-GAUGE MICROMARK II TISSUE MARKER | | | $0.00 | Not Allowed | $0.00 | | | |
| C1059 | M | AUTOLOGOUS CULTRURED CHONDROCYTES IMPLANTATION CARTICEL | | | $0.00 | Not Allowed | $0.00 | | | |
| C1060 | M | CORONARY STENT ACS MULTI-LINK TRISTAR MULTI-LINK ULTRA | | | $0.00 | Not Allowed | $0.00 | | | |
| C1061 | M | CATHETER CORONARY GUIDE ACS VIKING GUIDING CATHETER | | | $0.00 | Not Allowed | $0.00 | | | |
| C1063 | M | LEAD DEFIBRILLATOR ENDOTAK ENDURANCE EZ RX 0134-0136 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1067 | M | STENT BILIARY MEGALINK BILIARY STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C1068 | M | PACEMAKER DUAL CHAMBER PULSAR DDD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1069 | M | PACEMAKER DUAL CHAMBER DISCOVERY DR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1071 | M | PACEMAKER SINGLE CHAMBER PULSAR MAX SR PULSAR SR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1072 | M | BALLOON DIL CATHETER CORONARY ESPRIT GEMINI SOLARIS OTW | | | $0.00 | Not Allowed | $0.00 | | | |
| C1073 | M | MORCELLATOR LAPAROSCOPIC GYNECARE X-TRACT LAPARASCOPIC | | | $0.00 | Not Allowed | $0.00 | | | |
| C1074 | M | PERIPHERAL DILATATION CATHETER VIATRAC 14 OTW VIATRAC 18 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1075 | M | LEAD PACEMAKER SELUTE PICOTIP SWEET FINELINE THINLINE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1076 | M | DEFIBRILLATOR SINGLE CHAMBER AUTO IMPLANTABLE VENTAK MINI | | | $0.00 | Not Allowed | $0.00 | | | |
| C1077 | M | DEFIBRILLATOR SINGLE CHAMBER AUTO IMPLANTABLE VENTAK PRIZM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1078 | M | DEFIBRILLATOR DUAL CHAMBER AUTO IMPLANTABLE VENTAK PRIZM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1084 | M | DENILEUKIN DIFTITOX 300 MCG ONTAK IV | | | $0.00 | Not Allowed | $0.00 | | | |
| C1086 | M | TEMOZOLOMIDE 5 MG TEMODAR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1089 | M | RADIOPHARMACEUTICAL DIAGNSTC IMAGING AGNT CYANOCOBALAMIN 57 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1090 | M | SUPPLY OF RADIOPHARMACEUTICAL DIAGNSTC IMAGING AGNT INDIUM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1095 | M | RADIOPHARMACEUTICAL DIAGNSTC IMAGING AGNT TECHNETIUM DEPREOT | | | $0.00 | Not Allowed | $0.00 | | | |
| C1101 | M | CATHETER PERC TRANSLMNL CORONARY ANGIOPLSTY GUIDE MEDTRONIC | | | $0.00 | Not Allowed | $0.00 | | | |
| C1102 | M | PULSE GENERATOR NEUROSTIMULATOR MEDTRONIC SYNERGY | | | $0.00 | Not Allowed | $0.00 | | | |
| C1103 | M | DEFIBRILLATOR IMPLANTABLE MICRO JEWEL MICRO JEWEL II | | | $0.00 | Not Allowed | $0.00 | | | |
| C1104 | M | ABLATION CATHETER RF CONDUCTOR MC 4MM 5MMMODELS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1105 | M | PACEMAKER DUAL CHAMBER SIGMA 300 VDD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1106 | M | NEUROSTIMULATOR PATIENT PROGRAMMER SYNERGY EZ PATIENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C1107 | M | DIAGNOSTIC CATHETER ELECTROPHYSIOLOGY TORQR SOLOIST | | | $0.00 | Not Allowed | $0.00 | | | |
| C1109 | M | IMPLANTABLE ANCHOR MITEK INNOVASIVE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1110 | M | DIAGNOSTIC CATHETER ELECTROPHYSIOLOGY STABLE MAPPER | | | $0.00 | Not Allowed | $0.00 | | | |
| C1111 | M | STENT GRAFT SYSTEM ANEURX AORTO-UNI-ILIAC-STENT GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| C1112 | M | STENT GRAFT SYSTEM ANEURX | | | $0.00 | Not Allowed | $0.00 | | | |
| C1113 | M | STENT GRAFT SYSTEM TALENT ENDOLUMINAL | | | $0.00 | Not Allowed | $0.00 | | | |
| C1114 | M | STENT GRAFT SYSTEM TALENT SPRING | | | $0.00 | Not Allowed | $0.00 | | | |
| C1115 | M | LEAD PACEMAKER 5038S 5038 5038L | | | $0.00 | Not Allowed | $0.00 | | | |
| C1116 | M | LEAD PACEMEKER CAPSURE EXCELLENCE IMPULSE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1117 | M | ANCURE ENDOGRAFT DEL SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1118 | M | PACEMAKER DUAL CHAMBER SIGMA 300 DR LEGACY II DR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1119 | M | LEAD DEFIBRILLATOR SPRINT 6932 SPRINT 6943 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1120 | M | LEAD DEFIBRILLATOR SPRINT 6942 6945 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1121 | M | DEFIBRILLATOR IMPLANTABLE GEM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1123 | M | DEFIBRILLATOR IMPLANTABLE GEM II VR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1124 | M | LEAD NEUROSTIMULATOR KIT INTERSTIM TEST LEAD KIT | | | $0.00 | Not Allowed | $0.00 | | | |
| C1125 | M | PACEMAKER SINGLE CHAMBER KAPPA 400 SR TOPAZ II SR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1126 | M | PACEMAKER DUAL CHAMBER KAPPA 700 DR (ALL MODELS) | | | $0.00 | Not Allowed | $0.00 | | | |
| C1127 | M | PACEMAKER SINGLE CHAMBER KAPPA 700 SR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1128 | M | PACEMAKER DUAL CHAMBER KAPPA 700 D RUBY II D | | | $0.00 | Not Allowed | $0.00 | | | |
| C1129 | M | PACEMAKER KAPPA 700 VDD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1130 | M | PACEMAKER DUAL CHAMBER SIGMA 200 D LEGACY II D | | | $0.00 | Not Allowed | $0.00 | | | |
| C1131 | M | PACEMAKER DUAL CHAMBER SIGMA 200 DR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1132 | M | PACEMAKER SINGLE CHAMBER SIGMA 200 SR LEGACY II SR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1133 | M | PACEMAKER SINGLE CHAMBER SIGMA 300 SR VITA SR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1134 | M | PACEMAKER DUAL CHAMBER SIGMA 300 D | | | $0.00 | Not Allowed | $0.00 | | | |
| C1135 | M | ENTITY DR 5326L/R, DC, PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1136 | M | PACEMAKER DUAL CHAMBER RATE -RESPONSIVE AFFINITY DR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1137 | M | SEPTAL DEFECT IMPLANT SYSTEM CARDIOSEAL OCCLUSION | | | $0.00 | Not Allowed | $0.00 | | | |
| C1143 | M | PACEMAKER DUAL CHAMBER ADDVENT 2060BL | | | $0.00 | Not Allowed | $0.00 | | | |
| C1144 | M | PACEMAKER SINGLE CHAMBER RATE RESPONSIVE AFFINITY INTEGRTY | | | $0.00 | Not Allowed | $0.00 | | | |
| C1145 | M | VASCULAR CLOSURE DEVICE ANGIO-SEAL 6 FRENCH VASCULAR DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1146 | M | ENDOTRACHEAL TUBE VETT TRACHEOBRONCHIAL TUBE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1147 | M | LEAD PACEMAKER AV PLUS DX | | | $0.00 | Not Allowed | $0.00 | | | |
| C1148 | M | DEFIBRILLATOR SINGLE CHAMBER IMPLANTABLE CONTOUR MD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1149 | M | PACEMAKER DUAL CHAMBER NON-RATE RESPONSIVE ENTITY | | | $0.00 | Not Allowed | $0.00 | | | |
| C1151 | M | LEAD PACEMAKER PASSIVE PLUS DX | | | $0.00 | Not Allowed | $0.00 | | | |
| C1152 | M | ACCESS SYSTEM DIALYSIS LIFESITE ACCESS SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1153 | M | PACEMAKER SINGLE CHAMBER REGENCY SC+ 2402L | | | $0.00 | Not Allowed | $0.00 | | | |
| C1154 | M | LEAD DEFIBRILLATOR SPL SP01 SP02 SPL 04 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1155 | M | REPLIFORM TISSUE REGENERATION MATRIX PER 8 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1156 | M | PACEMAKER SINGLE CHAMBER AFFINITY TEMPO TRILOGY | | | $0.00 | Not Allowed | $0.00 | | | |
| C1157 | M | PACEMAKER DUAL CHAMBER TRILOGY DC+2318L | | | $0.00 | Not Allowed | $0.00 | | | |
| C1158 | M | LEAD DEFIBRILLATOR TVL SV01 TVL SV02 TVL SV04 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1159 | M | LEAD DEFIBRILLATOR TVL RV02 TVL RV06 TV RV07 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1160 | M | LEAD DEFIBRILLATOR TVL-ADX 1559/65 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1161 | M | LEAD PACEMAKER TENDRIL | | | $0.00 | Not Allowed | $0.00 | | | |
| C1162 | M | PACEMAKER DUAL_CHAMBER AFFINITY DR TEMPO TRILOGY | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C1163 | M | LEAD PACEMAKER TENDRIL SDX | | | $0.00 | Not Allowed | $0.00 | | | |
| C1164 | M | BRACHYTHERAPY SEED I-125 SEED | | | $0.00 | Not Allowed | $0.00 | | | |
| C1166 | M | CYTARABINE LIPOSOMAL 10 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| C1167 | M | INJECTION EPIRUBICIN HYDROCHLORIDE 2 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| C1170 | M | BIOPSY DEVICE BREAST ABBI DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1171 | M | SITE MARKER DEVIE DISPOSABLE AUTO SUTURE SITE MARKER | | | $0.00 | Not Allowed | $0.00 | | | |
| C1172 | M | BALLOON TISSUE DISSECTOR SPACEMAKER SPACEMAKER HERNIA | | | $0.00 | Not Allowed | $0.00 | | | |
| C1173 | M | STENT CORONARY S540 OVER-THE-WIRE CORONARY STENT SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1174 | M | NEEDLE BRACHYTHERAPY BARD BRACHYSTAR NEEDLE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1175 | M | MIBB DISP BIOPSY DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1176 | M | MAMMOTOME HH PROBE W/VAC SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1177 | M | 11-G MAMMOTOME PROBE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1178 | K | BUSULFAN IV 6 MG | 1178 | 0.1795 | $8.57 | APC | $8.57 | | | |
| C1179 | M | 14-G MAMMOTOME PROBE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1180 | M | VIGOR SR, SC, PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1181 | M | MERIDIAN SSI, SC, PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1182 | M | PULSAR SSI, SC, PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1183 | M | JADE IIS, SIGMA 300S, SC, PM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1184 | M | SIGMA 200S, SC, PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1203 | M | VERTEPORFIN FOR INJ | | | $0.00 | Not Allowed | $0.00 | | | |
| C1205 | M | TC 99M DISOFENIN, PER VIAL | | | $0.00 | Not Allowed | $0.00 | | | |
| C1300 | S | HYPERBARIC OXYGEN | 0659 | 1.5155 | $72.37 | APC | $72.37 | | | |
| C1302 | M | SQ01; LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1303 | M | CAPSURE FIX 6940/4068-110 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1304 | M | SONCATH MDL 37-416,-418 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1306 | M | NEUROCYBERNETICPROS:LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1311 | M | TRILOGY DR+/DAO PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1312 | M | MAGIC WALLSTENT--MINI | | | $0.00 | Not Allowed | $0.00 | | | |
| C1313 | M | MAGIC MEDIUM,RADIUS 31MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1314 | M | MAGIC WALLSTENT--LONG | | | $0.00 | Not Allowed | $0.00 | | | |
| C1315 | M | VIGOR DR, MERIDIAN DR PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1316 | M | MERIDIAN DDD PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1317 | M | DISCOVERY SR, PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1318 | M | MERIDIAN SR PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1319 | M | WALLSTENT: ENTERAL--60MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1320 | M | WALLSTENT: ILIAC | | | $0.00 | Not Allowed | $0.00 | | | |
| C1321 | M | PALATE/BASE OF TONGUE ELECTR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1322 | M | TURBINATE SOMNOPLASTY ELECTR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1323 | M | VAPR/T DISP ELECTRODE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1324 | M | LIGASURE DISPOSABLE ELECTROD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1325 | M | PALLADIUM-103 SEED | | | $0.00 | Not Allowed | $0.00 | | | |
| C1326 | M | ANGIO-JET RHEOLYTIC THROMB | | | $0.00 | Not Allowed | $0.00 | | | |
| C1328 | M | ANS RENEW NS TRNSMTR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1329 | M | VERSAPOINT DISP ELECTRODE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1333 | M | PALMAZ CORINTHIAN BIL STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C1334 | M | CROWN,MINI-CROWN,CROSSLC | | | $0.00 | Not Allowed | $0.00 | | | |
| C1335 | M | MESH, PROLENE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1336 | M | CONSTANT FLOW IMP PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| C1337 | M | ISOMED 8472-20/35/60 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1350 | M | PROSTASEED I-125, PER SOURCE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1351 | M | CAPSURE FIX LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1352 | M | GEM II DR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1353 | M | ITREL INTERSTM NEUROSTIM+EXT | | | $0.00 | Not Allowed | $0.00 | | | |
| C1354 | M | KAPPA 400DR,DIAMOND II 820DR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1355 | M | KAPPA 600DR, VITA DR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1356 | M | PROFILE MD V-186HV3 SC DEFIB | | | $0.00 | Not Allowed | $0.00 | | | |
| C1357 | M | ANGSTROM MD V-190HV3 SC DEF | | | $0.00 | Not Allowed | $0.00 | | | |
| C1358 | M | AFFINITY DC 5230R, PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1359 | M | PULSAR,PULSAR MAX DR, PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1360 | M | OCULAR PHOTODYNAMIC TX | | | $0.00 | Not Allowed | $0.00 | | | |
| C1361 | M | REVEAL CARDIAC RECORDER | | | $0.00 | Not Allowed | $0.00 | | | |
| C1362 | M | HERCULINK,OTW,SDS BIL STNT | | | $0.00 | Not Allowed | $0.00 | | | |
| C1363 | M | GEM DR, DC, DEFIB | | | $0.00 | Not Allowed | $0.00 | | | |
| C1364 | M | PHOTON DR V-230HV3 DC DEFIB | | | $0.00 | Not Allowed | $0.00 | | | |
| C1365 | M | GUIDEWIRE, HI-TORQUE14/18/35 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1366 | M | GUIDEWIRE,PTCA,HI-TORQUE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1367 | M | GUIDE WIRE, HI-TORQUECROSSIT | | | $0.00 | Not Allowed | $0.00 | | | |
| C1368 | M | ON-Q PAIN MGT SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1369 | M | ANS RENEW STIM SYS RECVR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1370 | M | TENSION-FREE VAGINAL TAPE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1371 | M | SYMP NITINOL TRANSHEP BIL SY | | | $0.00 | Not Allowed | $0.00 | | | |
| C1372 | M | CORDIS NITINOL BIL STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C1375 | M | STENT, CORONARY, NIR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1376 | M | ANS RENEW STIM SYS LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1377 | M | SPECIFY 3988 NEURO LEAD | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C1378 | M | INTERSTIM TX 3080/3886 LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1379 | M | PISCES-QUAD 3887 LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1420 | M | STAPLETAC2 BONEW/DERMIS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1421 | M | STAPLETAC2 BONE WO DERMIS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1450 | M | ORTHOSPHERE ARTHROPLASTY | | | $0.00 | Not Allowed | $0.00 | | | |
| C1451 | M | ORTHOSPHERE ARTHROPLASTY KIT | | | $0.00 | Not Allowed | $0.00 | | | |
| C1500 | M | ATHERECTOMY SYS, PERIPHERAL | | | $0.00 | Not Allowed | $0.00 | | | |
| C1531 | M | BARD COLORECTAL STENT--60MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1700 | M | AUTHEN MICK TP BRACHY NEEDLE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1701 | M | MEDTEC MT-BT-5201-25 NEEDLE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1702 | M | WWMT BRACHY NEEDLE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1703 | M | MENTOR PROSTATE BRACHY | | | $0.00 | Not Allowed | $0.00 | | | |
| C1704 | M | MT-BT-5001-25/5051-25 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1705 | M | BEST FLEXI BRACHY NEEDLE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1706 | M | INDIGO PROSTATE SEEDING NDL | | | $0.00 | Not Allowed | $0.00 | | | |
| C1707 | M | VARISOURCE IMPLT NDL | | | $0.00 | Not Allowed | $0.00 | | | |
| C1708 | M | UROMED PROSTATE SEED NDL | | | $0.00 | Not Allowed | $0.00 | | | |
| C1709 | M | REMINGTON BRACHYTX NEEDLE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1710 | M | US BIOPSY PROSTATE NEEDLE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1711 | M | MD TECH BRACHYTX NEEDLE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1712 | M | IMAGYN BRACHYTX NEEDLE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1713 | N | ANCHOR/SCREW BN/BN TIS/BN | | | $0.00 | APC | $0.00 | | | |
| C1714 | N | CATH, TRANS ATHERECTOMY, DIR | | | $0.00 | APC | $0.00 | | | |
| C1715 | N | BRACHYTHERAPY NEEDLE | | | $0.00 | APC | $0.00 | | | |
| C1716 | H | BRACHYTX SOURCE GOLD 198 | 1716 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| C1717 | H | BRACHYTHERAPY SEED HDR IR-192 | 1717 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| C1718 | H | BRACHYTX SOURCE IODINE 125 | 1718 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| C1719 | H | BRACHYTX SOUR NON-HDR IR-192 | 1719 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| C1720 | H | BRACHYTX SOUR PALLADIUM 103 | 1720 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| C1721 | N | CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER (IMPLANTABLE) | | | $0.00 | APC | $0.00 | | | |
| C1722 | N | AICD SINGLE CHAMBER | | | $0.00 | APC | $0.00 | | | |
| C1723 | M | CATHETER ABLATION NON-CARDIAC | | | $0.00 | Not Allowed | $0.00 | | | |
| C1724 | N | CATH, TRANS ATHEREC,ROTATION | | | $0.00 | APC | $0.00 | | | |
| C1725 | N | CATH TRANSLUMIN NON-LASER | | | $0.00 | APC | $0.00 | | | |
| C1726 | N | CATH, BAL DIL, NON-VASCULAR | | | $0.00 | APC | $0.00 | | | |
| C1727 | N | CATH BAL TIS DIS NON-VAS | | | $0.00 | APC | $0.00 | | | |
| C1728 | N | CATH, BRACHYTX SEED ADM | | | $0.00 | APC | $0.00 | | | |
| C1729 | N | CATHETER, DRAINAGE | | | $0.00 | APC | $0.00 | | | |
| C1730 | N | CATH, EP, 19 OR FEW ELECT | | | $0.00 | APC | $0.00 | | | |
| C1731 | N | CATH EP 20 OR MORE ELEC | | | $0.00 | APC | $0.00 | | | |
| C1732 | N | CATH, EP, DIAG/ABL, 3D/VECT | | | $0.00 | APC | $0.00 | | | |
| C1733 | N | CATH EP OTHER THAN COOL-TIP | | | $0.00 | APC | $0.00 | | | |
| C1750 | N | CATH, HEMODIALYSIS,LONG-TERM | | | $0.00 | APC | $0.00 | | | |
| C1751 | N | CATH INF PER/CENT/MIDLINE | | | $0.00 | APC | $0.00 | | | |
| C1752 | N | CATH,HEMODIALYSIS,SHORT-TERM | | | $0.00 | APC | $0.00 | | | |
| C1753 | N | CATH INTRAVAS ULTRASOUND | | | $0.00 | APC | $0.00 | | | |
| C1754 | N | CATHETER, INTRADISCAL | | | $0.00 | APC | $0.00 | | | |
| C1755 | N | CATHETER INTRASPINAL | | | $0.00 | APC | $0.00 | | | |
| C1756 | N | CATH, PACING, TRANSESOPH | | | $0.00 | APC | $0.00 | | | |
| C1757 | N | CATH THROMBECTOMY/EMBOLECT | | | $0.00 | APC | $0.00 | | | |
| C1758 | N | CATHETER, URETERAL | | | $0.00 | APC | $0.00 | | | |
| C1759 | N | CATH INTRA ECHOCARDIOGRAPHY | | | $0.00 | APC | $0.00 | | | |
| C1760 | N | CLOSURE DEV, VASC | | | $0.00 | APC | $0.00 | | | |
| C1762 | N | CONN TISS HUMAN (INC FASCIA) | | | $0.00 | APC | $0.00 | | | |
| C1763 | N | CONN TISS, NON-HUMAN | | | $0.00 | APC | $0.00 | | | |
| C1764 | N | EVENT RECORDER CARDIAC | | | $0.00 | APC | $0.00 | | | |
| C1765 | N | ADHESION BARRIER | | | $0.00 | APC | $0.00 | | | |
| C1766 | N | INTRO/SHEATH STRBLE NON-PEEL | | | $0.00 | APC | $0.00 | | | |
| C1767 | N | GENERATOR, NEUROSTIM, IMP | | | $0.00 | APC | $0.00 | | | |
| C1768 | N | GRAFT VASCULAR | | | $0.00 | APC | $0.00 | | | |
| C1769 | N | GUIDE WIRE | | | $0.00 | APC | $0.00 | | | |
| C1770 | N | IMAGING COIL MR INSERTABLE | | | $0.00 | APC | $0.00 | | | |
| C1771 | N | REP DEV, URINARY, W/SLING | | | $0.00 | APC | $0.00 | | | |
| C1772 | N | INFUSION PUMP PROGRAMMABLE | | | $0.00 | APC | $0.00 | | | |
| C1773 | N | RET DEV, INSERTABLE | | | $0.00 | APC | $0.00 | | | |
| C1774 | M | DARBEPOETIN ALFA NON-ESRD | | | $0.00 | Not Allowed | $0.00 | | | |
| C1776 | N | JOINT DEVICE (IMPLANTABLE) | | | $0.00 | APC | $0.00 | | | |
| C1777 | N | LEAD, AICD, ENDO SINGLE COIL | | | $0.00 | APC | $0.00 | | | |
| C1778 | N | LEAD NEUROSTIMULATOR | | | $0.00 | APC | $0.00 | | | |
| C1779 | N | LEAD, PMKR, TRANSVENOUS VDD | | | $0.00 | APC | $0.00 | | | |
| C1780 | N | LENS INTRAOCULAR (NEW TACH) | | | $0.00 | APC | $0.00 | | | |
| C1781 | N | MESH (IMPLANTABLE) | | | $0.00 | APC | $0.00 | | | |
| C1782 | N | MORCELLATOR | | | $0.00 | APC | $0.00 | | | |
| C1783 | N | OCULAR IMPLANT AQUEOUS DRAIN DEV | | | $0.00 | APC | $0.00 | | | |
| C1784 | N | OCULAR DEV, INTRAOP, DET RET | | | $0.00 | APC | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C1785 | N | PMKR DUAL RATE-RESP | | | $0.00 | APC | $0.00 | | | |
| C1786 | N | PMKR, SINGLE, RATE-RESP | | | $0.00 | APC | $0.00 | | | |
| C1787 | N | PATIENT PROGR NEUROSTIM | | | $0.00 | APC | $0.00 | | | |
| C1788 | N | PORT, INDWELLING, IMP | | | $0.00 | APC | $0.00 | | | |
| C1789 | N | PROSTHESIS BREAST IMP | | | $0.00 | APC | $0.00 | | | |
| C1790 | M | IRIDIUM 192 HDR | | | $0.00 | Not Allowed | $0.00 | | | |
| C1791 | M | ONCOSEED, RAPID STRAND I-125 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1792 | M | UROMED I-125 BRACHY SEED | | | $0.00 | Not Allowed | $0.00 | | | |
| C1793 | M | BARD INTERSOURCE P-103 SEED | | | $0.00 | Not Allowed | $0.00 | | | |
| C1794 | M | BARD ISOSEED P-103 SEED | | | $0.00 | Not Allowed | $0.00 | | | |
| C1795 | M | BARD BRACHYSOURCE I-125 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1796 | M | SOURCETECH MED I-125 | | | $0.00 | Not Allowed | $0.00 | | | |
| C1797 | M | DRAXIMAGE I-125 SEED | | | $0.00 | Not Allowed | $0.00 | | | |
| C1798 | M | SYNCOR I-125 PHARMASEED | | | $0.00 | Not Allowed | $0.00 | | | |
| C1799 | M | I-PLANT I-125 BRACHYTX SEED | | | $0.00 | Not Allowed | $0.00 | | | |
| C1800 | M | PD-103 BRACHYTX SEED | | | $0.00 | Not Allowed | $0.00 | | | |
| C1801 | M | IOGOLD I-125 BRACHYTX SEED | | | $0.00 | Not Allowed | $0.00 | | | |
| C1802 | M | IRIDIUM 192 BRACHYTX SEEDS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1803 | M | BEST IODINE 125 BRACHYTX SDS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1804 | M | BEST PALLADIUM 103 SEEDS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1805 | M | ISOSTAR IODINE-125 SEEDS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1806 | M | BEST GOLD 198 BRACHYTX SEED | | | $0.00 | Not Allowed | $0.00 | | | |
| C1810 | M | D114S DILATATION CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1811 | M | SUGICAL DYNAMICS ANCHORS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1812 | M | OBL ANCHORS | | | $0.00 | Not Allowed | $0.00 | | | |
| C1813 | N | PROSTHESIS, PENILE, INFLATAB | | | $0.00 | APC | $0.00 | | | |
| C1814 | N | RETINAL TAMP, SILICONE OIL | | | $0.00 | APC | $0.00 | | | |
| C1815 | N | PROS URINARY SPH IMP | | | $0.00 | APC | $0.00 | | | |
| C1816 | N | RECEIVER/TRANSMITTER, NEURO | | | $0.00 | APC | $0.00 | | | |
| C1817 | N | SEPTAL DEFECT IMP SYS | | | $0.00 | APC | $0.00 | | | |
| C1818 | N | INTEGRATED KERATOPROSTHESIS | | | $0.00 | APC | $0.00 | | | |
| C1819 | N | TISSUE LOCALIZATION-EXCISION | | | $0.00 | APC | $0.00 | | | |
| C1820 | H | GENERATOR NEURO RECHG BAT SYS | 1820 | 0.0000 | $0.00 | By Report | $0.00 | | | Y |
| C1850 | M | REPLIFORM 14/21 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1851 | M | REPLIFORM 24/28 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1852 | M | TRANSCYTE, PER 247 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1853 | M | SUSPEND, PER 8/14 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1854 | M | SUSPEND, PER 24/28 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1855 | M | SUSPEND, PER 36 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1856 | M | SUSPEND, PER 48 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1857 | M | SUSPEND, PER 84 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1858 | M | DURADERM, PER 8/14 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1859 | M | DURADERM, PER 21/24/28 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1860 | M | DURADERM, PER 48 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1861 | M | DURADERM, PER 36 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1862 | M | DURADERM, PER 72 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1863 | M | DURADERM, PER 84 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1864 | M | SPERMATEX, PER 13.44 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1865 | M | FASLATA, PER 8/14 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1866 | M | FASLATA, PER 24/28 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1867 | M | FASLATA, PER 36/48 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1868 | M | FASLATA, PER 96 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1869 | M | GORE THYROPLASTY DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| C1870 | M | DERMMATRIX, PER 16 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1871 | M | DERMMATRIX, 32 OR 64 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1872 | M | DERMAGRAFT, PER 37.5 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1873 | M | BARD 3DMAX MESH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1874 | N | STENT, COATED/COV W/DEL SYS | | | $0.00 | APC | $0.00 | | | |
| C1875 | N | STENT COATED/COV W/O DEL SYS | | | $0.00 | APC | $0.00 | | | |
| C1876 | N | STENT, NON-COA/NON-COV W/DEL | | | $0.00 | APC | $0.00 | | | |
| C1877 | N | STENT NON-COAT/COV W/O DEL | | | $0.00 | APC | $0.00 | | | |
| C1878 | N | MATRL FOR VOCAL CORD | | | $0.00 | APC | $0.00 | | | |
| C1879 | N | TISSUE MARKER (IMPLANTABLE) | | | $0.00 | APC | $0.00 | | | |
| C1880 | N | VENA CAVA FILTER | | | $0.00 | APC | $0.00 | | | |
| C1881 | N | DIALYSIS ACCESS SYSTEM | | | $0.00 | APC | $0.00 | | | |
| C1882 | N | AICD, OTHER THAN SING/DUAL | | | $0.00 | APC | $0.00 | | | |
| C1883 | N | ADAPTOR/EXT PACING/NEURO LEAD | | | $0.00 | APC | $0.00 | | | |
| C1884 | N | EMBOLIZATION PROTECTIVE SYSTEM | | | $0.00 | APC | $0.00 | | | |
| C1885 | N | CATH, TRANSLUMIN ANGIO LASER | | | $0.00 | APC | $0.00 | | | |
| C1887 | N | CATHETER GUIDING | | | $0.00 | APC | $0.00 | | | |
| C1888 | N | ENDOVAS NON-CARDIAC ABL CATH | | | $0.00 | APC | $0.00 | | | |
| C1891 | N | INFUSION PUMP,NON-PROG, PERM | | | $0.00 | APC | $0.00 | | | |
| C1892 | N | INTRO/SHEATH FIXED PEEL-AWAY | | | $0.00 | APC | $0.00 | | | |
| C1893 | N | INTRO/SHEATH, FIXED,NON-PEEL | | | $0.00 | APC | $0.00 | | | |
| C1894 | N | INTRO/SHEATH NON-LASER | | | $0.00 | APC | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C1895 | N | LEAD, AICD, ENDO DUAL COIL | | | $0.00 | APC | $0.00 | | | |
| C1896 | N | LEAD AICD NON SING/DUAL | | | $0.00 | APC | $0.00 | | | |
| C1897 | N | LEAD, NEUROSTIM TEST KIT | | | $0.00 | APC | $0.00 | | | |
| C1898 | N | LEAD PMKR OTHER THAN TRANS | | | $0.00 | APC | $0.00 | | | |
| C1899 | N | LEAD, PMKR/AICD COMBINATION | | | $0.00 | APC | $0.00 | | | |
| C1900 | N | LEAD CORONARY VENOUS | | | $0.00 | APC | $0.00 | | | |
| C1929 | M | MAVERICK PTCA CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1930 | M | COYOTE DIL CATH, 20/30/40MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C1931 | M | TALON DIL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1932 | M | SCIMED REMEDY DIL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1933 | M | OPTI-PLAST XL/CENTURION CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1934 | M | ULTRAVERSE 3.5F BAL DIL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1935 | M | WORKHORSE PTA BAL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1936 | M | UROMAX ULTRA BAL DIL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1937 | M | SYNERGY/EXPLORER CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1938 | M | UROFORCE BAL DIL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1939 | M | RAPTUR, NINJA PTCA DIL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1940 | M | POWERFLEX,OPTA 5/LP BAL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1941 | M | JUPITER PTA DIL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1942 | M | CORDIS MAXI LD PTA BAL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1943 | M | RXCROSSSAIL OTW OPENSAIL | | | $0.00 | Not Allowed | $0.00 | | | |
| C1944 | M | RAPID EXCHANGE BIL DIL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1945 | M | SAVVY PTA DIL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1946 | M | R1S RAPID DIL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1947 | M | GAZELLE BAL DIL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1948 | M | ORACLE MEGASONICS CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1949 | M | ORACLE MEGASONICS CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1979 | M | VISIONS PV/AVANAR US CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1980 | M | ATLANTIS SR CORONARY CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C1981 | M | PTCA CATHETERS | | | $0.00 | Not Allowed | $0.00 | | | |
| C2000 | M | ORBITER ST STEERABLE CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2001 | M | CONSTELLATION DIAG CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2002 | M | IRVINE 5F INQUIRY EP CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2003 | M | IRVINE 6F INQUIRY EP CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2004 | M | EP CATH--OCTAPOLAR | | | $0.00 | Not Allowed | $0.00 | | | |
| C2005 | M | EP TIP CATH--HEXAPOLAR | | | $0.00 | Not Allowed | $0.00 | | | |
| C2006 | M | EP CATH--DECAPOLAR | | | $0.00 | Not Allowed | $0.00 | | | |
| C2007 | M | IRVINE 6F LUMA-CATH EP CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2008 | M | LUMA-CATH EP CATH 81910-15 | | | $0.00 | Not Allowed | $0.00 | | | |
| C2009 | M | IRVINE 7F LUMA-CATH EP CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2010 | M | FIXED CURVE EP CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2011 | M | DEFLECTABLE TIP CATH--QUAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C2012 | M | CELSIUS ABLN CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2013 | M | CELSIUS LARGE ABLN CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2014 | M | CELSIUS II ASYM ABLN CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2015 | M | CELSIUS II SYM ABLN CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2016 | M | NAVI-STAR DS, NAVI-STAR THER | | | $0.00 | Not Allowed | $0.00 | | | |
| C2017 | M | NAVI-STAR ABLN CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2018 | M | POLARIS T ABLATION CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2019 | M | EP DEFLECTABLE CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2020 | M | BLAZER II XP ABLN CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2021 | M | SILVERFLEX EP CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2022 | M | CP CHILLI COOLED ABLN CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2023 | M | CHILLI CLD ABLNCATH-STD,LG | | | $0.00 | Not Allowed | $0.00 | | | |
| C2100 | M | CP CS REFERENCE CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2101 | M | CP RV REFERENCE CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2102 | M | CP RADII 7F EP CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2103 | M | CP RADII 7F EP CATH W/TRACK | | | $0.00 | Not Allowed | $0.00 | | | |
| C2104 | M | LASSO DEFLECTABLE CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2151 | M | VERIPATH GUIDING CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2152 | M | CORDIS VISTA BRITE TIP CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2153 | M | BARD VIKING CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2200 | M | ARROW-TREROTOLA PTD CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2300 | M | VARISOURCE STND CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2597 | M | CLINICATH 16/18 SGL/DBL | | | $0.00 | Not Allowed | $0.00 | | | |
| C2598 | M | CLINICATH 18/20/24G--SINGLE | | | $0.00 | Not Allowed | $0.00 | | | |
| C2599 | M | CLINICATH 16/18 DOUBLE | | | $0.00 | Not Allowed | $0.00 | | | |
| C2600 | M | GOLD PROBE CATHETER | | | $0.00 | Not Allowed | $0.00 | | | |
| C2601 | M | BARD DL URETERAL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2602 | M | VITESSE LASER CATH 1.4/1.7MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C2603 | M | VITESSE LASER CATH 2.0MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C2604 | M | VITESSE E LASER CATH 2.0MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C2605 | M | EXTREME LASER CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2606 | M | SPINECATH XL CATHETER | | | $0.00 | Not Allowed | $0.00 | | | |
| C2607 | M | SPINECATH INTRADISCAL CATH | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C2608 | M | SCIMED 6F WISEGUIDE CATHETER | | | $0.00 | Not Allowed | $0.00 | | | |
| C2609 | M | FLEXIMA BIL DRAINAGE CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2610 | M | FLEXTIPPLUS INTRASPINAL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2611 | M | ALGOLINE INTRASPINAL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C2612 | M | INDURA CATHETER | | | $0.00 | Not Allowed | $0.00 | | | |
| C2614 | N | PROBE PERC LUMB DISC | | | $0.00 | APC | $0.00 | | | |
| C2615 | N | SEALANT, PULMONARY, LIQUID | | | $0.00 | APC | $0.00 | | | |
| C2616 | H | BRACHYTX SOURCE YTTRIUM-90 | 2616 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| C2617 | N | STENT, NON-COR, TEM W/O DEL | | | $0.00 | APC | $0.00 | | | |
| C2618 | N | PROBE CRYOABLATION | | | $0.00 | APC | $0.00 | | | |
| C2619 | N | PMKR, DUAL, NON RATE-RESP | | | $0.00 | APC | $0.00 | | | |
| C2620 | N | PMKR SINGLE NON RATE-RESP | | | $0.00 | APC | $0.00 | | | |
| C2621 | N | PMKR, OTHER THAN SING/DUAL | | | $0.00 | APC | $0.00 | | | |
| C2622 | N | PROSTHESIS PENILE NON-INF | | | $0.00 | APC | $0.00 | | | |
| C2625 | N | STENT, NON-COR, TEM W/DEL SY | | | $0.00 | APC | $0.00 | | | |
| C2626 | N | INFUSION PUMP NON-PROG TEMP | | | $0.00 | APC | $0.00 | | | |
| C2627 | N | CATH, SUPRAPUBIC/CYSTOSCOPIC | | | $0.00 | APC | $0.00 | | | |
| C2628 | N | CATHETER OCCLUSION | | | $0.00 | APC | $0.00 | | | |
| C2629 | N | INTRO/SHEATH, LASER | | | $0.00 | APC | $0.00 | | | |
| C2630 | N | CATH EP COOL-TIP | | | $0.00 | APC | $0.00 | | | |
| C2631 | N | REP DEV, URINARY, W/O SLING | | | $0.00 | APC | $0.00 | | | |
| C2632 | H | BRACHYTX SOL I-125 PER MCI | 2632 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| C2633 | H | BRACHYTX SOURCE CESIUM-131 | 2633 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| C2634 | H | BRACHYTX SOURCE, HA, I-125 | 2634 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| C2635 | H | BRACHYTX SOURCE, HA, P-103 | 2635 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| C2636 | H | BRACHYTX LINEAR SOURCE, P-103 | 2636 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| C2637 | H | BRACHYTX, YTTERBIUM-169 | 2637 | 0.0000 | $0.00 | By Report | $0.00 | | | |
| C2676 | M | RSPONSE CV CATHETER | | | $0.00 | Not Allowed | $0.00 | | | |
| C2700 | M | MYCROPHYLAX PLUS SC DEFIB | | | $0.00 | Not Allowed | $0.00 | | | |
| C2701 | M | PHYLAX XM SC DEFIB | | | $0.00 | Not Allowed | $0.00 | | | |
| C2702 | M | VENTAK PRIZM 2 VR DEFIB | | | $0.00 | Not Allowed | $0.00 | | | |
| C2703 | M | VENTAK PRIZM VR HE DEFIB | | | $0.00 | Not Allowed | $0.00 | | | |
| C2704 | M | VENTAK MINI IV+ DEFIB | | | $0.00 | Not Allowed | $0.00 | | | |
| C2801 | M | DEFENDER IV DR 612 DC DEFIB | | | $0.00 | Not Allowed | $0.00 | | | |
| C2802 | M | PHYLAX AV | | | $0.00 | Not Allowed | $0.00 | | | |
| C2803 | M | VENTAK PRIZM DR HE DEFIB | | | $0.00 | Not Allowed | $0.00 | | | |
| C2804 | M | VENTAK PRIZM 2 DR DEFIB | | | $0.00 | Not Allowed | $0.00 | | | |
| C2805 | M | JEWEL AF 7250 DEFIB | | | $0.00 | Not Allowed | $0.00 | | | |
| C2806 | M | GEM VR 7227 DEFIB | | | $0.00 | Not Allowed | $0.00 | | | |
| C2807 | M | CONTAK CD 1823 | | | $0.00 | Not Allowed | $0.00 | | | |
| C2808 | M | CONTAK TR 1241 | | | $0.00 | Not Allowed | $0.00 | | | |
| C3001 | M | KAINOX SL/RV DEFIB LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C3002 | M | EASYTRAK DEFIB LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C3003 | M | ENDOTAK SQ ARAY XP LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C3004 | M | INTERVENE DEFIB LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C3401 | M | SALINE-FILLED SPECTRUM | | | $0.00 | Not Allowed | $0.00 | | | |
| C3500 | M | ALPHA I INF PRO | | | $0.00 | Not Allowed | $0.00 | | | |
| C3510 | M | AMS 800 URINARY PROS | | | $0.00 | Not Allowed | $0.00 | | | |
| C3551 | M | CHOICE/PT GRAPHIX/LUGE/TROOP | | | $0.00 | Not Allowed | $0.00 | | | |
| C3552 | M | HI-TORQUE WHISPER | | | $0.00 | Not Allowed | $0.00 | | | |
| C3553 | M | CORDIS GUIDEWIRES | | | $0.00 | Not Allowed | $0.00 | | | |
| C3554 | M | JINDO GUIDEWIRE | | | $0.00 | Not Allowed | $0.00 | | | |
| C3555 | M | WHOLEY HI-TORQUE PLUS GW | | | $0.00 | Not Allowed | $0.00 | | | |
| C3556 | M | WAVE/FLOWWIRE GUIDEWIRE | | | $0.00 | Not Allowed | $0.00 | | | |
| C3557 | M | HYTEK GUIDEWIRE | | | $0.00 | Not Allowed | $0.00 | | | |
| C3800 | M | SYNCHROMED EL INFUSION PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| C3801 | M | ARROW/MICROJECT PCA SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| C3851 | M | ELASTIC UV IOLAA-4203T/TF/TL | | | $0.00 | Not Allowed | $0.00 | | | |
| C4000 | M | OPUS G 4621, 4624 SC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4001 | M | OPUS S 4121/4124 SC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4002 | M | TALENT 113 SC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4003 | M | KAIROS SR SC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4004 | M | ACTROS SR, ACTROSSR-B SC PMK | | | $0.00 | Not Allowed | $0.00 | | | |
| C4005 | M | PHILOS SR/SR-B SC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4006 | M | PULSAR MAX II SR PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4007 | M | MARATHON SR PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4008 | M | DISCOVERY II SSI PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4009 | M | DISCOVERY II SR PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4300 | M | INTEGRITY AFX DR 5342 PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4301 | M | INTEGRITY AFX DR 5346 PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4302 | M | AFFINITY VDR 5430 PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4303 | M | BRIO 112 DC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4304 | M | BRIO212,TALENT213/223DCPMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4305 | M | BRIO 222 DC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4306 | M | BRIO 220 DC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C4307 | M | KAIROS DR DC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4308 | M | INOS2, INOS2+ DC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4309 | M | ACTROS DR,D,DR-A,SLR DC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4310 | M | ACTROS DR-B DC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4311 | M | PHILOS DR/DR-B/SLR DC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4312 | M | PULSAR MAX II DR PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4313 | M | MARATHON DR PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4314 | M | MOMENTUM DR PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4315 | M | SELECTION AFM PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4316 | M | DISCOVERY II DR | | | $0.00 | Not Allowed | $0.00 | | | |
| C4317 | M | DISCOVERY II DDD | | | $0.00 | Not Allowed | $0.00 | | | |
| C4601 | M | AESCULA LV PMKR LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C4602 | M | TENDRIL SDX, 1488K PMKR LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C4603 | M | OSCOR/FLEXION PMKR LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C4604 | M | CRYSTALLINEACTFIX,CAPSUREFIX | | | $0.00 | Not Allowed | $0.00 | | | |
| C4605 | M | CAPSURE EPI PMKR LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C4606 | M | FLEXTEND PMKR LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C4607 | M | FINELINEII/EZ, THINLINEII/EZ | | | $0.00 | Not Allowed | $0.00 | | | |
| C5000 | M | BX VELOCITY W/HEPACOAT | | | $0.00 | Not Allowed | $0.00 | | | |
| C5001 | M | MEMOTHERM BIL STENT, SM, MED | | | $0.00 | Not Allowed | $0.00 | | | |
| C5002 | M | MEMOTHERM BIL STENT, LARGE | | | $0.00 | Not Allowed | $0.00 | | | |
| C5003 | M | MEMOTHERM BIL STENT, X-LARGE | | | $0.00 | Not Allowed | $0.00 | | | |
| C5004 | M | PALMAZCORINTHIAN IQ BIL STNT | | | $0.00 | Not Allowed | $0.00 | | | |
| C5005 | M | PALMAZCORINTHIAN IQ TRANS/BI | | | $0.00 | Not Allowed | $0.00 | | | |
| C5006 | M | PALMAZTRANS BIL STENTSYS-MED | | | $0.00 | Not Allowed | $0.00 | | | |
| C5007 | M | PALMAZTRANS XL BIL ST-40MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5008 | M | PALMAZTRANS XL BIL ST-50MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5009 | M | VISTAFLEX BILIARY STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C5010 | M | RAPID EXCHANGE BIL STENT SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| C5011 | M | INTRASTENT, INTRASTENT LP | | | $0.00 | Not Allowed | $0.00 | | | |
| C5012 | M | INTRASTENT DOUBLESTRUT LD | | | $0.00 | Not Allowed | $0.00 | | | |
| C5013 | M | INTRASTENT DOUBLESTRUT, XS | | | $0.00 | Not Allowed | $0.00 | | | |
| C5014 | M | AVE BRIDGE STENTSYS10/17/28 | | | $0.00 | Not Allowed | $0.00 | | | |
| C5015 | M | AVE/X3 BRIDGE SYS, 40-100 | | | $0.00 | Not Allowed | $0.00 | | | |
| C5016 | M | BILIARY STENT SINGLE USE COV | | | $0.00 | Not Allowed | $0.00 | | | |
| C5017 | M | WALLSTENTRP-BIL-20/40/60/68 | | | $0.00 | Not Allowed | $0.00 | | | |
| C5018 | M | WALLSTENTRP BIL--80/94MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5019 | M | FLEXIMA BIL STENT SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| C5020 | M | SMART NITINOL STENT--20MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5021 | M | SMART NITINOL STENT--40/60MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5022 | M | SMART NITINOL STENT--80MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5023 | M | BX VELOCITY STENT--8/13MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5024 | M | BX VELOCITY STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C5025 | M | BX VELOCITY STENT--23MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5026 | M | BX VELOCITY STENT--28/33MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5027 | M | BX VELOCITY W/HEP--8/13MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5028 | M | BX VELOCITY W/HEP--18MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5029 | M | BX VELOCITY W/HEP--23MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5030 | M | STENT, CORONARY, S660 9/12MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5031 | M | STENT, CORONARY, S660 15/18 | | | $0.00 | Not Allowed | $0.00 | | | |
| C5032 | M | STENT,CORONARY, S660 24/30 | | | $0.00 | Not Allowed | $0.00 | | | |
| C5033 | M | NIROYAL STNT SYS, 9MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5034 | M | NIROYAL STENT SYS, 12/15MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5035 | M | NIROYAL STENT SYS, 18MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5036 | M | NIROYAL STENT SYS, 25MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5037 | M | NIROYAL STENT SYS, 31MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5038 | M | BX VELOCITY STNT W/RAPTOR | | | $0.00 | Not Allowed | $0.00 | | | |
| C5039 | M | INTRACOIL PERIP STENT--40MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5040 | M | INTRACOIL PERIPH STENT--60MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5041 | M | BESTENT OVER-THE-WIRE24/30MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5042 | M | BESTENT OVER-THE-WIRE 18MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5043 | M | BESTENT OVER-THE-WIRE 15MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5044 | M | BESTENT OVER-THE-WIRE 9/12MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5045 | M | MULTILINK TETRA COR STENT SY | | | $0.00 | Not Allowed | $0.00 | | | |
| C5046 | M | RADIUS 20MM COR STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C5047 | M | NIROYAL ELITE COR STENT SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| C5048 | M | GR II CORONARY STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C5130 | M | WILSON-COOK Z-STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C5131 | M | BARD COLORECTAL STENT--60MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5132 | M | BARD COLORECTAL STENT--80MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5133 | M | BARD COLORECTAL STENT-100MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5134 | M | ENTERAL WALLSTENT--90MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5279 | M | CONTOUR/PERCUFLEX STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C5280 | M | INLAY DBL URETERAL STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C5281 | M | WALLGRAFT TRACH SYS 70MM | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C5282 | M | WALLGRAFT TRACH SYS 20/30/50 | | | $0.00 | Not Allowed | $0.00 | | | |
| C5283 | M | WALLSTENT/RP TIPS--80MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C5284 | M | WALLSTENT TRACHULTRAFLEX | | | $0.00 | Not Allowed | $0.00 | | | |
| C5600 | M | CLOSURE DEV, VASOSEAL ES | | | $0.00 | Not Allowed | $0.00 | | | |
| C5601 | M | VASOSEAL 1000 | | | $0.00 | Not Allowed | $0.00 | | | |
| C6001 | M | COMPOSIX MESH 8/18 IN | | | $0.00 | Not Allowed | $0.00 | | | |
| C6002 | M | COMPOSIX MESH 32 IN | | | $0.00 | Not Allowed | $0.00 | | | |
| C6003 | M | COMPOSIX MESH 48 IN | | | $0.00 | Not Allowed | $0.00 | | | |
| C6004 | M | COMPOSIX MESH 80 IN | | | $0.00 | Not Allowed | $0.00 | | | |
| C6005 | M | COMPOSIX MESH 140 IN | | | $0.00 | Not Allowed | $0.00 | | | |
| C6006 | M | COMPOSIX MESH 144 IN | | | $0.00 | Not Allowed | $0.00 | | | |
| C6012 | M | PELVICOL COLLAGEN 8/14 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6013 | M | PELVICOL COLLAGEN 21/24/28 | | | $0.00 | Not Allowed | $0.00 | | | |
| C6014 | M | PELVICOL COLLAGEN 40 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6015 | M | PELVICOL COLLAGEN 48 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6016 | M | PELVICOL COLLAGEN 96 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6017 | M | GORE-TEX DUALMESH 75/96 SQCM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6018 | M | GORE-TEX DUALMESH 150SQCM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6019 | M | GORE-TEX DUALMESH 285 SQCM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6020 | M | GORE-TEX DUALMESH 432SQCM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6021 | M | GORE-TEX DUALMESH 600 SQCM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6022 | M | GORE-TEX DUALMESH 884 SQCM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6023 | M | GORE-TEXPLUS 1MM,75/96 SQCM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6024 | M | GORE-TEXPLUS 1MM, 150 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6025 | M | GORE-TEXPLUS 1MM, 285 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6026 | M | GORE-TEXPLUS 1MM, 432 SQCM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6027 | M | GORE-TEXPLUS 1MM, 600 SQCM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6028 | M | GORE-TEXPLUS 1MM,884 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6029 | M | GORE-TEXPLUS 2MM, 150 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6030 | M | GORE-TEXPLUS 2MM, 285 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6031 | M | GORE-TEXPLUS 2MM, 432 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6032 | M | GORE-TEXPLUS 2MM, 600 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6033 | M | GORE-TEXPLUS 2MM,884 SQ CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6034 | M | BARD EPTFE: 150 SQ CM-2MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6035 | M | BARD EPTFE150SQCM-1MM,75-2MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6036 | M | BARD EPTFE: 50/75SQCM-1,2MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6037 | M | BARD EPFTE: 300SQ CM-1MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6038 | M | BARD EPTFE: 600SQ CM-1MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6039 | M | BARD EPTFE: 884 CM--1MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6040 | M | BARD EPTFE: 600SQ CM-2MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6041 | M | BARD EPTFE: 884SQ CM-2MM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6050 | M | FEMALE SLING SYS W/WO MATRL | | | $0.00 | Not Allowed | $0.00 | | | |
| C6051 | M | STRATASIS SLING, 20/40CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6052 | M | STRATASIS SLING, 60CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6053 | M | SURGISIS SOFT GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| C6054 | M | SURGISIS ENCHANCED GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| C6055 | M | SURGISIS ENHANCED TISSUE | | | $0.00 | Not Allowed | $0.00 | | | |
| C6056 | M | SURGISIS SOFT TISSUE GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| C6057 | M | SURGISIS HERNIA GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| C6058 | M | SURGIPRO HERNIA PLUG,MED/LG | | | $0.00 | Not Allowed | $0.00 | | | |
| C6080 | M | MALE SLING SYS W/WO MATRL | | | $0.00 | Not Allowed | $0.00 | | | |
| C6200 | M | EXXCEL SFT EPTFE VAS GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| C6201 | M | IMPRA VENAFLO-10/20CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6202 | M | IMPRA VENAFLO-30/40CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6203 | M | IMPRA VENAFLO-50CM/VT45 | | | $0.00 | Not Allowed | $0.00 | | | |
| C6204 | M | IMPRA VENAFLO-STEPPED | | | $0.00 | Not Allowed | $0.00 | | | |
| C6205 | M | IMPRA CARBOFLO-10CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6206 | M | IMPRA CARBOFLO-20CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6207 | M | IMPRA CARBOFLO-30/34/40CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6208 | M | IMPRA CARBOFLO-40/50CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C6209 | M | IMPRA CARBOFLO-CTRFLEX | | | $0.00 | Not Allowed | $0.00 | | | |
| C6210 | M | EXXCEL EPTFE VAS GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| C6300 | M | VANGUARD III ENDOVAS GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| C6500 | M | PREFACE GUIDING SHEATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C6501 | M | SOFT TIP SHEATHS | | | $0.00 | Not Allowed | $0.00 | | | |
| C6502 | M | SHEATH ELECTROPHYSIOLOGY PERRY EXCHANGE DILATOR | | | $0.00 | Not Allowed | $0.00 | | | |
| C6525 | M | SPECTRANETICS LASER SHEATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C6600 | M | MICRO LITHO FLEX PROBES | | | $0.00 | Not Allowed | $0.00 | | | |
| C6650 | M | FAST-CATH GUIDING INTRODUCER | | | $0.00 | Not Allowed | $0.00 | | | |
| C6651 | M | SEAL-AWAYGUIDING INTRODUCER | | | $0.00 | Not Allowed | $0.00 | | | |
| C6652 | M | BARD EXCALIBUR INTRODUCER | | | $0.00 | Not Allowed | $0.00 | | | |
| C6700 | M | FOCAL SEAL-L | | | $0.00 | Not Allowed | $0.00 | | | |
| C8099 | M | SPECTRANETICS LEAD LOCK DEV | | | $0.00 | Not Allowed | $0.00 | | | |
| C8100 | M | ADHESION BARRIER, ADCON-L | | | $0.00 | Not Allowed | $0.00 | | | |
| C8102 | M | SURGIVISION ESOPH COIL | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C8103 | M | CAPIO CAPTURING DEV | | | $0.00 | Not Allowed | $0.00 | | | |
| C8500 | M | ATHEROCATH-GTO | | | $0.00 | Not Allowed | $0.00 | | | |
| C8501 | M | VIGOR SSI, SC, PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C8502 | M | LIVEWIRE STEERABLE EP CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C8503 | M | SYNCHROMED VAS CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C8504 | M | VASOSEAL HEMOSTASIS DEV | | | $0.00 | Not Allowed | $0.00 | | | |
| C8505 | M | SYNCHROMED INFUSION PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| C8506 | M | PMKR LEADS 4057M,4058M | | | $0.00 | Not Allowed | $0.00 | | | |
| C8507 | M | 6721L/M/S,6939 LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C8508 | M | CAPSURE 4965 DEFIB LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C8509 | M | TRANSVENE 6933/6937 LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C8510 | M | DP-3238 DEFIB LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C8511 | M | ENDOTAK DSP DEFIB LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C8512 | M | ON-POINT,PISCES-QUAD LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C8513 | M | PISCES,RESUME II LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C8514 | M | DURA II PENILE PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| C8515 | M | MENTOR ALPHA I PENILE PROS | | | $0.00 | Not Allowed | $0.00 | | | |
| C8516 | M | MENTOR ACU-FORM/MAL PROS | | | $0.00 | Not Allowed | $0.00 | | | |
| C8517 | M | AMBICOR PENILE PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| C8518 | M | VIGOR DDD DC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C8519 | M | VISTA DDD C PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C8520 | M | LEGACY II S, SC, PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C8521 | M | MEDTRONIC MATTRIX RCVR/TRMR | | | $0.00 | Not Allowed | $0.00 | | | |
| C8522 | M | PALMAZ BAL STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C8523 | M | WALLSTENT TRANS BIL | | | $0.00 | Not Allowed | $0.00 | | | |
| C8524 | M | WALLSTENT ESOP | | | $0.00 | Not Allowed | $0.00 | | | |
| C8525 | M | WALLSTENT ESOPH--DOUBLE | | | $0.00 | Not Allowed | $0.00 | | | |
| C8526 | M | OPTIPLAST XT PTA CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C8528 | M | MS CLASSIQUE BL DIL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C8529 | M | CRISTA CATH II DEF 20-POLE | | | $0.00 | Not Allowed | $0.00 | | | |
| C8530 | M | GEL-FILLED/SMOOTH MAMMARY PR | | | $0.00 | Not Allowed | $0.00 | | | |
| C8531 | M | WILSON-COOK ESOPH Z-STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C8532 | M | ULTRAFLEX ESOPHAGEAL PROS | | | $0.00 | Not Allowed | $0.00 | | | |
| C8533 | M | SYNCHROMED VAS CATH 8700A/V | | | $0.00 | Not Allowed | $0.00 | | | |
| C8534 | M | AMS 650 PENILE PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| C8535 | M | ZA/SPIRAL Z BIL STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C8536 | M | ESOPH Z METAL STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C8539 | M | QUANTUM DIL BALLOON | | | $0.00 | Not Allowed | $0.00 | | | |
| C8540 | M | FLEX-EZ BAL DILATOR | | | $0.00 | Not Allowed | $0.00 | | | |
| C8541 | M | CARSON/PASSPRT DIL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C8542 | M | URETHRAMAX DIL CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C8543 | M | AMPLATZ RENAL DIL | | | $0.00 | Not Allowed | $0.00 | | | |
| C8550 | M | LIVEWIRE 5F, 7F EP CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C8551 | M | LIVEWIRE 7F DUO-DECAPOLAR | | | $0.00 | Not Allowed | $0.00 | | | |
| C8552 | M | SANTURO FIXED CURVE CATH | | | $0.00 | Not Allowed | $0.00 | | | |
| C8597 | M | WISDOM ST GUIDEWIRE | | | $0.00 | Not Allowed | $0.00 | | | |
| C8598 | M | SV GUIDEWIRE-5/8/14CM | | | $0.00 | Not Allowed | $0.00 | | | |
| C8599 | M | STABILIZER XS GUIDEWIRE | | | $0.00 | Not Allowed | $0.00 | | | |
| C8600 | M | SHINOBI PLUS GUIDEWIRE | | | $0.00 | Not Allowed | $0.00 | | | |
| C8650 | M | XL CHECK-FLO INTRODUCER | | | $0.00 | Not Allowed | $0.00 | | | |
| C8724 | M | OCTAD NEURO LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C8725 | M | SYMMIX NEURO LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C8748 | M | ENDOTAK SQ PATCH DEFIB LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C8749 | M | ENDOTAK SQ ARRAY DEFIB LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C8750 | M | UNITY VDDR DC PMKR | | | $0.00 | Not Allowed | $0.00 | | | |
| C8775 | M | 2188 COR PMKR LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C8776 | M | INNOMEDICA PMKR LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C8777 | M | UNIPASS PMKR LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| C8800 | M | LG PALMAZ BIL STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C8801 | M | GIANTURCO BIL Z STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| C8802 | M | OASIS STENT INTRO SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| C8830 | M | GIANTURCO-ROUBIN COR SNT | | | $0.00 | Not Allowed | $0.00 | | | |
| C8890 | M | PERFLUORON, 2ML | | | $0.00 | Not Allowed | $0.00 | | | |
| C8891 | M | PERFLUORON, 5/7ML | | | $0.00 | Not Allowed | $0.00 | | | |
| C8900 | S | PERFLUORON, 5/7ML | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| C8901 | S | MRA W/O CONT, ABD | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| C8902 | S | MRA W/O CONT, ABD | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| C8903 | S | MRI W/CONT, BREAST, UNI | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| C8904 | S | MRI W/CONT, BREAST, UNI | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| C8905 | S | MRI W/O FOL W/CONT, BRST, UN | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| C8906 | S | MRI W/O FOL W/CONT, BRST, UN | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| C8907 | S | MRI W/O CONT, BREAST, BI | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| C8908 | S | MRI W/O CONT, BREAST, BI | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| C8909 | S | MRA W/CONT, CHEST | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| C8910 | S | MRA W/CONT, CHEST | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C8911 | S | MRA W/O FOL W/CONT, CHEST | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| C8912 | S | MRA W/O FOL W/CONT, CHEST | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| C8913 | S | MRA W/O CONT, LWR EXT | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| C8914 | S | MRA W/O CONT, LWR EXT | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| C8918 | S | MRA W/CONT PELVIS | 0284 | 6.2342 | $297.68 | APC | $297.68 | | | |
| C8919 | S | MRA W/O CONT PELVIS | 0336 | 5.8678 | $280.19 | APC | $280.19 | | | |
| C8920 | S | MRA W/O FOL W/CONT PELVIS | 0337 | 8.5070 | $406.21 | APC | $406.21 | | | |
| C8950 | S | INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS; UP TO 1 HOUR | 0120 | 2.0293 | $96.90 | APC | $96.90 | | | |
| C8951 | N | INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS; EACH ADD | | | $0.00 | APC | $0.00 | | | |
| C8952 | X | THERP, PROPH OR DIAG INJECTION INTRAVENOUS PUSH | 0359 | 0.8036 | $38.37 | APC | $38.37 | | | |
| C8953 | S | CHEMOTHERAPY ADMINISTRATION IV PUSH TECH | 0116 | 1.1488 | $54.86 | APC | $54.86 | | | |
| C8954 | S | CHEMOTHERAPY ADMINISTRATION IV < 1 HR | 0117 | 3.1766 | $151.68 | APC | $151.68 | | | |
| C8955 | N | CHEMOTHERAPY ADMINISTRATION IV TECH EACH ADD HR | | | $0.00 | APC | $0.00 | | | |
| C8957 | S | CHEMOTHERAPY ADMINISTRATION IV PUSH TECH | 0120 | 2.0293 | $96.90 | APC | $96.90 | | | |
| C9001 | M | LINEZOLID INJ, 200MG | | | $0.00 | Not Allowed | $0.00 | | | |
| C9003 | K | PALIVIZUMAB, PER 50 MG | 9003 | 4.3120 | $205.90 | APC | $205.90 | | | |
| C9004 | M | GEMTUZUMAB OZOGAMICIN INJ,5M | | | $0.00 | Not Allowed | $0.00 | | | |
| C9005 | M | RETEPLASE INJ, HALF-KIT,18.8 | | | $0.00 | Not Allowed | $0.00 | | | |
| C9006 | M | TACROLIMUS INJ, PER 5 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| C9010 | M | BACLOFEN REFILL KIT--4000MCG | | | $0.00 | Not Allowed | $0.00 | | | |
| C9011 | M | CAFFEINE CITRATE, INJ, 1ML | | | $0.00 | Not Allowed | $0.00 | | | |
| C9012 | M | INJECTION ARSENIC TRIOXIDE PER 1 MG/KG | | | $0.00 | Not Allowed | $0.00 | | | |
| C9017 | M | LOMUSTINE 10 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| C9018 | M | BOTULINUM TOXIN TYPE B PER 100 UNITS | | | $0.00 | Not Allowed | $0.00 | | | |
| C9041 | M | LOW VISION SERV OCCUPATIONAL | | | $0.00 | Not Allowed | $0.00 | | | |
| C9042 | M | LOW VISION ORIENT/MOBILITY | | | $0.00 | Not Allowed | $0.00 | | | |
| C9043 | M | LOW VISION REHAB THERAPIST | | | $0.00 | Not Allowed | $0.00 | | | |
| C9044 | M | LOW VISION REHAB TEACHER | | | $0.00 | Not Allowed | $0.00 | | | |
| C9104 | M | ANTI-THYMOCYTE GLOBULIN,25MG | | | $0.00 | Not Allowed | $0.00 | | | |
| C9106 | M | SIROLIMUS 1MG/ML | | | $0.00 | Not Allowed | $0.00 | | | |
| C9107 | M | TINZAPARIN SODIUM, 2ML VIAL | | | $0.00 | Not Allowed | $0.00 | | | |
| C9113 | M | INJ PANTOPRAZOLE SODIUM VIA | | | $0.00 | Not Allowed | $0.00 | | | |
| C9121 | K | INJECTION ARGATROBAN | 9121 | 0.2176 | $10.39 | APC | $10.39 | | | |
| C9220 | G | SODIUM HYALURONATE | 9220 | 3.3766 | $161.23 | Fee Schedule | $161.23 | | | |
| C9221 | G | GRAFTJACKET REG MATRIX | 9221 | 24.0742 | $1,149.54 | Fee Schedule | $1,149.54 | | | |
| C9222 | G | GRAFTJACKET SFT TISS | 9222 | 15.1934 | $725.48 | Fee Schedule | $725.48 | | | |
| C9224 | K | INJECTION, GALSULFASE | 9224 | 25.4592 | $1,215.68 | APC | $1,215.68 | | | |
| C9225 | G | FLUOCINOLONE ACETONIDE | 9225 | 324.8476 | $15,511.47 | Fee Schedule | $15,511.47 | | | |
| C9227 | G | INJECTION, MICAFUNGIN SODIUM | 9227 | 0.0332 | $1.59 | Fee Schedule | $1.59 | | | |
| C9228 | G | INJECTION, TIGECYCLINE | 9228 | 0.0161 | $0.77 | Fee Schedule | $0.77 | | | |
| C9229 | G | INJECTION IBANDRONATE SODIUM | 9229 | 2.3954 | $114.38 | Fee Schedule | $114.38 | | | |
| C9230 | G | INJECTION, ABATACEPT | 9230 | 0.3204 | $15.30 | Fee Schedule | $15.30 | | | |
| C9231 | G | INJECTION, DECITABINE | 9231 | 0.4450 | $21.25 | Fee Schedule | $21.25 | | | |
| C9399 | M | UNCLASSIFIED DRUGS/BIOLOGICALS | | | $0.00 | Fee Schedule | $0.00 | | | |
| C9500 | M | PLATELETS, IRRAD, EA UNIT | | | $0.00 | Not Allowed | $0.00 | | | |
| C9501 | M | PLATELETS, PHERESIS, EA UNIT | | | $0.00 | Not Allowed | $0.00 | | | |
| C9502 | M | PLATELETS, PHER/IRRAD, EA UN | | | $0.00 | Not Allowed | $0.00 | | | |
| C9503 | M | FRESH FROZEN PLASMA, EA UNIT | | | $0.00 | Not Allowed | $0.00 | | | |
| C9504 | M | RBC, DEGLYCEROLIZED, EA UNIT | | | $0.00 | Not Allowed | $0.00 | | | |
| C9505 | M | RBC, IRRADIATED, EACH UNIT | | | $0.00 | Not Allowed | $0.00 | | | |
| C9506 | M | GRANULOCYTES PHERESIS EACH UNIT | | | $0.00 | Not Allowed | $0.00 | | | |
| C9700 | M | WATER INDUCED THERMO | | | $0.00 | Not Allowed | $0.00 | | | |
| C9702 | M | CHKMATE INTRA BRACHYTX SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| C9711 | M | BARD ENDOSCOPIC SUTURING SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| C9716 | S | RF ENERGY TO ANUS | 1519 | 29.4063 | $1,404.15 | APC | $1,404.15 | | | |
| C9723 | S | DYN IR PERF IMG | 1502 | 1.2603 | $60.18 | APC | $60.18 | | | |
| C9724 | M | EPS GAST CARDIA PLIC | | | $0.00 | Not Allowed | $0.00 | | | |
| C9725 | S | PLACE ENDORECTAL APP | 1507 | 9.2420 | $441.31 | APC | $441.31 | | | |
| C9726 | S | RXT BREAST APPL PLACE/REMOV | 1508 | 10.9224 | $521.54 | APC | $521.54 | | | |
| C9727 | S | INSERT PALATE IMPLANTS | 1510 | 14.2735 | $681.56 | APC | $681.56 | | | |
| D0001 | M | D.P.G. 1 - NERVE AND OTHER PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0002 | M | D.P.G. 2 - SPINAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0003 | M | D.P.G. 3 - NERVE INJECTIONS | | | $0.00 | Not Allowed | $0.00 | | | |
| D0004 | M | D.P.G. 4 - ORBITAL AND OTHER EYE PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0005 | M | D.P.G. 5 - LENS PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0006 | M | D.P.G. 6 - IRIS AND OTHER EYE PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0007 | M | D.P.G. 7 - STRABISMUS SURGERY | | | $0.00 | Not Allowed | $0.00 | | | |
| D0008 | M | D.P.G. 8 - EXTERNAL EYE PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0009 | M | D.P.G. 9 - RESPIRATORY PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0010 | M | D.P.G. 10 - TYMPANOPLASTY | | | $0.00 | Not Allowed | $0.00 | | | |
| D0011 | M | D.P.G. 11 - SINUS PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0012 | M | D.P.G. 12 - OTHER SINUS PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0013 | M | D.P.G. 13 - TONSIL/ADENOID PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0014 | M | D.P.G. 14 - NASAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0015 | M | D.P.G. 15 - OTHER RESPIRATORY PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D0016 | M | D.P.G. 16 - EXTERNAL EAR PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0017 | M | D.P.G. 17 - ENDOSCOPY - E.N.T. | | | $0.00 | Not Allowed | $0.00 | | | |
| D0018 | M | D.P.G. 18 - PACEMAKERS | | | $0.00 | Not Allowed | $0.00 | | | |
| D0019 | M | D.P.G. 19 - CARDIAC CATHETERIZATION | | | $0.00 | Not Allowed | $0.00 | | | |
| D0020 | M | D.P.G. 20 - ANGIOGRAPHY | | | $0.00 | Not Allowed | $0.00 | | | |
| D0021 | M | D.P.G. 21 - VASCULAR PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0022 | M | D.P.G. 22 - OTHER VASCULAR PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0023 | M | D.P.G. 23 - LYMPHATIC PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0024 | M | D.P.G. 24 - MINOR VASCULAR PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0025 | M | D.P.G. 25 - CHOLECYSTECTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| D0026 | M | D.P.G. 26 - HERNIA REPAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| D0027 | M | D.P.G. 27 - HEPATOBILIARY PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0028 | M | D.P.G. 28 - G.I. PROCEDURES (ENDOSCOPY) | | | $0.00 | Not Allowed | $0.00 | | | |
| D0029 | M | D.P.G. 29 - ANORECTAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0030 | M | D.P.G. 30 - MINOR ANAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0031 | M | D.P.G. 31 - MECHANICAL IMPLANTS | | | $0.00 | Not Allowed | $0.00 | | | |
| D0032 | M | D.P.G. 32 - LITHOTRIPSY | | | $0.00 | Not Allowed | $0.00 | | | |
| D0033 | M | D.P.G. 33 - UPPER URINARY PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0034 | M | D.P.G. 34 - LOWER URINARY AND GENITAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0035 | M | D.P.G. 35 - BLADDER AND URETHRAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0036 | M | D.P.G. 36 - VASECTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| D0037 | M | D.P.G. 37 - CIRCUMCISION | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D0038 | M | D.P.G. 38 - UROLOGICAL DIAGNOSTIC PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0039 | M | D.P.G. 39 - UTERUS/ADNEXAL/PERITONEAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0040 | M | D.P.G. 40 - ENDOSCOPY AND GYN PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0041 | M | D.P.G. 41 - MINOR GYN PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0042 | M | D.P.G. 42 - EVACUATIONS | | | $0.00 | Not Allowed | $0.00 | | | |
| D0043 | M | D.P.G. 43 - MAXILLO-FACIAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0044 | M | D.P.G. 44 - MINOR BONE PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0045 | M | D.P.G. 45 - UPPER EXTREMITY PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0046 | M | D.P.G. 46 - OPEN REDUCTIONS | | | $0.00 | Not Allowed | $0.00 | | | |
| D0047 | M | D.P.G. 47 - TENDON AND MUSCLE PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0048 | M | D.P.G. 48 - CLOSED REDUCTIONS | | | $0.00 | Not Allowed | $0.00 | | | |
| D0049 | M | D.P.G. 49 - LOWER EXTREMITY PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0050 | M | D.P.G. 50 - KNEE PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0051 | M | D.P.G. 51 - ANKLE AND FOOT PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0052 | M | D.P.G. 52 - REMOVAL OF INTERNAL FIXATION | | | $0.00 | Not Allowed | $0.00 | | | |
| D0053 | M | D.P.G. 53 - SOFT TISSUE PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0054 | M | D.P.G. 54 - MANIPULATIONS | | | $0.00 | Not Allowed | $0.00 | | | |
| D0055 | M | D.P.G. 55 - MASTECTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| D0056 | M | D.P.G. 56 - AUGMENTATION/MAMMOPLASTY | | | $0.00 | Not Allowed | $0.00 | | | |
| D0057 | M | D.P.G. 57 - BREAST PLASTIC PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0058 | M | D.P.G. 58 - PLASTIC RECONSTRUCTION | | | $0.00 | Not Allowed | $0.00 | | | |
| D0059 | M | D.P.G. 59 - SKIN PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0060 | M | D.P.G. 60 - DENTAL SURGERY | | | $0.00 | Not Allowed | $0.00 | | | |
| D0061 | M | D.P.G. 61 - BIOPSY | | | $0.00 | Not Allowed | $0.00 | | | |
| D0063 | M | D.P.G. 63 - TRANSFUSIONS | | | $0.00 | Not Allowed | $0.00 | | | |
| D0064 | M | D.P.G. 64 - CARDIOVERSION | | | $0.00 | Not Allowed | $0.00 | | | |
| D0065 | M | D.P.G. 65 - CHEMOTHERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| D0066 | M | D.P.G. 66 - MYELOGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| D0067 | M | D.P.G. 67 - ELECTROSHOCK THERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| D0077 | M | D.P.G. 77 - OTHER ER/CLINIC VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| D0091 | M | D.P.G. 91 - CRITICAL CARE VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| D0092 | M | D.P.G. 92 - EMERGENCY VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| D0093 | M | D.P.G. 93 - SCREENING FEE | | | $0.00 | Not Allowed | $0.00 | | | |
| D0094 | M | SCREENING FEE FOR EMERGENCY ROOM | | | $0.00 | Not Allowed | $0.00 | | | |
| D0120 | M | PERIODIC ORAL EVALUATION | | | $0.00 | Fee Schedule | $68.64 | | | |
| D0140 | M | LIMIT ORAL EVAL PROBLM FOCUS | | | $0.00 | Fee Schedule | $68.64 | | | |
| D0150 | S | COMPREHENSVE ORAL EVALUATION | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D0160 | M | EXTENSV ORAL EVAL PROB FOCUS | | | $0.00 | Not Allowed | $0.00 | | | |
| D0170 | M | RE-EVAL,EST PT,PROBLEM FOCUS | | | $0.00 | Not Allowed | $0.00 | | | |
| D0180 | M | COMP PERIODONTAL EVALUATION | | | $0.00 | Not Allowed | $0.00 | | | |
| D0210 | M | INTRAOR COMPLETE FILM SERIES | | | $0.00 | Fee Schedule | $68.64 | | | |
| D0220 | M | INTRAORAL PERIAPICAL FIRST F | | | $0.00 | Fee Schedule | $68.64 | | | |
| D0230 | M | INTRAORAL PERIAPICAL EA ADD | | | $0.00 | Fee Schedule | $68.64 | | | |
| D0240 | S | INTRAORAL OCCLUSAL FILM | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D0250 | S | EXTRAORAL FIRST FILM | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D0260 | S | EXTRAORAL EA ADDITIONAL FILM | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D0270 | S | DENTAL BITEWING SINGLE FILM | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D0272 | S | DENTAL BITEWINGS TWO FILMS | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D0274 | S | DENTAL BITEWINGS FOUR FILMS | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D0277 | S | VERT BITEWINGS-SEV TO EIGHT | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D0290 | M | DENTAL FILM SKULL/FACIAL BON | | | $0.00 | Not Allowed | $0.00 | | | |
| D0310 | M | DENTAL SALIOGRAPHY | | | $0.00 | Not Allowed | $0.00 | | | |
| D0320 | M | DENTAL TMJ ARTHROGRAM INCL I | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D0321 | M | DENTAL OTHER TMJ FILMS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D0322 | M | DENTAL TOMOGRAPHIC SURVEY | | | $0.00 | Fee Schedule | $68.64 | | | |
| D0330 | M | DENTAL PANORAMIC FILM | | | $0.00 | Fee Schedule | $68.64 | | | |
| D0340 | M | DENTAL CEPHALOMETRIC FILM | | | $0.00 | Fee Schedule | $68.64 | | | |
| D0350 | M | ORAL/FACIAL IMAGES | | | $0.00 | Fee Schedule | $68.64 | | | |
| D0415 | M | BACTERIOLOGIC STUDY | | | $0.00 | Not Allowed | $0.00 | | | |
| D0416 | M | VIRAL CULTURE | | | $0.00 | Not Allowed | $0.00 | | | |
| D0421 | M | GEN TST SUSCEPT ORAL DISEASE | | | $0.00 | Not Allowed | $0.00 | | | |
| D0425 | M | CARIES SUSCEPTIBILITY TEST | | | $0.00 | Not Allowed | $0.00 | | | |
| D0431 | M | DIAG TST DETECT MUCOS ABNORM | | | $0.00 | Not Allowed | $0.00 | | | |
| D0460 | S | PULP VITALITY TEST | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D0470 | M | DIAGNOSTIC CASTS | | | $0.00 | Fee Schedule | $68.64 | | | |
| D0471 | M | DIAGNOSTIC PHOTOGRAPHS | | | $0.00 | Not Allowed | $0.00 | | | |
| D0472 | M | GROSS EXAM, PREP & REPORT | | | $0.00 | Not Allowed | $0.00 | | | |
| D0473 | M | MICRO EXAM, PREP & REPORT | | | $0.00 | Not Allowed | $0.00 | | | |
| D0474 | M | MICRO W EXAM OF SURG MARGINS | | | $0.00 | Not Allowed | $0.00 | | | |
| D0475 | M | DECALCIFICATION PROCEDURE | | | $0.00 | Not Allowed | $0.00 | | | |
| D0476 | M | SPEC STAINS FOR MICROORGANIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D0477 | M | SPEC STAINS NOT FOR MICROORG | | | $0.00 | Not Allowed | $0.00 | | | |
| D0478 | M | IMMUNOHISTOCHEMICAL STAINS | | | $0.00 | Not Allowed | $0.00 | | | |
| D0479 | M | TISSUE IN-SITU HYBRIDIZATION | | | $0.00 | Not Allowed | $0.00 | | | |
| D0480 | M | CYTOPATH SMEAR PREP & REPORT | | | $0.00 | Not Allowed | $0.00 | | | |
| D0481 | M | ELECTRON MICROSCOPY DIAGNOST | | | $0.00 | Not Allowed | $0.00 | | | |
| D0482 | M | DIRECT IMMUNOFLUORESCENCE | | | $0.00 | Not Allowed | $0.00 | | | |
| D0483 | M | INDIRECT IMMUNOFLUORESCENCE | | | $0.00 | Not Allowed | $0.00 | | | |
| D0484 | M | CONSULT SLIDES PREP ELSEWHER | | | $0.00 | Not Allowed | $0.00 | | | |
| D0485 | M | CONSULT INC PREP OF SLIDES | | | $0.00 | Not Allowed | $0.00 | | | |
| D0502 | M | OTHER ORAL PATHOLOGY PROCEDU | | | $0.00 | Not Allowed | $0.00 | | | |
| D0999 | M | UNSPECIFIED DIAGNOSTIC PROCE | | | $0.00 | Not Allowed | $0.00 | | | |
| D1110 | M | DENTAL PROPHYLAXIS ADULT | | | $0.00 | Fee Schedule | $68.64 | | | |
| D1120 | M | DENTAL PROPHYLAXIS CHILD | | | $0.00 | Fee Schedule | $68.64 | | | |
| D1201 | M | TOPICAL FLUOR W PROPHY CHILD | | | $0.00 | Fee Schedule | $68.64 | | | |
| D1203 | M | TOPICAL FLUOR W/O PROPHY CHI | | | $0.00 | Fee Schedule | $68.64 | | | |
| D1204 | M | TOPICAL FLUOR W/O PROPHY ADU | | | $0.00 | Not Allowed | $0.00 | | | |
| D1205 | M | TOPICAL FLUORIDE W/ PROPHY A | | | $0.00 | Fee Schedule | $68.64 | | | |
| D1310 | M | NUTRI COUNSEL-CONTROL CARIES | | | $0.00 | Not Allowed | $0.00 | | | |
| D1320 | M | TOBACCO COUNSELING | | | $0.00 | Not Allowed | $0.00 | | | |
| D1330 | M | ORAL HYGIENE INSTRUCTION | | | $0.00 | Not Allowed | $0.00 | | | |
| D1351 | M | DENTAL SEALANT PER TOOTH | | | $0.00 | Fee Schedule | $68.64 | | | |
| D1510 | S | SPACE MAINTAINER FXD UNILAT | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D1515 | S | FIXED BILAT SPACE MAINTAINER | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D1520 | S | REMOVE UNILAT SPACE MAINTAIN | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | Y |
| D1525 | S | REMOVE BILAT SPACE MAINTAIN | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | Y |
| D1550 | S | RECEMENT SPACE MAINTAINER | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D2140 | M | AMALGAM ONE SURFACE PERMANEN | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2150 | M | AMALGAM TWO SURFACES PERMANE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2160 | M | AMALGAM THREE SURFACES PERMA | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2161 | M | AMALGAM 4 OR > SURFACES PERM | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2330 | M | RESIN ONE SURFACE-ANTERIOR | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2331 | M | RESIN TWO SURFACES-ANTERIOR | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2332 | M | RESIN THREE SURFACES-ANTERIO | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2335 | M | RESIN 4/> SURF OR W INCIS AN | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2390 | M | ANT RESIN-BASED CMPST CROWN | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2391 | M | POST 1 SRFC RESINBASED CMPST | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2392 | M | POST 2 SRFC RESINBASED CMPST | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2393 | M | POST 3 SRFC RESINBASED CMPST | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2394 | M | POST >=4SRFC RESINBASE CMPST | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2410 | M | DENTAL GOLD FOIL ONE SURFACE | | | $0.00 | Not Allowed | $0.00 | | | |
| D2420 | M | DENTAL GOLD FOIL TWO SURFACE | | | $0.00 | Not Allowed | $0.00 | | | |
| D2430 | M | DENTAL GOLD FOIL THREE SURFA | | | $0.00 | Not Allowed | $0.00 | | | |
| D2510 | M | DENTAL INLAY METALIC 1 SURF | | | $0.00 | Not Allowed | $0.00 | | | |
| D2520 | M | DENTAL INLAY METALLIC 2 SURF | | | $0.00 | Not Allowed | $0.00 | | | |
| D2530 | M | DENTAL INLAY METL 3/MORE SUR | | | $0.00 | Not Allowed | $0.00 | | | |
| D2542 | M | DENTAL ONLAY METALLIC 2 SURF | | | $0.00 | Not Allowed | $0.00 | | | |
| D2543 | M | DENTAL ONLAY METALLIC 3 SURF | | | $0.00 | Not Allowed | $0.00 | | | |
| D2544 | M | DENTAL ONLAY METL 4/MORE SUR | | | $0.00 | Not Allowed | $0.00 | | | |
| D2610 | M | INLAY PORCELAIN/CERAMIC 1 SU | | | $0.00 | Not Allowed | $0.00 | | | |
| D2620 | M | INLAY PORCELAIN/CERAMIC 2 SU | | | $0.00 | Not Allowed | $0.00 | | | |
| D2630 | M | DENTAL ONLAY PORC 3/MORE SUR | | | $0.00 | Not Allowed | $0.00 | | | |
| D2642 | M | DENTAL ONLAY PORCELIN 2 SURF | | | $0.00 | Not Allowed | $0.00 | | | |
| D2643 | M | DENTAL ONLAY PORCELIN 3 SURF | | | $0.00 | Not Allowed | $0.00 | | | |
| D2644 | M | DENTAL ONLAY PORC 4/MORE SUR | | | $0.00 | Not Allowed | $0.00 | | | |
| D2650 | M | INLAY COMPOSITE/RESIN ONE SU | | | $0.00 | Not Allowed | $0.00 | | | |
| D2651 | M | INLAY COMPOSITE/RESIN TWO SU | | | $0.00 | Not Allowed | $0.00 | | | |
| D2652 | M | DENTAL INLAY RESIN 3/MRE SUR | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D2662 | M | DENTAL ONLAY RESIN 2 SURFACE | | | $0.00 | Not Allowed | $0.00 | | | |
| D2663 | M | DENTAL ONLAY RESIN 3 SURFACE | | | $0.00 | Not Allowed | $0.00 | | | |
| D2664 | M | DENTAL ONLAY RESIN 4/MRE SUR | | | $0.00 | Not Allowed | $0.00 | | | |
| D2710 | M | CROWN RESIN LABORATORY | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2712 | M | CROWN 3/4 RESIN-BASED COMPOS | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2720 | M | CROWN RESIN W/ HIGH NOBLE ME | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2721 | M | CROWN RESIN W/ BASE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2722 | M | CROWN RESIN W/ NOBLE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2740 | M | CROWN PORCELAIN/CERAMIC SUBS | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2750 | M | CROWN PORCELAIN W/ H NOBLE M | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2751 | M | CROWN PORCELAIN FUSED BASE M | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2752 | M | CROWN PORCELAIN W/ NOBLE MET | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2780 | M | CROWN 3/4 CAST HI NOBLE MET | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2781 | M | CROWN 3/4 CAST BASE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2782 | M | CROWN 3/4 CAST NOBLE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2783 | M | CROWN 3/4 PORCELAIN/CERAMIC | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2790 | M | CROWN FULL CAST HIGH NOBLE M | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2791 | M | CROWN FULL CAST BASE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2792 | M | CROWN FULL CAST NOBLE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2794 | M | CROWN-TITANIUM | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2799 | M | PROVISIONAL CROWN | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2910 | M | DENTAL RECEMENT INLAY | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2915 | M | RECEMENT CAST OR PREFAB POST | | | $0.00 | Not Allowed | $0.00 | | | |
| D2920 | M | DENTAL RECEMENT CROWN | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2930 | M | PREFAB STNLSS STEEL CRWN PRI | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2931 | M | PREFAB STNLSS STEEL CROWN PE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2932 | M | PREFABRICATED RESIN CROWN | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2933 | M | PREFAB STAINLESS STEEL CROWN | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2934 | M | PREFAB STEEL CROWN PRIMARY | | | $0.00 | Not Allowed | $0.00 | | | |
| D2940 | M | DENTAL SEDATIVE FILLING | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2950 | M | CORE BUILD-UP INCL ANY PINS | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2951 | M | TOOTH PIN RETENTION | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2952 | M | POST AND CORE CAST + CROWN | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2953 | M | EACH ADDTNL CAST POST | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2954 | M | PREFAB POST/CORE + CROWN | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2955 | M | POST REMOVAL | | | $0.00 | Not Allowed | $0.00 | | | |
| D2957 | M | EACH ADDTNL PREFAB POST | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2960 | M | LAMINATE LABIAL VENEER | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2961 | M | LAB LABIAL VENEER RESIN | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2962 | M | LAB LABIAL VENEER PORCELAIN | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2971 | M | ADD PROC CONSTRUCT NEW CROWN | | | $0.00 | Not Allowed | $0.00 | | | |
| D2975 | M | COPING | | | $0.00 | Not Allowed | $0.00 | | | |
| D2980 | M | CROWN REPAIR | | | $0.00 | Fee Schedule | $68.64 | | | |
| D2999 | S | 3ENTAL UNSPEC RESTORATIVE PR | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D3110 | M | PULP CAP DIRECT | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3120 | M | PULP CAP INDIRECT | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3220 | M | THERAPEUTIC PULPOTOMY | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3221 | M | GROSS PULPAL DEBRIDEMENT | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3230 | M | PULPAL THERAPY ANTERIOR PRIM | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3240 | M | PULPAL THERAPY POSTERIOR PRI | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3310 | M | ANTERIOR | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3320 | M | ROOT CANAL THERAPY 2 CANALS | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3330 | M | ROOT CANAL THERAPY 3 CANALS | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3331 | M | NON-SURG TX ROOT CANAL OBS | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3332 | M | INCOMPLETE ENDODONTIC TX | | | $0.00 | Not Allowed | $0.00 | | | |
| D3333 | M | INTERNAL ROOT REPAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| D3346 | M | RETREAT ROOT CANAL ANTERIOR | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3347 | M | RETREAT ROOT CANAL BICUSPID | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3348 | M | RETREAT ROOT CANAL MOLAR | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3351 | M | APEXIFICATION/RECALC INITIAL | | | $0.00 | Not Allowed | $0.00 | | | |
| D3352 | M | APEXIFICATION/RECALC INTERIM | | | $0.00 | Not Allowed | $0.00 | | | |
| D3353 | M | APEXIFICATION/RECALC FINAL | | | $0.00 | Not Allowed | $0.00 | | | |
| D3410 | M | APICOECT/PERIRAD SURG ANTER | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3421 | M | ROOT SURGERY BICUSPID | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3425 | M | ROOT SURGERY MOLAR | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3426 | M | ROOT SURGERY EA ADD ROOT | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3430 | M | RETROGRADE FILLING | | | $0.00 | Fee Schedule | $68.64 | | | |
| D3450 | M | ROOT AMPUTATION | | | $0.00 | Not Allowed | $0.00 | | | |
| D3460 | S | ENDODONTIC ENDOSSEOUS IMPLAN | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D3470 | M | INTENTIONAL REPLANTATION | | | $0.00 | Not Allowed | $0.00 | | | |
| D3910 | M | ISOLATION- TOOTH W RUBB DAM | | | $0.00 | Not Allowed | $0.00 | | | |
| D3920 | M | TOOTH SPLITTING | | | $0.00 | Not Allowed | $0.00 | | | |
| D3950 | M | CANAL PREP/FITTING OF DOWEL | | | $0.00 | Not Allowed | $0.00 | | | |
| D3999 | S | ENDODONTIC PROCEDURE | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D4210 | M | GINGIVECTOMY/PLASTY PER QUAD | | | $0.00 | Fee Schedule | $68.64 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D4211 | M | GINGIVECTOMY/PLASTY PER TOOT | | | $0.00 | Fee Schedule | $68.64 | | | |
| D4240 | M | GINGIVAL FLAP PROC W/ PLANIN | | | $0.00 | Fee Schedule | $68.64 | | | |
| D4241 | M | GNGVL FLAP W ROOTPLAN 1-3 TH | | | $0.00 | Fee Schedule | $68.64 | | | |
| D4245 | M | APICALLY POSITIONED FLAP | | | $0.00 | Not Allowed | $0.00 | | | |
| D4249 | M | CROWN LENGTHEN HARD TISSUE | | | $0.00 | Not Allowed | $0.00 | | | |
| D4260 | S | OSSEOUS SURGERY PER QUADRANT | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D4261 | M | OSSEOUS SURGERY INCL FLAP ONE TO THREE TEETH PER QUADRANT | | | $0.00 | Fee Schedule | $68.64 | | | |
| D4263 | S | BONE REPLCE GRAFT FIRST SITE | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D4264 | S | BONE REPLCE GRAFT EACH ADD | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D4265 | M | BIO MTRLS TO AID SOFT/OS REG | | | $0.00 | Not Allowed | $0.00 | | | |
| D4266 | M | GUIDED TISS REGEN RESORBLE | | | $0.00 | Not Allowed | $0.00 | | | |
| D4267 | M | GUIDED TISS REGEN NONRESORB | | | $0.00 | Not Allowed | $0.00 | | | |
| D4268 | M | SURGICAL REVISION PROCEDURE | | | $0.00 | Not Allowed | $0.00 | | | |
| D4270 | S | PEDICLE SOFT TISSUE GRAFT PR | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D4271 | S | FREE SOFT TISSUE GRAFT PROC | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D4273 | M | SUBEPITHELIAL TISSUE GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| D4274 | M | DISTAL/PROXIMAL WEDGE PROC | | | $0.00 | Not Allowed | $0.00 | | | |
| D4275 | M | SOFT TISSUE ALLOGRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| D4276 | M | CON TISSUE W DBLE PED GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| D4320 | M | PROVISION SPLNT INTRACORONAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D4321 | M | PROVISIONAL SPLINT EXTRACORO | | | $0.00 | Not Allowed | $0.00 | | | |
| D4341 | M | PERIODONTAL SCALING & ROOT | | | $0.00 | Fee Schedule | $68.64 | | | |
| D4342 | M | PERIODONTAL SCALING 1-3 TEETH | | | $0.00 | Fee Schedule | $68.64 | | | |
| D4355 | S | FULL MOUTH DEBRIDEMENT | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D4381 | S | LOCALIZED CHEMO DELIVERY | | | $0.00 | Not Allowed | $0.00 | | | |
| D4910 | M | PERIODONTAL MAINT PROCEDURES | | | $0.00 | Fee Schedule | $68.64 | | | |
| D4920 | M | UNSCHEDULED DRESSING CHANGE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D4999 | M | UNSPECIFIED PERIODONTAL PROC | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5110 | M | DENTURES COMPLETE MAXILLARY | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5120 | M | DENTURES COMPLETE MANDIBLE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5130 | M | DENTURES IMMEDIAT MAXILLARY | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5140 | M | DENTURES IMMEDIAT MANDIBLE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5211 | M | DENTURES MAXILL PART RESIN | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5212 | M | DENTURES MAND PART RESIN | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5213 | M | DENTURES MAXILL PART METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5214 | M | DENTURES MANDIBL PART METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5225 | M | MAXILLARY PART DENTURE FLEX | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5226 | M | MANDIBULAR PART DENTURE FLEX | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5281 | M | REMOVABLE PARTIAL DENTURE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D5410 | M | DENTURES ADJUST CMPLT MAXIL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5411 | M | DENTURES ADJUST CMPLT MAND | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5421 | M | DENTURES ADJUST PART MAXILL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5422 | M | DENTURES ADJUST PART MANDBL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5510 | M | DENTUR REPR BROKEN COMPL BAS | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5520 | M | REPLACE DENTURE TEETH COMPLT | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5610 | M | DENTURES REPAIR RESIN BASE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5620 | M | REP PART DENTURE CAST FRAME | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5630 | M | REP PARTIAL DENTURE CLASP | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5640 | M | REPLACE PART DENTURE TEETH | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5650 | M | ADD TOOTH TO PARTIAL DENTURE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5660 | M | ADD CLASP TO PARTIAL DENTURE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5670 | M | REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAME MAXILLARY | | | $0.00 | Not Allowed | $0.00 | | | |
| D5671 | M | REPLC TTH&ACRLC MANDIBULAR | | | $0.00 | Not Allowed | $0.00 | | | |
| D5710 | M | DENTURES REBASE CMPLT MAXIL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5711 | M | DENTURES REBASE CMPLT MAND | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5720 | M | DENTURES REBASE PART MAXILL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5721 | M | DENTURES REBASE PART MANDBL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5730 | M | DENTURE RELN CMPLT MAXIL CH | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5731 | M | DENTURE RELN CMPLT MAND CHR | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5740 | M | DENTURE RELN PART MAXIL CHR | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5741 | M | DENTURE RELN PART MAND CHR | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5750 | M | DENTURE RELN CMPLT MAX LAB | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5751 | M | DENTURE RELN CMPLT MAND LAB | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5760 | M | DENTURE RELN PART MAXIL LAB | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5761 | M | DENTURE RELN PART MAND LAB | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5810 | M | DENTURE INTERM CMPLT MAXILL | | | $0.00 | Not Allowed | $0.00 | | | |
| D5811 | M | DENTURE INTERM CMPLT MANDBL | | | $0.00 | Not Allowed | $0.00 | | | |
| D5820 | M | DENTURE INTERM PART MAXILL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5821 | M | DENTURE INTERM PART MANDBL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5850 | M | DENTURE TISS CONDITN MAXILL | | | $0.00 | Fee Schedule | $68.64 | | | Y |
| D5851 | M | DENTURE TISS CONDTIN MANDBL | | | $0.00 | Not Allowed | $0.00 | | | |
| D5860 | M | OVERDENTURE COMPLETE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D5861 | M | OVERDENTURE PARTIAL | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D5862 | M | PRECISION ATTACHMENT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D5867 | M | REPLACEMENT OF PRECISION ATT | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D5875 | M | PROSTHESIS MODIFICATION | | | $0.00 | Not Allowed | $0.00 | | | |
| D5899 | M | REMOVABLE PROSTHODONTIC PROC | | | $0.00 | Fee Schedule | $68.64 | | | |
| D5911 | M | FACIAL MOULAGE SECTIONAL | | | $0.00 | Not Allowed | $0.00 | | | |
| D5912 | M | FACIAL MOULAGE COMPLETE | | | $0.00 | Not Allowed | $0.00 | | | |
| D5913 | M | NASAL PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D5914 | M | AURICULAR PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D5915 | M | ORBITAL PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D5916 | M | OCULAR PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D5919 | M | FACIAL PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D5922 | M | NASAL SEPTAL PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D5923 | M | OCULAR PROSTHESIS INTERIM | | | $0.00 | Not Allowed | $0.00 | | | |
| D5924 | M | CRANIAL PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D5925 | M | FACIAL AUGMENTATION IMPLANT | | | $0.00 | Not Allowed | $0.00 | | | |
| D5926 | M | REPLACEMENT NASAL PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D5927 | M | AURICULAR REPLACEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D5928 | M | ORBITAL REPLACEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D5929 | M | FACIAL REPLACEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D5931 | M | SURGICAL OBTURATOR | | | $0.00 | Not Allowed | $0.00 | | | |
| D5932 | M | POSTSURGICAL OBTURATOR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D5933 | M | REFITTING OF OBTURATOR | | | $0.00 | Not Allowed | $0.00 | | | |
| D5934 | M | MANDIBULAR FLANGE PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D5935 | M | MANDIBULAR DENTURE PROSTH | | | $0.00 | Not Allowed | $0.00 | | | |
| D5936 | M | TEMP OBTURATOR PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D5937 | M | TRISMUS APPLIANCE | | | $0.00 | Not Allowed | $0.00 | | | |
| D5951 | M | FEEDING AID | | | $0.00 | Not Allowed | $0.00 | | | |
| D5952 | M | PEDIATRIC SPEECH AID | | | $0.00 | Not Allowed | $0.00 | | | |
| D5953 | M | ADULT SPEECH AID | | | $0.00 | Not Allowed | $0.00 | | | |
| D5954 | M | SUPERIMPOSED PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D5955 | M | PALATAL LIFT PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D5958 | M | INTRAORAL CON DEF INTER PLT | | | $0.00 | Not Allowed | $0.00 | | | |
| D5959 | M | INTRAORAL CON DEF MOD PALAT | | | $0.00 | Not Allowed | $0.00 | | | |
| D5960 | M | MODIFY SPEECH AID PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D5982 | M | SURGICAL STENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D5983 | S | RADIATION APPLICATOR | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | Y |
| D5984 | S | RADIATION SHIELD | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | Y |
| D5985 | S | RADIATION CONE LOCATOR | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | Y |
| D5986 | M | FLUORIDE APPLICATOR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D5987 | M | COMMISSURE SPLINT | | | $0.00 | Not Allowed | $0.00 | | | |
| D5988 | M | SURGICAL SPLINT | | | $0.00 | Not Allowed | $0.00 | | | |
| D5999 | M | MAXILLOFACIAL PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D6010 | M | ODONTICS ENDOSTEAL IMPLANT | | | $0.00 | Not Allowed | $0.00 | | | |
| D6040 | M | ODONTICS EPOSTEAL IMPLANT | | | $0.00 | Not Allowed | $0.00 | | | |
| D6050 | M | ODONTICS TRANSOSTEAL IMPLNT | | | $0.00 | Not Allowed | $0.00 | | | |
| D6053 | M | IMPLNT/ABTMNT SPPRT REMV DNT | | | $0.00 | Not Allowed | $0.00 | | | |
| D6054 | M | IMPLNT/ABTMNT SPPRT REMVPRTL | | | $0.00 | Not Allowed | $0.00 | | | |
| D6055 | M | IMPLANT CONNECTING BAR | | | $0.00 | Not Allowed | $0.00 | | | |
| D6056 | M | PREFABRICATED ABUTMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D6057 | M | CUSTOM ABUTMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D6058 | M | ABUTMENT SUPPORTED CROWN | | | $0.00 | Not Allowed | $0.00 | | | |
| D6059 | M | ABUTMENT SUPPORTED MTL CROWN | | | $0.00 | Not Allowed | $0.00 | | | |
| D6060 | M | ABUTMENT SUPPORTED MTL CROWN | | | $0.00 | Not Allowed | $0.00 | | | |
| D6061 | M | ABUTMENT SUPPORTED MTL CROWN | | | $0.00 | Not Allowed | $0.00 | | | |
| D6062 | M | ABUTMENT SUPPORTED MTL CROWN | | | $0.00 | Not Allowed | $0.00 | | | |
| D6063 | M | ABUTMENT SUPPORTED MTL CROWN | | | $0.00 | Not Allowed | $0.00 | | | |
| D6064 | M | ABUTMENT SUPPORTED MTL CROWN | | | $0.00 | Not Allowed | $0.00 | | | |
| D6065 | M | IMPLANT SUPPORTED CROWN | | | $0.00 | Not Allowed | $0.00 | | | |
| D6066 | M | IMPLANT SUPPORTED MTL CROWN | | | $0.00 | Not Allowed | $0.00 | | | |
| D6067 | M | IMPLANT SUPPORTED MTL CROWN | | | $0.00 | Not Allowed | $0.00 | | | |
| D6068 | M | ABUTMENT SUPPORTED RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6069 | M | ABUTMENT SUPPORTED RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6070 | M | ABUTMENT SUPPORTED RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6071 | M | ABUTMENT SUPPORTED RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6072 | M | ABUTMENT SUPPORTED RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6073 | M | ABUTMENT SUPPORTED RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6074 | M | ABUTMENT SUPPORTED RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6075 | M | IMPLANT SUPPORTED RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6076 | M | IMPLANT SUPPORTED RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6077 | M | IMPLANT SUPPORTED RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6078 | M | IMPLNT/ABUT SUPRTD FIXD DENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D6079 | M | IMPLNT/ABUT SUPRTD FIXD DENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D6080 | M | IMPLANT MAINTENANCE | | | $0.00 | Not Allowed | $0.00 | | | |
| D6090 | M | REPAIR IMPLANT | | | $0.00 | Not Allowed | $0.00 | | | |
| D6094 | M | ABUT SUPPORT CROWN TITANIUM | | | $0.00 | Not Allowed | $0.00 | | | |
| D6095 | M | ODONTICS REPR ABUTMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D6100 | M | REMOVAL OF IMPLANT | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D6190 | M | RADIO/SURGICAL IMPLANT INDEX | | | $0.00 | Not Allowed | $0.00 | | | |
| D6194 | M | ABUT SUPPORT RETAINER TITANI | | | $0.00 | Not Allowed | $0.00 | | | |
| D6199 | M | IMPLANT PROCEDURE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D6205 | M | PONTIC-INDIRECT RESIN BASED | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6210 | M | PROSTHODONT HIGH NOBLE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6211 | M | BRIDGE BASE METAL CAST | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6212 | M | BRIDGE NOBLE METAL CAST | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6214 | M | PONTIC TITANIUM | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6240 | M | BRIDGE PORCELAIN HIGH NOBLE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6241 | M | BRIDGE PORCELAIN BASE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6242 | M | BRIDGE PORCELAIN NOBEL METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6245 | M | BRIDGE PORCELAIN/CERAMIC | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6250 | M | BRIDGE RESIN W/HIGH NOBLE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6251 | M | BRIDGE RESIN BASE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6252 | M | BRIDGE RESIN W/NOBLE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6253 | M | PROVISIONAL PONTIC | | | $0.00 | Not Allowed | $0.00 | | | |
| D6545 | M | DENTAL RETAINR CAST METL | | | $0.00 | Not Allowed | $0.00 | | | |
| D6548 | M | PORCELAIN/CERAMIC RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6600 | M | PORCELAIN/CERAMIC INLAY 2SRF | | | $0.00 | Not Allowed | $0.00 | | | |
| D6601 | M | PORC/CERAM INLAY >= 3 SURFAC | | | $0.00 | Not Allowed | $0.00 | | | |
| D6602 | M | CST HGH NBLE MTL INLAY 2 SRF | | | $0.00 | Not Allowed | $0.00 | | | |
| D6603 | M | CST HGH NBLE MTL INLAY >=3SR | | | $0.00 | Not Allowed | $0.00 | | | |
| D6604 | M | CST BSE MTL INLAY 2 SURFACES | | | $0.00 | Not Allowed | $0.00 | | | |
| D6605 | M | CST BSE MTL INLAY >= 3 SURFA | | | $0.00 | Not Allowed | $0.00 | | | |
| D6606 | M | CAST NOBLE METAL INLAY 2 SUR | | | $0.00 | Not Allowed | $0.00 | | | |
| D6607 | M | CST NOBLE MTL INLAY >=3 SURF | | | $0.00 | Not Allowed | $0.00 | | | |
| D6608 | M | ONLAY PORC/CRMC 2 SURFACES | | | $0.00 | Not Allowed | $0.00 | | | |
| D6609 | M | ONLAY PORC/CRMC >=3 SURFACES | | | $0.00 | Not Allowed | $0.00 | | | |
| D6610 | M | ONLAY CAST HIGH NOBLE METAL TWO SURFACES | | | $0.00 | Not Allowed | $0.00 | | | |
| D6611 | M | ONLAY CST HGH NBL MTL >=3SRF | | | $0.00 | Not Allowed | $0.00 | | | |
| D6612 | M | ONLAY CST BASE MTL 2 SURFACE | | | $0.00 | Not Allowed | $0.00 | | | |
| D6613 | M | ONLAY CST BASE MTL >=3 SURFA | | | $0.00 | Not Allowed | $0.00 | | | |
| D6614 | M | ONLAY CST NBL MTL 2 SURFACES | | | $0.00 | Not Allowed | $0.00 | | | |
| D6615 | M | ONLAY CST NBL MTL >=3 SURFAC | | | $0.00 | Not Allowed | $0.00 | | | |
| D6624 | M | INLAY TITANIUM | | | $0.00 | Not Allowed | $0.00 | | | |
| D6634 | M | ONLAY TITANIUM | | | $0.00 | Not Allowed | $0.00 | | | |
| D6710 | M | CROWN-INDIRECT RESIN BASED | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6720 | M | RETAIN CROWN RESIN W HI NBLE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6721 | M | CROWN RESIN W/BASE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6722 | M | CROWN RESIN W/NOBLE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6740 | M | CROWN PORCELAIN/CERAMIC | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6750 | M | CROWN PORCELAIN HIGH NOBLE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6751 | M | CROWN PORCELAIN BASE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6752 | M | CROWN PORCELAIN NOBLE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6780 | M | CROWN 3/4 HIGH NOBLE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6781 | M | CROWN 3/4 CAST BASED METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6782 | M | CROWN 3/4 CAST NOBLE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6783 | M | CROWN 3/4 PORCELAIN/CERAMIC | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6790 | M | CROWN FULL HIGH NOBLE METAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6791 | M | CROWN FULL BASE METAL CAST | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6792 | M | CROWN FULL NOBLE METAL CAST | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6793 | M | PROVISIONAL RETAINER CROWN | | | $0.00 | Not Allowed | $0.00 | | | |
| D6794 | M | CROWN TITANIUM | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6920 | S | DENTAL CONNECTOR BAR | | | $0.00 | Not Allowed | $0.00 | | | |
| D6930 | M | DENTAL RECEMENT BRIDGE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6940 | M | STRESS BREAKER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6950 | M | PRECISION ATTACHMENT | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6970 | M | POST & CORE PLUS RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6971 | M | CAST POST BRIDGE RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6972 | M | PREFAB POST & CORE PLUS RETA | | | $0.00 | Not Allowed | $0.00 | | | |
| D6973 | M | CORE BUILD UP FOR RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D6975 | M | COPING METAL | | | $0.00 | Not Allowed | $0.00 | | | |
| D6976 | M | EACH ADDTNL CAST POST | | | $0.00 | Not Allowed | $0.00 | | | |
| D6977 | M | EACH ADDTL PREFAB POST | | | $0.00 | Not Allowed | $0.00 | | | |
| D6980 | M | BRIDGE REPAIR | | | $0.00 | Fee Schedule | $68.64 | | | |
| D6985 | M | PEDIATRIC PARTIAL DENTURE FX | | | $0.00 | Not Allowed | $0.00 | | | |
| D6999 | M | FIXED PROSTHODONTIC PROC | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7111 | S | CORONAL REMNANTS DECIDUOUS T | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D7140 | S | EXTRACTION ERUPTED TOOTH/EXR | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D7210 | S | REM IMP TOOTH W MUCOPER FLP | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D7220 | S | IMPACT TOOTH REMOV SOFT TISS | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D7230 | S | IMPACT TOOTH REMOV PART BONY | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D7240 | S | IMPACT TOOTH REMOV COMP BONY | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D7241 | S | IMPACT TOOTH REM BONY W/COMP | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D7250 | S | TOOTH ROOT REMOVAL | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D7260 | S | ORAL ANTRAL FISTULA CLOSURE | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D7261 | S | PRIMARY CLOSURE SINUS PERF | | | $0.00 | Not Allowed | $0.00 | | | |
| D7270 | M | TOOTH REIMPLANTATION | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7272 | M | TOOTH TRANSPLANTATION | | | $0.00 | Not Allowed | $0.00 | | | |
| D7280 | M | EXPOSURE IMPACT TOOTH ORTHOD | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7282 | M | MOBILIZE ERUPTED/MALPOS TOOT | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7283 | M | PLACE DEVICE IMPACTED TOOTH | | | $0.00 | Not Allowed | $0.00 | | | |
| D7285 | M | BIOPSY OF ORAL TISSUE HARD | | | $0.00 | Not Allowed | $0.00 | | | |
| D7286 | M | BIOPSY OF ORAL TISSUE SOFT | | | $0.00 | Not Allowed | $0.00 | | | |
| D7287 | M | CYTOLOGY SAMPLE COLLECTION | | | $0.00 | Not Allowed | $0.00 | | | |
| D7288 | M | BRUSH BIOPSY | | | $0.00 | Not Allowed | $0.00 | | | |
| D7290 | M | REPOSITIONING OF TEETH | | | $0.00 | Not Allowed | $0.00 | | | |
| D7291 | M | TRANSSEPTAL FIBEROTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| D7310 | M | ALVEOPLASTY W/ EXTRACTION | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7311 | M | ALVEOLOPLASTY W/EXTRACT 1-3 | | | $0.00 | Not Allowed | $0.00 | | | |
| D7320 | M | ALVEOPLASTY W/O EXTRACTION | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7321 | M | ALVEOLOPLASTY NOT W/EXTRACTS | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7340 | E | VESTIBULOPLASTY RIDGE EXTENS | | | $0.00 | Not Allowed | $0.00 | | | |
| D7350 | E | VESTIBULOPLASTY EXTEN GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| D7410 | M | RAD EXC LESION UP TO 1.25 CM | | | $0.00 | Not Allowed | $0.00 | | | |
| D7411 | M | EXCISION BENIGN LESION>1.25C | | | $0.00 | Not Allowed | $0.00 | | | |
| D7412 | M | EXCISION BENIGN LESION COMPL | | | $0.00 | Not Allowed | $0.00 | | | |
| D7413 | M | EXCISION MALIG LESION<=1.25C | | | $0.00 | Not Allowed | $0.00 | | | |
| D7414 | M | EXCISION MALIG LESION>1.25CM | | | $0.00 | Not Allowed | $0.00 | | | |
| D7415 | M | EXCISION MALIG LES COMPLICAT | | | $0.00 | Not Allowed | $0.00 | | | |
| D7440 | M | MALIG TUMOR EXC TO 1.25 CM | | | $0.00 | Not Allowed | $0.00 | | | |
| D7441 | M | MALIG TUMOR > 1.25 CM | | | $0.00 | Not Allowed | $0.00 | | | |
| D7450 | M | REM ODONTOGEN CYST TO 1.25CM | | | $0.00 | Not Allowed | $0.00 | | | |
| D7451 | M | REM ODONTOGEN CYST > 1.25 CM | | | $0.00 | Not Allowed | $0.00 | | | |
| D7460 | M | REM NONODONTO CYST TO 1.25CM | | | $0.00 | Not Allowed | $0.00 | | | |
| D7461 | M | REM NONODONTO CYST > 1.25 CM | | | $0.00 | Not Allowed | $0.00 | | | |
| D7465 | M | LESION DESTRUCTION | | | $0.00 | Not Allowed | $0.00 | | | |
| D7471 | M | REM EXOSTOSIS ANY SITE | | | $0.00 | Not Allowed | $0.00 | | | |
| D7472 | M | REMOVAL OF TORUS PALATINUS | | | $0.00 | Not Allowed | $0.00 | | | |
| D7473 | M | REMOVE TORUS MANDIBULARIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D7485 | M | SURG REDUCT OSSEOUSTUBEROSIT | | | $0.00 | Not Allowed | $0.00 | | | |
| D7490 | M | MANDIBLE RESECTION | | | $0.00 | Not Allowed | $0.00 | | | |
| D7510 | M | I&D ABSC INTRAORAL SOFT TISS | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7511 | M | INCISION/DRAIN ABSCESS INTRA | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7520 | M | I&D ABSCESS EXTRAORAL | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7521 | M | INCISION/DRAIN ABSCESS EXTRA | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7530 | M | REMOVAL FB SKIN/AREOLAR TISS | | | $0.00 | Not Allowed | $0.00 | | | |
| D7540 | M | REMOVAL OF FB REACTION | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7550 | M | REMOVAL OF SLOUGHED OFF BONE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7560 | M | MAXILLARY SINUSOTOMY | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7610 | M | MAXILLA OPEN REDUCT SIMPLE | | | $0.00 | Not Allowed | $0.00 | | | |
| D7620 | M | CLSD REDUCT SIMPL MAXILLA FX | | | $0.00 | Not Allowed | $0.00 | | | |
| D7630 | M | OPEN RED SIMPL MANDIBLE FX | | | $0.00 | Not Allowed | $0.00 | | | |
| D7640 | M | CLSD RED SIMPL MANDIBLE FX | | | $0.00 | Not Allowed | $0.00 | | | |
| D7650 | M | OPEN RED SIMP MALAR/ZYGOM FX | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7660 | M | CLSD RED SIMP MALAR/ZYGOM FX | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7670 | M | CLOSD RDUCTN SPLINT ALVEOLUS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7671 | M | ALVEOLUS OPEN REDUCTION | | | $0.00 | Not Allowed | $0.00 | | | |
| D7680 | M | REDUCT SIMPLE FACIAL BONE FX | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7710 | M | MAXILLA OPEN REDUCT COMPOUND | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7720 | M | CLSD REDUCT COMPD MAXILLA FX | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7730 | M | OPEN REDUCT COMPD MANDBLE FX | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7740 | M | CLSD REDUCT COMPD MANDBLE FX | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7750 | M | OPEN RED COMP MALAR/ZYGMA FX | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7760 | M | CLSD RED COMP MALAR/ZYGMA FX | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7770 | M | OPEN REDUC COMPD ALVEOLUS FX | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7771 | M | ALVEOLUS CLSD REDUC STBLZ TE | | | $0.00 | Not Allowed | $0.00 | | | |
| D7780 | M | REDUCT COMPND FACIAL BONE FX | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7810 | M | TMJ OPEN REDUCT-DISLOCATION | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7820 | M | CLOSED TMP MANIPULATION | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7830 | M | TMJ MANIPULATION UNDER ANEST | | | $0.00 | Not Allowed | $0.00 | | | |
| D7840 | M | REMOVAL OF TMJ CONDYLE | | | $0.00 | Not Allowed | $0.00 | | | |
| D7850 | M | TMJ MENISCECTOMY | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7852 | M | TMJ REPAIR OF JOINT DISC | | | $0.00 | Not Allowed | $0.00 | | | |
| D7854 | M | TMJ EXCISN OF JOINT MEMBRANE | | | $0.00 | Not Allowed | $0.00 | | | |
| D7856 | M | TMJ CUTTING OF A MUSCLE | | | $0.00 | Not Allowed | $0.00 | | | |
| D7858 | M | TMJ RECONSTRUCTION | | | $0.00 | Not Allowed | $0.00 | | | |
| D7860 | M | TMJ CUTTING INTO JOINT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7865 | M | TMJ RESHAPING COMPONENTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7870 | M | TMJ ASPIRATION JOINT FLUID | | | $0.00 | Not Allowed | $0.00 | | | Y |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D7871 | M | LYSIS + LAVAGE W CATHETERS | | | $0.00 | Not Allowed | $0.00 | | | |
| D7872 | M | TMJ DIAGNOSTIC ARTHROSCOPY | | | $0.00 | Not Allowed | $0.00 | | | |
| D7873 | M | TMJ ARTHROSCOPY LYSIS ADHESN | | | $0.00 | Not Allowed | $0.00 | | | |
| D7874 | M | TMJ ARTHROSCOPY DISC REPOSIT | | | $0.00 | Not Allowed | $0.00 | | | |
| D7875 | M | TMJ ARTHROSCOPY SYNOVECTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| D7876 | M | TMJ ARTHROSCOPY DISCECTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| D7877 | M | TMJ ARTHROSCOPY DEBRIDEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D7880 | M | OCCLUSAL ORTHOTIC APPLIANCE | | | $0.00 | Not Allowed | $0.00 | | | |
| D7899 | M | TMJ UNSPECIFIED THERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| D7910 | M | DENT SUTUR RECENT WND TO 5CM | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7911 | M | DENTAL SUTURE WOUND TO 5 CM | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7912 | M | SUTURE COMPLICATE WND > 5 CM | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7920 | E | DENTAL SKIN GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| D7940 | S | RESHAPING BONE ORTHOGNATHIC | | | $0.00 | Not Allowed | $0.00 | | | |
| D7941 | M | BONE CUTTING RAMUS CLOSED | | | $0.00 | Not Allowed | $0.00 | | | |
| D7942 | M | OSTEOTOMY-RAMUS OPEN | | | $0.00 | Not Allowed | $0.00 | | | |
| D7943 | M | CUTTING RAMUS OPEN W/GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| D7944 | M | BONE CUTTING SEGMENTED | | | $0.00 | Not Allowed | $0.00 | | | |
| D7945 | M | BONE CUTTING BODY MANDIBLE | | | $0.00 | Not Allowed | $0.00 | | | |
| D7946 | M | RECONSTRUCTION MAXILLA TOTAL | | | $0.00 | Not Allowed | $0.00 | | | |
| D7947 | M | RECONSTRUCT MAXILLA SEGMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D7948 | M | RECONSTRUCT MIDFACE NO GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| D7949 | M | RECONSTRUCT MIDFACE W/GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| D7950 | M | MANDIBLE GRAFT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7953 | M | BONE REPLACEMENT GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| D7955 | M | REPAIR MAXILLOFACIAL DEFECTS | | | $0.00 | Not Allowed | $0.00 | | | |
| D7960 | M | FRENULECTOMY/FRENULOTOMY | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7963 | M | FRENULOPLASTY | | | $0.00 | Not Allowed | $0.00 | | | |
| D7970 | M | EXCISION HYPERPLASTIC TISSUE | | | $0.00 | Fee Schedule | $68.64 | | | |
| D7971 | M | EXCISION PERICORONAL GINGIVA | | | $0.00 | Not Allowed | $0.00 | | | |
| D7972 | M | SURG REDCT FIBROUS TUBEROSIT | | | $0.00 | Not Allowed | $0.00 | | | |
| D7980 | M | SIALOLITHOTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| D7981 | M | EXCISION OF SALIVARY GLAND | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D7982 | M | SIALODOCHOPLASTY | | | $0.00 | Not Allowed | $0.00 | | | |
| D7983 | M | CLOSURE OF SALIVARY FISTULA | | | $0.00 | Not Allowed | $0.00 | | | |
| D7990 | M | EMERGENCY TRACHEOTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| D7991 | M | DENTAL CORONOIDECTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| D7995 | M | SYNTHETIC GRAFT FACIAL BONES | | | $0.00 | Not Allowed | $0.00 | | | |
| D7996 | M | IMPLANT MANDIBLE FOR AUGMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D7997 | M | APPLIANCE REMOVAL | | | $0.00 | Not Allowed | $0.00 | | | |
| D7999 | M | ORAL SURGERY PROCEDURE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D8010 | M | LIMITED DENTAL TX PRIMARY | | | $0.00 | Not Allowed | $0.00 | | | |
| D8020 | M | LIMITED DENTAL TX TRANSITION | | | $0.00 | Not Allowed | $0.00 | | | |
| D8030 | M | LIMITED DENTAL TX ADOLESCENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D8040 | M | LIMITED DENTAL TX ADULT | | | $0.00 | Not Allowed | $0.00 | | | |
| D8050 | M | INTERCEP DENTAL TX PRIMARY | | | $0.00 | Fee Schedule | $68.64 | | | Y |
| D8060 | M | INTERCEP DENTAL TX TRANSITN | | | $0.00 | Fee Schedule | $68.64 | | | Y |
| D8070 | M | COMPRE DENTAL TX TRANSITION | | | $0.00 | Fee Schedule | $68.64 | | | Y |
| D8080 | M | COMPRE DENTAL TX ADOLESCENT | | | $0.00 | Fee Schedule | $68.64 | | | Y |
| D8090 | M | COMPRE DENTAL TX ADULT | | | $0.00 | Fee Schedule | $68.64 | | | Y |
| D8210 | M | ORTHODONTIC REM APPLIANCE TX | | | $0.00 | Not Allowed | $0.00 | | | |
| D8220 | M | FIXED APPLIANCE THERAPY HABT | | | $0.00 | Fee Schedule | $68.64 | | | |
| D8660 | M | PREORTHODONTIC TX VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| D8670 | M | PERIODIC ORTHODONTC TX VISIT | | | $0.00 | Fee Schedule | $68.64 | | | Y |
| D8680 | M | ORTHODONTIC RETENTION | | | $0.00 | Not Allowed | $0.00 | | | |
| D8690 | M | ORTHODONTIC TREATMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D8691 | M | REPAIR ORTHO APPLIANCE | | | $0.00 | Not Allowed | $0.00 | | | |
| D8692 | M | REPLACEMENT RETAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| D8999 | M | ORTHODONTIC PROCEDURE | | | $0.00 | Not Allowed | $0.00 | | | |
| D9110 | N | TX DENTAL PAIN MINOR PROC | | | $0.00 | APC | $0.00 | | | |
| D9210 | M | DENT ANESTHESIA W/O SURGERY | | | $0.00 | Not Allowed | $0.00 | | | |
| D9211 | M | REGIONAL BLOCK ANESTHESIA | | | $0.00 | Not Allowed | $0.00 | | | |
| D9212 | M | TRIGEMINAL BLOCK ANESTHESIA | | | $0.00 | Not Allowed | $0.00 | | | |
| D9215 | M | LOCAL ANESTHESIA | | | $0.00 | Not Allowed | $0.00 | | | |
| D9220 | M | GENERAL ANESTHESIA | | | $0.00 | Not Allowed | $0.00 | | | |
| D9221 | M | GENERAL ANESTHESIA EA AD 15M | | | $0.00 | Not Allowed | $0.00 | | | Y |
| D9230 | M | ANALGESIA | | | $0.00 | Not Allowed | $0.00 | | | |
| D9241 | M | INTRAVENOUS SEDATION | | | $0.00 | Fee Schedule | $68.64 | | | |
| D9242 | M | IV SEDATION EA AD 30 M | | | $0.00 | Fee Schedule | $68.64 | | | |
| D9248 | N | SEDATION (NON-IV) | | | $0.00 | APC | $0.00 | | | |
| D9310 | M | DENTAL CONSULTATION | | | $0.00 | Fee Schedule | $68.64 | | | |
| D9410 | M | DENTAL HOUSE CALL | | | $0.00 | Not Allowed | $0.00 | | | |
| D9420 | M | HOSPITAL CALL | | | $0.00 | Not Allowed | $0.00 | | | |
| D9430 | M | OFFICE VISIT DURING HOURS | | | $0.00 | Not Allowed | $0.00 | | | |
| D9440 | M | OFFICE VISIT AFTER HOURS | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D9450 | M | CASE PRESENTATION TX PLAN | | | $0.00 | Not Allowed | $0.00 | | | |
| D9610 | M | DENT THERAPEUTIC DRUG INJECT | | | $0.00 | Not Allowed | $0.00 | | | |
| D9630 | S | OTHER DRUGS/MEDICAMENTS | 0330 | 9.3925 | $448.49 | APC | $448.49 | | | |
| D9910 | M | DENT APPL DESENSITIZING MED | | | $0.00 | Not Allowed | $0.00 | | | |
| D9911 | M | APPL DESENSITIZING RESIN | | | $0.00 | Not Allowed | $0.00 | | | |
| D9920 | M | BEHAVIOR MANAGEMENT | | | $0.00 | Fee Schedule | $68.64 | | | |
| D9930 | S | TREATMENT OF COMPLICATIONS | | | $0.00 | Not Allowed | $0.00 | | | |
| D9940 | S | DENTAL OCCLUSAL GUARD | | | $0.00 | Not Allowed | $0.00 | | | |
| D9941 | M | FABRICATION ATHLETIC GUARD | | | $0.00 | Not Allowed | $0.00 | | | |
| D9942 | M | REPAIR/RELINE OCCLUSAL GUARD | | | $0.00 | Not Allowed | $0.00 | | | |
| D9950 | S | OCCLUSION ANALYSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| D9951 | S | LIMITED OCCLUSAL ADJUSTMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D9952 | S | COMPLETE OCCLUSAL ADJUSTMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| D9970 | M | ENAMEL MICROABRASION | | | $0.00 | Not Allowed | $0.00 | | | |
| D9971 | M | ODONTOPLASTY 1-2 TEETH | | | $0.00 | Not Allowed | $0.00 | | | |
| D9972 | M | EXTRNL BLEACHING PER ARCH | | | $0.00 | Not Allowed | $0.00 | | | |
| D9973 | M | EXTRNL BLEACHING PER TOOTH | | | $0.00 | Not Allowed | $0.00 | | | |
| D9974 | M | INTRNL BLEACHING PER TOOTH | | | $0.00 | Not Allowed | $0.00 | | | |
| D9999 | M | ADJUNCTIVE PROCEDURE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0100 | M | CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED | | | $0.00 | Fee Schedule | $21.07 | | | |
| E0105 | M | CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS | | | $0.00 | Fee Schedule | $49.11 | | | |
| E0110 | M | CRUTCHES FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS | | | $0.00 | Fee Schedule | $77.59 | | | |
| E0111 | M | CRUTCH FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS | | | $0.00 | Fee Schedule | $53.26 | | | |
| E0112 | M | CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA | | | $0.00 | Fee Schedule | $37.00 | | | |
| E0113 | M | CRUTCH UNDERAR WOOD ADJ. OR FIXED EA. W/PAD TIP & GRIP | | | $0.00 | Fee Schedule | $17.96 | | | |
| E0114 | M | CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT | | | $0.00 | Fee Schedule | $47.19 | | | |
| E0116 | M | CRUTCH UNDERARM EACH NO WOOD | | | $0.00 | Fee Schedule | $27.74 | | | |
| E0117 | M | UNDERARM SPRINGASSIST CRUTCH | | | $0.00 | Fee Schedule | $192.71 | | | |
| E0118 | M | CRUTCH SUBSTITUTE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0130 | M | WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0135 | M | WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0140 | M | WALKER W TRUNK SUPPORT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0141 | M | RIGID WHEELED WALKER ADJ/FIX | | | $0.00 | Not Allowed | $0.00 | | | |
| E0143 | M | WALKER FOLDING WHEELED W/O S | | | $0.00 | Not Allowed | $0.00 | | | |
| E0144 | M | ENCLOSED WALKER W REAR SEAT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0147 | M | WALKER VARIABLE WHEEL RESIST | | | $0.00 | Not Allowed | $0.00 | | | |
| E0148 | M | WALKER HEAVY DUTY W/O WHEELS RIGID OR FOLDING ANY EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0149 | M | HEAVY DUTY WHEELED WALKER | | | $0.00 | Not Allowed | $0.00 | | | |
| E0153 | M | PLATFORM ATTACHMENT FOREARM CRUTCH EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0154 | M | PLATFORM ATTACHMENT WALKER EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0155 | M | WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0156 | M | SEAT ATTACHMENT WALKER | | | $0.00 | Not Allowed | $0.00 | | | |
| E0157 | M | CRUTCH ATTACHMENT WALKER EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0158 | M | LEG EXTENSIONS FOR WALKER PER SET OF FOUR (4) | | | $0.00 | Not Allowed | $0.00 | | | |
| E0159 | M | BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0160 | M | SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0161 | M | SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0162 | M | SITZ BATH CHAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0163 | M | COMMODE CHAIR STATIONARY WITH FIXED ARMS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0164 | M | COMMODE CHAIR MOBILE WITH FIXED ARMS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0165 | M | COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0166 | M | COMMODE CHAIR MOBILE WITH DETACHABLE ARMS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0167 | M | PAIL OR PAN FOR USE WITH COMMODE CHAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0168 | M | COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY STATIONARY OR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0170 | M | COMMODE CHAIR STATIONARY WITH PAIL OR PAN DETACHABLE ARMS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0171 | M | COMMODE CHAIR NON-ELECTRIC | | | $0.00 | Not Allowed | $0.00 | | | |
| E0172 | M | SEAT LIFT MECHANISM TOILET | | | $0.00 | Not Allowed | $0.00 | | | |
| E0175 | M | FOOT REST FOR USE WITH COMMODE CHAIR EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0180 | M | PRESSURE PAD ALTERNATING WITH PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| E0181 | M | PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY | | | $0.00 | Not Allowed | $0.00 | | | |
| E0182 | M | PUMP FOR ALTERNATING PRESSURE PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| E0184 | M | PRESSURE MATTRESS DRY | | | $0.00 | Not Allowed | $0.00 | | | |
| E0185 | M | GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0186 | M | AIR PRESSURE MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0187 | M | WATER PRESSURE MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0188 | M | SYNTHETIC SHEEPSKIN PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| E0189 | M | LAMBSWOOL SHEEPSKIN PAD ANY SIZE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0190 | M | POSITIONING CUSHION | | | $0.00 | Not Allowed | $0.00 | | | |
| E0191 | M | HEEL OR ELBOW PROTECTOR EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0193 | M | POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY) | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0194 | M | AIR FLUIDIZED BED | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0196 | M | GEL PRESSURE MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0197 | M | AIR PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0198 | M | WATER PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0199 | M | DRY PRESSURE PAD FOR MATTRESS STANDARD MATTRESS LENGTH/WIDTH | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E0200 | M | HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0202 | M | PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER | | | $0.00 | Not Allowed | $0.00 | | | |
| E0203 | M | THERAPEUTIC LIGHTBOX TABLETP | | | $0.00 | Not Allowed | $0.00 | | | |
| E0205 | M | HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED | | | $0.00 | Not Allowed | $0.00 | | | |
| E0210 | M | ELECTRIC HEAT PAD STANDARD | | | $0.00 | Not Allowed | $0.00 | | | |
| E0215 | M | ELECTRIC HEAT PAD MOIST | | | $0.00 | Not Allowed | $0.00 | | | |
| E0217 | M | WATER CIRCULATING HEAT PAD WITH PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| E0218 | M | WATER CIRCULATING COLD PAD WITH PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| E0220 | M | HOT WATER BOTTLE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0221 | M | INFRARED HEATING PAD SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| E0225 | M | HYDROCOLLATOR UNIT INCLUDING PADS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0230 | M | ICE CAP OR COLLAR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0231 | M | WOUND WARMING DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0232 | M | WARMING CARD FOR NWT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0235 | M | PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265 | | | $0.00 | Not Allowed | $0.00 | | | |
| E0236 | M | PUMP FOR WATER CIRCULATING PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| E0238 | M | NON-ELECTRIC HEAT PAD MOIST | | | $0.00 | Not Allowed | $0.00 | | | |
| E0239 | M | HYDROCOLLATOR UNIT PORTABLE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0240 | M | BATH/SHOWER CHAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0241 | M | BATH TUB WALL RAIL EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0242 | M | BATH TUB RAIL FLOOR BASE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0243 | M | TOILET RAIL EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0244 | M | RAISED TOILET SEAT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0245 | M | TUB STOOL OR BENCH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0246 | M | TRANSFER TUB RAIL ATTACHMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0247 | M | TRANS BENCH W/WO COMM OPEN | | | $0.00 | Not Allowed | $0.00 | | | |
| E0248 | M | HDTRANS BENCH W/WO COMM OPEN | | | $0.00 | Not Allowed | $0.00 | | | |
| E0249 | M | PAD FOR WATER CIRCULATING HEAT UNIT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0250 | M | HOSPITAL BED W/ 2 SIDE RAILS FIXED HEIGHT WITH MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0251 | M | HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT W/OUT MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0255 | M | HOSP BED W/ 2 SIDE RAILS VARIABLE HEIGHT HI-LO W/MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0256 | M | HOSP BED VAR HT HI-LO W/ANY TYPE SIDE RAILS W/OUT MATTRE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0260 | M | HOSP BED W/ 2 SIDE RAILS SEMI-ELECTRIC W/ MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0261 | M | HOSP BED SEMI-ELECTRIC W/ANY TYPE SIDE RAILS W/OUT MATTRE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0265 | M | HOSPITAL BED TOTAL ELECTRIC WITH 2 SIDERAILS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0266 | M | HOSP BED W/SIDE RAILS TOTAL ELECTRIC W/OUT MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0270 | M | HOSPITAL BED INSTITUTIONAL TYPE INCLUDES: OSCILLATING | | | $0.00 | Not Allowed | $0.00 | | | |
| E0271 | M | MATTRESS INNERSPRING | | | $0.00 | Not Allowed | $0.00 | | | |
| E0272 | M | MATTRESS FOAM RUBBER | | | $0.00 | Not Allowed | $0.00 | | | |
| E0273 | M | BED BOARD | | | $0.00 | Not Allowed | $0.00 | | | |
| E0274 | M | OVERBED TABLE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0275 | M | BED PAN STANDARD METAL OR PLASTIC | | | $0.00 | Not Allowed | $0.00 | | | |
| E0276 | M | BED PAN FRACTURE METAL OR PLASTIC | | | $0.00 | Not Allowed | $0.00 | | | |
| E0277 | M | POWERED PRESSURE-REDUCING AIR MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0280 | M | BED CRADLE ANY TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0290 | M | HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS WITH MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0291 | M | HOSPITAL BED FIXED HEIGHT W/OUT SIDE RAILS W/OUT MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0292 | M | HOSPITAL BED VAR HT HI-LO W/OUT SIDE RAILS W/MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0293 | M | HOSP BED VARIABLE HT HI-LO W/OUT SIDE RAILS OR MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0294 | M | HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0295 | M | HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0296 | M | HOSP BED TOTAL ELECTRIC W/O SIDE RAILS WITH MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0297 | M | HOSP BED TOTAL ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0298 | M | HOSPTIAL BED HEAVY DUTY EXTRA WIDE WITH ANY TYPE SIDE RA | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0300 | M | ENCLOSED PED CRIB HOSP GRADE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0301 | M | HD HOSP BED 350-600 LBS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0302 | M | EX HD HOSP BED > 600 LBS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0303 | M | HOSP BED HVY DTY XTRA WIDE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0304 | M | HOSP BED XTRA HVY DTY X WIDE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0305 | M | BED SIDE RAILS HALF LENGTH EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0310 | M | BEDSIDE RAILS FULL-LENGTH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0315 | M | BED ACCESSORIES: BOARDS OR TABLES ANY TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0316 | M | BED SAFETY ENCLOSURE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0325 | M | URINAL MALE ANY MATERIAL | | | $0.00 | Not Allowed | $0.00 | | | |
| E0326 | M | URINAL FEMALE ANY MATERIAL | | | $0.00 | Not Allowed | $0.00 | | | |
| E0350 | M | CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST | | | $0.00 | Not Allowed | $0.00 | | | |
| E0352 | M | DISPOSABLE PACK FOR USE W/ELECTRONIC BOWEL EVAC/IRRIG SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| E0370 | M | AIR PRESSURE ELEVATOR FOR HEEL | | | $0.00 | Not Allowed | $0.00 | | | |
| E0371 | M | NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0372 | M | POWERED AIR OVERLAY FOR MATTRESS STD MATTRESS LGTH & WIDTH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0373 | M | NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0424 | M | STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES UNIT = 50CF | | | $0.00 | Not Allowed | $0.00 | | | |
| E0425 | M | STN O2 COMP GAS SYS PURCHASE INCLUDES ALL SUPPLIES | | | $0.00 | Not Allowed | $0.00 | | | |
| E0430 | M | PORT GAS O2 SYS PURCHASE INCLUDES ALL SUPPLIES | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0431 | M | PORT GAS O2SYS RENTAL MC REG FLOW HUMID CANNULA MASK TUBING | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E0434 | M | PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES | | | $0.00 | Not Allowed | $0.00 | | | |
| E0435 | M | PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES | | | $0.00 | Not Allowed | $0.00 | | | |
| E0439 | M | STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT = 10L | | | $0.00 | Not Allowed | $0.00 | | | |
| E0440 | M | STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT = 10L | | | $0.00 | Not Allowed | $0.00 | | | |
| E0441 | M | OXYGEN CONTENTS GASEOUS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0442 | M | OXYGEN CONTENTS LIQUID | | | $0.00 | Not Allowed | $0.00 | | | |
| E0443 | M | PORTABLE 02 CONTENTS GAS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0444 | M | PORTABLE 02 CONTENTS LIQUID | | | $0.00 | Not Allowed | $0.00 | | | |
| E0445 | M | OXIMETER DEVICE FOR MEASURING BLOOD O2 LEVELS NON-INVASIVELY | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0450 | M | VOLUME VENTILATOR STATIONARY OR PORTABLE W/BACKUP RATE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0452 | M | INTERMITTENT ASSIST DEVICE WITH CONTINUOUS POSITIVE AIRWAY | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0453 | M | THERAPEUTIC VENTILATOR; SUITABLE FOR USE 12 HOURS OR LESS PE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0455 | M | PRESSURE VENTILATOR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0457 | M | CHEST SHELL (CUIRASS) | | | $0.00 | Not Allowed | $0.00 | | | |
| E0459 | M | CHEST WRAP | | | $0.00 | Not Allowed | $0.00 | | | |
| E0460 | M | NEGATIVE PRESSURE PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| E0461 | M | VOL VENT NONINVASIVE INTERFACE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0462 | M | ROCKING BED WITH OR WITHOUT SIDE RAILS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0463 | M | PRESS SUPP VENT INVASIVE INT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0464 | M | PRESS SUPP VENT NONINV INT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0470 | M | RAD W/O BACKUP NON-INV INTFC | | | $0.00 | Not Allowed | $0.00 | | | |
| E0471 | M | RAD W/BACKUP NON INV INTRFC | | | $0.00 | Not Allowed | $0.00 | | | |
| E0472 | M | RAD W BACKUP INVASIVE INTRFC | | | $0.00 | Not Allowed | $0.00 | | | |
| E0480 | M | PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL | | | $0.00 | Not Allowed | $0.00 | | | |
| E0481 | M | INTRPULMNRY PERCUSS VENT SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0482 | M | COUGH STIMULATING DEVICE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0483 | M | CHEST COMPRESSION GEN SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0484 | M | NON-ELEC OSCILLATORY PEP DVC | | | $0.00 | Not Allowed | $0.00 | | | |
| E0485 | M | ORAL DEVICE/APPLIANCE PREFAB | | | $0.00 | Not Allowed | $0.00 | | | |
| E0486 | M | ORAL DEVICE/APPLIANCE CUSFAB | | | $0.00 | Not Allowed | $0.00 | | | |
| E0500 | M | IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL | | | $0.00 | Not Allowed | $0.00 | | | |
| E0550 | M | HUMIDIF EXTENS SUPPLE W IPPB | | | $0.00 | Not Allowed | $0.00 | | | |
| E0555 | M | HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATIO | | | $0.00 | Not Allowed | $0.00 | | | |
| E0560 | M | HUMIDIFIER SUPPLEMENTAL W/ I | | | $0.00 | Not Allowed | $0.00 | | | |
| E0561 | M | HUMIDIFIER NONHEATED W PAP | | | $0.00 | Not Allowed | $0.00 | | | |
| E0562 | M | HUMIDIFIER HEATED USED W PAP | | | $0.00 | Not Allowed | $0.00 | | | |
| E0565 | M | COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF | | | $0.00 | Not Allowed | $0.00 | | | |
| E0570 | M | NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID | | | $0.00 | Not Allowed | $0.00 | | | |
| E0571 | M | AEROSOL COMPRESSOR BATTERY POWERED FOR SM VOL NEBULIZER | | | $0.00 | Not Allowed | $0.00 | | | |
| E0572 | M | AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DUTY FOR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0574 | M | ULTRASONIC GENERATOR W SVNEB | | | $0.00 | Not Allowed | $0.00 | | | |
| E0575 | M | NEBULIZER ULTRASONIC LARGE VOLUME | | | $0.00 | Not Allowed | $0.00 | | | |
| E0580 | M | NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0585 | M | NEBULIZER WITH COMPRESSOR AND HEATER | | | $0.00 | Not Allowed | $0.00 | | | |
| E0600 | M | SUCTION PUMP PORTAB HOM MODL | | | $0.00 | Not Allowed | $0.00 | | | |
| E0601 | M | NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVISE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0602 | M | MANUAL BREAST PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| E0603 | M | ELECTRIC BREAST PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| E0604 | M | HOSP GRADE ELEC BREAST PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| E0605 | M | VAPORIZER ROOM TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0606 | M | POSTURAL DRAINAGE BOARD | | | $0.00 | Not Allowed | $0.00 | | | |
| E0607 | M | HOME BLOOD GLUCOSE MONITOR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0609 | M | BLOOD GLUCOSE MONITOR WITH SPECIAL FEATURES (EG. | | | $0.00 | Not Allowed | $0.00 | | | |
| E0610 | M | PACEMAKER MONITOR SELF-CONTAINED (CHECKS BATTERY DEPLETIO | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0615 | M | PACEMAKER MONITOR SELF CONTAINED CHECKS BATTERY DEPLETION | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0616 | N | CARDIAC EVENT RECORDER | | | $0.00 | APC | $0.00 | | | |
| E0617 | M | EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| E0618 | M | APNEA MONITOR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0619 | M | APNEA MONITOR W RECORDER | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0620 | M | CAP BLD SKIN PIERCING LASER | | | $0.00 | Not Allowed | $0.00 | | | |
| E0621 | M | SLING OR SEAT PATIENT LIFT CANVAS OR NYLON | | | $0.00 | Not Allowed | $0.00 | | | |
| E0625 | M | PATIENT LIFT KARTOP BATHROOM OR TOILET | | | $0.00 | Not Allowed | $0.00 | | | |
| E0627 | M | SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHA | | | $0.00 | Not Allowed | $0.00 | | | |
| E0628 | M | SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURN | | | $0.00 | Not Allowed | $0.00 | | | |
| E0629 | M | SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED | | | $0.00 | Not Allowed | $0.00 | | | |
| E0630 | M | PATIENT LIFT HYDRAULIC WITH SEAT OR SLING | | | $0.00 | Not Allowed | $0.00 | | | |
| E0635 | M | PATIENT LIFT ELECTRIC WITH SEAT OR SLING | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0636 | M | PT SUPPORT & POSITIONING SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0637 | M | COMBINATION SIT TO STAND SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0638 | M | STANDING FRAME SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0639 | M | MOVEABLE PATIENT LIFT SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| E0640 | M | FIXED PATIENT LIFT SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| E0641 | M | MULTI-POSITION STND FRAM SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0642 | M | DYNAMIC STANDING FRAME | | | $0.00 | Not Allowed | $0.00 | | | |
| E0650 | M | PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL | | | $0.00 | Not Allowed | $0.00 | | | Y |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E0651 | M | PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0652 | M | PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL WITH CALIBRATED | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0655 | M | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0660 | M | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0665 | M | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0666 | M | PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0667 | M | PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR LEG | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0668 | M | PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR ARM | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0669 | M | PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR HALF LEG | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0671 | M | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0672 | M | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0673 | M | SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0675 | M | PNEUMATIC COMPRESSION DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0691 | M | UVL PNL 2 SQ FT OR LESS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0692 | M | UVL SYS PANEL 4 FT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0693 | M | UVL SYS PANEL 6 FT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0694 | M | UVL MD CABINET SYS 6 FT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0700 | M | SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST) | | | $0.00 | Not Allowed | $0.00 | | | |
| E0701 | M | HELMET W FACE GUARD PREFAB | | | $0.00 | Not Allowed | $0.00 | | | |
| E0705 | M | TRANSFER BOARD OR DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0710 | M | RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE) | | | $0.00 | Not Allowed | $0.00 | | | |
| E0720 | M | TENS TWO LEAD LOCALIZED STIMULATION | | | $0.00 | Not Allowed | $0.00 | | | |
| E0730 | M | TENS FOUR LEAD | | | $0.00 | Not Allowed | $0.00 | | | |
| E0731 | M | FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0740 | M | INCONTINENCE TREATMENT SYSTM | | | $0.00 | Not Allowed | $0.00 | | | |
| E0744 | M | NEUROMUSCULAR STIMULATOR FOR SCOLOSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0745 | M | NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC | | | $0.00 | Not Allowed | $0.00 | | | |
| E0746 | M | ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0747 | M | OSTEOGENESIS STIMULATOR (NON-INVASIVE) | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0748 | M | OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATONS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0749 | N | OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED) | | | $0.00 | APC | $0.00 | | | Y |
| E0753 | M | IMPLANTABLE NEUROSTIMULATOR ELECTRODES/LEADS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0755 | M | ELECTRONIC SALIVARY REFLEX STIMULATOR(INTRAORAL/NONINVASIVE) | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0760 | M | OSTEOGEN ULTRASOUND STIMLTOR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0761 | M | NONTHERM ELECTROMGNTC DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0762 | M | TRANS ELEC JT STIM DEV SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0764 | M | FUNCTIONAL NEUROMUSCULARSTIM | | | $0.00 | Not Allowed | $0.00 | | | |
| E0765 | M | FDA APPROVED NERVE STIMULATOR WITH REPLACEMENT BATTERIES | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0769 | M | ELECTRIC WOUND TREATMENT DEV | | | $0.00 | Not Allowed | $0.00 | | | |
| E0776 | M | IV POLE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0779 | M | AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0780 | M | AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0781 | M | AMBULATORY INFUSION PUMP SING OR MULT CHAN W/ADMIN EQUIPMNT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0782 | M | NON-PROGRAMBLE INFUSION PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| E0783 | M | INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INC COMPONE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0784 | M | EXTERNAL AMBULATORY INFUSION PUMP INSULIN | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0785 | M | IMPLANTABLE INTRASPINAL CATH USED W/INFUSION PUMP REPLACEMT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E0786 | M | IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPLACEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0791 | M | PARENTERAL INFUSION PUMP STATIONARY | | | $0.00 | Not Allowed | $0.00 | | | |
| E0830 | N | AMBULATORY TRACTION DEVICE ALL TYPES EACH | | | $0.00 | APC | $0.00 | | | |
| E0840 | M | TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL | | | $0.00 | Not Allowed | $0.00 | | | |
| E0849 | M | CERVICAL PNEUM TRAC EQUIP | | | $0.00 | Not Allowed | $0.00 | | | |
| E0850 | M | TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION | | | $0.00 | Not Allowed | $0.00 | | | |
| E0855 | M | CERVICAL TRACTION EQUIP. NOT REQUIRING ADD'L STAND OR FRAME | | | $0.00 | Not Allowed | $0.00 | | | |
| E0860 | M | TRACTION EQUIPMENT OVERDOOR CERVICAL | | | $0.00 | Not Allowed | $0.00 | | | |
| E0870 | M | TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY | | | $0.00 | Not Allowed | $0.00 | | | |
| E0880 | M | TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION | | | $0.00 | Not Allowed | $0.00 | | | |
| E0890 | M | TRACTION FRAME ATTACHED TO FOOTBOARD PELVIC TRACTION | | | $0.00 | Not Allowed | $0.00 | | | |
| E0900 | M | TRACTION STAND FREE STANDING SIMPLE PELVIC TRACTION (E.G | | | $0.00 | Not Allowed | $0.00 | | | |
| E0910 | M | TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED WITH G | | | $0.00 | Not Allowed | $0.00 | | | |
| E0911 | M | HD TRAPEZE BAR ATTACH TO BED | | | $0.00 | Not Allowed | $0.00 | | | |
| E0912 | M | HD TRAPEZE BAR FREE STANDING | | | $0.00 | Not Allowed | $0.00 | | | |
| E0920 | M | FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0930 | M | FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0935 | M | CONT PAS MOTION EXERCISE DEV | | | $0.00 | Not Allowed | $0.00 | | | |
| E0940 | M | TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0941 | M | GRAVITY ASSISTED TRACTION DEVICE ANY TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0942 | M | CERVICAL HEAD HARNESS/HALTER | | | $0.00 | Not Allowed | $0.00 | | | |
| E0944 | M | PELVIC BELT/HARNESS/BOOT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0945 | M | EXTREMITY BELT/HARNESS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0946 | M | FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E. | | | $0.00 | Not Allowed | $0.00 | | | |
| E0947 | M | FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION | | | $0.00 | Not Allowed | $0.00 | | | |
| E0948 | M | FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION | | | $0.00 | Not Allowed | $0.00 | | | |
| E0950 | M | TRAY | | | $0.00 | Not Allowed | $0.00 | | | |
| E0951 | M | LOOP HEEL | | | $0.00 | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| E0952 | M | TOE LOOP/HOLDER EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0955 | M | CUSHIONED HEADREST | | | $0.00 | Not Allowed | $0.00 | | | |
| E0956 | M | W/C LATERAL TRUNK/HIP SUPPOR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0957 | M | W/C MEDIAL THIGH SUPPORT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0958 | M | WHLCHR ATT- CONV 1 ARM DRIVE | | | $0.00 | Not Allowed | $0.00 | | | |
| E0959 | M | AMPUTEE ADAPTER | | | $0.00 | Not Allowed | $0.00 | | | |
| E0960 | M | W/C SHOULDER HARNESS/STRAPS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0961 | M | WHEELCHAIR BRAKE EXTENSION | | | $0.00 | Not Allowed | $0.00 | | | |
| E0966 | M | WHEELCHAIR HEAD REST EXTENSI | | | $0.00 | Not Allowed | $0.00 | | | |
| E0967 | M | WHEELCHAIR HAND RIMS | | | $0.00 | Not Allowed | $0.00 | | | |
| E0968 | M | COMMODE SEAT WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0969 | M | NARROWING DEVICE WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0970 | M | WHEELCHAIR NO. 2 FOOTPLATES | | | $0.00 | Not Allowed | $0.00 | | | |
| E0971 | M | WHEELCHAIR ANTI-TIPPING DEVI | | | $0.00 | Not Allowed | $0.00 | | | |
| E0973 | M | W/CH ACCESS DET ADJ ARMREST | | | $0.00 | Not Allowed | $0.00 | | | |
| E0974 | M | W/CH ACCESS ANTI-ROLLBACK | | | $0.00 | Not Allowed | $0.00 | | | |
| E0977 | M | WEDGE CUSHION WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0978 | M | W/C ACC SAF BELT PELV STRAP | | | $0.00 | Not Allowed | $0.00 | | | |
| E0980 | M | SAFETY VEST WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| E0981 | M | SEAT UPHOLSTERY REPLACEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0982 | M | BACK UPHOLSTERY REPLACEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0983 | M | ADD PWR JOYSTICK | | | $0.00 | Not Allowed | $0.00 | | | |
| E0984 | M | ADD PWR TILLER | | | $0.00 | Not Allowed | $0.00 | | | |
| E0985 | M | W/C SEAT LIFT MECHANISM | | | $0.00 | Not Allowed | $0.00 | | | |
| E0986 | M | MAN W/C PUSH-RIM POW ASSIST | | | $0.00 | Not Allowed | $0.00 | | | |
| E0990 | M | WHELLCHAIR ELEVATING LEG RES | | | $0.00 | Not Allowed | $0.00 | | | |
| E0992 | M | WHEELCHAIR SOLID SEAT INSERT | | | $0.00 | Not Allowed | $0.00 | | | |
| E0994 | M | ARMREST EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E0995 | M | WHEELCHAIR CALF REST | | | $0.00 | Not Allowed | $0.00 | | | |
| E0997 | M | CASTER WITH A FORK | | | $0.00 | Not Allowed | $0.00 | | | |
| E0998 | M | CASTER WITHOUT FORK | | | $0.00 | Not Allowed | $0.00 | | | |
| E0999 | M | PNEUMATIC TIRE WITH WHEEL | | | $0.00 | Not Allowed | $0.00 | | | |
| E1002 | M | PWR SEAT TILT | | | $0.00 | Not Allowed | $0.00 | | | |
| E1003 | M | PWR SEAT RECLINE | | | $0.00 | Not Allowed | $0.00 | | | |
| E1004 | M | PWR SEAT RECLINE MECH | | | $0.00 | Not Allowed | $0.00 | | | |
| E1005 | M | PWR SEAT RECLINE PWR | | | $0.00 | Not Allowed | $0.00 | | | |
| E1006 | M | PWR SEAT COMBO W/O SHEAR | | | $0.00 | Not Allowed | $0.00 | | | |
| E1007 | M | PWR SEAT COMBO W/SHEAR | | | $0.00 | Not Allowed | $0.00 | | | |
| E1008 | M | PWR SEAT COMBO PWR SHEAR | | | $0.00 | Not Allowed | $0.00 | | | |
| E1009 | M | ADD MECH LEG ELEVATION | | | $0.00 | Not Allowed | $0.00 | | | |
| E1010 | M | ADD PWR LEG ELEVATION | | | $0.00 | Not Allowed | $0.00 | | | |
| E1011 | M | PED WC MODIFY WIDTH ADJUSTM | | | $0.00 | Not Allowed | $0.00 | | | |
| E1014 | M | RECLINING BACK ADD PED W/C | | | $0.00 | Not Allowed | $0.00 | | | |
| E1015 | M | SHOCK ABSORBER FOR MAN W/C | | | $0.00 | Not Allowed | $0.00 | | | |
| E1016 | M | SHOCK ABSORBER FOR POWER W/C | | | $0.00 | Not Allowed | $0.00 | | | |
| E1017 | M | HD SHCK ABSRBR FOR HD MAN WC | | | $0.00 | Not Allowed | $0.00 | | | |
| E1018 | M | HD SHCK ABSRBER FOR HD POWWC | | | $0.00 | Not Allowed | $0.00 | | | |
| E1020 | M | RESIDUAL LIMB SUPPORT SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| E1028 | M | W/C MANUAL SWINGAWAY | | | $0.00 | Not Allowed | $0.00 | | | |
| E1029 | M | W/C VENT TRAY FIXED | | | $0.00 | Not Allowed | $0.00 | | | |
| E1030 | M | W/C VENT TRAY GIMBALED | | | $0.00 | Not Allowed | $0.00 | | | |
| E1031 | M | ROLLABOUT CHAIR ANY AND ALL TYPES W/CASTORS 5" OR GREATER | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1035 | M | PATIENT TRANSFER SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| E1037 | M | TRANSPORT CHAIR PED SIZE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1038 | M | TRANSPORT CHAIR PT WT<=300LB | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1039 | M | TRANSPORT CHAIR PT WT >300LB | | | $0.00 | Not Allowed | $0.00 | | | |
| E1050 | M | FULLY-RECLINING WHEELCH FULL ARMS SWING AWAY DET LEGREST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1060 | M | FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET LEGREST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1070 | M | FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET FOOTREST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1083 | M | HEMI-WHEELCHAIR FULL ARMS SWING AWAY DET ELEVATE LEGRESTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1084 | M | HEMI-WHEELCHAIR DET ARMS DESK OR FULL DET ELEVATE LEGREST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1085 | M | HEMI-WHEELCHAIR FIXED ARMS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1086 | M | HEMI-WHEELCHAIR DET ARMS DESK OR FULL DETACH FOOTRESTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1087 | M | HIGH-STREN LIGHTWT WHEELCH FULL ARMS SWING-AWAY DET LEGRE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1088 | M | HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET LEGRES | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1089 | M | WHEELCHAIR LIGHTWT FIXED ARM | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1090 | M | HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET FOOTRE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1091 | M | YOUTH WHEELCHAIR ANY TYPE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1092 | M | WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET LEGRESTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1093 | M | WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET FOOTREST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1100 | M | SEMI-RECLIN WHEELCH FULL ARMS SWING-AWAY DET LEGRESTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1110 | M | SEMI-RECLIN WHEELCH DET ARMS DESK OR FULL ELEV LEGREST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1130 | M | WHLCHR STAND FXD ARM FT REST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1140 | M | WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET FOOTREST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1150 | M | WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET LEGREST | | | $0.00 | Not Allowed | $0.00 | | | Y |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E1160 | M | WHEELCHAIR FIXED ARMS SWING-AWAY DETACH ELEVATING LEGREST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1161 | M | 3ANUAL ADULT WC W TILTINSPAC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1170 | M | AMPUTEE WHEELCH FIXED FULL ARMS SWING-AWAY DET LEGRESTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1171 | M | AMPUTEE WHEELCH FULL ARMS WITHOUT FOOTRESTS OR LEGRESTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1172 | M | AMPUTEE WHEELCH DET ARMS DESK OR FULL W/OUT FOOT OR LEGRES | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1180 | M | AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET FOOTR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1190 | M | AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET LEGRES | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1195 | M | HEAVY DUTY WHEELCH FIXED ARMS SWING-AWAYDET ELEV LEGREST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1200 | M | AMPUTEE WHEELCH FIXED ARMS SWING-AWAY DETACH FOOTRESTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1220 | M | WHEELCHAIR SPECIALLY SIZED OR CONSTRUCTED | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1221 | M | WHEELCHAIR WITH FIXED ARM FOOTRESTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1222 | M | WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1223 | M | WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1224 | M | WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1225 | M | WHEELCHAIR SPEC SZ SEMI-RECL | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1226 | M | W/C ACCESS FULLY RECLINEBACK | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1227 | M | SPECIAL HEIGHT ARMS FOR WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1228 | M | SPECIAL BACK HEIGHT FOR WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1229 | M | PEDIATRIC WHEELCHAIR NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| E1230 | M | POWER OPERATED VEHICLE (3- OR 4-WHEEL NONHIGHWAY) SPECIFY | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1231 | M | RIGID PED W/C TILT-IN-SPACE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1232 | M | FOLDING PED WC TILT-IN-SPACE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1233 | M | RIG PED WC TLTNSPC W/O SEAT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1234 | M | FLD PED WC TLTNSPC W/O SEAT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1235 | M | RIGID PED WC ADJUSTABLE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1236 | M | FOLDING PED WC ADJUSTABLE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1237 | M | RGD PED WC ADJSTABL W/O SEAT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1238 | M | FLD PED WC ADJSTABL W/O SEAT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1239 | M | PED POWER WHEELCHAIR NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| E1240 | M | LIGHTWT WHEELCH DET ARMS DESK/FULL SWING-AWAY DET LEGREST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1250 | M | WHEELCHAIR LIGHTWT FIXED ARM | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1260 | M | LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS(DESK OR FULL LENGTH) | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1270 | M | LIGHTWT WHEELCH FIXED ARMS SWING-AWAY DET ELEV LEGRESTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1280 | M | HEAVY-DUTY WHEELCH DETACH ARMS DESK/FULL ELEV LEGRESTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1285 | M | WHEELCHAIR HEAVY DUTY FIXED | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1290 | M | HEAVY-DUTY WHEELCH DET ARMS DESK/FULL SWING-AWAY DET FOOT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1295 | M | HEAVY-DUTY WHEELCH FIXED ARMS ELEVATING LEGRESTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1296 | M | SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1297 | M | SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1298 | M | SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1300 | M | WHIRLPOOL PORTABLE (OVERTUB TYPE) | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1310 | M | WHIRLPOOL NON-PORTABLE (BUILT-IN TYPE) | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1340 | M | REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI | | | $0.00 | Not Allowed | $0.00 | | | |
| E1353 | M | REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI | | | $0.00 | Not Allowed | $0.00 | | | |
| E1355 | M | REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI | | | $0.00 | Not Allowed | $0.00 | | | |
| E1372 | M | IMMERSION EXTERNAL HEATER FOR NEBULIZER | | | $0.00 | Not Allowed | $0.00 | | | |
| E1375 | M | NEBULIZER PORTABLE WITH SMALL COMPRESSOR WITH LIMITED FLOW | | | $0.00 | Not Allowed | $0.00 | | | |
| E1390 | M | OXYGEN CONCENTRATOR | | | $0.00 | Not Allowed | $0.00 | | | |
| E1391 | M | OXYGEN CONCENTRATOR DUAL | | | $0.00 | Not Allowed | $0.00 | | | |
| E1392 | M | PORTABLE OXYGEN CONCENTRATOR | | | $0.00 | Not Allowed | $0.00 | | | |
| E1399 | N | MISC SUPP & EQUIP. NOC (OR WHEELCHAIR REPAIRS/CROSSOVERS) | | | $0.00 | Not Allowed | $0.00 | | | |
| E1400 | M | OXY CONCENTRATOR FLOW RATE DOES NOT EXCEED 2 LITERS PER MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| E1401 | M | OXY CONCENTRATOR FLOW RATE BETWEEN 2 & 3 LITER PER MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| E1402 | M | OXY CONCENTRATOR FLOW RATE BETWEEN 3 & 4 LITERS PER MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| E1403 | M | OXY CONCENTRATOR FLOW RATE BETWEEN 4 & 5 LITERS PER MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| E1404 | M | OXY CONCENTRATOR FLOW RATE GREATER THAN 5 LITERS PER MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| E1405 | M | OXY & WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY | | | $0.00 | Not Allowed | $0.00 | | | |
| E1406 | M | OXY & WATER VAPOR ENRICHING SYSTEM W/O HEATED DELIVERY | | | $0.00 | Not Allowed | $0.00 | | | |
| E1500 | M | CENTRIFUGE | | | $0.00 | Not Allowed | $0.00 | | | |
| E1510 | M | KIDNEY DIALYSATE DELIVERY SYST. KIDNEY MACHINE PUMP RECIRC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1520 | M | HEPARIN INFUSION PUMP | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1530 | M | AIR BUBBLE DETECTOR FOR DIALYSIS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1540 | M | REPLACEMENT PRESSURE ALARM | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1550 | M | BATH CONDUCTIVITY METER FOR DIALYSIS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1560 | M | REPLACE BLOOD LEAK DETECTOR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1570 | M | ADJUSTABLE CHAIR FOR ESRD PATIENTS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1575 | M | TRANSDUCER PROTECT/FLD BAR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1580 | M | UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1590 | M | HEMODIALYSIS MACHINE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1592 | M | AUTOMATIC INTERMITTENT PERITIONEAL DIALYSIS SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1594 | M | CYCLER DIALYSIS MACHINE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1600 | M | DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1610 | M | REVERSE OSMOSIS H2O PURI SYS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1615 | M | DEIONIZER WATER PURIFICATION SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1620 | M | REPLACEMENT BLOOD PUMP | | | $0.00 | Not Allowed | $0.00 | | | Y |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E1625 | M | WATER SOFTENING SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1630 | M | RECIPROCATING PERITONEAL DIA | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1632 | M | WEARABLE ARTIFICAL KIDNEY | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1634 | M | PERITONEAL DIALYSIS CLAMP | | | $0.00 | Not Allowed | $0.00 | | | |
| E1635 | M | COMPACT TRAVEL HEMODIALYZER | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1636 | M | SORBENT CARTRIDGES PER CASE | | | $0.00 | Not Allowed | $0.00 | | | |
| E1637 | M | HEMOSTATS FOR DIALYSIS EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E1639 | M | DIALYSIS SCALE | | | $0.00 | Not Allowed | $0.00 | | | |
| E1640 | M | REPLACEMENT COMPONENTS FOR HEMODIALYSIS AND/OR PERITONEAL | | | $0.00 | Not Allowed | $0.00 | | | |
| E1699 | M | DIALYSIS EQUIPMENT NOC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1700 | M | DIALYSIS EQUIPMENT NOC | | | $0.00 | Not Allowed | $0.00 | | | |
| E1701 | M | DIALYSIS EQUIPMENT NOC | | | $0.00 | Not Allowed | $0.00 | | | |
| E1702 | M | DIALYSIS EQUIPMENT NOC | | | $0.00 | Not Allowed | $0.00 | | | |
| E1800 | M | ADJUST ELBOW EXT/FLEX DEVICE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1801 | M | SPS ELBOW DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| E1802 | M | ADJST FOREARM PRO/SUP DEVICE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1805 | M | ADJUST WRIST EXT/FLEX DEVICE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1806 | M | SPS WRIST DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| E1810 | M | ADJUST KNEE EXT/FLEX DEVICE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1811 | M | SPS KNEE DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| E1812 | M | KNEE EXT/FLEX W ACT RES CTRL | | | $0.00 | Not Allowed | $0.00 | | | |
| E1815 | M | ADJUST ANKLE EXT/FLEX DEVICE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1816 | M | SPS ANKLE DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| E1818 | M | SPS FOREARM DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| E1820 | M | SOFT INTERFACE MATERIAL FOR DYNAMIC ADJ EXT/FLEXION DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| E1821 | M | REPLACEMENT INTERFACE SPSD | | | $0.00 | Not Allowed | $0.00 | | | |
| E1825 | M | DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE OR = | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1830 | M | ADJUST TOE EXT/FLEX DEVICE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E1840 | M | ADJ SHOULDER EXT/FLEX DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| E1841 | M | STATIC STR SHLDR DEV ROM ADJ | | | $0.00 | Not Allowed | $0.00 | | | |
| E1902 | M | AAC NON-ELECTRONIC BOARD | | | $0.00 | Not Allowed | $0.00 | | | Y |
| E2000 | M | GASTRIC SUCTION PUMP HME MDL | | | $0.00 | Not Allowed | $0.00 | | | |
| E2100 | M | BLD GLUCOSE MONITOR W VOICE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2101 | M | BLD GLUCOSE MONITOR W LANCE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2120 | M | PULSE GEN SYS TX ENDOLYMP FL | | | $0.00 | Not Allowed | $0.00 | | | |
| E2201 | M | MAN W/CH ACC SEAT W>=20Þ<24Þ | | | $0.00 | Not Allowed | $0.00 | | | |
| E2202 | M | SEAT WIDTH 24-27 IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2203 | M | FRAME DEPTH LESS THAN 22 IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2204 | M | FRAME DEPTH 22 TO 25 IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2205 | M | MANUAL WC ACCESSORY HANDRIM | | | $0.00 | Not Allowed | $0.00 | | | |
| E2206 | M | COMPLETE WHEEL LOCK ASSEMBLY | | | $0.00 | Not Allowed | $0.00 | | | |
| E2207 | M | CRUTCH AND CANE HOLDER | | | $0.00 | Not Allowed | $0.00 | | | |
| E2208 | M | CYLINDER TANK CARRIER | | | $0.00 | Not Allowed | $0.00 | | | |
| E2209 | M | ARM TROUGH EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E2210 | M | WHEELCHAIR BEARINGS | | | $0.00 | Not Allowed | $0.00 | | | |
| E2211 | M | PNEUMATIC PROPULSION TIRE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2212 | M | PNEUMATIC PROP TIRE TUBE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2213 | M | PNEUMATIC PROP TIRE INSERT | | | $0.00 | Not Allowed | $0.00 | | | |
| E2214 | M | PNEUMATIC CASTER TIRE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E2215 | M | PNEUMATIC CASTER TIRE TUBE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2216 | M | FOAM FILLED PROPULSION TIRE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2217 | M | FOAM FILLED CASTER TIRE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E2218 | M | FOAM PROPULSION TIRE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E2219 | M | FOAM CASTER TIRE ANY SIZE EA | | | $0.00 | Not Allowed | $0.00 | | | |
| E2220 | M | SOLID PROPULSION TIRE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E2221 | M | SOLID CASTER TIRE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E2222 | M | SOLID CASTER INTEGRATED WHL | | | $0.00 | Not Allowed | $0.00 | | | |
| E2223 | M | VALVE REPLACEMENT ONLY EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| E2224 | M | PROPULSION WHL EXCLUDES TIRE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2225 | M | CASTER WHEEL EXCLUDES TIRE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2226 | M | CASTER FORK REPLACEMENT ONLY | | | $0.00 | Not Allowed | $0.00 | | | |
| E2291 | M | PLANAR BACK FOR PED SIZE WC | | | $0.00 | Not Allowed | $0.00 | | | |
| E2292 | M | PLANAR SEAT FOR PED SIZE WC | | | $0.00 | Not Allowed | $0.00 | | | |
| E2293 | M | CONTOUR BACK FOR PED SIZE WC | | | $0.00 | Not Allowed | $0.00 | | | |
| E2294 | M | CONTOUR SEAT FOR PED SIZE WC | | | $0.00 | Not Allowed | $0.00 | | | |
| E2300 | M | PWR SEAT ELEVATION SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| E2301 | M | PWR STANDING | | | $0.00 | Not Allowed | $0.00 | | | |
| E2310 | M | ELECTRO CONNECT BTW CONTROL | | | $0.00 | Not Allowed | $0.00 | | | |
| E2311 | M | ELECTRO CONNECT BTW 2 SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| E2320 | M | HAND CHIN CONTROL | | | $0.00 | Not Allowed | $0.00 | | | |
| E2321 | M | HAND INTERFACE JOYSTICK | | | $0.00 | Not Allowed | $0.00 | | | |
| E2322 | M | MULT MECH SWITCHES | | | $0.00 | Not Allowed | $0.00 | | | |
| E2323 | M | SPECIAL JOYSTICK HANDLE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2324 | M | CHIN CUP INTERFACE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2325 | M | SIP AND PUFF INTERFACE | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E2326 | M | BREATH TUBE KIT | | | $0.00 | Not Allowed | $0.00 | | | |
| E2327 | M | HEAD CONTROL INTERFACE MECH | | | $0.00 | Not Allowed | $0.00 | | | |
| E2328 | M | HEAD/EXTREMITY CONTROL INTER | | | $0.00 | Not Allowed | $0.00 | | | |
| E2329 | M | HEAD CONTROL NONPROPORTIONAL | | | $0.00 | Not Allowed | $0.00 | | | |
| E2330 | M | HEAD CONTROL PROXIMITY SWITC | | | $0.00 | Not Allowed | $0.00 | | | |
| E2331 | M | ATTENDANT CONTROL | | | $0.00 | Not Allowed | $0.00 | | | |
| E2340 | M | W/C WDTH 20-23 IN SEAT FRAME | | | $0.00 | Not Allowed | $0.00 | | | |
| E2341 | M | W/C WDTH 24-27 IN SEAT FRAME | | | $0.00 | Not Allowed | $0.00 | | | |
| E2342 | M | W/C DPTH 20-21 IN SEAT FRAME | | | $0.00 | Not Allowed | $0.00 | | | |
| E2343 | M | W/C DPTH 22-25 IN SEAT FRAME | | | $0.00 | Not Allowed | $0.00 | | | |
| E2351 | M | ELECTRONIC SGD INTERFACE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2360 | M | 22NF NONSEALED LEADACID | | | $0.00 | Not Allowed | $0.00 | | | |
| E2361 | M | 22NF SEALED LEADACID BATTERY | | | $0.00 | Not Allowed | $0.00 | | | |
| E2362 | M | GR24 NONSEALED LEADACID | | | $0.00 | Not Allowed | $0.00 | | | |
| E2363 | M | GR24 SEALED LEADACID BATTERY | | | $0.00 | Not Allowed | $0.00 | | | |
| E2364 | M | U1NONSEALED LEADACID BATTERY | | | $0.00 | Not Allowed | $0.00 | | | |
| E2365 | M | U1 SEALED LEADACID BATTERY | | | $0.00 | Not Allowed | $0.00 | | | |
| E2366 | M | BATTERY CHARGER SINGLE MODE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2367 | M | BATTERY CHARGER DUAL MODE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2368 | M | POWER WC MOTOR REPLACEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| E2369 | M | PWR WC GEAR BOX REPLACEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| E2370 | M | PWR WC MOTOR/GEAR BOX COMBO | | | $0.00 | Not Allowed | $0.00 | | | |
| E2371 | M | GR27 SEALED LEADACID BATTERY | | | $0.00 | Not Allowed | $0.00 | | | |
| E2372 | M | GR27 NON-SEALED LEADACID | | | $0.00 | Not Allowed | $0.00 | | | |
| E2399 | M | NOC INTERFACE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2402 | M | NEG PRESS WOUND THERAPY PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| E2500 | M | SGD DIGITIZED PRE-REC <=8MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2502 | M | SGD PREREC MSG >8MIN <=20MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2504 | M | SGD PREREC MSG>20MIN <=40MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2506 | M | SGD PREREC MSG > 40 MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2508 | M | SGD SPELLING PHYS CONTACT | | | $0.00 | Not Allowed | $0.00 | | | |
| E2510 | M | SGD W MULTI METHODS MSG/ACCS | | | $0.00 | Not Allowed | $0.00 | | | |
| E2511 | M | SGD SFTWRE PRGRM FOR PC/PDA | | | $0.00 | Not Allowed | $0.00 | | | |
| E2512 | M | SGD ACCESSORY MOUNTING SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| E2599 | M | SGD ACCESSORY NOC | | | $0.00 | Not Allowed | $0.00 | | | |
| E2601 | M | GEN W/C CUSHION WDTH < 22 IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2602 | M | GEN W/C CUSHION WDTH >=22 IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2603 | M | SKIN PROTECT WC CUS WD <22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2604 | M | SKIN PROTECT WC CUS WD>=22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2605 | M | POSITION WC CUSH WDTH <22 IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2606 | M | POSITION WC CUSH WDTH>=22 IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2607 | M | SKIN PRO/POS WC CUS WD <22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2608 | M | SKIN PRO/POS WC CUS WD>=22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2609 | M | CUSTOM FABRICATE W/C CUSHION | | | $0.00 | Not Allowed | $0.00 | | | |
| E2610 | M | POWERED W/C CUSHION | | | $0.00 | Not Allowed | $0.00 | | | |
| E2611 | M | GEN USE BACK CUSH WDTH <22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2612 | M | GEN USE BACK CUSH WDTH>=22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2613 | M | POSITION BACK CUSH WD <22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2614 | M | POSITION BACK CUSH WD>=22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2615 | M | POS BACK POST/LAT WDTH <22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2616 | M | POS BACK POST/LAT WDTH>=22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2617 | M | CUSTOM FAB W/C BACK CUSHION | | | $0.00 | Not Allowed | $0.00 | | | |
| E2618 | M | WC ACC SOLID SEAT SUPP BASE | | | $0.00 | Not Allowed | $0.00 | | | |
| E2619 | M | REPLACE COVER W/C SEAT CUSH | | | $0.00 | Not Allowed | $0.00 | | | |
| E2620 | M | WC PLANAR BACK CUSH WD <22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E2621 | M | WC PLANAR BACK CUSH WD>=22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| E8000 | M | POSTERIOR GAIT TRAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| E8001 | M | UPRIGHT GAIT TRAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| E8002 | M | ANTERIOR GAIT TRAINER | | | $0.00 | Not Allowed | $0.00 | | | |
| G0008 | X | ADMIN INFLUENZA VIRUS VAC | 0350 | 0.3917 | $18.70 | APC | $18.70 | | | |
| G0009 | X | ADMIN PNEUMOCOCCAL VACCINE | 0350 | 0.3917 | $18.70 | APC | $18.70 | | | |
| G0010 | M | ADMIN HEPATITIS B VACCINE | | | $0.00 | Fee Schedule | $5.78 | | | |
| G0016 | M | POST SYMPTOM ECG MD REVIEW | | | $0.00 | Not Allowed | $0.00 | | | |
| G0027 | Q | SEMEN ANALYSIS PRESENCE &/OR MOBILITY OF SPERM | | | $0.00 | Not Allowed | $0.00 | | | |
| G0101 | V | CA SCREEN;PELVIC/BREAST EXAM | 0600 | 0.8800 | $42.02 | APC | $42.02 | | | |
| G0102 | N | PROSTATE CA SCREENING; DRE | | | $0.00 | APC | $0.00 | | | |
| G0103 | Q | PROSTATE CANCER SCREENING; PSA TEST TOTAL | | | $0.00 | Medicare | $42.83 | $26.55 | $25.70 | |
| G0104 | S | CA SCREEN;FLEXI SIGMOIDSCOPE | 0159 | 3.6322 | $173.44 | APC | $173.44 | | | |
| G0105 | T | COLORECTAL SCRN; HI RISK IND | 0158 | 7.5542 | $360.71 | APC | $360.71 | | | |
| G0106 | S | COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104 BA ENEMA | 0157 | 2.1344 | $101.92 | APC | $101.92 | | | |
| G0107 | Q | COLORECTAL CANCER SCREENING; FECAL-OCCULT BLOOD TEST | | | $0.00 | Medicare | $7.57 | $4.69 | $4.54 | |
| G0108 | M | DIAB MANAGE TRN PER INDIV | | | $0.00 | Fee Schedule | $23.30 | | | |
| G0109 | M | DIAB MANAGE TRN IND/GROUP | | | $0.00 | Fee Schedule | $13.58 | | | |
| G0117 | S | GLAUCOMA SCRN HGH RISK DIREC | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |
| G0118 | S | GLAUCOMA SCRN HGH RISK DIREC | 0230 | 0.7902 | $37.73 | APC | $37.73 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G0120 | S | COLORECTAL CA SCREENING; ALTERNATIVE TO G0105 BARIUM ENEMA | 0157 | 2.1344 | $101.92 | APC | $101.92 | | | |
| G0121 | T | COLON CA SCRN NOT HI RSK IND | 0158 | 7.5542 | $360.71 | APC | $360.71 | | | |
| G0122 | M | COLORECTAL CANCER SCREENING; BARIUM ENEMA | | | $0.00 | Not Allowed | $0.00 | | | |
| G0123 | Q | SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNOLOGIST | | | $0.00 | Medicare | $47.18 | $29.25 | $28.31 | |
| G0124 | M | SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSICIAN INTERP | | | $0.00 | Not Allowed | $0.00 | | | |
| G0126 | M | PET LUNG IMAGING USING FDG FOLLOWING CT; INITIAL STAGING | | | $0.00 | Not Allowed | $0.00 | | | |
| G0127 | T | TRIM NAIL(S) | 0009 | 0.7513 | $35.87 | APC | $35.87 | | | |
| G0128 | M | CORF SKILLED NURSING SERVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| G0129 | M | OCCUPATIONAL TX AS COMPONENT A PARTIAL HOSP TX PROGRAM /DAY | | | $0.00 | Not Allowed | $0.00 | | | |
| G0130 | X | SEXA BONE DENSITY STUDY/ONE OR MORE SITES/APPENDICULAR SKELE | 0260 | 0.7296 | $34.84 | APC | $34.84 | | | |
| G0141 | M | SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSICIAN INTERP | | | $0.00 | Not Allowed | $0.00 | | | |
| G0143 | Q | SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNOLOGIST | | | $0.00 | Medicare | $47.18 | $29.25 | $28.31 | |
| G0144 | Q | SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNOLOGIST | | | $0.00 | Medicare | $49.75 | $30.85 | $29.85 | |
| G0145 | Q | SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNOLOGIST | | | $0.00 | Medicare | $61.68 | $38.24 | $37.01 | |
| G0147 | Q | SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSICIAN SPRVSN | | | $0.00 | Medicare | $26.50 | $16.43 | $15.90 | |
| G0148 | Q | SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL AUTOMATED SYSTE | | | $0.00 | Medicare | $35.38 | $21.94 | $21.23 | |
| G0151 | M | SERVICES OF PHYSICAL TX IN HOME HEALTH SETTING EACH 15 MIN. | | | $0.00 | Fee Schedule | $0.00 | | | |
| G0152 | M | SERVICES OF OCCUPATIONAL TX IN HOME HEALTH SETTING EA 15 MIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| G0153 | M | SERVICES OF SPEECH/LANG PATH HOME HEALTH SETTING EA 15 MIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| G0154 | M | SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING EA 15 MIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| G0155 | M | SERVICES OF CLINICAL SW IN HOME HEALTH SETTING EA 15 MIN. | | | $0.00 | Not Allowed | $0.00 | | | |
| G0156 | M | SERVICES OF HOME HEALTH AIDE HOME HEALTH SETTING EA 15 MIN | | | $0.00 | Fee Schedule | $0.00 | | | |
| G0159 | M | PERCUT THROMBEC &/OR REV AV FISTULA AUTO OR NONAUTO GRAFT | | | $0.00 | Not Allowed | $0.00 | | | |
| G0160 | M | CRYOSURGICAL ABLATION LOCALIZED PROSTATE CA PRIMARY TX ONLY | | | $0.00 | Not Allowed | $0.00 | | | |
| G0161 | M | ULTRASONIC GUIDE INTERSTITIAL CRYOSURGICAL PROBE PLACEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| G0163 | M | PET WHOLE BODY IMAGING FOR COLORECTAL OR MET CA RECURRENCE | | | $0.00 | Not Allowed | $0.00 | | | |
| G0164 | M | PET WHOLE BODY IMAGING STAGING/CHARACTERIZATION OF LYMPHOMA | | | $0.00 | Not Allowed | $0.00 | | | |
| G0165 | M | PET WHOLE BODY IMAGING FOR MELANOMA OR MET CA RECURRENCE | | | $0.00 | Not Allowed | $0.00 | | | |
| G0166 | T | EXTRNL COUNTERPULSE, PER TX | 0678 | 1.7600 | $84.04 | APC | $84.04 | | | |
| G0168 | M | WOUND CLOSURE BY ADHESIVE | | | $0.00 | Not Allowed | $0.00 | | | |
| G0169 | M | REMOVAL OF DEVITALIZED TISSUE W/OUT USE OF ANESTHESIA | | | $0.00 | Not Allowed | $0.00 | | | |
| G0170 | M | APPLY TISSUE CULTURED SKIN GRAFTS INITIAL 25 SQ CMS | | | $0.00 | Not Allowed | $0.00 | | | |
| G0171 | M | APPLY TISSUE CULTURED SKIN GRAFTS EACH ADD'L 25 SQ CMS | | | $0.00 | Not Allowed | $0.00 | | | |
| G0172 | M | TRNG/EDUC AS COMPONENT OF PARTIAL HOSPITAL TX PROG PER DAY | | | $0.00 | Not Allowed | $0.00 | | | |
| G0173 | S | STEREO RADOISURGERY,COMPLETE | 1528 | 88.2190 | $4,212.46 | APC | $4,212.46 | | | |
| G0174 | M | INTENSITYMODULATEDRADIATION | | | $0.00 | Not Allowed | $0.00 | | | |
| G0175 | V | OPPS SERVICE,SCHED TEAM CONF | 0602 | 1.4731 | $70.34 | APC | $70.34 | | | |
| G0176 | M | OPPS/PHP;ACTIVITY THERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| G0177 | M | OPPS/PHP; TRAIN & EDUC SERV | | | $0.00 | Not Allowed | $0.00 | | | |
| G0178 | M | INTENSITYMODULATEDRADIATION | | | $0.00 | Not Allowed | $0.00 | | | |
| G0179 | M | MD RECERTIFICATION HHA PT | | | $0.00 | Not Allowed | $0.00 | | | |
| G0180 | M | MD CERTIFICATION HHA PATIENT | | | $0.00 | Not Allowed | $0.00 | | | |
| G0181 | M | HOME HEALTH CARE SUPERVISION | | | $0.00 | Not Allowed | $0.00 | | | |
| G0182 | M | HOSPICE CARE SUPERVISION | | | $0.00 | Not Allowed | $0.00 | | | |
| G0184 | M | OCULAR PHOTDYNAMICTX 2ND EYE | | | $0.00 | Not Allowed | $0.00 | | | |
| G0186 | T | DSTRY EYE LESN,FDR VSSL TECH | 0235 | 4.7925 | $228.84 | APC | $228.84 | | | |
| G0190 | N | IMMUNIZATION ADMINISTRATION | | | $0.00 | Fee Schedule | $0.00 | | | |
| G0191 | N | IMMUNIZATION ADMIN,EACH ADD | | | $0.00 | Fee Schedule | $0.00 | | | |
| G0202 | M | SCREENING MAMMOGRAPHY DIGITAL | | | $0.00 | Fee Schedule | $72.67 | | | |
| G0203 | M | SCREENING MAMMOGRAPHY FILM PROCESSED TO PRODUCE DIGITAL | | | $0.00 | Not Allowed | $0.00 | | | |
| G0204 | M | DIAGNOSTIC MAMMOGRAPHY DIRECT DIGITAL IMAGE BILAT ALL VIEW | | | $0.00 | Fee Schedule | $71.59 | | | |
| G0205 | M | DIAGNOSTIC MAMMOGRAPHY DIGITAL FOR POTENTION ABNRML ALL VI | | | $0.00 | Not Allowed | $0.00 | | | |
| G0206 | M | DIAGNOSTIC MAMMOGRAPHY DIRECT DIGITAL IMAGE UNILAT ALL VIE | | | $0.00 | Fee Schedule | $30.22 | | | |
| G0207 | M | DIAGNOSTIC MAMMOGRAPHY FILM DIGITAL FOR POTENTIAL ABNRML | | | $0.00 | Not Allowed | $0.00 | | | |
| G0219 | E | PET IMG WH BD RING NONCOV IND | | | $0.00 | Not Allowed | $0.00 | | | |
| G0235 | M | OSELTAMIVIR PHOSPATE 75MG O | | | $0.00 | Not Allowed | $0.00 | | | |
| G0237 | S | THERAPEUTIC PROCD STRG ENDUR | 0411 | 0.3922 | $18.73 | APC | $18.73 | | | |
| G0238 | S | OTH RESP PROC, INDIV | 0411 | 0.3922 | $18.73 | APC | $18.73 | | | |
| G0239 | S | OTH RESP PROC GROUP | 0411 | 0.3922 | $18.73 | APC | $18.73 | | | |
| G0243 | S | MULTI-SOURCE PHOTON STEREOTACTIC RADIOSURGERY, INCLD COLLIMA | 0127 | 122.7483 | $5,861.23 | APC | $5,861.23 | | | |
| G0245 | V | INITIAL FOOT EXAM PTLOPS | 0600 | 0.8800 | $42.02 | APC | $42.02 | | | |
| G0246 | V | FOLLOWUP EVAL OF FOOT PT LOP | 0600 | 0.8800 | $42.02 | APC | $42.02 | | | |
| G0247 | T | ROUTINE FOOTCARE PT W LOPS | 0009 | 0.7513 | $35.87 | APC | $35.87 | | | |
| G0248 | S | DEMONSTRATE USE HOME INR MON | 1503 | 2.5205 | $120.35 | APC | $120.35 | | | |
| G0249 | S | PROVIDE TEST MATERIAL EQUIPM | 1503 | 2.5205 | $120.35 | APC | $120.35 | | | |
| G0250 | M | MD REVIEW INTERPRET OF TEST | | | $0.00 | Not Allowed | $0.00 | | | |
| G0251 | S | LINEAR ACC BASED STERO RADIO | 1513 | 19.3242 | $922.73 | APC | $922.73 | | | |
| G0252 | M | PET IMAGING FOR INITIAL DIAGNOSIS OF BREAST CANCER | | | $0.00 | Not Allowed | $0.00 | | | |
| G0255 | M | CURRENT PERCEP THRESHOLD TST | | | $0.00 | Not Allowed | $0.00 | | | |
| G0257 | S | UNSCHED DIALYSIS ESRD PT HOS | 0170 | 5.9448 | $283.86 | APC | $283.86 | | | |
| G0259 | N | INJECT FOR SACROILIAC JOINT | | | $0.00 | APC | $0.00 | | | |
| G0260 | T | INJ FOR SACROILIAC JT ANESTH | 0206 | 5.4011 | $257.90 | APC | $257.90 | | | |
| G0262 | M | SM INTESTINAL IMAGE CAPSULE | | | $0.00 | Not Allowed | $0.00 | | | |
| G0265 | Q | CRYOPRESEVATION FREEZE+STORA | | | $0.00 | Medicare | $23.52 | $14.58 | $14.11 | |
| G0266 | Q | THAWING + EXPANSION FROZ CEL | | | $0.00 | Medicare | $23.52 | $14.58 | $14.11 | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G0267 | S | BONE MARROW OR PSC HARVEST | 0110 | 3.6419 | $173.90 | APC | $173.90 | | | Y |
| G0268 | X | REMOVAL OF IMPACTED WAX MD | 0340 | 0.6137 | $29.30 | APC | $29.30 | | | Y |
| G0269 | N | OCCLUSIVE DEVICE IN VEIN ART | | | $0.00 | APC | $0.00 | | | |
| G0270 | M | MNT SUBS TX FOR CHANGE DX | | | $0.00 | Fee Schedule | $13.32 | | | |
| G0271 | M | GROUP MNT 2 OR MORE 30 MINS | | | $0.00 | Fee Schedule | $5.28 | | | |
| G0272 | M | NASO/ORO GASTRIC TUBE PL MD | | | $0.00 | Not Allowed | $0.00 | | | |
| G0275 | N | RENAL ANGIO CARDIAC CATH | | | $0.00 | APC | $0.00 | | | |
| G0278 | N | ILIAC ART ANGIO CARDIAC CATH | | | $0.00 | APC | $0.00 | | | |
| G0281 | M | ELEC STIM UNATTEND FOR PRESS | | | $0.00 | Not Allowed | $0.00 | | | |
| G0282 | M | ELECT STIM WOUND CARE NOT PD | | | $0.00 | Not Allowed | $0.00 | | | |
| G0283 | Y | ELEC STIM OTHER THAN WOUND | | | $0.00 | Fee Schedule | $9.25 | | | |
| G0288 | S | RECON CTA FOR SURG PLAN | 0417 | 3.9600 | $189.09 | APC | $189.09 | | | |
| G0289 | N | ARTHRO LOOSE BODY + CHONDRO | | | $0.00 | APC | $0.00 | | | |
| G0290 | T | DRUG-ELUTING STENTS SINGLE | 0656 | 108.1459 | $5,163.97 | APC | $5,163.97 | | | |
| G0291 | T | DRUG-ELUTING STENTS EACH ADD | 0656 | 108.1459 | $5,163.97 | APC | $5,163.97 | | | |
| G0293 | S | NON-COV SURG PROC CLIN TRIAL | 1505 | 5.8813 | $280.83 | APC | $280.83 | | | |
| G0294 | S | NON-COV PROC CLINICAL TRIAL | 1502 | 1.2603 | $60.18 | APC | $60.18 | | | |
| G0295 | M | ELECTROMAGNETIC THERAPY ONC | | | $0.00 | Not Allowed | $0.00 | | | |
| G0297 | T | INSERT SINGLE CHAMBER/CD | 0107 | 279.4800 | $13,345.17 | APC | $13,345.17 | | | |
| G0298 | T | INSERT DUAL CHAMBER/CD | 0107 | 279.4800 | $13,345.17 | APC | $13,345.17 | | | |
| G0299 | T | INSER/REPOS SINGLE ICD+LEADS | 0108 | 375.2863 | $17,919.92 | APC | $17,919.92 | | | |
| G0300 | T | INSERT REPOSIT LEAD DUAL+GEN | 0108 | 375.2863 | $17,919.92 | APC | $17,919.92 | | | |
| G0302 | S | PRE-OP SERVICE LVRS COMPLETE | 1509 | 12.6027 | $601.78 | APC | $601.78 | | | |
| G0303 | S | PRE-OP SERVICE LVRS 10-15DOS | 1507 | 9.2420 | $441.31 | APC | $441.31 | | | |
| G0304 | S | PRE-OP SERVICE LVRS 1-9 DOS | 1504 | 4.2009 | $200.59 | APC | $200.59 | | | |
| G0305 | S | POST OP SERVICE LVRS MIN 6 | 1504 | 4.2009 | $200.59 | APC | $200.59 | | | |
| G0306 | Q | CBC/DIFFWBC W/O PLATELET | | | $0.00 | Medicare | $18.10 | $11.22 | $10.86 | |
| G0307 | Q | CBC WITHOUT PLATELET | | | $0.00 | Medicare | $15.07 | $9.34 | $9.04 | |
| G0308 | M | ESRD RELATED SVC 4+MO < 2YRS | | | $0.00 | Not Allowed | $0.00 | | | |
| G0309 | M | ESRD RELATED SVC 2-3MO <2YRS | | | $0.00 | Not Allowed | $0.00 | | | |
| G0310 | M | ESRD RELATED SVC 1 VST <2YRS | | | $0.00 | Not Allowed | $0.00 | | | |
| G0311 | M | ESRD RELATED SVS 4+MO 2-11YR | | | $0.00 | Not Allowed | $0.00 | | | |
| G0312 | M | ESRD RELATE SVS 2-3 MO 2-11Y | | | $0.00 | Not Allowed | $0.00 | | | |
| G0313 | M | ESRD RELATED SVS 1 MON 2-11Y | | | $0.00 | Not Allowed | $0.00 | | | |
| G0314 | M | ESRD RELATED SVS 4+ MO 12-19 | | | $0.00 | Not Allowed | $0.00 | | | |
| G0315 | M | ESRD RELATED SVS 2-3MO/12-19 | | | $0.00 | Not Allowed | $0.00 | | | |
| G0316 | M | ESRD RELATED SVS 1VIS/12-19Y | | | $0.00 | Not Allowed | $0.00 | | | |
| G0317 | M | ESRD RELATED SVS 4+MO 20+YRS | | | $0.00 | Not Allowed | $0.00 | | | |
| G0318 | M | ESRD RELATED SVS 2-3 MO 20+Y | | | $0.00 | Not Allowed | $0.00 | | | |
| G0319 | M | ESRD RELATED SVS 1VISIT 20+Y | | | $0.00 | Not Allowed | $0.00 | | | |
| G0320 | M | ESD RELATED SVS HOME UNDR 2 | | | $0.00 | Not Allowed | $0.00 | | | |
| G0321 | M | ESRD RELATED SVS HOME MO 2-11 YRS | | | $0.00 | Not Allowed | $0.00 | | | |
| G0322 | M | ESRD RELATED SVS HOM MO12-19 | | | $0.00 | Not Allowed | $0.00 | | | |
| G0323 | M | ESRD RELATED SVS HOME MO 20+ | | | $0.00 | Not Allowed | $0.00 | | | |
| G0324 | M | ESRD RELATE SVS HOME/DY<2Y | | | $0.00 | Not Allowed | $0.00 | | | |
| G0325 | M | ESRD RELATE HOME/DAY/ 2-11YR | | | $0.00 | Not Allowed | $0.00 | | | |
| G0326 | M | ESRD RELATE HOME/DY 12-19YR | | | $0.00 | Not Allowed | $0.00 | | | |
| G0327 | M | ESRD RELATE HOME/DY 20+YRS | | | $0.00 | Not Allowed | $0.00 | | | |
| G0328 | Q | FECAL BLOOD SCRN IMMUNOASSAY | | | $0.00 | Medicare | $37.03 | $22.96 | $22.22 | |
| G0329 | M | ELECTROMAGNETIC TX FOR ULCERS | | | $0.00 | Fee Schedule | $0.00 | | | |
| G0330 | M | PET IMAGE INITIAL DX CERVCAL | | | $0.00 | Not Allowed | $0.00 | | | |
| G0331 | M | PET IMAGE RESTAGE OVARIAN CA | | | $0.00 | Not Allowed | $0.00 | | | |
| G0332 | S | PREADMIN IV IMMUNOGLOBULIN | 1502 | 1.2603 | $60.18 | APC | $60.18 | | | |
| G0333 | M | DISPENSE FEE INITIAL 30 DAY | | | $0.00 | Not Allowed | $0.00 | | | |
| G0337 | M | HOSPICE EVALUATION PREELECTI | | | $0.00 | Not Allowed | $0.00 | | | |
| G0339 | S | ROBOT LIN-RADSURG COM FIRST | 1528 | 88.2190 | $4,212.46 | APC | $4,212.46 | | | |
| G0340 | S | ROBT LIN-RADSURG FRACTX 2-5 | 1525 | 63.0136 | $3,008.90 | APC | $3,008.90 | | | |
| G0341 | C | PERCUTANEOUS ISLET CELL TRANS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| G0342 | C | LAPAROSCOPY ISLET CELL TRANS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| G0343 | C | LAPAROTOMY ISLET CELL TRANSP | | | $0.00 | Fee Schedule | $0.00 | | | Y |
| G0344 | V | INITIAL PREVENTIVE EXAM | 0601 | 1.0125 | $48.35 | APC | $48.35 | | | |
| G0364 | X | BONE MARROW ASPIRATE &BIOPSY | 0342 | 0.1450 | $6.92 | APC | $6.92 | | | |
| G0365 | S | VESSEL MAPPING HEMO ACCESS | 0267 | 2.5543 | $121.97 | APC | $121.97 | | | |
| G0366 | M | EKG FOR INITIAL PREVENT EXAM | | | $0.00 | Not Allowed | $0.00 | | | |
| G0367 | S | EKG TRACING FOR INITIAL PREV | 0099 | 0.3769 | $18.00 | APC | $18.00 | | | |
| G0368 | M | EKG INTERPRET & REPORT PREVE | | | $0.00 | Not Allowed | $0.00 | | | |
| G0372 | E | MD SERVICE REQUIRED FOR PMD | | | $0.00 | Not Allowed | $0.00 | | | |
| G0375 | E | SMOKE/TOBACCO COUNSELING 3-10 | | | $0.00 | Not Allowed | $0.00 | | | |
| G0376 | E | SMOKE/TOBACCO COUNSELING >10 | | | $0.00 | Not Allowed | $0.00 | | | |
| G0378 | N | HOSPITAL OBSERVATION PER HR | 0339 | 7.1429 | $341.07 | APC | $341.07 | | | |
| G0379 | N | DIRECT ADMIT HOSPITAL OBSERV | 0600 | 0.8800 | $42.02 | APC | $42.02 | | | |
| G3001 | S | ADMIN + SUPPLY TOSITUMOMAB | 1522 | 37.8081 | $1,805.34 | APC | $1,805.34 | | | |
| G8006 | M | AMI PT RECD ASPIRIN AT ARRIV | | | $0.00 | Not Allowed | $0.00 | | | |
| G8007 | M | AMI PT DID NOT RECEIV ASPIRI | | | $0.00 | Not Allowed | $0.00 | | | |
| G8008 | M | AMI PT INELIGIBLE FOR ASPIRI | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G8009 | M | AMI PT RECD BBLOCK AT ARR | | | $0.00 | Not Allowed | $0.00 | | | |
| G8010 | M | AMI PT DID NOT REC BBLOCK | | | $0.00 | Not Allowed | $0.00 | | | |
| G8011 | M | AMI PT INELIG BBLOC AT ARRIV | | | $0.00 | Not Allowed | $0.00 | | | |
| G8012 | M | PNEUM PT RECV ANTIBIOTIC 4 H | | | $0.00 | Not Allowed | $0.00 | | | |
| G8013 | M | PNEUM PT W/O ANTIBIOTIC 4 HR | | | $0.00 | Not Allowed | $0.00 | | | |
| G8014 | M | PNEUM PT NOT ELIG ANTIBIOTIC | | | $0.00 | Not Allowed | $0.00 | | | |
| G8015 | M | DIABETIC PT W/ HBA1C>9% | | | $0.00 | Not Allowed | $0.00 | | | |
| G8016 | M | DIABETIC PT W/ HBA1C<OR=9% | | | $0.00 | Not Allowed | $0.00 | | | |
| G8017 | M | DM PT INELIG FOR HBA1C MEASU | | | $0.00 | Not Allowed | $0.00 | | | |
| G8018 | M | CARE NOT PROVIDED FOR HBA1C | | | $0.00 | Not Allowed | $0.00 | | | |
| G8019 | M | DIABETIC PT W/LDL>= 100MG/DL | | | $0.00 | Not Allowed | $0.00 | | | |
| G8020 | M | DIAB PT W/LDL< 100MG/DL | | | $0.00 | Not Allowed | $0.00 | | | |
| G8021 | M | DIAB PT INELIG FOR LDL MEAS | | | $0.00 | Not Allowed | $0.00 | | | |
| G8022 | M | CARE NOT PROVIDED FOR LDL | | | $0.00 | Not Allowed | $0.00 | | | |
| G8023 | M | DM PT W BP>=140/80 | | | $0.00 | Not Allowed | $0.00 | | | |
| G8024 | M | DIABETIC PT WBP<140/80 | | | $0.00 | Not Allowed | $0.00 | | | |
| G8025 | M | DIABETIC PT INELIG FOR BP ME | | | $0.00 | Not Allowed | $0.00 | | | |
| G8026 | M | DIABET PT W NO CARE RE BP ME | | | $0.00 | Not Allowed | $0.00 | | | |
| G8027 | M | HF P W/LVSD ON ACE-I/ARB | | | $0.00 | Not Allowed | $0.00 | | | |
| G8028 | M | HF PT W/LVSD NOT ON ACE-I/AR | | | $0.00 | Not Allowed | $0.00 | | | |
| G8029 | M | HF PT NOT ELIG FOR ACE-I/ARB | | | $0.00 | Not Allowed | $0.00 | | | |
| G8030 | M | HF PT W/LVSD ON BBLOCKER | | | $0.00 | Not Allowed | $0.00 | | | |
| G8031 | M | HF PT W/LVSD NOT ON BBLOCKER | | | $0.00 | Not Allowed | $0.00 | | | |
| G8032 | M | HF PT NOT ELIG FOR BBLOCKER | | | $0.00 | Not Allowed | $0.00 | | | |
| G8033 | M | PMI-CAD PT ON BBLOCKER | | | $0.00 | Not Allowed | $0.00 | | | |
| G8034 | M | PMI-CAD PT NOT ON BBLOCKER | | | $0.00 | Not Allowed | $0.00 | | | |
| G8035 | M | PMI-CAD PT INELIG BBLOCKER | | | $0.00 | Not Allowed | $0.00 | | | |
| G8036 | M | AMI-CAD PT DOC ON ANTIPLATEL | | | $0.00 | Not Allowed | $0.00 | | | |
| G8037 | M | AMI-CAD PT NOT DOCU ON ANTIP | | | $0.00 | Not Allowed | $0.00 | | | |
| G8038 | M | AMI-CAD INELIG ANTIPLATE MEA | | | $0.00 | Not Allowed | $0.00 | | | |
| G8039 | M | CAD PT W/LDL>100MG/DL | | | $0.00 | Not Allowed | $0.00 | | | |
| G8040 | M | CAD PT W/LDL<OR=100MG/DL | | | $0.00 | Not Allowed | $0.00 | | | |
| G8041 | M | CAD PT NOT ELIGIBLE FOR LDL | | | $0.00 | Not Allowed | $0.00 | | | |
| G8051 | M | OSTEOPOROSIS ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| G8052 | M | OSTEOPOR PT NOT ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| G8053 | M | PT INELIG FOR OSTEOPOR MEAS | | | $0.00 | Not Allowed | $0.00 | | | |
| G8054 | M | FALLS ASSESS NOT DOCUM 12 MO | | | $0.00 | Not Allowed | $0.00 | | | |
| G8055 | M | FALLS ASSESS W/ 12 MON | | | $0.00 | Not Allowed | $0.00 | | | |
| G8056 | M | NOT ELIG FOR FALLS ASSESSMEN | | | $0.00 | Not Allowed | $0.00 | | | |
| G8057 | M | HEARING ASSESS RECEIVE | | | $0.00 | Not Allowed | $0.00 | | | |
| G8058 | M | PT W/O HEARING ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| G8059 | M | PT INELIG FOR HEARING ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| G8060 | M | URINARY INCONT PT ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| G8061 | M | PT NOT ASSESS FOR URINARY IN | | | $0.00 | Not Allowed | $0.00 | | | |
| G8062 | M | PT NOT ELIG FOR URINARY INCO | | | $0.00 | Not Allowed | $0.00 | | | |
| G8075 | M | ESRD PT W/ DIALY OF URR>=65% | | | $0.00 | Not Allowed | $0.00 | | | |
| G8076 | M | ESRD PT W/ DIALY OF URR<65% | | | $0.00 | Not Allowed | $0.00 | | | |
| G8077 | M | ESRD PT NOT ELIG FOR URR/KTV | | | $0.00 | Not Allowed | $0.00 | | | |
| G8078 | M | ESRD PT W/HCT>OR=33 | | | $0.00 | Not Allowed | $0.00 | | | |
| G8079 | M | ESRD PT W/HCT<33 | | | $0.00 | Not Allowed | $0.00 | | | |
| G8080 | M | ESRD PT INELIG FOR HCT/HGB | | | $0.00 | Not Allowed | $0.00 | | | |
| G8081 | M | ESRD PT W/ AUTO AV FISTULA | | | $0.00 | Not Allowed | $0.00 | | | |
| G8082 | M | ESRD PT W OTHER FISTULA | | | $0.00 | Not Allowed | $0.00 | | | |
| G8085 | E | ESRD PT INELIG AUTO AV FISTU | | | $0.00 | Not Allowed | $0.00 | | | |
| G8093 | M | COPD PT REC SMOKING CESSAT | | | $0.00 | Not Allowed | $0.00 | | | |
| G8094 | M | COPD PT W/O SMOKE CESSAT INT | | | $0.00 | Not Allowed | $0.00 | | | |
| G8099 | M | OSTEOPO PT GIVEN CA+VITD SUP | | | $0.00 | Not Allowed | $0.00 | | | |
| G8100 | M | OSTEOP PT INELIG FOR CA+VITD | | | $0.00 | Not Allowed | $0.00 | | | |
| G8103 | M | NEW DX OSTEO PT W/ANTIRESORP | | | $0.00 | Not Allowed | $0.00 | | | |
| G8104 | M | OSTEO PT INELIG FOR ANTIRESO | | | $0.00 | Not Allowed | $0.00 | | | |
| G8106 | M | BONE DENS MEAS TEST PERF | | | $0.00 | Not Allowed | $0.00 | | | |
| G8107 | M | BONE DENS MEAS TEST INELIG | | | $0.00 | Not Allowed | $0.00 | | | |
| G8108 | M | PT RECEIV INFLUENZA VACC | | | $0.00 | Not Allowed | $0.00 | | | |
| G8109 | M | PT W/O INFLUENZA VACC | | | $0.00 | Not Allowed | $0.00 | | | |
| G8110 | M | PT INELIG FOR INFLUENZA VACC | | | $0.00 | Not Allowed | $0.00 | | | |
| G8111 | M | PT RECEIV MAMMOGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| G8112 | M | PT NOT DOC MAMMOGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| G8113 | M | PT INELIGIBLE MAMMOGRAPHY | | | $0.00 | Not Allowed | $0.00 | | | |
| G8114 | M | CARE NOT PROVIDED FOR MAMOGR | | | $0.00 | Not Allowed | $0.00 | | | |
| G8115 | M | PT RECEIV PNEUMO VACC | | | $0.00 | Not Allowed | $0.00 | | | |
| G8116 | M | PT DID NOT REC PNEUMO VACC | | | $0.00 | Not Allowed | $0.00 | | | |
| G8117 | M | PT WAS INELIG FOR PNEUMO VAC | | | $0.00 | Not Allowed | $0.00 | | | |
| G8126 | M | PT TREAT W/ANTIDEPRESS12WKS | | | $0.00 | Not Allowed | $0.00 | | | |
| G8127 | M | PT NOT TREAT W/ANTIDEPRES12W | | | $0.00 | Not Allowed | $0.00 | | | |
| G8128 | M | PT INELIG FOR ANTIDEPRES MED | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G8129 | M | PT TREAT W/ANTIDEPRES FOR 6M | | | $0.00 | Not Allowed | $0.00 | | | |
| G8130 | M | PT NOT TREAT W/ANTIDEPRES 6M | | | $0.00 | Not Allowed | $0.00 | | | |
| G8131 | M | PT INELIG FOR ANTIDEPRES MED | | | $0.00 | Not Allowed | $0.00 | | | |
| G8152 | M | PT W/AB 1 HR PRIOR TO INCISI | | | $0.00 | Not Allowed | $0.00 | | | |
| G8153 | M | PT NOT DOC FOR AB 1 HR PRIOR | | | $0.00 | Not Allowed | $0.00 | | | |
| G8154 | M | PT INELIGI FOR AB THERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| G8155 | M | PT RECD THROMBOEMB PROPHYLAX | | | $0.00 | Not Allowed | $0.00 | | | |
| G8156 | M | PT DID NOT REC THROMBOEMBO | | | $0.00 | Not Allowed | $0.00 | | | |
| G8157 | M | PT INELIGI FOR THROMBOLISM | | | $0.00 | Not Allowed | $0.00 | | | |
| G8158 | M | PT RECD CABG W/ IMA | | | $0.00 | Not Allowed | $0.00 | | | |
| G8159 | M | PT W/CABG W/O IMA | | | $0.00 | Not Allowed | $0.00 | | | |
| G8160 | M | PT INELIG FOR CABG W/IMA | | | $0.00 | Not Allowed | $0.00 | | | |
| G8161 | M | ISO CABG PT REC PREOP BBLOCK | | | $0.00 | Not Allowed | $0.00 | | | |
| G8162 | M | ISO CABG PT W/O PREOP BBLOCK | | | $0.00 | Not Allowed | $0.00 | | | |
| G8163 | M | ISO CABG PT INELIG FOR PREO | | | $0.00 | Not Allowed | $0.00 | | | |
| G8164 | M | ISO CABG PT W/PROLNG INTUB | | | $0.00 | Not Allowed | $0.00 | | | |
| G8165 | M | ISO CABG PT W/O PROLNG INTUB | | | $0.00 | Not Allowed | $0.00 | | | |
| G8166 | M | ISO CABG REQ SURG REXPO | | | $0.00 | Not Allowed | $0.00 | | | |
| G8167 | M | ISO CABG W/O SURG EXPLO | | | $0.00 | Not Allowed | $0.00 | | | |
| G8170 | M | CEA/EXT BYPASS PT ON ASPIRIN | | | $0.00 | Not Allowed | $0.00 | | | |
| G8171 | M | PT W/CAROT ENDARCT/EXT BYPAS | | | $0.00 | Not Allowed | $0.00 | | | |
| G8172 | M | CEA/EXT BYPASS PT NOT ON ASP | | | $0.00 | Not Allowed | $0.00 | | | |
| G8182 | M | CAD PT CARE NOT PROV LDL | | | $0.00 | Not Allowed | $0.00 | | | |
| G8183 | M | HF/ATRIAL FIB PT ON WARFARIN | | | $0.00 | Not Allowed | $0.00 | | | |
| G8184 | M | HF/ATRIAL FIB PT INELIG WARF | | | $0.00 | Not Allowed | $0.00 | | | |
| G8185 | M | OSTEOARTH PT W/ ASSESS PAIN | | | $0.00 | Not Allowed | $0.00 | | | |
| G8186 | M | OSTEOARTH PT INELIG ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| G9001 | M | MCCD, INITIAL RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| G9002 | M | MCCD,MAINTENANCE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| G9003 | M | MCCD, RISK ADJ HI, INITIAL | | | $0.00 | Not Allowed | $0.00 | | | |
| G9004 | M | MCCD, RISK ADJ LO, INITIAL | | | $0.00 | Not Allowed | $0.00 | | | |
| G9005 | M | MCCD, RISK ADJ, MAINTENANCE | | | $0.00 | Not Allowed | $0.00 | | | |
| G9006 | M | MCCD, HOME MONITORING | | | $0.00 | Not Allowed | $0.00 | | | |
| G9007 | M | MCCD, SCH TEAM CONF | | | $0.00 | Not Allowed | $0.00 | | | |
| G9008 | M | MCCD,PHYS COOR-CARE OVRSGHT | | | $0.00 | Not Allowed | $0.00 | | | |
| G9009 | M | MCCD, RISK ADJ, LEVEL 3 | | | $0.00 | Not Allowed | $0.00 | | | |
| G9010 | M | MCCD, RISK ADJ, LEVEL 4 | | | $0.00 | Not Allowed | $0.00 | | | |
| G9011 | M | MCCD, RISK ADJ, LEVEL 5 | | | $0.00 | Not Allowed | $0.00 | | | |
| G9012 | M | OTHER SPECIFIED CASE MGMT | | | $0.00 | Not Allowed | $0.00 | | | |
| G9013 | M | ESRD DEMO BUNDLE LEVEL I | | | $0.00 | Fee Schedule | $0.00 | | | |
| G9014 | M | ESRD DEMO BUNDLE-LEVEL II | | | $0.00 | Fee Schedule | $0.00 | | | |
| G9016 | M | DEMO-SMOKING CESSATION COUN | | | $0.00 | Not Allowed | $0.00 | | | |
| G9017 | E | AMANTADINE HCL ORAL | | | $0.00 | Not Allowed | $0.00 | | | |
| G9018 | E | ZANAMIVIR INH PWDR | | | $0.00 | Not Allowed | $0.00 | | | |
| G9019 | E | OSELTAMIVIR PHOSP | | | $0.00 | Not Allowed | $0.00 | | | |
| G9020 | E | RIMANTADINE HCL | | | $0.00 | Not Allowed | $0.00 | | | |
| G9033 | E | AMANTADINE HCL, ORAL, BRAND | | | $0.00 | Not Allowed | $0.00 | | | |
| G9034 | E | ZANAMIVIR POWDER VIA INHALER | | | $0.00 | Not Allowed | $0.00 | | | |
| G9035 | E | OSELTAMIVIR PHOSPHATE 75MG, ORAL | | | $0.00 | Not Allowed | $0.00 | | | |
| G9036 | E | RIMANTADINE HCL 100MG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9041 | M | LOW VISION SERV OCCUPATIONAL | | | $0.00 | Not Allowed | $0.00 | | | |
| G9042 | M | LOW VISION ORIENT/MOBILITY | | | $0.00 | Not Allowed | $0.00 | | | |
| G9043 | M | LOW VISION REHAB THERAPIST | | | $0.00 | Not Allowed | $0.00 | | | |
| G9044 | M | LOW VISION REHAB TEACHER | | | $0.00 | Not Allowed | $0.00 | | | |
| G9050 | M | ONCOLOGY WORK-UP EVALUATION | | | $0.00 | Not Allowed | $0.00 | | | |
| G9051 | M | ONCOLOGY TREATMENT DECISION | | | $0.00 | Not Allowed | $0.00 | | | |
| G9052 | M | ONC SURVEILLANCE FOR DISEASE | | | $0.00 | Not Allowed | $0.00 | | | |
| G9053 | M | ONC EXPECTANT MANAGEMENT PT | | | $0.00 | Not Allowed | $0.00 | | | |
| G9054 | M | ONC SUPERVISION PALLIATIVE | | | $0.00 | Not Allowed | $0.00 | | | |
| G9055 | M | ONC VISIT UNSPECIFIED NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| G9056 | M | ONC PRAC MGMT ADHERES GUIDE | | | $0.00 | Not Allowed | $0.00 | | | |
| G9057 | M | ONC PRACT MGMT DIFFERS GUIDE | | | $0.00 | Not Allowed | $0.00 | | | |
| G9058 | M | ONC PRAC MGMT DISAGREE W/GUI | | | $0.00 | Not Allowed | $0.00 | | | |
| G9059 | M | ONC PRAC MGMT PT OPT ALTERNA | | | $0.00 | Not Allowed | $0.00 | | | |
| G9060 | M | ONC PRAC MGMT DIF PT COMORB | | | $0.00 | Not Allowed | $0.00 | | | |
| G9061 | M | ONC PRAC COND NOADD BY GUIDE | | | $0.00 | Not Allowed | $0.00 | | | |
| G9062 | M | ONC PRAC GUIDE DIFFERS NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| G9063 | M | ONC DX NSCLC STGI NO DX PROG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9064 | M | ONC DX NSCLC STG2 NO DX PROG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9065 | M | ONC DX NSCLC STG3A NODX PROG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9066 | M | ONC DX NSCLC STG3B-4 METASTA | | | $0.00 | Not Allowed | $0.00 | | | |
| G9067 | M | ONC DX NSCLC DX UNKNOWN NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| G9068 | M | ONC DX NSCLC/SCLC LIMITED | | | $0.00 | Not Allowed | $0.00 | | | |
| G9069 | M | ONC DX SCLC/NSCLC EXT AT DX | | | $0.00 | Not Allowed | $0.00 | | | |
| G9070 | M | ONC DX SCLC/NSCLC EXT UNKNWN | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G9071 | M | ONC DX BRST STG1 2B NO DX PR | | | $0.00 | Not Allowed | $0.00 | | | |
| G9072 | M | ONC DX BRST STG1-2 NOPROGRES | | | $0.00 | Not Allowed | $0.00 | | | |
| G9073 | M | ONC DX BRST STG3-W/PROGRES | | | $0.00 | Not Allowed | $0.00 | | | |
| G9074 | M | ONC DX BRST STG3-NOPROGRESS | | | $0.00 | Not Allowed | $0.00 | | | |
| G9075 | M | ONC DX BRST METASTIC/ RECUR | | | $0.00 | Not Allowed | $0.00 | | | |
| G9076 | M | ONC DX BRST UNKNOWN NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| G9077 | M | ONC DX PROSTATE T1NO PROGRES | | | $0.00 | Not Allowed | $0.00 | | | |
| G9078 | M | ONC DX PROSTATE T2NO PROGRES | | | $0.00 | Not Allowed | $0.00 | | | |
| G9079 | M | ONC DX PROSTATE T3B-T4NOPROG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9080 | M | ONC DX PROSTATE W/RISE PSA | | | $0.00 | Not Allowed | $0.00 | | | |
| G9081 | M | ONC DX PROSTATE METS NO CAST | | | $0.00 | Not Allowed | $0.00 | | | |
| G9082 | M | ONC DX PROSTATE CASTRATE MET | | | $0.00 | Not Allowed | $0.00 | | | |
| G9083 | M | ONC DX PROSTATE UNKNOWN NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| G9084 | M | ONC DX COLON T1-3 N1-2 NO PR | | | $0.00 | Not Allowed | $0.00 | | | |
| G9085 | M | ONC DX COLON T4 N0 W/O PROG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9086 | M | ONC DX COLON T1-4 NO DX PROG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9087 | M | ONC DX COLON RADIOLG EVID DX | | | $0.00 | Not Allowed | $0.00 | | | |
| G9088 | M | ONC DX COLON M1/METS W/O RAD | | | $0.00 | Not Allowed | $0.00 | | | |
| G9089 | M | ONC DX COLON EXTENT UNKNOWN | | | $0.00 | Not Allowed | $0.00 | | | |
| G9090 | M | ONC DX RECTAL T1-2 NO PROGR | | | $0.00 | Not Allowed | $0.00 | | | |
| G9091 | M | ONC DX RECTAL T3 N0 NO PROG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9092 | M | ONC DX RECTAL T1-3 N1-2NOPRG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9093 | M | ONC DX RECTAL T4 N M0 NO PRG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9094 | M | ONC DX RECTAL M1 W/METS PROG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9095 | M | ONC DX RECTAL EXTENT UNKNWN | | | $0.00 | Not Allowed | $0.00 | | | |
| G9096 | M | ONC DX ESOPHAG T1-T3 NOPROG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9097 | M | ONC DX ESOPHAGEAL T4 NO PROG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9098 | M | ONC DX ESOPHAGEAL METS RECUR | | | $0.00 | Not Allowed | $0.00 | | | |
| G9099 | M | ONC DX ESOPHAGEAL UNKNOWN | | | $0.00 | Not Allowed | $0.00 | | | |
| G9100 | M | ONC DX GASTRIC NO RECURRENCE | | | $0.00 | Not Allowed | $0.00 | | | |
| G9101 | M | ONC DX GASTRIC P R1-R2NOPROG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9102 | M | ONC DX GASTRIC UNRESECTABLE | | | $0.00 | Not Allowed | $0.00 | | | |
| G9103 | M | ONC DX GASTRIC RECURRENT | | | $0.00 | Not Allowed | $0.00 | | | |
| G9104 | M | ONC DX GASTRIC UNKNOWN NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| G9105 | M | ONC DX PANCREATC P R0 RES NO | | | $0.00 | Not Allowed | $0.00 | | | |
| G9106 | M | ONC DX PANCREATC P R1/R2 NO | | | $0.00 | Not Allowed | $0.00 | | | |
| G9107 | M | ONC DX PANCREATIC UNRESECTAB | | | $0.00 | Not Allowed | $0.00 | | | |
| G9108 | M | ONC DX PANCREATIC UNKNWN NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| G9109 | M | ONC DX HEAD/NECK T1-T2NO PRG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9110 | M | ONC DX HEAD/NECK T3-4 NOPROG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9111 | M | ONC DX HEAD/NECK M1 METS REC | | | $0.00 | Not Allowed | $0.00 | | | |
| G9112 | M | ONC DX HEAD/NECK EXT UNKNOWN | | | $0.00 | Not Allowed | $0.00 | | | |
| G9113 | M | ONC DX OVARIAN STG1A-B NO PR | | | $0.00 | Not Allowed | $0.00 | | | |
| G9114 | M | ONC DX OVARIAN STG1A-B OR 2 | | | $0.00 | Not Allowed | $0.00 | | | |
| G9115 | M | ONC DX OVARIAN STG3/4 NOPROG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9116 | M | ONC DX OVARIAN RECURRENCE | | | $0.00 | Not Allowed | $0.00 | | | |
| G9117 | M | ONC DX OVARIAN UNKNOWN NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| G9118 | M | ONC DX NHL STG 1-2 NOT RELAP | | | $0.00 | Not Allowed | $0.00 | | | |
| G9119 | M | ONC DX NHL STG 3-4 NOT RELAP | | | $0.00 | Not Allowed | $0.00 | | | |
| G9120 | M | ONC DX NHL TRANS TO LG BCELL | | | $0.00 | Not Allowed | $0.00 | | | |
| G9121 | M | ONC NHLSTG 1-2 NO RELAP NO | | | $0.00 | Not Allowed | $0.00 | | | |
| G9122 | M | ONC DX NHL STG 3/4NO RELAP | | | $0.00 | Not Allowed | $0.00 | | | |
| G9123 | M | ONC DX NHL LGE BCELL RELAP | | | $0.00 | Not Allowed | $0.00 | | | |
| G9124 | M | ONC DX NHL RELAPSE/REFRACTOR | | | $0.00 | Not Allowed | $0.00 | | | |
| G9125 | M | ONC DX NHL STG UNKNOWN | | | $0.00 | Not Allowed | $0.00 | | | |
| G9126 | M | ONC DX OVARIAN STG IA/B | | | $0.00 | Not Allowed | $0.00 | | | |
| G9127 | M | ONC DX MULTI MYELOMA STAGE I | | | $0.00 | Not Allowed | $0.00 | | | |
| G9128 | M | ONC DX MULT MYELOMA STG2 HIG | | | $0.00 | Not Allowed | $0.00 | | | |
| G9129 | M | ONC DX MULT MYELOMA UNKWN OP | | | $0.00 | Not Allowed | $0.00 | | | |
| G9130 | M | ONC DX MULTI MYELOMA UNKNOWN | | | $0.00 | Not Allowed | $0.00 | | | |
| H0001 | M | ALCOHOL AND/OR DRUG ASSESS | | | $0.00 | Not Allowed | $0.00 | | | |
| H0002 | M | ALCOHOL AND/OR DRUG SCREENIN | | | $0.00 | Not Allowed | $0.00 | | | |
| H0003 | M | ALCOHOL AND/OR DRUG SCREENIN | | | $0.00 | Not Allowed | $0.00 | | | |
| H0004 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0005 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0006 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0007 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0008 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0009 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0010 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0011 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0012 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0013 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0014 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0015 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| H0016 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0017 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0018 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0019 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0020 | M | ALCOHOL AND/OR DRUG SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| H0021 | M | ALCOHOL AND/OR DRUG TRAINING | | | $0.00 | Not Allowed | $0.00 | | | |
| H0022 | M | ALCOHOL AND/OR DRUG INTERVEN | | | $0.00 | Not Allowed | $0.00 | | | |
| H0023 | M | ALCOHOL AND/OR DRUG OUTREACH | | | $0.00 | Not Allowed | $0.00 | | | |
| H0024 | M | ALCOHOL AND/OR DRUG PREVENTI | | | $0.00 | Not Allowed | $0.00 | | | |
| H0025 | M | ALCOHOL AND/OR DRUG PREVENTI | | | $0.00 | Not Allowed | $0.00 | | | |
| H0026 | M | ALCOHOL AND/OR DRUG PREVENTI | | | $0.00 | Not Allowed | $0.00 | | | |
| H0027 | M | ALCOHOL AND/OR DRUG PREVENTI | | | $0.00 | Not Allowed | $0.00 | | | |
| H0028 | M | ALCOHOL AND/OR DRUG PREVENTI | | | $0.00 | Not Allowed | $0.00 | | | |
| H0029 | M | ALCOHOL AND/OR DRUG PREVENTI | | | $0.00 | Not Allowed | $0.00 | | | |
| H0030 | M | ALCOHOL AND/OR DRUG HOTLINE | | | $0.00 | Not Allowed | $0.00 | | | |
| H0031 | M | MH HEALTH ASSESS BY NON-MD | | | $0.00 | Not Allowed | $0.00 | | | |
| H0032 | M | MH SVC PLAN DEV BY NON-MD | | | $0.00 | Not Allowed | $0.00 | | | |
| H0033 | M | ORAL MED ADM DIRECT OBSERVE | | | $0.00 | Not Allowed | $0.00 | | | |
| H0034 | M | MED TRNG & SUPPORT PER 15MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| H0035 | M | MH PARTIAL HOSP TX UNDER 24H | | | $0.00 | Fee Schedule | $71.99 | | | Y |
| H0036 | M | COMM PSY FACE-FACE PER 15MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| H0037 | M | COMM PSY SUP TX PGM PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| H0038 | M | SELF-HELP/PEER SVC PER 15MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| H0039 | M | ASSER COM TX FACE-FACE/15MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| H0040 | M | ASSERT COMM TX PGM PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| H0041 | M | FOS C CHLD NON-THER PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| H0042 | M | FOS C CHLD NON-THER PER MON | | | $0.00 | Not Allowed | $0.00 | | | |
| H0043 | M | SUPPORTED HOUSING PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| H0044 | M | SUPPORTED HOUSING PER MONTH | | | $0.00 | Not Allowed | $0.00 | | | |
| H0045 | M | RESPITE NOT-IN-HOME PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| H0046 | M | MENTAL HEALTH SERVICE NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| H0047 | M | ALCOHOL/DRUG ABUSE SVC NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| H0048 | M | SPEC COLL NON-BLOOD:A/D TEST | | | $0.00 | Not Allowed | $0.00 | | | |
| H1000 | M | PRENATAL CARE ATRISK ASSESSM | | | $0.00 | Not Allowed | $0.00 | | | |
| H1001 | M | ANTEPARTUM MANAGEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| H1002 | M | CARECOORDINATION PRENATAL | | | $0.00 | Not Allowed | $0.00 | | | |
| H1003 | M | PRENATAL AT RISK EDUCATION | | | $0.00 | Not Allowed | $0.00 | | | |
| H1004 | M | FOLLOW UP HOME VISIT/PRENTAL | | | $0.00 | Not Allowed | $0.00 | | | |
| H1005 | M | PRENATALCARE ENHANCED SRV PK | | | $0.00 | Not Allowed | $0.00 | | | |
| H1010 | M | NONMED FAMILY PLANNING ED | | | $0.00 | Not Allowed | $0.00 | | | |
| H1011 | M | FAMILY ASSESSMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| H2000 | M | COMP MULTIDISIPLN EVALUATION | | | $0.00 | Not Allowed | $0.00 | | | |
| H2001 | M | REHABILITATION PROGRAM 1/2 D | | | $0.00 | Not Allowed | $0.00 | | | |
| H2010 | M | Comprehensive med svc 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| H2011 | M | Crisis interven svc, 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| H2012 | M | Behav hlth day treat, per hr | | | $0.00 | Not Allowed | $0.00 | | | |
| H2013 | M | Psych hlth fac svc, per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| H2014 | M | Skills train and dev, 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| H2015 | M | Comp comm supp svc, 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| H2016 | M | Comp comm supp svc, per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| H2017 | M | Psysoc rehab svc, per 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| H2018 | M | Psysoc rehab svc, per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| H2019 | M | Ther behav svc, per 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| H2020 | M | Ther behav svc, per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| H2021 | M | Com wrap-around sv, 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| H2022 | M | Com wrap-around sv, per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| H2023 | M | Supported employ, per 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| H2024 | M | Supported employ, per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| H2025 | M | Supp maint employ, 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| H2026 | M | Supp maint employ, per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| H2027 | M | Psychoed svc, per 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| H2028 | M | Sex offend tx svc, 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| H2029 | M | Sex offend tx svc, per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| H2030 | M | MH clubhouse svc, per 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| H2031 | M | MH clubhouse svc, per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| H2032 | M | Activity therapy, per 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| H2033 | M | Multisys ther/juvenile 15min | | | $0.00 | Not Allowed | $0.00 | | | |
| H2034 | M | A/D halfway house, per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| H2035 | M | A/D tx program, per hour | | | $0.00 | Not Allowed | $0.00 | | | |
| H2036 | M | A/D tx program, per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| H2037 | M | Dev delay prev dp ch, 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| J0120 | N | TETRACYCLIN INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0128 | G | ABARELIX INJECTION | 9216 | 1.1953 | $57.08 | Fee Schedule | $57.08 | | | |
| J0130 | K | ABCIXIMAB INJECTION | 1605 | 6.9901 | $333.78 | APC | $333.78 | | | |
| J0132 | K | ACETYLCYSTEINE INJECTION | 1680 | 0.0326 | $1.56 | APC | $1.56 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J0133 | N | ACYCLOVIR INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0135 | K | ADALIMUMAB INJECTION | 1083 | 5.1776 | $247.23 | APC | $247.23 | | | |
| J0150 | K | INJECTION ADENOSINE 6 MG | 0379 | 0.5120 | $24.45 | APC | $24.45 | | | |
| J0152 | K | ADENOSINE INJECTION | 0917 | 1.1575 | $55.27 | APC | $55.27 | | | |
| J0170 | N | ADRENALIN EPINEPHRIN INJECT | | | $0.00 | APC | $0.00 | | | |
| J0180 | K | AGALSIDASE BETA INJECTION | 9208 | 2.1360 | $101.99 | APC | $101.99 | | | |
| J0190 | N | INJ BIPERIDEN LACTATE/5 MG | | | $0.00 | APC | $0.00 | | | |
| J0200 | N | ALATROFLOXACIN MESYLATE | | | $0.00 | APC | $0.00 | | | |
| J0205 | K | ALGLUCERASE INJECTION | 0900 | 0.6586 | $31.45 | APC | $31.45 | | | |
| J0207 | K | AMIFOSTINE | 7000 | 7.7794 | $371.47 | APC | $371.47 | | | |
| J0210 | K | METHYLDOPATE HCL INJECTION | 2210 | 0.1681 | $8.03 | APC | $8.03 | | | |
| J0215 | K | ALEFACEPT | 1633 | 0.4418 | $21.10 | APC | $21.10 | | | |
| J0256 | K | ALPHA 1 PROTEINASE INHIBITOR | 0901 | 0.0556 | $2.65 | APC | $2.65 | | | |
| J0270 | M | ALPROSTADIL FOR INJECTION | | | $0.00 | Fee Schedule | $1.80 | | | |
| J0275 | M | ALPROSTADIL URETHRAL SUPPOS | | | $0.00 | Fee Schedule | $22.84 | | | |
| J0278 | K | AMIKACIN SULFATE INJECTION | 1681 | 0.0203 | $0.97 | APC | $0.97 | | | |
| J0280 | N | AMINOPHYLLIN 250 MG INJ | | | $0.00 | APC | $0.00 | | | |
| J0282 | N | AMIODARONE HCL | | | $0.00 | APC | $0.00 | | | |
| J0285 | K | AMPHOTERICIN B | 9030 | 0.1587 | $7.58 | APC | $7.58 | | | |
| J0287 | K | AMPHOTERICIN B LIPID COMPLEX | 9024 | 0.1866 | $8.91 | APC | $8.91 | | | |
| J0288 | K | AMPHO B CHOLESTERYL SULFATE | 0735 | 0.2015 | $9.62 | APC | $9.62 | | | |
| J0289 | K | AMPHOTERICIN B LIPOSOME INJ | 0736 | 0.3568 | $17.04 | APC | $17.04 | | | |
| J0290 | N | AMPICILLIN 500 MG INJ | | | $0.00 | APC | $0.00 | | | |
| J0295 | N | AMPICILLIN SODIUM PER 1.5 GM | | | $0.00 | APC | $0.00 | | | |
| J0300 | N | AMOBARBITAL 125 MG INJ | | | $0.00 | APC | $0.00 | | | |
| J0330 | N | SUCCINYCHOLINE CHLORIDE INJ | | | $0.00 | APC | $0.00 | | | |
| J0350 | K | INJECTION ANISTREPLASE 30 U | 1606 | 38.0927 | $1,818.93 | APC | $1,818.93 | | | |
| J0360 | N | HYDRALAZINE HCL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0365 | K | APROTONIN 10 000 KIU | 1682 | 0.0423 | $2.02 | APC | $2.02 | | | |
| J0380 | N | INJ METARAMINOL BITARTRATE | | | $0.00 | APC | $0.00 | | | |
| J0390 | N | CHLOROQUINE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0395 | K | ARBUTAMINE HCL INJECTION | 9031 | 2.6868 | $128.29 | APC | $128.29 | | | |
| J0456 | N | AZITHROMYCIN | | | $0.00 | APC | $0.00 | | | |
| J0460 | N | ATROPINE SULFATE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0470 | K | DIMECAPROL INJECTION | 1638 | 0.4252 | $20.30 | APC | $20.30 | | | |
| J0475 | K | BACLOFEN 10 MG INJECTION | 9032 | 3.3339 | $159.19 | APC | $159.19 | | | |
| J0476 | K | BACLOFEN INTRATHECAL TRIAL | 1631 | 1.1692 | $55.83 | APC | $55.83 | | | |
| J0480 | K | BASILIXIMAB | 1683 | 23.2718 | $1,111.23 | APC | $1,111.23 | | | |
| J0500 | N | DICYCLOMINE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0515 | N | INJ BENZTROPINE MESYLATE | | | $0.00 | APC | $0.00 | | | |
| J0520 | N | BETHANECHOL CHLORIDE INJECT | | | $0.00 | APC | $0.00 | | | |
| J0530 | N | PENICILLIN G BENZATHINE INJ | | | $0.00 | APC | $0.00 | | | |
| J0540 | N | PENICILLIN G BENZATHINE INJ | | | $0.00 | APC | $0.00 | | | |
| J0550 | N | PENICILLIN G BENZATHINE INJ | | | $0.00 | APC | $0.00 | | | |
| J0560 | N | PENICILLIN G BENZATHINE INJ | | | $0.00 | APC | $0.00 | | | |
| J0570 | N | PENICILLIN G BENZATHINE INJ | | | $0.00 | APC | $0.00 | | | |
| J0580 | N | PENICILLIN G BENZATHINE INJ | | | $0.00 | APC | $0.00 | | | |
| J0583 | N | BIVALIRUDIN | | | $0.00 | APC | $0.00 | | | |
| J0585 | K | BOTULINUM TOXIN A PER UNIT | 0902 | 0.0846 | $4.04 | APC | $4.04 | | | Y |
| J0587 | K | BOTULINUM TOXIN TYPE B | 9018 | 0.1370 | $6.54 | APC | $6.54 | | | Y |
| J0592 | N | BUPRENORPHINE HYDROCHLORIDE | | | $0.00 | APC | $0.00 | | | |
| J0595 | N | BUTORPHANOL TARTRATE 1 MG | | | $0.00 | APC | $0.00 | | | |
| J0600 | K | EDETATE CALCIUM DISODIUM INJ | 0892 | 0.6749 | $32.23 | APC | $32.23 | | | |
| J0610 | N | CALCIUM GLUCONATE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0620 | N | CALCIUM GLYCER & LACT/10 ML | | | $0.00 | APC | $0.00 | | | |
| J0630 | K | CALCITONIN SALMON INJECTION | 0893 | 0.6707 | $32.03 | APC | $32.03 | | | |
| J0636 | N | INJ CALCITRIOL PER 0.1 MCG | | | $0.00 | APC | $0.00 | | | |
| J0637 | K | CASPOFUNGIN ACETATE | 9019 | 0.5416 | $25.86 | APC | $25.86 | | | |
| J0640 | N | LEUCOVORIN CALCIUM INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0670 | N | INJ MEPIVACAINE HCL/10 ML | | | $0.00 | APC | $0.00 | | | |
| J0690 | N | CEFAZOLIN SODIUM INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0692 | N | CEFEPIME HCL FOR INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0694 | N | CEFOXITIN SODIUM INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0696 | N | CEFTRIAXONE SODIUM INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0697 | N | STERILE CEFUROXIME INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0698 | N | CEFOTAXIME SODIUM INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0702 | N | BETAMETHASONE ACET&SOD PHOSP | | | $0.00 | APC | $0.00 | | | |
| J0704 | N | BETAMETHASONE SOD PHOSP/4 MG | | | $0.00 | APC | $0.00 | | | |
| J0706 | K | CAFFEINE CITRATE INJECTION | 0876 | 0.0594 | $2.84 | APC | $2.84 | | | |
| J0710 | N | CEPHAPIRIN SODIUM INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0713 | N | INJ CEFTAZIDIME PER 500 MG | | | $0.00 | APC | $0.00 | | | |
| J0715 | N | CEFTIZOXIME SODIUM / 500 MG | | | $0.00 | APC | $0.00 | | | |
| J0720 | N | CHLORAMPHENICOL SODIUM INJEC | | | $0.00 | APC | $0.00 | | | |
| J0725 | N | CHORIONIC GONADOTROPIN/1000U | | | $0.00 | APC | $0.00 | | | |
| J0735 | K | CLONIDINE HYDROCHLORIDE | 0935 | 1.1090 | $52.95 | APC | $52.95 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J0740 | K | CIDOFOVIR INJECTION | 9033 | 12.8151 | $611.92 | APC | $611.92 | | | |
| J0743 | N | CILASTATIN SODIUM INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0744 | N | CIPROFLOXACIN IV | | | $0.00 | APC | $0.00 | | | |
| J0745 | N | INJ CODEINE PHOSPHATE /30 MG | | | $0.00 | APC | $0.00 | | | |
| J0760 | N | COLCHICINE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0770 | N | COLISTIMETHATE SODIUM INJ | | | $0.00 | APC | $0.00 | | | |
| J0780 | N | PROCHLORPERAZINE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J0795 | K | CORTICORELIN OVINE TRIFLUTAL | 1684 | 0.0700 | $3.34 | APC | $3.34 | | | |
| J0800 | K | CORTICOTROPIN INJECTION | 1280 | 1.9580 | $93.49 | APC | $93.49 | | | |
| J0835 | K | INJ COSYNTROPIN PER 0.25 MG | 0835 | 1.0564 | $50.44 | APC | $50.44 | | | |
| J0850 | K | CYTOMEGALOVIRUS IMM IV /VIAL | 0903 | 14.3269 | $684.11 | APC | $684.11 | | | |
| J0878 | G | DAPTOMYCIN INJECTION | 9124 | 0.0052 | $0.25 | Fee Schedule | $0.25 | | | |
| J0881 | K | DARBEPOETIN ALFA NON-ESRD | 1685 | 0.0502 | $2.40 | APC | $2.40 | | | |
| J0882 | Q | DARBEPOETIN ALFA ESRD USE | | | $0.00 | Medicare | $2.99 | $1.85 | $1.79 | |
| J0885 | K | EPOETIN ALFA NON-ESRD | 1686 | 0.1572 | $7.51 | APC | $7.51 | | | |
| J0886 | M | EPOETIN ALFA ESRD | | | $0.00 | Not Allowed | $0.00 | | | |
| J0895 | K | DEFEROXAMINE MESYLATE INJ | 0895 | 0.2492 | $11.90 | APC | $11.90 | | | |
| J0900 | N | TESTOSTERONE ENANTHATE INJ | | | $0.00 | APC | $0.00 | | | |
| J0945 | N | BROMPHENIRAMINE MALEATE INJ | | | $0.00 | APC | $0.00 | | | |
| J0970 | N | ESTRADIOL VALERATE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1000 | N | DEPO-ESTRADIOL CYPIONATE INJ | | | $0.00 | APC | $0.00 | | | |
| J1020 | N | METHYLPREDNISOLONE 20 MG INJ | | | $0.00 | APC | $0.00 | | | |
| J1030 | N | METHYLPREDNISOLONE 40 MG INJ | | | $0.00 | APC | $0.00 | | | |
| J1040 | N | METHYLPREDNISOLONE 80 MG INJ | | | $0.00 | APC | $0.00 | | | |
| J1051 | N | MEDROXYPROGESTERONE INJ | | | $0.00 | APC | $0.00 | | | |
| J1055 | M | MEDRXYPROGESTER ACETATE INJ | | | $0.00 | Fee Schedule | $49.52 | | | |
| J1056 | M | MA/EC CONTRACEPTIVEINJECTION | | | $0.00 | Fee Schedule | $22.89 | | | |
| J1060 | N | TESTOSTERONE CYPIONATE 1 ML | | | $0.00 | APC | $0.00 | | | |
| J1070 | N | TESTOSTERONE CYPIONAT 100 MG | | | $0.00 | APC | $0.00 | | | |
| J1080 | N | TESTOSTERONE CYPIONAT 200 MG | | | $0.00 | APC | $0.00 | | | |
| J1094 | N | INJ DEXAMETHASONE ACETATE | | | $0.00 | APC | $0.00 | | | |
| J1100 | N | DEXAMETHASONE SODIUM PHOS | | | $0.00 | APC | $0.00 | | | |
| J1110 | K | INJ DIHYDROERGOTAMINE MESYLT | 1210 | 0.4092 | $19.54 | APC | $19.54 | | | |
| J1120 | N | ACETAZOLAMID SODIUM INJECTIO | | | $0.00 | APC | $0.00 | | | |
| J1160 | N | DIGOXIN INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1162 | K | DIGOXIN IMMUNE FAB (OVINE) | 1687 | 8.9624 | $427.95 | APC | $427.95 | | | |
| J1165 | N | PHENYTOIN SODIUM INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1170 | N | HYDROMORPHONE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1180 | K | DYPHYLLINE INJECTION | 9166 | 0.1352 | $6.46 | APC | $6.46 | | | |
| J1190 | K | DEXRAZOXANE HCL INJECTION | 0726 | 3.0248 | $144.43 | APC | $144.43 | | | |
| J1200 | N | DIPHENHYDRAMINE HCL INJECTIO | | | $0.00 | APC | $0.00 | | | |
| J1205 | N | CHLOROTHIAZIDE SODIUM INJ | | | $0.00 | APC | $0.00 | | | |
| J1212 | N | DIMETHYL SULFOXIDE 50% 50 ML | | | $0.00 | APC | $0.00 | | | |
| J1230 | N | METHADONE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1240 | N | DIMENHYDRINATE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1245 | N | DIPYRIDAMOLE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1250 | N | INJ DOBUTAMINE HCL/250 MG | | | $0.00 | APC | $0.00 | | | |
| J1260 | K | DOLASETRON MESYLATE | 0750 | 0.1157 | $5.52 | APC | $5.52 | | | |
| J1265 | N | DOPAMINE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1270 | N | INJECTION, DOXERCALCIFEROL | | | $0.00 | APC | $0.00 | | | |
| J1320 | N | AMITRIPTYLINE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1325 | N | EPOPROSTENOL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1327 | K | EPTIFIBATIDE INJECTION | 1607 | 0.2581 | $12.32 | APC | $12.32 | | | |
| J1330 | K | ERGONOVINE MALEATE INJECTION | 1330 | 0.5564 | $26.57 | APC | $26.57 | | | |
| J1335 | N | ERTAPENEM INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1364 | N | ERYTHRO LACTOBIONATE /500 MG | | | $0.00 | APC | $0.00 | | | |
| J1380 | N | ESTRADIOL VALERATE 10 MG INJ | | | $0.00 | APC | $0.00 | | | |
| J1390 | N | ESTRADIOL VALERATE 20 MG INJ | | | $0.00 | APC | $0.00 | | | |
| J1410 | K | INJ ESTROGEN CONJUGATE 25 MG | 9038 | 0.9748 | $46.55 | APC | $46.55 | | | |
| J1430 | K | ETHANOLAMINE OLEATE 100 MG | 1688 | 1.1687 | $55.81 | APC | $55.81 | | | |
| J1435 | N | INJECTION ESTRONE PER 1 MG | | | $0.00 | APC | $0.00 | | | |
| J1436 | K | ETIDRONATE DISODIUM INJ | 1436 | 1.1991 | $57.26 | APC | $57.26 | | | |
| J1438 | K | ETANERCEPT INJECTION | 1608 | 2.6933 | $128.61 | APC | $128.61 | | | |
| J1440 | K | FILGRASTIM 300 MCG INJECITON | 0728 | 3.1581 | $150.80 | APC | $150.80 | | | |
| J1441 | K | FILGRASTIM 480 MCG INJECTION | 7049 | 5.0159 | $239.51 | APC | $239.51 | | | |
| J1450 | N | FLUCONAZOLE | | | $0.00 | APC | $0.00 | | | |
| J1451 | K | FOMEPIZOLE 15 MG | 1689 | 0.2070 | $9.88 | APC | $9.88 | | | |
| J1452 | K | INTRAOCULAR FOMIVIRSEN NA | 9040 | 3.5600 | $169.99 | APC | $169.99 | | | |
| J1455 | N | FOSCARNET SODIUM INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1457 | K | GALLIUM NITRATE INJECTION | 1085 | 0.0210 | $1.00 | APC | $1.00 | | | |
| J1460 | N | GAMMA GLOBULIN 1 CC INJ | | | $0.00 | APC | $0.00 | | | |
| J1470 | M | GAMMA GLOBULIN 2 CC INJ | | | $0.00 | Fee Schedule | $20.68 | | | |
| J1480 | M | GAMMA GLOBULIN 3 CC INJ | | | $0.00 | Fee Schedule | $31.01 | | | |
| J1490 | M | GAMMA GLOBULIN 4 CC INJ | | | $0.00 | Fee Schedule | $41.35 | | | |
| J1500 | M | GAMMA GLOBULIN 5 CC INJ | | | $0.00 | Fee Schedule | $51.69 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J1510 | M | GAMMA GLOBULIN 6 CC INJ | | | $0.00 | Fee Schedule | $62.03 | | | |
| J1520 | M | GAMMA GLOBULIN 7 CC INJ | | | $0.00 | Fee Schedule | $72.34 | | | |
| J1530 | M | GAMMA GLOBULIN 8 CC INJ | | | $0.00 | Fee Schedule | $82.71 | | | |
| J1540 | M | GAMMA GLOBULIN 9 CC INJ | | | $0.00 | Fee Schedule | $93.07 | | | |
| J1550 | M | GAMMA GLOBULIN 10 CC INJ | | | $0.00 | Fee Schedule | $103.38 | | | |
| J1560 | M | GAMMA GLOBULIN > 10 CC INJ | | | $0.00 | Fee Schedule | $103.38 | | | |
| J1565 | K | RSV-IVIG | 0906 | 0.2717 | $12.97 | APC | $12.97 | | | |
| J1566 | K | IMMUNE GLOBULIN POWDER | 2731 | 0.4243 | $20.26 | APC | $20.26 | | | |
| J1567 | K | IMMUNE GLOBULIN LIQUID | 2732 | 0.5093 | $24.32 | APC | $24.32 | | | |
| J1570 | N | GANCICLOVIR SODIUM INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1580 | N | GARAMYCIN GENTAMICIN INJ | | | $0.00 | APC | $0.00 | | | |
| J1590 | N | GATIFLOXACIN INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1595 | N | INJECTION GLATIRAMER ACETATE | | | $0.00 | APC | $0.00 | | | |
| J1600 | N | GOLD SODIUM THIOMALEATE INJ | | | $0.00 | APC | $0.00 | | | |
| J1610 | K | GLUCAGON HYDROCHLORIDE/1 MG | 9042 | 1.1793 | $56.31 | APC | $56.31 | | | |
| J1620 | K | GONADORELIN HYDROCH/ 100 MCG | 7005 | 3.1879 | $152.22 | APC | $152.22 | | | |
| J1626 | K | GRANISETRON HCL INJECTION | 0764 | 0.1211 | $5.78 | APC | $5.78 | | | |
| J1630 | N | HALOPERIDOL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1631 | N | HALOPERIDOL DECANOATE INJ | | | $0.00 | APC | $0.00 | | | |
| J1640 | K | HEMIN, 1 MG | 1690 | 0.0670 | $3.20 | APC | $3.20 | | | |
| J1642 | N | INJ HEPARIN SODIUM PER 10 U | | | $0.00 | APC | $0.00 | | | |
| J1644 | N | INJ HEPARIN SODIUM PER 1000U | | | $0.00 | APC | $0.00 | | | |
| J1645 | N | DALTEPARIN SODIUM | | | $0.00 | APC | $0.00 | | | |
| J1650 | N | INJ ENOXAPARIN SODIUM | | | $0.00 | APC | $0.00 | | | |
| J1652 | N | FONDAPARINUX SODIUM | | | $0.00 | APC | $0.00 | | | |
| J1655 | K | TINZAPARIN SODIUM INJECTION | 1655 | 0.0416 | $1.99 | APC | $1.99 | | | |
| J1670 | K | TETANUS IMMUNE GLOBULIN INJ | 1670 | 1.4739 | $70.38 | APC | $70.38 | | | |
| J1675 | M | HISTRELIN ACETATE | | | $0.00 | Not Allowed | $0.00 | | | |
| J1700 | N | HYDROCORTISONE ACETATE INJ | | | $0.00 | APC | $0.00 | | | |
| J1710 | N | HYDROCORTISONE SODIUM PH INJ | | | $0.00 | APC | $0.00 | | | |
| J1720 | N | HYDROCORTISONE SODIUM SUCC I | | | $0.00 | APC | $0.00 | | | |
| J1730 | K | DIAZOXIDE INJECTION | 1740 | 1.8789 | $89.72 | APC | $89.72 | | | |
| J1742 | K | IBUTILIDE FUMARATE INJECTION | 9044 | 4.4626 | $213.09 | APC | $213.09 | | | |
| J1745 | K | INFLIXIMAB INJECTION | 7043 | 0.9024 | $43.09 | APC | $43.09 | | | |
| J1751 | K | IRON DEXTRAN 165 INJECTION | 1691 | 0.1978 | $9.44 | APC | $9.44 | | | |
| J1752 | K | IRON DEXTRAN 267 INJECTION | 1692 | 0.1743 | $8.32 | APC | $8.32 | | | |
| J1756 | K | IRON SUCROSE INJECTION | 9046 | 0.0062 | $0.30 | APC | $0.30 | | | |
| J1785 | K | INJECTION IMIGLUCERASE /UNIT | 0916 | 0.0657 | $3.14 | APC | $3.14 | | | |
| J1790 | N | DROPERIDOL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1800 | N | PROPRANOLOL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1810 | M | DROPERIDOL/FENTANYL INJ | | | $0.00 | Fee Schedule | $5.58 | | | |
| J1815 | N | INSULIN INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1817 | N | INSULIN FOR INSULIN PUMP USE | | | $0.00 | APC | $0.00 | | | |
| J1825 | M | INTERFERON BETA-1A | | | $0.00 | Not Allowed | $0.00 | | | |
| J1830 | K | INTERFERON BETA-1B / .25 MG | 0910 | 1.5113 | $72.16 | APC | $72.16 | | | |
| J1835 | K | INTRACONAZOLE INJECTION | 9047 | 0.6121 | $29.23 | APC | $29.23 | | | |
| J1840 | N | KANAMYCIN SULFATE 500 MG INJ | | | $0.00 | APC | $0.00 | | | |
| J1850 | N | KANAMYCIN SULFATE 75 MG INJ | | | $0.00 | APC | $0.00 | | | |
| J1885 | N | KETOROLAC TROMETHAMINE INJ | | | $0.00 | APC | $0.00 | | | |
| J1890 | N | CEPHALOTHIN SODIUM INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1931 | K | LARONIDASE INJECTION | 9209 | 0.4008 | $19.14 | APC | $19.14 | | | |
| J1940 | N | FUROSEMIDE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1945 | K | LEPIRIDIN | 1693 | 2.5783 | $123.11 | APC | $123.11 | | | |
| J1950 | K | LEUPROLIDE ACETATE /3.75 MG | 0800 | 7.3480 | $350.87 | APC | $350.87 | | | |
| J1955 | M | INJ LEVOCARNITINE PER 1 GM | | | $0.00 | Fee Schedule | $10.46 | | | |
| J1956 | N | LEVOFLOXACIN INJECTION | | | $0.00 | APC | $0.00 | | | |
| J1960 | N | LEVORPHANOL TARTRATE INJ | | | $0.00 | APC | $0.00 | | | |
| J1980 | N | HYOSCYAMINE SULFATE INJ | | | $0.00 | APC | $0.00 | | | |
| J1990 | N | CHLORDIAZEPOXIDE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2001 | N | LIDOCAINE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2010 | N | LINCOMYCIN INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2020 | K | LINEZOLID INJECTION | 9001 | 0.4057 | $19.37 | APC | $19.37 | | | |
| J2060 | N | LORAZEPAM INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2150 | N | MANNITOL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2175 | N | MEPERIDINE HYDROCHL /100 MG | | | $0.00 | APC | $0.00 | | | |
| J2180 | N | MEPERIDINE/PROMETHAZINE INJ | | | $0.00 | APC | $0.00 | | | |
| J2185 | N | MEROPENEM | | | $0.00 | APC | $0.00 | | | |
| J2210 | N | METHYLERGONOVIN MALEATE INJ | | | $0.00 | APC | $0.00 | | | |
| J2250 | N | INJ MIDAZOLAM HYDROCHLORIDE | | | $0.00 | APC | $0.00 | | | |
| J2260 | N | INJ MILRINONE LACTATE / 5 MG | | | $0.00 | APC | $0.00 | | | |
| J2270 | N | MORPHINE SULFATE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2271 | N | MORPHINE SO4 INJECTION 100MG | | | $0.00 | APC | $0.00 | | | |
| J2275 | N | MORPHINE SULFATE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2278 | G | ZICONOTIDE INJECTION | 1694 | 0.1065 | $5.09 | Fee Schedule | $5.09 | | | |
| J2280 | N | INJ, MOXIFLOXACIN 100 MG | | | $0.00 | APC | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J2300 | N | INJ NALBUPHINE HYDROCHLORIDE | | | $0.00 | APC | $0.00 | | | |
| J2310 | N | INJ NALOXONE HYDROCHLORIDE | | | $0.00 | APC | $0.00 | | | |
| J2320 | N | NANDROLONE DECANOATE 50 MG | | | $0.00 | APC | $0.00 | | | |
| J2321 | N | NANDROLONE DECANOATE 100 MG | | | $0.00 | APC | $0.00 | | | |
| J2322 | N | NANDROLONE DECANOATE 200 MG | | | $0.00 | APC | $0.00 | | | |
| J2325 | K | NESIRITIDE INJECTION | 1695 | 0.5060 | $24.16 | APC | $24.16 | | | |
| J2353 | K | OCTREOTIDE INJECTION DEPOT | 1207 | 1.5676 | $74.85 | APC | $74.85 | | | |
| J2354 | N | OCTREOTIDE INJ NON-DEPOT | | | $0.00 | APC | $0.00 | | | |
| J2355 | K | OPRELVEKIN INJECTION | 7011 | 4.1306 | $197.24 | APC | $197.24 | | | |
| J2357 | G | OMALIZUMAB INJECTION | 9300 | 0.2801 | $13.37 | Fee Schedule | $13.37 | | | |
| J2360 | N | ORPHENADRINE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2370 | N | PHENYLEPHRINE HCL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2400 | N | CHLOROPROCAINE HCL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2405 | K | ONDANSETRON HCL INJECTION | 0768 | 0.0625 | $2.98 | APC | $2.98 | | | |
| J2410 | N | OXYMORPHONE HCL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2425 | K | PALIFERMIN INJECTION | 1696 | 0.1919 | $9.16 | APC | $9.16 | | | |
| J2430 | K | PAMIDRONATE DISODIUM /30 MG | 0730 | 0.5844 | $27.91 | APC | $27.91 | | | |
| J2440 | N | PAPAVERIN HCL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2460 | N | OXYTETRACYCLINE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2469 | K | PALONOSETRON HCL | 9210 | 0.3036 | $14.50 | APC | $14.50 | | | |
| J2501 | N | PARICALCITOL | | | $0.00 | APC | $0.00 | | | |
| J2503 | G | PEGAPTANIB SODIUM INJECTION | 1697 | 18.5982 | $888.06 | Fee Schedule | $888.06 | | | |
| J2504 | K | PEGADEMASE BOVINE 25 IU | 1739 | 2.9862 | $142.59 | APC | $142.59 | | | |
| J2505 | K | INJECTION PEGFILGRASTIM 6MG | 9119 | 36.3321 | $1,734.86 | APC | $1,734.86 | | | |
| J2510 | N | PENICILLIN G PROCAINE INJ | | | $0.00 | APC | $0.00 | | | |
| J2513 | K | PENTASTARCH 10% SOLUTION | 1698 | 0.2136 | $10.20 | APC | $10.20 | | | |
| J2515 | N | PENTOBARBITAL SODIUM INJ | | | $0.00 | APC | $0.00 | | | |
| J2540 | N | PENICILLIN G POTASSIUM INJ | | | $0.00 | APC | $0.00 | | | |
| J2543 | N | PIPERACILLIN/TAZOBACTAM | | | $0.00 | APC | $0.00 | | | |
| J2545 | M | PENTAMIDINE ISETHIONTE/300MG | | | $0.00 | Fee Schedule | $43.42 | | | |
| J2550 | N | PROMETHAZINE HCL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2560 | N | PHENOBARBITAL SODIUM INJ | | | $0.00 | APC | $0.00 | | | |
| J2590 | N | OXYTOCIN INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2597 | N | INJ DESMOPRESSIN ACETATE | | | $0.00 | APC | $0.00 | | | |
| J2650 | N | PREDNISOLONE ACETATE INJ | | | $0.00 | APC | $0.00 | | | |
| J2670 | N | TOTAZOLINE HCL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2675 | N | INJ PROGESTERONE PER 50 MG | | | $0.00 | APC | $0.00 | | | |
| J2680 | N | FLUPHENAZINE DECANOATE 25 MG | | | $0.00 | APC | $0.00 | | | |
| J2690 | N | PROCAINAMIDE HCL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2700 | K | OXACILLIN SODIUM INJECITON | 1635 | 0.0254 | $1.21 | APC | $1.21 | | | |
| J2710 | N | NEOSTIGMINE METHYLSLFTE INJ | | | $0.00 | APC | $0.00 | | | |
| J2720 | N | INJ PROTAMINE SULFATE/10 MG | | | $0.00 | APC | $0.00 | | | |
| J2725 | N | INJ PROTIRELIN PER 250 MCG | | | $0.00 | APC | $0.00 | | | |
| J2730 | K | PRALIDOXIME CHLORIDE INJ | 2730 | 1.2426 | $59.33 | APC | $59.33 | | | |
| J2760 | N | PHENTOLAINE MESYLATE INJ | | | $0.00 | APC | $0.00 | | | |
| J2765 | N | METOCLOPRAMIDE HCL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2770 | K | QUINUPRISTIN/DALFOPRISTIN | 2770 | 1.9226 | $91.80 | APC | $91.80 | | | |
| J2780 | N | RANITIDINE HYDROCHLORIDE INJ | | | $0.00 | APC | $0.00 | | | |
| J2783 | G | RASBURICASE | 0738 | 2.0362 | $97.23 | Fee Schedule | $97.23 | | | |
| J2788 | K | RHO D IMMUNE GLOBULIN 50 MCG | 9023 | 0.4651 | $22.21 | APC | $22.21 | | | |
| J2790 | K | RHO D IMMUNE GLOBULIN INJ | 0884 | 1.3521 | $64.56 | APC | $64.56 | | | |
| J2792 | K | RHO(D) IMMUNE GLOBULIN H, SD | 1609 | 0.2401 | $11.46 | APC | $11.46 | | | |
| J2794 | G | RISPERIDONE LONG ACTING | 9125 | 0.0828 | $3.95 | Fee Schedule | $3.95 | | | |
| J2795 | N | ROPIVACAINE HCL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2800 | N | METHOCARBAMOL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2805 | K | SINCALIDE INJECTION | 1699 | 0.8745 | $41.76 | APC | $41.76 | | | |
| J2810 | N | INJ THEOPHYLLINE PER 40 MG | | | $0.00 | APC | $0.00 | | | |
| J2820 | K | SARGRAMOSTIM INJECTION | 0731 | 0.4290 | $20.48 | APC | $20.48 | | | |
| J2850 | K | INJ SECRETIN SYNTHETIC HUMAN | 1700 | 0.3411 | $16.29 | APC | $16.29 | | | |
| J2910 | K | AUROTHIOGLUCOSE INJECITON | 1639 | 0.4114 | $19.64 | APC | $19.64 | | | |
| J2912 | N | SODIUM CHLORIDE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2916 | N | NA FERRIC GLUCONATE COMPLEX | | | $0.00 | APC | $0.00 | | | |
| J2920 | N | METHYLPREDNISOLONE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2930 | N | METHYLPREDNISOLONE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J2940 | K | SOMATREM INJECTION | 2940 | 0.5982 | $28.56 | APC | $28.56 | | | |
| J2941 | K | SOMATROPIN INJECTION | 7034 | 0.7859 | $37.53 | APC | $37.53 | | | |
| J2950 | N | PROMAZINE HCL INJECITON | | | $0.00 | APC | $0.00 | | | |
| J2993 | K | RETEPLASE INJECTION | 9005 | 15.1588 | $723.83 | APC | $723.83 | | | |
| J2995 | K | INJ STREPTOKINASE /250000 IU | 0911 | 1.3350 | $63.75 | APC | $63.75 | | | |
| J2997 | K | ALTEPLASE RECOMBINANT | 7048 | 0.5385 | $25.71 | APC | $25.71 | | | |
| J3000 | N | STREPTOMYCIN INJECTION | | | $0.00 | APC | $0.00 | | | |
| J3010 | N | FENTANYL CITRATE INJECITON | | | $0.00 | APC | $0.00 | | | |
| J3030 | K | SUMATRIPTAN SUCCINATE / 6 MG | 3030 | 0.9639 | $46.03 | APC | $46.03 | | | |
| J3070 | N | PENTAZOCINE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J3100 | K | TENECTEPLASE INJECTION | 9002 | 34.2003 | $1,633.06 | APC | $1,633.06 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J3105 | N | TERBUTALINE SULFATE INJ | | | $0.00 | APC | $0.00 | | | |
| J3110 | M | TERIPARATIDE INJECTION | | | $0.00 | Fee Schedule | $6.99 | | | |
| J3120 | N | TESTOSTERONE ENANTHATE INJ | | | $0.00 | APC | $0.00 | | | |
| J3130 | N | TESTOSTERONE ENANTHATE INJ | | | $0.00 | APC | $0.00 | | | |
| J3140 | N | TESTOSTERONE SUSPENSION INJ | | | $0.00 | APC | $0.00 | | | |
| J3150 | N | TESTOSTERON PROPIONATE INJ | | | $0.00 | APC | $0.00 | | | |
| J3230 | N | CHLORPROMAZINE HCL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J3240 | K | THYROTROPIN INJECTION | 9108 | 12.8589 | $614.01 | APC | $614.01 | | | |
| J3246 | K | TIROFIBAN HCL | 7041 | 0.1468 | $7.01 | APC | $7.01 | | | |
| J3250 | N | TRIMETHOBENZAMIDE HCL INJ | | | $0.00 | APC | $0.00 | | | |
| J3260 | N | TOBRAMYCIN SULFATE INJECTION | | | $0.00 | APC | $0.00 | | | |
| J3265 | N | INJECTION TORSEMIDE 10 MG/ML | | | $0.00 | APC | $0.00 | | | |
| J3280 | N | THIETHYLPERAZINE MALEATE INJ | | | $0.00 | APC | $0.00 | | | |
| J3285 | K | TREPROSTINIL INJECTION | 1701 | 0.9071 | $43.31 | APC | $43.31 | | | |
| J3301 | N | TRIAMCINOLONE ACETONIDE INJ | | | $0.00 | APC | $0.00 | | | |
| J3302 | N | TRIAMCINOLONE DIACETATE INJ | | | $0.00 | APC | $0.00 | | | |
| J3303 | N | TRIAMCINOLONE HEXACETONL INJ | | | $0.00 | APC | $0.00 | | | |
| J3305 | K | INJ TRIMETREXATE GLUCORONATE | 7045 | 2.4377 | $116.40 | APC | $116.40 | | | |
| J3310 | N | PERPHENAZINE INJECITON | | | $0.00 | APC | $0.00 | | | |
| J3315 | K | TRIPTORELIN PAMOATE | 9122 | 3.6696 | $175.22 | APC | $175.22 | | | |
| J3320 | N | SPECTINOMYCN DI-HCL INJ | | | $0.00 | APC | $0.00 | | | |
| J3350 | K | UREA INJECTION | 9051 | 0.6353 | $30.34 | APC | $30.34 | | | |
| J3355 | K | UROFOLLITROPIN, 75 IU | 1741 | 0.8287 | $39.57 | APC | $39.57 | | | |
| J3360 | N | DIAZEPAM INJECTION | | | $0.00 | APC | $0.00 | | | |
| J3364 | N | UROKINASE 5000 IU INJECTION | | | $0.00 | APC | $0.00 | | | |
| J3365 | K | UROKINASE 250,000 IU INJ | 7036 | 7.6864 | $367.03 | APC | $367.03 | | | |
| J3370 | N | VANCOMYCIN HCL INJECITON | | | $0.00 | APC | $0.00 | | | |
| J3396 | K | VERTEPORFIN INJECTION | 1203 | 0.1496 | $7.14 | APC | $7.14 | | | |
| J3400 | N | TRIFLUPROMAZINE HCL INJ | | | $0.00 | APC | $0.00 | | | |
| J3410 | N | HYDROXYZINE HCL INJECITON | | | $0.00 | APC | $0.00 | | | |
| J3411 | N | THIAMINE HCL 100 MG | | | $0.00 | APC | $0.00 | | | |
| J3415 | N | PYRIDOXINE HCL 100 MG | | | $0.00 | APC | $0.00 | | | |
| J3420 | N | VITAMIN B12 INJECTION | | | $0.00 | APC | $0.00 | | | |
| J3430 | N | VITAMIN K PHYTONADIONE INJ | | | $0.00 | APC | $0.00 | | | |
| J3465 | K | INJECTION VORICONAZOLE | 1052 | 0.0783 | $3.74 | APC | $3.74 | | | |
| J3470 | K | HYALURONIDASE INJECTION | 1637 | 0.2877 | $13.74 | APC | $13.74 | | | |
| J3471 | K | OVINE UP TO 999 USP UNITS | 1702 | 0.0018 | $0.09 | APC | $0.09 | | | |
| J3472 | K | OVINE 1000 USP UNITS | 1703 | 2.3078 | $110.20 | APC | $110.20 | | | |
| J3475 | N | INJ MAGNESIUM SULFATE | | | $0.00 | APC | $0.00 | | | |
| J3480 | N | INJ POTASSIUM CHLORIDE | | | $0.00 | APC | $0.00 | | | |
| J3485 | N | ZIDOVUDINE | | | $0.00 | APC | $0.00 | | | |
| J3486 | N | ZIPRASIDONE MESYLATE | | | $0.00 | APC | $0.00 | | | |
| J3487 | K | ZOLEDRONIC ACID | 9115 | 3.4261 | $163.60 | APC | $163.60 | | | |
| J3490 | N | DRUGS UNCLASSIFIED INJECTION | | | $0.00 | APC | $0.00 | | | |
| J3520 | M | EDETATE DISODIUM PER 150 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| J3530 | N | NASAL VACCINE INHALATION | | | $0.00 | APC | $0.00 | | | |
| J3535 | M | METERED DOSE INHALER DRUG | | | $0.00 | By Report | $0.00 | | | |
| J3570 | M | LAETRILE AMYGDALIN VIT B17 | | | $0.00 | Not Allowed | $0.00 | | | |
| J3590 | N | UNCLASSIFIED BIOLOGICS | | | $0.00 | APC | $0.00 | | | |
| J7030 | N | NORMAL SALINE SOLUTION INFUS | | | $0.00 | APC | $0.00 | | | |
| J7040 | N | NORMAL SALINE SOLUTION INFUS | | | $0.00 | APC | $0.00 | | | |
| J7042 | N | 5% DEXTROSE/NORMAL SALINE | | | $0.00 | APC | $0.00 | | | |
| J7050 | N | NORMAL SALINE SOLUTION INFUS | | | $0.00 | APC | $0.00 | | | |
| J7060 | N | 5% DEXTROSE/WATER | | | $0.00 | APC | $0.00 | | | |
| J7070 | N | D5W INFUSION | | | $0.00 | APC | $0.00 | | | |
| J7100 | N | DEXTRAN 40 INFUSION | | | $0.00 | APC | $0.00 | | | |
| J7110 | N | DEXTRAN 75 INFUSION | | | $0.00 | APC | $0.00 | | | |
| J7120 | N | RINGERS LACTATE INFUSION | | | $0.00 | APC | $0.00 | | | |
| J7130 | N | HYPERTONIC SALINE SOLUTION | | | $0.00 | APC | $0.00 | | | |
| J7188 | K | INJ VONWILLEBRAND FACTOR IU | 1704 | 0.0148 | $0.71 | APC | $0.71 | | | |
| J7189 | K | FACTOR VIIA | 1705 | 0.0185 | $0.88 | APC | $0.88 | | | |
| J7190 | K | FACTOR VIII | 0925 | 0.0116 | $0.55 | APC | $0.55 | | | |
| J7191 | K | FACTOR VIII (PORCINE) | 0926 | 0.0223 | $1.06 | APC | $1.06 | | | |
| J7192 | K | FACTOR VIII RECOMBINANT | 0927 | 0.0178 | $0.85 | APC | $0.85 | | | |
| J7193 | K | FACTOR IX NON-RECOMBINANT | 0931 | 0.0151 | $0.72 | APC | $0.72 | | | |
| J7194 | K | FACTOR IX COMPLEX | 0928 | 0.0121 | $0.58 | APC | $0.58 | | | |
| J7195 | K | FACTOR IX RECOMBINANT | 0932 | 0.0166 | $0.79 | APC | $0.79 | | | |
| J7197 | K | ANTITHROMBIN III INJECTION | 0930 | 0.0272 | $1.30 | APC | $1.30 | | | |
| J7198 | K | ANTI-INHIBITOR | 0929 | 0.0228 | $1.09 | APC | $1.09 | | | |
| J7199 | M | HEMOPHILIA CLOT FACTOR NOC | | | $0.00 | By Report | $0.00 | | | |
| J7300 | M | INTRAUT COPPER CONTRACEPTIVE | | | $0.00 | Fee Schedule | $403.75 | | | |
| J7302 | M | LEVONORGESTREL IU CONTRACEPT | | | $0.00 | Fee Schedule | $412.23 | | | |
| J7303 | M | CONTRACEPTIVE VAGINAL RING | | | $0.00 | Fee Schedule | $35.26 | | | |
| J7304 | M | CONTRACEPTIVE HORMONE PATCH | | | $0.00 | Fee Schedule | $13.37 | | | |
| J7306 | M | LEVONORGESTREL IMPLANT SYS | | | $0.00 | By Report | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J7308 | K | AMINOLEVULINIC ACID HCL TOP | 7308 | 1.8089 | $86.37 | APC | $86.37 | | | |
| J7310 | K | GANCICLOVIR LONG ACT IMPLANT | 0913 | 80.0346 | $3,821.65 | APC | $3,821.65 | | | |
| J7317 | K | SODIUM HYALURONATE INJECTION | 7316 | 1.7919 | $85.56 | APC | $85.56 | | | |
| J7320 | K | HYLAN G-F 20 INJECTION | 1611 | 3.3373 | $159.36 | APC | $159.36 | | | |
| J7330 | M | CULTURED CHONDROCYTES IMPLNT | | | $0.00 | Not Allowed | $0.00 | | | |
| J7340 | K | METABOLIC ACTIVE D/E TISSUE | 1632 | 0.4683 | $22.36 | APC | $22.36 | | | |
| J7341 | K | NON-HUMAN METABOLIC TISSUE | 1707 | 0.0299 | $1.43 | APC | $1.43 | | | |
| J7342 | K | METABOLICALLY ACTIVE TISSUE | 9054 | 0.2329 | $11.12 | APC | $11.12 | | | |
| J7343 | K | NONMETABOLIC ACT D/E TISSUE | 1629 | 0.3105 | $14.83 | APC | $14.83 | | | |
| J7344 | K | NONMETABOLIC ACTIVE TISSUE | 9156 | 0.7560 | $36.10 | APC | $36.10 | | | |
| J7350 | K | INJECTABLE HUMAN TISSUE | 9055 | 0.3785 | $18.07 | APC | $18.07 | | | |
| J7500 | N | AZATHIOPRINE ORAL 50MG | | | $0.00 | APC | $0.00 | | | |
| J7501 | K | AZATHIOPRINE PARENTERAL | 0887 | 0.8257 | $39.43 | APC | $39.43 | | | |
| J7502 | K | CYCLOSPORINE ORAL 100 MG | 0888 | 0.0615 | $2.94 | APC | $2.94 | | | |
| J7504 | K | LYMPHOCYTE IMMUNE GLOBULIN | 0890 | 5.3023 | $253.18 | APC | $253.18 | | | |
| J7505 | K | MONOCLONAL ANTIBODIES | 7038 | 14.3751 | $686.41 | APC | $686.41 | | | |
| J7506 | N | PREDNISONE ORAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7507 | K | TACROLIMUS ORAL PER 1 MG | 0891 | 0.0596 | $2.85 | APC | $2.85 | | | |
| J7509 | N | METHYLPREDNISOLONE ORAL | | | $0.00 | APC | $0.00 | | | |
| J7510 | N | PREDNISOLONE ORAL PER 5 MG | | | $0.00 | APC | $0.00 | | | |
| J7511 | K | ANTITHYMOCYTE GLOBULN RABBIT | 9104 | 5.5351 | $264.30 | APC | $264.30 | | | |
| J7513 | K | DACLIZUMAB, PARENTERAL | 1612 | 5.5218 | $263.67 | APC | $263.67 | | | |
| J7515 | K | CYCLOSPORINE ORAL 25 MG | 7515 | 0.0161 | $0.77 | APC | $0.77 | | | |
| J7516 | N | CYCLOSPORIN PARENTERAL 250MG | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7517 | K | MYCOPHENOLATE MOFETIL ORAL | 9015 | 0.0420 | $2.01 | APC | $2.01 | | | |
| J7518 | G | MYCOPHENOLIC ACID | 9219 | 0.0361 | $1.72 | Fee Schedule | $1.72 | | | |
| J7520 | K | SIROLIMUS, ORAL | 9020 | 0.1217 | $5.81 | APC | $5.81 | | | |
| J7525 | K | TACROLIMUS INJECTION | 9006 | 2.3630 | $112.83 | APC | $112.83 | | | |
| J7599 | N | IMMUNOSUPPRESSIVE DRUG NOC | | | $0.00 | APC | $0.00 | | | |
| J7608 | M | ACETYLCYSTEINE INH SOL U D | | | $0.00 | Fee Schedule | $3.34 | | | |
| J7610 | N | ACETYLCYSTEINE 10% PER ML INHALATION SOLUTION ADMINISTERE | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7611 | M | ALBUTEROL CONCENTRATED FORM | | | $0.00 | Not Allowed | $0.00 | | | |
| J7612 | M | LEVALBUTEROL CONCENTRATED | | | $0.00 | Not Allowed | $0.00 | | | |
| J7613 | M | ALBUTEROL UNIT DOSE | | | $0.00 | Not Allowed | $0.00 | | | |
| J7614 | M | LEVALBUTEROL UNIT DOSE | | | $0.00 | Not Allowed | $0.00 | | | |
| J7615 | N | ACETYLCYSTEINE 20% PER ML INHALATION SOLUTION ADMINISTERE | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7618 | M | ALBUTEROL INH SOL CON | | | $0.00 | Not Allowed | $0.00 | | | |
| J7619 | M | ALBUTEROL INH SOL U D | | | $0.00 | Not Allowed | $0.00 | | | |
| J7620 | N | ALBUTEROL NON-COMPOUNDED | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7621 | M | (LEVO)ALBUTEROL/IPRA-BROMIDE | | | $0.00 | Not Allowed | $0.00 | | | |
| J7622 | M | BECLOMETHASONE INHALATN SOL | | | $0.00 | Fee Schedule | $0.04 | | | |
| J7624 | M | BETAMETHASONE INHALATION SOL | | | $0.00 | Fee Schedule | $0.73 | | | |
| J7626 | M | BUDESONIDE NON-COMPOUNDED | | | $0.00 | Fee Schedule | $4.56 | | | |
| J7627 | M | BUDESONIDE, COMPOUNDED | | | $0.00 | Not Allowed | $0.00 | | | |
| J7628 | M | BITOLTEROL MES INHAL SOL CON | | | $0.00 | Fee Schedule | $0.18 | | | |
| J7629 | M | BITOLTEROL MES INH SOL U D | | | $0.00 | Fee Schedule | $0.18 | | | |
| J7630 | N | CROMOLYN SODIUM PER 20 MG INHALATION SOLUTION ADMINISTERED | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7631 | M | CROMOLYN SODIUM INH SOL U D | | | $0.00 | Fee Schedule | $0.06 | | | |
| J7633 | N | BUDESONIDE CONCENTRATED SOL | | | $0.00 | APC | $0.00 | | | |
| J7635 | M | ATROPINE INHAL SOL CON | | | $0.00 | Fee Schedule | $0.10 | | | |
| J7636 | M | ATROPINE INHAL SOL UNIT DOSE | | | $0.00 | Fee Schedule | $0.10 | | | |
| J7637 | M | DEXAMETHASONE INHAL SOL CON | | | $0.00 | Fee Schedule | $0.11 | | | |
| J7638 | M | DEXAMETHASONE INHAL SOL U D | | | $0.00 | Fee Schedule | $0.12 | | | |
| J7639 | M | DORNASE ALPHA INHAL SOL U D | | | $0.00 | Fee Schedule | $18.75 | | | |
| J7640 | M | FORMORTEROL INJECTION | | | $0.00 | Not Allowed | $0.00 | | | |
| J7641 | M | FLUNISOLIDE INHALATION SOL | | | $0.00 | Fee Schedule | $0.17 | | | |
| J7642 | M | GLYCOPYRROLATE INHAL SOL CON | | | $0.00 | Fee Schedule | $1.05 | | | |
| J7643 | M | GLYCOPYRROLATE INHAL SOL U D | | | $0.00 | Fee Schedule | $1.05 | | | |
| J7644 | M | IPRATROPIUM BROM INH SOL U D | | | $0.00 | Fee Schedule | $0.21 | | | |
| J7645 | N | IPRATOPIUM BROMIDE 0.02% PER ML. INHALATION SOL ADM THROUG | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7648 | M | ISOETHARINE HCL INH SOL CON | | | $0.00 | Fee Schedule | $0.14 | | | |
| J7649 | M | ISOETHARINE HCL INH SOL U D | | | $0.00 | Fee Schedule | $0.14 | | | |
| J7650 | N | ISOETHARINE HYDROCHLORIDE 0.1% PER ML INHALATION SOLUTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7651 | N | ISOETHARINE HYDROCHLORIDE 0.125% PER ML INHALATION SOLUTI | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7652 | N | ISOETHARINE HYDROCHLORIDE 0.167% PER ML INHALATION SOLUTI | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7653 | N | ISOETHARINE HYDROCHLORIDE 0.2% PER ML INHALATION SOLUTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7654 | N | ISOETHARINE HYDRCHLORIDE 0.25% PER ML INHALATION SOLUTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7655 | N | ISOETHARINE HYDROCHLORIDE 1.0% PER ML INHALATION SOLUTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7658 | M | ISOPROTERENOLHCL INH SOL CON | | | $0.00 | Fee Schedule | $2.07 | | | |
| J7659 | M | ISOPROTERENOL HCL INH SOL UD | | | $0.00 | Fee Schedule | $2.07 | | | |
| J7660 | N | ISOPROTERENOL HYDROCHLORIDE 0.5% PER ML INHALATION SOLUTI | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7665 | N | ISOPROTERENOL HYDROCHLORIDE 1.0% PER ML INHALATION SOLUTI | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7668 | M | METAPROTERENOL INH SOL CON | | | $0.00 | Not Allowed | $0.00 | | | |
| J7669 | M | METAPROTERENOL INH SOL U D | | | $0.00 | Fee Schedule | $0.21 | | | |
| J7670 | N | METAPROTERENOL SULFATE 0.4% PER 2.5 ML INHALATION SOLUTIO | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J7672 | N | METAPROTERENOL SULFATE 0.6% PER 2.5 ML INHALATION SOLUTIO | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7674 | N | METHACHOLINE CHLORIDE NEB | | | $0.00 | APC | $0.00 | | | |
| J7675 | N | METAPROTERENOL SULFATE 5.0% PER ML INHALATION SOLUTION | | | $0.00 | Fee Schedule | $0.00 | | | |
| J7680 | M | TERBUTALINE SO4 INH SOL CON | | | $0.00 | Fee Schedule | $0.01 | | | |
| J7681 | M | TERBUTALINE SO4 INH SOL U D | | | $0.00 | Fee Schedule | $0.01 | | | |
| J7682 | M | TOBRAMYCIN INHALATION SOL | | | $0.00 | Fee Schedule | $55.63 | | | |
| J7683 | M | TRIAMCINOLONE INH SOL CON | | | $0.00 | Fee Schedule | $0.56 | | | |
| J7684 | M | TRIAMCINOLONE INH SOL U D | | | $0.00 | Fee Schedule | $0.56 | | | |
| J7699 | M | INHALATION SOLUTION FOR DME | | | $0.00 | By Report | $0.00 | | | |
| J7799 | N | NON-INHALATION DRUG FOR DME | | | $0.00 | APC | $0.00 | | | |
| J8498 | M | ANTIEMETIC RECTAL/SUPP NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| J8499 | M | ORAL PRESCRIP DRUG NON CHEMO | | | $0.00 | By Report | $0.00 | | | |
| J8501 | G | ORAL APREPITANT | 0868 | 0.0813 | $3.88 | Fee Schedule | $3.88 | | | |
| J8510 | K | ORAL BUSULFAN | 7015 | 0.0359 | $1.71 | APC | $1.71 | | | |
| J8515 | M | CABERGOLINE ORAL 0.25MG | | | $0.00 | Fee Schedule | $16.39 | | | |
| J8520 | K | CAPECITABINE, ORAL, 150 MG | 7042 | 0.0643 | $3.07 | APC | $3.07 | | | |
| J8521 | M | CAPECITABINE, ORAL, 500 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| J8530 | N | CYCLOPHOSPHAMIDE ORAL 25 MG | | | $0.00 | Fee Schedule | $0.00 | | | |
| J8540 | K | ORAL DEXAMETHASONE | 1708 | 0.0042 | $0.20 | APC | $0.20 | | | |
| J8560 | K | ETOPOSIDE ORAL 50 MG | 0802 | 0.5375 | $25.67 | APC | $25.67 | | | |
| J8565 | M | GEFITINIB ORAL | | | $0.00 | Not Allowed | $0.00 | | | |
| J8597 | N | ANTIEMETIC DRUG ORAL NOS | | | $0.00 | APC | $0.00 | | | |
| J8600 | N | MELPHALAN ORAL 2 MG | | | $0.00 | APC | $0.00 | | | |
| J8610 | N | METHOTREXATE ORAL 2.5 MG | | | $0.00 | APC | $0.00 | | | |
| J8700 | K | TEMOZOLMIDE | 1086 | 0.1226 | $5.85 | APC | $5.85 | | | |
| J8999 | M | ORAL PRESCRIPTION DRUG CHEMO | | | $0.00 | By Report | $0.00 | | | |
| J9000 | N | DOXORUBIC HCL 10 MG VL CHEMO | | | $0.00 | APC | $0.00 | | | |
| J9001 | K | DOXORUBICIN HCL LIPOSOME INJ | 7046 | 6.3678 | $304.06 | APC | $304.06 | | | |
| J9010 | K | ALEMTUZUMAB 10 MG | 9110 | 8.9208 | $425.97 | APC | $425.97 | | | |
| J9015 | K | ALDESLEUKIN/SINGLE USE VIAL | 0807 | 12.2028 | $582.68 | APC | $582.68 | | | |
| J9017 | K | ARSENIC TRIOXIDE | 9012 | 0.5602 | $26.75 | APC | $26.75 | | | |
| J9020 | K | ASPARAGINASE INJECTION | 0814 | 0.9145 | $43.67 | APC | $43.67 | | | |
| J9025 | K | AZACITIDINE INJECTION | 1709 | 0.0709 | $3.39 | APC | $3.39 | | | |
| J9027 | G | CLOFARABINE INJECTION | 1710 | 1.9583 | $93.51 | Fee Schedule | $93.51 | | | |
| J9031 | K | BCG LIVE INTRAVESICAL VAC | 0809 | 1.9049 | $90.96 | APC | $90.96 | | | |
| J9035 | G | BEVACIZUMAB INJECTION | 9214 | 1.0070 | $48.08 | Fee Schedule | $48.08 | | | |
| J9040 | K | BLEOMYCIN SULFATE INJECTION | 0857 | 0.6317 | $30.16 | APC | $30.16 | | | |
| J9041 | K | BORTEZOMIB INJECTION | 9207 | 0.5352 | $25.56 | APC | $25.56 | | | |
| J9045 | K | CARBOPLATIN INJECTION | 0811 | 0.1699 | $8.11 | APC | $8.11 | | | |
| J9050 | K | CARMUS BISCHL NITRO INJ | 0812 | 2.3482 | $112.13 | APC | $112.13 | | | |
| J9055 | G | CETUXIMAB INJECTION | 9215 | 0.8774 | $41.90 | Fee Schedule | $41.90 | | | |
| J9060 | N | CISPLATIN 10 MG INJECITON | | | $0.00 | APC | $0.00 | | | |
| J9062 | M | CISPLATIN 50 MG INJECITON | | | $0.00 | Fee Schedule | $11.31 | | | |
| J9065 | K | INJ CLADRIBINE PER 1 MG | 0858 | 0.6359 | $30.36 | APC | $30.36 | | | |
| J9070 | N | CYCLOPHOSPHAMIDE 100 MG INJ | | | $0.00 | APC | $0.00 | | | |
| J9080 | M | CYCLOPHOSPHAMIDE 200 MG INJ | | | $0.00 | Fee Schedule | $3.83 | | | |
| J9090 | M | CYCLOPHOSPHAMIDE 500 MG INJ | | | $0.00 | Fee Schedule | $15.53 | | | |
| J9091 | M | CYCLOPHOSPHAMIDE 1.0 GRM INJ | | | $0.00 | Fee Schedule | $19.16 | | | |
| J9092 | M | CYCLOPHOSPHAMIDE 2.0 GRM INJ | | | $0.00 | Fee Schedule | $38.32 | | | |
| J9093 | N | CYCLOPHOSPHAMIDE LYOPHILIZED | | | $0.00 | APC | $0.00 | | | |
| J9094 | M | CYCLOPHOSPHAMIDE LYOPHILIZED | | | $0.00 | Fee Schedule | $1.45 | | | |
| J9095 | M | CYCLOPHOSPHAMIDE LYOPHILIZED | | | $0.00 | Fee Schedule | $1.81 | | | |
| J9096 | M | CYCLOPHOSPHAMIDE LYOPHILIZED | | | $0.00 | Fee Schedule | $3.64 | | | |
| J9097 | M | CYCLOPHOSPHAMIDE LYOPHILIZED | | | $0.00 | Fee Schedule | $3.64 | | | |
| J9098 | K | CYTARABINE LIPOSOME | 1166 | 6.6608 | $318.05 | APC | $318.05 | | | |
| J9100 | N | CYTARABINE HCL 100 MG INJ | | | $0.00 | APC | $0.00 | | | |
| J9110 | M | CYTARABINE HCL 500 MG INJ | | | $0.00 | Fee Schedule | $8.47 | | | |
| J9120 | N | DACTINOMYCIN ACTINOMYCIN D | | | $0.00 | APC | $0.00 | | | |
| J9130 | K | DACARBAZINE 100 MG INJ | 0819 | 0.0823 | $3.93 | APC | $3.93 | | | |
| J9140 | M | DACARBAZINE 200 MG INJ | | | $0.00 | Fee Schedule | $9.80 | | | |
| J9150 | K | DAUNORUBICIN | 0820 | 0.4124 | $19.69 | APC | $19.69 | | | |
| J9151 | K | DAUNORUBICIN CITRATE LIPOSOM | 0821 | 0.9439 | $45.07 | APC | $45.07 | | | |
| J9160 | K | DENILEUKIN DIFTITOX, 300 MCG | 1084 | 23.5635 | $1,125.16 | APC | $1,125.16 | | | |
| J9165 | N | DIETHYLSTILBESTROL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J9170 | K | DOCETAXEL 20MG | 0823 | 5.0827 | $242.70 | APC | $242.70 | | | |
| J9175 | N | ELLIOTTS B SOLUTION PER ML | | | $0.00 | APC | $0.00 | | | |
| J9178 | K | INJ EPIRUBICIN HCL 2 MG | 1167 | 0.4143 | $19.78 | APC | $19.78 | | | |
| J9181 | N | ETOPOSIDE 10 MG INJ | | | $0.00 | APC | $0.00 | | | |
| J9182 | M | ETOPOSIDE 100 MG INJ | | | $0.00 | Fee Schedule | $4.97 | | | |
| J9185 | K | FLUDARABINE PHOSPHATE INJ | 0842 | 4.0943 | $195.50 | APC | $195.50 | | | |
| J9190 | N | FLUOROURACIL INJECTION | | | $0.00 | APC | $0.00 | | | |
| J9200 | K | FLOXURIDINE INJECTION | 0827 | 1.0776 | $51.46 | APC | $51.46 | | | |
| J9201 | K | GEMCITABINE HCL, 200 MG | 0828 | 2.0369 | $97.26 | APC | $97.26 | | | |
| J9202 | K | GOSERELIN ACETATE IMPLANT | 0810 | 3.3437 | $159.66 | APC | $159.66 | | | |
| J9206 | K | IRINOTECAN 20 MG | 0830 | 2.1306 | $101.74 | APC | $101.74 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J9208 | K | IFOSFOMIDE INJECTION | 0831 | 0.8798 | $42.01 | APC | $42.01 | | | |
| J9209 | K | MESNA INJECTION | 0732 | 0.1696 | $8.10 | APC | $8.10 | | | |
| J9211 | K | IDARUBICIN HCL INJECITON | 0832 | 5.1883 | $247.74 | APC | $247.74 | | | |
| J9212 | K | INTERFERON ALFACON-1 | 0912 | 0.0781 | $3.73 | APC | $3.73 | | | |
| J9213 | K | INTERFERON ALFA-2A INJ | 0834 | 0.6307 | $30.12 | APC | $30.12 | | | |
| J9214 | K | INTERFERON ALFA-2B INJ | 0836 | 0.2309 | $11.03 | APC | $11.03 | | | |
| J9215 | K | INTERFERON ALFA-N3 INJ | 0865 | 0.6630 | $31.66 | APC | $31.66 | | | |
| J9216 | K | INTERFERON GAMMA 1-B INJ | 0838 | 4.8676 | $232.43 | APC | $232.43 | | | |
| J9217 | K | LEUPROLIDE ACETATE SUSPNSION | 9217 | 3.8224 | $182.52 | APC | $182.52 | | | |
| J9218 | K | LEUPROLIDE ACETATE INJECITON | 0861 | 0.1864 | $8.90 | APC | $8.90 | | | |
| J9219 | K | LEUPROLIDE ACETATE IMPLANT | 7051 | 37.0926 | $1,771.17 | APC | $1,771.17 | | | |
| J9225 | K | HISTRELIN IMPLANT | 1711 | 29.2474 | $1,396.56 | APC | $1,396.56 | | | |
| J9230 | N | MECHLORETHAMINE HCL INJ | | | $0.00 | APC | $0.00 | | | |
| J9245 | K | INJ MELPHALAN HYDROCHL 50 MG | 0840 | 20.0526 | $957.51 | APC | $957.51 | | | |
| J9250 | N | METHOTREXATE SODIUM INJ | | | $0.00 | APC | $0.00 | | | |
| J9260 | M | METHOTREXATE SODIUM INJ | | | $0.00 | Fee Schedule | $2.45 | | | |
| J9263 | K | OXALIPLATIN | 1738 | 0.1473 | $7.03 | APC | $7.03 | | | |
| J9264 | G | PACLITAXEL INJECTION | 1712 | 0.1466 | $7.00 | Fee Schedule | $7.00 | | | |
| J9265 | K | PACLITAXEL INJECTION | 0863 | 0.2410 | $11.51 | APC | $11.51 | | | |
| J9266 | K | PEGASPARGASE/SINGL DOSE VIAL | 0843 | 28.3293 | $1,352.72 | APC | $1,352.72 | | | |
| J9268 | K | PENTOSTATIN INJECTION | 0844 | 34.1662 | $1,631.44 | APC | $1,631.44 | | | |
| J9270 | K | PLICAMYCIN (MITHRAMYCIN) INJ | 0860 | 1.0311 | $49.24 | APC | $49.24 | | | |
| J9280 | K | MITOMYCIN 5 MG INJ | 0862 | 0.3075 | $14.68 | APC | $14.68 | | | |
| J9290 | M | MITOMYCIN 20 MG INJ | | | $0.00 | Fee Schedule | $73.26 | | | |
| J9291 | M | MITOMYCIN 40 MG INJ | | | $0.00 | Fee Schedule | $146.52 | | | |
| J9293 | K | MITOXANTRONE HYDROCHL / 5 MG | 0864 | 3.7492 | $179.02 | APC | $179.02 | | | |
| J9300 | K | GEMTUZUMAB OZOGAMICIN | 9004 | 38.9105 | $1,857.98 | APC | $1,857.98 | | | |
| J9305 | G | PEMETREXED INJECTION | 9213 | 0.7172 | $34.25 | Fee Schedule | $34.25 | | | |
| J9310 | K | RITUXIMAB CANCER TREATMENT | 0849 | 8.0887 | $386.24 | APC | $386.24 | | | |
| J9320 | K | STREPTOZOCIN INJECTION | 0850 | 2.5679 | $122.62 | APC | $122.62 | | | |
| J9340 | K | THIOTEPA INJECTION | 0851 | 0.7486 | $35.75 | APC | $35.75 | | | |
| J9350 | K | TOPOTECAN | 0852 | 13.6535 | $651.95 | APC | $651.95 | | | |
| J9355 | K | TRASTUZUMAB | 1613 | 0.9432 | $45.04 | APC | $45.04 | | | |
| J9357 | K | VALRUBICIN, 200 MG | 9167 | 6.2064 | $296.36 | APC | $296.36 | | | |
| J9360 | N | VINBLASTINE SULFATE INJ | | | $0.00 | APC | $0.00 | | | |
| J9370 | N | VINCRISTINE SULFATE 1 MG INJ | | | $0.00 | APC | $0.00 | | | |
| J9375 | M | VINCRISTINE SULFATE 2 MG INJ | | | $0.00 | Fee Schedule | $13.37 | | | |
| J9380 | M | VINCRISTINE SULFATE 5 MG INJ | | | $0.00 | Fee Schedule | $33.43 | | | |
| J9390 | K | VINORELBINE TARTRATE/10 MG | 0855 | 0.3832 | $18.30 | APC | $18.30 | | | |
| J9395 | K | INJECTION FULVESTRANT | 9120 | 1.3545 | $64.68 | APC | $64.68 | | | |
| J9600 | K | PORFIMER SODIUM | 0856 | 42.0715 | $2,008.91 | APC | $2,008.91 | | | |
| J9999 | N | CHEMOTHERAPY DRUG | | | $0.00 | APC | $0.00 | | | |
| K0001 | M | STANDARD WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| K0002 | M | STANDARD HEMI (LOW SEAT) WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| K0003 | M | LIGHTWEIGHT WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| K0004 | M | HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| K0005 | M | ULTRALIGHTWEIGHT WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| K0006 | M | HEAVY DUTY WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| K0007 | M | EXTRA HEAVY DUTY WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| K0008 | M | CUSTOM MANUAL WHEELCHAIR/BASE | | | $0.00 | Not Allowed | $0.00 | | | |
| K0009 | M | OTHER MANUAL WHEELCHAIR/BASE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| K0010 | M | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| K0011 | M | STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROG | | | $0.00 | Not Allowed | $0.00 | | | Y |
| K0012 | M | LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| K0013 | M | CUSTOM MOTORIZED/POWER WHEELCHAIR BASE | | | $0.00 | Not Allowed | $0.00 | | | |
| K0014 | M | OTHER MOTORIZED/POWER WHEELCHAIR BASE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| K0015 | M | DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0017 | M | DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0018 | M | DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0019 | M | ARM PAD EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0020 | M | FIXED ADJUSTABLE HEIGHT ARMREST PAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| K0037 | M | HIGH MOUNT FLIP-UP FOOTREST EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0038 | M | LEG STRAP EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0039 | M | LEG STRAP H STYLE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0040 | M | ADJUSTABLE ANGLE FOOTPLATE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0041 | M | LARGE SIZE FOOTPLATE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0042 | M | STANDARD SIZE FOOTPLATE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0043 | M | FOOTREST LOWER EXTENSION TUBE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0044 | M | FOOTREST UPPER HANGER BRACKET EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0045 | M | FOOTREST COMPLETE ASSEMBLY | | | $0.00 | Not Allowed | $0.00 | | | |
| K0046 | M | ELEVATING LEGREST LOWER EXTENSION TUBE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0047 | M | ELEVATING LEGREST UPPER HANGER BRACKET EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0050 | M | RATCHET ASSEMBLY | | | $0.00 | Not Allowed | $0.00 | | | |
| K0051 | M | CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0052 | M | SWINGAWAY DETACHABLE FOOTRESTS EACH | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| K0053 | M | ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0056 | M | SEAT HEIGHT < 17" OR <= 21" HIGH STRENGTH LTWT WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| K0059 | M | PLASTIC COATED HANDRIM EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0060 | M | STEEL HANDRIM EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0061 | M | ALUMINUM HANDRIM EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0065 | M | SPOKE PROTECTORS EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0069 | M | REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO | | | $0.00 | Not Allowed | $0.00 | | | |
| K0070 | M | REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES O | | | $0.00 | Not Allowed | $0.00 | | | |
| K0071 | M | FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0072 | M | FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE E | | | $0.00 | Not Allowed | $0.00 | | | |
| K0073 | M | CASTER PIN LOCK EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0077 | M | FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0090 | M | REAR WHEEL TIRE FOR POWER WHEELCHAIR ANY SIZE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0091 | M | REAR WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR POWER WHEE | | | $0.00 | Not Allowed | $0.00 | | | |
| K0092 | M | REAR WHEEL ASSEMBLY FOR POWER WHEELCHAIR COMPLETE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0093 | M | REAR WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR P | | | $0.00 | Not Allowed | $0.00 | | | |
| K0094 | M | WHEEL TIRE FOR POWER BASE ANY SIZE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0095 | M | WHEEL TIRE TUBE OTHER THAN ZERO PRESSURE FOR EACH BASE ANY | | | $0.00 | Not Allowed | $0.00 | | | |
| K0096 | M | WHEEL ASSEMBLY FOR POWER BASE COMPLETE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0097 | M | WHEEL ZERO PRESSURE TIRE TUBE (FLAT FREE INSERT) FOR POWER B | | | $0.00 | Not Allowed | $0.00 | | | |
| K0098 | M | DRIVE BELT FOR POWER WHEELCHAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| K0099 | M | FRONT CASTER FOR POWER WHEELCHAIR EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0105 | M | IV HANGER EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0108 | M | WHEELCHAIR COMPONENT OR ACCESSORY NOT OTHERWISE SPECIFIED | | | $0.00 | Not Allowed | $0.00 | | | |
| K0109 | M | CUSTOMIZATION OF WHEELCHAIR BASE FRAME (OPTIONS OR ACCESSORI | | | $0.00 | Not Allowed | $0.00 | | | |
| K0137 | M | SKIN BARRIER; LIQUID (SPRAY BRUSH ETC.) PER OZ. | | | $0.00 | Not Allowed | $0.00 | | | |
| K0138 | M | SKIN BARRIER; PASTE PER OZ. | | | $0.00 | Not Allowed | $0.00 | | | |
| K0139 | M | SKIN BARRIER; POWDER PER OZ. | | | $0.00 | Not Allowed | $0.00 | | | |
| K0168 | M | ADMINISTRATION SET SM. VOLUME NONFILTERED PNEUM NEBULIZ DIS | | | $0.00 | Not Allowed | $0.00 | | | |
| K0169 | M | SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER DISPOSABLE | | | $0.00 | Not Allowed | $0.00 | | | |
| K0170 | M | ADMINISTRATION SET SM. VOL. NONFLTRD PNEUM NEBULIZ NON-DISP | | | $0.00 | Not Allowed | $0.00 | | | |
| K0171 | M | ADMINISTRATION SET SMALL VOLUME FILTERED PNEUMATIC NEBILIZER | | | $0.00 | Not Allowed | $0.00 | | | |
| K0174 | M | RESERVOIR BOTTLE NON-DISP USED WITH LG VOL U/S NEBULIZER | | | $0.00 | Not Allowed | $0.00 | | | |
| K0175 | M | CORRUGATED TUBING DISP USED WITH LG VOL NEBULIZER 100 FT | | | $0.00 | Not Allowed | $0.00 | | | |
| K0176 | M | CORRUGATED TUBING NON-DISP USED W/LG VOL NEBULIZER 100 FT | | | $0.00 | Not Allowed | $0.00 | | | |
| K0177 | M | WATER COLLECTION DEVICE USED WITH LARGE VOLUME NEBILIZER | | | $0.00 | Not Allowed | $0.00 | | | |
| K0178 | M | FILTER DISPOSABLE USED WITH AEROSOL COMPRESSOR | | | $0.00 | Not Allowed | $0.00 | | | |
| K0179 | M | FILTER NON-DISP USED W/AEROSOL COMPRESSOR OR U/S GENERATOR | | | $0.00 | Not Allowed | $0.00 | | | |
| K0180 | M | AEROSOL MASK USED WITH DME NEBULIZER | | | $0.00 | Not Allowed | $0.00 | | | |
| K0181 | M | DOME AND MOUTHPIECE USED W/SM VOLUME ULTRASONIC NEBULIZER | | | $0.00 | Not Allowed | $0.00 | | | |
| K0182 | M | WATER DISTILLED USED WITH LARGE VOLUME NEBULIZER 1000 ML | | | $0.00 | Not Allowed | $0.00 | | | |
| K0190 | M | CANISTER DISPOSABLE USED WITH SUCTION PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| K0191 | M | CANISTER NON-DISPOSABLE USED WITH SUCTION PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| K0192 | M | TUBING USED WITH SUCTION PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| K0193 | M | CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE WITH HUMIDIFIER | | | $0.00 | Not Allowed | $0.00 | | | |
| K0195 | M | ELEVATING LEG RESTS PAIR (WHEELCHAIR) | | | $0.00 | Not Allowed | $0.00 | | | |
| K0270 | M | ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER | | | $0.00 | Not Allowed | $0.00 | | | |
| K0278 | M | SKIN BARRIER; WITH FLANGE W/BUILT-IN CONVEXITY ANY SIZE EA | | | $0.00 | Not Allowed | $0.00 | | | |
| K0279 | M | SKIN BARRIER; W/FLANGE EXT. WEAR W/BUILT-IN CONVEXITY EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0280 | M | EXTENSION DRAINAGE TUBING FOR USE W/URINARY LEG BAG OR UROS | | | $0.00 | Not Allowed | $0.00 | | | |
| K0407 | M | URINARY CATHETER ANCHORING DEVICE ADHESIVE SKIN ATTACHMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| K0408 | M | URINARY CATHETER ANCHORING DEVICE LEG STRAP | | | $0.00 | Not Allowed | $0.00 | | | |
| K0409 | M | STERILE WATER IRRIGATION SOLUTION 1000 ML | | | $0.00 | Not Allowed | $0.00 | | | |
| K0410 | M | MALE EXTERNAL CATHETER WITH ADHESIVE COATING EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0411 | M | MALE EXTERNAL CATHETER WITH ADHESIVE STRIP EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0430 | M | SKIN BARRIER WITH FLANGE EX. WEAR ANY SIZE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0433 | M | POUCH DRAINABLE W/STD. WEAR BARRIER W/BUILT-IN CONVEXITY EA | | | $0.00 | Not Allowed | $0.00 | | | |
| K0434 | M | POUCH DRAINABLE WITH EX. WEAR BARRIER W/BUILT-IN CONVEX EA | | | $0.00 | Not Allowed | $0.00 | | | |
| K0436 | M | URINARY POUCH W/STD. WEAR BARRIER ATT W/BUILT-IN CONVEXITY | | | $0.00 | Not Allowed | $0.00 | | | |
| K0437 | M | URINARY POUCH W/EXTENDED WEAR BARRIER W/BUILT-IN CONVEXITY | | | $0.00 | Not Allowed | $0.00 | | | |
| K0438 | M | OSTOMY DEODORANT FOR USE IN OSTOMY POUCH LIQUID PER FL OZ. | | | $0.00 | Not Allowed | $0.00 | | | |
| K0455 | M | PUMP UNINTERRUPTED INFUSION | | | $0.00 | Not Allowed | $0.00 | | | |
| K0456 | M | HOSPITAL BED HEAVY DUTY/EXTRA WIDE/ANY TYPE RAILS /MATTRESS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| K0457 | M | EXTRA WIDE / HEAVY DUTY COMMODE CHAIR EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0458 | M | HEAVY DUTY WALKER WITHOUT WHEELS EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| K0462 | M | TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIP.BEING REPAIRED | | | $0.00 | Not Allowed | $0.00 | | | |
| K0501 | M | AEROSOL COMPRESSOR BATTERY POWERED FOR USE W/SM. VOL. NEBU | | | $0.00 | Not Allowed | $0.00 | | | |
| K0503 | M | ACETYLCYSTEINE UNIT DOSE FORM PER GRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0504 | M | ALBUTEROL CONCENTRATED FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0505 | M | ALBUTEROL UNIT DOSE FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0506 | M | ATROPINE CONCENTRATED FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0507 | M | ATROPINE UNIT DOSE FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0508 | M | BITOLTEROL MESYLATE CONCENTRATED FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0509 | M | BITOLTEROL MESYLATE UNIT DOSE FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0511 | M | CROMOLYN SODIUM UNIT DOSE FORM PER 10 MILLIGRAMS | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| K0512 | M | DEXAMETHASONE CONCENTRATED FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0513 | M | DEXAMETHASONE UNIT DOSE FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0514 | M | DORNASE ALPHA UNIT DOSE FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0515 | M | GLYCOPYRROLATE CONCENTRATED FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0516 | M | GLYCOPYRROLATE UNIT DOSE FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0518 | M | IPRATROPIUM BROMIDE UNIT DOSE FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0519 | M | ISOETHARINE HCL CONCENTRATED FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0520 | M | ISOETHARINE HCL UNIT DOSE FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0521 | M | ISOPROTERENOL HCL CONCENTRATED FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0522 | M | ISOPROTERENOL HCL UNIT DOSE FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0523 | M | METAPROTERENOL SULFATE CONCENTRATED FORM PER 10 MILLIGRAMS | | | $0.00 | Not Allowed | $0.00 | | | |
| K0524 | M | 3ETAPROTERENOL SULFATE UNIT DOSE FORM PER 10 MILLIGRAMS | | | $0.00 | Not Allowed | $0.00 | | | |
| K0525 | M | TERBUTALINE SULFATE CONCENTRATED FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0526 | M | TERBUTALINE SULFATE UNIT DOSE FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0527 | M | TRIAMCINOLONE CONCENTRATED FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0528 | M | TRIAMCINOLONE UNIT DOSE FORM PER MILLIGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| K0529 | M | STERILE WATER OR STERILE SALINE 1000 ML USED W/LG VOL NEBU | | | $0.00 | Not Allowed | $0.00 | | | |
| K0530 | M | NEBULIZER BOTTLE TYPE NOT USED WITH OXYGEN | | | $0.00 | Not Allowed | $0.00 | | | |
| K0552 | M | SUPPY/EXT INF PUMP SYR TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| K0601 | M | REPL BATT SILVER OXIDE 1.5V | | | $0.00 | Not Allowed | $0.00 | | | |
| K0602 | M | REPL BATT SILVER OXIDE 3 V | | | $0.00 | Not Allowed | $0.00 | | | |
| K0603 | M | REPL BATT ALKALINE 1.5 V | | | $0.00 | Not Allowed | $0.00 | | | |
| K0604 | M | REPL BATT LITHIUM 3.6 V | | | $0.00 | Not Allowed | $0.00 | | | |
| K0605 | M | REPL BATT LITHIUM 4.5 V | | | $0.00 | Not Allowed | $0.00 | | | |
| K0606 | M | AED GARMENT W ELEC ANALYSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| K0607 | M | REPL BATT FOR AED | | | $0.00 | Not Allowed | $0.00 | | | |
| K0608 | M | REPL GARMENT FOR AED | | | $0.00 | Not Allowed | $0.00 | | | |
| K0609 | M | REPL ELECTRODE FOR AED | | | $0.00 | Not Allowed | $0.00 | | | |
| K0669 | M | SEAT/BACK CUS NO SADMERC VER | | | $0.00 | Not Allowed | $0.00 | | | |
| K0730 | E | CTRL DOSE INH DRUG DELIV SYS | | | $0.00 | Not Allowed | $0.00 | | | |
| K0733 | M | 12-24HR SEALED LEAD ACID | | | $0.00 | Not Allowed | $0.00 | | | |
| K0734 | M | ADJ SKIN PRO W/C CUS WD<22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| K0735 | M | ADJ SKIN PRO WC CUS WD>=22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| K0736 | M | ADJ SKIN PRO/POS WC CUS<22IN | | | $0.00 | Not Allowed | $0.00 | | | |
| K0737 | M | ADJ SKIN PRO/POS WC CUS>=22" | | | $0.00 | Not Allowed | $0.00 | | | |
| K0738 | M | PORTABLE GAS OXYGEN SYSTEM | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0800 | M | POV GROUP 1 STD UP TO 300 LBS | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0801 | M | POV GROUP 1 HD 301-450 LBS | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0802 | M | POV GROUP 1 VHD 451-600 LBS | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0806 | M | POV GROUP 2 STD UP TO 300LBS | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0807 | M | POV GROUP 2 HD 301-450 LBS | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0808 | M | POV GROUP 2 VHD 451-600 LBS | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0812 | M | POWER OPERATED VEHICLE NOC | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0813 | M | PWC GP 1 STD PORT SEAT/BACK | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0814 | M | PWC GP 1 STD PORT CAP CHAIR | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0815 | M | PWC GP 1 STD SEAT/BACK | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0816 | M | PWC GP 1 STD CAP CHAIR | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0820 | M | PWC GP 2 STD PORT SEAT/BACK | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0821 | M | PWC GP 2 STD PORT CAP CHAIR | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0822 | M | PWC GP 2 STD SEAT/BACK | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0823 | M | PWC GP 2 STD CAP CHAIR | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0824 | M | PWC GP 2 HD SEAT/BACK | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0825 | M | PWC GP 2 HD CAP CHAIR | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0826 | M | PWC GP2 VHD SEAT/BACK | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0827 | M | PWC GP 2 VHD CAP CHAIR | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0828 | M | PWC GP 2 XTRA HD SEAT/BACK | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0829 | M | PWC GP 2 XTRA HD CAP CHAIR | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0830 | M | PWC GP2 STD SEAT ELEVATE S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0831 | M | PWC GP2 STD SEAT ELEVATE CAP | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0835 | M | PWC GP2 STD SING POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0836 | M | PWC GP2 STD SING POW OPT CAP | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0837 | M | PWC GP 2 HD SING POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0838 | M | PWC GP 2 HD SING POW OPT CAP | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0839 | M | PWC GP2 VHD SING POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0840 | M | PWC GP2 XHD SING POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0841 | M | PWC GP2 STD MULT POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0842 | M | PWC GP2 STD MULT POW OPT CAP | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0843 | M | PWC GP2 HD MULT POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0848 | M | PWC GP 3 STD SEAT/BACK | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0849 | M | PWC GP 3 STD CAP CHAIR | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0850 | M | PWC GP 3 HD SEAT/BACK | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0851 | M | PWC GP 3 HD CAP CHAIR | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0852 | M | PWC GP 3 VHD SEAT/BACK | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0853 | M | PWC GP 3 VHD CAP CHAIR | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0854 | M | PWC GP 3 XHD SEAT/BACK | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| K0855 | M | PWC GP 3 XHD CAP CHAIR | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0856 | M | PWC GP3 STD SING POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0857 | M | PWC GP3 STD SING POW OPT CAP | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0858 | M | PWC GP3 HD SING POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0859 | M | PWC GP3 HD SING POW OPT CAP | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0860 | M | PWC GP3 VHD SING POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0861 | M | PWC GP3 STD MULT POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0862 | M | PWC GP3 HD MULT POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0863 | M | PWC GP3 VHD MULT POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0864 | M | PWC GP3 XHD MULT POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0868 | M | PWC GP 4 STD SEAT/BACK | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0869 | M | PWC GP 4 STD CAP CHAIR | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0870 | M | PWC GP 4 HD SEAT/BACK | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0871 | M | PWC GP 4 VHD SEAT/BACK | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0877 | M | PWC GP4 STD SING POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0878 | M | PWC GP4 STD SING POW OPT CAP | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0879 | M | PWC GP4 HD SING POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0880 | M | PWC GP4 VHD SING POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0884 | M | PWC GP4 STD MULT POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0885 | M | PWC GP4 STD MULT POW OPT CAP | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0886 | M | PWC GP4 HD MULT POW S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0890 | M | PWC GP5 PED SING POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0891 | M | PWC GP5 PED MULT POW OPT S/B | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0898 | M | POWER WHEELCHAIR NOC | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| K0899 | M | POW MOBILITY DEV NO SADMERC | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| L0100 | M | CERVICAL CRANIOSTENOSIS HELMET MOLDED TO PATIENT MODEL | | 0.0000 | $0.00 | Not Allowed | $0.00 | | | |
| L0110 | M | CRANIAL ORTHOSIS/HELMET NONM | | | $0.00 | Not Allowed | $0.00 | | | |
| L0112 | M | CRANIAL CERVICAL ORTHOSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| L0120 | M | CERVICAL FLEXIBLE NON-ADJUSTABLE (FOAM COLLAR) | | | $0.00 | Fee Schedule | $19.97 | | | |
| L0130 | M | CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO PATIENT | | | $0.00 | Not Allowed | $0.00 | | | |
| L0140 | M | CERVICAL SEMI-RIGID ADJUSTABLE (PLASTIC COLLAR) | | | $0.00 | Fee Schedule | $54.41 | | | |
| L0150 | M | CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP (PLASTIC CO | | | $0.00 | Fee Schedule | $81.35 | | | |
| L0160 | M | CERVICAL SEMI-RIGID WIRE FRAME OCCIPITAL/MANDIB. SUPPORT | | | $0.00 | Not Allowed | $0.00 | | | |
| L0170 | M | CERVICAL COLLAR MOLDED TO PATIENT MODEL | | | $0.00 | Not Allowed | $0.00 | | | |
| L0172 | M | CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE | | | $0.00 | Fee Schedule | $99.28 | | | |
| L0174 | M | CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE | | | $0.00 | Not Allowed | $0.00 | | | |
| L0180 | M | CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS | | | $0.00 | Fee Schedule | $278.92 | | | |
| L0190 | M | CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS | | | $0.00 | Not Allowed | $0.00 | | | |
| L0200 | M | CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS | | | $0.00 | Not Allowed | $0.00 | | | |
| L0210 | M | THORACIC RIB BELT | | | $0.00 | Fee Schedule | $33.33 | | | |
| L0220 | M | THORACIC RIB BELT CUSTOM FABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L0430 | E | DEWALL POSTURE PROTECTOR | | | $0.00 | Not Allowed | $0.00 | | | |
| L0450 | M | TLSO FLEX PREFAB THORACIC | | | $0.00 | Fee Schedule | $130.83 | | | |
| L0452 | M | TLSO FLEX CUSTOM FAB THORACI | | | $0.00 | Not Allowed | $0.00 | | | |
| L0454 | M | TLSO FLEX PREFAB SACROCOC-T9 | | | $0.00 | Fee Schedule | $282.27 | | | |
| L0456 | M | TLSO FLEX PREFAB | | | $0.00 | Fee Schedule | $809.47 | | | |
| L0458 | M | TLSO 2MOD SYMPHIS-XIPHO PRE | | | $0.00 | Fee Schedule | $725.85 | | | |
| L0460 | M | TLSO2MOD SYMPHYSIS-STERN PRE | | | $0.00 | Fee Schedule | $817.01 | | | |
| L0462 | M | TLSO 3MOD SACRO-SCAP PRE | | | $0.00 | Fee Schedule | $1,016.20 | | | |
| L0464 | M | TLSO 4MOD SACRO-SCAP PRE | | | $0.00 | Fee Schedule | $1,209.77 | | | |
| L0466 | M | TLSO RIGID FRAME PRE SOFT AP | | | $0.00 | Fee Schedule | $293.85 | | | |
| L0468 | M | TLSO RIGID FRAME PREFAB PELV | | | $0.00 | Fee Schedule | $345.05 | | | |
| L0470 | M | TLSO RIGID FRAME PRE SUBCLAV | | | $0.00 | Fee Schedule | $479.92 | | | |
| L0472 | M | TLSO RIGID FRAME HYPEREX PRE | | | $0.00 | Fee Schedule | $304.37 | | | |
| L0474 | M | TLSO RIGID FRAME HYPEREX PRE | | | $0.00 | Not Allowed | $0.00 | | | |
| L0480 | M | TLSO RIGID PLASTIC CUSTOM FA | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L0482 | M | TLSO RIGID LINED CUSTOM FAB | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L0484 | M | TLSO RIGID PLASTIC CUST FAB | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L0486 | M | TLSO RIGIDLINED CUST FAB TWO | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L0488 | M | TLSO RIGID LINED PRE ONE PIE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L0490 | M | TLSO RIGID PLASTIC PRE ONE | | | $0.00 | Not Allowed | $0.00 | | | |
| L0491 | M | TLSO 2 PIECE RIGID SHELL | | | $0.00 | Not Allowed | $0.00 | | | |
| L0492 | M | TLSO 3 PIECE RIGID SHELL | | | $0.00 | Not Allowed | $0.00 | | | |
| L0621 | M | SIO FLEX PELVISACRAL PREFAB | | | $0.00 | Not Allowed | $0.00 | | | |
| L0622 | M | SIO FLEX PELVISACRAL CUSTOM | | | $0.00 | Not Allowed | $0.00 | | | |
| L0623 | M | SIO PANEL PREFAB | | | $0.00 | Not Allowed | $0.00 | | | |
| L0624 | M | SIO PANEL CUSTOM | | | $0.00 | Not Allowed | $0.00 | | | |
| L0625 | M | LO FLEXIBL L1-BELOW L5 PRE | | | $0.00 | Not Allowed | $0.00 | | | |
| L0626 | M | LO SAG STAYS/PANELS PRE-FAB | | | $0.00 | Not Allowed | $0.00 | | | |
| L0627 | M | LO SAGITT RIGID PANEL PREFAB | | | $0.00 | Not Allowed | $0.00 | | | |
| L0628 | M | LO FLEX W/O RIGID STAYS PRE | | | $0.00 | Not Allowed | $0.00 | | | |
| L0629 | M | LSO FLEX W/RIGID STAYS CUST | | | $0.00 | Not Allowed | $0.00 | | | |
| L0630 | M | LSO POST RIGID PANEL PRE | | | $0.00 | Not Allowed | $0.00 | | | |
| L0631 | M | LSO SAG-CORO RIGID FRAME PRE | | | $0.00 | Not Allowed | $0.00 | | | |
| L0632 | M | LSO SAG RIGID FRAME CUST | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L0633 | M | LSO FLEXION CONTROL PREFAB | | | $0.00 | Not Allowed | $0.00 | | | |
| L0634 | M | LSO FLEXION CONTROL CUSTOM | | | $0.00 | Not Allowed | $0.00 | | | |
| L0635 | M | LSO SAGIT RIGID PANEL PREFAB | | | $0.00 | Not Allowed | $0.00 | | | |
| L0636 | M | LSO SAGITTAL RIGID PANEL CUS | | | $0.00 | Not Allowed | $0.00 | | | |
| L0637 | M | LSO SAG-CORONAL PANEL PREFAB | | | $0.00 | Not Allowed | $0.00 | | | |
| L0638 | M | LSO SAG-CORONAL PANEL CUSTOM | | | $0.00 | Not Allowed | $0.00 | | | |
| L0639 | M | LSO S/C SHELL/PANEL PREFAB | | | $0.00 | Not Allowed | $0.00 | | | |
| L0640 | M | LSO S/C SHELL/PANEL CUSTOM | | | $0.00 | Not Allowed | $0.00 | | | |
| L0700 | M | CTLSO ANT.-POST.-LAT. CONTROL MOLDED TO PATIENT MODEL | | | $0.00 | Not Allowed | $0.00 | | | |
| L0710 | M | CTLSO ANT.-POST.-LAT. CTRL. MOLDED TO PT. MODEL W/INTERFACE | | | $0.00 | Not Allowed | $0.00 | | | |
| L0810 | M | HALO PROCEDURE CERVICAL HALO INCORPORATED INTO JACKET VEST | | | $0.00 | Not Allowed | $0.00 | | | |
| L0820 | M | HALO PROCEDURE CERV. HALO INCORP. INTO PLASTER BODY JACKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L0830 | M | HALO PROCEDURE CERV. HALO INCORP. INTO MILWAUKEE ORTHOSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| L0859 | M | MRI COMPATIBLE SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| L0861 | M | HALO REPL LINER/INTERFACE | | | $0.00 | Not Allowed | $0.00 | | | |
| L0960 | M | TORSO SUPPORT POSTSURGICAL SUPPORT PADS FOR SUPPORT | | | $0.00 | Not Allowed | $0.00 | | | |
| L0970 | M | TLSO CORSET FRONT | | | $0.00 | Not Allowed | $0.00 | | | |
| L0972 | M | LSO CORSET FRONT | | | $0.00 | Not Allowed | $0.00 | | | |
| L0974 | M | TLSO FULL CORSET | | | $0.00 | Not Allowed | $0.00 | | | |
| L0976 | M | LSO FULL CORSET | | | $0.00 | Not Allowed | $0.00 | | | |
| L0978 | M | AXILLARY CRUTCH EXTENSION | | | $0.00 | Not Allowed | $0.00 | | | |
| L0980 | M | PERONEAL STRAPS PAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| L0982 | M | STOCKING SUPPORTER GRIPS SET OF FOUR (4) | | | $0.00 | Not Allowed | $0.00 | | | |
| L0984 | M | PROTECTIVE BODY SOCK EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L0999 | M | ADDITION TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED | | | $0.00 | Not Allowed | $0.00 | | | |
| L1000 | M | CTLSO (MILWAUKEE) INCLUS. OF INITIAL ORTHOSIS INCL. MODEL | | | $0.00 | Not Allowed | $0.00 | | | |
| L1005 | M | TENSION BASED SCOLIOSIS ORTH | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L1010 | M | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS AXILLA SLING | | | $0.00 | Not Allowed | $0.00 | | | |
| L1020 | M | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| L1025 | M | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPH. PAD FLOATING | | | $0.00 | Not Allowed | $0.00 | | | |
| L1030 | M | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR BOLSTER PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| L1040 | M | ADD'N TO CTLSO OR SCOLIOSIS ORTHO. LUMBAR OR LUMBAR RIB PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| L1050 | M | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS STERNAL PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| L1060 | M | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS THORACIC PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| L1070 | M | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS TRAPEZIUS SLING | | | $0.00 | Not Allowed | $0.00 | | | |
| L1080 | M | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER | | | $0.00 | Not Allowed | $0.00 | | | |
| L1085 | M | ADD'N TO CTLSO OR SCOLIOSIS ORTHO. OUTRIGGER BILAT. W/EXTE | | | $0.00 | Not Allowed | $0.00 | | | |
| L1090 | M | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR SLING | | | $0.00 | Not Allowed | $0.00 | | | |
| L1100 | M | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE | | | $0.00 | Not Allowed | $0.00 | | | |
| L1110 | M | ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE MOLDED | | | $0.00 | Not Allowed | $0.00 | | | |
| L1120 | M | ADD'N TO CTLSO SCOLIOSIS ORTHO. COVER FOR UPRIGHT EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L1200 | M | TLSO INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY | | | $0.00 | Not Allowed | $0.00 | | | |
| L1210 | M | ADDITION TO TLSO (LOW PROFILE) LATERAL THORACIC EXTENSION | | | $0.00 | Not Allowed | $0.00 | | | |
| L1220 | M | ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC EXTENSION | | | $0.00 | Not Allowed | $0.00 | | | |
| L1230 | M | ADDITION TO TLSO (LOW PROFILE) MILWAUKEE TYPE SUPERSTRUC. | | | $0.00 | Not Allowed | $0.00 | | | |
| L1240 | M | ADDITION TO TLSO (LOW PROFILE) LUMBAR DEROTATION PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| L1250 | M | ADDITION TO TLSO (LOW PROFILE) ANTERIOR ASIS PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| L1260 | M | ADDITION TO TLSO (LOW PROFILE) ANT. THOR. DEROTATION PAD | | | $0.00 | Fee Schedule | $56.95 | | | |
| L1270 | M | ADDITION TO TLSO (LOW PROFILE) ABDOMINAL PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| L1280 | M | ADDITION TO TLSO (LOW PROFILE) RIB GUSSET (ELASTIC) EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L1290 | M | ADDITION TO TLSO (LOW PROFILE) LATERAL TROCHANTERIC PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| L1300 | M | OTHER SCOLIOSIS PROCEDURE BODY JACKET MOLDED TO PATIENT | | | $0.00 | Not Allowed | $0.00 | | | |
| L1310 | M | OTHER SCOLIOSIS PROCEDURE POSTOPERATIVE BODY JACKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L1499 | M | SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED | | | $0.00 | Not Allowed | $0.00 | | | |
| L1500 | M | THKAO MOBILITY FRAME (NEWINGTON PARAPODIUM TYPES) | | | $0.00 | Not Allowed | $0.00 | | | |
| L1510 | M | THKAO STANDING FRAME | | | $0.00 | Not Allowed | $0.00 | | | |
| L1520 | M | THKAO SWIVEL WALKER | | | $0.00 | Not Allowed | $0.00 | | | |
| L1600 | M | HO ABDUCTION CONTROL OF HIP JOINTS FLEX. FREJKA TYPE W/COV | | | $0.00 | Not Allowed | $0.00 | | | |
| L1610 | M | HO ABDUCTION CONTROL OF HIP JOINTS FLEX.(FREJKA COVER ONLY) | | | $0.00 | Not Allowed | $0.00 | | | |
| L1620 | M | HO ABDUCTION CONTROL OF HIP JOINTS FLEX. (PAVLIK HARNESS) | | | $0.00 | Fee Schedule | $100.86 | | | |
| L1630 | M | HO ABDUCTION CONTROL OF HIP JOINTS SEMI-FLEX. (VON ROSEN) | | | $0.00 | Not Allowed | $0.00 | | | |
| L1640 | M | HO ABDUCTION CONTROL OF HIP JOINTS STATIC PELVIC | | | $0.00 | Not Allowed | $0.00 | | | |
| L1650 | M | HO ABDUCTION CONTROL OF HIP JOINTS STATIC ADJUSTABLE | | | $0.00 | Not Allowed | $0.00 | | | |
| L1652 | M | HO BI THIGHCUFFS W SPRDR BAR | | | $0.00 | Fee Schedule | $290.13 | | | |
| L1660 | M | HO ABDUCTION CONTROL OF HIP JOINTS STATIC PLASTIC | | | $0.00 | Fee Schedule | $128.82 | | | |
| L1680 | M | HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC PELVIC | | | $0.00 | Not Allowed | $0.00 | | | |
| L1685 | M | HO ABDUC. CTRL. OF HIP JOINT POSTOP HIP ABDUC. CUSTOM FAB | | | $0.00 | Not Allowed | $0.00 | | | |
| L1686 | M | HO ABDUCTION CONTROL OF HIP JOINT POSTOP HIP ABDUC. TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| L1690 | M | COMBO BILAT/L-S/HIP/FEMUR ORTHOSIS ADDUC/INT ROTATION CTRL | | | $0.00 | Not Allowed | $0.00 | | | |
| L1700 | M | LEGG PERTHES ORTHOSIS (TORONTO TYPE) CUSTOM-FABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L1710 | M | LEGG PERTHES ORTHOSIS (NEWINGTON TYPE) CUSTOM-FABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L1720 | M | LEGG PERTHES ORTHOSIS TRILATERAL (TACHDIJAN TYPE) CUSTOM | | | $0.00 | Not Allowed | $0.00 | | | |
| L1730 | M | LEGG PERTHES ORTHOSIS (SCOTTISH RITE TYPE) CUSTOM FABRICA | | | $0.00 | Not Allowed | $0.00 | | | |
| L1755 | M | LEGG PERTHES ORTHOSIS (PATTEN BOTTOM TYPE) CUSTOM-FABRICA | | | $0.00 | Not Allowed | $0.00 | | | |
| L1800 | M | KNEE ORTHOSIS (KO) ELASTIC WITH STAYS PREFAB W/ FITTING | | | $0.00 | Fee Schedule | $50.07 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L1810 | M | KO ELASTIC WITH JOINTS PREFABRICATED INCL FITTING/ADJUST | | | $0.00 | Fee Schedule | $76.00 | | | |
| L1815 | M | KO ELASTIC OR OTHER ELASTIC TYPE MAT. W/CONDYLAR PAD(S) | | | $0.00 | Fee Schedule | $72.92 | | | |
| L1820 | M | KO ELASTIC WITH CONDYLAR PADS AND JOINTS PREFABRICATED | | | $0.00 | Fee Schedule | $106.74 | | | |
| L1825 | M | KO ELASTIC KNEE CAP PREFABRICATED INCL FIT AND ADJUST | | | $0.00 | Fee Schedule | $41.39 | | | |
| L1830 | M | KO IMMOBILIZER CANVAS LONGITUDINAL PREFAB INCL FITTING | | | $0.00 | Fee Schedule | $69.54 | | | |
| L1831 | M | KNEE ORTH POS LOCKING JOINT | | | $0.00 | Not Allowed | $0.00 | | | |
| L1832 | M | KO ADJ JNT POS RIGID SUPPORT | | | $0.00 | Fee Schedule | $457.65 | | | |
| L1834 | M | KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L1836 | M | RIGID KO WO JOINTS | | | $0.00 | Fee Schedule | $108.61 | | | |
| L1840 | M | KO DEROTATION MED.-LAT. AC LIGAMENT CUSTOM FABRICATED | | | $0.00 | Fee Schedule | $692.14 | | | |
| L1843 | M | KO SINGLE UPRIGHT CUSTOM FIT | | | $0.00 | Not Allowed | $0.00 | | | |
| L1844 | M | KO W/ADJ JT ROT CNTRL MOLDED | | | $0.00 | Not Allowed | $0.00 | | | |
| L1845 | M | KO W/ ADJ FLEX/EXT ROTAT CUS | | | $0.00 | Not Allowed | $0.00 | | | |
| L1846 | M | KO W ADJ FLEX/EXT ROTAT MOLD | | | $0.00 | Fee Schedule | $799.20 | | | |
| L1847 | M | KNEE ORTHOSIS DOUBLE UPRIGHT W/ADJ JOINT INFL. AIR CHAMBER | | | $0.00 | Not Allowed | $0.00 | | | |
| L1850 | M | KO SWEDISH TYPE PREFABRICATED INCL FITTING AND ADJUSTMNT | | | $0.00 | Fee Schedule | $246.75 | | | |
| L1855 | M | KO MOLDED PLASTIC THIGH AND CALF SECTIONS CUSTOM-FAB | | | $0.00 | Not Allowed | $0.00 | | | |
| L1858 | M | KO MOLDED PLASTIC POLYCENTRIC KNEE JTS. PNEUMATIC KNEE PAD | | | $0.00 | Fee Schedule | $996.41 | | | |
| L1860 | M | KO MODIF. OF SUPRACONDYLAR PROSTHETIC SOCKET CUSTOM FABR | | | $0.00 | Not Allowed | $0.00 | | | |
| L1870 | M | KO DBL.UPRIGHT THIGH & CALF LACERS CUSTOM FABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L1880 | M | KO DBL. UPRIGHT NON-MOLDED THIGH&CALF CUFFS/LACERS W/KNEE JT | | | $0.00 | Not Allowed | $0.00 | | | |
| L1900 | M | AFO SPRING WIRE DORSIFLEXION ASSIST CALF BAND CUSTOM FAB | | | $0.00 | Not Allowed | $0.00 | | | |
| L1901 | M | PREFAB ANKLE ORTHOSIS | | | $0.00 | Fee Schedule | $14.38 | | | |
| L1902 | M | AFO ANKLE GAUNTLET PREFABRICATED INCL FIT AND ADJUST | | | $0.00 | Fee Schedule | $60.09 | | | |
| L1904 | M | AFO MOLDED ANKLE GAUNTLET CUSTOM FABRICATED | | | $0.00 | Fee Schedule | $353.98 | | | |
| L1906 | M | AFO MULTILIGAMENTUS ANKLE SUPPORT PREFAB INCL FIT & ADJU | | | $0.00 | Fee Schedule | $120.70 | | | |
| L1907 | M | AFO SUPRAMALLEOLAR CUSTOM | | | $0.00 | Not Allowed | $0.00 | | | |
| L1910 | M | AFO POSTERIOR SINGLE BAR CLASP ATTACHMENT TO SHOE COUNTER | | | $0.00 | Not Allowed | $0.00 | | | |
| L1920 | M | AFO SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP CUSTOM | | | $0.00 | Fee Schedule | $330.98 | | | |
| L1930 | M | AFO PLASTIC | | | $0.00 | Fee Schedule | $194.36 | | | |
| L1932 | M | AFO RIG ANT TIB PREFAB TCF/= | | | $0.00 | Not Allowed | $0.00 | | | |
| L1940 | M | AFO MOLDED TO PATIENT MODEL PLASTIC CUSTOM FABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L1945 | M | AFO PLASTIC RIGID ANTERIOR TIBIAL SEC CUSTOM FABRICATED | | | $0.00 | Fee Schedule | $716.99 | | | |
| L1950 | M | AFO SPIRAL MOLDED TO PT PLAS | | | $0.00 | Not Allowed | $0.00 | | | |
| L1951 | M | AFO SPIRAL PREFABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L1960 | M | AFO POSTERIOR SOLID ANKLE PLASTIC CUSTOM FABRICATED | | | $0.00 | Fee Schedule | $417.24 | | | |
| L1970 | M | AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L1971 | M | AFO W/ANKLE JOINT PREFAB | | | $0.00 | Not Allowed | $0.00 | | | |
| L1980 | M | AFO SNGL. UPRIGHT FREE PLANTAR DORSIFLEX. (SNGL BAR "BK") | | | $0.00 | Not Allowed | $0.00 | | | |
| L1990 | M | AFO DBL. UPRIGHT FREE PLANTAR DORSIFLEX. (DBL. BAR "BK") | | | $0.00 | Fee Schedule | $335.54 | | | |
| L2000 | M | KAFO SINGLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM FAB | | | $0.00 | Fee Schedule | $791.06 | | | |
| L2005 | M | KAFO SNG/DBL MECHANICAL ACT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2010 | M | KAFO SINGLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JOINT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2020 | M | KAFO DOUBLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM FAB | | | $0.00 | Fee Schedule | $878.96 | | | |
| L2030 | M | KAFO DOUBLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JOINT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2034 | M | KAFO PLA SIN UP W/WO K/A CUS | | | $0.00 | Not Allowed | $0.00 | | | |
| L2035 | M | KAFO FULL PLASTIC STATIC PREFABRICATED (PEDIATRIC SIZE) | | | $0.00 | Not Allowed | $0.00 | | | |
| L2036 | M | KAFO PLAS DOUB FREE KNEE MOL | | | $0.00 | Not Allowed | $0.00 | | | |
| L2037 | M | KAFO PLAS SING FREE KNEE MOL | | | $0.00 | Not Allowed | $0.00 | | | |
| L2038 | M | KAFO W/O JOINT MULTI-AXIS AN | | | $0.00 | Not Allowed | $0.00 | | | |
| L2040 | M | HKAFO TORSION CTRL. BILAT. ROTATION STRAPS PELVIC BAND/BELT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2050 | M | HKAFO TORSION CTRL. BILAT. TORSION CABLES HIP JT. PELVIC | | | $0.00 | Not Allowed | $0.00 | | | |
| L2060 | M | HKAFO TORSION CTRL. BILAT. TORSION CABLES BALL BEAR HIP JT. | | | $0.00 | Not Allowed | $0.00 | | | |
| L2070 | M | HKAFO TORSION CTRL. UNILAT. ROTATION STRAPS PELVIC BAND/BELT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2080 | M | HKAFO TORSION CTRL. UNILAT. TORSION CABLES HIP JT. PELVIC | | | $0.00 | Not Allowed | $0.00 | | | |
| L2090 | M | HKAFO TORSION CTRL. UNILAT. TORSION CABLES BALL BEAR HIP JT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2106 | M | AFO FX ORTHO. TIBIAL FX CAST ORTHOSIS THERMOPLAS CUSTOM | | | $0.00 | Fee Schedule | $511.81 | | | |
| L2108 | M | AFO FX ORTHOSIS TIBIAL FX CAST ORTHOSIS CUSTOM FABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L2112 | M | AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SOFT PREFABRICATED | | | $0.00 | Fee Schedule | $351.20 | | | |
| L2114 | M | AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SEMI-RIGID PREFAB | | | $0.00 | Fee Schedule | $440.51 | | | |
| L2116 | M | AFO FX ORTHOSIS TIBIAL FX ORTHOSIS RIGID PREFABRICATED | | | $0.00 | Fee Schedule | $535.89 | | | |
| L2126 | M | KAFO FX ORTHO. FEMORAL FX CAST ORTHO. THERMOPLASTIC CUSTOM | | | $0.00 | Not Allowed | $0.00 | | | |
| L2128 | M | KAFO FX ORTHO. FEMORAL FX CAST ORTHOSIS CUSTOM FABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L2132 | M | KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SOFT PREFABRIC | | | $0.00 | Not Allowed | $0.00 | | | |
| L2134 | M | KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SEMI-RIGID | | | $0.00 | Not Allowed | $0.00 | | | |
| L2136 | M | KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS RIGID PREFABRI | | | $0.00 | Not Allowed | $0.00 | | | |
| L2180 | M | ADD'N TO LOWER EXTREMITY FX ORTHOSIS PLASTIC SHOE INSERT | | | $0.00 | Fee Schedule | $114.79 | | | |
| L2182 | M | ADD'N TO LOWER EXTREMITY FX ORTHOSIS DROP LOCK KNEE JOINT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2184 | M | ADD'N TO LOWER EXTREMITY FX ORTHOSIS LMTD MOTION KNEE JOINT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2186 | M | ADD'N TO LOWER EXTREMITY FX ORTHOSIS ADJUS. MOTION KNEE JT. | | | $0.00 | Not Allowed | $0.00 | | | |
| L2188 | M | ADD'N TO LOWER EXTREMITY FX ORTHOSIS QUADRILATERAL BRIM | | | $0.00 | Not Allowed | $0.00 | | | |
| L2190 | M | ADD'N TO LOWER EXTREMITY FX ORTHOSIS WAIST BELT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2192 | M | ADD'N TO LOWER EXTREM. FX ORTHO. HIP JT./PELVIC BAND/THIGH | | | $0.00 | Not Allowed | $0.00 | | | |
| L2200 | M | ADD'N TO LOWER EXTREMITY LIMITED ANKLE MOTION EACH JOINT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2210 | M | ADD'N TO LOWER EXTREMITY DORSIFLEXION ASSIST EACH JOINT | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L2220 | M | ADD'N TO LOWER EXTREMITY DORSIFLEX/PLANTAR FLEX EACH JOINT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2230 | M | ADD'N TO LOWER EXTREM. SPLIT FLAT CALIPER STIRRUPS/PLATE AT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2232 | M | ROCKER BOTTOM CONTACT AFO | | | $0.00 | Not Allowed | $0.00 | | | |
| L2240 | M | ADD'N TO LOWER EXTREMITY ROUND CALIPER AND PLATE ATTACHMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2250 | M | ADD'N TO LOWER EXTREMITY FOOT PLATE MOLDED STIRRUP ATTACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L2260 | M | ADD'N TO LOWER EXTREMITY REINFORCED SOLID STIRRUP | | | $0.00 | Not Allowed | $0.00 | | | |
| L2265 | M | ADD'N TO LOWER EXTREMITY LONG TONGUE STIRRUP | | | $0.00 | Not Allowed | $0.00 | | | |
| L2270 | M | ADD'N TO LOWER EXTREMITY "T" STRAP PADDED/LINED OR MALLEOL | | | $0.00 | Fee Schedule | $44.39 | | | |
| L2275 | M | ADD'N TO LOWER EXTREMITY VARUS/VALGUS CORREC. PLASTIC MODIF | | | $0.00 | Fee Schedule | $112.14 | | | |
| L2280 | M | ADD'N TO LOWER EXTREMITY MOLDED INNER BOOT | | | $0.00 | Fee Schedule | $340.86 | | | |
| L2300 | M | ADD'N TO LOWER EXTREMITY ABDUC. BAR JOINTED ADJUSTABLE | | | $0.00 | Not Allowed | $0.00 | | | |
| L2310 | M | ADD'N TO LOWER EXTREMITY ABDUCTION BAR STRAIGHT | | | $0.00 | Fee Schedule | $100.50 | | | |
| L2320 | M | ADD'N TO LOWER EXTREMITY NONMOLDED LACER | | | $0.00 | Not Allowed | $0.00 | | | |
| L2330 | M | ADD'N TO LOWER EXTREMITY LACER MOLDED TO PATIENT MODEL | | | $0.00 | Not Allowed | $0.00 | | | |
| L2335 | M | ADD'N TO LOWER EXTREMITY ANTERIOR SWING BAND | | | $0.00 | Not Allowed | $0.00 | | | |
| L2340 | M | ADD'N TO LOWER EXTREMITY PRETIBIAL SHELL MOLDED TO PT. MOD | | | $0.00 | Fee Schedule | $336.43 | | | |
| L2350 | M | ADD'N TO LOWER EXTREMITY PROSTHETIC TYPE (BK) SOCKET MOLDED | | | $0.00 | Not Allowed | $0.00 | | | |
| L2360 | M | ADD'N TO LOWER EXTREMITY EXTENDED STEEL SHANK | | | $0.00 | Not Allowed | $0.00 | | | |
| L2370 | M | ADD'N TO LOWER EXTREMITY PATTEN BOTTOM | | | $0.00 | Not Allowed | $0.00 | | | |
| L2375 | M | ADD'N TO LOWER EXTREM. TORSION CTRL. ANKLE JT.& HALF SOLID | | | $0.00 | Not Allowed | $0.00 | | | |
| L2380 | M | ADD'N TO LOWER EXTREM. TORSION CTRL. STRAIGHT KNEE JT. EA JT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2385 | M | ADD'N TO LOWER EXTREM. STRAIGHT KNEE JT. HEAVY DUTY EA JT. | | | $0.00 | Not Allowed | $0.00 | | | |
| L2387 | M | ADD LE POLY KNEE CUSTOM KAFO | | | $0.00 | Not Allowed | $0.00 | | | |
| L2390 | M | ADD'N TO LOWER EXTREMITY OFFSET KNEE JOINT EACH JOINT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2395 | M | ADD'N TO LOWER EXTREMITY OFFSET KNEE JT. HEAVY DUTY EA JT. | | | $0.00 | Not Allowed | $0.00 | | | |
| L2397 | M | ADD'N TO LOWER EXTREMITY ORTHOSIS SUSPENSION SLEEVE | | | $0.00 | Not Allowed | $0.00 | | | |
| L2405 | M | KNEE JOINT DROP LOCK EA JNT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2415 | M | KNEE JOINT CAM LOCK EACH JOI | | | $0.00 | Not Allowed | $0.00 | | | |
| L2425 | M | ADD'N TO KNEE JT. DISC OR DIAL LOCK FOR ADJ. KNEE FLEX EA JT | | | $0.00 | Fee Schedule | $116.67 | | | |
| L2430 | M | ADD'N TO KNEE JOINT RATCHET LOCK FOR KNEE EXTENSION EA. JT. | | | $0.00 | Not Allowed | $0.00 | | | |
| L2492 | M | ADD'N TO KNEE JOINT LIFT LOOP FOR DROP LOCK RING | | | $0.00 | Not Allowed | $0.00 | | | |
| L2500 | M | ADD'N TO LOWER EXTREM. THIGH/WEIGHT BEARING GLUT/ISCH RING | | | $0.00 | Not Allowed | $0.00 | | | |
| L2510 | M | ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT BRIM MOLD | | | $0.00 | Not Allowed | $0.00 | | | |
| L2520 | M | ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT BRIM CUST | | | $0.00 | Not Allowed | $0.00 | | | |
| L2525 | M | ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BRIM MOLD | | | $0.00 | Not Allowed | $0.00 | | | |
| L2526 | M | ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BRIM CUST | | | $0.00 | Not Allowed | $0.00 | | | |
| L2530 | M | ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER NONMOLDED | | | $0.00 | Not Allowed | $0.00 | | | |
| L2540 | M | ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER MOLDED | | | $0.00 | Not Allowed | $0.00 | | | |
| L2550 | M | ADD'N TO LOWER EXTREM. THIGH/WT. BEARING HIGH ROLL CUFF | | | $0.00 | Not Allowed | $0.00 | | | |
| L2570 | M | ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT 2 POSITION EA. | | | $0.00 | Not Allowed | $0.00 | | | |
| L2580 | M | ADD'N TO LOWER EXTREMITY PELVIC CONTROL PELVIC SLING | | | $0.00 | Not Allowed | $0.00 | | | |
| L2600 | M | ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT FREE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L2610 | M | ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT LOCK EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L2620 | M | ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT HEAVY-DUTY EA. | | | $0.00 | Not Allowed | $0.00 | | | |
| L2622 | M | ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT ADJUS FLEX EA. | | | $0.00 | Not Allowed | $0.00 | | | |
| L2624 | M | ADD'N TO LOWER EXTREM. PELVIC CTRL. HIP JT ADJUS F/E/A EA. | | | $0.00 | Not Allowed | $0.00 | | | |
| L2627 | M | ADD'N TO LOWER EXTREM. PELVIC CONTROL PLASTIC MOLDED | | | $0.00 | Not Allowed | $0.00 | | | |
| L2628 | M | ADD'N TO LOWER EXTREM. PELVIC CONTROL METAL FRAME | | | $0.00 | Not Allowed | $0.00 | | | |
| L2630 | M | ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BELT UNILAT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2640 | M | ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BELT BILAT. | | | $0.00 | Not Allowed | $0.00 | | | |
| L2650 | M | ADD'N TO LOWER EXTREM. PELV.&THORACIC CTRL. GLUTEAL PAD EA. | | | $0.00 | Not Allowed | $0.00 | | | |
| L2660 | M | ADD'N TO LOWER EXTREM. THORACIC CONTROL THORACIC BAND | | | $0.00 | Not Allowed | $0.00 | | | |
| L2670 | M | ADD'N TO LOWER EXTREM. THORACIC CONTROL PARASPINAL UPRIGHTS | | | $0.00 | Not Allowed | $0.00 | | | |
| L2680 | M | ADD'N TO LOWER EXTREM. THORACIC CTRL. LATERAL SUPPORT UPRIG | | | $0.00 | Not Allowed | $0.00 | | | |
| L2750 | M | ADD'N TO LOWER EXTREM. ORTHO. PLATING CHROME/NICKEL PER BAR | | | $0.00 | Not Allowed | $0.00 | | | |
| L2755 | M | CARBON GRAPHITE LAMINATION | | | $0.00 | Not Allowed | $0.00 | | | |
| L2760 | M | ADD'N TO LOWER EXTREM. ORTHO. EXTENSION PER EXTEN. PER BAR | | | $0.00 | Not Allowed | $0.00 | | | |
| L2768 | M | ORTHO SIDEBAR DISCONNECT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2770 | M | ADD'N TO LOWER EXTREM. ORTHO. ANY MATERIAL PER BAR OR JOINT | | | $0.00 | Not Allowed | $0.00 | | | |
| L2780 | M | ADD'N TO LOWER EXTREM. ORTHO. NONCORROSIVE FINISH PER BAR | | | $0.00 | Not Allowed | $0.00 | | | |
| L2785 | M | ADD'N TO LOWER EXTREM. ORTHOSIS DROP LOCK RETAINER EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L2795 | M | ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL FULL KNEECAP | | | $0.00 | Fee Schedule | $63.96 | | | |
| L2800 | M | ADD'N TO LOWER EXTREM. ORTHO. KNEE CTRL. KNEECAP MED OR LAT | | | $0.00 | Fee Schedule | $88.06 | | | |
| L2810 | M | ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL CONDYLAR PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| L2820 | M | ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED BELOW KNEE | | | $0.00 | Fee Schedule | $87.16 | | | |
| L2830 | M | ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED ABOVE KNEE | | | $0.00 | Fee Schedule | $94.30 | | | |
| L2840 | M | ADD'N TO LOWER EXTREM. ORTHO. TIBIAL LENGTH SOCK FX OR = EA | | | $0.00 | Not Allowed | $0.00 | | | |
| L2850 | M | ADD'N TO LOWER EXTREM. ORTHO. FEM. LENGTH SOCK FX OR = EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L2860 | M | ADD'N TO LOWER EXTREM. JT./KNEE/ANKLE TORSION MECHANISM EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L2999 | M | LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED | | | $0.00 | Not Allowed | $0.00 | | | |
| L3000 | M | FOOT INSERT REMOVABLE MOLDED TO PT. MODEL "UCB" TYPE EACH | | | $0.00 | By Report | $0.00 | | | |
| L3001 | M | FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SPENCO EACH | | | $0.00 | By Report | $0.00 | | | |
| L3002 | M | FOOT INSERT REMOVABLE MOLDED TO PT. MODEL PLASTAZOTE EAC | | | $0.00 | Not Allowed | $0.00 | | | |
| L3003 | M | FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SILICONE GEL EA | | | $0.00 | Not Allowed | $0.00 | | | |
| L3010 | M | FOOT INSERT REMOVABLE MOLDED TO PT. MODEL ARCH SUPPORT EA | | | $0.00 | By Report | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L3020 | M | FOOT INSERT REMOVABLE MOLDED TO PT. MODEL MT SUPPORT EAC | | | $0.00 | By Report | $0.00 | | | |
| L3030 | M | FOOT INSERT REMOVABLE FORMED TO PATIENT FOOT EACH | | | $0.00 | By Report | $0.00 | | | |
| L3031 | M | FOOT LAMIN/PREPREG COMPOSITE | | | $0.00 | Not Allowed | $0.00 | | | |
| L3040 | M | FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUDINAL EACH | | | $0.00 | By Report | $0.00 | | | |
| L3050 | M | FOOT ARCH SUPPORT REMOVABLE PREMOLDED METATARSAL EACH | | | $0.00 | By Report | $0.00 | | | |
| L3060 | M | FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUD./METARS. EA | | | $0.00 | By Report | $0.00 | | | |
| L3070 | M | FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE LONGI. EAC | | | $0.00 | Not Allowed | $0.00 | | | |
| L3080 | M | FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE MT EACH | | | $0.00 | By Report | $0.00 | | | |
| L3090 | M | FOOT ARCH SUPPORT NONREMOV. ATTACHED TO SHOE LONG/MT EAC | | | $0.00 | Not Allowed | $0.00 | | | |
| L3100 | M | HALLUS-VALGUS NIGHT DYNAMIC SPLINT | | | $0.00 | By Report | $0.00 | | | |
| L3140 | M | FOOT ABDUCTION ROTATION BAR INCLUDING SHOES | | | $0.00 | Not Allowed | $0.00 | | | |
| L3150 | M | FOOT ABDUCTION ROTATION BAR WITHOUT SHOES | | | $0.00 | Not Allowed | $0.00 | | | |
| L3160 | M | FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| L3170 | M | FOOT PLASTIC HEEL STABILIZER | | | $0.00 | By Report | $0.00 | | | |
| L3201 | M | ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR INFANT | | | $0.00 | Not Allowed | $0.00 | | | |
| L3202 | M | ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR CHILD | | | $0.00 | Not Allowed | $0.00 | | | |
| L3203 | M | ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR JUNIOR | | | $0.00 | Not Allowed | $0.00 | | | |
| L3204 | M | ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR INFANT | | | $0.00 | Not Allowed | $0.00 | | | |
| L3206 | M | ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR CHILD | | | $0.00 | Not Allowed | $0.00 | | | |
| L3207 | M | ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR JUNIOR | | | $0.00 | Not Allowed | $0.00 | | | |
| L3208 | M | SURGICAL BOOT EACH INFANT | | | $0.00 | Not Allowed | $0.00 | | | |
| L3209 | M | SURGICAL BOOT EACH CHILD | | | $0.00 | Not Allowed | $0.00 | | | |
| L3211 | M | SURGICAL BOOT EACH JUNIOR | | | $0.00 | By Report | $0.00 | | | |
| L3212 | M | BENESCH BOOT PAIR INFANT | | | $0.00 | Not Allowed | $0.00 | | | |
| L3213 | M | BENESCH BOOT PAIR CHILD | | | $0.00 | Not Allowed | $0.00 | | | |
| L3214 | M | BENESCH BOOT PAIR JUNIOR | | | $0.00 | Not Allowed | $0.00 | | | |
| L3215 | M | ORTHOPEDIC FTWEAR LADIES OXF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3216 | M | ORTHOPED LADIES SHOES DPTH I | | | $0.00 | Not Allowed | $0.00 | | | |
| L3217 | M | LADIES SHOES HIGHTOP DEPTH I | | | $0.00 | Not Allowed | $0.00 | | | |
| L3219 | M | ORTHOPEDIC MENS SHOES OXFORD | | | $0.00 | Not Allowed | $0.00 | | | |
| L3221 | M | ORTHOPEDIC MENS SHOES DPTH I | | | $0.00 | Not Allowed | $0.00 | | | |
| L3222 | M | MENS SHOES HIGHTOP DEPTH INL | | | $0.00 | Not Allowed | $0.00 | | | |
| L3224 | M | ORTH FOOTWEAR WOMAN'S OXFORD SHOE AS INTEGRAL PART OF BRACE | | | $0.00 | Fee Schedule | $46.03 | | | |
| L3225 | M | ORTH FOOTWEAR MAN'S OXFORD SHOE AS INTEGRAL PART OF BRACE | | | $0.00 | Fee Schedule | $61.42 | | | |
| L3230 | M | CUSTOM SHOES DEPTH INLAY | | | $0.00 | Not Allowed | $0.00 | | | |
| L3250 | M | ORTHOPEDIC FOOTWEAR CUSTOM MOLDED SHOE EACH | | | $0.00 | By Report | $0.00 | | | |
| L3251 | M | FOOT SHOE MOLDED TO PATIENT MODEL SILICONE SHOE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L3252 | M | FOOT SHOE MOLDED TO PT. MODEL PLASTAZOTE CUSTOM FAB EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L3253 | M | FOOT MOLDED SHOE PLASTAZOTE(OR SIMILAR) CUSTOM FITTED EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L3254 | M | ORTHOPEDIC FOOTWEAR NONSTANDARD SIZE OR WIDTH | | | $0.00 | Not Allowed | $0.00 | | | |
| L3255 | M | ORTHOPEDIC FOOTWEAR NONSTANDARD SIZE OR LENGTH | | | $0.00 | Not Allowed | $0.00 | | | |
| L3257 | M | ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE FOR SPLIT SIZE | | | $0.00 | Not Allowed | $0.00 | | | |
| L3260 | M | AMBULATORY SURGICAL BOOT EAC | | | $0.00 | Not Allowed | $0.00 | | | |
| L3265 | M | PLASTAZOTE SANDAL EACH | | | $0.00 | By Report | $0.00 | | | |
| L3300 | M | LIFT ELEVATION HEEL TAPERED TO METATARSALS PER INCH | | | $0.00 | By Report | $0.00 | | | |
| L3310 | M | LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH | | | $0.00 | Not Allowed | $0.00 | | | |
| L3320 | M | LIFT ELEVATION HEEL AND SOLE CORK PER INCH | | | $0.00 | Not Allowed | $0.00 | | | |
| L3330 | M | LIFT ELEVATION METAL EXTENSION (SKATE) | | | $0.00 | Not Allowed | $0.00 | | | |
| L3332 | M | LIFT ELEVATION INSIDE SHOE TAPERED UP TO ONE-HALF INCH | | | $0.00 | By Report | $0.00 | | | |
| L3334 | M | LIFT ELEVATION HEEL PER INCH | | | $0.00 | Not Allowed | $0.00 | | | |
| L3340 | M | HEEL WEDGE SACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L3350 | M | HEEL WEDGE | | | $0.00 | By Report | $0.00 | | | |
| L3360 | M | SOLE WEDGE OUTSIDE SOLE | | | $0.00 | Not Allowed | $0.00 | | | |
| L3370 | M | SOLE WEDGE BETWEEN SOLE | | | $0.00 | Not Allowed | $0.00 | | | |
| L3380 | M | CLUBFOOT WEDGE | | | $0.00 | Not Allowed | $0.00 | | | |
| L3390 | M | OUTFLARE WEDGE | | | $0.00 | Not Allowed | $0.00 | | | |
| L3400 | M | METATARSAL BAR WEDGE ROCKER | | | $0.00 | Not Allowed | $0.00 | | | |
| L3410 | M | METATARSAL BAR WEDGE BETWEEN SOLE | | | $0.00 | Not Allowed | $0.00 | | | |
| L3420 | M | FULL SOLE AND HEEL WEDGE BETWEEN SOLE | | | $0.00 | By Report | $0.00 | | | |
| L3430 | M | HEEL COUNTER PLASTIC REINFORCED | | | $0.00 | Not Allowed | $0.00 | | | |
| L3440 | M | HEEL COUNTER LEATHER REINFORCED | | | $0.00 | Not Allowed | $0.00 | | | |
| L3450 | M | HEEL SACH CUSHION TYPE | | | $0.00 | By Report | $0.00 | | | |
| L3455 | M | HEEL NEW LEATHER STANDARD | | | $0.00 | Not Allowed | $0.00 | | | |
| L3460 | M | HEEL NEW RUBBER STANDARD | | | $0.00 | By Report | $0.00 | | | |
| L3465 | M | HEEL THOMAS WITH WEDGE | | | $0.00 | Not Allowed | $0.00 | | | |
| L3470 | M | HEEL THOMAS EXTENDED TO BALL | | | $0.00 | By Report | $0.00 | | | |
| L3480 | M | HEEL PAD AND DEPRESSION FOR SPUR | | | $0.00 | By Report | $0.00 | | | |
| L3485 | M | HEEL PAD REMOVABLE FOR SPUR | | | $0.00 | By Report | $0.00 | | | |
| L3500 | M | ORTHOPEDIC SHOE ADDITION INSOLE LEATHER | | | $0.00 | Not Allowed | $0.00 | | | |
| L3510 | M | ORTHOPEDIC SHOE ADDITION INSOLE RUBBER | | | $0.00 | Not Allowed | $0.00 | | | |
| L3520 | M | ORTHOPEDIC SHOE ADDITION INSOLE FELT COVERED WITH LEATHER | | | $0.00 | Not Allowed | $0.00 | | | |
| L3530 | M | ORTHOPEDIC SHOE ADDITION SOLE HALF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3540 | M | ORTHOPEDIC SHOE ADDITION SOLE FULL | | | $0.00 | Not Allowed | $0.00 | | | |
| L3550 | M | ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD | | | $0.00 | Not Allowed | $0.00 | | | |
| L3560 | M | ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L3570 | M | ORTHOPEDIC SHOE ADDITION SPECIAL EXTENSION TO INSTEP | | | $0.00 | Not Allowed | $0.00 | | | |
| L3580 | M | ORTHOPEDIC SHOE ADDITION CONVERT INSTEP TO VELCRO CLOSURE | | | $0.00 | Not Allowed | $0.00 | | | |
| L3590 | M | ORTHOPEDIC SHOE ADDITION CONVERT FIRM TO SOFT SHOE COUNTER | | | $0.00 | Not Allowed | $0.00 | | | |
| L3595 | M | ORTHOPEDIC SHOE ADDITION MARCH BAR | | | $0.00 | Not Allowed | $0.00 | | | |
| L3600 | M | TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE EXISTING | | | $0.00 | Not Allowed | $0.00 | | | |
| L3610 | M | TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE NEW | | | $0.00 | Not Allowed | $0.00 | | | |
| L3620 | M | TRANSFER ORTHOSIS TO ANOTHER SHOE SOLID STIRRUP EXISTING | | | $0.00 | Not Allowed | $0.00 | | | |
| L3630 | M | TRANSFER ORTHOSIS TO ANOTHER SHOE SOLIC STIRRUP NEW | | | $0.00 | Not Allowed | $0.00 | | | |
| L3640 | M | TRANS. ORTHO. TO ANOTHER SHOE DENNIS BROWNE SPLINT BOTH SH | | | $0.00 | Not Allowed | $0.00 | | | |
| L3649 | M | ORTHOPEDIC SHOE MODIFICATION ADDITION OR TRANSFER NOS | | | $0.00 | By Report | $0.00 | | | |
| L3650 | M | SO FIGURE EIGHT DESIGN ABDUCTION RESTRAINER PREFABRICATE | | | $0.00 | Fee Schedule | $43.68 | | | |
| L3651 | M | PREFAB SHOULDER ORTHOSIS | | | $0.00 | Fee Schedule | $48.78 | | | |
| L3652 | M | PREFAB DBL SHOULDER ORTHOSIS | | | $0.00 | Fee Schedule | $146.99 | | | |
| L3660 | M | SO FIGURE OF 8 DESIGN ABDUCTION RESTRAINER CANVAS & WEBBING | | | $0.00 | Fee Schedule | $98.81 | | | |
| L3670 | M | SO ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE) PREFAB | | | $0.00 | Fee Schedule | $83.30 | | | |
| L3671 | M | SO CAP DESIGN W/O JNTS CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3672 | M | SO AIRPLANE W/O JNTS CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3673 | M | SO AIRPLANE W/JOINT CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3675 | M | SO VEST TYPE ABDUCTION RESTRAINER CANVAS WEBBING TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| L3677 | M | SO HARD PLASTIC STABILIZER | | | $0.00 | Not Allowed | $0.00 | | | |
| L3700 | M | EO ELASTIC WITH STAYS PREFABRICATED INCL FIT AND ADJUST | | | $0.00 | Fee Schedule | $51.42 | | | |
| L3701 | M | PREFAB ELBOW ORTHOSIS | | | $0.00 | Fee Schedule | $15.09 | | | |
| L3702 | M | EO W/O JOINTS CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3710 | M | EO ELASTIC WITH METAL JOINTS PREFABRICATED | | | $0.00 | Fee Schedule | $91.06 | | | |
| L3720 | M | EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS FREE MOTION CUSTM | | | $0.00 | Fee Schedule | $481.80 | | | |
| L3730 | M | EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS EXT./FLEX ASSIST | | | $0.00 | Not Allowed | $0.00 | | | |
| L3740 | M | EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS ADJUSTABLE POS. LOCK | | | $0.00 | Fee Schedule | $787.25 | | | |
| L3760 | M | ELBOW ORTHOSIS ADJUSTABLE POSITIONLOCKING JOINT PREFABRI | | | $0.00 | Fee Schedule | $370.42 | | | |
| L3762 | M | RIGID EO WO JOINTS | | | $0.00 | Fee Schedule | $79.64 | | | |
| L3763 | M | EWHO RIGID W/O JNTS CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3764 | M | EWHO W/JOINT(S) CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3765 | M | EWHFO RIGID W/O JNTS CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3766 | M | EWHFO W/JOINT(S) CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3800 | M | WHFO SHORT OPPONENS NO ATTACHMENT CUSTOM FABRICATED | | | $0.00 | Fee Schedule | $196.39 | | | |
| L3805 | M | WHFO LONG OPPONENS NO ATTACHMENT CUSTOM FABRICATED | | | $0.00 | Fee Schedule | $278.39 | | | |
| L3807 | M | WHFO WITHOUT JOINT(S) PREFABRICATED INCL FIT AND ADJUST | | | $0.00 | Fee Schedule | $185.19 | | | |
| L3810 | M | WHFO ADD'N TO SHORT & LONG OPPONENS THUMB ABDUC. ("C") BAR | | | $0.00 | Fee Schedule | $63.65 | | | |
| L3815 | M | WHFO ADD'N TO SHORT & LONG OPPONENS 2ND M.P. ABDUC. ASSIST | | | $0.00 | Not Allowed | $0.00 | | | |
| L3820 | M | WHFO ADD'N TO SHORT & LONG OPPON. IP EXT.ASSIST W/ MP STOP | | | $0.00 | Not Allowed | $0.00 | | | |
| L3825 | M | WHFO ADD'N TO SHORT & LONG OPPONENS M.P. EXTENSION STOP | | | $0.00 | Not Allowed | $0.00 | | | |
| L3830 | M | WHFO ADD'N TO SHORT & LONG OPPONENS M.P. EXTENSION ASSIST | | | $0.00 | Not Allowed | $0.00 | | | |
| L3835 | M | WHFO ADD'N TO SHORT & LONG OPPONENS M.P. SPRING EXT. ASSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| L3840 | M | WHFO ADD'N TO SHORT & LONG OPPONENS SPRING SWIVEL THUMB | | | $0.00 | Not Allowed | $0.00 | | | |
| L3845 | M | WHFO ADD'N TO SHORT & LONG OPPON. THUMB IP EXT ASSIST W/MP | | | $0.00 | Not Allowed | $0.00 | | | |
| L3850 | M | WHO ADD'N TO SHORT & LONG OPPON. ACTION WRIST W/ DORSIFLEX | | | $0.00 | Not Allowed | $0.00 | | | |
| L3855 | M | WHFO ADD'N TO SHORT & LONG OPPON. ADJ. M.P. FLEXION CTRL. | | | $0.00 | Not Allowed | $0.00 | | | |
| L3860 | M | WHFO ADD'N TO SHORT & LONG OPPON. ADJ. M.P. FLEX CTRL & I.P. | | | $0.00 | Fee Schedule | $139.17 | | | |
| L3890 | M | ADD'N TO UPPER EXTREM. JT./WRIST/ELBOW TORSION MECHANISM EAC | | | $0.00 | Not Allowed | $0.00 | | | |
| L3900 | M | WHFO DYNAMIC FLEXOR HINGE WRIST OR FINGER DRIVEN CUSTOM | | | $0.00 | Not Allowed | $0.00 | | | |
| L3901 | M | WHFO DYNAMIC FLEXOR HINGE CABLE DRIVEN CUSTOM FABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L3902 | M | WHFO EXT POWER COMPRESS GAS | | | $0.00 | Not Allowed | $0.00 | | | |
| L3904 | M | WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L3905 | M | WHO W/NONTORSION JNT(S) CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3906 | M | WHO W/O JOINTS CF | | | $0.00 | Fee Schedule | $301.25 | | | |
| L3907 | M | WHFO WRIST GAUNTLET WITH THUMB SPICA CUSTOM FABRICATED | | | $0.00 | Fee Schedule | $374.18 | | | |
| L3908 | M | WHO WRIST EXTENSION CONTROL COCK-UP NON MOLDED PREFABRIC | | | $0.00 | Fee Schedule | $44.14 | | | |
| L3909 | M | PREFAB WRIST ORTHOSIS | | | $0.00 | Fee Schedule | $10.48 | | | |
| L3910 | M | WHFO SWANSON DESIGN PREFABRICATED INCL FIT AND ADJUST | | | $0.00 | Fee Schedule | $326.31 | | | |
| L3911 | M | PREFAB HAND FINGER ORTHOSIS | | | $0.00 | By Report | $0.00 | | | |
| L3912 | M | HFO FLEXION GLOVE WITH ELASTIC FINGER CONTROL PREFABRICATE | | | $0.00 | Not Allowed | $0.00 | | | |
| L3913 | M | HFO W/O JOINTS CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3914 | M | WHO WRIST EXTENSION COCK-UP PREFABRICATED INCL FIT & ADJS | | | $0.00 | Fee Schedule | $63.14 | | | |
| L3916 | M | WHFO WRIST EXTENSION COCK-UP WITH OUTRIGGER PREFABRICATED | | | $0.00 | Fee Schedule | $93.55 | | | |
| L3917 | M | PREFAB METACARPL FX ORTHOSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| L3918 | M | HFO KNUCKLE BENDER PREFABRICATED INCL FITTING & ADJUSTMNT | | | $0.00 | Not Allowed | $0.00 | | | |
| L3919 | M | HO W/O JOINTS CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3920 | M | HFO KNUCKLE BENDER WITH OUTRIGGER PREFABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L3921 | M | HFO W/JOINT(S) CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3922 | M | HFO KNUCKLE BENDER TWO SEGMENT TO FLEX JOINTS PREFABRICAT | | | $0.00 | Not Allowed | $0.00 | | | |
| L3923 | M | HFO W/O JOINTS PF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3924 | M | WHFO OPPENHEIMER PREFABRICATED INCLUDES FIT AND ADJUST | | | $0.00 | Fee Schedule | $78.54 | | | |
| L3926 | M | WHFO THOMAS SUSPENSION PREFABRICATED INCL FIT AND ADJUST | | | $0.00 | Not Allowed | $0.00 | | | |
| L3928 | M | HFO FINGER EXTENSION WITH CLOCK SPRING PREFABRICATED | | | $0.00 | Fee Schedule | $42.87 | | | |
| L3930 | M | WHFO FINGER EXTENSION WITH WRIST SUPPORT PREFABRICATED | | | $0.00 | Fee Schedule | $45.32 | | | |
| L3932 | M | FO SAFETY PIN SPRING WIRE PREFABRICATED INCL FIT & ADJUS | | | $0.00 | Fee Schedule | $34.62 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L3933 | M | FO W/O JOINTS CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3934 | M | FO SAFETY PIN MODIFIED PREFABRICATED INCL FIT & ADJUST | | | $0.00 | Fee Schedule | $35.49 | | | |
| L3935 | M | FO NONTORSION JOINT CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3936 | M | WHFO PALMER PREFABRICATED INCLUDES FITTING AND ADJUSTMENT | | | $0.00 | Fee Schedule | $65.61 | | | |
| L3938 | M | WHFO DORSAL WRIST PREFABRICATED INCLUDES FIT AND ADJUST | | | $0.00 | Fee Schedule | $68.71 | | | |
| L3940 | M | WHFO DORSAL WRIST WITH OUTRIGGER ATTACHMENT PREFABRICATED | | | $0.00 | Fee Schedule | $79.19 | | | |
| L3942 | M | HFO REVERSE KNUCKLE BENDER PREFABRICATED INCL FIT & ADJST | | | $0.00 | Fee Schedule | $58.72 | | | |
| L3944 | M | HFO REVERSE KNUCKLE BENDER WITH OUTRIGGER PREFABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L3946 | M | HFO COMPOSITE ELASTIC PREFABRICATED INCL FIT AND ADJUST | | | $0.00 | Fee Schedule | $65.28 | | | |
| L3948 | M | FO FINGER KNUCKLE BENDER PREFABRICATED INCL FIT & ADJUST | | | $0.00 | Fee Schedule | $40.59 | | | |
| L3950 | M | WHFO COMBO OPPENHEIMER W/ KNUCKLE BENDER AND 2 ATTACHMENTS | | | $0.00 | Not Allowed | $0.00 | | | |
| L3952 | M | WHFO COMBO OPPENHEIMER W/ REVERSE KNUCKLE AND 2 ATTACHMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| L3954 | M | HFO SPREADING HAND PREFABRICATED INCL FITTING & ADJUSTMNT | | | $0.00 | Not Allowed | $0.00 | | | |
| L3956 | M | ADD'N JOINT TO UPPER EXTREM. ORTHOSIS ANY MATERIAL; PER JT. | | | $0.00 | Not Allowed | $0.00 | | | |
| L3960 | M | SEWHO ABDUCTION POSITIONING AIRPLANE DESIGN PREFABRICATED | | | $0.00 | Fee Schedule | $541.35 | | | |
| L3961 | M | SEWHO CAP DESIGN W/O JNTS CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3962 | M | SEWHO ABDUCTION POSITIONING ERBS PALSEY DESIGN PREFABRIC | | | $0.00 | Not Allowed | $0.00 | | | |
| L3964 | M | SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED ADJUSTABLE | | | $0.00 | Not Allowed | $0.00 | | | |
| L3965 | M | SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED RANCHO TYP | | | $0.00 | Not Allowed | $0.00 | | | |
| L3966 | M | SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED RECLINING | | | $0.00 | Not Allowed | $0.00 | | | |
| L3967 | M | SEWHO AIRPLANE W/O JNTS CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3968 | M | SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED FRICTION | | | $0.00 | Not Allowed | $0.00 | | | |
| L3969 | M | SEO MOBILE ARM SUPPORT MONOSUSPENSION/OVERHEAD SUPPORT | | | $0.00 | Not Allowed | $0.00 | | | |
| L3970 | M | SEO ADD'N TO MOBILE ARM SUPPORT ELEVATING PROXIMAL ARM | | | $0.00 | Not Allowed | $0.00 | | | |
| L3971 | M | SEWHO CAP DESIGN W/JNT(S) CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3972 | M | SEO ADD'N TO MOBILE ARM SUPPORT OFFSET OR LAT. ROCKER ARM | | | $0.00 | Not Allowed | $0.00 | | | |
| L3973 | M | SEWHO AIRPLANE W/JNT(S) CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3974 | M | SEO ADD'N TO MOBILE ARM SUPPORT SUPINATOR | | | $0.00 | Not Allowed | $0.00 | | | |
| L3975 | M | SEWHFO CAP DESIGN W/O JNT CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3976 | M | SEWHFO AIRPLANE W/O JNTS CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3977 | M | SEWHFO CAP DESGN W/JNT(S) CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3978 | M | SEWHFO AIRPLANE W/JNT(S) CF | | | $0.00 | Not Allowed | $0.00 | | | |
| L3980 | M | UPPER EXTREMITY FX ORTHOSIS HUMERAL PREFABRICATED | | | $0.00 | Fee Schedule | $227.72 | | | |
| L3982 | M | UPPER EXTREMITY FX ORTHOSIS RADIUS/ULNAR PREFABRICATED | | | $0.00 | Not Allowed | $0.00 | | | |
| L3984 | M | UPPER EXTREMITY FX ORTHOSIS WRIST PREFABRICATED | | | $0.00 | Fee Schedule | $291.33 | | | |
| L3985 | M | UPPER EXTREMITY FX ORTHOSIS FOREARM HAND WITH WRIST HINGE | | | $0.00 | Not Allowed | $0.00 | | | |
| L3986 | M | UPPER EXTREMITY FX ORTHOSIS COMBO HUMERAL/RADIUS/ULNAR WRIST | | | $0.00 | Fee Schedule | $412.88 | | | |
| L3995 | M | ADD'N TO UPPER EXTREM. ORTHOSIS SOCK FX OR EQUAL EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L3999 | M | UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED | | | $0.00 | By Report | $0.00 | | | |
| L4000 | M | REPL GIRDLE MILWAUKEE ORTH | | | $0.00 | Not Allowed | $0.00 | | | |
| L4002 | M | REPLACE STRAP ANY ORTHOSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| L4010 | M | REPLACE TRILATERAL SOCKET BRIM | | | $0.00 | Not Allowed | $0.00 | | | |
| L4020 | M | REPLACE QUADRILATERAL SOCKET BRIM MOLDED TO PATIENT MODEL | | | $0.00 | Not Allowed | $0.00 | | | |
| L4030 | M | REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED | | | $0.00 | Not Allowed | $0.00 | | | |
| L4040 | M | REPLACE MOLDED THIGH LACER | | | $0.00 | Not Allowed | $0.00 | | | |
| L4045 | M | REPLACE NONMOLDED THIGH LACER | | | $0.00 | Not Allowed | $0.00 | | | |
| L4050 | M | REPLACE MOLDED CALF LACER | | | $0.00 | Not Allowed | $0.00 | | | |
| L4055 | M | REPLACE NONMOLDED CALF LACER | | | $0.00 | Not Allowed | $0.00 | | | |
| L4060 | M | REPLACE HIGH ROLL CUFF | | | $0.00 | Not Allowed | $0.00 | | | |
| L4070 | M | REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO | | | $0.00 | Not Allowed | $0.00 | | | |
| L4080 | M | REPLACE METAL BANDS KAFO PROXIMAL THIGH | | | $0.00 | Not Allowed | $0.00 | | | |
| L4090 | M | REPLACE METAL BANDS KAFO-AFO CALF OR DISTAL THIGH | | | $0.00 | Not Allowed | $0.00 | | | |
| L4100 | M | REPLACE LEATHER CUFF KAFO PROXIMAL THIGH | | | $0.00 | Not Allowed | $0.00 | | | |
| L4110 | M | REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH | | | $0.00 | Not Allowed | $0.00 | | | |
| L4130 | M | REPLACE PRETIBIAL SHELL | | | $0.00 | Not Allowed | $0.00 | | | |
| L4205 | M | REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT PER 15 MINUTES | | | $0.00 | Not Allowed | $0.00 | | | |
| L4210 | M | REPAIR OF ORTHOTIC DEVICE REPAIR OR REPLACE MINOR PARTS | | | $0.00 | By Report | $0.00 | | | |
| L4350 | M | ANKLE CONTROL ORTHOSI PREFAB | | | $0.00 | Fee Schedule | $67.29 | | | |
| L4360 | M | PNEUMATI WALKING BOOT PREFAB | | | $0.00 | Fee Schedule | $224.92 | | | |
| L4370 | M | PNEUMATIC FULL LEG SPLINT | | | $0.00 | Fee Schedule | $155.89 | | | |
| L4380 | M | PNEUMATIC KNEE SPLINT | | | $0.00 | Fee Schedule | $80.85 | | | |
| L4386 | M | NON-PNEUM WALK BOOT PREFAB | | | $0.00 | Fee Schedule | $129.03 | | | |
| L4392 | M | REPLACEMENT SOFT INTERFACE MATERIAL STATIC AFO | | | $0.00 | Fee Schedule | $18.80 | | | |
| L4394 | M | REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT | | | $0.00 | Not Allowed | $0.00 | | | |
| L4396 | M | STATIC AFO | | | $0.00 | Fee Schedule | $134.12 | | | |
| L4398 | M | FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE PREFABRICATE | | | $0.00 | Not Allowed | $0.00 | | | |
| L5000 | M | PARTIAL FOOT SHOE INSERT WITH LONGITUDINAL ARCH TOE FILLER | | | $0.00 | Not Allowed | $0.00 | | | |
| L5010 | M | PARTIAL FOOT MOLDED SOCKET ANKLE HEIGHT WITH TOE FILLER | | | $0.00 | Not Allowed | $0.00 | | | |
| L5020 | M | PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HT. W/ TOE FILL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5050 | M | ANKLE SYMES MOLDED SOCKET SACH FOOT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5060 | M | ANKLE SYMES METAL FRAME MOLDED LEATHER SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5100 | M | BELOW KNEE MOLDED SOCKET SHIN SACH FOOT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5105 | M | BELOW KNEE PLASTIC SOCKET JOINTS & THIGH LACER SACH FOOT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5150 | M | KNEE DISARTIC. MOLDED SOCKET SACH FOOT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5160 | M | KNEE DISARTIC. MOLDED SOCKET BENT KNEE CONFIGURATION SACH | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L5200 | M | ABOVE KNEE MOLDED SOCK. SNGL. AXIS CONSTANT FRICTION SACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L5210 | M | ABOVE KNEE SHORT PROS. NO KNEE JT. W/FOOT BLOCKS EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L5220 | M | ABOVE KNEE SHORT PROS. NO KNEE JT. W/ARTIC. ANKLE/FOOT EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L5230 | M | ABOVE KNEE FOR PROX. FEMRAL FOCAL DEF CONSTANT FRIC. SACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L5250 | M | HIP DISARTICULATION CANADIAN TYPE; MOLDED SOCKET SNGL. AXIS | | | $0.00 | Not Allowed | $0.00 | | | |
| L5270 | M | HIP DISARTICULATION TILT TABLE TYPE; MOLDED SOCK. SNGL AXIS | | | $0.00 | Not Allowed | $0.00 | | | |
| L5280 | M | HEMIPELVECTOMY CANADIAN TYPE; | | | $0.00 | Not Allowed | $0.00 | | | |
| L5300 | M | BELOW KNEE MOLDED SOCKET SACH FOOT ENDOSKELETAL SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| L5301 | M | BK MOLD SOCKET SACH FT ENDO | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L5310 | M | KNEE DISARTIC. MOLDED SOCKET SACH FOOT ENDOSKELETAL SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| L5311 | M | KNEE DISART SACH FT ENDO | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L5320 | M | ABOVE KNEE MOLDED SOCK. OPEN END SACH FOOT ENDOSKELETAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5321 | M | AK OPEN END SACH | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L5330 | M | HIP DISARTICULATION CANADIAN TYPE; MOLDED SOCKET ENDOSKELE | | | $0.00 | Not Allowed | $0.00 | | | |
| L5331 | M | HIP DISART CANADIAN SACH FT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L5340 | M | HEMIPELVECTOMY CANADIAN TYPE; MOLDED SOCKET ENDOSKELETAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5341 | M | HEMIPELVECTOMY CANADIAN SACH | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L5400 | M | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BELOW KNEE | | | $0.00 | Not Allowed | $0.00 | | | |
| L5410 | M | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BK EA. ADD'L | | | $0.00 | Not Allowed | $0.00 | | | |
| L5420 | M | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. "AK" OR KNEE | | | $0.00 | Not Allowed | $0.00 | | | |
| L5430 | M | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. AK EA. ADD'L | | | $0.00 | Not Allowed | $0.00 | | | |
| L5450 | M | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWEIGHT BK | | | $0.00 | Not Allowed | $0.00 | | | |
| L5460 | M | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWEIGHT AK | | | $0.00 | Not Allowed | $0.00 | | | |
| L5500 | M | INITIAL BELOW KNEE "PTB" TYPE SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5505 | M | INITIAL ABOVE KNEE - KNEE DISARTIC. ISCHIAL LEVEL SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5510 | M | PREP. BELOW KNEE "PTB" TYPE SOCKET PLASTER SOCKET MOLDED | | | $0.00 | Not Allowed | $0.00 | | | |
| L5520 | M | PREPARATORY BELOW KNEE "PTB" TYPE SOCKET DIRECT FORMED | | | $0.00 | Not Allowed | $0.00 | | | |
| L5530 | M | PREP. BELOW KNEE "PTB" TYPE SOCKET THERMOPLASTIC MOLDED | | | $0.00 | Not Allowed | $0.00 | | | |
| L5535 | M | PREP. BELOW KNEE "PTB" TYPE SOCKET PREFABRICATED ADJUSTABL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5540 | M | PREP. BELOW KNEE "PTB" TYPE SOCKET LAMINATED SOCK. MOLDED | | | $0.00 | Not Allowed | $0.00 | | | |
| L5560 | M | PREP. ABOVE KNEE - PLASTER SOCKET MOLDED TO MODEL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5570 | M | PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL DIRECT FORMED | | | $0.00 | Not Allowed | $0.00 | | | |
| L5580 | M | PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL MOLDED TO MODEL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5585 | M | PREP. ABOVE KNEE - PREFABRICATED ADJUSTABLE OPEN END SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5590 | M | PREP. ABOVE KNEE - LAMINATED SOCKET MOLDED TO MODEL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5595 | M | PREP. HIP DISARTIC. - HEMIPELVECTOMY THERMOPLASTIC MOLDED | | | $0.00 | Not Allowed | $0.00 | | | |
| L5600 | M | PREP. HIP DISARTIC. - HEMIPELVECTOMY LAMINATED SOCK. MOLDED | | | $0.00 | Not Allowed | $0.00 | | | |
| L5610 | M | ADD'N TO LOWER EXTREMITY ENDOSKEL ABOVE KNEE HYDRACADENCE | | | $0.00 | Not Allowed | $0.00 | | | |
| L5611 | M | ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/FRICTION CTRL. | | | $0.00 | Not Allowed | $0.00 | | | |
| L5613 | M | ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/HYDRAUL. CTRL. | | | $0.00 | Not Allowed | $0.00 | | | |
| L5614 | M | ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/PNEUMATIC CTRL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5616 | M | ADD'N TO LOWER EXTREM. ENDOSKEL. AK UNIVERS. FRICTION CTRL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5617 | M | ADD'N TO LOWER EXTREM. QUICK CHANGE SELF-ALIGN AK OR BK EA | | | $0.00 | Not Allowed | $0.00 | | | |
| L5618 | M | ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES | | | $0.00 | Not Allowed | $0.00 | | | |
| L5620 | M | ADDITION TO LOWER EXTREMITY TEST SOCKET BELOW KNEE | | | $0.00 | Not Allowed | $0.00 | | | |
| L5622 | M | ADD'N TO LOWER EXTREMITY TEST SOCKET KNEE DISARTICULATION | | | $0.00 | Not Allowed | $0.00 | | | |
| L5624 | M | ADDITION TO LOWER EXTREMITY TEST SOCKET ABOVE KNEE | | | $0.00 | Not Allowed | $0.00 | | | |
| L5626 | M | ADD'N TO LOWER EXTREMITY TEST SOCKET HIP DISARTICULATION | | | $0.00 | Not Allowed | $0.00 | | | |
| L5628 | M | ADDITION TO LOWER EXTREMITY TEST SOCKET HEMIPELVECTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| L5629 | M | ADDITION TO LOWER EXTREMITY BELOW KNEE ACRYLIC SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5630 | M | ADD'N TO LOWER EXTREMITY SYMES TYPE EXPANDABLE WALL SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5631 | M | ADD'N TO LOWER EXTREMITY AK OR KNEE DISARTIC. ACRYLIC SOCK | | | $0.00 | Not Allowed | $0.00 | | | |
| L5632 | M | ADD'N TO LOWER EXTREM. SYMES TYPE "PTB" BRIM DESIGN SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5634 | M | ADD'N TO LOWER EXTREM. SYMES TYPE POSTERIOR OPENINGSOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5636 | M | ADD'N TO LOWER EXTREMITY SYMES TYPE MEDIAL OPENING SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5637 | M | ADDITION TO LOWER EXTREMITY BELOW KNEE TOTAL CONTACT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5638 | M | ADDITION TO LOWER EXTREMITY BELOW KNEE LEATHER SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5639 | M | ADDITION TO LOWER EXTREMITY BELOW KNEE WOOD SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5640 | M | ADD'N TO LOWER EXTREMITY KNEE DISARTIC. LEATHER SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5642 | M | ADDITION TO LOWER EXTREMITY ABOVE KNEE LEATHER SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5643 | M | ADD'N TO LOWER EXTREM. HIP DISARTIC. FLEX. INNER/EXT FRAME | | | $0.00 | Not Allowed | $0.00 | | | |
| L5644 | M | ADDITION TO LOWER EXTREMITY ABOVE KNEE WOOD SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5645 | M | ADD'N TO LOWER EXTREM. BELOW KNEE FLEX. INNER / EXT. FRAME | | | $0.00 | Not Allowed | $0.00 | | | |
| L5646 | M | BELOW KNEE CUSHION SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5647 | M | ADDITION TO LOWER EXTREMITY BELOW KNEE SUCTION SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5648 | M | ABOVE KNEE CUSHION SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L5649 | M | ADD'N TO LOWER EXTREM. ISCHIAL CONTAINMENT/NARROW M-L SOCK | | | $0.00 | Not Allowed | $0.00 | | | |
| L5650 | M | ADD'N TO LOWER EXTREM. TOTAL CONTACT AK OR KNEE DISARTIC. | | | $0.00 | Not Allowed | $0.00 | | | |
| L5651 | M | ADD'N TO LOWER EXTREM. ABOVE KNEE FLEX. INNER /EXT. FRAME | | | $0.00 | Not Allowed | $0.00 | | | |
| L5652 | M | ADD'N TO LOWER EXTREM. SUCTION SUSPENSION AK OR KNEE DISAR | | | $0.00 | Not Allowed | $0.00 | | | |
| L5653 | M | ADD'N TO LOWER EXTREMITY KNEE DISARTICULATION EXP. WALL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5654 | M | ADD'N TO LOWER EXTREM. SOCKET INSERT SYMES | | | $0.00 | Not Allowed | $0.00 | | | |
| L5655 | M | ADD'N TO LOWER EXTREMITY SOCKET INSERT BELOW KNEE | | | $0.00 | Not Allowed | $0.00 | | | |
| L5656 | M | ADD'N TO LOWER EXTREM. SOCKET INSERT KNEE DISARTICULION | | | $0.00 | Not Allowed | $0.00 | | | |
| L5658 | M | ADD'N TO LOWER EXTREM. SOCKET INSERT ABOVE KNEE | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L5661 | M | ADD'N TO LOWER EXTREM. SOCKET INSERT MULTIDUROMETER SYMES | | | $0.00 | Not Allowed | $0.00 | | | |
| L5665 | M | ADD'N TO LOWER EXTREM. SOCKET INSERT MULTIDUROMETER BK | | | $0.00 | Not Allowed | $0.00 | | | |
| L5666 | M | ADDITION TO LOWER EXTREMITY BELOW KNEE CUFF SUSPENSION | | | $0.00 | Not Allowed | $0.00 | | | |
| L5667 | M | ADD'N TO LOWER EXTREM. BK/AK SOCK. INSERT SUCTION WITH LOCK | | | $0.00 | Not Allowed | $0.00 | | | |
| L5668 | M | ADD'N TO LOWER EXTREMITY BELOW KNEE MOLDED DISTAL CUSHION | | | $0.00 | Not Allowed | $0.00 | | | |
| L5669 | M | ADD'N TO LOWER EXTREM. BK/AK SOCK. INSERT SUCTION W/OUT LOCK | | | $0.00 | Not Allowed | $0.00 | | | |
| L5670 | M | ADD'N TO LOWER EXTREM. BELOW KNEE MOLDED SUPRACONDYLAR SUS | | | $0.00 | Not Allowed | $0.00 | | | |
| L5671 | M | BK/AK LOCKING MECHANISM | | | $0.00 | Not Allowed | $0.00 | | | |
| L5672 | M | ADD'N TO LOWER EXTREM. BELOW KNEE REMOV. MEDIAL BRIM SUSPE | | | $0.00 | Not Allowed | $0.00 | | | |
| L5673 | M | SOCKET INSERT W LOCK MECH | | | $0.00 | Not Allowed | $0.00 | | | |
| L5676 | M | ADD'N TO LOWER EXTREM. BELOW KNEE KNEE JTS. SINGLE AXIS PR | | | $0.00 | Not Allowed | $0.00 | | | |
| L5677 | M | ADD'N TO LOWER EXTREM. BELOW KNEE KNEE JTS. POLYCENTRIC PR | | | $0.00 | Not Allowed | $0.00 | | | |
| L5678 | M | ADD'N TO LOWER EXTREM. BELOW KNEE JOINT COVERS PAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| L5679 | M | SOCKET INSERT W/O LOCK MECH | | | $0.00 | Not Allowed | $0.00 | | | |
| L5680 | M | ADD'N TO LOWER EXTREM. BELOW KNEE THIGH LACER NONMOLDED | | | $0.00 | Not Allowed | $0.00 | | | |
| L5681 | M | INTL CUSTM CONG/LATYP INSERT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5682 | M | ADD'N TO LOWER EXTREM. BK THIGH LACER GLUTEAL/ISCHIAL MOLD | | | $0.00 | Not Allowed | $0.00 | | | |
| L5683 | M | INITIAL CUSTOM SOCKET INSERT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5684 | M | ADD'N TO LOWER EXTREM. BELOW KNEE FORK STRAP | | | $0.00 | Not Allowed | $0.00 | | | |
| L5685 | M | BELOW KNEE SUS/SEAL SLEEVE | | | $0.00 | Not Allowed | $0.00 | | | |
| L5686 | M | ADD'N TO LOWER EXTREM. BELOW KNEE BACK CHECK (EXT. CTRL.) | | | $0.00 | Not Allowed | $0.00 | | | |
| L5688 | M | ADD'N TO LOWER EXTREM. BELOW KNEE WAIST BELT WEBBING | | | $0.00 | Not Allowed | $0.00 | | | |
| L5690 | M | ADD'N TO LOWER EXTREM. BELOW KNEE WAIST BELT PADDED/LINED | | | $0.00 | Not Allowed | $0.00 | | | |
| L5692 | M | ADD'N TO LOWER EXTREM. ABOVE KNEE PELVIC CONTROL BELT LIGHT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5694 | M | ADD'N TO LOWER EXREM. ABOVE KNEE PELVIC CTRL. PADDED/LINED | | | $0.00 | Not Allowed | $0.00 | | | |
| L5695 | M | ADD'N TO LOWER EXTREM. AK PELVIC CTRL. SLEEVESUSP. EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L5696 | M | ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. PELVIC JOINT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5697 | M | ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. PELVIC BAND | | | $0.00 | Not Allowed | $0.00 | | | |
| L5698 | M | ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. SILESIAN BNDG. | | | $0.00 | Not Allowed | $0.00 | | | |
| L5699 | M | ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS | | | $0.00 | Not Allowed | $0.00 | | | |
| L5700 | M | REPLACEMENT SOCKET BELOW KNEE MOLDED TO PATIENT MODEL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5701 | M | REPLACEMENT SOCKET AK/KNEE DISARTIC. INCL ATTACHMENT MOLDED | | | $0.00 | Not Allowed | $0.00 | | | |
| L5702 | M | REPLACEMENT SOCKET HIP DISARTIC. INC. HIP JOINT MOLDED | | | $0.00 | Not Allowed | $0.00 | | | |
| L5703 | M | SYMES ANKLE W/O (SACH) FOOT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5704 | M | CUSTOM SHAPE COVER BK | | | $0.00 | Not Allowed | $0.00 | | | |
| L5705 | M | REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE | | | $0.00 | Not Allowed | $0.00 | | | |
| L5706 | M | CUSTOM SHAPE CVR KNEE DISART | | | $0.00 | Not Allowed | $0.00 | | | |
| L5707 | M | REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC. | | | $0.00 | Not Allowed | $0.00 | | | |
| L5710 | M | ADD'N EXOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MANUAL LOCK | | | $0.00 | Not Allowed | $0.00 | | | |
| L5711 | M | ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL LOCK U/L | | | $0.00 | Not Allowed | $0.00 | | | |
| L5712 | M | ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION SWING | | | $0.00 | Not Allowed | $0.00 | | | |
| L5714 | M | ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS VARIAB FRICTI | | | $0.00 | Not Allowed | $0.00 | | | |
| L5716 | M | ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECHAN. LOCK | | | $0.00 | Not Allowed | $0.00 | | | |
| L5718 | M | ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT. SWING | | | $0.00 | Not Allowed | $0.00 | | | |
| L5722 | M | ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI | | | $0.00 | Not Allowed | $0.00 | | | |
| L5724 | M | ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING | | | $0.00 | Not Allowed | $0.00 | | | |
| L5726 | M | ADD'N EXOSKEL. KNEE-SHIN SYS. SNGL. AXIS EXT. JTS. FLUID | | | $0.00 | Not Allowed | $0.00 | | | |
| L5728 | M | ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING | | | $0.00 | Not Allowed | $0.00 | | | |
| L5780 | M | ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMAT./HYDR | | | $0.00 | Not Allowed | $0.00 | | | |
| L5781 | M | LOWER LIMB PROS VACUUM PUMP | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L5782 | M | HD LOW LIMB PROS VACUUM PUMP | | | $0.00 | Not Allowed | $0.00 | | | |
| L5785 | M | ADD'N EXOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERIAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5790 | M | ADD'N EXOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERIAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5795 | M | ADD'N EXOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT MATERI | | | $0.00 | Not Allowed | $0.00 | | | |
| L5810 | M | ADD'N ENDOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MANUAL LOCK | | | $0.00 | Not Allowed | $0.00 | | | |
| L5811 | M | ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL LOCK U/L | | | $0.00 | Not Allowed | $0.00 | | | |
| L5812 | M | ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION SWING | | | $0.00 | Not Allowed | $0.00 | | | |
| L5814 | M | ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC HYDRAULIC | | | $0.00 | Not Allowed | $0.00 | | | |
| L5816 | M | ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECHAN. LOCK | | | $0.00 | Not Allowed | $0.00 | | | |
| L5818 | M | ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT. SWING | | | $0.00 | Not Allowed | $0.00 | | | |
| L5822 | M | ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI | | | $0.00 | Not Allowed | $0.00 | | | |
| L5824 | M | ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING | | | $0.00 | Not Allowed | $0.00 | | | |
| L5826 | M | ADD'N ENDOSKEL. KNEE-SHIN SYS. SNGL. AXIS HYDRAULIC HIGH | | | $0.00 | Not Allowed | $0.00 | | | |
| L5828 | M | ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING | | | $0.00 | Not Allowed | $0.00 | | | |
| L5830 | M | ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI | | | $0.00 | Not Allowed | $0.00 | | | |
| L5840 | M | ADD'N ENDOSKELETAL KNEE-SHIN SYS. 4-BAR OR MULTIAXIAL PNEU | | | $0.00 | Not Allowed | $0.00 | | | |
| L5845 | M | ADD'N ENDOSKELETAL KNEE-SHIN SYS. STANCE FLEXION ADJUSTABL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5848 | M | KNEE-SHIN SYS HYDRAUL STANCE | | | $0.00 | Not Allowed | $0.00 | | | |
| L5850 | M | ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. EXT. ASSIST | | | $0.00 | Not Allowed | $0.00 | | | |
| L5855 | M | ADD'N ENDOSKELETAL SYS. HIP DISARTIC. MECHAN. HIP EXT. ASSI | | | $0.00 | Not Allowed | $0.00 | | | |
| L5856 | M | ELEC KNEE-SHIN SWING/STANCE | | | $0.00 | Not Allowed | $0.00 | | | |
| L5857 | M | ELEC KNEE-SHIN SWING ONLY | | | $0.00 | Not Allowed | $0.00 | | | |
| L5858 | M | STANCE PHASE ONLY | | | $0.00 | Not Allowed | $0.00 | | | |
| L5910 | M | ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ALIGNABLE SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| L5920 | M | ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. ALIGNABLE | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L5925 | M | ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTIC. MAN. | | | $0.00 | Not Allowed | $0.00 | | | |
| L5930 | M | ADD'N ENDOSKELETAL SYSTEM HIGH ACTIVITY KNEE CONTROL FRAME | | | $0.00 | Not Allowed | $0.00 | | | |
| L5940 | M | ADD'N ENDOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERIAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5950 | M | ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERIAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5960 | M | ADD'N ENDOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT MATERI | | | $0.00 | Not Allowed | $0.00 | | | |
| L5962 | M | ADD'N ENDOSKELETAL SYSTEM BK FLEX. PROTEC OUTER SURF COVER | | | $0.00 | Not Allowed | $0.00 | | | |
| L5964 | M | ADD'N ENDOSKELETAL SYSTEM AK FLEX. PROTEC OUTER SURF COVER | | | $0.00 | Not Allowed | $0.00 | | | |
| L5966 | M | ADD'N ENDOSKELETAL SYSTEM HIP DISAR. PRTEC OUTER SURF COV | | | $0.00 | Not Allowed | $0.00 | | | |
| L5968 | M | ADD'N TO LOWER LIMB PROSTHESIS MULTIAXIAL ANKLE W/SWING | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L5970 | M | ALL LOWER EXTREM. PROS. FOOT EXTERNAL KEEL SACH FOOT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5971 | M | SACH FOOT REPLACEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5972 | M | ALL LOWER EXTREM. PROS. FLEXIBLE KEEL FOOT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5974 | M | ALL LOWER EXTREM. PROS. FOOT SINGLE AXIS ANKLE/FOOT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5975 | M | ALL LOWER EXTREM. PROS. COMBO SNGL. AXIS ANKLE/FLEX KEEL FT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5976 | M | ALL LOWER EXTREM. PROS. ENERGY STORING FOOT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5978 | M | ALL LOWER EXTREM. PROS. FOOT MULTIAXIAL ANKLE/FOOT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5979 | M | ALL LOWER EXTREM. PROS. MULTIAXIAL ANKLE/DYNAMIC RESPFOOT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5980 | M | ALL LOWER EXTREM. PROS. FLEX FOOT SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| L5981 | M | ALL LOWER EXTREM. PROS. FLEX-WALK SYSTEM OR EQUAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L5982 | M | ALL LOWER EXTREM. PROS. AXIAL ROTATION UNIT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5984 | M | ENDOSKELETAL AXIAL ROTATION | | | $0.00 | Not Allowed | $0.00 | | | |
| L5985 | M | ALL LOWER EXTREM. PROS. DYNAMIC PROSTHETIC PYLON | | | $0.00 | Not Allowed | $0.00 | | | |
| L5986 | M | ALL LOWER EXTREM. PROS. MULTIAXIAL ROTATION UNIT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5987 | M | ALL LOWER EXTREM. PROS. SHANK FOOT SYSTEM W/VERT. LOAD PYLON | | | $0.00 | Not Allowed | $0.00 | | | |
| L5988 | M | ADD'N TO LOWER LIMB PROSTHESIS VERTICAL SHOCK REDUCING PYLO | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L5990 | M | USER ADJUSTABLE HEEL HEIGHT | | | $0.00 | Not Allowed | $0.00 | | | |
| L5995 | M | LOWER EXT PROS HEAVYDUTY FEA | | | $0.00 | Not Allowed | $0.00 | | | |
| L5999 | M | LOWER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED | | | $0.00 | Not Allowed | $0.00 | | | |
| L6000 | M | PARTIAL HAND ROBIN-AIDS THUMB REMAINING (OR EQUAL) | | | $0.00 | Not Allowed | $0.00 | | | |
| L6010 | M | PARTIAL HAND ROBIN-AIDS LITTLE &/OR RING FINGER REMAINING | | | $0.00 | Not Allowed | $0.00 | | | |
| L6020 | M | PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING (OR EQUAL) | | | $0.00 | Not Allowed | $0.00 | | | |
| L6025 | M | PART HAND DISART MYOELECTRIC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L6050 | M | WRIST DISARTIC. MOLDED SOCK. FLEX. ELBOW HINGES TRICEPS PA | | | $0.00 | Not Allowed | $0.00 | | | |
| L6055 | M | WRIST DISARTIC. MOLDED SOCK. W/ EXPANDABLE INTERFACE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6100 | M | BELOW ELBOW MOLDED SOCKET FLEX. ELBOW HINGE TRICEPS PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| L6110 | M | BELOW ELBOW MOLDED SOCKET (MUENSTER OR NW SUSPENSION TYPE) | | | $0.00 | Not Allowed | $0.00 | | | |
| L6120 | M | BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STEP-UP HINGES | | | $0.00 | Not Allowed | $0.00 | | | |
| L6130 | M | BELOW ELBOW MOLDED DBL. WALL SPLIT SOCK. STUMP ACTIV. HINGE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6200 | M | ELBOW DISARTIC. MOLDED SOCK. OUTSIDE LOCKING HINGE FOREARM | | | $0.00 | Not Allowed | $0.00 | | | |
| L6205 | M | ELBOW DISARTIC. MOLDED SOCK. EXP. INTFACE LOCKING FOREARM | | | $0.00 | Not Allowed | $0.00 | | | |
| L6250 | M | ABOVE ELBOW MOLDED DBL. WALL SOCK. INT.LOCK ELBOW FOREARM | | | $0.00 | Not Allowed | $0.00 | | | |
| L6300 | M | SHOULDER DISARTIC. MOLDED SOCK. SHLDR BULKHEAD HUMERAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L6310 | M | SHOULDER DISARTIC. PASSIVE RESTORATION(COMPLETE PROSTHESIS) | | | $0.00 | Not Allowed | $0.00 | | | |
| L6320 | M | SHOULDER DISARTIC. PASSIVE RESTORATION (SHOULDER CAP ONLY) | | | $0.00 | Not Allowed | $0.00 | | | |
| L6350 | M | INTERSCAP. THORACIC MOLDED SOCKET SHOULDER BULKHEADHUMER | | | $0.00 | Not Allowed | $0.00 | | | |
| L6360 | M | INTERSCAP. THORACIC PASSIVE RESTORATION(COMPLETE PROSTHESIS) | | | $0.00 | Not Allowed | $0.00 | | | |
| L6370 | M | INTERSCAP. THORACIC PASSIVE RESTORATION (SHOULDER CAP ONLY) | | | $0.00 | Not Allowed | $0.00 | | | |
| L6380 | M | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. WRIST OR BE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6382 | M | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. ELBOW OR AE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6384 | M | IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. SHLDR. OR I/T | | | $0.00 | Not Allowed | $0.00 | | | |
| L6386 | M | IMMED. POSTSURG. OR EARLY FIT EA ADD'L CAST CHANGE/REALIGNM | | | $0.00 | Not Allowed | $0.00 | | | |
| L6388 | M | IMMED. POSTSURG. OR EARLY FIT APPLIC. RIGID DRESSING ONLY | | | $0.00 | Not Allowed | $0.00 | | | |
| L6400 | M | BELOW ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE SHAPING | | | $0.00 | Not Allowed | $0.00 | | | |
| L6450 | M | ELBOW DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISSUE SHAP | | | $0.00 | Not Allowed | $0.00 | | | |
| L6500 | M | ABOVE ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE SHAPING | | | $0.00 | Not Allowed | $0.00 | | | |
| L6550 | M | SHLDR. DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISSUE SHAP | | | $0.00 | Not Allowed | $0.00 | | | |
| L6570 | M | INTERSCAPULAR THORACIC MOLDED SOCKET ENDOSKELETAL SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| L6580 | M | PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA | | | $0.00 | Not Allowed | $0.00 | | | |
| L6582 | M | PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA | | | $0.00 | Not Allowed | $0.00 | | | |
| L6584 | M | PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA | | | $0.00 | Not Allowed | $0.00 | | | |
| L6586 | M | PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA | | | $0.00 | Not Allowed | $0.00 | | | |
| L6588 | M | PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA | | | $0.00 | Not Allowed | $0.00 | | | |
| L6590 | M | PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA | | | $0.00 | Not Allowed | $0.00 | | | |
| L6600 | M | UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| L6605 | M | UPPER EXTREMITY ADDITIONS SINGLE PIVOT HINGE PAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| L6610 | M | UPPER EXTREMITY ADDITIONS FLEXIBLE METAL HINGE PAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| L6615 | M | UPPER EXTREMITY ADDITIONS DISCONNECT LOCKING WRIST UNIT | | | $0.00 | Not Allowed | $0.00 | | | |
| L6616 | M | UPPER EXTREMITY ADDITION ADDITIONAL DISCONNECT INSERT FOR L | | | $0.00 | Not Allowed | $0.00 | | | |
| L6620 | M | FLEXION/EXTENSION WRIST UNIT | | | $0.00 | Not Allowed | $0.00 | | | |
| L6621 | M | FLEX/EXT WRIST W/WO FRICTION | | | $0.00 | Not Allowed | $0.00 | | | |
| L6623 | M | UPPER EXTREMITY ADDITION SPRING ASSISTED ROTATIONAL WRIST | | | $0.00 | Not Allowed | $0.00 | | | |
| L6625 | M | UPPER EXTREMITY ADDITIONS ROTATION WRIST UNIT WITH CABLE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6628 | M | UPPER EXTREMITY ADDITION QUICK DISCONNECT HOOK ADAPTER OT | | | $0.00 | Not Allowed | $0.00 | | | |
| L6629 | M | UPPER EXTREMITY ADDITION QUICK DISCONNECT LAMINATION COLLA | | | $0.00 | Not Allowed | $0.00 | | | |
| L6630 | M | UPPER EXTREMITY ADDITIONS STAINLESS STEEL ANY WRIST | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L6632 | M | UPPER EXTREMITY ADDITION LATEX SUSPENSION SLEEVE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L6635 | M | UPPER EXTREMITY ADDITIONS LIFT ASSIST FOR ELBOW | | | $0.00 | Not Allowed | $0.00 | | | |
| L6637 | M | UPPER EXTREMITY ADDITION NUDGE CONTROL ELBOW LOCK | | | $0.00 | Not Allowed | $0.00 | | | |
| L6638 | M | ELEC LOCK ON MANUAL PW ELBOW | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L6640 | M | UPPER EXTREMITY ADDITIONS SHOULDER ABDUCTION JOINT PAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| L6641 | M | UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER PULLEY TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6642 | M | UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER LEVER TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6645 | M | UPPER EXTREMITY ADDITIONS SHOULDER FLEXION-ABDUCTION | | | $0.00 | Not Allowed | $0.00 | | | |
| L6646 | M | MULTIPO LOCKING SHOULDER JNT | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L6647 | M | SHOULDER LOCK ACTUATOR | | | $0.00 | Not Allowed | $0.00 | | | |
| L6648 | M | EXT PWRD SHLDER LOCK/UNLOCK | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L6650 | M | UPPER EXTREMITY ADDITIONS SHOULDER UNIVERSAL JOINT EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L6655 | M | UPPER EXTREMITY ADDITIONS STANDARD CONTROL CABLE EXTRA | | | $0.00 | Not Allowed | $0.00 | | | |
| L6660 | M | UPPER EXTREMITY ADDITIONS HEAVY DUTY CONTROL CABLE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6665 | M | UPPER EXTREMITY ADDITIONS TEFLON OR EQUAL CABLE LINING | | | $0.00 | Not Allowed | $0.00 | | | |
| L6670 | M | UPPER EXTREMITY ADDITIONS HOOK TO HAND CABLE ADAPTER | | | $0.00 | Not Allowed | $0.00 | | | |
| L6672 | M | UPPER EXTREMITY ADDITIONS HARNESS CHEST OR | | | $0.00 | Not Allowed | $0.00 | | | |
| L6675 | M | HARNESS FIGURE OF 8 SING CON | | | $0.00 | Not Allowed | $0.00 | | | |
| L6676 | M | HARNESS FIGURE OF 8 DUAL CON | | | $0.00 | Not Allowed | $0.00 | | | |
| L6677 | M | UE TRIPLE CONTROL HARNESS | | | $0.00 | Not Allowed | $0.00 | | | |
| L6680 | M | UPPER EXTREMITY ADDITIONS TEST SOCKET WRIST DISARTICULAT- | | | $0.00 | Not Allowed | $0.00 | | | |
| L6682 | M | UPPER EXTREMITY ADDITIONS TEST SOCKET ELBOW DISARTICULAT- | | | $0.00 | Not Allowed | $0.00 | | | |
| L6684 | M | UPPER EXTREMITY ADDITIONS TEST SOCKET SHOULDER DIS- | | | $0.00 | Not Allowed | $0.00 | | | |
| L6686 | M | UPPER EXTREMITY ADDITION SUCTION SOCKET | | | $0.00 | Not Allowed | $0.00 | | | |
| L6687 | M | UPPER EXTREMITY FRAME TYPE SOCKET BELOW ELBOW | | | $0.00 | Not Allowed | $0.00 | | | |
| L6688 | M | UPPER EXTREMITY FRAME TYPE SOCKET ABOVE ELBOW | | | $0.00 | Not Allowed | $0.00 | | | |
| L6689 | M | UPPER EXTREMITY ADDITION FRAME TYPE SOCKET SHOULDER DISAR | | | $0.00 | Not Allowed | $0.00 | | | |
| L6690 | M | UPPER EXTREMITY ADDITION FRAME TYPE SOCKET INTERSCAPULAR- | | | $0.00 | Not Allowed | $0.00 | | | |
| L6691 | M | UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L6692 | M | UPPER EXTREMITY ADDITION SILICONE GEL INSERT OR EQUAL EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L6693 | M | UPPER EXTREM ADD'N EXT LOCKING ELBOW/FOREARM COUNTERBALANCE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L6694 | M | ELBOW SOCKET INS USE W/LOCK | | | $0.00 | Not Allowed | $0.00 | | | |
| L6695 | M | ELBOW SOCKET INS USE W/O LCK | | | $0.00 | Not Allowed | $0.00 | | | |
| L6696 | M | CUS ELBO SKT IN FOR CON/ATYP | | | $0.00 | Not Allowed | $0.00 | | | |
| L6697 | M | CUS ELBO SKT IN NOT CON/ATYP | | | $0.00 | Not Allowed | $0.00 | | | |
| L6698 | M | BELOW/ABOVE ELBOW LOCK MECH | | | $0.00 | Not Allowed | $0.00 | | | |
| L6700 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #3 | | | $0.00 | Not Allowed | $0.00 | | | |
| L6705 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5 | | | $0.00 | Not Allowed | $0.00 | | | |
| L6710 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5X | | | $0.00 | Not Allowed | $0.00 | | | |
| L6715 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #5XA | | | $0.00 | Not Allowed | $0.00 | | | |
| L6720 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #6 | | | $0.00 | Not Allowed | $0.00 | | | |
| L6725 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #7 | | | $0.00 | Not Allowed | $0.00 | | | |
| L6730 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #7LO | | | $0.00 | Not Allowed | $0.00 | | | |
| L6735 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #8 | | | $0.00 | Not Allowed | $0.00 | | | |
| L6740 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #8X | | | $0.00 | Not Allowed | $0.00 | | | |
| L6745 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #88X | | | $0.00 | Not Allowed | $0.00 | | | |
| L6750 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #10P | | | $0.00 | Not Allowed | $0.00 | | | |
| L6755 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #10X | | | $0.00 | Not Allowed | $0.00 | | | |
| L6765 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #12P | | | $0.00 | Not Allowed | $0.00 | | | |
| L6770 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #99X | | | $0.00 | Not Allowed | $0.00 | | | |
| L6775 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #555 | | | $0.00 | Not Allowed | $0.00 | | | |
| L6780 | M | TERMINAL DEVICES HOOKS DORRANCE OR EQUAL MODEL #SS555 | | | $0.00 | Not Allowed | $0.00 | | | |
| L6790 | M | TERMINAL DEVICES HOOKS-ACCU HOOK OR EQUAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L6795 | M | TERMINAL DEVICES HOOKS-2 LOAD OR EQUAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L6800 | M | TERMINAL DEVICES HOOKS-APRL VC OR EQUAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L6805 | M | TERMINAL DEVICE MODIFIER WRIST FLEXION UNIT | | | $0.00 | Not Allowed | $0.00 | | | |
| L6806 | M | TERMINAL DEVICE HOOK TRS GRIP VC | | | $0.00 | Not Allowed | $0.00 | | | |
| L6807 | M | TERMINAL DEVICE HOOK TRS ADEPT CHILD VC | | | $0.00 | Not Allowed | $0.00 | | | |
| L6808 | M | TERMINAL DEVICE HOOK TRS ADEPT INFANT VC | | | $0.00 | Not Allowed | $0.00 | | | |
| L6809 | M | TERMINAL DEVICE HOOK TRS SUPER SPORT PASSIVE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6810 | M | TERMINAL DEVICE PINCHER TOOL OTTO BOCK OR EQUAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L6825 | M | TERMINAL DEVICES HANDS DORRANCE VO | | | $0.00 | Not Allowed | $0.00 | | | |
| L6830 | M | TERMINAL DEVICES HANDS APRL VC | | | $0.00 | Not Allowed | $0.00 | | | |
| L6835 | M | TERMINAL DEVICES HANDS SIERRA VO | | | $0.00 | Not Allowed | $0.00 | | | |
| L6840 | M | TERMINAL DEVICES HANDS BECKER IMPERIAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L6845 | M | TERMINAL DEVICES HANDS BECKER LOCK GRIP | | | $0.00 | Not Allowed | $0.00 | | | |
| L6850 | M | TERMINAL DEVICES HANDS BECKER PLYLITE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6855 | M | TERMINAL DEVICES HANDS ROBIN-AIDS VO | | | $0.00 | Not Allowed | $0.00 | | | |
| L6860 | M | TERMINAL DEVICES HANDS ROBIN-AIDS VO SOFT | | | $0.00 | Not Allowed | $0.00 | | | |
| L6865 | M | TERMINAL DEVICES HANDS PASSIVE HAND | | | $0.00 | Not Allowed | $0.00 | | | |
| L6867 | M | TERMINAL DEVICE HAND DETROIT INFANT HAND (MECHANICAL) | | | $0.00 | Not Allowed | $0.00 | | | |
| L6868 | M | TERMINAL DEVICE HAND PASSIVE INFANT HAND ( STEEPER HOSME | | | $0.00 | Not Allowed | $0.00 | | | |
| L6870 | M | TERMINAL DEVICES HANDS CHILD MITT | | | $0.00 | Not Allowed | $0.00 | | | |
| L6872 | M | TERMINAL DEVICE HAND NYU CHILD HAND | | | $0.00 | Not Allowed | $0.00 | | | |
| L6873 | M | TERMINAL DEVICE HAND MECHANICAL INFANT HAND STEEPER OR | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L6875 | M | TERMINAL DEVICES HANDS BOCK VC | | | $0.00 | Not Allowed | $0.00 | | | |
| L6880 | M | TERMINAL DEVICES HANDS BOCK VO | | | $0.00 | Not Allowed | $0.00 | | | |
| L6881 | M | AUTOGRASP FEATURE UL TERM DV | | | $0.00 | Not Allowed | $0.00 | | | |
| L6882 | M | MICROPROCESSOR CONTROL UPLMB | | | $0.00 | Not Allowed | $0.00 | | | |
| L6883 | M | REPLC SOCKT BELOW E/W DISA | | | $0.00 | Not Allowed | $0.00 | | | |
| L6884 | M | REPLC SOCKT ABOVE ELBOW DISA | | | $0.00 | Not Allowed | $0.00 | | | |
| L6885 | M | REPLC SOCKT SHLDR DIS/INTERC | | | $0.00 | Not Allowed | $0.00 | | | |
| L6890 | M | TERMINAL DEVICE GLOVES FOR ABOVE HANDS PRODUCTION GLOVE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6895 | M | TERMINAL DEVICES GLOVES FOR ABOVE HANDS CUSTOM GLOVE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6900 | M | HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED) | | | $0.00 | Not Allowed | $0.00 | | | |
| L6905 | M | HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED) | | | $0.00 | Not Allowed | $0.00 | | | |
| L6910 | M | HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED) | | | $0.00 | Not Allowed | $0.00 | | | |
| L6915 | M | HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED) | | | $0.00 | Not Allowed | $0.00 | | | |
| L6920 | M | WRIST DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6925 | M | WRIST DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6930 | M | BELOW ELBOW SWITCH CONTROL OF TERMINAL DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6935 | M | BELOW ELBOW MYOELECTRONIC CONTROL OF TERMINAL DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6940 | M | ELBOW DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6945 | M | ELBOW DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6950 | M | ABOVE ELBOW SWITCH CONTROL OF TERMINAL DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6955 | M | ABOVE ELBOW MYOELECTRONIC CONTROL OF TERMINAL DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6960 | M | SHLDR DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6965 | M | SHLDR DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6970 | M | INTERSCAP-THOR. SWITCH CONTROL OF TERMINAL DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| L6975 | M | INTERSCAP-THOR. MYOELECTRONIC CONTROL OF TERMINAL DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| L7010 | M | ELECTRONIC HAND OTTO BOCK STEEPER OR EQUAL SWITCH CONTROL | | | $0.00 | Not Allowed | $0.00 | | | |
| L7015 | M | ELECTRONIC HAND SYSTEM TEKNIK VARIETY VILLAGE OR EQUAL SW | | | $0.00 | Not Allowed | $0.00 | | | |
| L7020 | M | ELECTRONIC HAND GREIFER OTTO BOCK OR EQUAL SWITCH CONTROLL | | | $0.00 | Not Allowed | $0.00 | | | |
| L7025 | M | ELECTRONIC HAND OTTO BOCK OR EQUAL MYOELECTRONICALLY CONTR | | | $0.00 | Not Allowed | $0.00 | | | |
| L7030 | M | ELECTRONIC HAND SYSTEM TEKNIK VARIETY VILLAGE OR EQUAL MY | | | $0.00 | Not Allowed | $0.00 | | | |
| L7035 | M | ELECTRONIC GREIFER OTTO BOCK OR EQUAL MYOELECTRONICALLY CO | | | $0.00 | Not Allowed | $0.00 | | | |
| L7040 | M | PREHENSILE ACTUATOR HOSMER OR EQUAL SWITCH CONTROLLED | | | $0.00 | Not Allowed | $0.00 | | | |
| L7045 | M | ELECTRONIC HOOK CHILD MICHIGAN OR EQUAL SWITCH CONTROLLED | | | $0.00 | Not Allowed | $0.00 | | | |
| L7170 | M | ELECTRONIC ELBOW HOSMER OR EQUAL SWITCH CONTROLLED | | | $0.00 | Not Allowed | $0.00 | | | |
| L7180 | M | ELECTRONIC ELBOW UTAH OR EQUAL MYOELECTRONICALLY CONTROLLE | | | $0.00 | Not Allowed | $0.00 | | | |
| L7181 | M | ELECTRONIC ELBO SIMULTANEOUS | | | $0.00 | Not Allowed | $0.00 | | | |
| L7185 | M | ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL SWITCH CONTROL | | | $0.00 | Not Allowed | $0.00 | | | |
| L7186 | M | ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL SWITCH CO | | | $0.00 | Not Allowed | $0.00 | | | |
| L7190 | M | ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL MYOELECTRONIC | | | $0.00 | Not Allowed | $0.00 | | | |
| L7191 | M | ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL MYOELECTR | | | $0.00 | Not Allowed | $0.00 | | | |
| L7260 | M | ELECTRONIC WRIST ROTATOR OTTO BOCK OR EQUAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L7261 | M | ELECTRONIC WRIST ROTATOR FOR UTAH ARM | | | $0.00 | Not Allowed | $0.00 | | | |
| L7266 | M | SERVO CONTROL STEEPER OR EQUAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L7272 | M | ANALOGUE CONTROL UNB OR EQUAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L7274 | M | PROPORTIONAL CONTROL 12 VOLT UTAH OR EQUAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L7360 | M | SIX VOLT BATTERY OTTO BOCK OR EQUAL EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L7362 | M | BATTERY CHARGER SIX VOLT OTTO BOCK OR EQUAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L7364 | M | TWELVE VOLT BATTERY UTAH OR EQUAL EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L7366 | M | BATTERY CHARGER TWELVE VOLT UTAH OR EQUAL | | | $0.00 | Not Allowed | $0.00 | | | |
| L7367 | M | REPLACEMNT LITHIUM IONBATTER | | | $0.00 | Not Allowed | $0.00 | | | |
| L7368 | M | 3ITHIUM ION BATTERY CHARGER | | | $0.00 | Not Allowed | $0.00 | | | |
| L7400 | M | ADD UE PROST BE/WD ULTLITE | | | $0.00 | Not Allowed | $0.00 | | | |
| L7401 | M | ADD UE PROST A/E ULTLITE MAT | | | $0.00 | Not Allowed | $0.00 | | | |
| L7402 | M | ADD UE PROST S/D ULTLITE MAT | | | $0.00 | Not Allowed | $0.00 | | | |
| L7403 | M | ADD UE PROST B/E ACRYLIC | | | $0.00 | Not Allowed | $0.00 | | | |
| L7404 | M | ADD UE PROST A/E ACRYLIC | | | $0.00 | Not Allowed | $0.00 | | | |
| L7405 | M | ADD UE PROST S/D ACRYLIC | | | $0.00 | Not Allowed | $0.00 | | | |
| L7499 | M | UPPER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED | | | $0.00 | Not Allowed | $0.00 | | | |
| L7500 | M | REPAIR OF PROSTHETIC DEVICE HOURLY RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| L7510 | M | PROSTHETIC DEVICE REPAIR REP | | | $0.00 | Not Allowed | $0.00 | | | |
| L7520 | M | REPAIR PROSTHETIC DEVICE LABOR COMPONENT PER 15 MINUTES | | | $0.00 | Not Allowed | $0.00 | | | |
| L7600 | M | PROSTHETIC DONNING SLEEVE | | | $0.00 | Not Allowed | $0.00 | | | |
| L7900 | M | MALE VACUUM ERECTION SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| L8000 | M | BREAST PROSTHESIS MASTECTOMY BRA | | | $0.00 | Fee Schedule | $30.15 | | | |
| L8001 | M | BREAST PROSTHESIS BRA & FORM | | | $0.00 | Not Allowed | $0.00 | | | |
| L8002 | M | BRST PRSTH BRA & BILAT FORM | | | $0.00 | Not Allowed | $0.00 | | | |
| L8010 | M | MASTECTOMY SLEEVE | | | $0.00 | By Report | $0.00 | | | |
| L8015 | M | EXT BREAST PROSTHESIS GARMENT W/MASTECTOMY FORM POST-MASTEC | | | $0.00 | Not Allowed | $0.00 | | | |
| L8020 | M | BREAST PROSTHESIS MASTECTOMY FORM | | | $0.00 | Fee Schedule | $160.88 | | | |
| L8030 | M | BREAST PROSTHESIS SILICONE OR EQUAL | | | $0.00 | Fee Schedule | $285.49 | | | |
| L8035 | M | CUSTOM BREAST PROSTH. POST MASTECTOMY MOLDED TO PT. MODEL | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L8039 | M | BREAST PROSTHESIS NOT OTHERWISE SPECIFIED | | | $0.00 | Not Allowed | $0.00 | | | |
| L8040 | M | NASAL PROSTHESIS PROVIDED BY A NON PHYSICIAN | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L8041 | M | MIDFACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L8042 | M | ORBITAL PROSTHESIS PROVIDED BY A NON PHYSICIAN | | | $0.00 | Not Allowed | $0.00 | | | Y |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L8043 | M | UPPER FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L8044 | M | HEMI-FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L8045 | M | AURICULAR PROSTHESIS PROVIDED BY A NON PHYSICIAN | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L8046 | M | PARTIAL FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L8047 | M | NASAL SEPTAL PROSTHESIS PROVIDED BY A NON PHYSICIAN | | | $0.00 | Not Allowed | $0.00 | | | |
| L8048 | M | UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY A NON PHYSICIAN | | | $0.00 | Not Allowed | $0.00 | | | |
| L8049 | M | REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS LABOR | | | $0.00 | Not Allowed | $0.00 | | | |
| L8300 | M | TRUSSES SINGLE WITH STANDARD PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| L8310 | M | TRUSSES DOUBLE WITH STANDARD PADS | | | $0.00 | Not Allowed | $0.00 | | | |
| L8320 | M | TRUSSES ADDITION TO STANDARD PADS WATER PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| L8330 | M | TRUSSES ADDITION TO STANDARD PADS SCROTAL PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| L8400 | M | PROSTHETIC SHEATH BELOW KNEE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8410 | M | PROSTHETIC SHEATH ABOVE KNEE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8415 | M | PROSTHETIC SHEATH UPPER LIMB EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8417 | M | PROS SHEATH/SOCK GEL CUSHION BELOW OR ABOVE KNEE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8420 | M | PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8430 | M | PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8435 | M | PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8440 | M | PROSTHETIC SHRINKER BELOW KNEE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8460 | M | PROSTHETIC SHRINKER ABOVE KNEE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8465 | M | PROSTHETIC SHRINKER UPPER LIMB EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8470 | M | PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8480 | M | PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8485 | M | PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8499 | M | UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC | | | $0.00 | Not Allowed | $0.00 | | | |
| L8500 | M | ARTIFICIAL LARYNX ANY TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| L8501 | M | TRACHEOSTOMY SPEAKING VALVE | | | $0.00 | Not Allowed | $0.00 | | | |
| L8505 | M | ARTIFICIAL LARYNX ACCESSORY | | | $0.00 | Not Allowed | $0.00 | | | |
| L8507 | M | TRACH-ESOPH VOICE PROS PT IN | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L8509 | M | TRACH-ESOPH VOICE PROS MD IN | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L8510 | M | VOICE AMPLIFIER | | | $0.00 | Not Allowed | $0.00 | | | Y |
| L8511 | M | INDWELLING TRACH INSERT | | | $0.00 | Not Allowed | $0.00 | | | |
| L8512 | M | GEL CAP FOR TRACH VOICE PROS | | | $0.00 | Not Allowed | $0.00 | | | |
| L8513 | M | TRACH PROS CLEANING DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| L8514 | M | REPL TRACH PUNCTURE DILATOR | | | $0.00 | Not Allowed | $0.00 | | | |
| L8515 | M | GEL CAP APP DEVICE FOR TRACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8600 | N | IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL | | | $0.00 | APC | $0.00 | | | |
| L8603 | N | COLLAGEN IMPLANT URINARY TRACT PER 2.5 ML SYRINGE INC SHIP | | | $0.00 | APC | $0.00 | | | |
| L8606 | N | INJECTABLE BULKING AGENT SYNTHETIC IMPLANT URINARY TRACT | | | $0.00 | APC | $0.00 | | | |
| L8609 | N | ARTIFICIAL CORNEA | | | $0.00 | APC | $0.00 | | | |
| L8610 | N | OCULAR IMPLANT | | | $0.00 | APC | $0.00 | | | |
| L8612 | N | AQUEOUS SHUNT | | | $0.00 | APC | $0.00 | | | |
| L8613 | N | OSSICULA IMPLANT | | | $0.00 | APC | $0.00 | | | |
| L8614 | N | COCHLEAR DEVICE/SYSTEM | | | $0.00 | APC | $0.00 | | | |
| L8615 | M | COCH IMPLANT HEADSET REPLACE | | | $0.00 | Not Allowed | $0.00 | | | |
| L8616 | M | COCH IMPLANT MICROPHONE REPL | | | $0.00 | Not Allowed | $0.00 | | | |
| L8617 | M | COCH IMPLANT TRANS COIL REPL | | | $0.00 | Not Allowed | $0.00 | | | |
| L8618 | M | COCH IMPLANT TRAN CABLE REPL | | | $0.00 | Not Allowed | $0.00 | | | |
| L8619 | M | COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR REPLACEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| L8621 | M | REPL ZINC AIR BATTERY | | | $0.00 | Not Allowed | $0.00 | | | |
| L8622 | M | REPL ALKALINE BATTERY | | | $0.00 | Not Allowed | $0.00 | | | |
| L8623 | M | LITH ION BATT CID,NON-EARLVL | | | $0.00 | Not Allowed | $0.00 | | | |
| L8624 | M | LITH ION BATT CID, EAR LEVEL | | | $0.00 | Not Allowed | $0.00 | | | |
| L8630 | N | METACARPOPHALANGEAL JOINT IMPLANT | | | $0.00 | APC | $0.00 | | | |
| L8631 | M | MCP JOINT REPL 2 PC OR MORE | | | $0.00 | Not Allowed | $0.00 | | | |
| L8641 | N | METATARSAL JOINT IMPLANT | | | $0.00 | APC | $0.00 | | | |
| L8642 | N | HALLUX IMPLANT | | | $0.00 | APC | $0.00 | | | |
| L8658 | N | INTERPHALANGEAL JOINT SPACER | | | $0.00 | APC | $0.00 | | | |
| L8659 | M | INTERPHALANGEAL JOINT REPL | | | $0.00 | Not Allowed | $0.00 | | | |
| L8670 | N | VASCULAR GRAFT MATERIAL SYNTHETIC IMPLANT | | | $0.00 | APC | $0.00 | | | |
| L8680 | M | IMPLT NEUROSTIM ELCTR EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| L8681 | M | PT PRGRM FOR IMPLT NEUROSTIM | | | $0.00 | Not Allowed | $0.00 | | | |
| L8682 | N | IMPLT NEUROSTIM RADIOFQ REC | | | $0.00 | APC | $0.00 | | | |
| L8683 | M | RADIOFQ TRSMTR FOR IMPLT NEU | | | $0.00 | Not Allowed | $0.00 | | | |
| L8684 | M | RADIOF TRSMTR IMPLT SCRL NEU | | | $0.00 | Not Allowed | $0.00 | | | |
| L8685 | M | IMPLT NROSTM PLS GEN SNG REC | | | $0.00 | Not Allowed | $0.00 | | | |
| L8686 | M | IMPLT NROSTM PLS GEN SNG NON | | | $0.00 | Not Allowed | $0.00 | | | |
| L8687 | M | IMPLT NROSTM PLS GEN DUA REC | | | $0.00 | Not Allowed | $0.00 | | | |
| L8688 | M | IMPLT NROSTM PLS GEN DUA NON | | | $0.00 | Not Allowed | $0.00 | | | |
| L8689 | M | EXTERNAL RECHARGING SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| L8699 | N | PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED | | | $0.00 | APC | $0.00 | | | |
| L9900 | M | ORTHO/PROSTHETIC SUPP ACCESS &/OR SRVC COMPONT OF ANTHR CODE | | | $0.00 | Not Allowed | $0.00 | | | |
| M0064 | X | VISIT FOR DRUG MONITORING | 0374 | 1.1270 | $53.81 | APC | $53.81 | | | |
| M0075 | M | CELLULAR THERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| M0076 | M | PROLOTHERAPY | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| M0100 | M | INTRAGASTRIC HYPOTHERMIA | | | $0.00 | Not Allowed | $0.00 | | | |
| M0300 | M | IV CHELATIONTHERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| M0301 | M | FABRIC WRAPPING OF ANEURYSM | | | $0.00 | Not Allowed | $0.00 | | | |
| M0302 | M | ASSESSMENT OF CARDIAC OUTPUT | | | $0.00 | Not Allowed | $0.00 | | | |
| P2028 | Q | CEPHALIN FLOCULATION BLOOD | | | $0.00 | By Report | $0.00 | | | |
| P2029 | Q | CONGO RED BLOOD | | | $0.00 | By Report | $0.00 | | | |
| P2031 | Q | HAIR ANALYSIS (EXCLUDING ARSENIC) | | | $0.00 | Not Allowed | $0.00 | | | |
| P2033 | Q | THYMOL TURBIDITY BLOOD | | | $0.00 | By Report | $0.00 | | | |
| P2038 | Q | MUCOPROTEIN BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE | | | $0.00 | Medicare | $11.70 | $7.25 | $7.02 | |
| P3000 | Q | SCREENING PAPANICOLAOU SMEAR CERVICAL OR VAGINAL UP TO THR | | | $0.00 | Medicare | $24.60 | $15.25 | $14.76 | |
| P3001 | M | SCREENING PAP SMEAR BY PHYS | | | $0.00 | Fee Schedule | $0.00 | | | |
| P7001 | Q | CULTURE BACTERIAL URINE; QUANTITATIVE SENSITIVITY STUDY | | | $0.00 | Not Allowed | $0.00 | | | |
| P9010 | K | WHOLE BLOOD FOR TRANSFUSION | 0950 | 1.9835 | $94.71 | APC | $94.71 | | | |
| P9011 | K | BLOOD (SPLIT UNIT) SPECIFY AMOUNT | 0967 | 1.3878 | $66.27 | APC | $66.27 | | | |
| P9012 | K | CRYOPRECIPITATE EACH UNIT | 0952 | 0.7923 | $37.83 | APC | $37.83 | | | |
| P9016 | K | RBC LEUKOCYTES REDUCED | 0954 | 2.7446 | $131.05 | APC | $131.05 | | | |
| P9017 | K | PLASMA 1 DONOR FRZ W/IN 8 HR | 9508 | 1.1842 | $56.55 | APC | $56.55 | | | |
| P9019 | K | PLATELETS, EACH UNIT | 0957 | 0.8663 | $41.37 | APC | $41.37 | | | |
| P9020 | K | PLATELET RICH PLASMA EACH UNIT | 0958 | 4.6668 | $222.84 | APC | $222.84 | | | |
| P9021 | K | RED BLOOD CELLS UNIT | 0959 | 2.0435 | $97.58 | APC | $97.58 | | | |
| P9022 | K | WASHED RED BLOOD CELLS EACH UNIT | 0960 | 3.1830 | $151.99 | APC | $151.99 | | | |
| P9023 | K | FROZEN PLASMA, POOLED, SD | 0949 | 1.2810 | $61.17 | APC | $61.17 | | | |
| P9031 | K | PLATELETS LEUKOCYTES REDUCED EACH UNIT | 1013 | 1.6536 | $78.96 | APC | $78.96 | | | |
| P9032 | K | PLATELETS, IRRADIATED | 9500 | 1.4559 | $69.52 | APC | $69.52 | | | |
| P9033 | K | PLATELETS LEUKOCYTES REDUCED IRRADIATED EACH UNIT | 0968 | 2.5330 | $120.95 | APC | $120.95 | | | |
| P9034 | K | PLATELETS, PHERESIS | 9507 | 7.3009 | $348.62 | APC | $348.62 | | | |
| P9035 | K | PLATELETS PHERESIS LEUKOCYTES REDUCED EACH UNIT | 9501 | 8.2952 | $396.10 | APC | $396.10 | | | |
| P9036 | K | PLATELET PHERESIS IRRADIATED | 9502 | 5.4817 | $261.75 | APC | $261.75 | | | |
| P9037 | K | PLATELETS PHERESIS LEUKOCYTES REDUCED IRRADIATED EACH UNIT | 1019 | 9.7736 | $466.69 | APC | $466.69 | | | |
| P9038 | K | RBC IRRADIATED | 9505 | 2.4807 | $118.45 | APC | $118.45 | | | |
| P9039 | K | RED BLOOD CELLS DEGLYCEROLIZED EACH UNIT | 9504 | 5.7773 | $275.87 | APC | $275.87 | | | |
| P9040 | K | RBC LEUKOREDUCED IRRADIATED | 0969 | 3.6678 | $175.14 | APC | $175.14 | | | |
| P9041 | K | INFUSION ALBUMIN(HUMAN) 5% 50ML | 0961 | 0.4987 | $23.81 | APC | $23.81 | | | |
| P9043 | K | INFUSION PLASMA PROTEIN FRACTION(HUMAN) 5% 50 ML | 0956 | 1.1429 | $54.57 | APC | $54.57 | | | |
| P9044 | K | CRYOPRECIPITATEREDUCEDPLASMA | 1009 | 1.2536 | $59.86 | APC | $59.86 | | | |
| P9045 | K | INFUSION ALBUMIN (HUMAN) 5% 250 ML | 0963 | 1.2907 | $61.63 | APC | $61.63 | | | |
| P9046 | K | ALBUMIN (HUMAN) 25% 20 ML | 0964 | 0.4839 | $23.11 | APC | $23.11 | | | |
| P9047 | K | INFUSION ALBUMIN (HUMAN) 25% 50 ML | 0965 | 1.0966 | $52.36 | APC | $52.36 | | | |
| P9048 | K | PLASMAPROTEIN FRACT 5% 250ML | 0966 | 5.3107 | $253.59 | APC | $253.59 | | | |
| P9050 | K | GRANULOCYTES PHERESIS EACH UNIT | 9506 | 16.7317 | $798.94 | APC | $798.94 | | | |
| P9051 | K | BLOOD L/R CMV-NEG | 1010 | 3.4943 | $166.85 | APC | $166.85 | | | |
| P9052 | K | PLATELETS HLA-M L/R UNIT | 1011 | 10.2526 | $489.56 | APC | $489.56 | | | |
| P9053 | K | PLT PHER L/R CMV-NEG IRR | 1020 | 11.0037 | $525.43 | APC | $525.43 | | | |
| P9054 | K | BLOOD L/R FROZ/DEGLY/WASH | 1016 | 4.4061 | $210.39 | APC | $210.39 | | | |
| P9055 | K | PLT APH/PHER L/R CMV-NEG | 1017 | 8.8483 | $422.51 | APC | $422.51 | | | |
| P9056 | K | BLOOD L/R IRRADIATED | 1018 | 3.0005 | $143.27 | APC | $143.27 | | | |
| P9057 | K | RBC FRZ/DEG/WSH L/R IRRAD | 1021 | 5.8125 | $277.55 | APC | $277.55 | | | |
| P9058 | K | RBC L/R CMV-NEG IRRAD | 1022 | 4.4896 | $214.38 | APC | $214.38 | | | |
| P9059 | K | PLASMA FRZ BETWEEN 8-24HOUR | 0955 | 1.2566 | $60.00 | APC | $60.00 | | | |
| P9060 | K | FR FRZ PLASMA DONOR RETESTED | 9503 | 1.5934 | $76.08 | APC | $76.08 | | | |
| P9603 | M | ONE-WAY TRAVEL ALLOWANCE PRORATED MILES | | | $0.00 | Not Allowed | $0.00 | | | |
| P9604 | M | ONE-WAY TRAVEL ALLOWANCE PRORATED TRIP | | | $0.00 | Not Allowed | $0.00 | | | |
| P9612 | N | CATHETERIZATION FOR SPECIMEN COLLECTION SINGLE PT. ALL POS | | | $0.00 | APC | $0.00 | | | |
| P9615 | N | CATHETERIZATION FOR COLLECTION OF SPECIMEN(S) | | | $0.00 | APC | $0.00 | | | |
| Q0034 | M | ADMINISTRATION OF INFLUENZA VACCINE TO MEDICARE BENEFICIARIE | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0035 | X | CARDIOKYMOGRAPHY | 0100 | 2.4833 | $118.58 | APC | $118.58 | | | |
| Q0081 | M | INFUSION THERAPY USING OTHER THAN CHEMOTHERAPEUTIC DRUGS P | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0082 | N | ACTIVITY THERAPY FURNISHED IN CONNECTION WITH PARTIAL HOSPIT | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q0083 | M | CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0084 | M | CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY PER | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0085 | M | CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND O | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0091 | T | SCREENING PAPANICOLAOU SMEAR; OBTAINING PREPARING AND CONVE | 0191 | 0.1702 | $8.13 | APC | $8.13 | | | |
| Q0092 | N | SET UP PORTABLE X-RAY EQUIPMENT | | | $0.00 | APC | $0.00 | | | |
| Q0111 | Q | WET MOUNTS INCL PREP OF VAGINAL CERVICAL OR SKIN SPECIMENS | | | $0.00 | Medicare | $9.93 | $6.16 | $5.96 | |
| Q0112 | Q | ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS | | | $0.00 | Medicare | $9.93 | $6.16 | $5.96 | |
| Q0113 | Q | PINWORM EXAMINATIONS | | | $0.00 | Medicare | $10.62 | $6.58 | $6.37 | |
| Q0114 | Q | FERN TEST | | | $0.00 | Medicare | $16.65 | $10.32 | $9.99 | |
| Q0115 | Q | POST COITAL DIRECT QUALITATIVE EXAM OF VAG OR CERV MUCOUS | | | $0.00 | Medicare | $23.05 | $14.29 | $13.83 | |
| Q0144 | N | AZITHROMYCIN DIHYDRATE, ORAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q0156 | N | INFUSION ALBUMIN (HUMAN) 5% PER ML | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q0157 | N | INFUSION ALBUMIN (HUMAN) 25% PER ML | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q0160 | N | FACTOR IX NON-RECOMBINANT | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q0161 | N | FACTOR IX RECOMBINANT | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q0163 | N | DIPHENHYDRAMINE HCL 50MG | | | $0.00 | APC | $0.00 | | | |
| Q0164 | N | PROCHLORPERAZINE MALEATE 5MG | | | $0.00 | APC | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| Q0165 | N | PROCHLORPERAZINE MALEATE10MG | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q0166 | K | GRANISETRON HCL 1 MG ORAL | 0765 | 0.6915 | $33.02 | APC | $33.02 | | | |
| Q0167 | N | DRONABINOL 2.5MG ORAL | | | $0.00 | APC | $0.00 | | | |
| Q0168 | N | DRONABINOL 5MG ORAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q0169 | N | PROMETHAZINE HCL 12.5MG ORAL | | | $0.00 | APC | $0.00 | | | |
| Q0170 | N | PROMETHAZINE HCL 25 MG ORAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q0171 | N | CHLORPROMAZINE HCL 10MG ORAL | | | $0.00 | APC | $0.00 | | | |
| Q0172 | N | CHLORPROMAZINE HCL 25MG ORAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q0173 | N | TRIMETHOBENZAMIDE HCL 250MG | | | $0.00 | APC | $0.00 | | | |
| Q0174 | N | THIETHYLPERAZINE MALEATE10MG | | | $0.00 | APC | $0.00 | | | |
| Q0175 | N | PERPHENAZINE 4MG ORAL | | | $0.00 | APC | $0.00 | | | |
| Q0176 | N | PERPHENAZINE 8MG ORAL | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q0177 | N | HYDROXYZINE PAMOATE 25MG | | | $0.00 | APC | $0.00 | | | |
| Q0178 | N | HYDROXYZINE PAMOATE 50MG | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q0179 | K | ONDANSETRON HCL 8MG ORAL | 0769 | 0.6055 | $28.91 | APC | $28.91 | | | |
| Q0180 | K | DOLASETRON MESYLATE ORAL | 0763 | 0.8213 | $39.22 | APC | $39.22 | | | |
| Q0181 | N | UNSPECIFIED ORAL ANTI-EMETIC | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q0185 | N | METABOLIC ACTIVE D/E TISSUE | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q0186 | M | PARAMEDIC INTERCEPT RURAL VOLUNTEER AMB PROHIBITED FOR TPL | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0480 | M | DRIVER PNEUMATIC VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0481 | M | MICROPRCSR CU ELEC VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0482 | M | MICROPRCSR CU COMBO VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0483 | M | MONITOR ELEC VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0484 | M | MONITOR ELEC OR COMB VAD REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0485 | M | MONITOR CABLE ELEC VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0486 | M | MON CABLE ELEC/PNEUM VAD REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0487 | M | LEADS ANY TYPE VAD, REP ONLY | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0488 | M | PWR PACK BASE ELEC VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0489 | M | PWR PCK BASE COMBO VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0490 | M | EMR PWR SOURCE ELEC VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0491 | M | EMR PWR SOURCE COMBO VAD REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0492 | M | EMR PWR CBL ELEC VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0493 | M | EMR PWR CBL COMBO VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0494 | M | EMR HD PMP ELEC/COMBO, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0495 | E | CHARGER ELEC/COMBO VAD REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0496 | E | BATTERY ELEC/COMBO VAD REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0497 | E | BAT CLPS ELEC/COMB VAD REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0498 | E | HOLSTER ELEC/COMBO VAD REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0499 | E | BELT/VEST ELEC/COMBO VAD REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0500 | M | FILTERS ELEC/COMBO VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0501 | M | SHWR COV ELEC/COMBO VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0502 | M | MOBILITY CART PNEUM VAD, REP | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0503 | M | BATTERY PNEUM VAD REPLACEMNT | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0504 | M | PWR ADPT PNEUM VAD, REP VEH | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0505 | M | MISCL SUPPLY/ACCESSORY VAD | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0510 | M | DISPENS FEE IMMUNOSUPRESSIVE | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0511 | M | SUP FEE ANTIEM ANTICA IMMUNO | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0512 | M | PX SUP FEE ANTI-CAN SUB PRES | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0513 | M | DISP FEE INHAL DRUGS/30 DAYS | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0514 | M | DISP FEE INHAL DRUGS/90 DAYS | | | $0.00 | Not Allowed | $0.00 | | | |
| Q0515 | N | SERMORELIN ACETATE INJECTION | | | $0.00 | APC | $0.00 | | | |
| Q1003 | N | NTIOL CATEGORY 3 | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q1004 | N | NTIOL CATEGORY 4 | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q1005 | N | NTIOL CATEGORY 5 | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q2004 | N | BLADDER CALCULI IRRIG SOL | | | $0.00 | APC | $0.00 | | | |
| Q2009 | K | FOSPHENYTOIN, 50 MG | 7028 | 0.0939 | $4.48 | APC | $4.48 | | | |
| Q2017 | K | TENIPOSIDE, 50 MG | 7035 | 4.4480 | $212.39 | APC | $212.39 | | | |
| Q3001 | M | BRACHYTHERAPY RADIOELEMENTS | | | $0.00 | Not Allowed | $0.00 | | | |
| Q3014 | M | CYANOCOBALAMIN COBALT CO57 | | | $0.00 | Not Allowed | $0.00 | | | |
| Q3017 | M | ALS ASSESSMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| Q3021 | M | PED HEPATITIS B VACCINE INJ | | | $0.00 | Not Allowed | $0.00 | | | |
| Q3022 | M | HEPATITIS B VACCINE ADULT DS | | | $0.00 | Not Allowed | $0.00 | | | |
| Q3023 | M | INJECTION HEPATITIS BVACCINE | | | $0.00 | Not Allowed | $0.00 | | | |
| Q3025 | K | IM INJ INTERFERON BETA 1-A | 9022 | 1.8142 | $86.63 | APC | $86.63 | | | |
| Q3026 | M | SUBC INJ INTERFERON BETA-1A | | | $0.00 | Not Allowed | $0.00 | | | |
| Q3031 | N | COLLAGEN SKIN TEST | | | $0.00 | APC | $0.00 | | | |
| Q4001 | N | CAST SUP BODY CAST PLASTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4002 | N | CAST SUP BODY CAST FIBERGLAS | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4003 | N | CAST SUP SHOULDER CAST PLSTR | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4004 | N | CAST SUP SHOULDER CAST FBRGL | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4005 | N | CAST SUP LONG ARM ADULT PLST | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4006 | N | CAST SUP LONG ARM ADULT FBRG | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4007 | N | CAST SUP LONG ARM PED PLSTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4008 | N | CAST SUP LONG ARM PED FBRGLS | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4009 | N | CAST SUP SHT ARM ADULT PLSTR | | | $0.00 | Fee Schedule | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| Q4010 | N | CAST SUP SHT ARM ADULT FBRGL | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4011 | N | CAST SUP SHT ARM PED PLASTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4012 | N | CAST SUP SHT ARM PED FBRGLAS | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4013 | N | CAST SUP GAUNTLET PLASTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4014 | N | CAST SUP GAUNTLET FIBERGLASS | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4015 | N | CAST SUP GAUNTLET PED PLSTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4016 | N | CAST SUP GAUNTLET PED FBRGLS | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4017 | N | CAST SUP LNG ARM SPLINT PLST | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4018 | N | CAST SUP LNG ARM SPLINT FBRG | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4019 | N | CAST SUP LNG ARM SPLNT PED P | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4020 | N | CAST SUP LNG ARM SPLNT PED F | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4021 | N | CAST SUP SHT ARM SPLINT PLST | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4022 | N | CAST SUP SHT ARM SPLINT FBRG | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4023 | N | CAST SUP SHT ARM SPLNT PED P | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4024 | N | CAST SUP SHT ARM SPLNT PED F | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4025 | N | CAST SUP HIP SPICA PLASTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4026 | N | CAST SUP HIP SPICA FIBERGLAS | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4027 | N | CAST SUP HIP SPICA PED PLSTR | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4028 | N | CAST SUP HIP SPICA PED FBRGL | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4029 | N | CAST SUP LONG LEG PLASTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4030 | N | CAST SUP LONG LEG FIBERGLASS | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4031 | N | CAST SUP LNG LEG PED PLASTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4032 | N | CAST SUP LNG LEG PED FBRGLS | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4033 | N | CAST SUP LNG LEG CYLINDER PL | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4034 | N | CAST SUP LNG LEG CYLINDER FB | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4035 | N | CAST SUP LNGLEG CYLNDR PED P | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4036 | N | CAST SUP LNGLEG CYLNDR PED F | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4037 | N | CAST SUP SHRT LEG PLASTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4038 | N | CAST SUP SHRT LEG FIBERGLASS | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4039 | N | CAST SUP SHRT LEG PED PLSTER | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4040 | N | CAST SUP SHRT LEG PED FBRGLS | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4041 | N | CAST SUP LNG LEG SPLNT PLSTR | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4042 | N | CAST SUP LNG LEG SPLNT FBRGL | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4043 | N | CAST SUP LNG LEG SPLNT PED P | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4044 | N | CAST SUP LNG LEG SPLNT PED F | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4045 | N | CAST SUP SHT LEG SPLNT PLSTR | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4046 | N | CAST SUP SHT LEG SPLNT FBRGL | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4047 | N | CAST SUP SHT LEG SPLNT PED P | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4048 | N | CAST SUP SHT LEG SPLNT PED F | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4049 | N | FINGER SPLINT, STATIC | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4050 | N | CAST SUPPLIES UNLISTED | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4051 | N | SPLINT SUPPLIES MISC | | | $0.00 | Fee Schedule | $0.00 | | | |
| Q4053 | M | INJECTION, PEGFILGRASTIM, | | | $0.00 | Not Allowed | $0.00 | | | |
| Q4079 | G | NATALIZUMAB INJECTION | 9126 | 0.1296 | $6.19 | Fee Schedule | $6.19 | | | |
| Q4080 | M | ILOPROST INHALATION SOLUTION | | | $0.00 | Not Allowed | $0.00 | | | |
| Q9945 | K | LOCM <=149 MG/ML IODINE, 1ML | 9157 | 0.0049 | $0.23 | APC | $0.23 | | | |
| Q9946 | K | LOCM 150-199 MG/ML IODINE, 1ML | 9158 | 0.0329 | $1.57 | APC | $1.57 | | | |
| Q9947 | K | LOCM 200-249MG/ML IODINE, 1ML | 9159 | 0.0238 | $1.14 | APC | $1.14 | | | |
| Q9948 | K | LOCM 250-299 MG/ML IODINE, 1ML | 9160 | 0.0045 | $0.21 | APC | $0.21 | | | |
| Q9949 | K | LOCM 300-349MG/ML IODINE, 1ML | 9161 | 0.0059 | $0.28 | APC | $0.28 | | | |
| Q9950 | K | LOCM 350-399MG/ML IODINE, 1ML | 9162 | 0.0035 | $0.17 | APC | $0.17 | | | |
| Q9951 | K | LOCM >=400MG/ML IODINE, 1ML | 9163 | 0.0050 | $0.24 | APC | $0.24 | | | |
| Q9952 | K | INJ GAD-BASE MR CONTRAST, ML | 9164 | 0.0482 | $2.30 | APC | $2.30 | | | |
| Q9953 | K | INJ FE-BASED MR CONTRAST, ML | 1713 | 0.5107 | $24.39 | APC | $24.39 | | | |
| Q9954 | K | ORAL MR CONTRAST, 100ML | 9165 | 0.1495 | $7.14 | APC | $7.14 | | | |
| Q9955 | K | INJ PERFLEXANE LIP MICROS, ML | 9203 | 0.1184 | $5.65 | APC | $5.65 | | | |
| Q9956 | K | INJ OCTAFLUOROPROPANE MIC, ML | 9202 | 0.8331 | $39.78 | APC | $39.78 | | | |
| Q9957 | K | INJ PERFLUTREN LIP MICROS, ML | 9112 | 1.0351 | $49.43 | APC | $49.43 | | | |
| Q9958 | K | HOCM <= 149 MG/ML IODINE, 1ML | 1714 | 0.0015 | $0.07 | APC | $0.07 | | | |
| Q9959 | N | HOCM 150-199MG/ML IODINE, 1ML | | | $0.00 | APC | $0.00 | | | |
| Q9960 | K | HOCM 200-249 MG/ML IODINE, 1ML | 1715 | 0.0017 | $0.08 | APC | $0.08 | | | |
| Q9961 | K | HOCM 250-299 MG/ML IODINE, 1ML | 1734 | 0.0018 | $0.09 | APC | $0.09 | | | |
| Q9962 | K | HOCM 300-349 MG/ML IODINE, 1ML | 1735 | 0.0029 | $0.14 | APC | $0.14 | | | |
| Q9963 | K | HOCM 350-399 MG/ML IODINE, 1ML | 1736 | 0.0049 | $0.23 | APC | $0.23 | | | |
| Q9964 | K | HOCM >= 400 MG/ML IODINE, 1ML | 1737 | 0.0029 | $0.14 | APC | $0.14 | | | |
| R0070 | M | TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO | | | $0.00 | Not Allowed | $0.00 | | | |
| R0075 | M | TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO | | | $0.00 | Not Allowed | $0.00 | | | |
| R0076 | M | TRANSPORT PORTABLE EKG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0001 | M | D.P.G. 1 - NERVE AND OTHER PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0002 | M | D.P.G. 2 - SPINAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0003 | M | D.P.G. 3 - NERVE INJECTIONS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0004 | M | D.P.G. 4 - ORBITAL AND OTHER EYE PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0005 | M | D.P.G. 5 - LENS PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0006 | M | D.P.G. 6 - IRIS AND OTHER EYE PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0007 | M | D.P.G. 7 - STRABISMUS SURGERY | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| S0008 | M | D.P.G. 8 - EXTERNAL EYE PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0010 | M | D.P.G. 10 - TYMPANOPLASTY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0011 | M | D.P.G. 11 - SINUS PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0012 | M | D.P.G. 12 - OTHER SINUS PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0013 | M | D.P.G. 13 - TONSIL/ADENOID PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0014 | M | D.P.G. 14 - NASAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0015 | M | D.P.G. 15 - OTHER RESPIRATORY PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0017 | M | D.P.G. 17 - ENDOSCOPY - E.N.T. | | | $0.00 | Not Allowed | $0.00 | | | |
| S0018 | M | D.P.G. 18 - PACEMAKERS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0019 | M | D.P.G. 19 - CARDIAC CATHETERIZATION | | | $0.00 | Not Allowed | $0.00 | | | |
| S0020 | M | D.P.G. 20 - ANGIOGRAPHY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0021 | M | D.P.G. 21 - VASCULAR PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0022 | M | D.P.G. 22 - OTHER VASCULAR PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0023 | M | D.P.G. 23 - LYMPHATIC PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0024 | M | D.P.G. 24 - MINOR VASCULAR PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0025 | M | D.P.G. 25 - CHOLECYSTECTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0026 | M | D.P.G. 26 - HERNIA REPAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| S0027 | M | D.P.G. 27 - HEPATOBILIARY PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0028 | M | D.P.G. 28 - G.I. PROCEDURES (ENDOSCOPY) | | | $0.00 | Not Allowed | $0.00 | | | |
| S0029 | M | D.P.G. 29 - ANO-RECTAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0030 | M | D.P.G. 30 - MINOR ANAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0031 | M | D.P.G. 31 - MECHANICAL IMPLANTS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0032 | M | D.P.G. 32 - LITHOTRIPSY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0033 | M | D.P.G. 33 - UPPER URINARY PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0034 | M | D.P.G. 34 - LOWER URINARY AND GENITAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0035 | M | D.P.G. 35 - BLADDER AND URETHRAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0036 | M | D.P.G. 36 - VASECTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0037 | M | D.P.G. 37 - CIRCUMCISION | | | $0.00 | Not Allowed | $0.00 | | | Y |
| S0038 | M | D.P.G. 38 - UROLOGICAL DIAGNOSTIC PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0039 | M | D.P.G. 39 - UTERUS/ADNEXAL/PERITONEAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0040 | M | D.P.G. 40 - ENDOSCOPY AND GYN PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0041 | M | D.P.G. 41 - MINOR GYN PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0042 | M | D.P.G. 42 - EVACUATIONS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0043 | M | D.P.G. 43 - MAXILLO-FACIAL PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0044 | M | D.P.G. 44 - MINOR BONE PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0045 | M | D.P.G. 45 - UPPER EXTREMITY PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0046 | M | D.P.G. 46 - OPEN REDUCTIONS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0047 | M | D.P.G. 47 - TENDON AND MUSCLE PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0048 | M | D.P.G. 48 - CLOSED REDUCTIONS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0049 | M | D.P.G. 49 - LOWER EXTREMITY PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0050 | M | D.P.G. 50 - KNEE PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0051 | M | D.P.G. 51 - ANKLE AND FOOT PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0052 | M | D.P.G. 52 - REMOVAL OF INTERNAL FIXATION | | | $0.00 | Not Allowed | $0.00 | | | |
| S0053 | M | D.P.G. 53 - SOFT TISSUE PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0054 | M | D.P.G. 54 - MANIPULATIONS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0055 | M | D.P.G. 55 - MASTECTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0056 | M | D.P.G. 56 - AUGMENTATION/MAMMOPLASTY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0057 | M | D.P.G. 57 - BREAST PLASTIC PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0058 | M | D.P.G. 58 - PLASTIC RECONSTRUCTION | | | $0.00 | Not Allowed | $0.00 | | | |
| S0059 | M | D.P.G. 59 - SKIN PROCEDURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0060 | M | D.P.G. 60 - DENTAL SURGERY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0061 | M | D.P.G. 61 - BIOPSY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0063 | M | D.P.G. 63 - TRANSFUSIONS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0064 | M | D.P.G. 64 - CARDIOVERSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S0065 | M | D.P.G. 65 - CHEMOTHERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0066 | M | D.P.G. 66 - MYELOGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| S0067 | M | D.P.G. 67 - ELECTROSHOCK THERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0073 | M | INJECTION, AZTREONAM, 500 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0074 | M | INJECTION, CEFOTETAN DISODIU | | | $0.00 | Not Allowed | $0.00 | | | |
| S0077 | M | D.P.G. 77 - OTHER ER/CLINIC VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S0078 | M | INJECTION, FOSPHENYTOIN SODI | | | $0.00 | Not Allowed | $0.00 | | | |
| S0080 | M | INJECTION, PENTAMIDINE ISETH | | | $0.00 | Not Allowed | $0.00 | | | |
| S0081 | M | INJECTION, PIPERACILLIN SODI | | | $0.00 | Not Allowed | $0.00 | | | |
| S0086 | M | INJECTION, VERTEPORFIN, 15MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0088 | M | IMATINIB 100 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0090 | M | SILDENAFIL CITRATE, 25 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0091 | M | D.P.G. 91 - CRITICAL CARE VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S0092 | M | D.P.G. 92 - EMERGENCY VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S0093 | M | D.P.G. 93 - SCREENING FEE | | | $0.00 | Not Allowed | $0.00 | | | |
| S0096 | M | INJECTION, ITRACONAZOLE, 200 | | | $0.00 | Not Allowed | $0.00 | | | |
| S0097 | M | INJECTION IBUTILIDE FUMARATE 1 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0098 | M | INJECTION SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE 62.5 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0106 | M | BUPROPION HCL SR 60 TABLETS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0108 | M | MERCAPTOPURINE ORAL 50 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0116 | M | BEVACIZUMAB 100 MG | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| S0117 | M | TRETINOIN TOPICAL 5 G | | | $0.00 | Not Allowed | $0.00 | | | |
| S0122 | M | INJECTION MENOTROPINS 75 IU | | | $0.00 | Not Allowed | $0.00 | | | |
| S0126 | M | INJECTION FOLLITROPIN ALFA 75 IU | | | $0.00 | Not Allowed | $0.00 | | | |
| S0128 | M | INJECTION FOLLITROPIN BETA 75 IU | | | $0.00 | Not Allowed | $0.00 | | | |
| S0132 | M | INJECTION GANIRELIX ACETATE 250 MCG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0133 | E | HISTRELIN IMPLANT | | | $0.00 | Not Allowed | $0.00 | | | |
| S0145 | E | PEG INTERFERON ALFA-2A/180 | | | $0.00 | Not Allowed | $0.00 | | | |
| S0146 | E | PEG INTERFERON ALFA-2B/10 | | | $0.00 | Not Allowed | $0.00 | | | |
| S0155 | M | EPOPROSTENOL DILUTANT | | | $0.00 | Not Allowed | $0.00 | | | |
| S0156 | M | EXEMESTANE, 25 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0157 | M | BECAPLERMIN GEL 1%, 0.5 GM | | | $0.00 | Not Allowed | $0.00 | | | |
| S0160 | M | DEXTROAMPHETAMINE | | | $0.00 | Not Allowed | $0.00 | | | |
| S0161 | M | CALCITROL | | | $0.00 | Not Allowed | $0.00 | | | |
| S0162 | M | INJECTION EFALIZUMAB | | | $0.00 | Not Allowed | $0.00 | | | |
| S0164 | M | INJECTION PANTROPRAZOLE | | | $0.00 | Not Allowed | $0.00 | | | |
| S0170 | M | ANASTROZOLE 1 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0171 | M | BUMETANIDE 0.5 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0172 | M | CHLORAMBUCIL 2 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0174 | M | DOLASETRON 50 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0175 | M | FLUTAMIDE 125 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0176 | M | HYDROXYUREA 500 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0177 | M | LEVAMISOLE 50 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0178 | M | LOMUSTINE 10 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0179 | M | MEGESTROL 20 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0181 | M | ONDANSETRON 4 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0182 | M | PROCARBAZINE 5 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0183 | M | PROCHLORPERAZINE 5 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0187 | M | TAMOXIFEN 10 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0188 | E | ZICONOTIDE INTRATHECAL 1MCG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0189 | M | TESTOSTERONE PELLET 75 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0190 | M | MITEPRISTONE, ORAL, 200MG | | | $0.00 | Fee Schedule | $76.50 | | | |
| S0191 | M | MISOPROSTOL, ORAL, 200 MCG | | | $0.00 | Fee Schedule | $1.02 | | | |
| S0194 | M | VITAMIN SUPPL 100 CAPS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0195 | M | PNEUMOCOCCAL CONJUGATE VAC | | | $0.00 | Not Allowed | $0.00 | | | |
| S0196 | M | POLY-L-LACTIC ACID 1ML FACE | | | $0.00 | Not Allowed | $0.00 | | | |
| S0198 | E | INJ PEGAPTANIB 0.3 MG | | | $0.00 | Not Allowed | $0.00 | | | |
| S0206 | M | SURGERY IN OFFICE | | | $0.00 | Not Allowed | $0.00 | | | |
| S0208 | M | PARAMED INTRCEPT NONVOL | | | $0.00 | Not Allowed | $0.00 | | | |
| S0209 | M | WC VAN MILEAGE PER MI | | | $0.00 | Not Allowed | $0.00 | | | |
| S0215 | M | NONEMERG TRANSP MILEAGE | | | $0.00 | Not Allowed | $0.00 | | | |
| S0220 | M | MEDICAL CONFERENCE BY PHYSIC | | | $0.00 | Not Allowed | $0.00 | | | |
| S0221 | M | MEDICAL CONFERENCE, 60 MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| S0250 | M | COMP GERIATR ASSMT TEAM | | | $0.00 | Not Allowed | $0.00 | | | |
| S0255 | M | HOSPICE REFER VISIT NONMD | | | $0.00 | Not Allowed | $0.00 | | | |
| S0257 | M | END OF LIFE COUNSELING | | | $0.00 | Not Allowed | $0.00 | | | |
| S0260 | M | H&P FOR SURGERY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0265 | E | GENETIC COUNSEL 15 MINS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0302 | M | COMPLETED EPSDT | | | $0.00 | Not Allowed | $0.00 | | | |
| S0310 | M | HOSPITALIST VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S0340 | M | LIFESTYLE MOD 1ST STAGE | | | $0.00 | Not Allowed | $0.00 | | | |
| S0341 | M | LIFESTYLE MOD 2 OR 3 STAGE | | | $0.00 | Not Allowed | $0.00 | | | |
| S0342 | M | LIFESTYLE MOD 4TH STAGE | | | $0.00 | Not Allowed | $0.00 | | | |
| S0390 | M | ROUTINE FOOT CARE PER VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S0395 | M | IMPRESSION CASTING FT | | | $0.00 | Not Allowed | $0.00 | | | |
| S0400 | M | GLOBAL ESWL KIDNEY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0500 | M | DISPOS CONT LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0504 | M | SINGL PRSCRP LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0506 | M | BIFOC PRSCP LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0508 | M | TRIFOC PRSCRP LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0510 | M | NON-PRSCRP LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0512 | M | DAILY CONT LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0514 | M | COLOR CONT LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0516 | M | SAFETY FRAMES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0518 | M | SUNGLASS FRAMES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0580 | M | POLYCARB LENS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| S0581 | M | NONSTND LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0590 | M | MISC INTEGRAL LENS SERV | | | $0.00 | Not Allowed | $0.00 | | | |
| S0592 | M | COMP CONT LENS EVAL | | | $0.00 | Not Allowed | $0.00 | | | |
| S0601 | M | SCREENING PROCTOSCOPY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0605 | M | DIGITAL RECTAL EXAMINATION, | | | $0.00 | Not Allowed | $0.00 | | | |
| S0610 | M | ANNUAL GYNECOLOGICAL EXAMINA | | | $0.00 | Not Allowed | $0.00 | | | |
| S0612 | M | ANNUAL GYNECOLOGICAL EXAMINA | | | $0.00 | Not Allowed | $0.00 | | | |
| S0613 | M | ANN BREAST EXAM | | | $0.00 | By Report | $0.00 | | | |
| S0618 | M | AUDIOMETRY FOR HEARING AID | | | $0.00 | Not Allowed | $0.00 | | | |
| S0620 | M | ROUTINE OPHTHALMOLOGICAL EXA | | | $0.00 | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| S0621 | M | ROUTINE OPHTHALMOLOGICAL EXA | | | $0.00 | Not Allowed | $0.00 | | | |
| S0622 | M | PHYS EXAM FOR COLLEGE | | | $0.00 | Not Allowed | $0.00 | | | |
| S0630 | M | REMOVAL OF SUTURES | | | $0.00 | Not Allowed | $0.00 | | | |
| S0800 | M | LASER IN SITU KERATOMILEUSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| S0810 | M | PHOTOREFRACTIVE KERATECTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| S0812 | M | PHOTOTHERAP KERATECT | | | $0.00 | Not Allowed | $0.00 | | | |
| S0820 | M | COMPUTERIZED CORNEAL TOPOGRA | | | $0.00 | Not Allowed | $0.00 | | | |
| S0830 | M | ULTRASOUND PACHYMETRY | | | $0.00 | Not Allowed | $0.00 | | | |
| S1001 | M | DELUXE ITEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S1002 | M | CUSTOM ITEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S1015 | M | IV TUBING EXTENSION SET | | | $0.00 | Not Allowed | $0.00 | | | |
| S1016 | M | NON-PVC INTRAVENOUS ADMINIST | | | $0.00 | Not Allowed | $0.00 | | | |
| S1025 | M | INHAL NITRIC OXIDE NEONATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S1030 | M | GLUC MONITOR PURCHASE | | | $0.00 | Not Allowed | $0.00 | | | |
| S1031 | M | GLUC MONITOR RENTAL | | | $0.00 | Not Allowed | $0.00 | | | |
| S2050 | M | DONOR ENTERECTOMY W/PREP & MAINT. OF ALLOGRAFT; CADAVER | | | $0.00 | Not Allowed | $0.00 | | | |
| S2052 | M | TRANSPLANTATION OF SMALL INT | | | $0.00 | Not Allowed | $0.00 | | | |
| S2053 | M | TRANSPLANTATION OF SMALL INT | | | $0.00 | Not Allowed | $0.00 | | | |
| S2054 | M | TRANSPLANTATION OF MULTIVISC | | | $0.00 | Not Allowed | $0.00 | | | |
| S2055 | M | HARVESTING OF DONOR MULTIVIS | | | $0.00 | Not Allowed | $0.00 | | | |
| S2060 | M | LOBAR LUNG TRANSPLANTATION | | | $0.00 | Not Allowed | $0.00 | | | |
| S2061 | M | DONOR LOBECTOMY (LUNG) | | | $0.00 | Not Allowed | $0.00 | | | |
| S2065 | M | SIMULT PANC KIDN TRANS | | | $0.00 | Not Allowed | $0.00 | | | |
| S2068 | M | BREAST DIEP FLAP RECONSTRUCT | | | $0.00 | Not Allowed | $0.00 | | | |
| S2070 | M | CYSTO LASER TX URETERAL CALC | | | $0.00 | Not Allowed | $0.00 | | | |
| S2078 | M | LAP SUPRACERV HYSTERECTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| S2079 | M | LAP ESOPHAGOMYOTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| S2080 | M | LAUP | | | $0.00 | Not Allowed | $0.00 | | | |
| S2083 | M | ADJUSTMENT GASTRIC BAND | | | $0.00 | Not Allowed | $0.00 | | | |
| S2095 | M | TRANSCATH EMBOLIZ MICROSPHER | | | $0.00 | Not Allowed | $0.00 | | | |
| S2102 | M | ISLET CELL TISSUE TRANSPLANT | | | $0.00 | Not Allowed | $0.00 | | | |
| S2103 | M | ADRENAL TISSUE TRANSPLANT | | | $0.00 | Not Allowed | $0.00 | | | |
| S2107 | M | ADOPTIVE IMMUNOTHERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| S2109 | M | AUTOLOGOUS CHONDROCYTE TRANSPLANTATION | | | $0.00 | Not Allowed | $0.00 | | | |
| S2112 | M | KNEE ARTHROSCP HARV | | | $0.00 | Not Allowed | $0.00 | | | |
| S2115 | M | PERIACETABULAR OSTEOTOMY | | | $0.00 | Not Allowed | $0.00 | | | |
| S2120 | M | LOW DENSITY LIPOPROTEIN(LDL) | | | $0.00 | Not Allowed | $0.00 | | | |
| S2135 | M | NEUROLYSIS INTERSPACE FOOT | | | $0.00 | Not Allowed | $0.00 | | | |
| S2140 | M | CORD BLOOD HARVESTING | | | $0.00 | Not Allowed | $0.00 | | | |
| S2142 | M | CORD BLOOD-DERIVED STEM-CELL | | | $0.00 | Not Allowed | $0.00 | | | |
| S2150 | M | BMT HARV/TRANSPL 28D PKG | | | $0.00 | Not Allowed | $0.00 | | | |
| S2152 | M | SOLID ORGAN TRANSPL PKG | | | $0.00 | Not Allowed | $0.00 | | | |
| S2180 | M | DONOR LEUKOCYTE INFUSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S2190 | M | SUBCUTANEOUS IMPLANTATION OF MEDICATION PELLET(S) | | | $0.00 | Not Allowed | $0.00 | | | |
| S2202 | M | ECHOSCLEROTHERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| S2204 | M | TRANSMYOCARDIAL LASER REVASCULARIZATION | | | $0.00 | Not Allowed | $0.00 | | | |
| S2205 | M | MINIMALLY INVASIVE DIRECT CO | | | $0.00 | Not Allowed | $0.00 | | | |
| S2206 | M | MINIMALLY INVASIVE DIRECT CO | | | $0.00 | Not Allowed | $0.00 | | | |
| S2207 | M | MINIMALLY INVASIVE DIRECT CO | | | $0.00 | Not Allowed | $0.00 | | | |
| S2208 | M | MINIMALLY INVASIVE DIRECT CO | | | $0.00 | Not Allowed | $0.00 | | | |
| S2209 | M | MINIMALLY INVASIVE DIRECT CO | | | $0.00 | Not Allowed | $0.00 | | | |
| S2210 | M | CRYOSURGICAL ABLATION (IN SI | | | $0.00 | Not Allowed | $0.00 | | | |
| S2213 | M | IMPLANT GASTRIC STIM | | | $0.00 | Not Allowed | $0.00 | | | |
| S2220 | M | THROMBECTOMY, CORONARY | | | $0.00 | Not Allowed | $0.00 | | | |
| S2225 | M | MYRINGOTOMY LASER-ASSIST | | | $0.00 | Not Allowed | $0.00 | | | |
| S2230 | M | IMPLANT SEMI-IMP HEAR | | | $0.00 | Not Allowed | $0.00 | | | |
| S2235 | M | IMPLANT AUDITORY BRAIN IMP | | | $0.00 | Not Allowed | $0.00 | | | |
| S2250 | M | UTERINE ARTERY EMBOLIZ | | | $0.00 | Not Allowed | $0.00 | | | |
| S2260 | M | INDUCED ABORTION 17-24 WEEKS | | | $0.00 | Not Allowed | $0.00 | | | |
| S2300 | M | ARTHROSCOPY, SHOULDER, SURGI | | | $0.00 | Not Allowed | $0.00 | | | |
| S2340 | M | CHEMODENERVATION OF ABDUCTOR | | | $0.00 | Not Allowed | $0.00 | | | |
| S2341 | M | CHEMODENERV ADDUCT VOCAL | | | $0.00 | Not Allowed | $0.00 | | | |
| S2342 | M | NASAL ENDOSCOP PO DEBRID | | | $0.00 | Not Allowed | $0.00 | | | |
| S2348 | M | DECOMPRESS DISC RF LUMBAR | | | $0.00 | Not Allowed | $0.00 | | | |
| S2350 | M | DISKECTOMY, ANTERIOR, WITH D | | | $0.00 | Not Allowed | $0.00 | | | |
| S2351 | M | DISKECTOMY, ANTERIOR, WITH D | | | $0.00 | Not Allowed | $0.00 | | | |
| S2360 | M | VERTEBROPLAST CERV 1ST | | | $0.00 | Not Allowed | $0.00 | | | |
| S2361 | M | VERTEBROPLAST CERV ADDL | | | $0.00 | Not Allowed | $0.00 | | | |
| S2362 | M | KYPHOPLASTY FIRST VERTEBRA | | | $0.00 | Not Allowed | $0.00 | | | |
| S2363 | M | KYPHOPLASTY EACH ADDL | | | $0.00 | Not Allowed | $0.00 | | | |
| S2370 | M | INTRADISCAL ELECTROTHERMAL | | | $0.00 | Not Allowed | $0.00 | | | |
| S2371 | M | EACH ADDITIONAL INTERSPACE | | | $0.00 | Not Allowed | $0.00 | | | |
| S2400 | M | FETAL SURG CONGEN HERNIA | | | $0.00 | Not Allowed | $0.00 | | | |
| S2401 | M | FETAL SURG URIN TRAC OBSTR | | | $0.00 | Not Allowed | $0.00 | | | |
| S2402 | M | FETAL SURG CONG CYST MALF | | | $0.00 | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| S2403 | M | FETAL SURG PULMON SEQUEST | | | $0.00 | Not Allowed | $0.00 | | | |
| S2404 | M | FETAL SURG MYELOMENINGO | | | $0.00 | Not Allowed | $0.00 | | | |
| S2405 | M | FETAL SURG SACROCOC TERATOMA | | | $0.00 | Not Allowed | $0.00 | | | |
| S2409 | M | FETAL SURG NOC | | | $0.00 | Not Allowed | $0.00 | | | |
| S2411 | M | FETOSCOP LASER THER TTTS | | | $0.00 | Not Allowed | $0.00 | | | |
| S2900 | E | ROBOTIC SURGICAL SYSTEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S3600 | M | STAT LAB | | | $0.00 | Not Allowed | $0.00 | | | |
| S3601 | M | STAT LAB HOME/NF | | | $0.00 | Not Allowed | $0.00 | | | |
| S3620 | M | NEWBORN METABOLIC SCREENING | | | $0.00 | Not Allowed | $0.00 | | | |
| S3630 | M | EOSINOPHIL BLOOD COUNT | | | $0.00 | Not Allowed | $0.00 | | | |
| S3645 | M | HIV-1 ANTIBODY TESTING OF OR | | | $0.00 | Not Allowed | $0.00 | | | |
| S3650 | M | SALIVA TEST, HORMONE LEVEL; | | | $0.00 | Not Allowed | $0.00 | | | |
| S3652 | M | SALIVA TEST, HORMONE LEVEL; | | | $0.00 | Not Allowed | $0.00 | | | |
| S3700 | M | BLADDER TUMOR-ASSOCIATED | | | $0.00 | Not Allowed | $0.00 | | | |
| S3701 | M | NMP-22 ASSAY | | | $0.00 | Not Allowed | $0.00 | | | |
| S3708 | M | GASTROINTESTINAL FAT ABSORPT | | | $0.00 | Not Allowed | $0.00 | | | |
| S3818 | M | BRCA1 GENE ANAL | | | $0.00 | Not Allowed | $0.00 | | | |
| S3819 | M | BRCA2 GENE ANAL | | | $0.00 | Not Allowed | $0.00 | | | |
| S3830 | M | GENE TEST HNPCC COMP | | | $0.00 | Not Allowed | $0.00 | | | |
| S3831 | M | GENE TEST HNPCC SINGLE | | | $0.00 | Not Allowed | $0.00 | | | |
| S3835 | M | GENE TEST CYSTIC FIBROSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| S3837 | M | GENE TEST HEMOCHROMATO | | | $0.00 | Not Allowed | $0.00 | | | |
| S3853 | M | GENE TEST MYO MUSCLR DYST | | | $0.00 | Not Allowed | $0.00 | | | |
| S3854 | M | GENE PROFILE PANEL BREAST | | | $0.00 | Not Allowed | $0.00 | | | |
| S3890 | M | FECAL DNA ANALYSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| S3900 | M | SURFACE EMG | | | $0.00 | Not Allowed | $0.00 | | | |
| S3902 | M | BALLISTOCARDIOGRAM | | | $0.00 | Not Allowed | $0.00 | | | |
| S3904 | M | MASTERS TWO STEP | | | $0.00 | Not Allowed | $0.00 | | | |
| S3906 | M | TRANSFUSION, DIRECT, BLOOD | | | $0.00 | Not Allowed | $0.00 | | | |
| S4005 | M | INTERIM LABOR FACILITY GLOBAL | | | $0.00 | Not Allowed | $0.00 | | | |
| S4011 | M | IVF PACKAGE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4013 | M | COMPLETE GIFT CASE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4014 | M | COMPLETE ZIFT CASE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4015 | M | COMPLETE IVF NOS CASE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4016 | M | FROZEN IVF CASE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4017 | M | IVF CANC A STIM CASE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4018 | M | F EMB TRNS CANC CASE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4020 | M | IVF CANC A ASPIR CASE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4021 | M | IVF CANC P ASPIR CASE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4022 | M | ASST OOCYTE FERT CASE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4023 | M | DONOR EGG CYCLE INCOMPLETE CASE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4025 | M | DONOR SERV IVF CASE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4026 | M | PROCURE DONOR SPERM | | | $0.00 | Not Allowed | $0.00 | | | |
| S4027 | M | STORE PREV FROZ EMBRYOS | | | $0.00 | Not Allowed | $0.00 | | | |
| S4028 | M | MICROSURG EPI SPERM ASP | | | $0.00 | Not Allowed | $0.00 | | | |
| S4030 | M | SPERM PROCURE INIT VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S4031 | M | SPERM PROCURE SUBS VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S4035 | M | STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4036 | M | INTRAVAGINAL CULTURE (IVC) CASE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4037 | M | CRYOPRESERVED EMBRYO TRANSFER CASE RATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4040 | M | MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS PER 30 DAYS | | | $0.00 | Not Allowed | $0.00 | | | |
| S4042 | M | OVULATION MGMT PER CYCLE | | | $0.00 | Not Allowed | $0.00 | | | |
| S4266 | N | DIAPHRAGM, CONTRACEPTIVE | | | $0.00 | APC | $0.00 | | | |
| S4980 | M | LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| S4981 | M | INSERT LEVONORGESTREL IUS | | | $0.00 | Not Allowed | $0.00 | | | |
| S4989 | M | CONTRACEPT IUD | | | $0.00 | Not Allowed | $0.00 | | | |
| S4990 | M | NICOTINE PATCH LEGEND | | | $0.00 | Not Allowed | $0.00 | | | |
| S4991 | M | NICOTINE PATCH NONLEGEND | | | $0.00 | Not Allowed | $0.00 | | | |
| S4993 | N | CONTRACEPTIVE PILLS FOR BIRTH CONTROL | | | $0.00 | APC | $0.00 | | | |
| S4995 | M | SMOKING CESSATION GUM | | | $0.00 | Not Allowed | $0.00 | | | |
| S5000 | M | PRESCRIPTION DRUG, GENERIC | | | $0.00 | Not Allowed | $0.00 | | | |
| S5001 | M | PRESCRIPTION DRUG,BRAND NAME | | | $0.00 | Not Allowed | $0.00 | | | |
| S5002 | M | FAT EMULSION 10% IN 250 ML | | | $0.00 | Not Allowed | $0.00 | | | |
| S5003 | M | FAT EMULSION 20% IN 250 ML | | | $0.00 | Not Allowed | $0.00 | | | |
| S5010 | M | 5% DEXTROSE AND 0.45% SALINE | | | $0.00 | Not Allowed | $0.00 | | | |
| S5011 | M | 5% DEXTROSE IN LACTATED RING | | | $0.00 | Not Allowed | $0.00 | | | |
| S5012 | M | 5% DEXTROSE WITH POTASSIUM | | | $0.00 | Not Allowed | $0.00 | | | |
| S5013 | M | 5%DEXTROSE/0.45%SALINE1000ML | | | $0.00 | Not Allowed | $0.00 | | | |
| S5014 | M | D5W/0.45NS W KCL AND MGS04 | | | $0.00 | Not Allowed | $0.00 | | | |
| S5016 | M | ANTIBIOTIC ADMIN SUPPLIES W/ | | | $0.00 | Not Allowed | $0.00 | | | |
| S5017 | M | ANTIBIOTIC ADMINSUPPLIES W/O | | | $0.00 | Not Allowed | $0.00 | | | |
| S5018 | M | PAIN THERAPY ADMIN SUPPLIES | | | $0.00 | Not Allowed | $0.00 | | | |
| S5019 | M | CHEMOTHERAPY ADMIN SUPPLIES | | | $0.00 | Not Allowed | $0.00 | | | |
| S5020 | M | CHEMOTHERAPY ADMIN SUPPLIES | | | $0.00 | Not Allowed | $0.00 | | | |
| S5021 | M | HYDRATION THERAPY ADMIN SUPP | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| S5022 | M | GROWTH HORMONE THERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| S5025 | M | INFUSION PUMP RENTAL,PERDIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S5035 | M | HIT ROUTINE DEVICE MAINT | | | $0.00 | Not Allowed | $0.00 | | | |
| S5036 | M | HIT DEVICE REPAIR | | | $0.00 | Not Allowed | $0.00 | | | |
| S5497 | M | HIT CATH CARE NOC | | | $0.00 | Not Allowed | $0.00 | | | |
| S5498 | M | HIT SIMPLE CATH CARE | | | $0.00 | Not Allowed | $0.00 | | | |
| S5501 | M | HIT COMPLEX CATH CARE | | | $0.00 | Not Allowed | $0.00 | | | |
| S5502 | M | HIT INTERIM CATH CARE | | | $0.00 | Not Allowed | $0.00 | | | |
| S5503 | M | MAINTENANCE OF IMPLANTED VAS | | | $0.00 | Not Allowed | $0.00 | | | |
| S5517 | M | HIT DECLOTTING KIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S5518 | M | HIT CATH REPAIR KIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S5520 | M | HIT PICC INSERT KIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S5521 | M | HIT MIDLINE CATH INSERT KIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S5522 | M | HIT PICC INSERT NO SUPP | | | $0.00 | Not Allowed | $0.00 | | | |
| S5523 | M | HIP MIDLINE CATH INSERT KIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S5550 | M | INSULIN RAPID 5 U | | | $0.00 | Not Allowed | $0.00 | | | |
| S5551 | M | INSULIN MOST RAPID 5 U | | | $0.00 | Not Allowed | $0.00 | | | |
| S5552 | M | INSULIN INTERMED 5 U | | | $0.00 | Not Allowed | $0.00 | | | |
| S5553 | M | INSULIN LONG ACTING 5 U | | | $0.00 | Not Allowed | $0.00 | | | |
| S5560 | M | INSULIN REUSE PEN 1.5 ML | | | $0.00 | Not Allowed | $0.00 | | | |
| S5561 | M | INSULIN REUSE PEN 3 ML | | | $0.00 | Not Allowed | $0.00 | | | |
| S5565 | M | INSULIN CARTRIDGE 150 U | | | $0.00 | Not Allowed | $0.00 | | | |
| S5566 | M | INSULIN CARTRIDGE 300 U | | | $0.00 | Not Allowed | $0.00 | | | |
| S5570 | M | INSULIN DISPOS PEN 1.5 ML | | | $0.00 | Not Allowed | $0.00 | | | |
| S5571 | M | INSULIN DISPOS PEN 3 ML | | | $0.00 | Not Allowed | $0.00 | | | |
| S8001 | M | RADIOFREQUENCY STIMULATION | | | $0.00 | Not Allowed | $0.00 | | | |
| S8030 | M | TANTALUM RING APPLICATION | | | $0.00 | Not Allowed | $0.00 | | | |
| S8035 | M | MAGNETIC SOURCE IMAGING | | | $0.00 | Not Allowed | $0.00 | | | |
| S8037 | M | MRCP | | | $0.00 | Not Allowed | $0.00 | | | |
| S8040 | M | TOPOGRAPHIC BRAIN MAPPING | | | $0.00 | Not Allowed | $0.00 | | | |
| S8042 | M | MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD | | | $0.00 | Not Allowed | $0.00 | | | |
| S8048 | M | ISOLATED LIMB PERFUSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S8049 | M | INTRAOPERATIVE RADIATION THE | | | $0.00 | Not Allowed | $0.00 | | | |
| S8055 | M | US GUIDANCE FETAL REDUCT | | | $0.00 | Not Allowed | $0.00 | | | |
| S8060 | M | SUPPLY OF CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY | | | $0.00 | Not Allowed | $0.00 | | | |
| S8075 | M | CAD OF DIGITAL MAMMOGR | | | $0.00 | Not Allowed | $0.00 | | | |
| S8080 | M | SCINTIMAMMOGRAPHY | | | $0.00 | Not Allowed | $0.00 | | | |
| S8085 | M | FLUORINE-18 FLUORODEOXYGLUCO | | | $0.00 | Not Allowed | $0.00 | | | |
| S8092 | M | ELECTRON BEAM COMPUTED TOMOG | | | $0.00 | Not Allowed | $0.00 | | | |
| S8096 | M | PORTABLE PEAK FLOW METER | | | $0.00 | Not Allowed | $0.00 | | | |
| S8097 | M | ASTHMA KIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S8100 | M | SPACER WITHOUT MASK | | | $0.00 | Not Allowed | $0.00 | | | |
| S8101 | M | SPACER WITH MASK | | | $0.00 | Not Allowed | $0.00 | | | |
| S8110 | M | PEAK EXPIRATORY FLOW RATE (P | | | $0.00 | Not Allowed | $0.00 | | | |
| S8120 | M | O2 CONTENTS GAS CUBIC FT | | | $0.00 | Not Allowed | $0.00 | | | |
| S8121 | M | O2 CONTENTS LIQUID LB | | | $0.00 | Not Allowed | $0.00 | | | |
| S8185 | M | FLUTTER DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| S8186 | M | SWIVEL ADAPTOR | | | $0.00 | Not Allowed | $0.00 | | | |
| S8189 | M | TRACH SUPPLY NOC | | | $0.00 | Not Allowed | $0.00 | | | |
| S8190 | M | ELECTRONIC SPIROMETER | | | $0.00 | Not Allowed | $0.00 | | | |
| S8205 | M | CHEST COMPRESSION SYSTEM GEN | | | $0.00 | Not Allowed | $0.00 | | | |
| S8210 | M | MUCUS TRAP | | | $0.00 | Not Allowed | $0.00 | | | |
| S8260 | M | ORAL ORTHOTIC FOR TREATMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| S8262 | M | MANDIBULAR ORTHOPEDIC REPOSITIONING DEVICE EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| S8265 | M | HABERMAN FEEDER FOR CLEFT LIP/PALATE | | | $0.00 | Not Allowed | $0.00 | | | |
| S8270 | E | ENURESIS ALARM | | | $0.00 | Not Allowed | $0.00 | | | |
| S8300 | M | SACRAL NERVE STIMULATION TEST LEAD KIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S8301 | M | INFECT CONTROL SUPPLIES NOS | | | $0.00 | Not Allowed | $0.00 | | | |
| S8400 | M | INCONTINENCE PANTS, EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| S8402 | M | DIAPERS, EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| S8415 | M | SUPPLIES FOR HOME DELIVERY | | | $0.00 | Not Allowed | $0.00 | | | |
| S8420 | M | CUSTOM GRADIENT SLEEV/GLOV | | | $0.00 | Not Allowed | $0.00 | | | |
| S8421 | M | READY GRADIENT SLEEV/GLOV | | | $0.00 | Not Allowed | $0.00 | | | |
| S8422 | M | CUSTOM GRAD SLEEVE MED | | | $0.00 | Not Allowed | $0.00 | | | |
| S8423 | M | CUSTOM GRAD SLEEVE HEAVY | | | $0.00 | Not Allowed | $0.00 | | | |
| S8424 | M | READY GRADIENT SLEEVE | | | $0.00 | Not Allowed | $0.00 | | | |
| S8425 | M | CUSTOM GRAD GLOVE MED | | | $0.00 | Not Allowed | $0.00 | | | |
| S8426 | M | CUSTOM GRAD GLOVE HEAVY | | | $0.00 | Not Allowed | $0.00 | | | |
| S8427 | M | READY GRADIENT GLOVE | | | $0.00 | Not Allowed | $0.00 | | | |
| S8428 | M | READY GRADIENT GAUNTLET | | | $0.00 | Not Allowed | $0.00 | | | |
| S8429 | M | GRADIENT PRESSURE WRAP | | | $0.00 | Not Allowed | $0.00 | | | |
| S8430 | M | PADDING FOR COMPRSSN BDG | | | $0.00 | Not Allowed | $0.00 | | | |
| S8431 | M | COMPRESSION BANDAGE | | | $0.00 | Not Allowed | $0.00 | | | |
| S8433 | M | SKIN SUPPORT FOR BREAST PROSTHESIS EACH | | | $0.00 | Not Allowed | $0.00 | | | |
| S8450 | M | SPLINT DIGIT | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| S8451 | M | SPLINT WRIST OR ANKLE | | | $0.00 | Not Allowed | $0.00 | | | |
| S8452 | M | SPLINT ELBOW | | | $0.00 | Not Allowed | $0.00 | | | |
| S8490 | M | 100 INSULIN SYRINGES | | | $0.00 | Not Allowed | $0.00 | | | |
| S8948 | M | LOW-LEVEL LASER TRMT 15 MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| S8950 | M | COMPLEX LYMPHEDEMA THERAPY, | | | $0.00 | Not Allowed | $0.00 | | | |
| S8999 | M | RESUSCITATION BAG | | | $0.00 | Not Allowed | $0.00 | | | |
| S9001 | M | HOME UTERINE MONITOR WITH OR | | | $0.00 | Not Allowed | $0.00 | | | |
| S9007 | M | ULTRAFILTRATION MONITOR | | | $0.00 | Not Allowed | $0.00 | | | |
| S9015 | M | AUTOMATED EEG MONITORING | | | $0.00 | Not Allowed | $0.00 | | | |
| S9022 | M | DIGITAL SUBTRACTION ANGIOGRA | | | $0.00 | Not Allowed | $0.00 | | | |
| S9023 | M | XENON REGIONAL CEREBRAL BLOO | | | $0.00 | Not Allowed | $0.00 | | | |
| S9024 | M | PARANASAL SINUS ULTRASOUND | | | $0.00 | Not Allowed | $0.00 | | | |
| S9025 | M | OMNICARDIOGRAM/CARDIOINTEGRA | | | $0.00 | Not Allowed | $0.00 | | | |
| S9033 | M | GAIT ANALYSIS | | | $0.00 | Not Allowed | $0.00 | | | |
| S9034 | M | ESWL FOR GALLSTONES | | | $0.00 | Not Allowed | $0.00 | | | |
| S9035 | M | MEDICAL EQUIPMENT OR SUPPLIE | | | $0.00 | Not Allowed | $0.00 | | | |
| S9055 | M | PROCUREN OR OTHER GROWTH FAC | | | $0.00 | Not Allowed | $0.00 | | | |
| S9056 | M | COMA STIMULATION PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9061 | M | MEDICAL SUPPLIES AND EQUIPME | | | $0.00 | Not Allowed | $0.00 | | | |
| S9075 | M | SMOKING CESSATION TREATMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| S9083 | M | URGENT CARE CENTER GLOBAL | | | $0.00 | Not Allowed | $0.00 | | | |
| S9085 | M | MENISCAL ALLOGRAFT TRANSPLAN | | | $0.00 | Not Allowed | $0.00 | | | |
| S9088 | M | SERVICES PROVIDED IN URGENT | | | $0.00 | Not Allowed | $0.00 | | | |
| S9090 | M | VERTEBRAL AXIAL DECOMPRESSIO | | | $0.00 | Not Allowed | $0.00 | | | |
| S9092 | M | CANOLITH REPOSITIONING PER VISIT | | | $0.00 | By Report | $0.00 | | | |
| S9098 | M | HOME PHOTOTHERAPY VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S9105 | M | EVALUATION BY OCULARIST | | | $0.00 | Not Allowed | $0.00 | | | |
| S9109 | M | CHF TELEMONITORING MONTH | | | $0.00 | Not Allowed | $0.00 | | | |
| S9117 | M | BACK SCHOOL VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| S9122 | M | HOME HEALTH AIDE OR CERTIFIE | | | $0.00 | Not Allowed | $0.00 | | | |
| S9123 | M | NURSING CARE IN HOME RN | | | $0.00 | Not Allowed | $0.00 | | | |
| S9124 | M | NURSING CARE, IN THE HOME; B | | | $0.00 | Not Allowed | $0.00 | | | |
| S9125 | M | RESPITE CARE, IN THE HOME, P | | | $0.00 | Not Allowed | $0.00 | | | |
| S9126 | M | HOSPICE CARE, IN THE HOME, P | | | $0.00 | Not Allowed | $0.00 | | | |
| S9127 | M | SOCIAL WORK VISIT, IN THE HO | | | $0.00 | Not Allowed | $0.00 | | | |
| S9128 | M | SPEECH THERAPY, IN THE HOME, | | | $0.00 | Not Allowed | $0.00 | | | |
| S9129 | M | OCCUPATIONAL THERAPY, IN THE | | | $0.00 | Not Allowed | $0.00 | | | |
| S9131 | M | PT IN THE HOME PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9140 | M | DIABETIC MANAGEMENT PROGRAM, | | | $0.00 | Not Allowed | $0.00 | | | |
| S9141 | M | DIABETIC MANAGEMENT PROGRAM, | | | $0.00 | Not Allowed | $0.00 | | | |
| S9145 | M | INSULIN PUMP INITIATION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9200 | M | NURSING SERVICES AND ALL NEC | | | $0.00 | Not Allowed | $0.00 | | | |
| S9208 | M | HOME MGMT PRETERM LABOR | | | $0.00 | Not Allowed | $0.00 | | | |
| S9209 | M | HOME MGMT PPROM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9210 | M | NURSING SERVICES AND ALL NEC | | | $0.00 | Not Allowed | $0.00 | | | |
| S9211 | M | HOME MGMT GEST HYPERTENSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9212 | M | HM POSTPAR HYPER PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9213 | M | HM PREECLAMP PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9214 | M | HM GEST DM PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9216 | M | GEST HYPER W NURS DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9217 | M | POSTPAR HYPER W NURS DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9218 | M | PREECLAMP W NURS DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9220 | M | NURSING SERVICES AND ALL NEC | | | $0.00 | Not Allowed | $0.00 | | | |
| S9225 | M | NURSING SERVICES AND ALL NEC | | | $0.00 | Not Allowed | $0.00 | | | |
| S9230 | M | NURSING SERVICES AND ALL NEC | | | $0.00 | Not Allowed | $0.00 | | | |
| S9300 | M | NURSING SERVICES AND ALL NEC | | | $0.00 | Not Allowed | $0.00 | | | |
| S9308 | M | NURSING SERVICES AND ALL NEC | | | $0.00 | Not Allowed | $0.00 | | | |
| S9310 | M | NURSING SERVICES AND ALL NEC | | | $0.00 | Not Allowed | $0.00 | | | |
| S9325 | M | HIT PAIN MGMT PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9326 | M | HIT CONT PAIN PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9327 | M | HIT INT PAIN PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9328 | M | HIT PAIN IMP PUMP DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9329 | M | HIT CHEMO PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9330 | M | HIT CONT CHEM DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9331 | M | HIT INTERMIT CHEMO DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9336 | M | HIT CONT ANTICOAG DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9338 | M | HIT IMMUNOTHERAPY DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9339 | M | HIT PERITON DIALYSIS DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9340 | M | HIT ENTERAL PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9341 | M | HIT ENTERAL GRAV DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9342 | M | HIT ENTERAL PUMP DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9343 | M | HIT ENTERAL BOLUS NURS | | | $0.00 | Not Allowed | $0.00 | | | |
| S9345 | M | HIT ANTI-HEMOPHIL DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9346 | M | HIT ALPHA-1-PROTEINAS DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9347 | M | HIT LONGTERM INFUSION DIEM | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| S9348 | M | HIT SYMPATHOMIM DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9349 | M | HIT TOCOLYSIS DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9351 | M | HIT CONT ANTIEMETIC DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9353 | M | HIT CONT INSULIN DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9355 | M | HIT CHELATION DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9357 | M | HIT ENZYME REPLACE DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9359 | M | HIT ANTI-TNF PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9361 | M | HIT DIURETIC INFUS DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9363 | M | HIT ANTI-SPASMOTIC DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9364 | M | HIT TPN TOTAL DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9365 | M | HIT TPN 1 LITER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9366 | M | HIT TPN 2 LITER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9367 | M | HIT TPN 3 LITER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9368 | M | HIT TPN OVER 3L DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9370 | M | HT INJ ANTIEMETIC DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9372 | M | HT INJ ANTICOAG DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9373 | M | HIT HYDRA TOTAL DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9374 | M | HIT HYDRA 1 LITER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9375 | M | HIT HYDRA 2 LITER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9376 | M | HIT HYDRA 3 LITER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9377 | M | HIT HYDRA OVER 3L DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9379 | M | HIT NOC PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9381 | M | HIT HIGH RISK/ESCORT | | | $0.00 | Not Allowed | $0.00 | | | |
| S9395 | M | NURSING SERVICES AND ALL NEC | | | $0.00 | Not Allowed | $0.00 | | | |
| S9401 | M | ANTICOAGULATION CLINIC PER SESSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9420 | M | NURSING SERVICES AND ALL NEC | | | $0.00 | Not Allowed | $0.00 | | | |
| S9423 | M | NURSING SERVICES, PATIENT AS | | | $0.00 | Not Allowed | $0.00 | | | |
| S9425 | M | NURSING SERVICES AND ALL NEC | | | $0.00 | Not Allowed | $0.00 | | | |
| S9430 | M | PHARMACY COMPOUNDING AND DISPENSING SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| S9435 | M | MEDICAL FOODS FOR INBORN ERR | | | $0.00 | Not Allowed | $0.00 | | | |
| S9436 | M | LAMAZE CLASS PER SESSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9437 | M | CHILDBIRTH REFRESHER CLASSES PER SESSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9438 | M | CESAREAN BIRTH CLASS PER SESSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9439 | M | VBAC CLASS PER SESSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9441 | M | ASTHMA EDUCATION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9442 | M | BIRTHING CLASS | | | $0.00 | Not Allowed | $0.00 | | | |
| S9443 | M | LACTATION CLASS | | | $0.00 | Not Allowed | $0.00 | | | |
| S9444 | M | PARENTING CLASSES NON-PHYSICIAN PROVIDER PER SESSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9445 | M | PT EDUCATION NOC INDIVID | | | $0.00 | Not Allowed | $0.00 | | | |
| S9446 | M | PT EDUCATION NOC GROUP | | | $0.00 | Not Allowed | $0.00 | | | |
| S9447 | M | INFANT SAFETY CLASS PER SESSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9449 | M | WEIGHT MANAGEMENT CLASSES PER SESSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9451 | M | EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SESSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9452 | M | NUTRITION CLASSES NON-PHYSICIAN PROVIDER PER SESSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9453 | M | SMOKING CESSATION CLASS PER SESSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9454 | M | STRESS MANAGEMENT CLASS PER SESSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9455 | M | DIABETIC MANAGEMENT PROGRAM, | | | $0.00 | Not Allowed | $0.00 | | | |
| S9460 | M | DIABETIC MANAGEMENT PROGRAM, | | | $0.00 | Not Allowed | $0.00 | | | |
| S9465 | M | DIABETIC MANAGEMENT PROGRAM, | | | $0.00 | Not Allowed | $0.00 | | | |
| S9470 | M | NUTRITIONAL COUNSELING, DIET | | | $0.00 | Not Allowed | $0.00 | | | |
| S9472 | M | CARDIAC REHABILITATION PROGR | | | $0.00 | Not Allowed | $0.00 | | | |
| S9473 | M | PULMONARY REHABILITATION PRO | | | $0.00 | Not Allowed | $0.00 | | | |
| S9474 | M | ENTEROSTOMAL THERAPY BY A RE | | | $0.00 | Not Allowed | $0.00 | | | |
| S9475 | M | AMBULATORY SETTING SUBSTANCE | | | $0.00 | Not Allowed | $0.00 | | | |
| S9476 | M | VESTIBULAR REHAB PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9480 | M | INTENSIVE OUTPATIENT PSYCHIA | | | $0.00 | Not Allowed | $0.00 | | | |
| S9482 | M | FAMILY STABILIZATION 15 MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| S9485 | M | CRISIS INTERVENTION PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9494 | M | HIT ANTIBIOTIC TOTAL DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9497 | M | HIT ANTIBIOTIC Q3H DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9500 | M | HIT ANTIBIOTIC Q24H DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9501 | M | HIT ANTIBIOTIC Q12H DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9502 | M | HIT ANTIBIOTIC Q8H DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9503 | M | HIT ANTIBIOTIC Q6H DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9504 | M | HIT ANTIBIOTIC Q4H DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9526 | M | SKILLED NURSING VISITS FOR | | | $0.00 | Not Allowed | $0.00 | | | |
| S9527 | M | INSERTION OF A PERIPHERALLY | | | $0.00 | Not Allowed | $0.00 | | | |
| S9528 | M | INSERTION OF MIDLINE CENTRAL | | | $0.00 | Not Allowed | $0.00 | | | |
| S9529 | M | VENIPUNCTURE HOME/SNF | | | $0.00 | Not Allowed | $0.00 | | | |
| S9533 | M | PAIN MANAGEMENT, INTRAVENOUS | | | $0.00 | Not Allowed | $0.00 | | | |
| S9535 | M | ADMINISTRATION OF HEMATOPOIE | | | $0.00 | Not Allowed | $0.00 | | | |
| S9537 | M | HT HEM HORM INJ DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9538 | M | HIT BLOOD PRODUCTS DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9539 | M | ADMINISTRATION OF ANTIBIOTIC | | | $0.00 | Not Allowed | $0.00 | | | |
| S9542 | M | HT INJ NOC PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| S9543 | M | ADMINISTRATION OF MEDICATION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9545 | M | ADMINISTRATION OF IMMUNE GLO | | | $0.00 | Not Allowed | $0.00 | | | |
| S9550 | M | HOME IV THERAPY, HYDRATION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9555 | M | ADDITIONAL HOME INFUSION | | | $0.00 | Not Allowed | $0.00 | | | |
| S9558 | M | HT INJ GROWTH HORM DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9559 | M | HIT INJ INTERFERON DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9560 | M | HT INJ HORMONE DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9562 | M | PALIVIZUMAB HOME INJ PERDIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9590 | M | IN HOME IRRIGATION THERAPY | | | $0.00 | Not Allowed | $0.00 | | | |
| S9800 | M | HT RN PER HOUR | | | $0.00 | Not Allowed | $0.00 | | | |
| S9810 | M | HT PHARM PER HOUR | | | $0.00 | Not Allowed | $0.00 | | | |
| S9970 | M | HEALTH CLUB MEMBERSHIP ANNUAL | | | $0.00 | Not Allowed | $0.00 | | | |
| S9975 | M | TRANSPLANT RELATED PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9976 | M | LODGING PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9977 | M | MEALS PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| S9981 | M | MED RECORD COPY ADMIN | | | $0.00 | Not Allowed | $0.00 | | | |
| S9982 | M | MED RECORD COPY PER PAGE | | | $0.00 | Not Allowed | $0.00 | | | |
| S9986 | M | NOT MEDICALLY NECESSARY SVC | | | $0.00 | Not Allowed | $0.00 | | | |
| S9988 | M | SERV PART OF PHASE I TRIAL | | | $0.00 | Not Allowed | $0.00 | | | |
| S9989 | M | SERVICES OUTSIDE US | | | $0.00 | Not Allowed | $0.00 | | | |
| S9990 | M | SERVICES PROVIDED AS PART OF | | | $0.00 | Not Allowed | $0.00 | | | |
| S9991 | M | SERVICES PROVIDED AS PART OF | | | $0.00 | Not Allowed | $0.00 | | | |
| S9992 | M | TRANSPORTATION COSTS TO AND | | | $0.00 | Not Allowed | $0.00 | | | |
| T1000 | M | PRIVATE DUTY/INDEPENDENT NSG | | | $0.00 | Not Allowed | $0.00 | | | |
| T1001 | M | NURSING ASSESSMENT/EVALUATN | | | $0.00 | Not Allowed | $0.00 | | | |
| T1002 | M | RN SERVICES UP TO 15 MINUTES | | | $0.00 | Not Allowed | $0.00 | | | |
| T1003 | M | LPN/LVN SERVICES UP TO 15MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| T1004 | M | NSG AIDE SERVICE UP TO 15MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| T1005 | M | RESPITE CARE SERVICE 15 MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| T1006 | M | FAMILY/COUPLE COUNSELING | | | $0.00 | Not Allowed | $0.00 | | | |
| T1007 | M | TREATMENT PLAN DEVELOPMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| T1009 | M | CHILD SITTING SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| T1010 | M | MEALS WHEN RECEIVE SERVICES | | | $0.00 | Not Allowed | $0.00 | | | |
| T1012 | M | ALCOHOL/SUBSTANCE ABUSE SKIL | | | $0.00 | Not Allowed | $0.00 | | | |
| T1013 | M | SIGN LANG/ORAL INTERPRETER | | | $0.00 | Not Allowed | $0.00 | | | |
| T1014 | M | TELEHEALTH TRANSMIT, PER MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| T1015 | M | CLINIC SERVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| T1016 | M | CASE MANAGEMENT | | | $0.00 | Fee Schedule | $0.00 | | | |
| T1017 | M | TARGETED CASE MANAGEMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| T1018 | M | SCHOOL-BASED IEP SER BUNDLED | | | $0.00 | Not Allowed | $0.00 | | | |
| T1019 | M | PERSONAL CARE SER PER 15 MIN | | | $0.00 | Not Allowed | $0.00 | | | |
| T1020 | M | EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE | | | $0.00 | Not Allowed | $0.00 | | | |
| T1021 | M | HH AIDE OR CN AIDE PER VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| T1022 | M | CONTRACTED SERVICES PER DAY | | | $0.00 | Not Allowed | $0.00 | | | |
| T1023 | M | PROGRAM INTAKE ASSESSMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| T1024 | M | TEAM EVALUATION & MANAGEMENT | | | $0.00 | Fee Schedule | $100.00 | | | |
| T1025 | M | PED COMPR CARE PKG PER DIEM | | | $0.00 | Fee Schedule | $1,000.00 | | | |
| T1026 | M | PED COMPR CARE PKG PER HOUR | | | $0.00 | Not Allowed | $0.00 | | | |
| T1027 | M | FAMILY TRAINING & COUNSELING | | | $0.00 | Not Allowed | $0.00 | | | |
| T1028 | M | HOME ENVIRONMENT ASSESSMENT | | | $0.00 | Not Allowed | $0.00 | | | |
| T1029 | M | NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND AREOLAR TISS | | | $0.00 | Not Allowed | $0.00 | | | |
| T1030 | M | REMOVAL OF SUTURES BY ANOTHER PHYSICIAN | | | $0.00 | Not Allowed | $0.00 | | | |
| T1031 | M | LPN HOME CARE PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| T1502 | M | MEDICATION ADMIN VISIT | | | $0.00 | Not Allowed | $0.00 | | | |
| T1999 | M | NOT OTHERWISE CLASSIFIED BREAST EXCISION | | | $0.00 | Not Allowed | $0.00 | | | |
| T2001 | M | N-ET; PATIENT ATTEND/ESCORT | | | $0.00 | Not Allowed | $0.00 | | | |
| T2002 | M | N-ET; PER DIEM | | | $0.00 | Not Allowed | $0.00 | | | |
| T2003 | M | N-ET; ENCOUNTER/TRIP | | | $0.00 | Not Allowed | $0.00 | | | |
| T2004 | M | N-ET; COMMERC CARRIER PASS | | | $0.00 | Not Allowed | $0.00 | | | |
| T2005 | M | N-ET; STRETCHER VAN | | | $0.00 | Not Allowed | $0.00 | | | |
| T2007 | M | NON-EMER TRANSPORT WAIT TIME | | | $0.00 | Not Allowed | $0.00 | | | |
| T2010 | M | PASRR Level I | | | $0.00 | Not Allowed | $0.00 | | | |
| T2011 | M | PASRR Level II | | | $0.00 | Not Allowed | $0.00 | | | |
| T2012 | M | Habil ed waiver, per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| T2013 | M | Habil ed waiver per hour | | | $0.00 | Not Allowed | $0.00 | | | |
| T2014 | M | Habil prevoc waiver, per d | | | $0.00 | Not Allowed | $0.00 | | | |
| T2015 | M | Habil prevoc waiver per hr | | | $0.00 | Not Allowed | $0.00 | | | |
| T2016 | M | Habil res waiver per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| T2017 | M | Habil res waiver 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| T2018 | M | Habil sup empl waiver/diem | | | $0.00 | Not Allowed | $0.00 | | | |
| T2019 | M | Habil sup empl waiver 15min | | | $0.00 | Not Allowed | $0.00 | | | |
| T2020 | M | Day habil waiver per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| T2021 | M | Day habil waiver per 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| T2022 | M | Case management, per month | | | $0.00 | Not Allowed | $0.00 | | | |
| T2023 | M | Targeted case mgmt per month | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| T2024 | M | Serv asmnt/care plan waiver | | | $0.00 | Not Allowed | $0.00 | | | |
| T2025 | M | Waiver service, nos | | | $0.00 | Not Allowed | $0.00 | | | |
| T2026 | M | Special childcare waiver/d | | | $0.00 | Not Allowed | $0.00 | | | |
| T2027 | M | Spec childcare waiver 15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| T2028 | M | Special supply, nos waiver | | | $0.00 | Not Allowed | $0.00 | | | |
| T2029 | M | Special med equip, noswaiver | | | $0.00 | Not Allowed | $0.00 | | | |
| T2030 | M | Assist living waiver/month | | | $0.00 | Not Allowed | $0.00 | | | |
| T2031 | M | Assist living waiver/diem | | | $0.00 | Not Allowed | $0.00 | | | |
| T2032 | M | Res care, nos waiver/month | | | $0.00 | Not Allowed | $0.00 | | | |
| T2033 | M | Res, nos waiver per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| T2034 | M | Crisis interven waiver/diem | | | $0.00 | Not Allowed | $0.00 | | | |
| T2035 | M | Utility services waiver | | | $0.00 | Not Allowed | $0.00 | | | |
| T2036 | M | Camp overnite waiver/session | | | $0.00 | Not Allowed | $0.00 | | | |
| T2037 | M | Camp day waiver/session | | | $0.00 | Not Allowed | $0.00 | | | |
| T2038 | M | Comm trans waiver/service | | | $0.00 | Not Allowed | $0.00 | | | |
| T2039 | M | Vehicle mod waiver/service | | | $0.00 | Not Allowed | $0.00 | | | |
| T2040 | M | Financial mgt waiver/15min | | | $0.00 | Not Allowed | $0.00 | | | |
| T2041 | M | Support broker waiver/15 min | | | $0.00 | Not Allowed | $0.00 | | | |
| T2042 | M | HOSPICE ROUTINE HOME CARE | | | $0.00 | Not Allowed | $0.00 | | | |
| T2043 | M | HOSPICE CONTINUOUS HOME CARE | | | $0.00 | Not Allowed | $0.00 | | | |
| T2044 | M | HOSPICE RESPITE CARE | | | $0.00 | Not Allowed | $0.00 | | | |
| T2045 | M | HOSPICE GENERAL CARE | | | $0.00 | Not Allowed | $0.00 | | | |
| T2046 | M | HOSPICE LONG TERM CARE R&B | | | $0.00 | Not Allowed | $0.00 | | | |
| T2048 | M | Bh ltc res r&b, per diem | | | $0.00 | Not Allowed | $0.00 | | | |
| T2049 | M | N-ET; STRETCHER VAN MILEAGE | | | $0.00 | Not Allowed | $0.00 | | | |
| T2101 | M | BREAST MILK PROC/STORE/DIST | | | $0.00 | Not Allowed | $0.00 | | | |
| T4521 | M | ADULT SIZE BRIEF/DIAPER SM | | | $0.00 | Not Allowed | $0.00 | | | |
| T4522 | M | ADULT SIZE BRIEF/DIAPER MED | | | $0.00 | Not Allowed | $0.00 | | | |
| T4523 | M | ADULT SIZE BRIEF/DIAPER LG | | | $0.00 | Not Allowed | $0.00 | | | |
| T4524 | M | ADULT SIZE BRIEF/DIAPER XL | | | $0.00 | Not Allowed | $0.00 | | | |
| T4525 | M | ADULT SIZE PULL-ON SM | | | $0.00 | Not Allowed | $0.00 | | | |
| T4526 | M | ADULT SIZE PULL-ON MED | | | $0.00 | Not Allowed | $0.00 | | | |
| T4527 | M | ADULT SIZE PULL-ON LG | | | $0.00 | Not Allowed | $0.00 | | | |
| T4528 | M | ADULT SIZE PULL-ON XL | | | $0.00 | Not Allowed | $0.00 | | | |
| T4529 | M | PED SIZE BRIEF/DIAPER SM/MED | | | $0.00 | Not Allowed | $0.00 | | | |
| T4530 | M | PED SIZE BRIEF/DIAPER LG | | | $0.00 | Not Allowed | $0.00 | | | |
| T4531 | M | PED SIZE PULL-ON SM/MED | | | $0.00 | Not Allowed | $0.00 | | | |
| T4532 | M | PED SIZE PULL-ON LG | | | $0.00 | Not Allowed | $0.00 | | | |
| T4533 | M | YOUTH SIZE BRIEF/DIAPER | | | $0.00 | Not Allowed | $0.00 | | | |
| T4534 | M | YOUTH SIZE PULL-ON | | | $0.00 | Not Allowed | $0.00 | | | |
| T4535 | M | DISPOSABLE LINER/SHIELD/PAD | | | $0.00 | Not Allowed | $0.00 | | | |
| T4536 | M | REUSABLE PULL-ON ANY SIZE | | | $0.00 | Not Allowed | $0.00 | | | |
| T4537 | M | REUSABLE UNDERPAD BED SIZE | | | $0.00 | Not Allowed | $0.00 | | | |
| T4538 | M | DIAPER SERV REUSABLE DIAPER | | | $0.00 | Not Allowed | $0.00 | | | |
| T4539 | M | REUSE DIAPER/BRIEF ANY SIZE | | | $0.00 | Not Allowed | $0.00 | | | |
| T4540 | M | REUSABLE UNDERPAD CHAIR SIZE | | | $0.00 | Not Allowed | $0.00 | | | |
| T4541 | M | LARGE DISPOSABLE UNDERPAD | | | $0.00 | Not Allowed | $0.00 | | | |
| T4542 | M | SMALL DISPOSABLE UNDERPAD | | | $0.00 | Not Allowed | $0.00 | | | |
| T5001 | M | SPECIAL POSITION SEAT/VEHICL | | | $0.00 | Not Allowed | $0.00 | | | |
| T5999 | M | Supply, nos | | | $0.00 | Not Allowed | $0.00 | | | |
| V2020 | M | VISION SVCS FRAMES PURCHASES | | | $0.00 | Not Allowed | $0.00 | | | |
| V2025 | M | EYEGLASSES DELUX FRAMES | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2100 | M | LENS SPHER SINGLE PLANO 4.00 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2101 | M | SINGLE VISN SPHERE 4.12-7.00 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2102 | M | SINGL VISN SPHERE 7.12-20.00 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2103 | M | SPHEROCYLINDR 4.00D/12-2.00D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2104 | M | SPHEROCYLINDR 4.00D/2.12-4D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2105 | M | SPHEROCYLINDER 4.00D/4.25-6D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2106 | M | SPHEROCYLINDER 4.00D/>6.00D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2107 | M | SPHEROCYLINDER 4.25D/12-2D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2108 | M | SPHEROCYLINDER 4.25D/2.12-4D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2109 | M | SPHEROCYLINDER 4.25D/4.25-6D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2110 | M | SPHEROCYLINDER 4.25D/OVER 6D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2111 | M | SPHEROCYLINDR 7.25D/.25-2.25 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2112 | M | SPHEROCYLINDR 7.25D/2.25-4D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2113 | M | SPHEROCYLINDR 7.25D/4.25-6D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2114 | M | SPHEROCYLINDER OVER 12.00D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2115 | M | LENS LENTICULAR BIFOCAL | | | $0.00 | Not Allowed | $0.00 | | | |
| V2118 | M | LENS ANISEIKONIC SINGLE | | | $0.00 | Not Allowed | $0.00 | | | |
| V2121 | M | LENTICULAR LENS SINGLE | | | $0.00 | Not Allowed | $0.00 | | | |
| V2199 | M | LENS SINGLE VISION NOT OTH C | | | $0.00 | Not Allowed | $0.00 | | | |
| V2200 | M | LENS SPHER BIFOC PLANO 4.00D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2201 | M | LENS SPHERE BIFOCAL 4.12-7.0 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2202 | M | LENS SPHERE BIFOCAL 7.12-20. | | | $0.00 | Not Allowed | $0.00 | | | |
| V2203 | M | LENS SPHCYL BIFOCAL 4.00D/.1 | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| V2204 | M | LENS SPHCY BIFOCAL 4.00D/2.1 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2205 | M | LENS SPHCY BIFOCAL 4.00D/4.2 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2206 | M | LENS SPHCY BIFOCAL 4.00D/OVE | | | $0.00 | Not Allowed | $0.00 | | | |
| V2207 | M | LENS SPHCY BIFOCAL 4.25-7D/. | | | $0.00 | Not Allowed | $0.00 | | | |
| V2208 | M | LENS SPHCY BIFOCAL 4.25-7/2. | | | $0.00 | Not Allowed | $0.00 | | | |
| V2209 | M | LENS SPHCY BIFOCAL 4.25-7/4. | | | $0.00 | Not Allowed | $0.00 | | | |
| V2210 | M | LENS SPHCY BIFOCAL 4.25-7/OV | | | $0.00 | Not Allowed | $0.00 | | | |
| V2211 | M | LENS SPHCY BIFO 7.25-12/.25- | | | $0.00 | Not Allowed | $0.00 | | | |
| V2212 | M | LENS SPHCYL BIFO 7.25-12/2.2 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2213 | M | LENS SPHCYL BIFO 7.25-12/4.2 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2214 | M | LENS SPHCYL BIFOCAL OVER 12. | | | $0.00 | Not Allowed | $0.00 | | | |
| V2215 | M | LENS LENTICULAR BIFOCAL | | | $0.00 | Not Allowed | $0.00 | | | |
| V2218 | M | LENS ANISEIKONIC BIFOCAL | | | $0.00 | Not Allowed | $0.00 | | | |
| V2219 | M | LENS BIFOCAL SEG WIDTH OVER | | | $0.00 | Not Allowed | $0.00 | | | |
| V2220 | M | LENS BIFOCAL ADD OVER 3.25D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2221 | M | LENTICULAR LENS BIFOCAL | | | $0.00 | Not Allowed | $0.00 | | | |
| V2299 | M | LENS BIFOCAL SPECIALITY | | | $0.00 | Not Allowed | $0.00 | | | |
| V2300 | M | LENS SPHERE TRIFOCAL 4.00D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2301 | M | LENS SPHERE TRIFOCAL 4.12-7. | | | $0.00 | Not Allowed | $0.00 | | | |
| V2302 | M | LENS SPHERE TRIFOCAL 7.12-20 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2303 | M | LENS SPHCY TRIFOCAL 4.0/.12- | | | $0.00 | Not Allowed | $0.00 | | | |
| V2304 | M | LENS SPHCY TRIFOCAL 4.0/2.25 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2305 | M | LENS SPHCY TRIFOCAL 4.0/4.25 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2306 | M | LENS SPHCYL TRIFOCAL 4.00/>6 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2307 | M | LENS SPHCY TRIFOCAL 4.25-7/. | | | $0.00 | Not Allowed | $0.00 | | | |
| V2308 | M | LENS SPHC TRIFOCAL 4.25-7/2. | | | $0.00 | Not Allowed | $0.00 | | | |
| V2309 | M | LENS SPHC TRIFOCAL 4.25-7/4. | | | $0.00 | Not Allowed | $0.00 | | | |
| V2310 | M | LENS SPHC TRIFOCAL 4.25-7/>6 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2311 | M | LENS SPHC TRIFO 7.25-12/.25- | | | $0.00 | Not Allowed | $0.00 | | | |
| V2312 | M | LENS SPHC TRIFO 7.25-12/2.25 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2313 | M | LENS SPHC TRIFO 7.25-12/4.25 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2314 | M | LENS SPHCYL TRIFOCAL OVER 12 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2315 | M | LENS LENTICULAR TRIFOCAL | | | $0.00 | Not Allowed | $0.00 | | | |
| V2318 | M | LENS ANISEIKONIC TRIFOCAL | | | $0.00 | Not Allowed | $0.00 | | | |
| V2319 | M | LENS TRIFOCAL SEG WIDTH > 28 | | | $0.00 | Not Allowed | $0.00 | | | |
| V2320 | M | LENS TRIFOCAL ADD OVER 3.25D | | | $0.00 | Not Allowed | $0.00 | | | |
| V2321 | M | LENTICULAR LENS TRIFOCAL | | | $0.00 | Not Allowed | $0.00 | | | |
| V2399 | M | LENS TRIFOCAL SPECIALITY | | | $0.00 | Not Allowed | $0.00 | | | |
| V2410 | M | LENS VARIAB ASPHERICITY SING | | | $0.00 | Not Allowed | $0.00 | | | |
| V2430 | M | LENS VARIABLE ASPHERICITY BI | | | $0.00 | Not Allowed | $0.00 | | | |
| V2499 | M | VARIABLE ASPHERICITY LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| V2500 | M | CONTACT LENS PMMA SPHERICAL | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2501 | M | CNTCT LENS PMMA-TORIC/PRISM | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2502 | M | CONTACT LENS PMMA BIFOCAL | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2503 | M | CNTCT LENS PMMA COLOR VISION | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2510 | M | CNTCT GAS PERMEABLE SPHERICL | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2511 | M | CNTCT TORIC PRISM BALLAST | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2512 | M | CNTCT LENS GAS PERMBL BIFOCL | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2513 | M | CONTACT LENS EXTENDED WEAR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2520 | M | CONTACT LENS HYDROPHILIC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2521 | M | CNTCT LENS HYDROPHILIC TORIC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2522 | M | CNTCT LENS HYDROPHIL BIFOCL | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2523 | M | CNTCT LENS HYDROPHIL EXTEND | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2530 | M | CONTACT LENS GAS IMPERMEABLE | | | $0.00 | Not Allowed | $0.00 | | | |
| V2531 | M | CONTACT LENS GAS IMPERMEABLE | | | $0.00 | Not Allowed | $0.00 | | | |
| V2599 | M | CONTACT LENS/ES OTHER TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| V2600 | M | HAND HELD LOW VISION AIDS | | | $0.00 | Not Allowed | $0.00 | | | |
| V2610 | M | SINGLE LENS SPECTACLE MOUNT | | | $0.00 | Not Allowed | $0.00 | | | |
| V2615 | M | TELESCOP/OTHR COMPOUND LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| V2623 | M | PLASTIC EYE PROSTH CUSTOM | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2624 | M | POLISHING ARTIFICAL EYE | | | $0.00 | Not Allowed | $0.00 | | | |
| V2625 | M | ENLARGEMNT OF EYE PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2626 | M | REDUCTION OF EYE PROSTHESIS | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2627 | M | SCLERAL COVER SHELL | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2628 | M | FABRICATION & FITTING | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2629 | M | PROSTHETIC EYE OTHER TYPE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2630 | N | ANTER CHAMBER INTRAOCUL LENS | | | $0.00 | APC | $0.00 | | | |
| V2631 | N | IRIS SUPPORT INTRAOCLR LENS | | | $0.00 | APC | $0.00 | | | |
| V2632 | N | POST CHMBR INTRAOCULAR LENS | | | $0.00 | APC | $0.00 | | | |
| V2700 | M | BALANCE LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| V2702 | M | DELUXE LENS FEATURE | | | $0.00 | Not Allowed | $0.00 | | | |
| V2710 | M | GLASS/PLASTIC SLAB OFF PRISM | | | $0.00 | Not Allowed | $0.00 | | | |
| V2715 | M | PRISM LENS/ES | | | $0.00 | Not Allowed | $0.00 | | | |
| V2718 | M | FRESNELL PRISM PRESS-ON LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| V2730 | M | SPECIAL BASE CURVE | | | $0.00 | Not Allowed | $0.00 | | | |

| Proc Code | 2006 Status Ind. | Description | APC | APC Weight | 2006 APC Payment | Method | 2006 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| V2744 | M | TINT PHOTOCHROMATIC LENS/ES | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2745 | M | TINT ANY COLOR/SOLID/GRAD | | | $0.00 | Not Allowed | $0.00 | | | |
| V2750 | M | ANTI-REFLECTIVE COATING | | | $0.00 | Not Allowed | $0.00 | | | |
| V2755 | M | UV LENS/ES | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2756 | M | EYE GLASS CASE | | | $0.00 | Not Allowed | $0.00 | | | |
| V2760 | M | SCRATCH RESISTANT COATING | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V2761 | M | MIRROR COATING | | | $0.00 | Not Allowed | $0.00 | | | |
| V2762 | M | POLARIZATION ANY LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| V2770 | M | OCCLUDER LENS/ES | | | $0.00 | Not Allowed | $0.00 | | | |
| V2780 | M | OVERSIZE LENS/ES | | | $0.00 | Not Allowed | $0.00 | | | |
| V2781 | M | PROGRESSIVE LENS PER LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| V2782 | M | LENS 1.54-1.65 P/1.60-1.79G | | | $0.00 | Not Allowed | $0.00 | | | |
| V2783 | M | LENS >= 1.66 P/>=1.80 G | | | $0.00 | Not Allowed | $0.00 | | | |
| V2784 | M | LENS POLYCARB OR EQUAL | | | $0.00 | Not Allowed | $0.00 | | | |
| V2785 | M | CORNEAL TISSUE PROCESSING | | | $0.00 | Fee Schedule | $1,100.00 | | | |
| V2786 | M | OCCUPATIONAL MULTIFOCAL LENS | | | $0.00 | Not Allowed | $0.00 | | | |
| V2788 | M | PRESBYOPIA-CORRECT FUNCTION | | | $0.00 | Not Allowed | $0.00 | | | |
| V2790 | N | AMNIOTIC MEMBRANE | | | $0.00 | APC | $0.00 | | | |
| V2797 | M | VIS ITEM/SVC IN OTHER CODE | | | $0.00 | Not Allowed | $0.00 | | | |
| V2799 | M | MISCELLANEOUS VISION SERVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| V5008 | M | HEARING SCREENING | | | $0.00 | Not Allowed | $0.00 | | | |
| V5010 | M | ASSESSMENT FOR HEARING AID | | | $0.00 | Not Allowed | $0.00 | | | |
| V5011 | M | HEARING AID FITTING/CHECKING | | | $0.00 | Not Allowed | $0.00 | | | |
| V5014 | M | HEARING AID REPAIR/MODIFYING | | | $0.00 | Not Allowed | $0.00 | | | |
| V5020 | M | CONFORMITY EVALUATION | | | $0.00 | Not Allowed | $0.00 | | | |
| V5030 | M | BODY-WORN HEARING AID AIR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5040 | M | BODY-WORN HEARING AID BONE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5050 | M | HEARING AID MONAURAL IN EAR | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5060 | M | BEHIND EAR HEARING AID | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5070 | M | GLASSES AIR CONDUCTION | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5080 | M | GLASSES BONE CONDUCTION | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5090 | M | HEARING AID DISPENSING FEE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5095 | M | IMPLANT MID EAR HEARING PROS | | | $0.00 | Not Allowed | $0.00 | | | |
| V5100 | M | BODY-WORN BILAT HEARING AID | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5110 | M | HEARING AID DISPENSING FEE | | | $0.00 | Not Allowed | $0.00 | | | |
| V5120 | M | BODY-WORN BINAUR HEARING AID | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5130 | M | IN EAR BINAURAL HEARING AID | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5140 | M | BEHIND EAR BINAUR HEARING AI | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5150 | M | GLASSES BINAURAL HEARING AID | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5160 | M | DISPENSING FEE BINAURAL | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5170 | M | WITHIN EAR CROS HEARING AID | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5180 | M | BEHIND EAR CROS HEARING AID | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5190 | M | GLASSES CROS HEARING AID | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5200 | M | CROS HEARING AID DISPENS FEE | | | $0.00 | Not Allowed | $0.00 | | | |
| V5210 | M | IN EAR BICROS HEARING AID | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5220 | M | BEHIND EAR BICROS HEARING AI | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5230 | M | GLASSES BICROS HEARING AID | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5240 | M | DISPENSING FEE BICROS | | | $0.00 | Not Allowed | $0.00 | | | |
| V5241 | M | DISPENSING FEE, MONAURAL | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5242 | M | HEARING AID, MONAURAL, CIC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5243 | M | HEARING AID, MONAURAL, ITC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5244 | M | HEARING AID, PROG, MON, CIC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5245 | M | HEARING AID, PROG, MON, ITC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5246 | M | HEARING AID, PROG, MON, ITE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5247 | M | HEARING AID, PROG, MON, BTE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5248 | M | HEARING AID, BINAURAL, CIC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5249 | M | HEARING AID, BINAURAL, ITC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5250 | M | HEARING AID, PROG, BIN, CIC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5251 | M | HEARING AID, PROG, BIN, ITC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5252 | M | HEARING AID, PROG, BIN, ITE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5253 | M | HEARING AID, PROG, BIN, BTE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5254 | M | HEARING ID, DIGIT, MON, CIC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5255 | M | HEARING AID, DIGIT, MON, ITC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5256 | M | HEARING AID, DIGIT, MON, ITE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5257 | M | HEARING AID, DIGIT, MON, BTE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5258 | M | HEARING AID, DIGIT, BIN, CIC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5259 | M | HEARING AID, DIGIT, BIN, ITC | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5260 | M | HEARING AID, DIGIT, BIN, ITE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5261 | M | HEARING AID, DIGIT, BIN, BTE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5262 | M | HEARING AID, DISP, MONAURAL | | | $0.00 | Not Allowed | $0.00 | | | |
| V5263 | M | HEARING AID, DISP, BINAURAL | | | $0.00 | Not Allowed | $0.00 | | | |
| V5264 | M | EAR MOLD/INSERT | | | $0.00 | Not Allowed | $0.00 | | | |
| V5265 | M | EAR MOLD/INSERT, DISP | | | $0.00 | Not Allowed | $0.00 | | | |
| V5266 | M | BATTERY FOR HEARING DEVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| V5267 | M | HEARING AID SUPPLY/ACCESSORY | | | $0.00 | Not Allowed | $0.00 | | | |

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|---|---|---|---|---|---|---|---|---|---|---|
| V5268 | M | ALD TELEPHONE AMPLIFIER | | | $0.00 | Not Allowed | $0.00 | | | |
| V5269 | M | ALERTING DEVICE, ANY TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| V5270 | M | ALD, TV AMPLIFIER, ANY TYPE | | | $0.00 | Not Allowed | $0.00 | | | |
| V5271 | M | ALD, TV CAPTION DECODER | | | $0.00 | Not Allowed | $0.00 | | | |
| V5272 | M | TDD | | | $0.00 | Not Allowed | $0.00 | | | |
| V5273 | M | ALD FOR COCHLEAR IMPLANT | | | $0.00 | Not Allowed | $0.00 | | | |
| V5274 | M | ALD UNSPECIFIED | | | $0.00 | Not Allowed | $0.00 | | | |
| V5275 | M | EAR IMPRESSION | | | $0.00 | Not Allowed | $0.00 | | | |
| V5298 | M | HEARING AID NOC | | | $0.00 | Not Allowed | $0.00 | | | |
| V5299 | M | HEARING SERVICE | | | $0.00 | Not Allowed | $0.00 | | | Y |
| V5336 | M | HEARING SERVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| V5362 | M | HEARING SERVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| V5363 | M | HEARING SERVICE | | | $0.00 | Not Allowed | $0.00 | | | |
| V5364 | M | HEARING SERVICE | | | $0.00 | Not Allowed | $0.00 | | | |