Montana Medicaid Outpatient Procedure Fee Schedule
Outpatient Hospital Services
Effective 10/01/2009
Montana Medicaid Conversion Factor = $ 50.61

Definitions:

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

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Method – Source of fee determination

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

PA – Prior Authorization

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

Status Indicators:

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

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

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
0001F	E	HEART FAILURE COMPOSITE				Not Allowed	$0.00			
0005F	E	OSTEOARTHRITIS COMPOSITE				Not Allowed	$0.00			
00100	N	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS INCLUDING BX				Bundled	$0.00			N
00102	N	ANESTHESIA FOR PROCEDURES ON PLASTIC REPAIR OF CLEFT LIP				Bundled	$0.00			N
00103	N	ANESTHESIA FOR RECONSTRUCTIVE PROCEDURES OF EYELID				Bundled	$0.00			N
00104	N	ANESTHESIA FOR ELECTROCONVULSIVE THERAPY				Bundled	$0.00			N
00120	N	ANESTHESIA FOR PROCEDURES ON EXTERNAL MIDDLE AND INNER EAR				Bundled	$0.00			N
00124	N	ANESTHESIA FOR OTOSCOPY				Bundled	$0.00			N
00126	N	ANESTHESIA FOR TYMPANOTOMY				Bundled	$0.00			N
0012F	E	CAP BACTERIAL ASSESS				Not Allowed	$0.00			
00140	N	ANESTHESIA FOR PROCEDURES ON EYE; NOS				Bundled	$0.00			N
00142	N	ANESTHESIA FOR LENS SURGERY				Bundled	$0.00			N
00144	N	ANESTHESIA FOR CORNEAL TRANSPLANT				Bundled	$0.00			
00145	N	ANESTHESIA FOR VITREORETINAL SURGERY				Bundled	$0.00			N
00147	N	ANESTHESIA FOR IRIDECTOMY				Bundled	$0.00			N
00148	N	ANESTHESIA FOR OPTHALMOSCOPY				Bundled	$0.00			N
0014F	E	COMP PREOP ASSESS CAT SURG				Not Allowed	$0.00			
0015F	E	MELAN FOLLOW-UP COMPLETE				Not Allowed	$0.00			
00160	N	ANESTHESIA FOR PROCEDURES ON NOSE AND ACCESSORY SINUSES;				Bundled	$0.00			N
00162	N	ANESTH FOR PROC ON NOSE/ACCESSORY SINUSES; RADICAL SURGERY				Bundled	$0.00			N
00164	N	ANESTH FOR PROC ON NOSE/ACCESSORY SINSUES; BIOPSY SOFT TISS				Bundled	$0.00			N
0016T	T	THERMOTX CHOROID VASC LESION	0235	5.8277		APC	$294.94			Y
00170	N	ANESTHESIA FOR INTRAORAL PROCEDURES INCLUDING BIOPSY;				Bundled	$0.00			N
00172	N	ANESTHESIA FOR REPAIR OF CLEFT PALATE				Bundled	$0.00			N
00174	N	ANESTHESIA FOR EXCISION OF RETROPHARYNGEAL TUMOR				Bundled	$0.00			N
00176	C	ANESTH FOR INTRAORAL PROC INCLUDING BIOPSY; RADICAL SURGERY				Inpatient Only	$0.00			N
0017T	T	PHOTOCOAGULAT MACULAR DRUSEN	0235	5.8277		APC	$294.94			Y
00190	N	ANESTHESIA FOR PROCEDURES ON FACIAL BONES OR SKULL; NOS				Bundled	$0.00			N
00192	C	ANESTHESIA FOR PROCEDURES ON FACIAL BONES; RADICAL SURGERY				Inpatient Only	$0.00			N
0019T	M	EXTRACORP SHOCK WAVE TX MS				By Report	$0.00			Y
00210	N	ANESTHESIA FOR INTRACRANIAL PROCEDURES; NOT OTHERWI				Bundled	$0.00			N
00211	C	ANESTH, CRAN SURG, HEMOTOMA				Inpatient Only	$0.00			

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00212	N	ANESTHESIA FOR INTRACRANIAL PROCEDURES; SUBDURAL TAPS				Bundled	$0.00			N
00214	C	ANESTHESIA FOR INTRACRANIAL PROCEDURES; BURR HOLES W/VENTRIC				Inpatient Only	$0.00			N
00215	C	ANES FOR CRANIOPLASTY OR ELEV OF DEP SKULL FX EXTRADURAL				Inpatient Only	$0.00			N
00216	N	ANESTHESIA FOR INTRACRANIAL PROCEDURES; VASCULAR PROC.				Bundled	$0.00			N
00218	N	ANESTH FOR INTRACRANIAL PROCEDURES; PROC IN SITTING POSITION				Bundled	$0.00			N
00220	N	ANESTH INTRCRN NERVE				Bundled	$0.00			N
00222	N	ANESTHESIA FOR ELECTROCOAGULATION OF INTRACRANIAL NERVE				Bundled	$0.00			N
00300	N	ANES FOR PX ON INTEG SYS MUSCLES NERVES OF HEAD NECK PTRUNK				Bundled	$0.00			N
0030T	M	ANTIPROTHROMBIN ANTIBODY				By Report	$0.00			Y
00320	N	ANESTH NECK ORGAN 1 & OVER				Bundled	$0.00			N
00322	N	ANESTHESIA FOR NEEDLE BIOPSY OF THYROID				Bundled	$0.00			N
00326	N	ANESTH LARYNX/TRACH < 1 YR				Bundled	$0.00			
00350	N	ANESTHESIA FOR PROCEDURES ON MAJOR VESSELS OF NECK; NOS				Bundled	$0.00			N
00352	N	ANESTHESIA FOR PROC ON MAJOR VESSELS OF NECK; SIMPLE LIGATIO				Bundled	$0.00			N
00400	N	ANES FOR PX ON INTEG SYS ON EXTREM ANT TRUNK PERINEUM; NOS				Bundled	$0.00			N
00402	N	ANESTHESIA FOR RECONSTRUCTIVE PROC ON BREAST				Bundled	$0.00			N
00404	N	ANESTH FOR RADICAL OR MODIFIED RADICAL PROC ON BREAST				Bundled	$0.00			N
00406	N	ANESTH RAD OR MOD RAD PROC/BREAST W/INT MAMMARY NODE DISSECT				Bundled	$0.00			N
00410	N	ANESTHESIA FOELECTRICAL CONVERSION OF ARRYTHMIAS				Bundled	$0.00			N
0042T	N	CT PERFUSION W/CONTRAST CBF				Bundled	$0.00			Y
00450	N	ANESTHESIA FOR PROCEDURES ON CLAVICLE AND SCAPULA;				Bundled	$0.00			N
00452	C	ANESTH FOR PROC ON CLAVICLE & SCAPULA RADICAL SURGERY				Inpatient Only	$0.00			N
00454	N	ANESTH FOR BIOPSY OF CLAVICLE				Bundled	$0.00			N
00470	N	ANESTHESIA FOR PARTIAL RIB RESECTION; NOS				Bundled	$0.00			N
00472	N	ANESTHESIA FOR THORACOPLASTY				Bundled	$0.00			N
00474	C	ANESTHESIA FOR PARTIAL RIB RESECTION; RADICAL PROCEDURES				Inpatient Only	$0.00			N
0048T	C	IMPLANT VENTRICULAR DEVICE				Inpatient Only	$0.00			
00500	N	ANESTHESIA FOR ALL PROCEDURES ON ESOPHAGUS				Bundled	$0.00			N
0050T	C	REMOVAL CIRCULATION ASSIST				Inpatient Only	$0.00			
0051T	C	IMPLANT TOTAL HEART SYSTEM				Inpatient Only	$0.00			

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00520	N	ANES FOR CLOSED CHEST PX; (INCL BRONCHOSC) NOS				Bundled	$0.00			N
00522	N	ANES FOR CLOSED CHEST PX (INC BRONC);NEEDLE BIOPSY OF PLEURA				Bundled	$0.00			N
00524	C	ANES FOR CLOSED CHEST PX (INC BRONCH); PNEUMOCENTESIS				Inpatient Only	$0.00			N
00528	N	ANESTH CHEST PARTITION VIEW				Bundled	$0.00			N
00529	N	ANESTH CHEST PARTITION VIEW				Bundled	$0.00			
0052T	C	REPLACE COMPONENT HEART SYST				Inpatient Only	$0.00			
00530	N	ANESTHESIA FOR PERMANENT TRANSVENOUS PACEMAKER INSERTION				Bundled	$0.00			N
00532	N	ANESTHESIA FOR ACCESS TO CENTRAL VENOUS CIRCULATION				Bundled	$0.00			N
00534	N	ANESTHESIA FOR TRANSVEN INSERT OR REPLACE OF PACING CARDIOVE				Bundled	$0.00			N
00537	N	ANESTHESIA FOR CARDIAC ELECTROPHYSIOLOGIC PROCEDURES				Bundled	$0.00			N
00539	N	ANESTH TRACH-BRONCH RECONST				Bundled	$0.00			
0053T	C	REPLACE COMPONENT HEART SYST				Inpatient Only	$0.00			
00540	C	ANESTHESIA FOR THORACOTOMY PROCEDURES INVOLVING LUNGS PLEUR				Inpatient Only	$0.00			N
00541	N	ANESTH ONE LUNG VENTILATION				Bundled	$0.00			
00542	C	ANESTHESIA FOR DECORTICATION				Inpatient Only	$0.00			N
00546	C	ANESTHESIA FOR PULMONARY RESE TION W/THORACOPLASTY				Not Allowed	$0.00			N
00548	N	ANESTH FOR INTRATHORACIC REPAIR ON TRACHEA AND BRONCHI				Bundled	$0.00			N
0054T	N	BONE SURGERY USING COMPUTER				Bundled	$0.00			
00550	N	ANESTHESIA FOR STERNAL DEBRIDEMENT				Bundled	$0.00			N
0055T	N	BONE SURGERY USING COMPUTER				Bundled	$0.00			
00560	C	ANESTH, OPEN HEART SURGERY				Not Allowed	$0.00			N
00561	C	ANESTH HEART SURG < AGE 1				Inpatient Only	$0.00			
00562	C	ANESTHESIA FOR PROCEDURES ON HEART PERICARDIUM AND GREAT				Not Allowed	$0.00			N
00563	N	ANES FOR HEART PERICARD GREAT VESSELS W/PUMP OXYGENATOR				Bundled	$0.00			N
00566	N	ANES FOR DIRECT CORONARY ARTERY BYPASS GRAFT W/O PUMP OXYG				Bundled	$0.00			N
00567	C	ANESTH, CABG W/PUMP				Inpatient Only	$0.00			
00580	C	ANESTH HEART/LUNG TRANSPLNT				Inpatient Only	$0.00			Y
00600	N	ANESTHESIA FOR PROCEDURES ON CERVICAL SPINE AND CORD;				Bundled	$0.00			N
00604	C	ANESTHESIA FOR CERVICAL SPINE & CORD; PATIENT IN SIT POSITIO				Inpatient Only	$0.00			N
00620	N	ANESTHESIA FOR PROCEDURES ON THORACIC SPINE AND CORD;				Bundled	$0.00			N

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00622	C	ANESTHESIA FOR THORACOLUMBAR SYMPATHECTOMY				Inpatient Only	$0.00			N
00625	N	ANES SPINE TRANTHOR W/O VENT				Bundled	$0.00			
00626	N	ANES, SPINE TRANSTHOR W/VENT				Bundled	$0.00			
0062T	E	REP INTRADISC ANNULUS;1 LEV				Not Allowed	$0.00			
00630	N	ANESTHESIA FOR PROCEDURES IN LUMBAR REGION; NOS				Bundled	$0.00			N
00632	C	ANESTHESIA FOR LUMBAR SYMPATHECTOMY				Inpatient Only	$0.00			N
00634	N	ANESTHESIA FOR CHEMONUCLEOLYSIS				Bundled	$0.00			N
00635	N	ANES FOR LUMBAR REGION; DIAGNOSTIC OR THERAPEUTIC PUNCTURE				Bundled	$0.00			N
0063T	E	REP INTRADISC ANNULUS;>1LEV				Not Allowed	$0.00			
00640	N	ANESTH SPINE MANIPULATION				Bundled	$0.00			
0064T	X	SPECTROSCOP EVAL EXPIRED GAS	0367	0.5627		APC	$28.48			
0066T	E	CT COLONOGRAPHY;SCREEN				Not Allowed	$0.00			
00670	C	ANESTHESIA FOR EXTENSIVE SPINE AND SPINAL CORD PROCEDURES (E				Inpatient Only	$0.00			N
0067T	E	CT COLONOGRAPHY;DX	0332	2.9426		Not Allowed	$0.00			
0068T	E	INTERP/REPT HEART SOUND				Not Allowed	$0.00			
0069T	N	ANALYSIS ONLY HEART SOUND				Bundled	$0.00			
00700	N	ANESTHESIA FOR PROCEDURES ON UPPER ANTERIOR ABDOMINAL WALL;				Bundled	$0.00			N
00702	N	ANESTHESIA FOR PERCUTANEOUS LIVER BIOPSY				Bundled	$0.00			N
0070T	N	INTERP ONLY HEART SOUND				Bundled	$0.00			
0071T	S	U/S LEIOMYOMATA ABLATE <200	0067	57.5732		APC	$2,913.78			
0072T	S	U/S LEIOMYOMATA ABLATE >200	0067	57.5732		APC	$2,913.78			
00730	N	ANESTHESIA FOR PROCEDURES ON UPPER POSTERIOR ABDOMINAL WALL				Bundled	$0.00			N
0073T	S	DELIVERY COMP IMRT	0412	6.2192		APC	$314.75			
00740	N	ANESTHESIA FOR UPPER GASTROINTESTINAL ENDOSCOPIC PROCEDURES				Bundled	$0.00			N
00750	N	ANESTHESIA FOR HERNIA REPAIRS IN UPPER ABDOMEN; NOS				Bundled	$0.00			N
00752	N	ANESTHESIA FOR LUMBAR/VENTRAL HERNIAS & FOR WOUND DEHISENCE				Bundled	$0.00			N
00754	N	ANESTHESIA FOR OMPHALOCELE				Bundled	$0.00			N
00756	N	ANESTHESIA FOR TRANSABDOMINAL REPAIR OF DIAPHRAGMATIC HERNIA				Bundled	$0.00			N
0075T	C	PERQ STENT/CHEST VERT ART				Inpatient Only	$0.00			
0076T	C	S&I STENT/CHEST VERT ART				Inpatient Only	$0.00			
00770	N	ANESTHESIA FOR ALL PROCEDURES ON MAJOR ABDOMINAL BLOOD VESSE				Bundled	$0.00			N
0077T	C	CEREB THERM PERFUSION PROBE				Inpatient Only	$0.00			
0078T	C	ENDOVASC AORT REPR W/DEVICE				Inpatient Only	$0.00			
00790	N	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN UPPER ABDOMEN				Bundled	$0.00			N

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00792	C	ANESTHESIA FOR PARTIAL HEPATECTOMY (EXCLUDE LIVER BIOPSY)				Inpatient Only	$0.00			N
00794	C	ANESTHESIA FOR PANCREATECTOMY PARTIAL OR TOTAL				Inpatient Only	$0.00			N
00796	C	ANESTHESIA FOR LIVER TRANSPLANT (RECIPIENT)				Inpatient Only	$0.00			Y
00797	N	ANESTH, SURGERY FOR OBESITY				Bundled	$0.00			
0079T	C	ENDOVASC VISC EXTNSN REPR				Inpatient Only	$0.00			
00800	N	ANESTHESIA FOR PROCEDURES ON LOWER ANTERIOR ABDOMINAL WALL;				Bundled	$0.00			N
00802	C	ANESTHESIA FOR PANNICULECTOMY				Inpatient Only	$0.00			N
0080T	C	ENDOVASC AORT REPR RAD S&I				Inpatient Only	$0.00			
00810	N	ANESTHESIA FOR LOWER INTESTINAL ENDOSCOPIC PROCEDURES				Bundled	$0.00			N
0081T	C	ENDOVASC VISC EXTNSN S&I				Inpatient Only	$0.00			
00820	N	ANESTHESIA FOR PROCEDURES ON LOWER POSTERIOR ABDOMINAL WALL				Bundled	$0.00			N
00830	N	ANESTHESIA FOR HERNIA REPAIRS IN LOWER ABDOMEN;NOS				Bundled	$0.00			N
00832	N	ANESTHESIA FOR VENTRAL & INCISIONAL HERNIAS				Bundled	$0.00			N
00834	N	ANESTH HERNIA REPAIR< 1 YR				Bundled	$0.00			
00836	N	ANESTH HERNIA REPAIR PREEMIE				Bundled	$0.00			
00840	N	ANESTHESIA FOR INTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN				Bundled	$0.00			N
00842	N	ANESTHESIA FOR AMNIOCENTESIS				Bundled	$0.00			N
00844	C	ANESTHESIA FOR ABDOMINOPERINEAL RESECTION				Inpatient Only	$0.00			N
00846	C	ANESTHESIA FOR RADICAL HYSTERECTOMY				Inpatient Only	$0.00			N
00848	C	ANESTHESIA FOR PELVIC EXENTERATION				Inpatient Only	$0.00			N
0084T	T	TEMP PROSTATE URETHRAL STENT	0164	1.8697		APC	$94.63			
00851	N	ANES FOR INTRAPERITONEAL PROC IN LOW ABD INCL LAP; TUBAL LIG				Bundled	$0.00			N
0085T	E	BREATH TEST HEART REJECT				Not Allowed	$0.00			
00860	N	ANESTHESIA FOR EXTRAPERITONEAL PROCEDURES IN LOWER ABDOMEN				Bundled	$0.00			N
00862	N	ANESTHESIA FOR RENAL PROC INCL UPPER 1/3 URETER OR DONOR				Bundled	$0.00			N
00864	C	ANESTHESIA FOR TOTAL CYCTECTOMY				Inpatient Only	$0.00			N
00865	C	RADICAL PROSTATECTOMY (SUPRAPUBIC RETROPUBIC)				Inpatient Only	$0.00			N
00866	C	ANESTHESIA FOR ADRENALECTOMY				Inpatient Only	$0.00			N
00868	C	ANESTHESIA FOR RENAL TRANSPLANT (RECIPIENT)				Inpatient Only	$0.00			Y
0086T	N	L VENTRICLE FILL PRESSURE				Bundled	$0.00			
00870	N	ANESTHESIA FOR CYSTOLITHOTOMY				Bundled	$0.00			N
00872	N	ANESTHESIA FOR LITHOTRIPSY EXTRACORPOREAL SHOCK WAVE;				Bundled	$0.00			N
00873	N	ANESTHESIA FOR LITHOTRIPSY EXTRACORPOREAL SHOCK WAVE;				Bundled	$0.00			N

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0087T	E	SPERM EVAL HYALURONAN	0344	0.8223		Not Allowed	$0.00			
00880	N	ANESTHESIA FOR PROCEDURES ON MAJOR LOWER ABDOMINAL VESSELS;				Bundled	$0.00			N
00882	C	ANESTHESIA FOR INFERIOR VENA CAVA LIGATION				Inpatient Only	$0.00			N
00902	N	ANESTH FOR ANORECTAL PROCEDURE				Bundled	$0.00			N
00904	C	ANESTHESIA FOR RADICAL PERINEAL PROCEDURE				Inpatient Only	$0.00			N
00906	N	ANESTHESIA FOR VULVECTOMY				Bundled	$0.00			N
00908	C	ANESTHESIA FOR PERINEAL PROSTATECTOMY				Inpatient Only	$0.00			N
00910	N	ANES FOR TRANSURETHRAL PX; NOT OTHERWISE SPECIFIED				Bundled	$0.00			N
00912	N	ANES FOR TRANSURETHRAL PX; TRANSURETHRAL RESECT BLADDER TUMO				Bundled	$0.00			N
00914	N	ANES FOR TRANSURETHRAL PX; TRANSURETHRAL RESECT PROSTATE				Bundled	$0.00			N
00916	N	ANES FOR TRANSURETHRAL PX; POST-TRANSURETH RESECT BLEEDING				Bundled	$0.00			N
00918	N	ANES FOR TRANSURETHRAL PX;W/FRAGMNT MANIPUL &/OR CALC REMOVA				Bundled	$0.00			N
00920	N	ANESTHESIA FOR PROCEDURES ON MALE GENITALIA; NOS				Bundled	$0.00			N
00921	N	ANESTH VASECTOMY				Bundled	$0.00			
00922	N	ANESTHESIA FOR PROCEDURES ON SEMINAL VESICLES				Bundled	$0.00			N
00924	N	ANESTHESIA FOR PROCEDURES ON UNDESCENDED TESTIS UNI OR BILA				Bundled	$0.00			N
00926	N	ANESTHESIA FOR RADICAL ORCHIECTOMY INGUINAL				Bundled	$0.00			N
00928	N	ANESTHESIA FOR RADICAL ORCHIECTOMY ABDOMINAL				Bundled	$0.00			N
0092T	C	ARTIFIC DISC ADDL				Not Allowed	$0.00			N
00930	N	ANESTHESIA FOR ORCHIOPEXY UNILATERAL OR BILATERAL				Bundled	$0.00			N
00932	C	ANESTHESIA FOR COMPLETE AMPUTATION OF PENIS				Inpatient Only	$0.00			N
00934	C	ANESTHESIA FOR RAD AMPUTATION OF PENIS W/BILAT INGUINAL LYMP				Inpatient Only	$0.00			N
00936	C	ANESTH FOR RAD AMP OF PENIS W/BILAT INGUINAL & ILIAC LYMPH				Inpatient Only	$0.00			N
00938	N	ANESTH FOR INSERTION OF PENILE PROSTHESIS (PERINEAL APPROACH				Bundled	$0.00			N
00940	N	ANES FOR VAGINAL PX; NOT OTHERWISE SPECIFIED				Bundled	$0.00			N
00942	N	ANESTH SURG ON VAG/URETHRAL				Bundled	$0.00			N
00944	C	ANES FOR VAGINAL PX; VAGINAL HYSTERECTOMY				Inpatient Only	$0.00			N
00948	N	ANES FOR VAGINAL PX; CERVICAL CERCLAGE				Bundled	$0.00			N
00950	N	ANES FOR VAGINAL PX; CULDOSCOPY				Bundled	$0.00			N
00952	N	ANES FOR VAGINAL PX; HYSTEROSCOPY &/OR HYSTEROSALPINGOGRAPHY				Bundled	$0.00			N
0095T	C	ARTIFIC DISKECTOMY ADDL				Not Allowed	$0.00			N
0098T	C	REV ARTIFIC DISC ADDL				Not Allowed	$0.00			N
0099T	T	IMPLANT CORNEAL RING	0233	16.7409		APC	$847.26			Y

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0100T	T	PROSTH RETINA RECEIVE & GEN	0672	38.1751		APC	$1,932.04			Y
0101T	T	EXTRACORP SHOCKWV TX, HI ENRG	0050	29.8816		APC	$1,512.31			Y
0102T	T	EXTRACORP SHOCKWV TX, ANESTH	0050	29.8816		APC	$1,512.31			Y
0103T	E	HOLOTRANSCOBALAMIN				Not Allowed	$0.00			N
0104T	E	AT REST CARDIO GAS REBREATHE				Not Allowed	$0.00			N
0105T	E	EXERC CARDIO GAS REBREATHE				Not Allowed	$0.00			N
0106T	X	TOUCH QUANT SENSORY TEST	0341	0.0834		APC	$4.22			Y
0107T	X	VIBRATE QUANT SENSORY TEST	0341	0.0834		APC	$4.22			Y
0108T	X	COOL QUANT SENSORY TEST	0341	0.0834		APC	$4.22			Y
0109T	X	HEAT QUANT SENSORY TEST	0341	0.0834		APC	$4.22			Y
0110T	X	NOS QUANT SENSORY TEST	0341	0.0834		APC	$4.22			Y
01112	N	ANESTHESIA FOR BONE MARROW ASP &/OR BIOPSY ILIAC CREST				Bundled	$0.00			N
0111T	E	RBC MEMBRANES FATTY ACIDS				Not Allowed	$0.00			N
01120	N	ANESTHESIA FOR PROCEDURES ON BONY PELVIS				Bundled	$0.00			N
01130	N	ANESTHESIA FOR BODY CAST APPLICATION OR REVISION				Bundled	$0.00			N
01140	C	ANESTHESIA FOR INTERPELVIABDOMINAL (HINDQUARTER) AMPUTATION				Inpatient Only	$0.00			N
01150	C	ANESTHESIA FOR RADICAL PROCEDURES FOR TUMOR OF PELVIS EXCEP				Inpatient Only	$0.00			N
01160	N	ANESTHESIA FOR CLOSED PROCEDURES INVOLVING SYMPHYSIS PUBIS				Bundled	$0.00			N
01170	N	ANESTHESIA FOR OPEN PROCEDURES INVOLVING SYMPHYSIS PUBIS OR				Bundled	$0.00			N
01173	N	ANESTH FX REPAIR PELVIS				Bundled	$0.00			
01180	N	ANESTHESIA FOR OBTURATOR NEURECTOMY; EXTRAPELVIC				Bundled	$0.00			N
01190	N	ANESTHESIA FOR OBTURATOR NEURECTOMY; INTRAPELVIC				Bundled	$0.00			N
01200	N	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING HIP JOINT				Bundled	$0.00			N
01202	N	ANESTHESIA FOR ARTHROSCOPIC PROCEDURES OF HIP JOINT				Bundled	$0.00			N
01210	N	ANESTHESIA FOR OPEN PROCEDURES INVOLVING HIP JOINT; NOS				Bundled	$0.00			N
01212	C	ANESTHESIA FOR HIP DISARTICULATION				Inpatient Only	$0.00			N
01214	C	ANESTH HIP ARTHROPLASTY				Inpatient Only	$0.00			N
01215	N	ANES FOR OPEN PROCEDURE INVOLVING HIP; REVISION TOTAL HIP				Bundled	$0.00			N
01220	N	ANESTHESIA FOR ALL CLOSED PROCEDURES INVOLVING UPPER 2/3 OF				Bundled	$0.00			N
01230	N	ANESTHESIA FOR OPEN PROCEDURES INVOLVING UPPER 2/3 OF FEMUR;				Bundled	$0.00			N
01232	C	ANESTHESIA FOR AMPUTATION INVOLVING UPPER 2/3 OF FEMUR				Inpatient Only	$0.00			N
01234	C	ANESTHESIA FOR RADICAL RESECTION INCL UPPER 2/3 OF FEMUR				Inpatient Only	$0.00			N

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0123T	T	SCLERAL FISTULIZATION	0234	23.8963		APC	$1,209.39			Y
0124T	T	CONJUNCTIVAL DRUG PLACEMENT	0232	4.6708		APC	$236.39			Y
01250	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS				Bundled	$0.00			N
01260	N	ANESTHESIA FOR ALL PROCEDURES INVOLVING VEINS OF UPPER LEG				Bundled	$0.00			N
0126T	N	CHD RISK IMT STUDY	0340	0.6462		Bundled, may be payable i	$0.00			Y
01270	N	ANESTHESIA FOR PROCEDURES INVOLVING ARTERIES OF UPPER LEG				Bundled	$0.00			N
01272	C	ANESTHESIA FOR FEMORAL ARTERY LIGATION				Inpatient Only	$0.00			N
01274	C	ANESTHESIA FOR FEMORAL ARTERY EMBOLECTOMY				Inpatient Only	$0.00			N
0130T	E	CHRON CARE DRUG INVESTIGATN				Not Allowed	$0.00			Y
01320	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS				Bundled	$0.00			N
01340	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER 1/3 OF FEMUR				Bundled	$0.00			N
01360	N	ANESTHESIA FOR ALL OPEN PROCEDURES ON LOWER 1/3 OF FEMUR				Bundled	$0.00			N
01380	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON KNEE JOINT				Bundled	$0.00			N
01382	N	ANESTH DX KNEE ARTHROSCOPY				Bundled	$0.00			N
01390	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON UPPER ENDS OF TIBIA				Bundled	$0.00			N
01392	N	ANESTHESIA FOR ALL OPEN PROCEDURES ON UPPER ENDS OF TIBIA				Bundled	$0.00			N
01400	N	ANESTH KNEE JOINT SURGERY				Bundled	$0.00			N
01402	C	ANESTH KNEE ARTHROPLASTY				Inpatient Only	$0.00			N
01404	C	ANESTHESIA FOR DISARTICULATION AT KNEE				Inpatient Only	$0.00			N
0140T	E	EXHALED BREATH CONDENSATE PH				Not Allowed	$0.00			Y
0141T	E	PERQ ISLET TRANSPLANT				Not Allowed	$0.00			Y
01420	N	ANESTHESIA FOR ALL CAST APPLICATIONS REMOVAL OR REPAIR INV				Bundled	$0.00			N
0142T	E	OPEN ISLET TRANSPLANT				Not Allowed	$0.00			Y
01430	N	ANESTHESIA FOR PROCEDURES ON VEINS OF KNEE AND POPLITEAL ARE				Bundled	$0.00			N
01432	N	ANESTHESIA FOR ARTERIOVENOUS FISTULA OF KNEE & POPLITEAL ARE				Bundled	$0.00			N
0143T	E	LAPAROSCOPIC ISLET TRANSPLNT				Not Allowed	$0.00			Y
01440	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF KNEE AND POPLITEAL				Bundled	$0.00			N
01442	C	ANEST FOR POPLITEAL THROMBOENDARTECTOMY W/OR W/O PATCH GRAFT				Inpatient Only	$0.00			N
01444	C	ANES FOR POPLITEAL EXC & GRAFT /REPAIR FOR OCCLU/ANEURYSM				Inpatient Only	$0.00			N
0144T	S	CT HEART WO DYE; QUAL CALC	0282	1.5897		APC	$80.45			Y

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0145T	S	CT HEART W/WO DYE FUNCT	0383	4.2793		APC	$216.58			Y
01462	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON LOWER LEG ANKLE AN				Bundled	$0.00			N
01464	N	ANESTH ANKLE/FT ARTHROSCOPY				Bundled	$0.00			N
0146T	S	CCTA W/WO DYE	0383	4.2793		APC	$216.58			Y
01470	N	ANESTHESIA FOR PROCEDURES ON NERVES MUSCLES TENDONS AND				Bundled	$0.00			N
01472	N	ANES FOR REPAIR RUPTURED ACHILLES TENDON W/OR W/O GRAFT				Bundled	$0.00			N
01474	N	ANEST FOR GASTROCNEMIUS RECESSION (STRAYER PROCEDURE)				Bundled	$0.00			N
0147T	S	CCTA W/WO QUAN CALCIUM	0383	4.2793		APC	$216.58			Y
01480	N	ANESTHESIA FOR OPEN PROCEDURES ON BONES OF LOWER LEG ANKLE				Bundled	$0.00			N
01482	N	ANESTHESIA FOR RADICAL RESECTION ON BONES OF LOWER LEG ANKLE				Bundled	$0.00			N
01484	N	ANESTHESIA FOR OSEOTOMY OR OSTEOPLASTY OF TIBIA & OR FIBULA				Bundled	$0.00			N
01486	C	ANESTHESIA FOR TOTAL ANKLE REPLACEMENT				Inpatient Only	$0.00			N
0148T	S	CCTA W/WO STRXR	0383	4.2793		APC	$216.58			Y
01490	N	ANESTHESIA FOR LOWER LEG CAST APPLICATION REMOVAL OR REPAI				Bundled	$0.00			N
0149T	S	CCTA W/WO STRXR QUAN CALC	0383	4.2793		APC	$216.58			Y
01500	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF LOWER LEG INCLUDIN				Bundled	$0.00			N
01502	C	ANESTHESIA FOR EMBOLECTOMY DIRECT OR CATHETER LOWER LEG				Inpatient Only	$0.00			N
0150T	S	CCTA W/WO DISEASE STRXR	0383	4.2793		APC	$216.58			Y
0151T	S	CT HEART FUNCT ADD-ON	0282	1.5897		APC	$80.45			Y
01520	N	ANESTHESIA FOR PROCEDURES ON VEINS OF LOWER LEG; NOS				Bundled	$0.00			N
01522	N	ANES FOR VENOUS THROMBECTOMY DIRECT OR CATHETER OF LOWER LEG				Bundled	$0.00			N
0155T	E	LAP INS GASTR ELRD FOR MO	0130	37.8887		Not Allowed	$0.00			N
0156T	E	LAP REDO GASTR ELRD FOR MO	0130	37.8887		Not Allowed	$0.00			N
0157T	C	OPN INS GAST ELRD FOR MO				Not Allowed	$0.00			N
0158T	C	OPN REDO GAST ELRD FOR MO				Not Allowed	$0.00			N
0159T	N	COMPUTER BREAST MRI ADD-ON				Bundled	$0.00			N
0160T	S	TRANSCRAN MAG STIM PLANNING	0216	2.6652		APC	$134.89			N
01610	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS				Bundled	$0.00			N
0161T	S	TRANSCAN MAG STIM DELIVERY	0216	2.6652		APC	$134.89			N
01620	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERAL HEAD AND NEC				Bundled	$0.00			N
01622	N	ANES DX SHOULDER ARTHROSCOPY				Bundled	$0.00			N

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01630	N	ANESTH SURGERY OF SHOULDER				Bundled	$0.00			N
01632	C	ANESTHESIA FOR RADICAL RESECTION ON HUMERAL HEAD & NECK STE				Inpatient Only	$0.00			N
01634	C	ANESTHESIA FOR SHOULDER DISARTICULATION				Inpatient Only	$0.00			N
01636	C	ANESTHESIA FOR INTERTHORACOSCAPULAR (FOREQUARTER) AMPUTATION				Inpatient Only	$0.00			N
01638	C	ANESTHESIA FOR TOTAL SHOULDER REPLACEMENT				Inpatient Only	$0.00			N
0163T	C	LUMB ARTIF DISKECTOMY ADDL				Inpatient Only	$0.00			
0164T	C	REMOVE LUMB ARTIF DISC ADDL				Inpatient Only	$0.00			
01650	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF SHOULDER AND AXILLA				Bundled	$0.00			N
01652	C	ANESTHESIA FOR AXILLARY-BRACHIAL ANEURYSM				Inpatient Only	$0.00			N
01654	C	ANESTHESIA FOR BYPASS GRAFT ON ARTERIES OF SHOULDER & AXILLA				Inpatient Only	$0.00			N
01656	C	ANESTHESIA FOR AXILLARY-FEMORAL BYPASS GRAFT				Inpatient Only	$0.00			N
0165T	C	REVISE LUMB ARTIF DISC ADDL				Inpatient Only	$0.00			
0166T	C	TCATH VSD CLOSE W/O BYPASS				Inpatient Only	$0.00			
01670	N	ANESTHESIA FOR ALL PROCEDURES ON VEINS OF SHOULDER AND AXILL				Bundled	$0.00			N
0167T	C	TCATH VSD CLOSE W BYPASS				Inpatient Only	$0.00			
01680	N	ANESTHESIA FOR SHOULDER CAST APPLICATION REMOVAL OR REPAIR				Bundled	$0.00			N
01682	N	ANESTHESIA FOR SHOULDER SPICA APPLICATION REMOVAL OR REPAIR				Bundled	$0.00			N
0168T	T	RHINOPHOTOTX LIGHT APP BILAT	0251	3.3069		APC	$167.36			
0169T	C	PLACE STEREO CATH BRAIN				Inpatient Only	$0.00			
0170T	T	ANORECTAL FISTULA PLUG RPR	0150	31.0398		APC	$1,570.92			
01710	N	ANESTHESIA FOR PROCEDURES ON NERVES MUSCLES TENDONS FASCI				Bundled	$0.00			N
01712	N	ANESTHESIA FOR TENOTOMY ELBOW TO SHOULDER OPEN				Bundled	$0.00			N
01714	N	ANESTHESIA FOR TENOPLASTY ELBOW TO SHOULDER				Bundled	$0.00			N
01716	N	ANESTHESIA FOR TENODESIS RUPTURE OF LONG TENDON OF BICEPS				Bundled	$0.00			N
0171T	T	LUMBAR SPINE PROCES DISTRACT	0052	86.5958		APC	$4,382.61			
0172T	T	LUMBAR SPINE PROCES ADDL	0052	86.5958		APC	$4,382.61			
01730	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON HUMERUS AND ELBOW				Bundled	$0.00			N
01732	N	ANESTH DX ELBOW ARTHROSCOPY				Bundled	$0.00			N
0173T	N	IOP MONIT IO PRESSURE				Bundled	$0.00			
01740	N	ANESTH UPPER ARM SURGERY				Bundled	$0.00			N
01742	N	ANESTHESIA FOR OSTEOTOMY OF HUMERUS				Bundled	$0.00			N
01744	N	ANESTHESIA FOR REPAIR OF NONUNION OR MALUNION OF HUMERUS				Bundled	$0.00			N
0174T	N	CAD CXR WITH INTERP				Bundled	$0.00			

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01756	C	ANESTHESIA FOR RADICAL PROCEDURES ON HUMERUS AND ELBOW				Inpatient Only	$0.00			N
01758	N	ANESTHESIA FOR EXCISION OF CYST OR TUMOR OF HUMERUS				Bundled	$0.00			N
0175T	N	CAD CXR REMOTE				Bundled	$0.00			
01760	N	ANESTHESIA FOR TOTAL ELBOW REPLACEMENT				Bundled	$0.00			N
0176T	T	AQU CANAL DILAT W/O RETENT	0673	40.9535		APC	$2,072.66			
01770	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF UPPER ARM AND ELBOW				Bundled	$0.00			N
01772	N	ANESTHESIA FOR EMBOLECTOMY OF UPPER ARM AND ELBOW				Bundled	$0.00			N
0177T	T	AQU CANAL DILAT W RETENT	0673	40.9535		APC	$2,072.66			
01780	N	ANESTHESIA FOR PROCEDURES ON VEINS OF UPPER ARM AND ELBOW;				Bundled	$0.00			N
01782	N	ANESTHESIA FOR PHLEBORRHAPHY OF UPPER ARM & ELBOW				Bundled	$0.00			N
0178T	E	64 LEAD ECG W I&R				Not Allowed	$0.00			N
0179T	X	64 LEAD ECG W TRACING	0100	2.5884		APC	$131.00			N
0180T	E	64 LEAD ECG W I&R ONLY				Not Allowed	$0.00			N
01810	N	ANESTHESIA FOR ALL PROCEDURES ON NERVES MUSCLES TENDONS				Bundled	$0.00			N
0181T	S	CORNEAL HYSTERESIS	0230	0.6461		APC	$32.70			N
01820	N	ANESTHESIA FOR ALL CLOSED PROCEDURES ON RADIUS ULNA WRIST				Bundled	$0.00			N
01829	N	ANESTH DX WRIST ARTHROSCOPY				Bundled	$0.00			
0182T	S	HDR ELEC BRACHYTHERAPY	1519			APC	$1,750.00			N
01830	N	ANESTH LOWER ARM SURGERY				Bundled	$0.00			N
01832	N	ANESTHESIA FOR TOTAL WRIST REPLACEMENT				Bundled	$0.00			N
0183T	T	WOUND ULTRASOUND	0015	1.5170		APC	$76.78			
01840	N	ANESTHESIA FOR PROCEDURES ON ARTERIES OF FOREARM WRIST AND				Bundled	$0.00			N
01842	N	ANESTHESIA FOR EMBOLECTOMY OF FOREARM WRIST AND				Bundled	$0.00			N
01844	N	ANESTHESIA FOR VASCULAR SHUNT OR SHUNT REVISION ANY TYPE (				Bundled	$0.00			N
0184T	C	EXC RECTAL TUMOR ENDOSCOPIC				Inpatient Only	$0.00			
01850	N	ANESTHESIA FOR PROCEDURES ON VEINS OF FOREARM WRIST AND HA				Bundled	$0.00			N
01852	N	ANESTHESIA FOR PHLEBORRHAPHY OF FOREARM WRIST AND HAND				Bundled	$0.00			N
0185T	N	COMPTR PROBABILITY ANALYSIS				Bundled	$0.00			
01860	N	ANESTHESIA FOR FOREARM WRIST OR HAND CAST APPLICATION REM				Bundled	$0.00			N
0186T	T	SUPRACHOROIDAL DRUG DELIVERY	0237	22.3269		APC	$1,129.96			
0187T	S	OPHTHALMIC DX IMAGE ANTERIOR	0230	0.6461		APC	$32.70			
0188T	E	VIDEOCONF CRIT CARE 74 MIN				Not Allowed	$0.00			N
0189T	E	VIDEOCONF CRIT CARE ADDL 30				Not Allowed	$0.00			N

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0190T	T	PLACE INTRAOC RADIATION SRC	0237	22.3269		APC	$1,129.96			Y
01916	N	ANESTH DX ARTERIOGRAPHY				Bundled	$0.00			N
0191T	T	INSERT ANT SEGMENT DRAIN INT	0234	23.8963		APC	$1,209.39			Y
01920	N	ANESTHESIA FOR CARDIAC CATHETERIZATION INCLUDING CORONARY AN				Bundled	$0.00			N
01922	N	ANESTHESIA FOR NON-INVASIVE IMAGING OR RADIATION THERAPY				Bundled	$0.00			N
01924	N	ANES THER INTERVEN RAD ART				Bundled	$0.00			
01925	N	ANESTH FOR RADIOL PROC INVOLV ARTL SYS CAROTIDOR CORONARY				Bundled	$0.00			N
01926	N	ANES TX INTERV RAD HRT/CRAN				Bundled	$0.00			
0192T	T	INSERT ANT SEGMENT DRAIN EXT	0673	40.9535		APC	$2,072.66			Y
01930	N	ANESTH FOR RADIOL PROC INVOLV VENOUS/LYMPH SYS NOS				Bundled	$0.00			N
01931	N	ANES THER INTERVEN RAD TIP				Bundled	$0.00			
01932	N	ANES FOR RADIOL PROC INVOLV VEN/LYMPH SYS INTRATHOR JUGULA				Bundled	$0.00			N
01933	N	ANES TX INTERV RAD INTRACRANIAL				Bundled	$0.00			
01935	N	ANESTH, PERC IMG DX SP PROC				Bundled	$0.00			
01936	N	ANESTH, PERC IMG TX SP PROC				Bundled	$0.00			
0193T	T	RF BLADDER NECK MICROREMODEL	0165	20.0346		APC	$1,013.95			
0194T	M	PROCALCITONIN (PCT)				By Report	$0.00			
01951	N	ANES 2ND&3RD DEG BURN EXCISION OR DEBRIDEMENT; < 1% TBSA				Bundled	$0.00			N
01952	N	ANESTH, BURN, 4-9 PERCENT				Bundled	$0.00			N
01953	N	ANES 2ND&3RD DEG BURN EXCISION OR DEBRIDEMENT; EACH +9%TBSA				Bundled	$0.00			N
01958	N	ANESTH ANTEPARTUM MANIPUL				Bundled	$0.00			
0195T	C	ARTHROD PRESAC INTERBODY				Inpatient Only	$0.00			
01960	N	ANESTH VAGINAL DELIVERY				Bundled	$0.00			
01961	N	ANESTH CS DELIVERY				Bundled	$0.00			N
01962	N	ANESTH EMER HYSTERECTOMY				Bundled	$0.00			
01963	N	ANESTH CS HYSTERECTOMY				Bundled	$0.00			N
01965	N	ANESTH INC/MISSED AB PROC				Bundled	$0.00			
01966	N	ANESTH INDUCED AB PROCEDURE				Bundled	$0.00			
01967	N	NEURAXIAL LABOR ANESTH FOR PLANNED VAGINAL DELIVERY				Bundled	$0.00			N
01968	N	ANES/ANALG CS DELIVER ADD-ON				Bundled	$0.00			
01969	N	ANESTH/ANALG CS HYST ADD-ON				Bundled	$0.00			N
0196T	C	ARTHROD PRESAC INTERBODY EAC				Inpatient Only	$0.00			
0197T	N	INTRAFRACTION TRACK MOTION				Bundled	$0.00			
0198T	S	OCULAR BLOOD FLOW MEASURE	0230	0.6461		APC	$32.70			
01990	C	PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) FROM BRAIN				Inpatient Only	$0.00			Y

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01991	N	ANESTH NERVE BLOCK/INJ				Bundled	$0.00			
01992	N	ANESTH N BLOCK/INJ PRONE				Bundled	$0.00			
01996	N	HOSP MANAGE CONT DRUG ADMIN				Bundled	$0.00			N
01999	N	UNLISTED ANESTHESIA PROCEDURE(S)				Bundled	$0.00			N
0199T	S	PHYSIOLOGIC TREMOR RECORD	0215	0.5994		APC	$30.34			
0200T	T	PERQ SACRAL AUGMT UNILAT INJ	0049	21.7810		APC	$1,102.34			
0201T	T	PERQ SACRAL AUGMT BILAT INJ	0050	29.8816		APC	$1,512.31			
0202T	C	POST VERT ARTHRPLST 1 LUMBAR				Inpatient Only	$0.00			
0500F	E	INITIAL PRENATAL CARE VISIT				Not Allowed	$0.00			
0501F	E	PRENATAL FLOW SHEET				Not Allowed	$0.00			
0502F	E	SUBSEQUENT PRENATAL CARE				Not Allowed	$0.00			
0503F	E	POSTPARTUM CARE VISIT				Not Allowed	$0.00			
0505F	E	HEMODIALYSIS PLAN DOCD				Not Allowed	$0.00			
0507F	E	PERITON DIALYSIS PLAN DOCD				Not Allowed	$0.00			
0509F	E	URINE INCON PLAN DOCD				Not Allowed	$0.00			
0513F	E	ELEV BP PLAN OF CARE DOCD				Not Allowed	$0.00			
0514F	E	CARE PLAN HGB DOCD ESA PT				Not Allowed	$0.00			
0516F	E	ANEMIA PLAN OF CARE DOCD				Not Allowed	$0.00			
0517F	E	GLAUCOMA PLAN OF CARE DOCD				Not Allowed	$0.00			
0518F	E	FALL PLAN OF CARE DOCD				Not Allowed	$0.00			
0519F	E	PLAND CHEMO DOCD B/4 TXMNT				Not Allowed	$0.00			
0520F	E	RAD DOS LIMTS B/4 3D RAD				Not Allowed	$0.00			
0521F	E	PLAN OF CARE 4 PAIN DOCD				Not Allowed	$0.00			
0525F	E	INITIAL VISIT FOR EPISODE				Not Allowed	$0.00			N
0526F	E	SUBS VISIT FOR EPISODE				Not Allowed	$0.00			N
0528F	E	RCMND FLW-UP 10 YRS DOCD				Not Allowed	$0.00			
0529F	E	INTRVL 3+YRS PTS CLNSCP DOCD				Not Allowed	$0.00			
0535F	E	DYSPNEA MNGMNT PLAN DOCD				Not Allowed	$0.00			
0540F	E	GLUCO MNGMNT PLAN DOCD				Not Allowed	$0.00			
0575F	E	HIV RNA PLAN CARE DOCD				Not Allowed	$0.00			
1000F	E	TOBACCO USE ASSESSED				Not Allowed	$0.00			
10021	T	FNA W/O IMAGE	0002	1.4324		APC	$72.49			
10022	T	FNA W/IMAGE	0004	4.4727		APC	$226.36			N
1002F	E	ASSESS ANGINAL SYMPTOM/LEVEL				Not Allowed	$0.00			
1003F	E	LEVEL OF ACTIVITY ASSESS				Not Allowed	$0.00			
10040	T	ACNE SURGERY	0013	0.8281		APC	$41.91			N
1004F	E	CLIN SYMP VOL OVRLD ASSESS				Not Allowed	$0.00			
1005F	E	ASTHMA SYMPTOMS EVALUATE				Not Allowed	$0.00			
10060	T	DRAINAGE OF SKIN ABSCESS	0006	1.4128		APC	$71.50			N
10061	T	DRAINAGE OF SKIN ABSCESS	0006	1.4128		APC	$71.50			N
1006F	E	OSTEOARTHRITIS ASSESS				Not Allowed	$0.00			

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1007F	E	ANTI-INFLM/ANLGSC OTC ASSESS				Not Allowed	$0.00			
10080	T	DRAINAGE OF PILONIDAL CYST	0006	1.4128		APC	$71.50			N
10081	T	DRAINAGE OF PILONIDAL CYST	0007	12.5953		APC	$637.45			N
1008F	E	GI/RENAL RISK ASSESS				Not Allowed	$0.00			
10120	T	REMOVE FOREIGN BODY	0016	2.7288		APC	$138.10			N
10121	T	REMOVE FOREIGN BODY	0021	15.8974		APC	$804.57			N
10140	T	DRAINAGE OF HEMATOMA/FLUID	0007	12.5953		APC	$637.45			N
1015F	E	COPD SYMPTOMS ASSESS				Not Allowed	$0.00			
10160	T	PUNCTURE DRAINAGE OF LESION	0006	1.4128		APC	$71.50			N
10180	T	COMPLEX DRAINAGE, WOUND	0008	19.3873		APC	$981.19			
1018F	E	ASSESS DYSPNEA NOT PRESENT				Not Allowed	$0.00			
1019F	E	ASSESS DYSPNEA PRESENT				Not Allowed	$0.00			
1022F	E	PNEUMO IMM STATUS ASSESS				Not Allowed	$0.00			
1026F	E	CO-MORBID CONDITION ASSESS				Not Allowed	$0.00			
1030F	E	INFLUENZA IMM STATUS ASSESS				Not Allowed	$0.00			
1034F	E	CURRENT TOBACCO SMOKER				Not Allowed	$0.00			
1035F	E	SMOKELESS TOBACCO USER				Not Allowed	$0.00			
1036F	E	TOBACCO NON-USER				Not Allowed	$0.00			
1038F	E	PERSISTENT ASTHMA				Not Allowed	$0.00			
1039F	E	INTERMITTENT ASTHMA				Not Allowed	$0.00			
1040F	E	DSM-IV INFO MDD DOCD				Not Allowed	$0.00			
1050F	E	HISTORY OF MOLE CHANGES				Not Allowed	$0.00			N
1055F	E	VISUAL FUNCT STATUS ASSESS				Not Allowed	$0.00			N
1060F	E	DOC PERM/CONT/PAROX ATR FIB				Not Allowed	$0.00			
1061F	E	DOC LACK PERM+CONT+PAROX FIB				Not Allowed	$0.00			
1065F	E	ISCHM STROKE SYMP LT3 HRSB/4				Not Allowed	$0.00			
1066F	E	ISCHM STROKE SYMP GE3 HRSB/4				Not Allowed	$0.00			
1070F	E	ALARM SYMP ASSESSED-ABSENT				Not Allowed	$0.00			
1071F	E	ALARM SYMP ASSESSED-1+ PRSNT				Not Allowed	$0.00			
1090F	E	PRES/ABSN URINE INCON ASSESS				Not Allowed	$0.00			
1091F	E	URINE INCON CHARACTERIZED				Not Allowed	$0.00			
11000	T	DEBRIDE INFECTED SKIN	0015	1.5170		APC	$76.78			N
11001	T	DEBRIDE INFECTED SKIN ADD-ON	0013	0.8281		APC	$41.91			N
11004	C	DEBRIDE GENITALIA & PERINEUM				Inpatient Only	$0.00			
11005	C	DEBRIDE ABDOM WALL				Inpatient Only	$0.00			
11006	C	DEBRIDE GENIT/PER/ABDOM WALL				Inpatient Only	$0.00			
11008	C	REMOVE MESH FROM ABD WALL				Inpatient Only	$0.00			
1100F	E	PTFALLS ASSESS-DOCD GE2+/YR				Not Allowed	$0.00			
11010	T	DEBRIDE SKIN FX	0019	4.4761		APC	$226.54			N
11011	T	DEBRIDE SKIN/MUSCLE FX	0019	4.4761		APC	$226.54			N
11012	T	DEBRIDE SKIN/MUSCLE/BONE FX	0019	4.4761		APC	$226.54			N

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1101F	E	PT FALLS ASSESS-DOCD LE1/YR				Not Allowed	$0.00			
11040	T	DEBRIDE SKIN, PARTIAL	0015	1.5170		APC	$76.78			N
11041	T	DEBRIDE SKIN, FULL	0015	1.5170		APC	$76.78			N
11042	T	DEBRIDE SKIN/TISSUE	0016	2.7288		APC	$138.10			
11043	T	DEBRIDE TISSUE/MUSCLE	0016	2.7288		APC	$138.10			
11044	T	DEBRIDE TISSUE/MUSCLE/BONE	0682	7.2265		APC	$365.73			
11055	T	TRIM SKIN LESION	0013	0.8281		APC	$41.91			N
11056	T	TRIM SKIN LESIONS, 2 TO 4	0013	0.8281		APC	$41.91			N
11057	T	TRIM SKIN LESIONS, OVER 4	0013	0.8281		APC	$41.91			N
11100	T	BIOPSY SKIN LESION	0015	1.5170		APC	$76.78			N
11101	T	BIOPSY, SKIN ADD-ON	0013	0.8281		APC	$41.91			N
1110F	E	PT LFT INPT FAC W/IN 60 DAYS				Not Allowed	$0.00			
1111F	E	DSCHRG MED/CURRENT MED MERGE				Not Allowed	$0.00			
1116F	E	AURIC/PERI PAIN ASSESSED				Not Allowed	$0.00			
1118F	E	GERD SYMPS ASSESSED 12 MONTH				Not Allowed	$0.00			
1119F	E	INIT EVAL FOR CONDITION				Not Allowed	$0.00			
11200	T	REMOVAL OF SKIN TAGS	0013	0.8281		APC	$41.91			N
11201	T	REMOVE SKIN TAGS ADD-ON	0013	0.8281		APC	$41.91			N
1121F	E	SUBS EVAL FOR CONDITION				Not Allowed	$0.00			
1123F	E	ACP DISCUSS/DSCN MKR DOCD				Not Allowed	$0.00			
1124F	E	ACP DISCUSS-NO DSCNMKR DOCD				Not Allowed	$0.00			
1125F	E	AMNT PAIN NOTED PAIN PRSNT				Not Allowed	$0.00			
1126F	E	AMNT PAIN NOTED NONE PRSNT				Not Allowed	$0.00			
1127F	E	NEW EPISODE FOR CONDITION				Not Allowed	$0.00			
1128F	E	SUBS EPISODE FOR CONDITION				Not Allowed	$0.00			
11300	T	SHAVE SKIN LESION	0013	0.8281		APC	$41.91			N
11301	T	SHAVE SKIN LESION	0013	0.8281		APC	$41.91			N
11302	T	SHAVE SKIN LESION	0013	0.8281		APC	$41.91			N
11303	T	SHAVE SKIN LESION	0015	1.5170		APC	$76.78			N
11305	T	SHAVE SKIN LESION	0013	0.8281		APC	$41.91			N
11306	T	SHAVE SKIN LESION	0013	0.8281		APC	$41.91			N
11307	T	SHAVE SKIN LESION	0013	0.8281		APC	$41.91			N
11308	T	SHAVE SKIN LESION	0013	0.8281		APC	$41.91			N
1130F	E	BK PAIN & FXN ASSESSED				Not Allowed	$0.00			N
11310	T	SHAVE SKIN LESION	0013	0.8281		APC	$41.91			N
11311	T	SHAVE SKIN LESION	0013	0.8281		APC	$41.91			N
11312	T	SHAVE SKIN LESION	0013	0.8281		APC	$41.91			N
11313	T	SHAVE SKIN LESION	0013	0.8281		APC	$41.91			N
1134F	E	EPSD BK PAIN FOR =< 6 WKS				Not Allowed	$0.00			N
1135F	E	EPSD BK PAIN FOR > 6 WKS				Not Allowed	$0.00			N
1136F	E	EPSD BK PAIN FOR <= 12 WKS				Not Allowed	$0.00			N

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1137F	E	EPSD BK PAIN FOR > 12 WKS				Not Allowed	$0.00			N
11400	T	EXC TR-EXT B9+MARG 0.5 < CM	0019	4.4761		APC	$226.54			N
11401	T	EXC TR-EXT B9+MARG 0.6-1 CM	0019	4.4761		APC	$226.54			N
11402	T	EXC TR-EXT B9+MARG 1.1-2 CM	0019	4.4761		APC	$226.54			N
11403	T	EXC TR-EXT B9+MARG 2.1-3 CM	0020	8.2566		APC	$417.87			N
11404	T	EXC TR-EXT B9+MARG 3.1-4 CM	0021	15.8974		APC	$804.57			N
11406	T	EXC TR-EXT B9+MARG > 4.0 CM	0021	15.8974		APC	$804.57			N
11420	T	EXC H-F-NK-SP B9+MARG 0.5 <	0020	8.2566		APC	$417.87			N
11421	T	EXC H-F-NK-SP B9+MARG 0.6-1	0020	8.2566		APC	$417.87			N
11422	T	EXC H-F-NK-SP B9+MARG 1.1-2	0020	8.2566		APC	$417.87			N
11423	T	EXC H-F-NK-SP B9+MARG 2.1-3	0021	15.8974		APC	$804.57			N
11424	T	EXC H-F-NK-SP B9+MARG 3.1-4	0021	15.8974		APC	$804.57			N
11426	T	EXC H-F-NK-SP B9+MARG > 4 CM	0022	21.8429		APC	$1,105.47			N
11440	T	EXC FACE-MM B9+MARG 0.5 < CM	0019	4.4761		APC	$226.54			N
11441	T	EXC FACE-MM B9+MARG 0.6-1 CM	0019	4.4761		APC	$226.54			N
11442	T	EXC FACE-MM B9+MARG 1.1-2 CM	0020	8.2566		APC	$417.87			N
11443	T	EXC FACE-MM B9+MARG 2.1-3 CM	0020	8.2566		APC	$417.87			N
11444	T	EXC FACE-MM B9+MARG 3.1-4 CM	0020	8.2566		APC	$417.87			N
11446	T	EXC FACE-MM B9+MARG > 4 CM	0022	21.8429		APC	$1,105.47			N
11450	T	REMOVAL, SWEAT GLAND LESION	0022	21.8429		APC	$1,105.47			
11451	T	REMOVAL, SWEAT GLAND LESION	0022	21.8429		APC	$1,105.47			
11462	T	REMOVAL, SWEAT GLAND LESION	0022	21.8429		APC	$1,105.47			
11463	T	REMOVAL, SWEAT GLAND LESION	0022	21.8429		APC	$1,105.47			
11470	T	REMOVAL, SWEAT GLAND LESION	0022	21.8429		APC	$1,105.47			
11471	T	REMOVAL, SWEAT GLAND LESION	0022	21.8429		APC	$1,105.47			
1150F	E	DOC PT RSK DEATH W/IN 1YR				Not Allowed	$0.00			
1151F	E	DOC NO PT RSK DEATH W/IN 1YR				Not Allowed	$0.00			
1152F	E	DOC ADVNCD DIS COMFORT 1ST				Not Allowed	$0.00			
1153F	E	DOC ADVNCD DIS CMFRT NOT 1ST				Not Allowed	$0.00			
1157F	E	ADVNC CARE PLAN IN RCRD				Not Allowed	$0.00			
1158F	E	ADVNC CARE PLAN TLK DOCD				Not Allowed	$0.00			
1159F	E	MED LIST DOCD IN RCRD				Not Allowed	$0.00			
11600	T	EXC TR-EXT MLG+MARG 0.5 < CM	0019	4.4761		APC	$226.54			N
11601	T	EXC TR-EXT MLG+MARG 0.6-1 CM	0019	4.4761		APC	$226.54			N
11602	T	EXC TR-EXT MLG+MARG 1.1-2 CM	0019	4.4761		APC	$226.54			N
11603	T	EXC TR-EXT MLG+MARG 2.1-3 CM	0020	8.2566		APC	$417.87			N
11604	T	EXC TR-EXT MLG+MARG 3.1-4 CM	0020	8.2566		APC	$417.87			N
11606	T	EXC TR-EXT MLG+MARG > 4 CM	0021	15.8974		APC	$804.57			N
1160F	E	RVW MEDS BY RX/DR IN RCRD				Not Allowed	$0.00			
11620	T	EXC H-F-NK-SP MLG+MARG 0.5 <	0020	8.2566		APC	$417.87			N
11621	T	EXC H-F-NK-SP MLG+MARG 0.6-1	0019	4.4761		APC	$226.54			N

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11622	T	EXC H-F-NK-SP MLG+MARG 1.1-2	0020	8.2566		APC	$417.87			N
11623	T	EXC H-F-NK-SP MLG+MARG 2.1-3	0021	15.8974		APC	$804.57			N
11624	T	EXC H-F-NK-SP MLG+MARG 3.1-4	0021	15.8974		APC	$804.57			N
11626	T	EXC H-F-NK-SP MLG+MAR > 4 CM	0022	21.8429		APC	$1,105.47			N
11640	T	EXC FACE-MM MALIG+MARG 0.5 <	0020	8.2566		APC	$417.87			N
11641	T	EXC FACE-MM MALIG+MARG 0.6-1	0020	8.2566		APC	$417.87			N
11642	T	EXC FACE-MM MALIG+MARG 1.1-2	0020	8.2566		APC	$417.87			N
11643	T	EXC FACE-MM MALIG+MARG 2.1-3	0020	8.2566		APC	$417.87			N
11644	T	EXC FACE-MM MALIG+MARG 3.1-4	0021	15.8974		APC	$804.57			N
11646	T	EXC FACE-MM MLG+MARG > 4 CM	0022	21.8429		APC	$1,105.47			N
1170F	E	FXNL STATUS ASSESSED				Not Allowed	$0.00			
11719	T	TRIM NAIL(S)	0013	0.8281		APC	$41.91			N
11720	T	DEBRIDE NAIL, 1-5	0013	0.8281		APC	$41.91			N
11721	T	DEBRIDE NAIL, 6 OR MORE	0013	0.8281		APC	$41.91			N
11730	T	REMOVAL OF NAIL PLATE	0013	0.8281		APC	$41.91			N
11732	T	REMOVE NAIL PLATE, ADD-ON	0013	0.8281		APC	$41.91			N
11740	T	DRAIN BLOOD FROM UNDER NAIL	0012	0.4183		APC	$21.17			N
11750	T	REMOVAL OF NAIL BED	0019	4.4761		APC	$226.54			N
11752	T	REMOVE NAIL BED/FINGER TIP	0022	21.8429		APC	$1,105.47			
11755	T	BIOPSY, NAIL UNIT	0019	4.4761		APC	$226.54			N
11760	T	REPAIR OF NAIL BED	0134	3.4414		APC	$174.17			N
11762	T	RECONSTRUCTION OF NAIL BED	0136	15.9750		APC	$808.49			N
11765	T	EXCISION OF NAIL FOLD, TOE	0013	0.8281		APC	$41.91			N
11770	T	REMOVAL OF PILONIDAL LESION	0022	21.8429		APC	$1,105.47			N
11771	T	REMOVAL OF PILONIDAL LESION	0022	21.8429		APC	$1,105.47			N
11772	T	REMOVAL OF PILONIDAL LESION	0022	21.8429		APC	$1,105.47			N
1180F	E	THROMBOEMB RISK ASSESSED				Not Allowed	$0.00			
11900	T	INJECTION INTO SKIN LESIONS	0013	0.8281		APC	$41.91			N
11901	T	ADDED SKIN LESIONS INJECTION	0013	0.8281		APC	$41.91			N
11920	T	CORRECT SKIN COLOR DEFECTS	0134	3.4414		APC	$174.17			N
11921	T	CORRECT SKIN COLOR DEFECTS	0134	3.4414		APC	$174.17			N
11922	T	CORRECT SKIN COLOR DEFECTS	0134	3.4414		APC	$174.17			N
11950	T	THERAPY FOR CONTOUR DEFECTS	0133	1.3124		APC	$66.42			N
11951	T	THERAPY FOR CONTOUR DEFECTS	0133	1.3124		APC	$66.42			N
11952	T	THERAPY FOR CONTOUR DEFECTS	0133	1.3124		APC	$66.42			N
11954	T	THERAPY FOR CONTOUR DEFECTS	0133	1.3124		APC	$66.42			N
11960	T	INSERT TISSUE EXPANDER(S)	0137	21.0656		APC	$1,066.13			
11970	T	REPLACE TISSUE EXPANDER	0051	45.3534		APC	$2,295.34			
11971	T	REMOVE TISSUE EXPANDER(S)	0022	21.8429		APC	$1,105.47			N
11975	M	INSERT CONTRACEPTIVE CAP				Fee Schedule	$85.66			N
11976	T	REMOVAL OF CONTRACEPTIVE CAP	0019	4.4761		APC	$226.54			N

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11977	M	REMOVAL/REINSERT CONTRA CAP				Fee Schedule	$181.33			N
11980	X	IMPLANT HORMONE PELLET(S)	0340	0.6462		APC	$32.70			N
11981	X	INSERT DRUG IMPLANT DEVICE	0340	0.6462		APC	$32.70			
11982	X	REMOVE DRUG IMPLANT DEVICE	0340	0.6462		APC	$32.70			N
11983	X	REMOVE/INSERT DRUG IMPLANT	0340	0.6462		APC	$32.70			
12001	T	REPAIR SUPERFICIAL WOUND(S)	0133	1.3124		APC	$66.42			N
12002	T	REPAIR SUPERFICIAL WOUND(S)	0133	1.3124		APC	$66.42			N
12004	T	REPAIR SUPERFICIAL WOUND(S)	0133	1.3124		APC	$66.42			N
12005	T	REPAIR SUPERFICIAL WOUND(S)	0133	1.3124		APC	$66.42			N
12006	T	REPAIR SUPERFICIAL WOUND(S)	0133	1.3124		APC	$66.42			N
12007	T	REPAIR SUPERFICIAL WOUND(S)	0133	1.3124		APC	$66.42			N
12011	T	REPAIR SUPERFICIAL WOUND(S)	0133	1.3124		APC	$66.42			N
12013	T	REPAIR SUPERFICIAL WOUND(S)	0133	1.3124		APC	$66.42			N
12014	T	REPAIR SUPERFICIAL WOUND(S)	0133	1.3124		APC	$66.42			N
12015	T	REPAIR SUPERFICIAL WOUND(S)	0133	1.3124		APC	$66.42			N
12016	T	REPAIR SUPERFICIAL WOUND(S)	0133	1.3124		APC	$66.42			N
12017	T	REPAIR SUPERFICIAL WOUND(S)	0133	1.3124		APC	$66.42			N
12018	T	REPAIR SUPERFICIAL WOUND(S)	0133	1.3124		APC	$66.42			N
12020	T	CLOSURE OF SPLIT WOUND	0135	4.4306		APC	$224.23			
12021	T	CLOSURE OF SPLIT WOUND	0134	3.4414		APC	$174.17			
12031	T	LAYER CLOSURE OF WOUND(S)	0133	1.3124		APC	$66.42			N
12032	T	LAYER CLOSURE OF WOUND(S)	0134	3.4414		APC	$174.17			N
12034	T	LAYER CLOSURE OF WOUND(S)	0133	1.3124		APC	$66.42			N
12035	T	LAYER CLOSURE OF WOUND(S)	0133	1.3124		APC	$66.42			N
12036	T	LAYER CLOSURE OF WOUND(S)	0134	3.4414		APC	$174.17			N
12037	T	LAYER CLOSURE OF WOUND(S)	0134	3.4414		APC	$174.17			N
12041	T	LAYER CLOSURE OF WOUND(S)	0133	1.3124		APC	$66.42			N
12042	T	LAYER CLOSURE OF WOUND(S)	0133	1.3124		APC	$66.42			N
12044	T	LAYER CLOSURE OF WOUND(S)	0133	1.3124		APC	$66.42			N
12045	T	LAYER CLOSURE OF WOUND(S)	0134	3.4414		APC	$174.17			N
12046	T	LAYER CLOSURE OF WOUND(S)	0134	3.4414		APC	$174.17			N
12047	T	LAYER CLOSURE OF WOUND(S)	0134	3.4414		APC	$174.17			N
12051	T	LAYER CLOSURE OF WOUND(S)	0133	1.3124		APC	$66.42			N
12052	T	LAYER CLOSURE OF WOUND(S)	0133	1.3124		APC	$66.42			N
12053	T	LAYER CLOSURE OF WOUND(S)	0133	1.3124		APC	$66.42			N
12054	T	LAYER CLOSURE OF WOUND(S)	0133	1.3124		APC	$66.42			N
12055	T	LAYER CLOSURE OF WOUND(S)	0134	3.4414		APC	$174.17			N
12056	T	LAYER CLOSURE OF WOUND(S)	0134	3.4414		APC	$174.17			N
12057	T	LAYER CLOSURE OF WOUND(S)	0134	3.4414		APC	$174.17			N
1220F	E	PT SCREENED FOR DEPRESSION				Not Allowed	$0.00			
13100	T	REPAIR OF WOUND OR LESION	0135	4.4306		APC	$224.23			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
13101	T	REPAIR OF WOUND OR LESION	0135	4.4306		APC	$224.23			N
13102	T	REPAIR WOUND/LESION ADD-ON	0135	4.4306		APC	$224.23			N
13120	T	REPAIR OF WOUND OR LESION	0134	3.4414		APC	$174.17			N
13121	T	REPAIR OF WOUND OR LESION	0134	3.4414		APC	$174.17			N
13122	T	REPAIR WOUND/LESION ADD-ON	0134	3.4414		APC	$174.17			N
13131	T	REPAIR OF WOUND OR LESION	0134	3.4414		APC	$174.17			N
13132	T	REPAIR OF WOUND OR LESION	0134	3.4414		APC	$174.17			N
13133	T	REPAIR WOUND/LESION ADD-ON	0134	3.4414		APC	$174.17			N
13150	T	REPAIR OF WOUND OR LESION	0135	4.4306		APC	$224.23			N
13151	T	REPAIR OF WOUND OR LESION	0135	4.4306		APC	$224.23			N
13152	T	REPAIR OF WOUND OR LESION	0135	4.4306		APC	$224.23			N
13153	T	REPAIR WOUND/LESION ADD-ON	0134	3.4414		APC	$174.17			N
13160	T	LATE CLOSURE OF WOUND	0137	21.0656		APC	$1,066.13			
14000	T	SKIN TISSUE REARRANGEMENT	0136	15.9750		APC	$808.49			N
14001	T	SKIN TISSUE REARRANGEMENT	0136	15.9750		APC	$808.49			N
14020	T	SKIN TISSUE REARRANGEMENT	0136	15.9750		APC	$808.49			N
14021	T	SKIN TISSUE REARRANGEMENT	0136	15.9750		APC	$808.49			N
14040	T	SKIN TISSUE REARRANGEMENT	0136	15.9750		APC	$808.49			N
14041	T	SKIN TISSUE REARRANGEMENT	0136	15.9750		APC	$808.49			N
14060	T	SKIN TISSUE REARRANGEMENT	0136	15.9750		APC	$808.49			N
14061	T	SKIN TISSUE REARRANGEMENT	0136	15.9750		APC	$808.49			N
14300	T	SKIN TISSUE REARRANGEMENT	0137	21.0656		APC	$1,066.13			N
14350	T	SKIN TISSUE REARRANGEMENT	0137	21.0656		APC	$1,066.13			N
15002	T	WND PREP, CH/INF, TRK/ARM/LG	0135	4.4306		APC	$224.23			
15003	T	WND PREP, CH/INF ADDL 100 CM	0135	4.4306		APC	$224.23			
15004	T	WND PREP CH/INF, F/N/HF/G	0135	4.4306		APC	$224.23			
15005	T	WND PREP, F/N/HF/G, ADDL CM	0135	4.4306		APC	$224.23			
15040	T	HARVEST CULTURED SKIN GRAFT	0134	3.4414		APC	$174.17			
15050	T	SKIN PINCH GRAFT	0135	4.4306		APC	$224.23			N
15100	T	SKIN SPLT GRFT TRNK/ARM/LEG	0137	21.0656		APC	$1,066.13			N
15101	T	SKIN SPLT GRFT T/A/L ADD-ON	0137	21.0656		APC	$1,066.13			N
15110	T	EPIDRM AUTOGRFT TRNK/ARM/LEG	0135	4.4306		APC	$224.23			
15111	T	EPIDRM AUTOGRFT T/A/L ADD-ON	0135	4.4306		APC	$224.23			
15115	T	EPIDRM A-GRFT FACE/NCK/HF/G	0135	4.4306		APC	$224.23			
15116	T	EPIDRM A-GRFT F/N/HF/G ADDL	0135	4.4306		APC	$224.23			
15120	T	SKN SPLT A-GRFT FAC/NCK/HF/G	0137	21.0656		APC	$1,066.13			N
15121	T	SKN SPLT A-GRFT F/N/HF/G ADD	0137	21.0656		APC	$1,066.13			N
15130	T	DERM AUTOGRAFT TRNK/ARM/LEG	0136	15.9750		APC	$808.49			
15131	T	DERM AUTOGRAFT T/A/L ADD-ON	0136	15.9750		APC	$808.49			
15135	T	DERM AUTOGRAFT FACE/NCK/HF/G	0136	15.9750		APC	$808.49			
15136	T	DERM AUTOGRAFT F/N/HF/G ADD	0136	15.9750		APC	$808.49			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
15150	T	CULT EPIDERM GRFT T/ARM/LEG	0135	4.4306		APC	$224.23			
15151	T	CULT EPIDERM GRFT T/A/L ADDL	0135	4.4306		APC	$224.23			
15152	T	CULT EPIDERM GRAFT T/A/L +%	0135	4.4306		APC	$224.23			
15155	T	CULT EPIDERM GRAFT F/N/HF/G	0135	4.4306		APC	$224.23			
15156	T	CULT EPIDRM GRFT F/N/HFG ADD	0135	4.4306		APC	$224.23			
15157	T	CULT EPIDERM GRFT F/N/HFG +%	0135	4.4306		APC	$224.23			
15170	T	ACELL GRAFT TRUNK/ARMS/LEGS	0134	3.4414		APC	$174.17			
15171	T	ACELL GRAFT T/ARM/LEG ADD-ON	0134	3.4414		APC	$174.17			
15175	T	ACELLULAR GRAFT F/N/HF/G	0135	4.4306		APC	$224.23			
15176	T	ACELL GRAFT F/N/HF/G ADD-ON	0135	4.4306		APC	$224.23			
15200	T	SKIN FULL GRAFT TRUNK	0136	15.9750		APC	$808.49			N
15201	T	SKIN FULL GRAFT TRUNK ADD-ON	0136	15.9750		APC	$808.49			N
15220	T	SKIN FULL GRAFT SCLP/ARM/LEG	0136	15.9750		APC	$808.49			N
15221	T	SKIN FULL GRAFT ADD-ON	0135	4.4306		APC	$224.23			N
15240	T	SKIN FULL GRFT FACE/GENIT/HF	0136	15.9750		APC	$808.49			N
15241	T	SKIN FULL GRAFT ADD-ON	0135	4.4306		APC	$224.23			N
15260	T	SKIN FULL GRAFT EEN & LIPS	0136	15.9750		APC	$808.49			N
15261	T	SKIN FULL GRAFT ADD-ON	0136	15.9750		APC	$808.49			N
15300	T	APPLY SKINALLOGRFT T/ARM/LG	0135	4.4306		APC	$224.23			
15301	T	APPLY SKNALLOGRFT T/A/L ADDL	0135	4.4306		APC	$224.23			
15320	T	APPLY SKIN ALLOGRFT F/N/HF/G	0135	4.4306		APC	$224.23			
15321	T	APLY SKNALLOGRFT F/N/HFG ADD	0135	4.4306		APC	$224.23			
15330	T	APLY ACELL ALOGRFT T/ARM/LEG	0135	4.4306		APC	$224.23			
15331	T	APLY ACELL GRFT T/A/L ADD-ON	0135	4.4306		APC	$224.23			
15335	T	APPLY ACELL GRAFT F/N/HF/G	0135	4.4306		APC	$224.23			
15336	T	APLY ACELL GRFT F/N/HF/G ADD	0135	4.4306		APC	$224.23			
15340	T	APPLY CULT SKIN SUBSTITUTE	0134	3.4414		APC	$174.17			
15341	T	APPLY CULT SKIN SUB ADD-ON	0134	3.4414		APC	$174.17			
15360	T	APPLY CULT DERM SUB T/A/L	0134	3.4414		APC	$174.17			
15361	T	APLY CULT DERM SUB T/A/L ADD	0134	3.4414		APC	$174.17			
15365	T	APPLY CULT DERM SUB F/N/HF/G	0134	3.4414		APC	$174.17			
15366	T	APPLY CULT DERM F/HF/G ADD	0134	3.4414		APC	$174.17			
15400	T	APPLY SKIN XENOGRAFT T/A/L	0135	4.4306		APC	$224.23			N
15401	T	APPLY SKN XENOGRFT T/A/L ADD	0135	4.4306		APC	$224.23			N
15420	T	APPLY SKIN XGRAFT F/N/HF/G	0135	4.4306		APC	$224.23			
15421	T	APPLY SKN XGRFT F/N/HF/G ADD	0135	4.4306		APC	$224.23			
15430	T	APPLY ACELLULAR XENOGRAFT	0135	4.4306		APC	$224.23			
15431	T	APPLY ACELLULAR XGRAFT ADD	0135	4.4306		APC	$224.23			
15570	T	FORM SKIN PEDICLE FLAP	0137	21.0656		APC	$1,066.13			N
15572	T	FORM SKIN PEDICLE FLAP	0137	21.0656		APC	$1,066.13			N
15574	T	FORM SKIN PEDICLE FLAP	0137	21.0656		APC	$1,066.13			N

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15576	T	FORM SKIN PEDICLE FLAP	0137	21.0656		APC	$1,066.13			N
15600	T	SKIN GRAFT	0137	21.0656		APC	$1,066.13			N
15610	T	SKIN GRAFT	0137	21.0656		APC	$1,066.13			N
15620	T	SKIN GRAFT	0137	21.0656		APC	$1,066.13			N
15630	T	SKIN GRAFT	0137	21.0656		APC	$1,066.13			N
15650	T	TRANSFER SKIN PEDICLE FLAP	0137	21.0656		APC	$1,066.13			N
15731	T	FOREHEAD FLAP W/VASC PEDICLE	0137	21.0656		APC	$1,066.13			
15732	T	MUSCLE-SKIN GRAFT, HEAD/NECK	0137	21.0656		APC	$1,066.13			N
15734	T	MUSCLE-SKIN GRAFT, TRUNK	0137	21.0656		APC	$1,066.13			N
15736	T	MUSCLE-SKIN GRAFT, ARM	0137	21.0656		APC	$1,066.13			N
15738	T	MUSCLE-SKIN GRAFT, LEG	0137	21.0656		APC	$1,066.13			N
15740	T	ISLAND PEDICLE FLAP GRAFT	0136	15.9750		APC	$808.49			N
15750	T	NEUROVASCULAR PEDICLE GRAFT	0137	21.0656		APC	$1,066.13			N
15756	C	FREE MYO/SKIN FLAP MICROVASC				Inpatient Only	$0.00			N
15757	C	FREE SKIN FLAP MICROVASC				Inpatient Only	$0.00			N
15758	C	FREE FASCIAL FLAP MICROVASC				Inpatient Only	$0.00			N
15760	T	COMPOSITE SKIN GRAFT	0137	21.0656		APC	$1,066.13			N
15770	T	DERMA-FAT-FASCIA GRAFT	0137	21.0656		APC	$1,066.13			N
15775	T	HAIR TRANSPLANT PUNCH GRAFTS	0133	1.3124		Not Allowed	$0.00			N
15776	T	HAIR TRANSPLANT PUNCH GRAFTS	0133	1.3124		Not Allowed	$0.00			N
15780	T	ABRASION TREATMENT OF SKIN	0022	21.8429		Not Allowed	$0.00			N
15781	T	ABRASION TREATMENT OF SKIN	0019	4.4761		Not Allowed	$0.00			
15782	T	ABRASION TREATMENT OF SKIN	0019	4.4761		Not Allowed	$0.00			
15783	T	ABRASION TREATMENT OF SKIN	0016	2.7288		Not Allowed	$0.00			N
15786	T	ABRASION, LESION, SINGLE	0013	0.8281		Not Allowed	$0.00			N
15787	T	ABRASION, LESIONS, ADD-ON	0013	0.8281		Not Allowed	$0.00			N
15788	T	CHEMICAL PEEL, FACE, EPIDERM	0013	0.8281		Not Allowed	$0.00			N
15789	T	CHEMICAL PEEL, FACE, DERMAL	0015	1.5170		Not Allowed	$0.00			N
15792	T	CHEMICAL PEEL, NONFACIAL	0015	1.5170		Not Allowed	$0.00			N
15793	T	CHEMICAL PEEL, NONFACIAL	0013	0.8281		Not Allowed	$0.00			N
15819	T	PLASTIC SURGERY, NECK	0134	3.4414		Not Allowed	$0.00			
15820	T	REVISION OF LOWER EYELID	0137	21.0656		APC	$1,066.13			Y
15821	T	REVISION OF LOWER EYELID	0137	21.0656		APC	$1,066.13			Y
15822	T	REVISION OF UPPER EYELID	0137	21.0656		APC	$1,066.13			Y
15823	T	REVISION OF UPPER EYELID	0137	21.0656		APC	$1,066.13			Y
15824	T	REMOVAL OF FOREHEAD WRINKLES	0137	21.0656		Not Allowed	$0.00			Y
15825	T	REMOVAL OF NECK WRINKLES	0137	21.0656		Not Allowed	$0.00			Y
15826	T	REMOVAL OF BROW WRINKLES	0137	21.0656		Not Allowed	$0.00			Y
15828	T	REMOVAL OF FACE WRINKLES	0137	21.0656		Not Allowed	$0.00			Y
15829	T	REMOVAL OF SKIN WRINKLES	0137	21.0656		Not Allowed	$0.00			Y
15830	T	EXC SKIN ABD	0022	21.8429		APC	$1,105.47			

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15832	T	EXCISE EXCESSIVE SKIN TISSUE	0022	21.8429		APC	$1,105.47			Y
15833	T	EXCISE EXCESSIVE SKIN TISSUE	0022	21.8429		APC	$1,105.47			Y
15834	T	EXCISE EXCESSIVE SKIN TISSUE	0022	21.8429		APC	$1,105.47			Y
15835	T	EXCISE EXCESSIVE SKIN TISSUE	0022	21.8429		APC	$1,105.47			Y
15836	T	EXCISE EXCESSIVE SKIN TISSUE	0021	15.8974		APC	$804.57			Y
15837	T	EXCISE EXCESSIVE SKIN TISSUE	0021	15.8974		APC	$804.57			Y
15838	T	EXCISE EXCESSIVE SKIN TISSUE	0021	15.8974		APC	$804.57			Y
15839	T	EXCISE EXCESSIVE SKIN TISSUE	0021	15.8974		APC	$804.57			Y
15840	T	GRAFT FOR FACE NERVE PALSY	0137	21.0656		APC	$1,066.13			N
15841	T	GRAFT FOR FACE NERVE PALSY	0137	21.0656		APC	$1,066.13			N
15842	T	FLAP FOR FACE NERVE PALSY	0137	21.0656		APC	$1,066.13			N
15845	T	SKIN AND MUSCLE REPAIR, FACE	0137	21.0656		APC	$1,066.13			N
15847	T	EXC SKIN ABD ADD-ON	0022	21.8429		APC	$1,105.47			
15850	T	REMOVAL OF SUTURES	0016	2.7288		APC	$138.10			N
15851	T	REMOVAL OF SUTURES	0016	2.7288		APC	$138.10			N
15852	X	DRESSING CHANGE NOT FOR BURN	0340	0.6462		APC	$32.70			N
15860	X	TEST FOR BLOOD FLOW IN GRAFT	0340	0.6462		APC	$32.70			
15876	T	SUCTION ASSISTED LIPECTOMY	0137	21.0656		Not Allowed	$0.00			N
15877	T	SUCTION ASSISTED LIPECTOMY	0137	21.0656		Not Allowed	$0.00			N
15878	T	SUCTION ASSISTED LIPECTOMY	0137	21.0656		Not Allowed	$0.00			N
15879	T	SUCTION ASSISTED LIPECTOMY	0137	21.0656		Not Allowed	$0.00			Y
15920	T	REMOVAL OF TAIL BONE ULCER	0019	4.4761		APC	$226.54			N
15922	T	REMOVAL OF TAIL BONE ULCER	0137	21.0656		APC	$1,066.13			N
15931	T	REMOVE SACRUM PRESSURE SORE	0022	21.8429		APC	$1,105.47			N
15933	T	REMOVE SACRUM PRESSURE SORE	0022	21.8429		APC	$1,105.47			N
15934	T	REMOVE SACRUM PRESSURE SORE	0137	21.0656		APC	$1,066.13			N
15935	T	REMOVE SACRUM PRESSURE SORE	0137	21.0656		APC	$1,066.13			
15936	T	REMOVE SACRUM PRESSURE SORE	0136	15.9750		APC	$808.49			
15937	T	REMOVE SACRUM PRESSURE SORE	0137	21.0656		APC	$1,066.13			
15940	T	REMOVE HIP PRESSURE SORE	0022	21.8429		APC	$1,105.47			N
15941	T	REMOVE HIP PRESSURE SORE	0022	21.8429		APC	$1,105.47			N
15944	T	REMOVE HIP PRESSURE SORE	0137	21.0656		APC	$1,066.13			
15945	T	REMOVE HIP PRESSURE SORE	0137	21.0656		APC	$1,066.13			
15946	T	REMOVE HIP PRESSURE SORE	0137	21.0656		APC	$1,066.13			
15950	T	REMOVE THIGH PRESSURE SORE	0022	21.8429		APC	$1,105.47			N
15951	T	REMOVE THIGH PRESSURE SORE	0022	21.8429		APC	$1,105.47			N
15952	T	REMOVE THIGH PRESSURE SORE	0136	15.9750		APC	$808.49			N
15953	T	REMOVE THIGH PRESSURE SORE	0136	15.9750		APC	$808.49			N
15956	T	REMOVE THIGH PRESSURE SORE	0136	15.9750		APC	$808.49			
15958	T	REMOVE THIGH PRESSURE SORE	0136	15.9750		APC	$808.49			
15999	T	REMOVAL OF PRESSURE SORE	0019	4.4761		APC	$226.54			

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16000	T	INITIAL TREATMENT OF BURN(S)	0013	0.8281		APC	$41.91			N
16020	T	DRESS/DEBRID P-THICK BURN S	0015	1.5170		APC	$76.78			N
16025	T	DRESS/DEBRID P-THICK BURN M	0015	1.5170		APC	$76.78			N
16030	T	DRESS/DEBRID P-THICK BURN L	0015	1.5170		APC	$76.78			N
16035	T	INCISION OF BURN SCAB INITI	0015	1.5170		APC	$76.78			N
16036	C	ESCHAROTOMY; ADD□L INCISION				Inpatient Only	$0.00			N
17000	T	DESTROY BENIGN/PREMLG LESION	0013	0.8281		APC	$41.91			N
17003	T	DESTROY LESIONS, 2-14	0012	0.4183		APC	$21.17			N
17004	T	DESTROY LESIONS, 15 OR MORE	0016	2.7288		APC	$138.10			N
17106	T	DESTRUCTION OF SKIN LESIONS	0016	2.7288		APC	$138.10			N
17107	T	DESTRUCTION OF SKIN LESIONS	0016	2.7288		APC	$138.10			N
17108	T	DESTRUCTION OF SKIN LESIONS	0016	2.7288		APC	$138.10			N
17110	T	DESTRUCT LESION, 1-14	0013	0.8281		APC	$41.91			N
17111	T	DESTRUCT LESION, 15 OR MORE	0015	1.5170		APC	$76.78			N
17250	T	CHEMICAL CAUTERY, TISSUE	0015	1.5170		APC	$76.78			N
17260	T	DESTRUCTION OF SKIN LESIONS	0015	1.5170		APC	$76.78			N
17261	T	DESTRUCTION OF SKIN LESIONS	0015	1.5170		APC	$76.78			N
17262	T	DESTRUCTION OF SKIN LESIONS	0015	1.5170		APC	$76.78			N
17263	T	DESTRUCTION OF SKIN LESIONS	0015	1.5170		APC	$76.78			N
17264	T	DESTRUCTION OF SKIN LESIONS	0015	1.5170		APC	$76.78			N
17266	T	DESTRUCTION OF SKIN LESIONS	0016	2.7288		APC	$138.10			N
17270	T	DESTRUCTION OF SKIN LESIONS	0015	1.5170		APC	$76.78			N
17271	T	DESTRUCTION OF SKIN LESIONS	0015	1.5170		APC	$76.78			N
17272	T	DESTRUCTION OF SKIN LESIONS	0015	1.5170		APC	$76.78			N
17273	T	DESTRUCTION OF SKIN LESIONS	0016	2.7288		APC	$138.10			N
17274	T	DESTRUCTION OF SKIN LESIONS	0016	2.7288		APC	$138.10			N
17276	T	DESTRUCTION OF SKIN LESIONS	0016	2.7288		APC	$138.10			N
17280	T	DESTRUCTION OF SKIN LESIONS	0015	1.5170		APC	$76.78			N
17281	T	DESTRUCTION OF SKIN LESIONS	0016	2.7288		APC	$138.10			N
17282	T	DESTRUCTION OF SKIN LESIONS	0016	2.7288		APC	$138.10			N
17283	T	DESTRUCTION OF SKIN LESIONS	0016	2.7288		APC	$138.10			N
17284	T	DESTRUCTION OF SKIN LESIONS	0016	2.7288		APC	$138.10			N
17286	T	DESTRUCTION OF SKIN LESIONS	0016	2.7288		APC	$138.10			N
17311	T	MOHS, 1 STAGE, H/N/HF/G	0694	4.5047		APC	$227.98			
17312	T	MOHS ADDL STAGE	0694	4.5047		APC	$227.98			
17313	T	MOHS, 1 STAGE, T/A/L	0694	4.5047		APC	$227.98			
17314	T	MOHS, ADDL STAGE, T/A/L	0694	4.5047		APC	$227.98			
17315	T	MOHS SURG, ADDL BLOCK	0694	4.5047		APC	$227.98			
17340	T	CRYOTHERAPY OF SKIN	0013	0.8281		APC	$41.91			N
17360	T	SKIN PEEL THERAPY	0013	0.8281		APC	$41.91			N
17380	T	HAIR REMOVAL BY ELECTROLYSIS	0013	0.8281		APC	$41.91			N

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17999	T	SKIN TISSUE PROCEDURE	0012	0.4183		APC	$21.17			N
19000	T	DRAINAGE OF BREAST LESION	0004	4.4727		APC	$226.36			N
19001	T	DRAIN BREAST LESION ADD-ON	0002	1.4324		APC	$72.49			N
19020	T	INCISION OF BREAST LESION	0008	19.3873		APC	$981.19			N
19030	N	INJECTION FOR BREAST X-RAY				Bundled	$0.00			N
19100	T	BX BREAST PERCUT W/O IMAGE	0004	4.4727		APC	$226.36			N
19101	T	BIOPSY OF BREAST, OPEN	0028	21.4851		APC	$1,087.36			N
19102	T	BX BREAST PERCUT W/IMAGE	0005	7.3879		APC	$373.90			N
19103	T	BX BREAST PERCUT W/DEVICE	0037	13.5176		APC	$684.13			N
19105	T	CRYOSURG ABLATE FA, EACH	0029	33.5744		APC	$1,699.20			
19110	T	NIPPLE EXPLORATION	0028	21.4851		APC	$1,087.36			N
19112	T	EXCISE BREAST DUCT FISTULA	0028	21.4851		APC	$1,087.36			N
19120	T	REMOVAL OF BREAST LESION	0028	21.4851		APC	$1,087.36			N
19125	T	EXCISION, BREAST LESION	0028	21.4851		APC	$1,087.36			N
19126	T	EXCISION, ADDL BREAST LESION	0028	21.4851		APC	$1,087.36			N
19260	T	REMOVAL OF CHEST WALL LESION	0021	15.8974		APC	$804.57			N
19271	C	REVISION OF CHEST WALL				Inpatient Only	$0.00			N
19272	C	EXTENSIVE CHEST WALL SURGERY				Inpatient Only	$0.00			N
19290	N	PLACE NEEDLE WIRE, BREAST				Bundled	$0.00			N
19291	N	PLACE NEEDLE WIRE, BREAST				Bundled	$0.00			N
19295	N	PLACE BREAST CLIP, PERCUT				Bundled	$0.00			N
19296	T	PLACE PO BREAST CATH FOR RAD	0648	60.1165		APC	$3,042.50			
19297	T	PLACE BREAST CATH FOR RAD	0648	60.1165		APC	$3,042.50			
19298	T	PLACE BREAST RAD TUBE/CATHS	0648	60.1165		APC	$3,042.50			
19300	T	REMOVAL OF BREAST TISSUE	0028	21.4851		APC	$1,087.36			
19301	T	PARTICAL MASTECTOMY	0028	21.4851		APC	$1,087.36			
19302	T	P-MASTECTOMY W/LN REMOVAL	0030	40.5281		APC	$2,051.13			
19303	T	MAST, SIMPLE, COMPLETE	0029	33.5744		APC	$1,699.20			
19304	T	MAST, SUBQ	0029	33.5744		APC	$1,699.20			
19305	C	MAST, RADICAL				Inpatient Only	$0.00			
19306	C	MAST, RAD, URBAN TYPE				Inpatient Only	$0.00			
19307	T	MAST, MOD RAD	0030	40.5281		APC	$2,051.13			
19316	T	SUSPENSION OF BREAST	0029	33.5744		APC	$1,699.20			
19318	T	REDUCTION OF LARGE BREAST	0030	40.5281		APC	$2,051.13			Y
19324	T	ENLARGE BREAST	0030	40.5281		APC	$2,051.13			
19325	T	ENLARGE BREAST WITH IMPLANT	0648	60.1165		APC	$3,042.50			Y
19328	T	REMOVAL OF BREAST IMPLANT	0029	33.5744		APC	$1,699.20			
19330	T	REMOVAL OF IMPLANT MATERIAL	0029	33.5744		APC	$1,699.20			N
19340	T	IMMEDIATE BREAST PROSTHESIS	0030	40.5281		APC	$2,051.13			
19342	T	DELAYED BREAST PROSTHESIS	0648	60.1165		APC	$3,042.50			
19350	T	BREAST RECONSTRUCTION	0028	21.4851		APC	$1,087.36			N

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19355	T	CORRECT INVERTED NIPPLE(S)	0029	33.5744		Not Allowed	$0.00			Y
19357	T	BREAST RECONSTRUCTION	0648	60.1165		APC	$3,042.50			N
19361	C	BREAST RECONSTRUCTION				Inpatient Only	$0.00			N
19364	C	BREAST RECONSTRUCTION				Inpatient Only	$0.00			
19366	T	BREAST RECONSTRUCTION	0029	33.5744		APC	$1,699.20			
19367	C	BREAST RECONSTRUCTION				Inpatient Only	$0.00			N
19368	C	BREAST RECONSTRUCTION				Inpatient Only	$0.00			N
19369	C	BREAST RECONSTRUCTION				Inpatient Only	$0.00			N
19370	T	SURGERY OF BREAST CAPSULE	0029	33.5744		APC	$1,699.20			
19371	T	REMOVAL OF BREAST CAPSULE	0029	33.5744		APC	$1,699.20			
19380	T	REVISE BREAST RECONSTRUCTION	0030	40.5281		APC	$2,051.13			
19396	T	DESIGN CUSTOM BREAST IMPLANT	0029	33.5744		APC	$1,699.20			
19499	T	BREAST SURGERY PROCEDURE	0028	21.4851		APC	$1,087.36			N
20000	T	INCISION OF ABSCESS	0006	1.4128		APC	$71.50			N
20005	T	INCISION OF DEEP ABSCESS	0049	21.7810		APC	$1,102.34			N
2000F	E	BLOOD PRESSURE MEASURE				Not Allowed	$0.00			
2001F	E	WEIGHT RECORDED				Not Allowed	$0.00			
2002F	E	CLIN SIGN VOL OVRLD ASSESS				Not Allowed	$0.00			
2004F	E	INITIAL EXAM INVOLVED JOINTS				Not Allowed	$0.00			
20100	T	EXPLORE WOUND, NECK	0252	7.5330		APC	$381.25			N
20101	T	EXPLORE WOUND, CHEST	0137	21.0656		APC	$1,066.13			N
20102	T	EXPLORE WOUND, ABDOMEN	0137	21.0656		APC	$1,066.13			N
20103	T	EXPLORE WOUND, EXTREMITY	0136	15.9750		APC	$808.49			N
2010F	E	VITAL SIGNS RECORDED				Not Allowed	$0.00			
2014F	E	MENTAL STATUS ASSESS				Not Allowed	$0.00			
20150	T	EXCISE EPIPHYSEAL BAR	0051	45.3534		APC	$2,295.34			N
2018F	E	HYDRATION STATUS ASSESS				Not Allowed	$0.00			
2019F	E	DILATED MACUL EXAM DONE				Not Allowed	$0.00			N
20200	T	MUSCLE BIOPSY	0021	15.8974		APC	$804.57			N
20205	T	DEEP MUSCLE BIOPSY	0021	15.8974		APC	$804.57			N
20206	T	NEEDLE BIOPSY, MUSCLE	0005	7.3879		APC	$373.90			
2020F	E	DILATED FUNDUS EVAL DONE				Not Allowed	$0.00			N
2021F	E	DILAT MACUL+EXAM DONE				Not Allowed	$0.00			N
20220	T	BONE BIOPSY, TROCAR/NEEDLE	0020	8.2566		APC	$417.87			N
20225	T	BONE BIOPSY, TROCAR/NEEDLE	0021	15.8974		APC	$804.57			N
2022F	E	DIL RETINA EXAM INTERP REV				Not Allowed	$0.00			
20240	T	BONE BIOPSY EXCISIONAL	0022	21.8429		APC	$1,105.47			N
20245	T	BONE BIOPSY, EXCISIONAL	0022	21.8429		APC	$1,105.47			N
2024F	E	7 FIELD PHOTO INTERP DOC REV				Not Allowed	$0.00			
20250	T	OPEN BONE BIOPSY	0049	21.7810		APC	$1,102.34			N
20251	T	OPEN BONE BIOPSY	0049	21.7810		APC	$1,102.34			N

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2026F	E	EYE IMAGE VALID TO DX REV				Not Allowed	$0.00			
2027F	E	OPTIC NERVE HEAD EVAL DONE				Not Allowed	$0.00			N
2028F	E	FOOT EXAM PERFORMED				Not Allowed	$0.00			
2029F	E	COMPLETE PHYS SKIN EXAM DONE				Not Allowed	$0.00			N
2030F	E	H2O STAT DOCD NORMAL				Not Allowed	$0.00			
2031F	E	H2O STAT DOCD DEHYDRATED				Not Allowed	$0.00			
2035F	E	TYMP MEMB MOTION EXAMD				Not Allowed	$0.00			
2040F	E	BK PN XM ON INIT VISIT DATE				Not Allowed	$0.00			N
2044F	E	DOC MNTL TST B/4 BK TRXMNT				Not Allowed	$0.00			N
20500	T	INJECTION OF SINUS TRACT	0252	7.5330		APC	$381.25			N
20501	N	INJECT SINUS TRACT FOR X-RAY				Bundled	$0.00			N
2050F	E	WOUND CHAR SIZE ETC DOCD				Not Allowed	$0.00			
20520	T	REMOVAL OF FOREIGN BODY	0019	4.4761		APC	$226.54			N
20525	T	REMOVAL OF FOREIGN BODY	0022	21.8429		APC	$1,105.47			N
20526	T	THER INJECTION CARP TUNNEL	0204	2.4871		APC	$125.87			
20550	T	INJ TENDON SHEATH/LIGAMENT	0204	2.4871		APC	$125.87			N
20551	T	INJ TENDON ORIGIN/INSERTION	0204	2.4871		APC	$125.87			
20552	T	INJ TRIGGER POINT 1/2 MUSCL	0204	2.4871		APC	$125.87			N
20553	T	INJECT TRIGGER POINTS =/> 3	0204	2.4871		APC	$125.87			
20555	T	PLACE NDL MUSC/TIS FOR RT	0050	29.8816		APC	$1,512.31			
20600	T	DRAIN/INJECT JOINT/BURSA	0204	2.4871		APC	$125.87			N
20605	T	DRAIN/INJECT JOINT/BURSA	0204	2.4871		APC	$125.87			N
20610	T	DRAIN/INJECT, JOINT/BURSA	0204	2.4871		APC	$125.87			N
20612	T	ASPIRATE/INJ GANGLION CYST	0204	2.4871		APC	$125.87			
20615	T	TREATMENT OF BONE CYST	0004	4.4727		APC	$226.36			N
20650	T	INSERT AND REMOVE BONE PIN	0049	21.7810		APC	$1,102.34			N
20660	T	APPLY REM FIXATION DEVICE	0138	6.1479		APC	$311.15			N
20661	C	APPLICATION OF HEAD BRACE				Inpatient Only	$0.00			N
20662	T	APPLICATION OF PELVIS BRACE	0049	21.7810		APC	$1,102.34			N
20663	T	APPLICATION OF THIGH BRACE	0049	21.7810		APC	$1,102.34			N
20664	C	HALO BRACE APPLICATION				Inpatient Only	$0.00			N
20665	X	REMOVAL OF FIXATION DEVICE	0340	0.6462		APC	$32.70			N
20670	T	REMOVAL OF SUPPORT IMPLANT	0021	15.8974		APC	$804.57			N
20680	T	REMOVAL OF SUPPORT IMPLANT	0022	21.8429		APC	$1,105.47			N
20690	T	APPLY BONE FIXATION DEVICE	0050	29.8816		APC	$1,512.31			N
20692	T	APPLY BONE FIXATION DEVICE	0050	29.8816		APC	$1,512.31			N
20693	T	ADJUST BONE FIXATION DEVICE	0049	21.7810		APC	$1,102.34			N
20694	T	REMOVE BONE FIXATION DEVICE	0049	21.7810		APC	$1,102.34			N
20696	T	COMP MULTIPLANE EXT FIXATION	0050	29.8816		APC	$1,512.31			
20697	T	COMP EXT FIXATE STRUT CHANGE	0139	19.8724		APC	$1,005.74			
20802	C	REPLANTATION, ARM, COMPLETE				Inpatient Only	$0.00			N

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20805	C	REPLANT FOREARM COMPLETE				Inpatient Only	$0.00			N
20808	C	REPLANTATION HAND, COMPLETE				Inpatient Only	$0.00			N
20816	C	REPLANTATION DIGIT, COMPLETE				Inpatient Only	$0.00			N
20822	T	REPLANTATION DIGIT, COMPLETE	0054	27.9994		APC	$1,417.05			N
20824	C	REPLANTATION THUMB, COMPLETE				Inpatient Only	$0.00			N
20827	C	REPLANTATION THUMB, COMPLETE				Inpatient Only	$0.00			N
20838	C	REPLANTATION FOOT, COMPLETE				Inpatient Only	$0.00			
20900	T	REMOVAL OF BONE FOR GRAFT	0050	29.8816		APC	$1,512.31			N
20902	T	REMOVAL OF BONE FOR GRAFT	0050	29.8816		APC	$1,512.31			N
20910	T	REMOVE CARTILAGE FOR GRAFT	0137	21.0656		APC	$1,066.13			N
20912	T	REMOVE CARTILAGE FOR GRAFT	0137	21.0656		APC	$1,066.13			
20920	T	REMOVAL OF FASCIA FOR GRAFT	0136	15.9750		APC	$808.49			N
20922	T	REMOVAL OF FASCIA FOR GRAFT	0136	15.9750		APC	$808.49			N
20924	T	REMOVAL OF TENDON FOR GRAFT	0050	29.8816		APC	$1,512.31			N
20926	T	REMOVAL OF TISSUE FOR GRAFT	0135	4.4306		APC	$224.23			N
20930	C	SPINAL BONE ALLOGRAFT				Inpatient Only	$0.00			N
20931	C	SPINAL BONE ALLOGRAFT				Inpatient Only	$0.00			N
20936	C	SPINAL BONE AUTOGRAFT				Inpatient Only	$0.00			N
20937	C	SPINAL BONE AUTOGRAFT				Inpatient Only	$0.00			N
20938	C	SPINAL BONE AUTOGRAFT				Inpatient Only	$0.00			N
20950	T	FLUID PRESSURE, MUSCLE	0006	1.4128		APC	$71.50			N
20955	C	FIBULA BONE GRAFT MICROVASC				Inpatient Only	$0.00			N
20956	C	ILIAC BONE GRAFT, MICROVASC				Inpatient Only	$0.00			N
20957	C	MT BONE GRAFT, MICROVASC				Inpatient Only	$0.00			N
20962	C	OTHER BONE GRAFT MICROVASC				Inpatient Only	$0.00			
20969	C	BONE/SKIN GRAFT MICROVASC				Inpatient Only	$0.00			
20970	C	BONE/SKIN GRAFT ILIAC CREST				Inpatient Only	$0.00			N
20972	T	BONE/SKIN GRAFT METATARSAL	0056	47.2916		APC	$2,393.43			
20973	T	BONE/SKIN GRAFT GREAT TOE	0056	47.2916		APC	$2,393.43			
20974	M	ELECTRICAL BONE STIMULATION				Fee Schedule	$45.14			N
20975	N	ELECTRICAL BONE STIMULATION				Bundled	$0.00			N
20979	X	US BONE STIMULATION	0340	0.6462		APC	$32.70			N
20982	T	ABLATE BONE TUMOR(S) PERQ	0051	45.3534		APC	$2,295.34			
20985	N	CPTR-ASST DIR MS PX				Bundled	$0.00			
20999	T	MUSCULOSKELETAL SURGERY	0049	21.7810		APC	$1,102.34			N
21010	T	INCISION OF JAW JOINT	0254	24.7557		APC	$1,252.89			N
21015	T	RESECTION OF FACIAL TUMOR	0253	17.2402		APC	$872.53			N
21025	T	EXCISION OF BONE, LOWER JAW	0256	41.8741		APC	$2,119.25			N
21026	T	EXCISION OF FACIAL BONE(S)	0256	41.8741		APC	$2,119.25			N
21029	T	CONTOUR OF FACE BONE LESION	0256	41.8741		APC	$2,119.25			N
21030	T	EXCISE MAX/ZYGOMA B9 TUMOR	0254	24.7557		APC	$1,252.89			N

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21031	T	REMOVE EXOSTOSIS, MANDIBLE	0254	24.7557		APC	$1,252.89			N
21032	T	REMOVE EXOSTOSIS, MAXILLA	0254	24.7557		APC	$1,252.89			N
21034	T	EXCISE MAX/ZYGOMA MLG TUMOR	0256	41.8741		APC	$2,119.25			N
21040	T	EXCISE MANDIBLE LESION	0254	24.7557		APC	$1,252.89			N
21044	T	REMOVAL OF JAW BONE LESION	0256	41.8741		APC	$2,119.25			N
21045	C	EXTENSIVE JAW SURGERY				Inpatient Only	$0.00			N
21046	T	REMOVE MANDIBLE CYST COMPLEX	0256	41.8741		APC	$2,119.25			
21047	T	EXCISE LWR JAW CYST W/REPAIR	0256	41.8741		APC	$2,119.25			
21048	T	REMOVE MAXILLA CYST COMPLEX	0256	41.8741		APC	$2,119.25			
21049	T	EXCIS UPPR JAW CYST W/REPAIR	0256	41.8741		APC	$2,119.25			
21050	T	REMOVAL OF JAW JOINT	0256	41.8741		APC	$2,119.25			N
21060	T	REMOVE JAW JOINT CARTILAGE	0256	41.8741		APC	$2,119.25			N
21070	T	REMOVE CORONOID PROCESS	0256	41.8741		APC	$2,119.25			N
21073	T	MNPJ OF TMJ W/ANESTH	0252	7.5330		APC	$381.25			
21076	T	PREPARE FACE/ORAL PROSTHESIS	0254	24.7557		APC	$1,252.89			N
21077	T	PREPARE FACE/ORAL PROSTHESIS	0256	41.8741		APC	$2,119.25			N
21079	T	PREPARE FACE/ORAL PROSTHESIS	0256	41.8741		APC	$2,119.25			N
21080	T	PREPARE FACE/ORAL PROSTHESIS	0256	41.8741		APC	$2,119.25			N
21081	T	PREPARE FACE/ORAL PROSTHESIS	0256	41.8741		APC	$2,119.25			N
21082	T	PREPARE FACE/ORAL PROSTHESIS	0256	41.8741		APC	$2,119.25			N
21083	T	PREPARE FACE/ORAL PROSTHESIS	0256	41.8741		APC	$2,119.25			N
21084	T	PREPARE FACE/ORAL PROSTHESIS	0256	41.8741		APC	$2,119.25			N
21085	T	PREPARE FACE/ORAL PROSTHESIS	0253	17.2402		APC	$872.53			N
21086	T	PREPARE FACE/ORAL PROSTHESIS	0256	41.8741		APC	$2,119.25			N
21087	T	PREPARE FACE/ORAL PROSTHESIS	0256	41.8741		APC	$2,119.25			N
21088	T	PREPARE FACE/ORAL PROSTHESIS	0256	41.8741		APC	$2,119.25			N
21089	T	PREPARE FACE/ORAL PROSTHESIS	0250	1.1110		APC	$56.23			N
21100	T	MAXILLOFACIAL FIXATION	0256	41.8741		APC	$2,119.25			N
21110	T	INTERDENTAL FIXATION	0252	7.5330		APC	$381.25			N
21116	N	INJECTION, JAW JOINT X-RAY				Bundled	$0.00			N
21120	T	RECONSTRUCTION OF CHIN	0254	24.7557		APC	$1,252.89			Y
21121	T	RECONSTRUCTION OF CHIN	0254	24.7557		APC	$1,252.89			Y
21122	T	RECONSTRUCTION OF CHIN	0254	24.7557		APC	$1,252.89			Y
21123	T	RECONSTRUCTION OF CHIN	0254	24.7557		APC	$1,252.89			Y
21125	T	AUGMENTATION, LOWER JAW BONE	0254	24.7557		APC	$1,252.89			Y
21127	T	AUGMENTATION LOWER JAW BONE	0256	41.8741		APC	$2,119.25			Y
21137	T	REDUCTION OF FOREHEAD	0254	24.7557		APC	$1,252.89			Y
21138	T	REDUCTION OF FOREHEAD	0256	41.8741		APC	$2,119.25			Y
21139	T	REDUCTION OF FOREHEAD	0256	41.8741		APC	$2,119.25			Y
21141	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only	$0.00			Y
21142	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only	$0.00			Y

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21143	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only	$0.00			Y
21145	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only	$0.00			Y
21146	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only	$0.00			Y
21147	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only	$0.00			Y
21150	T	RECONSTRUCT MIDFACE, LEFORT	0256	41.8741		APC	$2,119.25			Y
21151	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only	$0.00			Y
21154	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only	$0.00			Y
21155	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only	$0.00			Y
21159	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only	$0.00			Y
21160	C	RECONSTRUCT MIDFACE, LEFORT				Inpatient Only	$0.00			Y
21172	T	RECONSTRUCT ORBIT/FOREHEAD	0256	41.8741		APC	$2,119.25			Y
21175	T	RECONSTRUCT ORBIT/FOREHEAD	0256	41.8741		APC	$2,119.25			Y
21179	C	RECONSTRUCT ENTIRE FOREHEAD				Inpatient Only	$0.00			Y
21180	C	RECONSTRUCT ENTIRE FOREHEAD				Inpatient Only	$0.00			Y
21181	T	CONTOUR CRANIAL BONE LESION	0254	24.7557		APC	$1,252.89			Y
21182	C	RECONSTRUCT CRANIAL BONE				Inpatient Only	$0.00			Y
21183	C	RECONSTRUCT CRANIAL BONE				Inpatient Only	$0.00			Y
21184	C	RECONSTRUCT CRANIAL BONE				Inpatient Only	$0.00			Y
21188	C	RECONSTRUCTION OF MIDFACE				Inpatient Only	$0.00			Y
21193	C	RECONST LWR JAW W/O GRAFT				Inpatient Only	$0.00			Y
21194	C	RECONST LWR JAW W/GRAFT				Inpatient Only	$0.00			Y
21195	T	RECONST LWR JAW W/O FIXATION	0256	41.8741		APC	$2,119.25			Y
21196	C	RECONST LWR JAW W/FIXATION				Inpatient Only	$0.00			Y
21198	T	RECONSTR LWR JAW SEGMENT	0256	41.8741		APC	$2,119.25			Y
21199	T	RECONSTR LWR JAW W/ADVANCE	0256	41.8741		APC	$2,119.25			Y
21206	T	RECONSTRUCT UPPER JAW BONE	0256	41.8741		APC	$2,119.25			Y
21208	T	AUGMENTATION OF FACIAL BONES	0256	41.8741		APC	$2,119.25			Y
21209	T	REDUCTION OF FACIAL BONES	0256	41.8741		APC	$2,119.25			Y
21210	T	FACE BONE GRAFT	0256	41.8741		APC	$2,119.25			Y
21215	T	LOWER JAW BONE GRAFT	0256	41.8741		APC	$2,119.25			Y
21230	T	RIB CARTILAGE GRAFT	0256	41.8741		APC	$2,119.25			Y
21235	T	EAR CARTILAGE GRAFT	0254	24.7557		APC	$1,252.89			Y
21240	T	RECONSTRUCTION OF JAW JOINT	0256	41.8741		APC	$2,119.25			Y
21242	T	RECONSTRUCTION OF JAW JOINT	0256	41.8741		APC	$2,119.25			Y
21243	T	RECONSTRUCTION OF JAW JOINT	0256	41.8741		APC	$2,119.25			Y
21244	T	RECONSTRUCTION OF LOWER JAW	0256	41.8741		APC	$2,119.25			Y
21245	T	RECONSTRUCTION OF JAW	0256	41.8741		APC	$2,119.25			Y
21246	T	RECONSTRUCTION OF JAW	0256	41.8741		APC	$2,119.25			Y
21247	C	RECONSTRUCT LOWER JAW BONE				Inpatient Only	$0.00			Y
21248	T	RECONSTRUCTION OF JAW	0256	41.8741		APC	$2,119.25			Y
21249	T	RECONSTRUCTION OF JAW	0256	41.8741		APC	$2,119.25			Y

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21255	C	RECONSTRUCT LOWER JAW BONE				Inpatient Only	$0.00			Y
21256	C	RECONSTRUCTION OF ORBIT				Inpatient Only	$0.00			Y
21260	T	REVISE EYE SOCKETS	0256	41.8741		APC	$2,119.25			N
21261	T	REVISE EYE SOCKETS	0256	41.8741		APC	$2,119.25			N
21263	T	REVISE EYE SOCKETS	0256	41.8741		APC	$2,119.25			N
21267	T	REVISE EYE SOCKETS	0256	41.8741		APC	$2,119.25			N
21268	C	REVISE EYE SOCKETS				Inpatient Only	$0.00			N
21270	T	AUGMENTATION, CHEEK BONE	0256	41.8741		APC	$2,119.25			N
21275	T	REVISION, ORBITOFACIAL BONES	0256	41.8741		APC	$2,119.25			N
21280	T	REVISION OF EYELID	0256	41.8741		APC	$2,119.25			
21282	T	REVISION OF EYELID	0253	17.2402		APC	$872.53			
21295	T	REVISION OF JAW MUSCLE/BONE	0252	7.5330		APC	$381.25			
21296	T	REVISION OF JAW MUSCLE/BONE	0254	24.7557		APC	$1,252.89			
21299	T	CRANIO/MAXILLOFACIAL SURGERY	0250	1.1110		APC	$56.23			N
21310	T	TREATMENT OF NOSE FRACTURE	0250	1.1110		APC	$56.23			N
21315	T	TREATMENT OF NOSE FRACTURE	0253	17.2402		APC	$872.53			N
21320	T	TREATMENT OF NOSE FRACTURE	0253	17.2402		APC	$872.53			N
21325	T	TREATMENT OF NOSE FRACTURE	0254	24.7557		APC	$1,252.89			N
21330	T	TREATMENT OF NOSE FRACTURE	0254	24.7557		APC	$1,252.89			N
21335	T	TREATMENT OF NOSE FRACTURE	0254	24.7557		APC	$1,252.89			N
21336	T	TREAT NASAL SEPTAL FRACTURE	0062	25.4442		APC	$1,287.73			N
21337	T	TREAT NASAL SEPTAL FRACTURE	0253	17.2402		APC	$872.53			N
21338	T	TREAT NASOETHMOID FRACTURE	0254	24.7557		APC	$1,252.89			N
21339	T	TREAT NASOETHMOID FRACTURE	0254	24.7557		APC	$1,252.89			N
21340	T	TREATMENT OF NOSE FRACTURE	0256	41.8741		APC	$2,119.25			N
21343	C	TREATMENT OF SINUS FRACTURE				Inpatient Only	$0.00			N
21344	C	TREATMENT OF SINUS FRACTURE				Inpatient Only	$0.00			N
21345	T	TREAT NOSE/JAW FRACTURE	0254	24.7557		APC	$1,252.89			N
21346	C	TREAT NOSE/JAW FRACTURE				Inpatient Only	$0.00			N
21347	C	TREAT NOSE/JAW FRACTURE				Inpatient Only	$0.00			N
21348	C	TREAT NOSE/JAW FRACTURE				Inpatient Only	$0.00			N
21355	T	TREAT CHEEK BONE FRACTURE	0256	41.8741		APC	$2,119.25			N
21356	T	TREAT CHEEK BONE FRACTURE	0254	24.7557		APC	$1,252.89			N
21360	T	TREAT CHEEK BONE FRACTURE	0254	24.7557		APC	$1,252.89			N
21365	T	TREAT CHEEK BONE FRACTURE	0256	41.8741		APC	$2,119.25			N
21366	C	TREAT CHEEK BONE FRACTURE				Inpatient Only	$0.00			N
21385	T	TREAT EYE SOCKET FRACTURE	0256	41.8741		APC	$2,119.25			N
21386	T	TREAT EYE SOCKET FRACTURE	0256	41.8741		APC	$2,119.25			N
21387	T	TREAT EYE SOCKET FRACTURE	0256	41.8741		APC	$2,119.25			N
21390	T	TREAT EYE SOCKET FRACTURE	0256	41.8741		APC	$2,119.25			N
21395	C	TREAT EYE SOCKET FRACTURE				Inpatient Only	$0.00			N

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21400	T	TREAT EYE SOCKET FRACTURE	0252	7.5330		APC	$381.25			N
21401	T	TREAT EYE SOCKET FRACTURE	0253	17.2402		APC	$872.53			N
21406	T	TREAT EYE SOCKET FRACTURE	0256	41.8741		APC	$2,119.25			N
21407	T	TREAT EYE SOCKET FRACTURE	0256	41.8741		APC	$2,119.25			N
21408	T	TREAT EYE SOCKET FRACTURE	0256	41.8741		APC	$2,119.25			N
21421	T	TREAT MOUTH ROOF FRACTURE	0254	24.7557		APC	$1,252.89			N
21422	C	TREAT MOUTH ROOF FRACTURE				Inpatient Only	$0.00			N
21423	C	TREAT MOUTH ROOF FRACTURE				Inpatient Only	$0.00			N
21431	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			N
21432	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			N
21433	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			N
21435	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			N
21436	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			N
21440	T	TREAT DENTAL RIDGE FRACTURE	0254	24.7557		APC	$1,252.89			N
21445	T	TREAT DENTAL RIDGE FRACTURE	0254	24.7557		APC	$1,252.89			N
21450	T	TREAT LOWER JAW FRACTURE	0251	3.3069		APC	$167.36			N
21451	T	TREAT LOWER JAW FRACTURE	0252	7.5330		APC	$381.25			N
21452	T	TREAT LOWER JAW FRACTURE	0253	17.2402		APC	$872.53			N
21453	T	TREAT LOWER JAW FRACTURE	0256	41.8741		APC	$2,119.25			N
21454	T	TREAT LOWER JAW FRACTURE	0254	24.7557		APC	$1,252.89			
21461	T	TREAT LOWER JAW FRACTURE	0256	41.8741		APC	$2,119.25			N
21462	T	TREAT LOWER JAW FRACTURE	0256	41.8741		APC	$2,119.25			N
21465	T	TREAT LOWER JAW FRACTURE	0256	41.8741		APC	$2,119.25			
21470	T	TREAT LOWER JAW FRACTURE	0256	41.8741		APC	$2,119.25			N
21480	T	RESET DISLOCATED JAW	0250	1.1110		APC	$56.23			N
21485	T	RESET DISLOCATED JAW	0253	17.2402		APC	$872.53			N
21490	T	REPAIR DISLOCATED JAW	0256	41.8741		APC	$2,119.25			N
21495	T	TREAT HYOID BONE FRACTURE	0253	17.2402		APC	$872.53			N
21497	T	INTERDENTAL WIRING	0253	17.2402		APC	$872.53			N
21499	T	HEAD SURGERY PROCEDURE	0250	1.1110		APC	$56.23			N
21501	T	DRAIN NECK/CHEST LESION	0008	19.3873		APC	$981.19			N
21502	T	DRAIN CHEST LESION	0049	21.7810		APC	$1,102.34			N
21510	C	DRAINAGE OF BONE LESION				Inpatient Only	$0.00			N
21550	T	BIOPSY OF NECK/CHEST	0021	15.8974		APC	$804.57			N
21555	T	REMOVE LESION, NECK/CHEST	0022	21.8429		APC	$1,105.47			N
21556	T	REMOVE LESION, NECK/CHEST	0022	21.8429		APC	$1,105.47			N
21557	T	REMOVE TUMOR, NECK/CHEST	0022	21.8429		APC	$1,105.47			N
21600	T	PARTIAL REMOVAL OF RIB	0050	29.8816		APC	$1,512.31			N
21610	T	PARTIAL REMOVAL OF RIB	0050	29.8816		APC	$1,512.31			N
21615	C	REMOVAL OF RIB				Inpatient Only	$0.00			N
21616	C	REMOVAL OF RIB AND NERVES				Inpatient Only	$0.00			N

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21620	C	PARTIAL REMOVAL OF STERNUM				Inpatient Only	$0.00			N
21627	C	STERNAL DEBRIDEMENT				Inpatient Only	$0.00			N
21630	C	EXTENSIVE STERNUM SURGERY				Inpatient Only	$0.00			N
21632	C	EXTENSIVE STERNUM SURGERY				Inpatient Only	$0.00			N
21685	T	HYOID MYOTOMY & SUSPENSION	0252	7.5330		APC	$381.25			
21700	T	REVISION OF NECK MUSCLE	0049	21.7810		APC	$1,102.34			N
21705	C	REVISION OF NECK MUSCLE/RIB				Inpatient Only	$0.00			N
21720	T	REVISION OF NECK MUSCLE	0049	21.7810		APC	$1,102.34			N
21725	T	REVISION OF NECK MUSCLE	0006	1.4128		APC	$71.50			N
21740	C	RECONSTRUCTION OF STERNUM				Inpatient Only	$0.00			N
21742	T	REPAIR STERN/NUSS W/O SCOPE	0051	45.3534		APC	$2,295.34			
21743	T	REPAIR STERNUM/NUSS W/SCOPE	0051	45.3534		APC	$2,295.34			
21750	C	REPAIR OF STERNUM SEPARATION				Inpatient Only	$0.00			N
21800	T	TREATMENT OF RIB FRACTURE	0129	1.5977		APC	$80.86			N
21805	T	TREATMENT OF RIB FRACTURE	0062	25.4442		APC	$1,287.73			N
21810	C	TREATMENT OF RIB FRACTURE(S)				Inpatient Only	$0.00			N
21820	T	TREAT STERNUM FRACTURE	0129	1.5977		APC	$80.86			N
21825	C	TREAT STERNUM FRACTURE				Inpatient Only	$0.00			N
21899	T	NECK/CHEST SURGERY PROCEDURE	0250	1.1110		APC	$56.23			N
21920	T	BIOPSY SOFT TISSUE OF BACK	0020	8.2566		APC	$417.87			N
21925	T	BIOPSY SOFT TISSUE OF BACK	0022	21.8429		APC	$1,105.47			N
21930	T	REMOVE LESION, BACK OR FLANK	0022	21.8429		APC	$1,105.47			N
21935	T	REMOVE TUMOR, BACK	0022	21.8429		APC	$1,105.47			N
22010	C	BIOPSY SPINAL SOFT TISSUES;				Not Allowed	$0.00			
22015	C	I&D P-SPINE L/S/LS				Not Allowed	$0.00			
22100	T	REMOVE PART OF NECK VERTEBRA	0208	48.6069		APC	$2,460.00			N
22101	T	REMOVE PART THORAX VERTEBRA	0208	48.6069		APC	$2,460.00			N
22102	T	REMOVE PART LUMBAR VERTEBRA	0208	48.6069		APC	$2,460.00			N
22103	T	REMOVE EXTRA SPINE SEGMENT	0208	48.6069		APC	$2,460.00			N
22110	C	REMOVE PART OF NECK VERTEBRA				Inpatient Only	$0.00			N
22112	C	REMOVE PART, THORAX VERTEBRA				Inpatient Only	$0.00			N
22114	C	REMOVE PART, LUMBAR VERTEBRA				Inpatient Only	$0.00			N
22116	C	REMOVE EXTRA SPINE SEGMENT				Inpatient Only	$0.00			N
22206	C	CUT SPINE 3 COL, THOR				Inpatient Only	$0.00			
22207	C	CUT SPINE 3 COL, LUMB				Inpatient Only	$0.00			
22208	C	CUT SPINE 3 COL, ADDL SEG				Inpatient Only	$0.00			
22210	C	REVISION OF NECK SPINE				Inpatient Only	$0.00			N
22212	C	REVISION OF THORAX SPINE				Inpatient Only	$0.00			N
22214	C	REVISION OF LUMBAR SPINE				Inpatient Only	$0.00			N
22216	C	REVISE, EXTRA SPINE SEGMENT				Inpatient Only	$0.00			N
22220	C	REVISION OF NECK SPINE				Inpatient Only	$0.00			N

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22222	T	REVISION OF THORAX SPINE	0208	48.6069		APC	$2,460.00			N
22224	C	REVISION OF LUMBAR SPINE				Inpatient Only	$0.00			N
22226	C	REVISE, EXTRA SPINE SEGMENT				Inpatient Only	$0.00			N
22305	T	TREAT SPINE PROCESS FRACTURE	0129	1.5977		APC	$80.86			N
22310	T	TREAT SPINE FRACTURE	0138	6.1479		APC	$311.15			N
22315	T	TREAT SPINE FRACTURE	0139	19.8724		APC	$1,005.74			N
22318	C	TREAT ODONTOID FX W/O GRAFT				Inpatient Only	$0.00			N
22319	C	TREAT ODONTOID FX W/GRAFT				Inpatient Only	$0.00			N
22325	C	TREAT SPINE FRACTURE				Inpatient Only	$0.00			N
22326	C	TREAT NECK SPINE FRACTURE				Inpatient Only	$0.00			N
22327	C	TREAT THORAX SPINE FRACTURE				Inpatient Only	$0.00			N
22328	C	TREAT EACH ADD SPINE FX				Inpatient Only	$0.00			N
22505	T	MANIPULATION OF SPINE	0045	15.5673		APC	$787.86			N
22520	T	PERCUT VERTEBROPLASTY THOR	0050	29.8816		APC	$1,512.31			N
22521	T	PERCUT VERTEBROPLASTY LUMB	0050	29.8816		APC	$1,512.31			N
22522	T	PERCUT VERTEBROPLASTY ADD□L	0050	29.8816		APC	$1,512.31			N
22523	T	PERCUT KYPHOPLASTY THOR	0052	86.5958		APC	$4,382.61			
22524	T	PERCUT KYPHOPLASTY LUMBAR	0052	86.5958		APC	$4,382.61			
22525	T	PERCUT KYPHOPLASTY ADD-ON	0052	86.5958		APC	$4,382.61			
22526	E	IDET, SINGLE LEVEL				Not Allowed	$0.00			
22527	E	IDET, 1 OR MORE LEVELS				Not Allowed	$0.00			
22532	C	LAT THORAX SPINE FUSION				Inpatient Only	$0.00			
22533	C	LAT LUMBAR SPINE FUSION				Inpatient Only	$0.00			
22534	C	LAT THOR/LUMB ADD□L SEG				Inpatient Only	$0.00			
22548	C	NECK SPINE FUSION				Inpatient Only	$0.00			N
22554	C	NECK SPINE FUSION				Inpatient Only	$0.00			N
22556	C	THORAX SPINE FUSION				Inpatient Only	$0.00			N
22558	C	LUMBAR SPINE FUSION				Inpatient Only	$0.00			N
22585	C	ADDITIONAL SPINAL FUSION				Inpatient Only	$0.00			N
22590	C	SPINE & SKULL SPINAL FUSION				Inpatient Only	$0.00			N
22595	C	NECK SPINAL FUSION				Inpatient Only	$0.00			N
22600	C	NECK SPINE FUSION				Inpatient Only	$0.00			N
22610	C	THORAX SPINE FUSION				Inpatient Only	$0.00			N
22612	T	LUMBAR SPINE FUSION	0208	48.6069		APC	$2,460.00			N
22614	T	SPINE FUSION, EXTRA SEGMENT	0208	48.6069		APC	$2,460.00			N
22630	C	LUMBAR SPINE FUSION				Inpatient Only	$0.00			N
22632	C	SPINE FUSION, EXTRA SEGMENT				Inpatient Only	$0.00			N
22800	C	FUSION OF SPINE				Inpatient Only	$0.00			N
22802	C	FUSION OF SPINE				Inpatient Only	$0.00			N
22804	C	FUSION OF SPINE				Inpatient Only	$0.00			N
22808	C	FUSION OF SPINE				Inpatient Only	$0.00			N

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22810	C	FUSION OF SPINE				Inpatient Only	$0.00			N
22812	C	FUSION OF SPINE				Inpatient Only	$0.00			N
22818	C	KYPHECTOMY, 1-2 SEGMENTS				Inpatient Only	$0.00			N
22819	C	KYPHECTOMY, 3 OR MORE				Inpatient Only	$0.00			N
22830	C	EXPLORATION OF SPINAL FUSION				Inpatient Only	$0.00			N
22840	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			N
22841	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			N
22842	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22843	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			N
22844	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			N
22845	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			N
22846	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			N
22847	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			N
22848	C	INSERT PELV FIXATION DEVICE				Inpatient Only	$0.00			N
22849	C	REINSERT SPINAL FIXATION				Inpatient Only	$0.00			N
22850	C	REMOVE SPINE FIXATION DEVICE				Inpatient Only	$0.00			N
22851	T	APPLY SPINE PROSTH DEVICE	0049	21.7810		APC	$1,102.34			N
22852	C	REMOVE SPINE FIXATION DEVICE				Inpatient Only	$0.00			N
22855	C	REMOVE SPINE FIXATION DEVICE				Inpatient Only	$0.00			N
22856	C	CERV ARTIFIC DISKECTOMY				Inpatient Only	$0.00			
22857	C	LUMBAR ARTIF DISKECTOMY				Inpatient Only	$0.00			
22861	C	REVISE CERV ARTIFIC DISC				Inpatient Only	$0.00			
22862	C	REVISE LUMBAR ARTIF DISC				Inpatient Only	$0.00			
22864	C	REMOVE CERV ARTIF DISC				Inpatient Only	$0.00			
22865	C	REMOVE LUMB ARTIF DISC				Inpatient Only	$0.00			
22899	T	SPINE SURGERY PROCEDURE	0049	21.7810		APC	$1,102.34			N
22900	T	REMOVE ABDOMINAL WALL LESION	0022	21.8429		APC	$1,105.47			N
22999	T	ABDOMEN SURGERY PROCEDURE	0049	21.7810		APC	$1,102.34			N
23000	T	REMOVAL OF CALCIUM DEPOSITS	0021	15.8974		APC	$804.57			N
23020	T	RELEASE SHOULDER JOINT	0051	45.3534		APC	$2,295.34			N
23030	T	DRAIN SHOULDER LESION	0008	19.3873		APC	$981.19			N
23031	T	DRAIN SHOULDER BURSA	0008	19.3873		APC	$981.19			N
23035	T	DRAIN SHOULDER BONE LESION	0049	21.7810		APC	$1,102.34			N
23040	T	EXPLORATORY SHOULDER SURGERY	0050	29.8816		APC	$1,512.31			N
23044	T	EXPLORATORY SHOULDER SURGERY	0050	29.8816		APC	$1,512.31			N
23065	T	BIOPSY SHOULDER TISSUES	0020	8.2566		APC	$417.87			N
23066	T	BIOPSY SHOULDER TISSUES	0022	21.8429		APC	$1,105.47			N
23075	T	REMOVAL OF SHOULDER LESION	0021	15.8974		APC	$804.57			N
23076	T	REMOVAL OF SHOULDER LESION	0022	21.8429		APC	$1,105.47			N
23077	T	REMOVE TUMOR OF SHOULDER	0022	21.8429		APC	$1,105.47			N
23100	T	BIOPSY OF SHOULDER JOINT	0049	21.7810		APC	$1,102.34			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
23101	T	SHOULDER JOINT SURGERY	0050	29.8816		APC	$1,512.31			N
23105	T	REMOVE SHOULDER JOINT LINING	0050	29.8816		APC	$1,512.31			N
23106	T	INCISION OF COLLARBONE JOINT	0050	29.8816		APC	$1,512.31			N
23107	T	EXPLORE TREAT SHOULDER JOINT	0050	29.8816		APC	$1,512.31			N
23120	T	PARTIAL REMOVAL, COLLAR BONE	0050	29.8816		APC	$1,512.31			N
23125	T	REMOVAL OF COLLAR BONE	0050	29.8816		APC	$1,512.31			N
23130	T	REMOVE SHOULDER BONE, PART	0051	45.3534		APC	$2,295.34			N
23140	T	REMOVAL OF BONE LESION	0049	21.7810		APC	$1,102.34			N
23145	T	REMOVAL OF BONE LESION	0050	29.8816		APC	$1,512.31			N
23146	T	REMOVAL OF BONE LESION	0050	29.8816		APC	$1,512.31			N
23150	T	REMOVAL OF HUMERUS LESION	0050	29.8816		APC	$1,512.31			N
23155	T	REMOVAL OF HUMERUS LESION	0050	29.8816		APC	$1,512.31			N
23156	T	REMOVAL OF HUMERUS LESION	0050	29.8816		APC	$1,512.31			N
23170	T	REMOVE COLLAR BONE LESION	0050	29.8816		APC	$1,512.31			N
23172	T	REMOVE SHOULDER BLADE LESION	0050	29.8816		APC	$1,512.31			N
23174	T	REMOVE HUMERUS LESION	0050	29.8816		APC	$1,512.31			N
23180	T	REMOVE COLLAR BONE LESION	0050	29.8816		APC	$1,512.31			N
23182	T	REMOVE SHOULDER BLADE LESION	0050	29.8816		APC	$1,512.31			N
23184	T	REMOVE HUMERUS LESION	0050	29.8816		APC	$1,512.31			N
23190	T	PARTIAL REMOVAL OF SCAPULA	0050	29.8816		APC	$1,512.31			N
23195	T	REMOVAL OF HEAD OF HUMERUS	0050	29.8816		APC	$1,512.31			N
23200	C	REMOVAL OF COLLAR BONE				Inpatient Only	$0.00			N
23210	C	REMOVAL OF SHOULDER BLADE				Inpatient Only	$0.00			N
23220	C	PARTIAL REMOVAL OF HUMERUS				Inpatient Only	$0.00			N
23221	C	PARTIAL REMOVAL OF HUMERUS				Inpatient Only	$0.00			N
23222	C	PARTIAL REMOVAL OF HUMERUS				Inpatient Only	$0.00			N
23330	T	REMOVE SHOULDER FOREIGN BODY	0020	8.2566		APC	$417.87			N
23331	T	REMOVE SHOULDER FOREIGN BODY	0022	21.8429		APC	$1,105.47			N
23332	C	REMOVE SHOULDER FOREIGN BODY				Inpatient Only	$0.00			N
23350	N	INJECTION FOR SHOULDER X-RAY				Bundled	$0.00			N
23395	T	MUSCLE TRANSFER,SHOULDER/ARM	0051	45.3534		APC	$2,295.34			N
23397	T	MUSCLE TRANSFERS	0052	86.5958		APC	$4,382.61			N
23400	T	FIXATION OF SHOULDER BLADE	0050	29.8816		APC	$1,512.31			N
23405	T	INCISION OF TENDON & MUSCLE	0050	29.8816		APC	$1,512.31			N
23406	T	INCISE TENDON(S) & MUSCLE(S)	0050	29.8816		APC	$1,512.31			N
23410	T	REPAIR ROTATOR CUFF ACUTE	0051	45.3534		APC	$2,295.34			N
23412	T	REPAIR ROTATOR CUFF CHRONIC	0051	45.3534		APC	$2,295.34			N
23415	T	RELEASE OF SHOULDER LIGAMENT	0051	45.3534		APC	$2,295.34			N
23420	T	REPAIR OF SHOULDER	0051	45.3534		APC	$2,295.34			N
23430	T	REPAIR BICEPS TENDON	0051	45.3534		APC	$2,295.34			N
23440	T	REMOVE/TRANSPLANT TENDON	0051	45.3534		APC	$2,295.34			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
23450	T	REPAIR SHOULDER CAPSULE	0052	86.5958		APC	$4,382.61			N
23455	T	REPAIR SHOULDER CAPSULE	0052	86.5958		APC	$4,382.61			N
23460	T	REPAIR SHOULDER CAPSULE	0052	86.5958		APC	$4,382.61			N
23462	T	REPAIR SHOULDER CAPSULE	0051	45.3534		APC	$2,295.34			N
23465	T	REPAIR SHOULDER CAPSULE	0052	86.5958		APC	$4,382.61			N
23466	T	REPAIR SHOULDER CAPSULE	0051	45.3534		APC	$2,295.34			N
23470	T	RECONSTRUCT SHOULDER JOINT	0425	121.7668		APC	$6,162.62			N
23472	C	RECONSTRUCT SHOULDER JOINT				Inpatient Only	$0.00			N
23480	T	REVISION OF COLLAR BONE	0051	45.3534		APC	$2,295.34			N
23485	T	REVISION OF COLLAR BONE	0052	86.5958		APC	$4,382.61			N
23490	T	REINFORCE CLAVICLE	0051	45.3534		APC	$2,295.34			
23491	T	REINFORCE SHOULDER BONES	0052	86.5958		APC	$4,382.61			
23500	T	TREAT CLAVICLE FRACTURE	0129	1.5977		APC	$80.86			N
23505	T	TREAT CLAVICLE FRACTURE	0139	19.8724		APC	$1,005.74			N
23515	T	TREAT CLAVICLE FRACTURE	0064	62.5691		APC	$3,166.62			N
23520	T	TREAT CLAVICLE DISLOCATION	0138	6.1479		APC	$311.15			N
23525	T	TREAT CLAVICLE DISLOCATION	0138	6.1479		APC	$311.15			N
23530	T	TREAT CLAVICLE DISLOCATION	0063	42.8656		APC	$2,169.43			N
23532	T	TREAT CLAVICLE DISLOCATION	0062	25.4442		APC	$1,287.73			N
23540	T	TREAT CLAVICLE DISLOCATION	0129	1.5977		APC	$80.86			N
23545	T	TREAT CLAVICLE DISLOCATION	0138	6.1479		APC	$311.15			N
23550	T	TREAT CLAVICLE DISLOCATION	0063	42.8656		APC	$2,169.43			N
23552	T	TREAT CLAVICLE DISLOCATION	0063	42.8656		APC	$2,169.43			N
23570	T	TREAT SHOULDER BLADE FX	0129	1.5977		APC	$80.86			N
23575	T	TREAT SHOULDER BLADE FX	0138	6.1479		APC	$311.15			N
23585	T	TREAT SCAPULA FRACTURE	0064	62.5691		APC	$3,166.62			N
23600	T	TREAT HUMERUS FRACTURE	0129	1.5977		APC	$80.86			N
23605	T	TREAT HUMERUS FRACTURE	0139	19.8724		APC	$1,005.74			N
23615	T	TREAT HUMERUS FRACTURE	0064	62.5691		APC	$3,166.62			N
23616	T	TREAT HUMERUS FRACTURE	0064	62.5691		APC	$3,166.62			N
23620	T	TREAT HUMERUS FRACTURE	0129	1.5977		APC	$80.86			N
23625	T	TREAT HUMERUS FRACTURE	0139	19.8724		APC	$1,005.74			N
23630	T	TREAT HUMERUS FRACTURE	0064	62.5691		APC	$3,166.62			N
23650	T	TREAT SHOULDER DISLOCATION	0129	1.5977		APC	$80.86			N
23655	T	TREAT SHOULDER DISLOCATION	0045	15.5673		APC	$787.86			N
23660	T	TREAT SHOULDER DISLOCATION	0063	42.8656		APC	$2,169.43			N
23665	T	TREAT DISLOCATION/FRACTURE	0138	6.1479		APC	$311.15			N
23670	T	TREAT DISLOCATION/FRACTURE	0064	62.5691		APC	$3,166.62			N
23675	T	TREAT DISLOCATION/FRACTURE	0129	1.5977		APC	$80.86			N
23680	T	TREAT DISLOCATION/FRACTURE	0063	42.8656		APC	$2,169.43			N
23700	T	FIXATION OF SHOULDER	0045	15.5673		APC	$787.86			N

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23800	T	FUSION OF SHOULDER JOINT	0052	86.5958		APC	$4,382.61			N
23802	T	FUSION OF SHOULDER JOINT	0051	45.3534		APC	$2,295.34			N
23900	C	AMPUTATION OF ARM & GIRDLE				Inpatient Only	$0.00			N
23920	C	AMPUTATION AT SHOULDER JOINT				Inpatient Only	$0.00			N
23921	T	AMPUTATION FOLLOW-UP SURGERY	0136	15.9750		APC	$808.49			N
23929	T	SHOULDER SURGERY PROCEDURE	0129	1.5977		APC	$80.86			N
23930	T	DRAINAGE OF ARM LESION	0008	19.3873		APC	$981.19			N
23931	T	DRAINAGE OF ARM BURSA	0008	19.3873		APC	$981.19			N
23935	T	DRAIN ARM/ELBOW BONE LESION	0049	21.7810		APC	$1,102.34			N
24000	T	EXPLORATORY ELBOW SURGERY	0050	29.8816		APC	$1,512.31			N
24006	T	RELEASE ELBOW JOINT	0050	29.8816		APC	$1,512.31			N
24065	T	BIOPSY ARM/ELBOW SOFT TISSUE	0021	15.8974		APC	$804.57			N
24066	T	BIOPSY ARM/ELBOW SOFT TISSUE	0021	15.8974		APC	$804.57			N
24075	T	REMOVE ARM/ELBOW LESION	0021	15.8974		APC	$804.57			N
24076	T	REMOVE ARM/ELBOW LESION	0022	21.8429		APC	$1,105.47			N
24077	T	REMOVE TUMOR OF ARM/ELBOW	0022	21.8429		APC	$1,105.47			N
24100	T	BIOPSY ELBOW JOINT LINING	0049	21.7810		APC	$1,102.34			N
24101	T	EXPLORE/TREAT ELBOW JOINT	0050	29.8816		APC	$1,512.31			N
24102	T	REMOVE ELBOW JOINT LINING	0050	29.8816		APC	$1,512.31			N
24105	T	REMOVAL OF ELBOW BURSA	0049	21.7810		APC	$1,102.34			N
24110	T	REMOVE HUMERUS LESION	0049	21.7810		APC	$1,102.34			N
24115	T	REMOVE/GRAFT BONE LESION	0050	29.8816		APC	$1,512.31			N
24116	T	REMOVE/GRAFT BONE LESION	0050	29.8816		APC	$1,512.31			N
24120	T	REMOVE ELBOW LESION	0049	21.7810		APC	$1,102.34			N
24125	T	REMOVE/GRAFT BONE LESION	0050	29.8816		APC	$1,512.31			N
24126	T	REMOVE/GRAFT BONE LESION	0050	29.8816		APC	$1,512.31			N
24130	T	REMOVAL OF HEAD OF RADIUS	0050	29.8816		APC	$1,512.31			N
24134	T	REMOVAL OF ARM BONE LESION	0050	29.8816		APC	$1,512.31			N
24136	T	REMOVE RADIUS BONE LESION	0050	29.8816		APC	$1,512.31			N
24138	T	REMOVE ELBOW BONE LESION	0050	29.8816		APC	$1,512.31			N
24140	T	PARTIAL REMOVAL OF ARM BONE	0050	29.8816		APC	$1,512.31			N
24145	T	PARTIAL REMOVAL OF RADIUS	0050	29.8816		APC	$1,512.31			N
24147	T	PARTIAL REMOVAL OF ELBOW	0050	29.8816		APC	$1,512.31			N
24149	T	RADICAL RESECTION OF ELBOW	0050	29.8816		APC	$1,512.31			N
24150	T	EXTENSIVE HUMERUS SURGERY	0051	45.3534		APC	$2,295.34			N
24151	T	EXTENSIVE HUMERUS SURGERY	0052	86.5958		APC	$4,382.61			N
24152	T	EXTENSIVE RADIUS SURGERY	0051	45.3534		APC	$2,295.34			N
24153	T	EXTENSIVE RADIUS SURGERY	0052	86.5958		APC	$4,382.61			N
24155	T	REMOVAL OF ELBOW JOINT	0051	45.3534		APC	$2,295.34			N
24160	T	REMOVE ELBOW JOINT IMPLANT	0050	29.8816		APC	$1,512.31			N
24164	T	REMOVE RADIUS HEAD IMPLANT	0050	29.8816		APC	$1,512.31			N

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24200	T	REMOVAL OF ARM FOREIGN BODY	0019	4.4761		APC	$226.54			N
24201	T	REMOVAL OF ARM FOREIGN BODY	0021	15.8974		APC	$804.57			N
24220	N	INJECTION FOR ELBOW X-RAY				Bundled	$0.00			N
24300	T	MANIPULATE ELBOW W/ANESTH	0045	15.5673		APC	$787.86			
24301	T	MUSCLE/TENDON TRANSFER	0050	29.8816		APC	$1,512.31			N
24305	T	ARM TENDON LENGTHENING	0050	29.8816		APC	$1,512.31			N
24310	T	REVISION OF ARM TENDON	0049	21.7810		APC	$1,102.34			N
24320	T	REPAIR OF ARM TENDON	0051	45.3534		APC	$2,295.34			N
24330	T	REVISION OF ARM MUSCLES	0052	86.5958		APC	$4,382.61			N
24331	T	REVISION OF ARM MUSCLES	0051	45.3534		APC	$2,295.34			N
24332	T	TENOLYSIS, TRICEPS	0049	21.7810		APC	$1,102.34			
24340	T	REPAIR OF BICEPS TENDON	0051	45.3534		APC	$2,295.34			N
24341	T	REPAIR ARM TENDON/MUSCLE	0051	45.3534		APC	$2,295.34			N
24342	T	REPAIR OF RUPTURED TENDON	0051	45.3534		APC	$2,295.34			N
24343	T	REPR ELBOW LAT LIGMNT W/TISS	0050	29.8816		APC	$1,512.31			
24344	T	RECONSTRUCT ELBOW LAT LIGMNT	0052	86.5958		APC	$4,382.61			N
24345	T	REPR ELBW MED LIGMNT W/TISSU	0050	29.8816		APC	$1,512.31			
24346	T	RECONSTRUCT ELBOW MED LIGMNT	0051	45.3534		APC	$2,295.34			N
24357	T	REPAIR ELBOW, PERC	0050	29.8816		APC	$1,512.31			
24358	T	REPAIR ELBOW W/DEB, OPEN	0050	29.8816		APC	$1,512.31			
24359	T	REPAIR ELBOW DEB/ATTCH OPEN	0050	29.8816		APC	$1,512.31			
24360	T	RECONSTRUCT ELBOW JOINT	0047	37.8310		APC	$1,914.63			N
24361	T	RECONSTRUCT ELBOW JOINT	0425	121.7668		APC	$6,162.62			N
24362	T	RECONSTRUCT ELBOW JOINT	0048	53.1633		APC	$2,690.59			N
24363	T	REPLACE ELBOW JOINT	0425	121.7668		APC	$6,162.62			N
24365	T	RECONSTRUCT HEAD OF RADIUS	0047	37.8310		APC	$1,914.63			N
24366	T	RECONSTRUCT HEAD OF RADIUS	0425	121.7668		APC	$6,162.62			N
24400	T	REVISION OF HUMERUS	0050	29.8816		APC	$1,512.31			N
24410	T	REVISION OF HUMERUS	0050	29.8816		APC	$1,512.31			N
24420	T	REVISION OF HUMERUS	0051	45.3534		APC	$2,295.34			N
24430	T	REPAIR OF HUMERUS	0052	86.5958		APC	$4,382.61			N
24435	T	REPAIR HUMERUS WITH GRAFT	0052	86.5958		APC	$4,382.61			N
24470	T	REVISION OF ELBOW JOINT	0051	45.3534		APC	$2,295.34			N
24495	T	DECOMPRESSION OF FOREARM	0050	29.8816		APC	$1,512.31			N
24498	T	REINFORCE HUMERUS	0052	86.5958		APC	$4,382.61			
24500	T	TREAT HUMERUS FRACTURE	0129	1.5977		APC	$80.86			N
24505	T	TREAT HUMERUS FRACTURE	0129	1.5977		APC	$80.86			N
24515	T	TREAT HUMERUS FRACTURE	0064	62.5691		APC	$3,166.62			N
24516	T	TREAT HUMERUS FRACTURE	0064	62.5691		APC	$3,166.62			N
24530	T	TREAT HUMERUS FRACTURE	0129	1.5977		APC	$80.86			N
24535	T	TREAT HUMERUS FRACTURE	0138	6.1479		APC	$311.15			N

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24538	T	TREAT HUMERUS FRACTURE	0062	25.4442		APC	$1,287.73			N
24545	T	TREAT HUMERUS FRACTURE	0064	62.5691		APC	$3,166.62			N
24546	T	TREAT HUMERUS FRACTURE	0064	62.5691		APC	$3,166.62			N
24560	T	TREAT HUMERUS FRACTURE	0129	1.5977		APC	$80.86			N
24565	T	TREAT HUMERUS FRACTURE	0129	1.5977		APC	$80.86			N
24566	T	TREAT HUMERUS FRACTURE	0062	25.4442		APC	$1,287.73			N
24575	T	TREAT HUMERUS FRACTURE	0064	62.5691		APC	$3,166.62			N
24576	T	TREAT HUMERUS FRACTURE	0129	1.5977		APC	$80.86			N
24577	T	TREAT HUMERUS FRACTURE	0138	6.1479		APC	$311.15			N
24579	T	TREAT HUMERUS FRACTURE	0064	62.5691		APC	$3,166.62			N
24582	T	TREAT HUMERUS FRACTURE	0062	25.4442		APC	$1,287.73			N
24586	T	TREAT ELBOW FRACTURE	0064	62.5691		APC	$3,166.62			N
24587	T	TREAT ELBOW FRACTURE	0064	62.5691		APC	$3,166.62			N
24600	T	TREAT ELBOW DISLOCATION	0129	1.5977		APC	$80.86			N
24605	T	TREAT ELBOW DISLOCATION	0045	15.5673		APC	$787.86			N
24615	T	TREAT ELBOW DISLOCATION	0064	62.5691		APC	$3,166.62			N
24620	T	TREAT ELBOW FRACTURE	0139	19.8724		APC	$1,005.74			N
24635	T	TREAT ELBOW FRACTURE	0064	62.5691		APC	$3,166.62			N
24640	T	TREAT ELBOW DISLOCATION	0129	1.5977		APC	$80.86			N
24650	T	TREAT RADIUS FRACTURE	0129	1.5977		APC	$80.86			N
24655	T	TREAT RADIUS FRACTURE	0138	6.1479		APC	$311.15			N
24665	T	TREAT RADIUS FRACTURE	0063	42.8656		APC	$2,169.43			N
24666	T	TREAT RADIUS FRACTURE	0064	62.5691		APC	$3,166.62			N
24670	T	TREAT ULNAR FRACTURE	0129	1.5977		APC	$80.86			N
24675	T	TREAT ULNAR FRACTURE	0129	1.5977		APC	$80.86			N
24685	T	TREAT ULNAR FRACTURE	0063	42.8656		APC	$2,169.43			N
24800	T	FUSION OF ELBOW JOINT	0051	45.3534		APC	$2,295.34			N
24802	T	FUSION/GRAFT OF ELBOW JOINT	0051	45.3534		APC	$2,295.34			N
24900	C	AMPUTATION OF UPPER ARM				Inpatient Only	$0.00			N
24920	C	AMPUTATION OF UPPER ARM				Inpatient Only	$0.00			N
24925	T	AMPUTATION FOLLOW-UP SURGERY	0049	21.7810		APC	$1,102.34			N
24930	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only	$0.00			N
24931	C	AMPUTATE UPPER ARM & IMPLANT				Inpatient Only	$0.00			N
24935	T	REVISION OF AMPUTATION	0052	86.5958		APC	$4,382.61			N
24940	C	REVISION OF UPPER ARM				Inpatient Only	$0.00			N
24999	T	UPPER ARM/ELBOW SURGERY	0129	1.5977		APC	$80.86			N
25000	T	INCISION OF TENDON SHEATH	0049	21.7810		APC	$1,102.34			N
25001	T	INCISE FLEXOR CARPI RADIALIS	0049	21.7810		APC	$1,102.34			
25020	T	DECOMPRESS FOREARM 1 SPACE	0049	21.7810		APC	$1,102.34			N
25023	T	DECOMPRESS FOREARM 1 SPACE	0050	29.8816		APC	$1,512.31			N
25024	T	DECOMPRESS FOREARM 2 SPACES	0050	29.8816		APC	$1,512.31			N

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25025	T	DECOMPRESS FOREARM 2 SPACES	0050	29.8816		APC	$1,512.31			
25028	T	DRAINAGE OF FOREARM LESION	0049	21.7810		APC	$1,102.34			N
25031	T	DRAINAGE OF FOREARM BURSA	0049	21.7810		APC	$1,102.34			N
25035	T	TREAT FOREARM BONE LESION	0049	21.7810		APC	$1,102.34			N
25040	T	EXPLORE/TREAT WRIST JOINT	0050	29.8816		APC	$1,512.31			N
25065	T	BIOPSY FOREARM SOFT TISSUES	0020	8.2566		APC	$417.87			N
25066	T	BIOPSY FOREARM SOFT TISSUES	0022	21.8429		APC	$1,105.47			N
25075	T	REMOVAL FOREARM LESION SUBCU	0021	15.8974		APC	$804.57			N
25076	T	REMOVAL FOREARM LESION DEEP	0022	21.8429		APC	$1,105.47			N
25077	T	REMOVE TUMOR, FOREARM/WRIST	0022	21.8429		APC	$1,105.47			N
25085	T	INCISION OF WRIST CAPSULE	0049	21.7810		APC	$1,102.34			N
25100	T	BIOPSY OF WRIST JOINT	0049	21.7810		APC	$1,102.34			N
25101	T	EXPLORE/TREAT WRIST JOINT	0050	29.8816		APC	$1,512.31			N
25105	T	REMOVE WRIST JOINT LINING	0050	29.8816		APC	$1,512.31			N
25107	T	REMOVE WRIST JOINT CARTILAGE	0050	29.8816		APC	$1,512.31			N
25109	T	EXCISE TENDON FOREARM/WRIST	0049	21.7810		APC	$1,102.34			
25110	T	REMOVE WRIST TENDON LESION	0049	21.7810		APC	$1,102.34			N
25111	T	REMOVE WRIST TENDON LESION	0049	21.7810		APC	$1,102.34			N
25112	T	REREMOVE WRIST TENDON LESION	0049	21.7810		APC	$1,102.34			N
25115	T	REMOVE WRIST/FOREARM LESION	0049	21.7810		APC	$1,102.34			N
25116	T	REMOVE WRIST/FOREARM LESION	0049	21.7810		APC	$1,102.34			N
25118	T	EXCISE WRIST TENDON SHEATH	0050	29.8816		APC	$1,512.31			N
25119	T	PARTIAL REMOVAL OF ULNA	0050	29.8816		APC	$1,512.31			N
25120	T	REMOVAL OF FOREARM LESION	0050	29.8816		APC	$1,512.31			N
25125	T	REMOVE/GRAFT FOREARM LESION	0050	29.8816		APC	$1,512.31			N
25126	T	REMOVE/GRAFT FOREARM LESION	0050	29.8816		APC	$1,512.31			N
25130	T	REMOVAL OF WRIST LESION	0050	29.8816		APC	$1,512.31			N
25135	T	REMOVE & GRAFT WRIST LESION	0050	29.8816		APC	$1,512.31			N
25136	T	REMOVE & GRAFT WRIST LESION	0050	29.8816		APC	$1,512.31			N
25145	T	REMOVE FOREARM BONE LESION	0050	29.8816		APC	$1,512.31			N
25150	T	PARTIAL REMOVAL OF ULNA	0050	29.8816		APC	$1,512.31			N
25151	T	PARTIAL REMOVAL OF RADIUS	0050	29.8816		APC	$1,512.31			N
25170	T	EXTENSIVE FOREARM SURGERY	0051	45.3534		APC	$2,295.34			N
25210	T	REMOVAL OF WRIST BONE	0050	29.8816		APC	$1,512.31			N
25215	T	REMOVAL OF WRIST BONES	0050	29.8816		APC	$1,512.31			N
25230	T	PARTIAL REMOVAL OF RADIUS	0050	29.8816		APC	$1,512.31			N
25240	T	PARTIAL REMOVAL OF ULNA	0050	29.8816		APC	$1,512.31			N
25246	N	INJECTION FOR WRIST X-RAY				Bundled	$0.00			N
25248	T	REMOVE FOREARM FOREIGN BODY	0049	21.7810		APC	$1,102.34			N
25250	T	REMOVAL OF WRIST PROSTHESIS	0050	29.8816		APC	$1,512.31			N
25251	T	REMOVAL OF WRIST PROSTHESIS	0050	29.8816		APC	$1,512.31			N

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25259	T	MANIPULATE WRIST W/ANESTHES	0139	19.8724		APC	$1,005.74			
25260	T	REPAIR FOREARM TENDON/MUSCLE	0050	29.8816		APC	$1,512.31			N
25263	T	REPAIR FOREARM TENDON/MUSCLE	0050	29.8816		APC	$1,512.31			N
25265	T	REPAIR FOREARM TENDON/MUSCLE	0050	29.8816		APC	$1,512.31			N
25270	T	REPAIR FOREARM TENDON/MUSCLE	0050	29.8816		APC	$1,512.31			N
25272	T	REPAIR FOREARM TENDON/MUSCLE	0050	29.8816		APC	$1,512.31			N
25274	T	REPAIR FOREARM TENDON/MUSCLE	0050	29.8816		APC	$1,512.31			N
25275	T	REPAIR FOREARM TENDON SHEATH	0050	29.8816		APC	$1,512.31			N
25280	T	REVISE WRIST/FOREARM TENDON	0050	29.8816		APC	$1,512.31			N
25290	T	INCISE WRIST/FOREARM TENDON	0050	29.8816		APC	$1,512.31			N
25295	T	RELEASE WRIST/FOREARM TENDON	0049	21.7810		APC	$1,102.34			N
25300	T	FUSION OF TENDONS AT WRIST	0050	29.8816		APC	$1,512.31			N
25301	T	FUSION OF TENDONS AT WRIST	0050	29.8816		APC	$1,512.31			N
25310	T	TRANSPLANT FOREARM TENDON	0051	45.3534		APC	$2,295.34			N
25312	T	TRANSPLANT FOREARM TENDON	0051	45.3534		APC	$2,295.34			N
25315	T	REVISE PALSY HAND TENDON(S)	0051	45.3534		APC	$2,295.34			N
25316	T	REVISE PALSY HAND TENDON(S)	0052	86.5958		APC	$4,382.61			N
25320	T	REPAIR/REVISE WRIST JOINT	0051	45.3534		APC	$2,295.34			N
25332	T	REVISE WRIST JOINT	0047	37.8310		APC	$1,914.63			N
25335	T	REALIGNMENT OF HAND	0051	45.3534		APC	$2,295.34			N
25337	T	RECONSTRUCT ULNA/RADIOULNAR	0051	45.3534		APC	$2,295.34			N
25350	T	REVISION OF RADIUS	0052	86.5958		APC	$4,382.61			N
25355	T	REVISION OF RADIUS	0051	45.3534		APC	$2,295.34			N
25360	T	REVISION OF ULNA	0050	29.8816		APC	$1,512.31			N
25365	T	REVISE RADIUS & ULNA	0050	29.8816		APC	$1,512.31			N
25370	T	REVISE RADIUS OR ULNA	0051	45.3534		APC	$2,295.34			N
25375	T	REVISE RADIUS & ULNA	0051	45.3534		APC	$2,295.34			N
25390	T	SHORTEN RADIUS OR ULNA	0050	29.8816		APC	$1,512.31			N
25391	T	LENGTHEN RADIUS OR ULNA	0051	45.3534		APC	$2,295.34			N
25392	T	SHORTEN RADIUS & ULNA	0050	29.8816		APC	$1,512.31			N
25393	T	LENGTHEN RADIUS & ULNA	0051	45.3534		APC	$2,295.34			N
25394	T	REPAIR CARPAL BONE, SHORTEN	0051	45.3534		APC	$2,295.34			
25400	T	REPAIR RADIUS OR ULNA	0051	45.3534		APC	$2,295.34			N
25405	T	REPAIR/GRAFT RADIUS OR ULNA	0052	86.5958		APC	$4,382.61			N
25415	T	REPAIR RADIUS & ULNA	0052	86.5958		APC	$4,382.61			N
25420	T	REPAIR/GRAFT RADIUS & ULNA	0052	86.5958		APC	$4,382.61			N
25425	T	REPAIR/GRAFT RADIUS OR ULNA	0051	45.3534		APC	$2,295.34			N
25426	T	REPAIR/GRAFT RADIUS & ULNA	0051	45.3534		APC	$2,295.34			N
25430	T	VASC GRAFT INTO CARPAL BONE	0051	45.3534		APC	$2,295.34			
25431	T	REPAIR NONUNION CARPAL BONE	0051	45.3534		APC	$2,295.34			N
25440	T	REPAIR/GRAFT WRIST BONE	0052	86.5958		APC	$4,382.61			N

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25441	T	RECONSTRUCT WRIST JOINT	0425	121.7668		APC	$6,162.62			N
25442	T	RECONSTRUCT WRIST JOINT	0425	121.7668		APC	$6,162.62			N
25443	T	RECONSTRUCT WRIST JOINT	0048	53.1633		APC	$2,690.59			N
25444	T	RECONSTRUCT WRIST JOINT	0048	53.1633		APC	$2,690.59			N
25445	T	RECONSTRUCT WRIST JOINT	0048	53.1633		APC	$2,690.59			N
25446	T	WRIST REPLACEMENT	0425	121.7668		APC	$6,162.62			N
25447	T	REPAIR WRIST JOINT(S)	0047	37.8310		APC	$1,914.63			N
25449	T	REMOVE WRIST JOINT IMPLANT	0047	37.8310		APC	$1,914.63			N
25450	T	REVISION OF WRIST JOINT	0051	45.3534		APC	$2,295.34			N
25455	T	REVISION OF WRIST JOINT	0051	45.3534		APC	$2,295.34			N
25490	T	REINFORCE RADIUS	0051	45.3534		APC	$2,295.34			
25491	T	REINFORCE ULNA	0051	45.3534		APC	$2,295.34			
25492	T	REINFORCE RADIUS AND ULNA	0051	45.3534		APC	$2,295.34			
25500	T	TREAT FRACTURE OF RADIUS	0129	1.5977		APC	$80.86			N
25505	T	TREAT FRACTURE OF RADIUS	0138	6.1479		APC	$311.15			N
25515	T	TREAT FRACTURE OF RADIUS	0063	42.8656		APC	$2,169.43			N
25520	T	TREAT FRACTURE OF RADIUS	0138	6.1479		APC	$311.15			N
25525	T	TREAT FRACTURE OF RADIUS	0063	42.8656		APC	$2,169.43			N
25526	T	TREAT FRACTURE OF RADIUS	0063	42.8656		APC	$2,169.43			N
25530	T	TREAT FRACTURE OF ULNA	0129	1.5977		APC	$80.86			N
25535	T	TREAT FRACTURE OF ULNA	0129	1.5977		APC	$80.86			N
25545	T	TREAT FRACTURE OF ULNA	0063	42.8656		APC	$2,169.43			N
25560	T	TREAT FRACTURE RADIUS & ULNA	0129	1.5977		APC	$80.86			N
25565	T	TREAT FRACTURE RADIUS & ULNA	0138	6.1479		APC	$311.15			N
25574	T	TREAT FRACTURE RADIUS & ULNA	0064	62.5691		APC	$3,166.62			N
25575	T	TREAT FRACTURE RADIUS/ULNA	0064	62.5691		APC	$3,166.62			N
25600	T	TREAT FRACTURE RADIUS/ULNA	0129	1.5977		APC	$80.86			N
25605	T	TREAT FRACTURE RADIUS/ULNA	0138	6.1479		APC	$311.15			N
25606	T	TREAT FX DISTAL RADIAL	0062	25.4442		APC	$1,287.73			
25607	T	TREAT FX RAD EXTRA-ARTICUL	0064	62.5691		APC	$3,166.62			
25608	T	TREAT FX RAD INTRA-ARTICUL	0064	62.5691		APC	$3,166.62			
25609	T	TREAT FX RADIAL 3+ FRAG	0064	62.5691		APC	$3,166.62			
25622	T	TREAT WRIST BONE FRACTURE	0129	1.5977		APC	$80.86			N
25624	T	TREAT WRIST BONE FRACTURE	0138	6.1479		APC	$311.15			N
25628	T	TREAT WRIST BONE FRACTURE	0063	42.8656		APC	$2,169.43			N
25630	T	TREAT WRIST BONE FRACTURE	0129	1.5977		APC	$80.86			N
25635	T	TREAT WRIST BONE FRACTURE	0138	6.1479		APC	$311.15			N
25645	T	TREAT WRIST BONE FRACTURE	0063	42.8656		APC	$2,169.43			N
25650	T	TREAT WRIST BONE FRACTURE	0129	1.5977		APC	$80.86			N
25651	T	PIN ULNAR STYLOID FRACTURE	0062	25.4442		APC	$1,287.73			
25652	T	TREAT FRACTURE ULNAR STYLOID	0063	42.8656		APC	$2,169.43			N

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25660	T	TREAT WRIST DISLOCATION	0129	1.5977		APC	$80.86			N
25670	T	TREAT WRIST DISLOCATION	0062	25.4442		APC	$1,287.73			N
25671	T	PIN RADIOULNAR DISLOCATION	0062	25.4442		APC	$1,287.73			
25675	T	TREAT WRIST DISLOCATION	0129	1.5977		APC	$80.86			N
25676	T	TREAT WRIST DISLOCATION	0062	25.4442		APC	$1,287.73			N
25680	T	TREAT WRIST FRACTURE	0129	1.5977		APC	$80.86			N
25685	T	TREAT WRIST FRACTURE	0062	25.4442		APC	$1,287.73			N
25690	T	TREAT WRIST DISLOCATION	0139	19.8724		APC	$1,005.74			N
25695	T	TREAT WRIST DISLOCATION	0062	25.4442		APC	$1,287.73			N
25800	T	FUSION OF WRIST JOINT	0052	86.5958		APC	$4,382.61			N
25805	T	FUSION/GRAFT OF WRIST JOINT	0051	45.3534		APC	$2,295.34			N
25810	T	FUSION/GRAFT OF WRIST JOINT	0052	86.5958		APC	$4,382.61			N
25820	T	FUSION OF HAND BONES	0051	45.3534		APC	$2,295.34			N
25825	T	FUSE HAND BONES WITH GRAFT	0052	86.5958		APC	$4,382.61			N
25830	T	FUSION RADIOULNAR JNT/ULNA	0052	86.5958		APC	$4,382.61			N
25900	C	AMPUTATION OF FOREARM				Inpatient Only	$0.00			N
25905	C	AMPUTATION OF FOREARM				Inpatient Only	$0.00			N
25907	T	AMPUTATION FOLLOW-UP SURGERY	0049	21.7810		APC	$1,102.34			N
25909	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only	$0.00			N
25915	C	AMPUTATION OF FOREARM				Inpatient Only	$0.00			N
25920	C	AMPUTATE HAND AT WRIST				Inpatient Only	$0.00			N
25922	T	AMPUTATE HAND AT WRIST	0049	21.7810		APC	$1,102.34			N
25924	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only	$0.00			N
25927	C	AMPUTATION OF HAND				Inpatient Only	$0.00			N
25929	T	AMPUTATION FOLLOW-UP SURGERY	0136	15.9750		APC	$808.49			N
25931	T	AMPUTATION FOLLOW-UP SURGERY	0049	21.7810		APC	$1,102.34			N
25999	T	FOREARM OR WRIST SURGERY	0129	1.5977		APC	$80.86			N
26010	T	DRAINAGE OF FINGER ABSCESS	0006	1.4128		APC	$71.50			N
26011	T	DRAINAGE OF FINGER ABSCESS	0007	12.5953		APC	$637.45			N
26020	T	DRAIN HAND TENDON SHEATH	0053	16.6121		APC	$840.74			N
26025	T	DRAINAGE OF PALM BURSA	0053	16.6121		APC	$840.74			N
26030	T	DRAINAGE OF PALM BURSA(S)	0053	16.6121		APC	$840.74			N
26034	T	TREAT HAND BONE LESION	0053	16.6121		APC	$840.74			N
26035	T	DECOMPRESS FINGERS/HAND	0053	16.6121		APC	$840.74			N
26037	T	DECOMPRESS FINGERS/HAND	0053	16.6121		APC	$840.74			N
26040	T	RELEASE PALM CONTRACTURE	0054	27.9994		APC	$1,417.05			N
26045	T	RELEASE PALM CONTRACTURE	0054	27.9994		APC	$1,417.05			N
26055	T	INCISE FINGER TENDON SHEATH	0053	16.6121		APC	$840.74			N
26060	T	INCISION OF FINGER TENDON	0053	16.6121		APC	$840.74			N
26070	T	EXPLORE/TREAT HAND JOINT	0053	16.6121		APC	$840.74			N
26075	T	EXPLORE/TREAT FINGER JOINT	0053	16.6121		APC	$840.74			N

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26080	T	EXPLORE/TREAT FINGER JOINT	0053	16.6121		APC	$840.74			N
26100	T	BIOPSY HAND JOINT LINING	0053	16.6121		APC	$840.74			N
26105	T	BIOPSY FINGER JOINT LINING	0053	16.6121		APC	$840.74			N
26110	T	BIOPSY FINGER JOINT LINING	0053	16.6121		APC	$840.74			N
26115	T	REMOVAL HAND LESION SUBCUT	0022	21.8429		APC	$1,105.47			N
26116	T	REMOVAL HAND LESION, DEEP	0022	21.8429		APC	$1,105.47			N
26117	T	REMOVE TUMOR, HAND/FINGER	0022	21.8429		APC	$1,105.47			N
26121	T	RELEASE PALM CONTRACTURE	0054	27.9994		APC	$1,417.05			N
26123	T	RELEASE PALM CONTRACTURE	0054	27.9994		APC	$1,417.05			N
26125	T	RELEASE PALM CONTRACTURE	0053	16.6121		APC	$840.74			N
26130	T	REMOVE WRIST JOINT LINING	0053	16.6121		APC	$840.74			N
26135	T	REVISE FINGER JOINT, EACH	0054	27.9994		APC	$1,417.05			N
26140	T	REVISE FINGER JOINT, EACH	0053	16.6121		APC	$840.74			N
26145	T	TENDON EXCISION, PALM/FINGER	0053	16.6121		APC	$840.74			N
26160	T	REMOVE TENDON SHEATH LESION	0053	16.6121		APC	$840.74			N
26170	T	REMOVAL OF PALM TENDON, EACH	0053	16.6121		APC	$840.74			N
26180	T	REMOVAL OF FINGER TENDON	0053	16.6121		APC	$840.74			N
26185	T	REMOVE FINGER BONE	0053	16.6121		APC	$840.74			N
26200	T	REMOVE HAND BONE LESION	0053	16.6121		APC	$840.74			N
26205	T	REMOVE/GRAFT BONE LESION	0054	27.9994		APC	$1,417.05			N
26210	T	REMOVAL OF FINGER LESION	0053	16.6121		APC	$840.74			N
26215	T	REMOVE/GRAFT FINGER LESION	0053	16.6121		APC	$840.74			N
26230	T	PARTIAL REMOVAL OF HAND BONE	0053	16.6121		APC	$840.74			N
26235	T	PARTIAL REMOVAL, FINGER BONE	0053	16.6121		APC	$840.74			N
26236	T	PARTIAL REMOVAL, FINGER BONE	0053	16.6121		APC	$840.74			N
26250	T	EXTENSIVE HAND SURGERY	0053	16.6121		APC	$840.74			N
26255	T	EXTENSIVE HAND SURGERY	0054	27.9994		APC	$1,417.05			N
26260	T	EXTENSIVE FINGER SURGERY	0053	16.6121		APC	$840.74			N
26261	T	EXTENSIVE FINGER SURGERY	0053	16.6121		APC	$840.74			N
26262	T	PARTIAL REMOVAL OF FINGER	0053	16.6121		APC	$840.74			N
26320	T	REMOVAL OF IMPLANT FROM HAND	0021	15.8974		APC	$804.57			N
26340	T	MANIPULATE FINGER W/ANESTH	0138	6.1479		APC	$311.15			
26350	T	REPAIR FINGER/HAND TENDON	0054	27.9994		APC	$1,417.05			N
26352	T	REPAIR/GRAFT HAND TENDON	0054	27.9994		APC	$1,417.05			N
26356	T	REPAIR FINGER/HAND TENDON	0054	27.9994		APC	$1,417.05			N
26357	T	REPAIR FINGER/HAND TENDON	0054	27.9994		APC	$1,417.05			N
26358	T	REPAIR/GRAFT HAND TENDON	0054	27.9994		APC	$1,417.05			N
26370	T	REPAIR FINGER/HAND TENDON	0054	27.9994		APC	$1,417.05			N
26372	T	REPAIR/GRAFT HAND TENDON	0054	27.9994		APC	$1,417.05			N
26373	T	REPAIR FINGER/HAND TENDON	0054	27.9994		APC	$1,417.05			N
26390	T	REVISE HAND/FINGER TENDON	0054	27.9994		APC	$1,417.05			N

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26392	T	REPAIR/GRAFT HAND TENDON	0054	27.9994		APC	$1,417.05			N
26410	T	REPAIR HAND TENDON	0053	16.6121		APC	$840.74			N
26412	T	REPAIR/GRAFT HAND TENDON	0054	27.9994		APC	$1,417.05			N
26415	T	EXCISION, HAND/FINGER TENDON	0054	27.9994		APC	$1,417.05			N
26416	T	GRAFT HAND OR FINGER TENDON	0054	27.9994		APC	$1,417.05			N
26418	T	REPAIR FINGER TENDON	0053	16.6121		APC	$840.74			N
26420	T	REPAIR/GRAFT FINGER TENDON	0054	27.9994		APC	$1,417.05			N
26426	T	REPAIR FINGER/HAND TENDON	0054	27.9994		APC	$1,417.05			N
26428	T	REPAIR/GRAFT FINGER TENDON	0054	27.9994		APC	$1,417.05			N
26432	T	REPAIR FINGER TENDON	0053	16.6121		APC	$840.74			N
26433	T	REPAIR FINGER TENDON	0053	16.6121		APC	$840.74			N
26434	T	REPAIR/GRAFT FINGER TENDON	0054	27.9994		APC	$1,417.05			N
26437	T	REALIGNMENT OF TENDONS	0053	16.6121		APC	$840.74			
26440	T	RELEASE PALM/FINGER TENDON	0053	16.6121		APC	$840.74			N
26442	T	RELEASE PALM & FINGER TENDON	0054	27.9994		APC	$1,417.05			N
26445	T	RELEASE HAND/FINGER TENDON	0053	16.6121		APC	$840.74			N
26449	T	RELEASE FOREARM/HAND TENDON	0054	27.9994		APC	$1,417.05			N
26450	T	INCISION OF PALM TENDON	0053	16.6121		APC	$840.74			N
26455	T	INCISION OF FINGER TENDON	0053	16.6121		APC	$840.74			N
26460	T	INCISE HAND/FINGER TENDON	0053	16.6121		APC	$840.74			N
26471	T	FUSION OF FINGER TENDONS	0053	16.6121		APC	$840.74			N
26474	T	FUSION OF FINGER TENDONS	0053	16.6121		APC	$840.74			N
26476	T	TENDON LENGTHENING	0053	16.6121		APC	$840.74			N
26477	T	TENDON SHORTENING	0053	16.6121		APC	$840.74			N
26478	T	LENGTHENING OF HAND TENDON	0053	16.6121		APC	$840.74			N
26479	T	SHORTENING OF HAND TENDON	0053	16.6121		APC	$840.74			N
26480	T	TRANSPLANT HAND TENDON	0054	27.9994		APC	$1,417.05			N
26483	T	TRANSPLANT/GRAFT HAND TENDON	0054	27.9994		APC	$1,417.05			N
26485	T	TRANSPLANT PALM TENDON	0054	27.9994		APC	$1,417.05			N
26489	T	TRANSPLANT/GRAFT PALM TENDON	0054	27.9994		APC	$1,417.05			N
26490	T	REVISE THUMB TENDON	0054	27.9994		APC	$1,417.05			N
26492	T	TENDON TRANSFER WITH GRAFT	0054	27.9994		APC	$1,417.05			N
26494	T	HAND TENDON/MUSCLE TRANSFER	0054	27.9994		APC	$1,417.05			N
26496	T	REVISE THUMB TENDON	0054	27.9994		APC	$1,417.05			N
26497	T	FINGER TENDON TRANSFER	0054	27.9994		APC	$1,417.05			N
26498	T	FINGER TENDON TRANSFER	0054	27.9994		APC	$1,417.05			N
26499	T	REVISION OF FINGER	0054	27.9994		APC	$1,417.05			N
26500	T	HAND TENDON RECONSTRUCTION	0053	16.6121		APC	$840.74			N
26502	T	HAND TENDON RECONSTRUCTION	0054	27.9994		APC	$1,417.05			N
26508	T	RELEASE THUMB CONTRACTURE	0053	16.6121		APC	$840.74			N
26510	T	THUMB TENDON TRANSFER	0054	27.9994		APC	$1,417.05			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
26516	T	FUSION OF KNUCKLE JOINT	0054	27.9994		APC	$1,417.05			N
26517	T	FUSION OF KNUCKLE JOINTS	0054	27.9994		APC	$1,417.05			N
26518	T	FUSION OF KNUCKLE JOINTS	0054	27.9994		APC	$1,417.05			N
26520	T	RELEASE KNUCKLE CONTRACTURE	0053	16.6121		APC	$840.74			N
26525	T	RELEASE FINGER CONTRACTURE	0053	16.6121		APC	$840.74			N
26530	T	REVISE KNUCKLE JOINT	0047	37.8310		APC	$1,914.63			N
26531	T	REVISE KNUCKLE WITH IMPLANT	0048	53.1633		APC	$2,690.59			N
26535	T	REVISE FINGER JOINT	0047	37.8310		APC	$1,914.63			N
26536	T	REVISE/IMPLANT FINGER JOINT	0048	53.1633		APC	$2,690.59			N
26540	T	REPAIR HAND JOINT	0053	16.6121		APC	$840.74			N
26541	T	REPAIR HAND JOINT WITH GRAFT	0054	27.9994		APC	$1,417.05			N
26542	T	REPAIR HAND JOINT WITH GRAFT	0053	16.6121		APC	$840.74			N
26545	T	RECONSTRUCT FINGER JOINT	0054	27.9994		APC	$1,417.05			N
26546	T	REPAIR NONUNION HAND	0054	27.9994		APC	$1,417.05			N
26548	T	RECONSTRUCT FINGER JOINT	0054	27.9994		APC	$1,417.05			N
26550	T	CONSTRUCT THUMB REPLACEMENT	0054	27.9994		APC	$1,417.05			N
26551	C	GREAT TOE-HAND TRANSFER				Inpatient Only	$0.00			N
26553	C	SINGLE TRANSFER TOE-HAND				Inpatient Only	$0.00			N
26554	C	DOUBLE TRANSFER TOE-HAND				Inpatient Only	$0.00			N
26555	T	POSITIONAL CHANGE OF FINGER	0054	27.9994		APC	$1,417.05			N
26556	C	TOE JOINT TRANSFER				Inpatient Only	$0.00			N
26560	T	REPAIR OF WEB FINGER	0053	16.6121		APC	$840.74			N
26561	T	REPAIR OF WEB FINGER	0054	27.9994		APC	$1,417.05			N
26562	T	REPAIR OF WEB FINGER	0054	27.9994		APC	$1,417.05			N
26565	T	CORRECT METACARPAL FLAW	0054	27.9994		APC	$1,417.05			N
26567	T	CORRECT FINGER DEFORMITY	0054	27.9994		APC	$1,417.05			N
26568	T	LENGTHEN METACARPAL/FINGER	0054	27.9994		APC	$1,417.05			N
26580	T	REPAIR HAND DEFORMITY	0053	16.6121		APC	$840.74			N
26587	T	RECONSTRUCT EXTRA FINGER	0053	16.6121		APC	$840.74			N
26590	T	REPAIR FINGER DEFORMITY	0053	16.6121		APC	$840.74			N
26591	T	REPAIR MUSCLES OF HAND	0054	27.9994		APC	$1,417.05			
26593	T	RELEASE MUSCLES OF HAND	0053	16.6121		APC	$840.74			
26596	T	EXCISION CONSTRICTING TISSUE	0053	16.6121		APC	$840.74			N
26600	T	TREAT METACARPAL FRACTURE	0129	1.5977		APC	$80.86			N
26605	T	TREAT METACARPAL FRACTURE	0129	1.5977		APC	$80.86			N
26607	T	TREAT METACARPAL FRACTURE	0139	19.8724		APC	$1,005.74			N
26608	T	TREAT METACARPAL FRACTURE	0062	25.4442		APC	$1,287.73			N
26615	T	TREAT METACARPAL FRACTURE	0063	42.8656		APC	$2,169.43			N
26641	T	TREAT THUMB DISLOCATION	0129	1.5977		APC	$80.86			N
26645	T	TREAT THUMB FRACTURE	0138	6.1479		APC	$311.15			N
26650	T	TREAT THUMB FRACTURE	0062	25.4442		APC	$1,287.73			N

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26665	T	TREAT THUMB FRACTURE	0063	42.8656		APC	$2,169.43			N
26670	T	TREAT HAND DISLOCATION	0129	1.5977		APC	$80.86			N
26675	T	TREAT HAND DISLOCATION	0138	6.1479		APC	$311.15			N
26676	T	PIN HAND DISLOCATION	0062	25.4442		APC	$1,287.73			N
26685	T	TREAT HAND DISLOCATION	0062	25.4442		APC	$1,287.73			N
26686	T	TREAT HAND DISLOCATION	0064	62.5691		APC	$3,166.62			N
26700	T	TREAT KNUCKLE DISLOCATION	0129	1.5977		APC	$80.86			N
26705	T	TREAT KNUCKLE DISLOCATION	0129	1.5977		APC	$80.86			N
26706	T	PIN KNUCKLE DISLOCATION	0139	19.8724		APC	$1,005.74			N
26715	T	TREAT KNUCKLE DISLOCATION	0062	25.4442		APC	$1,287.73			N
26720	T	TREAT FINGER FRACTURE, EACH	0129	1.5977		APC	$80.86			N
26725	T	TREAT FINGER FRACTURE, EACH	0129	1.5977		APC	$80.86			N
26727	T	TREAT FINGER FRACTURE, EACH	0062	25.4442		APC	$1,287.73			N
26735	T	TREAT FINGER FRACTURE, EACH	0062	25.4442		APC	$1,287.73			N
26740	T	TREAT FINGER FRACTURE, EACH	0129	1.5977		APC	$80.86			N
26742	T	TREAT FINGER FRACTURE, EACH	0129	1.5977		APC	$80.86			N
26746	T	TREAT FINGER FRACTURE, EACH	0062	25.4442		APC	$1,287.73			N
26750	T	TREAT FINGER FRACTURE, EACH	0129	1.5977		APC	$80.86			N
26755	T	TREAT FINGER FRACTURE, EACH	0129	1.5977		APC	$80.86			N
26756	T	PIN FINGER FRACTURE, EACH	0062	25.4442		APC	$1,287.73			N
26765	T	TREAT FINGER FRACTURE, EACH	0062	25.4442		APC	$1,287.73			N
26770	T	TREAT FINGER DISLOCATION	0129	1.5977		APC	$80.86			N
26775	T	TREAT FINGER DISLOCATION	0045	15.5673		APC	$787.86			N
26776	T	PIN FINGER DISLOCATION	0062	25.4442		APC	$1,287.73			N
26785	T	TREAT FINGER DISLOCATION	0062	25.4442		APC	$1,287.73			N
26820	T	THUMB FUSION WITH GRAFT	0054	27.9994		APC	$1,417.05			N
26841	T	FUSION OF THUMB	0054	27.9994		APC	$1,417.05			N
26842	T	THUMB FUSION WITH GRAFT	0054	27.9994		APC	$1,417.05			N
26843	T	FUSION OF HAND JOINT	0054	27.9994		APC	$1,417.05			N
26844	T	FUSION/GRAFT OF HAND JOINT	0054	27.9994		APC	$1,417.05			N
26850	T	FUSION OF KNUCKLE	0054	27.9994		APC	$1,417.05			N
26852	T	FUSION OF KNUCKLE WITH GRAFT	0054	27.9994		APC	$1,417.05			N
26860	T	FUSION OF FINGER JOINT	0054	27.9994		APC	$1,417.05			N
26861	T	FUSION OF FINGER JNT, ADD-ON	0054	27.9994		APC	$1,417.05			N
26862	T	FUSION/GRAFT OF FINGER JOINT	0054	27.9994		APC	$1,417.05			N
26863	T	FUSE/GRAFT ADDED JOINT	0054	27.9994		APC	$1,417.05			N
26910	T	AMPUTATE METACARPAL BONE	0054	27.9994		APC	$1,417.05			N
26951	T	AMPUTATION OF FINGER/THUMB	0053	16.6121		APC	$840.74			N
26952	T	AMPUTATION OF FINGER/THUMB	0053	16.6121		APC	$840.74			N
26989	T	HAND/FINGER SURGERY	0129	1.5977		APC	$80.86			N
26990	T	DRAINAGE OF PELVIS LESION	0049	21.7810		APC	$1,102.34			N

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26991	T	DRAINAGE OF PELVIS BURSA	0049	21.7810		APC	$1,102.34			N
26992	C	DRAINAGE OF BONE LESION				Inpatient Only	$0.00			N
27000	T	INCISION OF HIP TENDON	0049	21.7810		APC	$1,102.34			N
27001	T	INCISION OF HIP TENDON	0050	29.8816		APC	$1,512.31			N
27003	T	INCISION OF HIP TENDON	0050	29.8816		APC	$1,512.31			N
27005	C	INCISION OF HIP TENDON				Inpatient Only	$0.00			N
27006	T	INCISION OF HIP TENDONS	0050	29.8816		APC	$1,512.31			N
27025	C	INCISION OF HIP/THIGH FASCIA				Inpatient Only	$0.00			N
27027	T	BUTTOCK FASCIOTOMY	0049	21.7810		APC	$1,102.34			
27030	C	DRAINAGE OF HIP JOINT				Inpatient Only	$0.00			N
27033	T	EXPLORATION OF HIP JOINT	0051	45.3534		APC	$2,295.34			N
27035	T	DENERVATION OF HIP JOINT	0051	45.3534		APC	$2,295.34			N
27036	C	EXCISION OF HIP JOINT/MUSCLE				Inpatient Only	$0.00			N
27040	T	BIOPSY OF SOFT TISSUES	0020	8.2566		APC	$417.87			N
27041	T	BIOPSY OF SOFT TISSUES	0020	8.2566		APC	$417.87			N
27047	T	REMOVE HIP/PELVIS LESION	0022	21.8429		APC	$1,105.47			N
27048	T	REMOVE HIP/PELVIS LESION	0022	21.8429		APC	$1,105.47			N
27049	T	REMOVE TUMOR, HIP/PELVIS	0022	21.8429		APC	$1,105.47			N
27050	T	BIOPSY OF SACROILIAC JOINT	0049	21.7810		APC	$1,102.34			N
27052	T	BIOPSY OF HIP JOINT	0049	21.7810		APC	$1,102.34			N
27054	C	REMOVAL OF HIP JOINT LINING				Inpatient Only	$0.00			N
27057	T	BUTTOCK FASCIOTOMY W/DBRDMT	0049	21.7810		APC	$1,102.34			
27060	T	REMOVAL OF ISCHIAL BURSA	0049	21.7810		APC	$1,102.34			N
27062	T	REMOVE FEMUR LESION/BURSA	0049	21.7810		APC	$1,102.34			N
27065	T	REMOVAL OF HIP BONE LESION	0049	21.7810		APC	$1,102.34			N
27066	T	REMOVAL OF HIP BONE LESION	0050	29.8816		APC	$1,512.31			N
27067	T	REMOVE/GRAFT HIP BONE LESION	0050	29.8816		APC	$1,512.31			N
27070	C	PARTIAL REMOVAL OF HIP BONE				Inpatient Only	$0.00			N
27071	C	PARTIAL REMOVAL OF HIP BONE				Inpatient Only	$0.00			N
27075	C	EXTENSIVE HIP SURGERY				Inpatient Only	$0.00			N
27076	C	EXTENSIVE HIP SURGERY				Inpatient Only	$0.00			N
27077	C	EXTENSIVE HIP SURGERY				Inpatient Only	$0.00			N
27078	C	EXTENSIVE HIP SURGERY				Inpatient Only	$0.00			N
27079	C	EXTENSIVE HIP SURGERY				Inpatient Only	$0.00			N
27080	T	REMOVAL OF TAIL BONE	0050	29.8816		APC	$1,512.31			N
27086	T	REMOVE HIP FOREIGN BODY	0020	8.2566		APC	$417.87			N
27087	T	REMOVE HIP FOREIGN BODY	0049	21.7810		APC	$1,102.34			N
27090	C	REMOVAL OF HIP PROSTHESIS				Inpatient Only	$0.00			N
27091	C	REMOVAL OF HIP PROSTHESIS				Inpatient Only	$0.00			N
27093	N	INJECTION FOR HIP X-RAY				Bundled	$0.00			N
27095	N	INJECTION FOR HIP X-RAY				Bundled	$0.00			N

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27096	N	INJECT SACROILIAC JOINT				Bundled	$0.00			N
27097	T	REVISION OF HIP TENDON	0050	29.8816		APC	$1,512.31			N
27098	T	TRANSFER TENDON TO PELVIS	0050	29.8816		APC	$1,512.31			N
27100	T	TRANSFER OF ABDOMINAL MUSCLE	0051	45.3534		APC	$2,295.34			N
27105	T	TRANSFER OF SPINAL MUSCLE	0051	45.3534		APC	$2,295.34			N
27110	T	TRANSFER OF ILIOPSOAS MUSCLE	0051	45.3534		APC	$2,295.34			N
27111	T	TRANSFER OF ILIOPSOAS MUSCLE	0051	45.3534		APC	$2,295.34			N
27120	C	RECONSTRUCTION OF HIP SOCKET				Inpatient Only	$0.00			N
27122	C	RECONSTRUCTION OF HIP SOCKET				Inpatient Only	$0.00			N
27125	C	PARTIAL HIP REPLACEMENT				Inpatient Only	$0.00			N
27130	C	TOTAL HIP ARTHROPLASTY				Inpatient Only	$0.00			N
27132	C	TOTAL HIP ARTHROPLASTY				Inpatient Only	$0.00			N
27134	C	REVISE HIP JOINT REPLACEMENT				Inpatient Only	$0.00			N
27137	C	REVISE HIP JOINT REPLACEMENT				Inpatient Only	$0.00			N
27138	C	REVISE HIP JOINT REPLACEMENT				Inpatient Only	$0.00			N
27140	C	TRANSPLANT FEMUR RIDGE				Inpatient Only	$0.00			N
27146	C	INCISION OF HIP BONE				Inpatient Only	$0.00			N
27147	C	REVISION OF HIP BONE				Inpatient Only	$0.00			N
27151	C	INCISION OF HIP BONES				Inpatient Only	$0.00			N
27156	C	REVISION OF HIP BONES				Inpatient Only	$0.00			N
27158	C	REVISION OF PELVIS				Inpatient Only	$0.00			N
27161	C	INCISION OF NECK OF FEMUR				Inpatient Only	$0.00			N
27165	C	INCISION/FIXATION OF FEMUR				Inpatient Only	$0.00			N
27170	C	REPAIR/GRAFT FEMUR HEAD/NECK				Inpatient Only	$0.00			N
27175	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			N
27176	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			N
27177	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			N
27178	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			N
27179	C	REVISE HEAD/NECK OF FEMUR				Inpatient Only	$0.00			N
27181	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			N
27185	C	REVISION OF FEMUR EPIPHYSIS				Inpatient Only	$0.00			N
27187	C	REINFORCE HIP BONES				Inpatient Only	$0.00			
27193	T	TREAT PELVIC RING FRACTURE	0129	1.5977		APC	$80.86			N
27194	T	TREAT PELVIC RING FRACTURE	0045	15.5673		APC	$787.86			N
27200	T	TREAT TAIL BONE FRACTURE	0129	1.5977		APC	$80.86			N
27202	T	TREAT TAIL BONE FRACTURE	0063	42.8656		APC	$2,169.43			N
27215	E	TREAT PELVIC FRACTURE(S)				Not Allowed	$0.00			N
27216	E	TREAT PELVIC RING FRACTURE				Not Allowed	$0.00			N
27217	E	TREAT PELVIC RING FRACTURE				Not Allowed	$0.00			N
27218	E	TREAT PELVIC RING FRACTURE				Not Allowed	$0.00			N
27220	T	TREAT HIP SOCKET FRACTURE	0129	1.5977		APC	$80.86			N

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27222	C	TREAT HIP SOCKET FRACTURE				Inpatient Only	$0.00			N
27226	C	TREAT HIP WALL FRACTURE				Inpatient Only	$0.00			N
27227	C	TREAT HIP FRACTURE(S)				Inpatient Only	$0.00			N
27228	C	TREAT HIP FRACTURE(S)				Inpatient Only	$0.00			N
27230	T	TREAT THIGH FRACTURE	0129	1.5977		APC	$80.86			N
27232	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			N
27235	T	TREAT THIGH FRACTURE	0050	29.8816		APC	$1,512.31			N
27236	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			N
27238	T	TREAT THIGH FRACTURE	0138	6.1479		APC	$311.15			N
27240	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			N
27244	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			N
27245	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			N
27246	T	TREAT THIGH FRACTURE	0138	6.1479		APC	$311.15			N
27248	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			N
27250	T	TREAT HIP DISLOCATION	0129	1.5977		APC	$80.86			N
27252	T	TREAT HIP DISLOCATION	0045	15.5673		APC	$787.86			N
27253	C	TREAT HIP DISLOCATION				Inpatient Only	$0.00			N
27254	C	TREAT HIP DISLOCATION				Inpatient Only	$0.00			N
27256	T	TREAT HIP DISLOCATION	0129	1.5977		APC	$80.86			N
27257	T	TREAT HIP DISLOCATION	0045	15.5673		APC	$787.86			N
27258	C	TREAT HIP DISLOCATION				Inpatient Only	$0.00			N
27259	C	TREAT HIP DISLOCATION				Inpatient Only	$0.00			N
27265	T	TREAT HIP DISLOCATION	0129	1.5977		APC	$80.86			N
27266	T	TREAT HIP DISLOCATION	0045	15.5673		APC	$787.86			N
27267	T	CLTX THIGH FX	0129	1.5977		APC	$80.86			
27268	C	CLTX THIGH FX W/MNPJ				Inpatient Only	$0.00			
27269	C	OPTX THIGH FX				Inpatient Only	$0.00			
27275	T	MANIPULATION OF HIP JOINT	0045	15.5673		APC	$787.86			N
27280	C	FUSION OF SACROILIAC JOINT				Inpatient Only	$0.00			N
27282	C	FUSION OF PUBIC BONES				Inpatient Only	$0.00			N
27284	C	FUSION OF HIP JOINT				Inpatient Only	$0.00			N
27286	C	FUSION OF HIP JOINT				Inpatient Only	$0.00			N
27290	C	AMPUTATION OF LEG AT HIP				Inpatient Only	$0.00			N
27295	C	AMPUTATION OF LEG AT HIP				Inpatient Only	$0.00			N
27299	T	PELVIS/HIP JOINT SURGERY	0129	1.5977		APC	$80.86			N
27301	T	DRAIN THIGH/KNEE LESION	0008	19.3873		APC	$981.19			N
27303	C	DRAINAGE OF BONE LESION				Inpatient Only	$0.00			N
27305	T	INCISE THIGH TENDON & FASCIA	0049	21.7810		APC	$1,102.34			N
27306	T	INCISION OF THIGH TENDON	0049	21.7810		APC	$1,102.34			N
27307	T	INCISION OF THIGH TENDONS	0049	21.7810		APC	$1,102.34			N
27310	T	EXPLORATION OF KNEE JOINT	0050	29.8816		APC	$1,512.31			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
27323	T	BIOPSY, THIGH SOFT TISSUES	0020	8.2566		APC	$417.87			N
27324	T	BIOPSY, THIGH SOFT TISSUES	0022	21.8429		APC	$1,105.47			N
27325	T	NEURECTOMY, HAMSTRING	0220	18.5109		APC	$936.84			
27326	T	NEURECTOMY, POPLITEAL	0220	18.5109		APC	$936.84			
27327	T	REMOVAL OF THIGH LESION	0022	21.8429		APC	$1,105.47			N
27328	T	REMOVAL OF THIGH LESION	0022	21.8429		APC	$1,105.47			N
27329	T	REMOVE TUMOR THIGH/KNEE	0022	21.8429		APC	$1,105.47			N
27330	T	BIOPSY, KNEE JOINT LINING	0050	29.8816		APC	$1,512.31			N
27331	T	EXPLORE/TREAT KNEE JOINT	0050	29.8816		APC	$1,512.31			N
27332	T	REMOVAL OF KNEE CARTILAGE	0050	29.8816		APC	$1,512.31			N
27333	T	REMOVAL OF KNEE CARTILAGE	0050	29.8816		APC	$1,512.31			N
27334	T	REMOVE KNEE JOINT LINING	0050	29.8816		APC	$1,512.31			N
27335	T	REMOVE KNEE JOINT LINING	0050	29.8816		APC	$1,512.31			N
27340	T	REMOVAL OF KNEECAP BURSA	0049	21.7810		APC	$1,102.34			N
27345	T	REMOVAL OF KNEE CYST	0049	21.7810		APC	$1,102.34			N
27347	T	REMOVE KNEE CYST	0049	21.7810		APC	$1,102.34			N
27350	T	REMOVAL OF KNEECAP	0050	29.8816		APC	$1,512.31			N
27355	T	REMOVE FEMUR LESION	0050	29.8816		APC	$1,512.31			N
27356	T	REMOVE FEMUR LESION/GRAFT	0050	29.8816		APC	$1,512.31			N
27357	T	REMOVE FEMUR LESION/GRAFT	0050	29.8816		APC	$1,512.31			N
27358	T	REMOVE FEMUR LESION/FIXATION	0050	29.8816		APC	$1,512.31			N
27360	T	PARTIAL REMOVAL, LEG BONE(S)	0050	29.8816		APC	$1,512.31			N
27365	C	EXTENSIVE LEG SURGERY				Inpatient Only	$0.00			N
27370	N	INJECTION FOR KNEE X-RAY				Bundled	$0.00			N
27372	T	REMOVAL OF FOREIGN BODY	0022	21.8429		APC	$1,105.47			N
27380	T	REPAIR OF KNEECAP TENDON	0049	21.7810		APC	$1,102.34			N
27381	T	REPAIR/GRAFT KNEECAP TENDON	0049	21.7810		APC	$1,102.34			N
27385	T	REPAIR OF THIGH MUSCLE	0049	21.7810		APC	$1,102.34			N
27386	T	REPAIR/GRAFT OF THIGH MUSCLE	0049	21.7810		APC	$1,102.34			N
27390	T	INCISION OF THIGH TENDON	0049	21.7810		APC	$1,102.34			N
27391	T	INCISION OF THIGH TENDONS	0049	21.7810		APC	$1,102.34			N
27392	T	INCISION OF THIGH TENDONS	0049	21.7810		APC	$1,102.34			N
27393	T	LENGTHENING OF THIGH TENDON	0050	29.8816		APC	$1,512.31			N
27394	T	LENGTHENING OF THIGH TENDONS	0050	29.8816		APC	$1,512.31			N
27395	T	LENGTHENING OF THIGH TENDONS	0051	45.3534		APC	$2,295.34			N
27396	T	TRANSPLANT OF THIGH TENDON	0050	29.8816		APC	$1,512.31			N
27397	T	TRANSPLANTS OF THIGH TENDONS	0051	45.3534		APC	$2,295.34			N
27400	T	REVISE THIGH MUSCLES/TENDONS	0051	45.3534		APC	$2,295.34			N
27403	T	REPAIR OF KNEE CARTILAGE	0050	29.8816		APC	$1,512.31			
27405	T	REPAIR OF KNEE LIGAMENT	0051	45.3534		APC	$2,295.34			N
27407	T	REPAIR OF KNEE LIGAMENT	0052	86.5958		APC	$4,382.61			N

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27409	T	REPAIR OF KNEE LIGAMENTS	0051	45.3534		APC	$2,295.34			N
27412	T	AUTOCHONDROCYTE IMPLANT KNEE	0052	86.5958		APC	$4,382.61			
27415	T	OSTEOCHONDRAL KNEE ALLOGRAFT	0052	86.5958		APC	$4,382.61			
27416	T	OSTEOCHONDRAL KNEE AUTOGRAFT	0051	45.3534		APC	$2,295.34			
27418	T	REPAIR DEGENERATED KNEECAP	0051	45.3534		APC	$2,295.34			N
27420	T	REVISION OF UNSTABLE KNEECAP	0051	45.3534		APC	$2,295.34			N
27422	T	REVISION OF UNSTABLE KNEECAP	0051	45.3534		APC	$2,295.34			N
27424	T	REVISION/REMOVAL OF KNEECAP	0051	45.3534		APC	$2,295.34			N
27425	T	LAT RETINACULAR RELEASE OPEN	0050	29.8816		APC	$1,512.31			N
27427	T	RECONSTRUCTION, KNEE	0051	45.3534		APC	$2,295.34			
27428	T	RECONSTRUCTION, KNEE	0052	86.5958		APC	$4,382.61			
27429	T	RECONSTRUCTION, KNEE	0052	86.5958		APC	$4,382.61			
27430	T	REVISION OF THIGH MUSCLES	0051	45.3534		APC	$2,295.34			N
27435	T	INCISION OF KNEE JOINT	0051	45.3534		APC	$2,295.34			N
27437	T	REVISE KNEECAP	0047	37.8310		APC	$1,914.63			N
27438	T	REVISE KNEECAP WITH IMPLANT	0048	53.1633		APC	$2,690.59			N
27440	T	REVISION OF KNEE JOINT	0047	37.8310		APC	$1,914.63			N
27441	T	REVISION OF KNEE JOINT	0047	37.8310		APC	$1,914.63			N
27442	T	REVISION OF KNEE JOINT	0047	37.8310		APC	$1,914.63			N
27443	T	REVISION OF KNEE JOINT	0047	37.8310		APC	$1,914.63			N
27445	C	REVISION OF KNEE JOINT				Inpatient Only	$0.00			N
27446	T	REVISION OF KNEE JOINT	0681	186.5341		APC	$9,440.49			N
27447	C	TOTAL KNEE ARTHROPLASTY				Inpatient Only	$0.00			N
27448	C	INCISION OF THIGH				Inpatient Only	$0.00			N
27450	C	INCISION OF THIGH				Inpatient Only	$0.00			N
27454	C	REALIGNMENT OF THIGH BONE				Inpatient Only	$0.00			N
27455	C	REALIGNMENT OF KNEE				Inpatient Only	$0.00			N
27457	C	REALIGNMENT OF KNEE				Inpatient Only	$0.00			N
27465	C	SHORTENING OF THIGH BONE				Inpatient Only	$0.00			N
27466	C	LENGTHENING OF THIGH BONE				Inpatient Only	$0.00			N
27468	C	SHORTEN/LENGTHEN THIGHS				Inpatient Only	$0.00			N
27470	C	REPAIR OF THIGH				Inpatient Only	$0.00			N
27472	C	REPAIR/GRAFT OF THIGH				Inpatient Only	$0.00			N
27475	T	SURGERY TO STOP LEG GROWTH	0050	29.8816		APC	$1,512.31			N
27477	C	SURGERY TO STOP LEG GROWTH				Inpatient Only	$0.00			N
27479	T	SURGERY TO STOP LEG GROWTH	0050	29.8816		APC	$1,512.31			N
27485	C	SURGERY TO STOP LEG GROWTH				Inpatient Only	$0.00			N
27486	C	REVISE/REPLACE KNEE JOINT				Inpatient Only	$0.00			N
27487	C	REVISE/REPLACE KNEE JOINT				Inpatient Only	$0.00			N
27488	C	REMOVAL OF KNEE PROSTHESIS				Inpatient Only	$0.00			N
27495	C	REINFORCE THIGH				Inpatient Only	$0.00			

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27496	T	DECOMPRESSION OF THIGH/KNEE	0049	21.7810		APC	$1,102.34			N
27497	T	DECOMPRESSION OF THIGH/KNEE	0049	21.7810		APC	$1,102.34			N
27498	T	DECOMPRESSION OF THIGH/KNEE	0049	21.7810		APC	$1,102.34			N
27499	T	DECOMPRESSION OF THIGH/KNEE	0049	21.7810		APC	$1,102.34			N
27500	T	TREATMENT OF THIGH FRACTURE	0138	6.1479		APC	$311.15			N
27501	T	TREATMENT OF THIGH FRACTURE	0129	1.5977		APC	$80.86			N
27502	T	TREATMENT OF THIGH FRACTURE	0139	19.8724		APC	$1,005.74			N
27503	T	TREATMENT OF THIGH FRACTURE	0129	1.5977		APC	$80.86			N
27506	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			N
27507	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			N
27508	T	TREATMENT OF THIGH FRACTURE	0129	1.5977		APC	$80.86			N
27509	T	TREATMENT OF THIGH FRACTURE	0062	25.4442		APC	$1,287.73			N
27510	T	TREATMENT OF THIGH FRACTURE	0138	6.1479		APC	$311.15			N
27511	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			N
27513	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			N
27514	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			N
27516	T	TREAT THIGH FX GROWTH PLATE	0129	1.5977		APC	$80.86			N
27517	T	TREAT THIGH FX GROWTH PLATE	0129	1.5977		APC	$80.86			N
27519	C	TREAT THIGH FX GROWTH PLATE				Inpatient Only	$0.00			N
27520	T	TREAT KNEECAP FRACTURE	0129	1.5977		APC	$80.86			N
27524	T	TREAT KNEECAP FRACTURE	0063	42.8656		APC	$2,169.43			N
27530	T	TREAT KNEE FRACTURE	0129	1.5977		APC	$80.86			N
27532	T	TREAT KNEE FRACTURE	0139	19.8724		APC	$1,005.74			N
27535	C	TREAT KNEE FRACTURE				Inpatient Only	$0.00			N
27536	C	TREAT KNEE FRACTURE				Inpatient Only	$0.00			N
27538	T	TREAT KNEE FRACTURE(S)	0129	1.5977		APC	$80.86			N
27540	C	TREAT KNEE FRACTURE				Inpatient Only	$0.00			N
27550	T	TREAT KNEE DISLOCATION	0129	1.5977		APC	$80.86			N
27552	T	TREAT KNEE DISLOCATION	0045	15.5673		APC	$787.86			N
27556	C	TREAT KNEE DISLOCATION				Inpatient Only	$0.00			N
27557	C	TREAT KNEE DISLOCATION				Inpatient Only	$0.00			N
27558	C	TREAT KNEE DISLOCATION				Inpatient Only	$0.00			N
27560	T	TREAT KNEECAP DISLOCATION	0129	1.5977		APC	$80.86			N
27562	T	TREAT KNEECAP DISLOCATION	0045	15.5673		APC	$787.86			N
27566	T	TREAT KNEECAP DISLOCATION	0063	42.8656		APC	$2,169.43			N
27570	T	FIXATION OF KNEE JOINT	0045	15.5673		APC	$787.86			N
27580	C	FUSION OF KNEE				Inpatient Only	$0.00			N
27590	C	AMPUTATE LEG AT THIGH				Inpatient Only	$0.00			N
27591	C	AMPUTATE LEG AT THIGH				Inpatient Only	$0.00			N
27592	C	AMPUTATE LEG AT THIGH				Inpatient Only	$0.00			N
27594	T	AMPUTATION FOLLOW-UP SURGERY	0049	21.7810		APC	$1,102.34			N

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27596	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only	$0.00			N
27598	C	AMPUTATE LOWER LEG AT KNEE				Inpatient Only	$0.00			N
27599	T	LEG SURGERY PROCEDURE	0129	1.5977		APC	$80.86			N
27600	T	DECOMPRESSION OF LOWER LEG	0049	21.7810		APC	$1,102.34			N
27601	T	DECOMPRESSION OF LOWER LEG	0049	21.7810		APC	$1,102.34			N
27602	T	DECOMPRESSION OF LOWER LEG	0049	21.7810		APC	$1,102.34			N
27603	T	DRAIN LOWER LEG LESION	0008	19.3873		APC	$981.19			N
27604	T	DRAIN LOWER LEG BURSA	0049	21.7810		APC	$1,102.34			N
27605	T	INCISION OF ACHILLES TENDON	0055	21.6207		APC	$1,094.22			N
27606	T	INCISION OF ACHILLES TENDON	0049	21.7810		APC	$1,102.34			N
27607	T	TREAT LOWER LEG BONE LESION	0049	21.7810		APC	$1,102.34			N
27610	T	EXPLORE/TREAT ANKLE JOINT	0050	29.8816		APC	$1,512.31			N
27612	T	EXPLORATION OF ANKLE JOINT	0050	29.8816		APC	$1,512.31			N
27613	T	BIOPSY LOWER LEG SOFT TISSUE	0020	8.2566		APC	$417.87			N
27614	T	BIOPSY LOWER LEG SOFT TISSUE	0022	21.8429		APC	$1,105.47			N
27615	T	REMOVE TUMOR, LOWER LEG	0050	29.8816		APC	$1,512.31			N
27618	T	REMOVE LOWER LEG LESION	0021	15.8974		APC	$804.57			N
27619	T	REMOVE LOWER LEG LESION	0022	21.8429		APC	$1,105.47			N
27620	T	EXPLORE/TREAT ANKLE JOINT	0050	29.8816		APC	$1,512.31			N
27625	T	REMOVE ANKLE JOINT LINING	0050	29.8816		APC	$1,512.31			N
27626	T	REMOVE ANKLE JOINT LINING	0050	29.8816		APC	$1,512.31			N
27630	T	REMOVAL OF TENDON LESION	0049	21.7810		APC	$1,102.34			N
27635	T	REMOVE LOWER LEG BONE LESION	0050	29.8816		APC	$1,512.31			N
27637	T	REMOVE/GRAFT LEG BONE LESION	0050	29.8816		APC	$1,512.31			N
27638	T	REMOVE/GRAFT LEG BONE LESION	0050	29.8816		APC	$1,512.31			N
27640	T	PARTIAL REMOVAL OF TIBIA	0051	45.3534		APC	$2,295.34			N
27641	T	PARTIAL REMOVAL OF FIBULA	0050	29.8816		APC	$1,512.31			N
27645	C	EXTENSIVE LOWER LEG SURGERY				Inpatient Only	$0.00			N
27646	C	EXTENSIVE LOWER LEG SURGERY				Inpatient Only	$0.00			N
27647	T	EXTENSIVE ANKLE/HEEL SURGERY	0051	45.3534		APC	$2,295.34			N
27648	N	INJECTION FOR ANKLE X-RAY				Bundled	$0.00			N
27650	T	REPAIR ACHILLES TENDON	0051	45.3534		APC	$2,295.34			N
27652	T	REPAIR/GRAFT ACHILLES TENDON	0052	86.5958		APC	$4,382.61			N
27654	T	REPAIR OF ACHILLES TENDON	0051	45.3534		APC	$2,295.34			N
27656	T	REPAIR LEG FASCIA DEFECT	0049	21.7810		APC	$1,102.34			N
27658	T	REPAIR OF LEG TENDON, EACH	0049	21.7810		APC	$1,102.34			N
27659	T	REPAIR OF LEG TENDON, EACH	0049	21.7810		APC	$1,102.34			N
27664	T	REPAIR OF LEG TENDON, EACH	0049	21.7810		APC	$1,102.34			N
27665	T	REPAIR OF LEG TENDON, EACH	0050	29.8816		APC	$1,512.31			N
27675	T	REPAIR LOWER LEG TENDONS	0049	21.7810		APC	$1,102.34			N
27676	T	REPAIR LOWER LEG TENDONS	0050	29.8816		APC	$1,512.31			N

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27680	T	RELEASE OF LOWER LEG TENDON	0050	29.8816		APC	$1,512.31			N
27681	T	RELEASE OF LOWER LEG TENDONS	0050	29.8816		APC	$1,512.31			N
27685	T	REVISION OF LOWER LEG TENDON	0050	29.8816		APC	$1,512.31			N
27686	T	REVISE LOWER LEG TENDONS	0050	29.8816		APC	$1,512.31			N
27687	T	REVISION OF CALF TENDON	0050	29.8816		APC	$1,512.31			N
27690	T	REVISE LOWER LEG TENDON	0051	45.3534		APC	$2,295.34			N
27691	T	REVISE LOWER LEG TENDON	0051	45.3534		APC	$2,295.34			N
27692	T	REVISE ADDITIONAL LEG TENDON	0051	45.3534		APC	$2,295.34			N
27695	T	REPAIR OF ANKLE LIGAMENT	0050	29.8816		APC	$1,512.31			N
27696	T	REPAIR OF ANKLE LIGAMENTS	0050	29.8816		APC	$1,512.31			N
27698	T	REPAIR OF ANKLE LIGAMENT	0050	29.8816		APC	$1,512.31			N
27700	T	REVISION OF ANKLE JOINT	0047	37.8310		APC	$1,914.63			N
27702	C	RECONSTRUCT ANKLE JOINT				Inpatient Only	$0.00			N
27703	C	RECONSTRUCTION, ANKLE JOINT				Inpatient Only	$0.00			N
27704	T	REMOVAL OF ANKLE IMPLANT	0049	21.7810		APC	$1,102.34			N
27705	T	INCISION OF TIBIA	0051	45.3534		APC	$2,295.34			N
27707	T	INCISION OF FIBULA	0049	21.7810		APC	$1,102.34			N
27709	T	INCISION OF TIBIA & FIBULA	0050	29.8816		APC	$1,512.31			N
27712	C	REALIGNMENT OF LOWER LEG				Inpatient Only	$0.00			N
27715	C	REVISION OF LOWER LEG				Inpatient Only	$0.00			N
27720	T	REPAIR OF TIBIA	0063	42.8656		APC	$2,169.43			N
27722	T	REPAIR/GRAFT OF TIBIA	0064	62.5691		APC	$3,166.62			N
27724	C	REPAIR/GRAFT OF TIBIA				Inpatient Only	$0.00			N
27725	C	REPAIR OF LOWER LEG				Inpatient Only	$0.00			N
27726	T	REPAIR FIBULA NONUNION	0062	25.4442		APC	$1,287.73			
27727	C	REPAIR OF LOWER LEG				Inpatient Only	$0.00			N
27730	T	REPAIR OF TIBIA EPIPHYSIS	0050	29.8816		APC	$1,512.31			N
27732	T	REPAIR OF FIBULA EPIPHYSIS	0050	29.8816		APC	$1,512.31			N
27734	T	REPAIR LOWER LEG EPIPHYSES	0050	29.8816		APC	$1,512.31			N
27740	T	REPAIR OF LEG EPIPHYSES	0050	29.8816		APC	$1,512.31			N
27742	T	REPAIR OF LEG EPIPHYSES	0051	45.3534		APC	$2,295.34			N
27745	T	REINFORCE TIBIA	0052	86.5958		APC	$4,382.61			
27750	T	TREATMENT OF TIBIA FRACTURE	0129	1.5977		APC	$80.86			N
27752	T	TREATMENT OF TIBIA FRACTURE	0139	19.8724		APC	$1,005.74			N
27756	T	TREATMENT OF TIBIA FRACTURE	0062	25.4442		APC	$1,287.73			N
27758	T	TREATMENT OF TIBIA FRACTURE	0063	42.8656		APC	$2,169.43			N
27759	T	TREATMENT OF TIBIA FRACTURE	0064	62.5691		APC	$3,166.62			N
27760	T	CLTX MEDIAL ANKLE FX	0129	1.5977		APC	$80.86			N
27762	T	CLTX MED ANKLE FX W/MNPJ	0139	19.8724		APC	$1,005.74			N
27766	T	TREATMENT OF ANKLE FRACTURE	0063	42.8656		APC	$2,169.43			N
27767	T	CLTX POST ANKLE FX	0129	1.5977		APC	$80.86			

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27768	T	CLTX POST ANKLE FX W/MNPJ	0129	1.5977		APC	$80.86			
27769	T	OPTX POST ANKLE FX	0063	42.8656		APC	$2,169.43			
27780	T	TREATMENT OF FIBULA FRACTURE	0129	1.5977		APC	$80.86			N
27781	T	TREATMENT OF FIBULA FRACTURE	0139	19.8724		APC	$1,005.74			N
27784	T	TREATMENT OF FIBULA FRACTURE	0063	42.8656		APC	$2,169.43			N
27786	T	TREATMENT OF ANKLE FRACTURE	0129	1.5977		APC	$80.86			N
27788	T	TREATMENT OF ANKLE FRACTURE	0129	1.5977		APC	$80.86			N
27792	T	TREATMENT OF ANKLE FRACTURE	0063	42.8656		APC	$2,169.43			N
27808	T	TREATMENT OF ANKLE FRACTURE	0129	1.5977		APC	$80.86			N
27810	T	TREATMENT OF ANKLE FRACTURE	0138	6.1479		APC	$311.15			N
27814	T	TREATMENT OF ANKLE FRACTURE	0063	42.8656		APC	$2,169.43			N
27816	T	TREATMENT OF ANKLE FRACTURE	0129	1.5977		APC	$80.86			N
27818	T	TREATMENT OF ANKLE FRACTURE	0138	6.1479		APC	$311.15			N
27822	T	TREATMENT OF ANKLE FRACTURE	0063	42.8656		APC	$2,169.43			N
27823	T	TREATMENT OF ANKLE FRACTURE	0064	62.5691		APC	$3,166.62			N
27824	T	TREAT LOWER LEG FRACTURE	0129	1.5977		APC	$80.86			N
27825	T	TREAT LOWER LEG FRACTURE	0139	19.8724		APC	$1,005.74			N
27826	T	TREAT LOWER LEG FRACTURE	0063	42.8656		APC	$2,169.43			N
27827	T	TREAT LOWER LEG FRACTURE	0064	62.5691		APC	$3,166.62			N
27828	T	TREAT LOWER LEG FRACTURE	0064	62.5691		APC	$3,166.62			N
27829	T	TREAT LOWER LEG JOINT	0063	42.8656		APC	$2,169.43			N
27830	T	TREAT LOWER LEG DISLOCATION	0129	1.5977		APC	$80.86			N
27831	T	TREAT LOWER LEG DISLOCATION	0139	19.8724		APC	$1,005.74			N
27832	T	TREAT LOWER LEG DISLOCATION	0063	42.8656		APC	$2,169.43			N
27840	T	TREAT ANKLE DISLOCATION	0138	6.1479		APC	$311.15			N
27842	T	TREAT ANKLE DISLOCATION	0045	15.5673		APC	$787.86			N
27846	T	TREAT ANKLE DISLOCATION	0063	42.8656		APC	$2,169.43			N
27848	T	TREAT ANKLE DISLOCATION	0063	42.8656		APC	$2,169.43			N
27860	T	FIXATION OF ANKLE JOINT	0045	15.5673		APC	$787.86			N
27870	T	FUSION OF ANKLE JOINT OPEN	0052	86.5958		APC	$4,382.61			N
27871	T	FUSION OF TIBIOFIBULAR JOINT	0052	86.5958		APC	$4,382.61			N
27880	C	AMPUTATION OF LOWER LEG				Inpatient Only	$0.00			N
27881	C	AMPUTATION OF LOWER LEG				Inpatient Only	$0.00			N
27882	C	AMPUTATION OF LOWER LEG				Inpatient Only	$0.00			N
27884	T	AMPUTATION FOLLOW-UP SURGERY	0049	21.7810		APC	$1,102.34			N
27886	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only	$0.00			N
27888	C	AMPUTATION OF FOOT AT ANKLE				Inpatient Only	$0.00			N
27889	T	AMPUTATION OF FOOT AT ANKLE	0050	29.8816		APC	$1,512.31			N
27892	T	DECOMPRESSION OF LEG	0049	21.7810		APC	$1,102.34			N
27893	T	DECOMPRESSION OF LEG	0049	21.7810		APC	$1,102.34			N
27894	T	DECOMPRESSION OF LEG	0049	21.7810		APC	$1,102.34			N

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27899	T	LEG/ANKLE SURGERY PROCEDURE	0129	1.5977		APC	$80.86			N
28001	T	DRAINAGE OF BURSA OF FOOT	0007	12.5953		APC	$637.45			N
28002	T	TREATMENT OF FOOT INFECTION	0049	21.7810		APC	$1,102.34			N
28003	T	TREATMENT OF FOOT INFECTION	0049	21.7810		APC	$1,102.34			N
28005	T	TREAT FOOT BONE LESION	0055	21.6207		APC	$1,094.22			N
28008	T	INCISION OF FOOT FASCIA	0055	21.6207		APC	$1,094.22			N
28010	T	INCISION OF TOE TENDON	0055	21.6207		APC	$1,094.22			N
28011	T	INCISION OF TOE TENDONS	0055	21.6207		APC	$1,094.22			N
28020	T	EXPLORATION OF FOOT JOINT	0055	21.6207		APC	$1,094.22			N
28022	T	EXPLORATION OF FOOT JOINT	0055	21.6207		APC	$1,094.22			N
28024	T	EXPLORATION OF TOE JOINT	0055	21.6207		APC	$1,094.22			N
28035	T	DECOMPRESSION OF TIBIA NERVE	0220	18.5109		APC	$936.84			N
28043	T	EXCISION OF FOOT LESION	0022	21.8429		APC	$1,105.47			N
28045	T	EXCISION OF FOOT LESION	0055	21.6207		APC	$1,094.22			N
28046	T	RESECTION OF TUMOR, FOOT	0055	21.6207		APC	$1,094.22			N
28050	T	BIOPSY OF FOOT JOINT LINING	0055	21.6207		APC	$1,094.22			N
28052	T	BIOPSY OF FOOT JOINT LINING	0055	21.6207		APC	$1,094.22			N
28054	T	BIOPSY OF TOE JOINT LINING	0055	21.6207		APC	$1,094.22			N
28055	T	NEURECTOMY, FOOT	0220	18.5109		APC	$936.84			
28060	T	PARTIAL REMOVAL, FOOT FASCIA	0055	21.6207		APC	$1,094.22			N
28062	T	REMOVAL OF FOOT FASCIA	0055	21.6207		APC	$1,094.22			N
28070	T	REMOVAL OF FOOT JOINT LINING	0055	21.6207		APC	$1,094.22			N
28072	T	REMOVAL OF FOOT JOINT LINING	0055	21.6207		APC	$1,094.22			N
28080	T	REMOVAL OF FOOT LESION	0055	21.6207		APC	$1,094.22			N
28086	T	EXCISE FOOT TENDON SHEATH	0055	21.6207		APC	$1,094.22			N
28088	T	EXCISE FOOT TENDON SHEATH	0055	21.6207		APC	$1,094.22			N
28090	T	REMOVAL OF FOOT LESION	0055	21.6207		APC	$1,094.22			N
28092	T	REMOVAL OF TOE LESIONS	0055	21.6207		APC	$1,094.22			N
28100	T	REMOVAL OF ANKLE/HEEL LESION	0055	21.6207		APC	$1,094.22			N
28102	T	REMOVE/GRAFT FOOT LESION	0056	47.2916		APC	$2,393.43			N
28103	T	REMOVE/GRAFT FOOT LESION	0056	47.2916		APC	$2,393.43			N
28104	T	REMOVAL OF FOOT LESION	0055	21.6207		APC	$1,094.22			N
28106	T	REMOVE/GRAFT FOOT LESION	0056	47.2916		APC	$2,393.43			N
28107	T	REMOVE/GRAFT FOOT LESION	0056	47.2916		APC	$2,393.43			N
28108	T	REMOVAL OF TOE LESIONS	0055	21.6207		APC	$1,094.22			N
28110	T	PART REMOVAL OF METATARSAL	0055	21.6207		APC	$1,094.22			N
28111	T	PART REMOVAL OF METATARSAL	0055	21.6207		APC	$1,094.22			N
28112	T	PART REMOVAL OF METATARSAL	0055	21.6207		APC	$1,094.22			N
28113	T	PART REMOVAL OF METATARSAL	0055	21.6207		APC	$1,094.22			N
28114	T	REMOVAL OF METATARSAL HEADS	0055	21.6207		APC	$1,094.22			N
28116	T	REVISION OF FOOT	0055	21.6207		APC	$1,094.22			N

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28118	T	REMOVAL OF HEEL BONE	0055	21.6207		APC	$1,094.22			N
28119	T	REMOVAL OF HEEL SPUR	0055	21.6207		APC	$1,094.22			N
28120	T	PART REMOVAL OF ANKLE/HEEL	0055	21.6207		APC	$1,094.22			N
28122	T	PARTIAL REMOVAL OF FOOT BONE	0055	21.6207		APC	$1,094.22			N
28124	T	PARTIAL REMOVAL OF TOE	0055	21.6207		APC	$1,094.22			N
28126	T	PARTIAL REMOVAL OF TOE	0055	21.6207		APC	$1,094.22			N
28130	T	REMOVAL OF ANKLE BONE	0055	21.6207		APC	$1,094.22			N
28140	T	REMOVAL OF METATARSAL	0055	21.6207		APC	$1,094.22			N
28150	T	REMOVAL OF TOE	0055	21.6207		APC	$1,094.22			N
28153	T	PARTIAL REMOVAL OF TOE	0055	21.6207		APC	$1,094.22			N
28160	T	PARTIAL REMOVAL OF TOE	0055	21.6207		APC	$1,094.22			N
28171	T	EXTENSIVE FOOT SURGERY	0055	21.6207		APC	$1,094.22			N
28173	T	EXTENSIVE FOOT SURGERY	0055	21.6207		APC	$1,094.22			N
28175	T	EXTENSIVE FOOT SURGERY	0055	21.6207		APC	$1,094.22			N
28190	T	REMOVAL OF FOOT FOREIGN BODY	0020	8.2566		APC	$417.87			N
28192	T	REMOVAL OF FOOT FOREIGN BODY	0021	15.8974		APC	$804.57			N
28193	T	REMOVAL OF FOOT FOREIGN BODY	0020	8.2566		APC	$417.87			N
28200	T	REPAIR OF FOOT TENDON	0055	21.6207		APC	$1,094.22			N
28202	T	REPAIR/GRAFT OF FOOT TENDON	0055	21.6207		APC	$1,094.22			N
28208	T	REPAIR OF FOOT TENDON	0055	21.6207		APC	$1,094.22			N
28210	T	REPAIR/GRAFT OF FOOT TENDON	0056	47.2916		APC	$2,393.43			N
28220	T	RELEASE OF FOOT TENDON	0055	21.6207		APC	$1,094.22			N
28222	T	RELEASE OF FOOT TENDONS	0055	21.6207		APC	$1,094.22			N
28225	T	RELEASE OF FOOT TENDON	0055	21.6207		APC	$1,094.22			N
28226	T	RELEASE OF FOOT TENDONS	0055	21.6207		APC	$1,094.22			N
28230	T	INCISION OF FOOT TENDON(S)	0055	21.6207		APC	$1,094.22			N
28232	T	INCISION OF TOE TENDON	0055	21.6207		APC	$1,094.22			N
28234	T	INCISION OF FOOT TENDON	0055	21.6207		APC	$1,094.22			N
28238	T	REVISION OF FOOT TENDON	0056	47.2916		APC	$2,393.43			N
28240	T	RELEASE OF BIG TOE	0055	21.6207		APC	$1,094.22			N
28250	T	REVISION OF FOOT FASCIA	0055	21.6207		APC	$1,094.22			N
28260	T	RELEASE OF MIDFOOT JOINT	0055	21.6207		APC	$1,094.22			N
28261	T	REVISION OF FOOT TENDON	0055	21.6207		APC	$1,094.22			N
28262	T	REVISION OF FOOT AND ANKLE	0055	21.6207		APC	$1,094.22			N
28264	T	RELEASE OF MIDFOOT JOINT	0056	47.2916		APC	$2,393.43			N
28270	T	RELEASE OF FOOT CONTRACTURE	0055	21.6207		APC	$1,094.22			N
28272	T	RELEASE OF TOE JOINT, EACH	0055	21.6207		APC	$1,094.22			N
28280	T	FUSION OF TOES	0055	21.6207		APC	$1,094.22			N
28285	T	REPAIR OF HAMMERTOE	0055	21.6207		APC	$1,094.22			N
28286	T	REPAIR OF HAMMERTOE	0055	21.6207		APC	$1,094.22			N
28288	T	PARTIAL REMOVAL OF FOOT BONE	0055	21.6207		APC	$1,094.22			N

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28289	T	REPAIR HALLUX RIGIDUS	0055	21.6207		APC	$1,094.22			N
28290	T	CORRECTION OF BUNION	0057	31.0633		APC	$1,572.11			N
28292	T	CORRECTION OF BUNION	0057	31.0633		APC	$1,572.11			N
28293	T	CORRECTION OF BUNION	0057	31.0633		APC	$1,572.11			N
28294	T	CORRECTION OF BUNION	0057	31.0633		APC	$1,572.11			N
28296	T	CORRECTION OF BUNION	0057	31.0633		APC	$1,572.11			N
28297	T	CORRECTION OF BUNION	0057	31.0633		APC	$1,572.11			N
28298	T	CORRECTION OF BUNION	0057	31.0633		APC	$1,572.11			N
28299	T	CORRECTION OF BUNION	0057	31.0633		APC	$1,572.11			N
28300	T	INCISION OF HEEL BONE	0056	47.2916		APC	$2,393.43			N
28302	T	INCISION OF ANKLE BONE	0055	21.6207		APC	$1,094.22			N
28304	T	INCISION OF MIDFOOT BONES	0056	47.2916		APC	$2,393.43			N
28305	T	INCISE/GRAFT MIDFOOT BONES	0056	47.2916		APC	$2,393.43			N
28306	T	INCISION OF METATARSAL	0055	21.6207		APC	$1,094.22			N
28307	T	INCISION OF METATARSAL	0055	21.6207		APC	$1,094.22			N
28308	T	INCISION OF METATARSAL	0055	21.6207		APC	$1,094.22			N
28309	T	INCISION OF METATARSALS	0056	47.2916		APC	$2,393.43			N
28310	T	REVISION OF BIG TOE	0055	21.6207		APC	$1,094.22			N
28312	T	REVISION OF TOE	0055	21.6207		APC	$1,094.22			N
28313	T	REPAIR DEFORMITY OF TOE	0055	21.6207		APC	$1,094.22			N
28315	T	REMOVAL OF SESAMOID BONE	0055	21.6207		APC	$1,094.22			
28320	T	REPAIR OF FOOT BONES	0056	47.2916		APC	$2,393.43			N
28322	T	REPAIR OF METATARSALS	0056	47.2916		APC	$2,393.43			N
28340	T	RESECT ENLARGED TOE TISSUE	0055	21.6207		APC	$1,094.22			N
28341	T	RESECT ENLARGED TOE	0055	21.6207		APC	$1,094.22			N
28344	T	REPAIR EXTRA TOE(S)	0055	21.6207		APC	$1,094.22			N
28345	T	REPAIR WEBBED TOE(S)	0055	21.6207		APC	$1,094.22			N
28360	T	RECONSTRUCT CLEFT FOOT	0056	47.2916		APC	$2,393.43			N
28400	T	TREATMENT OF HEEL FRACTURE	0129	1.5977		APC	$80.86			N
28405	T	TREATMENT OF HEEL FRACTURE	0139	19.8724		APC	$1,005.74			N
28406	T	TREATMENT OF HEEL FRACTURE	0062	25.4442		APC	$1,287.73			N
28415	T	TREAT HEEL FRACTURE	0064	62.5691		APC	$3,166.62			N
28420	T	TREAT/GRAFT HEEL FRACTURE	0063	42.8656		APC	$2,169.43			N
28430	T	TREATMENT OF ANKLE FRACTURE	0129	1.5977		APC	$80.86			N
28435	T	TREATMENT OF ANKLE FRACTURE	0129	1.5977		APC	$80.86			N
28436	T	TREATMENT OF ANKLE FRACTURE	0062	25.4442		APC	$1,287.73			N
28445	T	TREAT ANKLE FRACTURE	0063	42.8656		APC	$2,169.43			N
28446	T	OSTEOCHONDRAL TALUS AUTOGRFT	0056	47.2916		APC	$2,393.43			
28450	T	TREAT MIDFOOT FRACTURE, EACH	0129	1.5977		APC	$80.86			N
28455	T	TREAT MIDFOOT FRACTURE, EACH	0129	1.5977		APC	$80.86			N
28456	T	TREAT MIDFOOT FRACTURE	0062	25.4442		APC	$1,287.73			N

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28465	T	TREAT MIDFOOT FRACTURE, EACH	0063	42.8656		APC	$2,169.43			N
28470	T	TREAT METATARSAL FRACTURE	0129	1.5977		APC	$80.86			N
28475	T	TREAT METATARSAL FRACTURE	0129	1.5977		APC	$80.86			N
28476	T	TREAT METATARSAL FRACTURE	0062	25.4442		APC	$1,287.73			N
28485	T	TREAT METATARSAL FRACTURE	0063	42.8656		APC	$2,169.43			N
28490	T	TREAT BIG TOE FRACTURE	0129	1.5977		APC	$80.86			N
28495	T	TREAT BIG TOE FRACTURE	0129	1.5977		APC	$80.86			N
28496	T	TREAT BIG TOE FRACTURE	0062	25.4442		APC	$1,287.73			N
28505	T	TREAT BIG TOE FRACTURE	0062	25.4442		APC	$1,287.73			N
28510	T	TREATMENT OF TOE FRACTURE	0129	1.5977		APC	$80.86			N
28515	T	TREATMENT OF TOE FRACTURE	0129	1.5977		APC	$80.86			N
28525	T	TREAT TOE FRACTURE	0062	25.4442		APC	$1,287.73			N
28530	T	TREAT SESAMOID BONE FRACTURE	0129	1.5977		APC	$80.86			N
28531	T	TREAT SESAMOID BONE FRACTURE	0062	25.4442		APC	$1,287.73			N
28540	T	TREAT FOOT DISLOCATION	0129	1.5977		APC	$80.86			N
28545	T	TREAT FOOT DISLOCATION	0062	25.4442		APC	$1,287.73			N
28546	T	TREAT FOOT DISLOCATION	0062	25.4442		APC	$1,287.73			N
28555	T	REPAIR FOOT DISLOCATION	0063	42.8656		APC	$2,169.43			N
28570	T	TREAT FOOT DISLOCATION	0138	6.1479		APC	$311.15			N
28575	T	TREAT FOOT DISLOCATION	0139	19.8724		APC	$1,005.74			N
28576	T	TREAT FOOT DISLOCATION	0062	25.4442		APC	$1,287.73			N
28585	T	REPAIR FOOT DISLOCATION	0062	25.4442		APC	$1,287.73			N
28600	T	TREAT FOOT DISLOCATION	0129	1.5977		APC	$80.86			N
28605	T	TREAT FOOT DISLOCATION	0129	1.5977		APC	$80.86			N
28606	T	TREAT FOOT DISLOCATION	0062	25.4442		APC	$1,287.73			N
28615	T	REPAIR FOOT DISLOCATION	0063	42.8656		APC	$2,169.43			N
28630	T	TREAT TOE DISLOCATION	0129	1.5977		APC	$80.86			N
28635	T	TREAT TOE DISLOCATION	0045	15.5673		APC	$787.86			N
28636	T	TREAT TOE DISLOCATION	0062	25.4442		APC	$1,287.73			N
28645	T	REPAIR TOE DISLOCATION	0062	25.4442		APC	$1,287.73			N
28660	T	TREAT TOE DISLOCATION	0129	1.5977		APC	$80.86			N
28665	T	TREAT TOE DISLOCATION	0045	15.5673		APC	$787.86			N
28666	T	TREAT TOE DISLOCATION	0062	25.4442		APC	$1,287.73			N
28675	T	REPAIR OF TOE DISLOCATION	0062	25.4442		APC	$1,287.73			N
28705	T	FUSION OF FOOT BONES	0056	47.2916		APC	$2,393.43			N
28715	T	FUSION OF FOOT BONES	0052	86.5958		APC	$4,382.61			N
28725	T	FUSION OF FOOT BONES	0056	47.2916		APC	$2,393.43			N
28730	T	FUSION OF FOOT BONES	0056	47.2916		APC	$2,393.43			N
28735	T	FUSION OF FOOT BONES	0056	47.2916		APC	$2,393.43			N
28737	T	REVISION OF FOOT BONES	0056	47.2916		APC	$2,393.43			N
28740	T	FUSION OF FOOT BONES	0056	47.2916		APC	$2,393.43			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
28750	T	FUSION OF BIG TOE JOINT	0056	47.2916		APC	$2,393.43			N
28755	T	FUSION OF BIG TOE JOINT	0055	21.6207		APC	$1,094.22			N
28760	T	FUSION OF BIG TOE JOINT	0056	47.2916		APC	$2,393.43			N
28800	C	AMPUTATION OF MIDFOOT				Inpatient Only	$0.00			N
28805	C	AMPUTATION THRU METATARSAL				Inpatient Only	$0.00			N
28810	T	AMPUTATION TOE & METATARSAL	0055	21.6207		APC	$1,094.22			N
28820	T	AMPUTATION OF TOE	0055	21.6207		APC	$1,094.22			N
28825	T	PARTIAL AMPUTATION OF TOE	0055	21.6207		APC	$1,094.22			N
28890	T	HIGH ENERGY ESWT PLANTAR F	0050	29.8816		APC	$1,512.31			
28899	T	FOOT/TOES SURGERY PROCEDURE	0129	1.5977		APC	$80.86			N
29000	S	APPLICATION OF BODY CAST	0058	1.0845		APC	$54.89			N
29010	S	APPLICATION OF BODY CAST	0426	2.4305		APC	$123.01			N
29015	S	APPLICATION OF BODY CAST	0426	2.4305		APC	$123.01			N
29020	S	APPLICATION OF BODY CAST	0058	1.0845		APC	$54.89			N
29025	S	APPLICATION OF BODY CAST	0058	1.0845		APC	$54.89			N
29035	S	APPLICATION OF BODY CAST	0426	2.4305		APC	$123.01			N
29040	S	APPLICATION OF BODY CAST	0058	1.0845		APC	$54.89			N
29044	S	APPLICATION OF BODY CAST	0426	2.4305		APC	$123.01			N
29046	S	APPLICATION OF BODY CAST	0426	2.4305		APC	$123.01			N
29049	S	APPLICATION OF FIGURE EIGHT	0058	1.0845		APC	$54.89			N
29055	S	APPLICATION OF SHOULDER CAST	0426	2.4305		APC	$123.01			N
29058	S	APPLICATION OF SHOULDER CAST	0058	1.0845		APC	$54.89			N
29065	S	APPLICATION OF LONG ARM CAST	0426	2.4305		APC	$123.01			N
29075	S	APPLICATION OF FOREARM CAST	0426	2.4305		APC	$123.01			N
29085	S	APPLY HAND/WRIST CAST	0058	1.0845		APC	$54.89			N
29086	S	APPLY FINGER CAST	0058	1.0845		APC	$54.89			
29105	S	APPLY LONG ARM SPLINT	0058	1.0845		APC	$54.89			N
29125	S	APPLY FOREARM SPLINT	0058	1.0845		APC	$54.89			N
29126	S	APPLY FOREARM SPLINT	0058	1.0845		APC	$54.89			N
29130	S	APPLICATION OF FINGER SPLINT	0058	1.0845		APC	$54.89			N
29131	S	APPLICATION OF FINGER SPLINT	0058	1.0845		APC	$54.89			N
29200	S	STRAPPING OF CHEST	0058	1.0845		APC	$54.89			N
29220	S	STRAPPING OF LOW BACK	0058	1.0845		APC	$54.89			N
29240	S	STRAPPING OF SHOULDER	0058	1.0845		APC	$54.89			N
29260	S	STRAPPING OF ELBOW OR WRIST	0058	1.0845		APC	$54.89			N
29280	S	STRAPPING OF HAND OR FINGER	0058	1.0845		APC	$54.89			N
29305	S	APPLICATION OF HIP CAST	0426	2.4305		APC	$123.01			N
29325	S	APPLICATION OF HIP CASTS	0426	2.4305		APC	$123.01			N
29345	S	APPLICATION OF LONG LEG CAST	0426	2.4305		APC	$123.01			N
29355	S	APPLICATION OF LONG LEG CAST	0426	2.4305		APC	$123.01			N
29358	S	APPLY LONG LEG CAST BRACE	0426	2.4305		APC	$123.01			N

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29365	S	APPLICATION OF LONG LEG CAST	0426	2.4305		APC	$123.01			N
29405	S	APPLY SHORT LEG CAST	0426	2.4305		APC	$123.01			N
29425	S	APPLY SHORT LEG CAST	0426	2.4305		APC	$123.01			N
29435	S	APPLY SHORT LEG CAST	0426	2.4305		APC	$123.01			N
29440	S	ADDITION OF WALKER TO CAST	0058	1.0845		APC	$54.89			N
29445	S	APPLY RIGID LEG CAST	0426	2.4305		APC	$123.01			N
29450	S	APPLICATION OF LEG CAST	0058	1.0845		APC	$54.89			N
29505	S	APPLICATION, LONG LEG SPLINT	0058	1.0845		APC	$54.89			N
29515	S	APPLICATION LOWER LEG SPLINT	0058	1.0845		APC	$54.89			N
29520	S	STRAPPING OF HIP	0058	1.0845		APC	$54.89			N
29530	S	STRAPPING OF KNEE	0058	1.0845		APC	$54.89			N
29540	S	STRAPPING OF ANKLE AND/OR FT	0058	1.0845		APC	$54.89			N
29550	S	STRAPPING OF TOES	0058	1.0845		APC	$54.89			N
29580	S	APPLICATION OF PASTE BOOT	0058	1.0845		APC	$54.89			N
29590	S	APPLICATION OF FOOT SPLINT	0058	1.0845		APC	$54.89			N
29700	S	REMOVAL/REVISION OF CAST	0058	1.0845		APC	$54.89			N
29705	S	REMOVAL/REVISION OF CAST	0058	1.0845		APC	$54.89			N
29710	S	REMOVAL/REVISION OF CAST	0426	2.4305		APC	$123.01			N
29715	S	REMOVAL/REVISION OF CAST	0058	1.0845		APC	$54.89			N
29720	S	REPAIR OF BODY CAST	0058	1.0845		APC	$54.89			N
29730	S	WINDOWING OF CAST	0058	1.0845		APC	$54.89			N
29740	S	WEDGING OF CAST	0058	1.0845		APC	$54.89			N
29750	S	WEDGING OF CLUBFOOT CAST	0058	1.0845		APC	$54.89			N
29799	S	CASTING/STRAPPING PROCEDURE	0058	1.0845		APC	$54.89			N
29800	T	JAW ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			Y
29804	T	JAW ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			Y
29805	T	SHOULDER ARTHROSCOPY, DX	0041	29.4149		APC	$1,488.69			
29806	T	SHOULDER ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			N
29807	T	SHOULDER ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			
29819	T	SHOULDER ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			
29820	T	SHOULDER ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			
29821	T	SHOULDER ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			
29822	T	SHOULDER ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29823	T	SHOULDER ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			
29824	T	SHOULDER ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29825	T	SHOULDER ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			
29826	T	SHOULDER ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			N
29827	T	ARTHROSCOP ROTATOR CUFF REPR	0042	49.2153		APC	$2,490.79			
29828	T	ARTHROSCOPY BICEPS TENODESIS	0042	49.2153		APC	$2,490.79			
29830	T	ELBOW ARTHROSCOPY	0041	29.4149		APC	$1,488.69			
29834	T	ELBOW ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
29835	T	ELBOW ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29836	T	ELBOW ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29837	T	ELBOW ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29838	T	ELBOW ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29840	T	WRIST ARTHROSCOPY	0041	29.4149		APC	$1,488.69			N
29843	T	WRIST ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			N
29844	T	WRIST ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			N
29845	T	WRIST ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			N
29846	T	WRIST ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			N
29847	T	WRIST ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			N
29848	T	WRIST ENDOSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			N
29850	T	KNEE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			N
29851	T	KNEE ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			N
29855	T	TIBIAL ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			N
29856	T	TIBIAL ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			N
29860	T	HIP ARTHROSCOPY DX	0042	49.2153		APC	$2,490.79			N
29861	T	HIP ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			N
29862	T	HIP ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			N
29863	T	HIP ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			N
29866	T	AUTGRFT IMPLNT KNEE W/SCOPE	0042	49.2153		APC	$2,490.79			
29867	T	ALLGRFT IMPLNT KNEE W/SCOPE	0042	49.2153		APC	$2,490.79			
29868	T	MENISCAL TRNSPL KNEE W/SCPE	0042	49.2153		APC	$2,490.79			
29870	T	KNEE ARTHROSCOPY, DX	0041	29.4149		APC	$1,488.69			
29871	T	KNEE ARTHROSCOPY/DRAINAGE	0041	29.4149		APC	$1,488.69			
29873	T	KNEE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29874	T	KNEE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29875	T	KNEE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29876	T	KNEE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29877	T	KNEE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29879	T	KNEE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29880	T	KNEE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			N
29881	T	KNEE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29882	T	KNEE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29883	T	KNEE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			N
29884	T	KNEE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29885	T	KNEE ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			N
29886	T	KNEE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29887	T	KNEE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29888	T	KNEE ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			N
29889	T	KNEE ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			N
29891	T	ANKLE ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			N

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29892	T	ANKLE ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			N
29893	T	SCOPE PLANTAR FASCIOTOMY	0055	21.6207		APC	$1,094.22			N
29894	T	ANKLE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29895	T	ANKLE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29897	T	ANKLE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29898	T	ANKLE ARTHROSCOPY/SURGERY	0041	29.4149		APC	$1,488.69			
29899	T	ANKLE ARTHROSCOPY/SURGERY	0042	49.2153		APC	$2,490.79			
29900	T	MCP JOINT ARTHROSCOPY, DX	0041	29.4149		APC	$1,488.69			
29901	T	MCP JOINT ARTHROSCOPY, SURG	0041	29.4149		APC	$1,488.69			N
29902	T	MCP JOINT ARTHROSCOPY, SURG	0041	29.4149		APC	$1,488.69			
29904	T	SUBTALAR ARTHRO W/FB RMVL	0041	29.4149		APC	$1,488.69			
29905	T	SUBTALAR ARTHRO W/EXC	0041	29.4149		APC	$1,488.69			
29906	T	SUBTALAR ARTHRO W/DEB	0041	29.4149		APC	$1,488.69			
29907	T	SUBTALAR ARTHRO W/FUSION	0042	49.2153		APC	$2,490.79			
29999	T	ARTHROSCOPY OF JOINT	0041	29.4149		APC	$1,488.69			
30000	T	DRAINAGE OF NOSE LESION	0251	3.3069		APC	$167.36			N
30020	T	DRAINAGE OF NOSE LESION	0251	3.3069		APC	$167.36			N
3006F	E	CXR DOC REV				Not Allowed	$0.00			
30100	T	INTRANASAL BIOPSY	0252	7.5330		APC	$381.25			N
30110	T	REMOVAL OF NOSE POLYP(S)	0253	17.2402		APC	$872.53			N
30115	T	REMOVAL OF NOSE POLYP(S)	0253	17.2402		APC	$872.53			N
30117	T	REMOVAL OF INTRANASAL LESION	0253	17.2402		APC	$872.53			N
30118	T	REMOVAL OF INTRANASAL LESION	0254	24.7557		APC	$1,252.89			N
3011F	E	LIPID PANEL DOC REV				Not Allowed	$0.00			
30120	T	REVISION OF NOSE	0253	17.2402		APC	$872.53			N
30124	T	REMOVAL OF NOSE LESION	0252	7.5330		APC	$381.25			N
30125	T	REMOVAL OF NOSE LESION	0256	41.8741		APC	$2,119.25			N
30130	T	EXCISE INFERIOR TURBINATE	0253	17.2402		APC	$872.53			N
30140	T	RESECT INFERIOR TURBINATE	0254	24.7557		APC	$1,252.89			N
3014F	E	SCREEN MAMMO DOC REV				Not Allowed	$0.00			
30150	T	PARTIAL REMOVAL OF NOSE	0256	41.8741		APC	$2,119.25			N
30160	T	REMOVAL OF NOSE	0256	41.8741		APC	$2,119.25			N
3016F	E	PT SCRND UNHLTHY OH USE				Not Allowed	$0.00			
3017F	E	COLORECTAL CA SCREEN DOC REV				Not Allowed	$0.00			
3018F	E	PRE-PRXD RSK ET AL DOCD				Not Allowed	$0.00			
30200	T	INJECTION TREATMENT OF NOSE	0252	7.5330		APC	$381.25			N
3020F	E	LVF ASSESS				Not Allowed	$0.00			
30210	T	NASAL SINUS THERAPY	0252	7.5330		APC	$381.25			N
3021F	E	LVEF MOD/SEVER DEPRS SYST				Not Allowed	$0.00			
30220	T	INSERT NASAL SEPTAL BUTTON	0252	7.5330		APC	$381.25			N
3022F	E	LVEF >=40% SYSTOLIC				Not Allowed	$0.00			

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3023F	E	SPIROM DOC REV				Not Allowed	$0.00			
3025F	E	SPIROM FEV/FVC<70% W COPD				Not Allowed	$0.00			
3027F	E	SPIROM FEV/FVC>=70%/W/O COPD				Not Allowed	$0.00			
3028F	E	O2 SATURATION DOC REV				Not Allowed	$0.00			
30300	X	REMOVE NASAL FOREIGN BODY	0340	0.6462		APC	$32.70			N
30310	T	REMOVE NASAL FOREIGN BODY	0253	17.2402		APC	$872.53			N
30320	T	REMOVE NASAL FOREIGN BODY	0253	17.2402		APC	$872.53			N
3035F	E	O2 SATURATION<=88% /PAO<=55				Not Allowed	$0.00			
3037F	E	O2 SATURATION >88% /PAO>55				Not Allowed	$0.00			
30400	T	RECONSTRUCTION OF NOSE	0256	41.8741		APC	$2,119.25			Y
3040F	E	FEV<40% PREDICTED VALUE				Not Allowed	$0.00			
30410	T	RECONSTRUCTION OF NOSE	0256	41.8741		APC	$2,119.25			Y
30420	T	RECONSTRUCTION OF NOSE	0256	41.8741		APC	$2,119.25			Y
3042F	E	FEV>= 40% PREDICTED VALUE				Not Allowed	$0.00			
30430	T	REVISION OF NOSE	0254	24.7557		APC	$1,252.89			Y
30435	T	REVISION OF NOSE	0256	41.8741		APC	$2,119.25			Y
3044F	E	HG A1C LEVEL LT 7.0%				Not Allowed	$0.00			N
30450	T	REVISION OF NOSE	0256	41.8741		APC	$2,119.25			Y
3045F	E	HG A1C LEVEL 7.0-9.0%				Not Allowed	$0.00			N
30460	T	REVISION OF NOSE	0256	41.8741		APC	$2,119.25			Y
30462	T	REVISION OF NOSE	0256	41.8741		APC	$2,119.25			Y
30465	T	REPAIR NASAL STENOSIS	0256	41.8741		APC	$2,119.25			Y
3046F	E	HEMOGLOBIN A1C LEVEL > 9.0%				Not Allowed	$0.00			
3048F	E	LDL-C <100 MG/DL				Not Allowed	$0.00			
3049F	E	LDL-C 100-129 MG/DL				Not Allowed	$0.00			
3050F	E	LDL-C >= 130 MG/DL				Not Allowed	$0.00			
30520	T	REPAIR OF NASAL SEPTUM	0254	24.7557		APC	$1,252.89			N
30540	T	REPAIR NASAL DEFECT	0256	41.8741		APC	$2,119.25			N
30545	T	REPAIR NASAL DEFECT	0256	41.8741		APC	$2,119.25			N
30560	T	RELEASE OF NASAL ADHESIONS	0251	3.3069		APC	$167.36			N
30580	T	REPAIR UPPER JAW FISTULA	0256	41.8741		APC	$2,119.25			N
30600	T	REPAIR MOUTH/NOSE FISTULA	0256	41.8741		APC	$2,119.25			N
3060F	E	POS MICROALBUMINURIA REV				Not Allowed	$0.00			
3061F	E	NEG MICROALBUMINURIA REV				Not Allowed	$0.00			
30620	T	INTRANASAL RECONSTRUCTION	0256	41.8741		APC	$2,119.25			N
3062F	E	POS MACROALBUMINURIA REV				Not Allowed	$0.00			
30630	T	REPAIR NASAL SEPTUM DEFECT	0254	24.7557		APC	$1,252.89			N
3066F	E	NEPHROPATHY DOC TX				Not Allowed	$0.00			
3072F	E	LOW RISK FOR RETINOPATHY				Not Allowed	$0.00			
3073F	E	PRE-SURG EYE MEASURES DOCD				Not Allowed	$0.00			N
3074F	E	SYST BP LT 130MM HG				Not Allowed	$0.00			N

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3075F	E	SYST BP GE 130-139MM HG				Not Allowed	$0.00			N
3077F	E	SYST BP = 140 MM HG6 IT				Not Allowed	$0.00			
3078F	E	DIAST BP < 80 MM HG				Not Allowed	$0.00			
3079F	E	DIAST BP 80-89 MM HG				Not Allowed	$0.00			
30801	T	ABLATE INF TURBINATE SUPERF	0252	7.5330		APC	$381.25			N
30802	T	CAUTERIZATION, INNER NOSE	0252	7.5330		APC	$381.25			N
3080F	E	DIAST BP >= 90 MM HG				Not Allowed	$0.00			
3082F	E	KT/V <1.2				Not Allowed	$0.00			
3083F	E	KT/V >= 1.2 AND <1.7				Not Allowed	$0.00			
3084F	E	KT/V >= 1.7				Not Allowed	$0.00			
3085F	E	SUICIDE RISK ASSESSED				Not Allowed	$0.00			
3088F	E	MDD, MILD				Not Allowed	$0.00			
3089F	E	MDD, MODERATE				Not Allowed	$0.00			
30901	T	CONTROL OF NOSEBLEED	0250	1.1110		APC	$56.23			N
30903	T	CONTROL OF NOSEBLEED	0250	1.1110		APC	$56.23			N
30905	T	CONTROL OF NOSEBLEED	0250	1.1110		APC	$56.23			N
30906	T	REPEAT CONTROL OF NOSEBLEED	0250	1.1110		APC	$56.23			N
3090F	E	MDD, SEVERE; W/O PSYCH				Not Allowed	$0.00			
30915	T	LIGATION, NASAL SINUS ARTERY	0092	27.3614		APC	$1,384.76			N
3091F	E	MDD, SEVERE; W/PSYCH				Not Allowed	$0.00			
30920	T	LIGATION, UPPER JAW ARTERY	0092	27.3614		APC	$1,384.76			N
3092F	E	MDD, IN REMISSION				Not Allowed	$0.00			
30930	T	THER FX NASAL INF TURBINATE	0253	17.2402		APC	$872.53			N
3093F	E	DOC NEW DIAG 1ST/ADDL. MDD				Not Allowed	$0.00			
3095F	E	CENTRAL DEXA RESULTS DOCD				Not Allowed	$0.00			N
3096F	E	CENTRAL DEXA ORDERED				Not Allowed	$0.00			N
30999	T	NASAL SURGERY PROCEDURE	0250	1.1110		APC	$56.23			N
31000	T	IRRIGATION, MAXILLARY SINUS	0251	3.3069		APC	$167.36			N
31002	T	IRRIGATION, SPHENOID SINUS	0252	7.5330		APC	$381.25			N
3100F	E	IMAGE TEST REF CAROT DIAM				Not Allowed	$0.00			
31020	T	EXPLORATION, MAXILLARY SINUS	0254	24.7557		APC	$1,252.89			N
31030	T	EXPLORATION, MAXILLARY SINUS	0256	41.8741		APC	$2,119.25			N
31032	T	EXPLORE SINUS REMOVE POLYPS	0256	41.8741		APC	$2,119.25			N
31040	T	EXPLORATION BEHIND UPPER JAW	0254	24.7557		APC	$1,252.89			N
31050	T	EXPLORATION, SPHENOID SINUS	0256	41.8741		APC	$2,119.25			N
31051	T	SPHENOID SINUS SURGERY	0256	41.8741		APC	$2,119.25			N
31070	T	EXPLORATION OF FRONTAL SINUS	0254	24.7557		APC	$1,252.89			N
31075	T	EXPLORATION OF FRONTAL SINUS	0256	41.8741		APC	$2,119.25			N
31080	T	REMOVAL OF FRONTAL SINUS	0256	41.8741		APC	$2,119.25			N
31081	T	REMOVAL OF FRONTAL SINUS	0256	41.8741		APC	$2,119.25			N
31084	T	REMOVAL OF FRONTAL SINUS	0256	41.8741		APC	$2,119.25			N

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31085	T	REMOVAL OF FRONTAL SINUS	0256	41.8741		APC	$2,119.25			N
31086	T	REMOVAL OF FRONTAL SINUS	0256	41.8741		APC	$2,119.25			
31087	T	REMOVAL OF FRONTAL SINUS	0256	41.8741		APC	$2,119.25			
31090	T	EXPLORATION OF SINUSES	0256	41.8741		APC	$2,119.25			N
3110F	E	PRES/ABSN HMRHG/LESION DOCD				Not Allowed	$0.00			
3111F	E	CT/MRI BRAIN DONE W/IN 24HRS				Not Allowed	$0.00			
3112F	E	CT/MRI BRAIN DONE GT 24 HRS				Not Allowed	$0.00			
31200	T	REMOVAL OF ETHMOID SINUS	0256	41.8741		APC	$2,119.25			N
31201	T	REMOVAL OF ETHMOID SINUS	0256	41.8741		APC	$2,119.25			N
31205	T	REMOVAL OF ETHMOID SINUS	0256	41.8741		APC	$2,119.25			N
3120F	E	12-LEAD ECG PERFORMED				Not Allowed	$0.00			
31225	C	REMOVAL OF UPPER JAW				Inpatient Only	$0.00			N
31230	C	REMOVAL OF UPPER JAW				Inpatient Only	$0.00			N
31231	T	NASAL ENDOSCOPY, DX	0072	1.8079		APC	$91.50			N
31233	T	NASAL/SINUS ENDOSCOPY, DX	0072	1.8079		APC	$91.50			N
31235	T	NASAL/SINUS ENDOSCOPY, DX	0074	18.4160		APC	$932.03			N
31237	T	NASAL/SINUS ENDOSCOPY, SURG	0074	18.4160		APC	$932.03			N
31238	T	NASAL/SINUS ENDOSCOPY, SURG	0074	18.4160		APC	$932.03			N
31239	T	NASAL/SINUS ENDOSCOPY, SURG	0075	23.4045		APC	$1,184.50			N
31240	T	NASAL/SINUS ENDOSCOPY, SURG	0074	18.4160		APC	$932.03			N
31254	T	REVISION OF ETHMOID SINUS	0075	23.4045		APC	$1,184.50			N
31255	T	REMOVAL OF ETHMOID SINUS	0075	23.4045		APC	$1,184.50			N
31256	T	EXPLORATION MAXILLARY SINUS	0075	23.4045		APC	$1,184.50			N
31267	T	ENDOSCOPY, MAXILLARY SINUS	0075	23.4045		APC	$1,184.50			N
31276	T	SINUS ENDOSCOPY, SURGICAL	0075	23.4045		APC	$1,184.50			N
31287	T	NASAL/SINUS ENDOSCOPY, SURG	0075	23.4045		APC	$1,184.50			N
31288	T	NASAL/SINUS ENDOSCOPY, SURG	0075	23.4045		APC	$1,184.50			N
31290	C	NASAL/SINUS ENDOSCOPY, SURG				Inpatient Only	$0.00			N
31291	C	NASAL/SINUS ENDOSCOPY, SURG				Inpatient Only	$0.00			N
31292	T	NASAL/SINUS ENDOSCOPY, SURG	0075	23.4045		APC	$1,184.50			N
31293	T	NASAL/SINUS ENDOSCOPY, SURG	0075	23.4045		APC	$1,184.50			N
31294	T	NASAL/SINUS ENDOSCOPY, SURG	0075	23.4045		APC	$1,184.50			N
31299	T	SINUS SURGERY PROCEDURE	0250	1.1110		APC	$56.23			N
31300	T	REMOVAL OF LARYNX LESION	0254	24.7557		APC	$1,252.89			N
3130F	E	UPPER GI ENDOSCOPY PERFORMED				Not Allowed	$0.00			
31320	T	DIAGNOSTIC INCISION, LARYNX	0256	41.8741		APC	$2,119.25			N
3132F	E	DOC REF UPPER GI ENDOSCOPY				Not Allowed	$0.00			
31360	C	REMOVAL OF LARYNX				Inpatient Only	$0.00			N
31365	C	REMOVAL OF LARYNX				Inpatient Only	$0.00			N
31367	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			N
31368	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			N

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31370	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			N
31375	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			N
31380	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			N
31382	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			N
31390	C	REMOVAL OF LARYNX & PHARYNX				Inpatient Only	$0.00			N
31395	C	RECONSTRUCT LARYNX & PHARYNX				Inpatient Only	$0.00			N
31400	T	REVISION OF LARYNX	0256	41.8741		APC	$2,119.25			N
3140F	E	UPPER GI ENDO SHOWS BARRTTFS				Not Allowed	$0.00			
3141F	E	UPPER GI ENDO NOT BARRTTFS				Not Allowed	$0.00			
31420	T	REMOVAL OF EPIGLOTTIS	0256	41.8741		APC	$2,119.25			N
3142F	E	BARIUM SWALLOW TEST ORDERED				Not Allowed	$0.00			
31500	S	INSERT EMERGENCY AIRWAY	0094	2.4181		APC	$122.38			N
31502	S	CHANGE OF WINDPIPE AIRWAY	0078	1.3903		APC	$70.36			N
31505	T	DIAGNOSTIC LARYNGOSCOPY	0071	0.8215		APC	$41.58			N
3150F	E	FORCEPS ESOPH BIOPSY DONE				Not Allowed	$0.00			
31510	T	LARYNGOSCOPY WITH BIOPSY	0074	18.4160		APC	$932.03			N
31511	T	REMOVE FOREIGN BODY, LARYNX	0072	1.8079		APC	$91.50			N
31512	T	REMOVAL OF LARYNX LESION	0074	18.4160		APC	$932.03			N
31513	T	INJECTION INTO VOCAL CORD	0072	1.8079		APC	$91.50			N
31515	T	LARYNGOSCOPY FOR ASPIRATION	0074	18.4160		APC	$932.03			N
31520	T	DX LARYNGOSCOPY NEWBORN	0072	1.8079		APC	$91.50			N
31525	T	DX LARYNGOSCOPY EXCL NB	0074	18.4160		APC	$932.03			N
31526	T	DX LARYNGOSCOPY W/OPER SCOPE	0075	23.4045		APC	$1,184.50			N
31527	T	LARYNGOSCOPY FOR TREATMENT	0075	23.4045		APC	$1,184.50			N
31528	T	LARYNGOSCOPY AND DILATION	0074	18.4160		APC	$932.03			N
31529	T	LARYNGOSCOPY AND DILATION	0074	18.4160		APC	$932.03			N
31530	T	LARYNGOSCOPY W/FB REMOVAL	0075	23.4045		APC	$1,184.50			N
31531	T	LARYNGOSCOPY W/FB & OP SCOPE	0075	23.4045		APC	$1,184.50			N
31535	T	LARYNGOSCOPY W/BIOPSY	0075	23.4045		APC	$1,184.50			N
31536	T	LARYNGOSCOPY W/BX & OP SCOPE	0075	23.4045		APC	$1,184.50			N
31540	T	LARYNGOSCOPY W/EXC OF TUMOR	0075	23.4045		APC	$1,184.50			N
31541	T	LARYNSCOP W/TUMR EXC + SCOPE	0075	23.4045		APC	$1,184.50			N
31545	T	REMOVE VC LESION W/SCOPE	0075	23.4045		APC	$1,184.50			
31546	T	REMOVE VC LESION SCOPE/GRAFT	0075	23.4045		APC	$1,184.50			
3155F	E	CYTOGEN TEST MARROW B/4 TX				Not Allowed	$0.00			
31560	T	LARYNGOSCOP W/ARYTENOIDECTOM	0075	23.4045		APC	$1,184.50			N
31561	T	LARYNSCOP REMVE CART + SCOP	0075	23.4045		APC	$1,184.50			N
31570	T	LARYNGOSCOPE W/VC INJ	0074	18.4160		APC	$932.03			N
31571	T	LARYNGOSCOP W/VC INJ + SCOPE	0075	23.4045		APC	$1,184.50			N
31575	T	DIAGNOSTIC LARYNGOSCOPY	0072	1.8079		APC	$91.50			N
31576	T	LARYNGOSCOPY WITH BIOPSY	0075	23.4045		APC	$1,184.50			N

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31577	T	REMOVE FOREIGN BODY, LARYNX	0073	4.3850		APC	$221.92			N
31578	T	REMOVAL OF LARYNX LESION	0075	23.4045		APC	$1,184.50			N
31579	T	DIAGNOSTIC LARYNGOSCOPY	0073	4.3850		APC	$221.92			N
31580	T	REVISION OF LARYNX	0256	41.8741		APC	$2,119.25			N
31582	T	REVISION OF LARYNX	0256	41.8741		APC	$2,119.25			N
31584	C	TREAT LARYNX FRACTURE				Inpatient Only	$0.00			N
31587	C	REVISION OF LARYNX				Inpatient Only	$0.00			N
31588	T	REVISION OF LARYNX	0256	41.8741		APC	$2,119.25			
31590	T	REINNERVATE LARYNX	0256	41.8741		APC	$2,119.25			N
31595	T	LARYNX NERVE SURGERY	0256	41.8741		APC	$2,119.25			N
31599	T	LARYNX SURGERY PROCEDURE	0250	1.1110		APC	$56.23			N
31600	T	INCISION OF WINDPIPE	0254	24.7557		APC	$1,252.89			N
31601	T	INCISION OF WINDPIPE	0254	24.7557		APC	$1,252.89			N
31603	T	INCISION OF WINDPIPE	0252	7.5330		APC	$381.25			N
31605	T	INCISION OF WINDPIPE	0252	7.5330		APC	$381.25			N
3160F	E	DOC FE+ STORES B/4 EPO THX				Not Allowed	$0.00			
31610	T	INCISION OF WINDPIPE	0254	24.7557		APC	$1,252.89			N
31611	T	SURGERY/SPEECH PROSTHESIS	0254	24.7557		APC	$1,252.89			N
31612	T	PUNCTURE/CLEAR WINDPIPE	0254	24.7557		APC	$1,252.89			N
31613	T	REPAIR WINDPIPE OPENING	0254	24.7557		APC	$1,252.89			N
31614	T	REPAIR WINDPIPE OPENING	0256	41.8741		APC	$2,119.25			N
31615	T	VISUALIZATION OF WINDPIPE	0252	7.5330		APC	$381.25			N
31620	N	ENDOBRONCHIAL US ADD-ON				Bundled	$0.00			
31622	T	DX BRONCHOSCOPE/WASH	0076	10.1993		APC	$516.19			N
31623	T	DX BRONCHOSCOPE/BRUSH	0076	10.1993		APC	$516.19			N
31624	T	DX BRONCHOSCOPE/LAVAGE	0076	10.1993		APC	$516.19			N
31625	T	BRONCHOSCOPY W/BIOPSY(S)	0076	10.1993		APC	$516.19			N
31628	T	BRONCHOSCOPY/LUNG BX EACH	0076	10.1993		APC	$516.19			N
31629	T	BRONCHOSCOPY/NEEDLE BX EACH	0076	10.1993		APC	$516.19			N
31630	T	BRONCHOSCOPY DILATE/FX REPR	0415	25.1663		APC	$1,273.67			N
31631	T	BRONCHOSCOPY DILATE W/STENT	0415	25.1663		APC	$1,273.67			N
31632	T	BRONCHOSCOPY/LUNG BX ADD□L	0076	10.1993		APC	$516.19			
31633	T	BRONCHOSCOPY/NEEDLE BX ADD□L	0076	10.1993		APC	$516.19			
31635	T	BRONCHOSCOPY W/FB REMOVAL	0076	10.1993		APC	$516.19			N
31636	T	BRONCHOSCOPY BRONCH STENTS	0415	25.1663		APC	$1,273.67			
31637	T	BRONCHOSCOPY STENT ADD-ON	0076	10.1993		APC	$516.19			
31638	T	BRONCHOSCOPY REVISE STENT	0415	25.1663		APC	$1,273.67			
31640	T	BRONCHOSCOPY W/TUMOR EXCISE	0415	25.1663		APC	$1,273.67			N
31641	T	BRONCHOSCOPY, TREAT BLOCKAGE	0415	25.1663		APC	$1,273.67			N
31643	T	DIAG BRONCHOSCOPE/CATHETER	0076	10.1993		APC	$516.19			N
31645	T	BRONCHOSCOPY, CLEAR AIRWAYS	0076	10.1993		APC	$516.19			N

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31646	T	BRONCHOSCOPY, RECLEAR AIRWAY	0076	10.1993		APC	$516.19			N
31656	T	BRONCHOSCOPY INJ FOR X-RAY	0076	10.1993		APC	$516.19			N
3170F	E	FLOW CYTO DONE B/4 TX				Not Allowed	$0.00			
31715	N	INJECTION FOR BRONCHUS X-RAY				Bundled	$0.00			N
31717	T	BRONCHIAL BRUSH BIOPSY	0073	4.3850		APC	$221.92			N
31720	S	CLEARANCE OF AIRWAYS	0077	0.4024		APC	$20.37			N
31725	C	CLEARANCE OF AIRWAYS				Inpatient Only	$0.00			N
31730	T	INTRO, WINDPIPE WIRE/TUBE	0073	4.3850		APC	$221.92			N
31750	T	REPAIR OF WINDPIPE	0256	41.8741		APC	$2,119.25			N
31755	T	REPAIR OF WINDPIPE	0256	41.8741		APC	$2,119.25			N
31760	C	REPAIR OF WINDPIPE				Inpatient Only	$0.00			N
31766	C	RECONSTRUCTION OF WINDPIPE				Inpatient Only	$0.00			N
31770	C	REPAIR/GRAFT OF BRONCHUS				Inpatient Only	$0.00			N
31775	C	RECONSTRUCT BRONCHUS				Inpatient Only	$0.00			N
31780	C	RECONSTRUCT WINDPIPE				Inpatient Only	$0.00			N
31781	C	RECONSTRUCT WINDPIPE				Inpatient Only	$0.00			N
31785	T	REMOVE WINDPIPE LESION	0254	24.7557		APC	$1,252.89			N
31786	C	REMOVE WINDPIPE LESION				Inpatient Only	$0.00			N
31800	C	REPAIR OF WINDPIPE INJURY				Inpatient Only	$0.00			N
31805	C	REPAIR OF WINDPIPE INJURY				Inpatient Only	$0.00			N
31820	T	CLOSURE OF WINDPIPE LESION	0253	17.2402		APC	$872.53			N
31825	T	REPAIR OF WINDPIPE DEFECT	0254	24.7557		APC	$1,252.89			N
31830	T	REVISE WINDPIPE SCAR	0254	24.7557		APC	$1,252.89			N
31899	T	AIRWAYS SURGICAL PROCEDURE	0076	10.1993		APC	$516.19			N
3200F	E	BARIUM SWALLOW TEST NOT REQ				Not Allowed	$0.00			
32035	C	EXPLORATION OF CHEST				Inpatient Only	$0.00			N
32036	C	EXPLORATION OF CHEST				Inpatient Only	$0.00			N
32095	C	BIOPSY THROUGH CHEST WALL				Inpatient Only	$0.00			N
32100	C	EXPLORATION/BIOPSY OF CHEST				Inpatient Only	$0.00			N
3210F	E	GRP A STREP TEST PERFORMED				Not Allowed	$0.00			
32110	C	EXPLORE/REPAIR CHEST				Inpatient Only	$0.00			N
32120	C	RE-EXPLORATION OF CHEST				Inpatient Only	$0.00			N
32124	C	EXPLORE CHEST FREE ADHESIONS				Inpatient Only	$0.00			N
32140	C	REMOVAL OF LUNG LESION(S)				Inpatient Only	$0.00			N
32141	C	REMOVE/TREAT LUNG LESIONS				Inpatient Only	$0.00			N
32150	C	REMOVAL OF LUNG LESION(S)				Inpatient Only	$0.00			N
32151	C	REMOVE LUNG FOREIGN BODY				Inpatient Only	$0.00			N
3215F	E	PT IMMUNITY TO HEP A DOCD				Not Allowed	$0.00			
32160	C	OPEN CHEST HEART MASSAGE				Inpatient Only	$0.00			N
3216F	E	PT IMMUNITY TO HEP B DOCD				Not Allowed	$0.00			
3218F	E	RNA TSTNG HEP C DOCD-DONE				Not Allowed	$0.00			

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32200	C	DRAIN, OPEN, LUNG LESION				Inpatient Only	$0.00			N
32201	T	DRAIN, PERCUT, LUNG LESION	0070	5.3343		APC	$269.97			N
3220F	E	HEP C QUANT RNA TSTNG DOCD				Not Allowed	$0.00			
32215	C	TREAT CHEST LINING				Inpatient Only	$0.00			N
32220	C	RELEASE OF LUNG				Inpatient Only	$0.00			N
32225	C	PARTIAL RELEASE OF LUNG				Inpatient Only	$0.00			N
3230F	E	NOTE HRING TST W/IN 6 MON				Not Allowed	$0.00			
32310	C	REMOVAL OF CHEST LINING				Inpatient Only	$0.00			N
32320	C	FREE/REMOVE CHEST LINING				Inpatient Only	$0.00			N
32400	T	NEEDLE BIOPSY CHEST LINING	0685	9.5785		APC	$484.77			N
32402	C	OPEN BIOPSY CHEST LINING				Inpatient Only	$0.00			N
32405	T	BIOPSY, LUNG OR MEDIASTINUM	0685	9.5785		APC	$484.77			N
32420	T	PUNCTURE/CLEAR LUNG	0070	5.3343		APC	$269.97			N
32421	T	THORACENTESIS FOR ASPIRATION	0070	5.3343		APC	$269.97			
32422	T	THORACENTESIS W/TUBE INSERT	0070	5.3343		APC	$269.97			
32440	C	REMOVAL OF LUNG				Inpatient Only	$0.00			N
32442	C	SLEEVE PNEUMONECTOMY				Inpatient Only	$0.00			N
32445	C	REMOVAL OF LUNG				Inpatient Only	$0.00			N
32480	C	PARTIAL REMOVAL OF LUNG				Inpatient Only	$0.00			N
32482	C	BILOBECTOMY				Inpatient Only	$0.00			N
32484	C	SEGMENTECTOMY				Inpatient Only	$0.00			N
32486	C	SLEEVE LOBECTOMY				Inpatient Only	$0.00			N
32488	C	COMPLETION PNEUMONECTOMY				Inpatient Only	$0.00			N
32491	C	LUNG VOLUME REDUCTION				Inpatient Only	$0.00			N
32500	C	PARTIAL REMOVAL OF LUNG				Inpatient Only	$0.00			N
32501	C	REPAIR BRONCHUS ADD-ON				Inpatient Only	$0.00			N
32503	C	RESECT APICAL LUNG TUMOR				Not Allowed	$0.00			
32504	C	RESECT APICAL LUNG TUM/CHEST				Not Allowed	$0.00			
3250F	E	NONPRIM LOC ANAT BX SITE TUM				Not Allowed	$0.00			
32540	C	REMOVAL OF LUNG LESION				Inpatient Only	$0.00			N
32550	T	INSERT PLEURAL CATH	0652	29.8670		APC	$1,511.57			
32551	T	INSERTION OF CHEST TUBE	0070	5.3343		APC	$269.97			
32560	T	TREAT LUNG LINING CHEMICALLY	0070	5.3343		APC	$269.97			
32601	T	THORACOSCOPY, DIAGNOSTIC	0069	33.5041		APC	$1,695.64			N
32602	T	THORACOSCOPY, DIAGNOSTIC	0069	33.5041		APC	$1,695.64			N
32603	T	THORACOSCOPY, DIAGNOSTIC	0069	33.5041		APC	$1,695.64			N
32604	T	THORACOSCOPY, DIAGNOSTIC	0069	33.5041		APC	$1,695.64			N
32605	T	THORACOSCOPY, DIAGNOSTIC	0069	33.5041		APC	$1,695.64			N
32606	T	THORACOSCOPY, DIAGNOSTIC	0069	33.5041		APC	$1,695.64			N
3260F	E	PT CAT/PN CAT/HIST GRD DOCD				Not Allowed	$0.00			
32650	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
32651	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
32652	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
32653	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
32654	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
32655	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
32656	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
32657	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
32658	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
32659	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
3265F	E	RNA TSTNG HEPC VIR ORD/DOCD				Not Allowed	$0.00			
32660	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
32661	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
32662	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
32663	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
32664	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
32665	C	THORACOSCOPY, SURGICAL				Inpatient Only	$0.00			N
3266F	E	HEPC GN TSTNG DOCD B/4TXMNT				Not Allowed	$0.00			
3268F	E	PSA/T/GLSC DOCD B/4 TXMNT				Not Allowed	$0.00			
3269F	E	BONE SCN B/4 TXMNT/AFTR DX				Not Allowed	$0.00			
3270F	E	NO BONE SCN B/4 TXMNT/AFTRDX				Not Allowed	$0.00			
3271F	E	LOW RISK PROSTATE CANCER				Not Allowed	$0.00			
3272F	E	MED RISK PROSTATE CANCER				Not Allowed	$0.00			
3273F	E	HIGH RISK PROSTATE CANCER				Not Allowed	$0.00			
3274F	E	PROST CNCR RSK NOT LW/MD/HGH				Not Allowed	$0.00			
3278F	E	SERUM LVLS CA/IPTH/LPD ORD				Not Allowed	$0.00			
3279F	E	HGB LVL >/=13 G/DL				Not Allowed	$0.00			
32800	C	REPAIR LUNG HERNIA				Inpatient Only	$0.00			N
3280F	E	HGB LVL 11-12.9 G/DL				Not Allowed	$0.00			
32810	C	CLOSE CHEST AFTER DRAINAGE				Inpatient Only	$0.00			N
32815	C	CLOSE BRONCHIAL FISTULA				Inpatient Only	$0.00			N
3281F	E	HGB LVL <11 G/DL				Not Allowed	$0.00			
32820	C	RECONSTRUCT INJURED CHEST				Inpatient Only	$0.00			N
3284F	E	IOP DOWN >15% OF PRE-SVC LVL				Not Allowed	$0.00			
32850	C	DONOR PNEUMONECTOMY				Inpatient Only	$0.00			Y
32851	C	LUNG TRANSPLANT, SINGLE				Inpatient Only	$0.00			Y
32852	C	LUNG TRANSPLANT WITH BYPASS				Inpatient Only	$0.00			Y
32853	C	LUNG TRANSPLANT, DOUBLE				Inpatient Only	$0.00			Y
32854	C	LUNG TRANSPLANT WITH BYPASS				Inpatient Only	$0.00			Y
32855	C	PREPARE DONOR LUNG SINGLE				Inpatient Only	$0.00			Y
32856	C	PREPARE DONOR LUNG DOUBLE				Inpatient Only	$0.00			Y
3285F	E	IOP DOWN <15% OF PRE-SVC LVL				Not Allowed	$0.00			

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3288F	E	FALL RISK ASSESSMENT DOCD				Not Allowed	$0.00			
32900	C	REMOVAL OF RIB(S)				Inpatient Only	$0.00			N
32905	C	REVISE & REPAIR CHEST WALL				Inpatient Only	$0.00			N
32906	C	REVISE & REPAIR CHEST WALL				Inpatient Only	$0.00			N
3290F	E	PT=D(RH)- AND UNSENSITIZED				Not Allowed	$0.00			
3291F	E	PT=D(RH)+OR SENSITIZED				Not Allowed	$0.00			
3292F	E	HIV TSTNG ASKED/DOCD/REVWD				Not Allowed	$0.00			
32940	C	REVISION OF LUNG				Inpatient Only	$0.00			N
32960	T	THERAPEUTIC PNEUMOTHORAX	0070	5.3343		APC	$269.97			N
32997	C	TOTAL LUNG LAVAGE				Inpatient Only	$0.00			N
32998	T	PERQ RF ABLATE TX, PUL TUMOR	0423	46.5013		APC	$2,353.43			
32999	T	CHEST SURGERY PROCEDURE	0070	5.3343		APC	$269.97			N
3300F	E	AJCC STAGE DOCD B/4 THXPY				Not Allowed	$0.00			
33010	T	DRAINAGE OF HEART SAC	0070	5.3343		APC	$269.97			N
33011	T	REPEAT DRAINAGE OF HEART SAC	0070	5.3343		APC	$269.97			N
33015	C	INCISION OF HEART SAC				Inpatient Only	$0.00			N
3301F	E	CANCER STAGE DOCD METAST				Not Allowed	$0.00			
33020	C	INCISION OF HEART SAC				Inpatient Only	$0.00			N
33025	C	INCISION OF HEART SAC				Inpatient Only	$0.00			N
33030	C	PARTIAL REMOVAL OF HEART SAC				Inpatient Only	$0.00			N
33031	C	PARTIAL REMOVAL OF HEART SAC				Inpatient Only	$0.00			N
33050	C	REMOVAL OF HEART SAC LESION				Inpatient Only	$0.00			N
33120	C	REMOVAL OF HEART LESION				Inpatient Only	$0.00			N
33130	C	REMOVAL OF HEART LESION				Inpatient Only	$0.00			N
33140	C	HEART REVASCULARIZE (TMR)				Inpatient Only	$0.00			N
33141	C	HEART TMR W/OTHER PROCEDURE				Inpatient Only	$0.00			N
3315F	E	ER +OR PR +BREAST CANCER				Not Allowed	$0.00			
3316F	E	ER- OR PR- BREAST CANCER				Not Allowed	$0.00			
3317F	E	PATH RPT MALIG CANCER DOCD				Not Allowed	$0.00			
3318F	E	PATH RPT MALIG CANCER DOCD				Not Allowed	$0.00			
3319F	E	X-RAY/CT/ULTRSND ET AL ORDD				Not Allowed	$0.00			
33202	C	INSERT EPICARD ELTRD, OPEN				Inpatient Only	$0.00			
33203	C	INSERT EPICARD ELTRD, ENDO				Inpatient Only	$0.00			
33206	T	INSERTION OF HEART PACEMAKER	0089	117.7443		APC	$5,959.04			N
33207	T	INSERTION OF HEART PACEMAKER	0089	117.7443		APC	$5,959.04			N
33208	T	INSERTION OF HEART PACEMAKER	0655	143.9957		APC	$7,287.62			N
3320F	E	NO XRAY/CT/ ET AL ORDD				Not Allowed	$0.00			
33210	T	INSERTION OF HEART ELECTRODE	0106	50.4825		APC	$2,554.92			N
33211	T	INSERTION OF HEART ELECTRODE	0106	50.4825		APC	$2,554.92			N
33212	T	INSERTION OF PULSE GENERATOR	0090	96.2978		APC	$4,873.63			N
33213	T	INSERTION OF PULSE GENERATOR	0654	108.9884		APC	$5,515.90			N

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33214	T	UPGRADE OF PACEMAKER SYSTEM	0655	143.9957		APC	$7,287.62			N
33215	T	REPOSITION PACING-DEFIB LEAD	0105	22.1272		APC	$1,119.86			
33216	T	INSERT LEAD PACE-DEFIB ONE	0106	50.4825		APC	$2,554.92			N
33217	T	INSERT LEAD PACE-DEFIB DUAL	0106	50.4825		APC	$2,554.92			N
33218	T	REPAIR LEAD PACE-DEFIB ONE	0105	22.1272		APC	$1,119.86			N
3321F	E	AJCC CNCR 0/IA MELAN DOCD				Not Allowed	$0.00			
33220	T	REPAIR LEAD PACE-DEFIB DUAL	0105	22.1272		APC	$1,119.86			N
33222	T	REVISE POCKET PACEMAKER	0136	15.9750		APC	$808.49			N
33223	T	REVISE POCKET PACING-DEFIB	0136	15.9750		APC	$808.49			N
33224	T	INSERT PACING LEAD & CONNECT	0418	138.4242		APC	$7,005.65			
33225	T	L VENTRIC PACING LEAD ADD-ON	0418	138.4242		APC	$7,005.65			
33226	T	REPOSITION L VENTRIC LEAD	0105	22.1272		APC	$1,119.86			
3322F	E	MELAN >AJCC STAGE 0 OR IA				Not Allowed	$0.00			
33233	T	REMOVAL OF PACEMAKER SYSTEM	0105	22.1272		APC	$1,119.86			N
33234	T	REMOVAL OF PACEMAKER SYSTEM	0105	22.1272		APC	$1,119.86			N
33235	T	REMOVAL PACEMAKER ELECTRODE	0105	22.1272		APC	$1,119.86			N
33236	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only	$0.00			N
33237	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only	$0.00			N
33238	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only	$0.00			N
33240	T	INSERT PULSE GENERATOR	0107	320.0151		APC	$16,195.96			N
33241	T	REMOVE PULSE GENERATOR	0105	22.1272		APC	$1,119.86			N
33243	C	REMOVE ELTRD/THORACOTOMY				Inpatient Only	$0.00			N
33244	T	REMOVE ELTRD, TRANSVEN	0105	22.1272		APC	$1,119.86			N
33249	T	ELTRD/INSERT PACE-DEFIB	0108	427.6576		APC	$21,643.75			N
33250	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only	$0.00			N
33251	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only	$0.00			N
33254	C	ABLATE ATRIA, LMTD				Inpatient Only	$0.00			
33255	C	ABLATE ATRIA W/O BYPASS, EXT				Inpatient Only	$0.00			
33256	C	ABLATE ATRIA W/BYPASS, EXTEN				Inpatient Only	$0.00			
33257	C	ABLATE ATRIA, LMTD, ADD-ON				Inpatient Only	$0.00			
33258	C	ABLATE ATRIA, X10SV, ADD-ON				Inpatient Only	$0.00			
33259	C	ABLATE ATRIA W/BYPASS ADD-ON				Inpatient Only	$0.00			
3325F	E	PREOP ASSES 4 CATARACT SURG				Not Allowed	$0.00			
33261	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only	$0.00			N
33265	C	ABLATE ATRIA, LMTD, ENDO				Inpatient Only	$0.00			
33266	C	ABLATE ATRIA, X10SV, ENDO				Inpatient Only	$0.00			
33282	S	IMPLANT PAT-ACTIVE HT RECORD	0680	72.8054		APC	$3,684.68			N
33284	T	REMOVE PAT-ACTIVE HT RECORD	0020	8.2566		APC	$417.87			N
33300	C	REPAIR OF HEART WOUND				Inpatient Only	$0.00			N
33305	C	REPAIR OF HEART WOUND				Inpatient Only	$0.00			N
3330F	E	IMAGING STUDY ORDERED (BKP)				Not Allowed	$0.00			N

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33310	C	EXPLORATORY HEART SURGERY				Inpatient Only	$0.00			N
33315	C	EXPLORATORY HEART SURGERY				Inpatient Only	$0.00			N
3331F	E	BK IMAGING TST NOT ORDERED				Not Allowed	$0.00			N
33320	C	REPAIR MAJOR BLOOD VESSEL(S)				Inpatient Only	$0.00			N
33321	C	REPAIR MAJOR VESSEL				Inpatient Only	$0.00			N
33322	C	REPAIR MAJOR BLOOD VESSEL(S)				Inpatient Only	$0.00			N
33330	C	INSERT MAJOR VESSEL GRAFT				Inpatient Only	$0.00			N
33332	C	INSERT MAJOR VESSEL GRAFT				Inpatient Only	$0.00			N
33335	C	INSERT MAJOR VESSEL GRAFT				Inpatient Only	$0.00			N
33400	C	REPAIR OF AORTIC VALVE				Inpatient Only	$0.00			N
33401	C	VALVULOPLASTY, OPEN				Inpatient Only	$0.00			N
33403	C	VALVULOPLASTY, W/CP BYPASS				Inpatient Only	$0.00			N
33404	C	PREPARE HEART-AORTA CONDUIT				Inpatient Only	$0.00			N
33405	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			N
33406	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			N
3340F	E	MAMMO ASSESS INC XRAY DOCD				Not Allowed	$0.00			N
33410	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			N
33411	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			N
33412	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			N
33413	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			N
33414	C	REPAIR OF AORTIC VALVE				Inpatient Only	$0.00			N
33415	C	REVISION, SUBVALVULAR TISSUE				Inpatient Only	$0.00			N
33416	C	REVISE VENTRICLE MUSCLE				Inpatient Only	$0.00			N
33417	C	REPAIR OF AORTIC VALVE				Inpatient Only	$0.00			N
3341F	E	MAMMO ASSESS NEGATIVE DOCD				Not Allowed	$0.00			N
33420	C	REVISION OF MITRAL VALVE				Inpatient Only	$0.00			N
33422	C	REVISION OF MITRAL VALVE				Inpatient Only	$0.00			N
33425	C	REPAIR OF MITRAL VALVE				Inpatient Only	$0.00			N
33426	C	REPAIR OF MITRAL VALVE				Inpatient Only	$0.00			N
33427	C	REPAIR OF MITRAL VALVE				Inpatient Only	$0.00			N
3342F	E	MAMMO ASSESS BENGN DOCD				Not Allowed	$0.00			N
33430	C	REPLACEMENT OF MITRAL VALVE				Inpatient Only	$0.00			N
3343F	E	MAMMO PROBABLY BENGN DOCD				Not Allowed	$0.00			N
3344F	E	MAMMO ASSESS SUSP DOCD				Not Allowed	$0.00			N
3345F	E	MAMMO ASSESS HGHLYMALIG DOC				Not Allowed	$0.00			N
33460	C	REVISION OF TRICUSPID VALVE				Inpatient Only	$0.00			N
33463	C	VALVULOPLASTY, TRICUSPID				Inpatient Only	$0.00			N
33464	C	VALVULOPLASTY, TRICUSPID				Inpatient Only	$0.00			N
33465	C	REPLACE TRICUSPID VALVE				Inpatient Only	$0.00			N
33468	C	REVISION OF TRICUSPID VALVE				Inpatient Only	$0.00			N
33470	C	REVISION OF PULMONARY VALVE				Inpatient Only	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33471	C	VALVOTOMY, PULMONARY VALVE				Inpatient Only	$0.00			N
33472	C	REVISION OF PULMONARY VALVE				Inpatient Only	$0.00			N
33474	C	REVISION OF PULMONARY VALVE				Inpatient Only	$0.00			N
33475	C	REPLACEMENT, PULMONARY VALVE				Inpatient Only	$0.00			N
33476	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			N
33478	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			N
33496	C	REPAIR, PROSTH VALVE CLOT				Inpatient Only	$0.00			N
33500	C	REPAIR HEART VESSEL FISTULA				Inpatient Only	$0.00			N
33501	C	REPAIR HEART VESSEL FISTULA				Inpatient Only	$0.00			N
33502	C	CORONARY ARTERY CORRECTION				Inpatient Only	$0.00			N
33503	C	CORONARY ARTERY GRAFT				Inpatient Only	$0.00			N
33504	C	CORONARY ARTERY GRAFT				Inpatient Only	$0.00			N
33505	C	REPAIR ARTERY W/TUNNEL				Inpatient Only	$0.00			N
33506	C	REPAIR ARTERY, TRANSLOCATION				Inpatient Only	$0.00			N
33507	C	REPAIR ART INTRAMURAL				Not Allowed	$0.00			
33508	N	ENDOSCOPIC VEIN HARVEST				Bundled	$0.00			
3350F	E	MAMMO BX PROVEN MALIG DOCD				Not Allowed	$0.00			N
33510	C	CABG, VEIN, SINGLE				Inpatient Only	$0.00			N
33511	C	CABG, VEIN, TWO				Inpatient Only	$0.00			N
33512	C	CABG, VEIN, THREE				Inpatient Only	$0.00			N
33513	C	CABG, VEIN, FOUR				Inpatient Only	$0.00			N
33514	C	CABG, VEIN, FIVE				Inpatient Only	$0.00			N
33516	C	CABG, VEIN, SIX OR MORE				Inpatient Only	$0.00			N
33517	C	CABG, ARTERY-VEIN, SINGLE				Inpatient Only	$0.00			N
33518	C	CABG, ARTERY-VEIN, TWO				Inpatient Only	$0.00			N
33519	C	CABG, ARTERY-VEIN, THREE				Inpatient Only	$0.00			N
3351F	E	NEG SCRN DEP SYMP BY DEPTOOL				Not Allowed	$0.00			N
33521	C	CABG, ARTERY-VEIN, FOUR				Inpatient Only	$0.00			N
33522	C	CABG, ARTERY-VEIN, FIVE				Inpatient Only	$0.00			N
33523	C	CABG, ART-VEIN, SIX OR MORE				Inpatient Only	$0.00			N
3352F	E	NO SIG DEP SYMP BY DEP TOOL				Not Allowed	$0.00			N
33530	C	CORONARY ARTERY, BYPASS/REOP				Inpatient Only	$0.00			N
33533	C	CABG, ARTERIAL, SINGLE				Inpatient Only	$0.00			N
33534	C	CABG, ARTERIAL, TWO				Inpatient Only	$0.00			N
33535	C	CABG, ARTERIAL, THREE				Inpatient Only	$0.00			N
33536	C	CABG, ARTERIAL, FOUR OR MORE				Inpatient Only	$0.00			N
3353F	E	MILD-MOD DEP SYMP BY DEPTOOL				Not Allowed	$0.00			N
33542	C	REMOVAL OF HEART LESION				Inpatient Only	$0.00			N
33545	C	REPAIR OF HEART DAMAGE				Inpatient Only	$0.00			N
33548	C	RESTORE/REMODEL VENTRICLE				Not Allowed	$0.00			
3354F	E	CLIN SIG DEP SYM BY DEP TOOL				Not Allowed	$0.00			N

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33572	C	OPEN CORONARY ENDARTERECTOMY				Inpatient Only	$0.00			N
33600	C	CLOSURE OF VALVE				Inpatient Only	$0.00			N
33602	C	CLOSURE OF VALVE				Inpatient Only	$0.00			N
33606	C	ANASTOMOSIS/ARTERY-AORTA				Inpatient Only	$0.00			N
33608	C	REPAIR ANOMALY W/CONDUIT				Inpatient Only	$0.00			N
33610	C	REPAIR BY ENLARGEMENT				Inpatient Only	$0.00			N
33611	C	REPAIR DOUBLE VENTRICLE				Inpatient Only	$0.00			N
33612	C	REPAIR DOUBLE VENTRICLE				Inpatient Only	$0.00			N
33615	C	REPAIR, MODIFIED FONTAN				Inpatient Only	$0.00			N
33617	C	REPAIR SINGLE VENTRICLE				Inpatient Only	$0.00			N
33619	C	REPAIR SINGLE VENTRICLE				Inpatient Only	$0.00			N
33641	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	$0.00			N
33645	C	REVISION OF HEART VEINS				Inpatient Only	$0.00			N
33647	C	REPAIR HEART SEPTUM DEFECTS				Inpatient Only	$0.00			N
33660	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			N
33665	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			N
33670	C	REPAIR OF HEART CHAMBERS				Inpatient Only	$0.00			N
33675	C	CLOSE MULT VSD				Inpatient Only	$0.00			
33676	C	CLOSE MULT VSD W/RESECTION				Inpatient Only	$0.00			
33677	C	CL MULT VSD W/REM PUL BAND				Inpatient Only	$0.00			
33681	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	$0.00			N
33684	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	$0.00			N
33688	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	$0.00			N
33690	C	REINFORCE PULMONARY ARTERY				Inpatient Only	$0.00			N
33692	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			N
33694	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			N
33697	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			N
33702	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			N
3370F	E	AJCC BRST CNCR STAGE 0 DOCD				Not Allowed	$0.00			
33710	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			N
33720	C	REPAIR OF HEART DEFECT				Inpatient Only	$0.00			N
33722	C	REPAIR OF HEART DEFECT				Inpatient Only	$0.00			N
33724	C	REPAIR VENOUS ANOMALY				Inpatient Only	$0.00			
33726	C	REPAIR PUL VENOUS STENOSIS				Inpatient Only	$0.00			
3372F	E	AJCC BRST CNCR STAGE 1 +DOCD				Not Allowed	$0.00			
33730	C	REPAIR HEART-VEIN DEFECT(S)				Inpatient Only	$0.00			N
33732	C	REPAIR HEART-VEIN DEFECT				Inpatient Only	$0.00			N
33735	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			N
33736	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			N
33737	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			N
3374F	E	AJCC BRST CNCR STAGE 1 +DOCD				Not Allowed	$0.00			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33750	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			N
33755	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			N
33762	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			N
33764	C	MAJOR VESSEL SHUNT & GRAFT				Inpatient Only	$0.00			N
33766	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			N
33767	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			N
33768	C	CAVOPULMONARY SHUNTING				Not Allowed	$0.00			
3376F	E	AJCC BRSTCNCR STAGE 2 DOCD				Not Allowed	$0.00			
33770	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			N
33771	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			N
33774	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			N
33775	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			N
33776	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			N
33777	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			N
33778	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			N
33779	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			N
33780	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			N
33781	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			N
33786	C	REPAIR ARTERIAL TRUNK				Inpatient Only	$0.00			N
33788	C	REVISION OF PULMONARY ARTERY				Inpatient Only	$0.00			N
3378F	E	AJCC BRSTCNCR STAGE 3 DOCD				Not Allowed	$0.00			
33800	C	AORTIC SUSPENSION				Inpatient Only	$0.00			N
33802	C	REPAIR VESSEL DEFECT				Inpatient Only	$0.00			N
33803	C	REPAIR VESSEL DEFECT				Inpatient Only	$0.00			N
3380F	E	AJCC BRSTCNCR STAGE 4 DOCD				Not Allowed	$0.00			
33813	C	REPAIR SEPTAL DEFECT				Inpatient Only	$0.00			N
33814	C	REPAIR SEPTAL DEFECT				Inpatient Only	$0.00			N
33820	C	REVISE MAJOR VESSEL				Inpatient Only	$0.00			N
33822	C	REVISE MAJOR VESSEL				Inpatient Only	$0.00			N
33824	C	REVISE MAJOR VESSEL				Inpatient Only	$0.00			N
3382F	E	AJCC CLN CNCR STAGE 0 DOCD				Not Allowed	$0.00			
33840	C	REMOVE AORTA CONSTRICTION				Inpatient Only	$0.00			N
33845	C	REMOVE AORTA CONSTRICTION				Inpatient Only	$0.00			N
3384F	E	AJCC CLN CNCR STAGE 1 DOCD				Not Allowed	$0.00			
33851	C	REMOVE AORTA CONSTRICTION				Inpatient Only	$0.00			N
33852	C	REPAIR SEPTAL DEFECT				Inpatient Only	$0.00			N
33853	C	REPAIR SEPTAL DEFECT				Inpatient Only	$0.00			N
33860	C	ASCENDING AORTIC GRAFT				Inpatient Only	$0.00			N
33861	C	ASCENDING AORTIC GRAFT				Inpatient Only	$0.00			N
33863	C	ASCENDING AORTIC GRAFT				Inpatient Only	$0.00			N
33864	C	ASCENDING AORTIC GRAFT				Inpatient Only	$0.00			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
3386F	E	AJCC CLN CNCR STAGE 2 DOCD				Not Allowed	$0.00			
33870	C	TRANSVERSE AORTIC ARCH GRAFT				Inpatient Only	$0.00			N
33875	C	THORACIC AORTIC GRAFT				Inpatient Only	$0.00			N
33877	C	THORACOABDOMINAL GRAFT				Inpatient Only	$0.00			N
33880	C	ENDOVASC TAA REPR INCL SUBCL				Not Allowed	$0.00			
33881	C	ENDOVASC TAA REPR W/O SUBCL				Not Allowed	$0.00			
33883	C	INSERT ENDOVASC PROSTH TAA				Not Allowed	$0.00			
33884	C	ENDOVASC PROSTH TAA ADD-ON				Not Allowed	$0.00			
33886	C	ENDOVASC PROSTH DELAYED				Not Allowed	$0.00			
33889	C	ARTERY TRANSPOSE/ENDOVAS TAA				Not Allowed	$0.00			
3388F	E	AJCC CLN CNCR STAGE 3 DOCD				Not Allowed	$0.00			
33891	C	CAR-CAR BP GRFT/ENDOVAS TAA				Not Allowed	$0.00			
3390F	E	AJCC CLN CNCR STAGE 4 DOCD				Not Allowed	$0.00			
33910	C	REMOVE LUNG ARTERY EMBOLI				Inpatient Only	$0.00			N
33915	C	REMOVE LUNG ARTERY EMBOLI				Inpatient Only	$0.00			N
33916	C	SURGERY OF GREAT VESSEL				Inpatient Only	$0.00			N
33917	C	REPAIR PULMONARY ARTERY				Inpatient Only	$0.00			N
33920	C	REPAIR PULMONARY ATRESIA				Inpatient Only	$0.00			N
33922	C	TRANSECT PULMONARY ARTERY				Inpatient Only	$0.00			N
33924	C	REMOVE PULMONARY SHUNT				Inpatient Only	$0.00			N
33925	C	RPR PUL ART UNIFOCAL W/O CPB				Not Allowed	$0.00			
33926	C	REPR PUL ART UNIFOCAL W/CPB				Not Allowed	$0.00			
33930	C	REMOVAL OF DONOR HEART/LUNG				Inpatient Only	$0.00			Y
33933	C	PREPARE DONOR HEART/LUNG				Inpatient Only	$0.00			Y
33935	C	TRANSPLANTATION, HEART/LUNG				Inpatient Only	$0.00			Y
33940	C	REMOVAL OF DONOR HEART				Inpatient Only	$0.00			Y
33944	C	PREPARE DONOR HEART				Inpatient Only	$0.00			Y
33945	C	TRANSPLANTATION OF HEART				Inpatient Only	$0.00			Y
33960	C	EXTERNAL CIRCULATION ASSIST				Inpatient Only	$0.00			N
33961	C	EXTERNAL CIRCULATION ASSIST				Inpatient Only	$0.00			N
33967	C	INSERT IA PERCUT DEVICE				Inpatient Only	$0.00			
33968	C	REMOVE AORTIC ASSIST DEVICE				Inpatient Only	$0.00			N
33970	C	AORTIC CIRCULATION ASSIST				Inpatient Only	$0.00			N
33971	C	AORTIC CIRCULATION ASSIST				Inpatient Only	$0.00			N
33973	C	INSERT BALLOON DEVICE				Inpatient Only	$0.00			N
33974	C	REMOVE INTRA-AORTIC BALLOON				Inpatient Only	$0.00			N
33975	C	IMPLANT VENTRICULAR DEVICE				Inpatient Only	$0.00			N
33976	C	IMPLANT VENTRICULAR DEVICE				Inpatient Only	$0.00			N
33977	C	REMOVE VENTRICULAR DEVICE				Inpatient Only	$0.00			N
33978	C	REMOVE VENTRICULAR DEVICE				Inpatient Only	$0.00			N
33979	C	INSERT INTRACORPOREAL DEVICE				Inpatient Only	$0.00			

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33980	C	REMOVE INTRACORPOREAL DEVICE				Inpatient Only	$0.00			N
33999	T	CARDIAC SURGERY PROCEDURE	0070	5.3343		APC	$269.97			N
34001	C	REMOVAL OF ARTERY CLOT				Inpatient Only	$0.00			N
34051	C	REMOVAL OF ARTERY CLOT				Inpatient Only	$0.00			N
34101	T	REMOVAL OF ARTERY CLOT	0088	40.3117		APC	$2,040.18			N
34111	T	REMOVAL OF ARM ARTERY CLOT	0088	40.3117		APC	$2,040.18			N
34151	C	REMOVAL OF ARTERY CLOT				Inpatient Only	$0.00			N
34201	T	REMOVAL OF ARTERY CLOT	0088	40.3117		APC	$2,040.18			N
34203	T	REMOVAL OF LEG ARTERY CLOT	0088	40.3117		APC	$2,040.18			N
34401	C	REMOVAL OF VEIN CLOT				Inpatient Only	$0.00			N
34421	T	REMOVAL OF VEIN CLOT	0088	40.3117		APC	$2,040.18			N
34451	C	REMOVAL OF VEIN CLOT				Inpatient Only	$0.00			N
34471	T	REMOVAL OF VEIN CLOT	0088	40.3117		APC	$2,040.18			N
34490	T	REMOVAL OF VEIN CLOT	0088	40.3117		APC	$2,040.18			N
34501	T	REPAIR VALVE, FEMORAL VEIN	0088	40.3117		APC	$2,040.18			
34502	C	RECONSTRUCT VENA CAVA				Inpatient Only	$0.00			N
3450F	E	DYSPNEA SCRND, NO-MILD DYSP				Not Allowed	$0.00			
34510	T	TRANSPOSITION OF VEIN VALVE	0088	40.3117		APC	$2,040.18			
3451F	E	DYSPNEA SCRND MOD-HIGH DYSP				Not Allowed	$0.00			
34520	T	CROSS-OVER VEIN GRAFT	0088	40.3117		APC	$2,040.18			
3452F	E	DYSPNEA NOT SCREENED				Not Allowed	$0.00			
34530	T	LEG VEIN FUSION	0088	40.3117		APC	$2,040.18			
3455F	E	TB SCRNG DONE-INTERPD 6MON				Not Allowed	$0.00			
3470F	E	RA DISEASE ACTIVITY, LOW				Not Allowed	$0.00			
3471F	E	RA DISEASE ACTIVITY, MOD				Not Allowed	$0.00			
3472F	E	RA DISEASE ACTIVITY, HIGH				Not Allowed	$0.00			
3475F	E	DISEASE PROGN RA POOR DOCD				Not Allowed	$0.00			
3476F	E	DISEASE PROGN RA GOOD DOCD				Not Allowed	$0.00			
34800	C	ENDOVASC ABDO REPAIR W/TUBE				Inpatient Only	$0.00			N
34802	C	ENDOVASC ABDO REPR W/DEVICE				Inpatient Only	$0.00			N
34803	C	ENDOVAS AAA REPR W/3-P PART				Inpatient Only	$0.00			
34804	C	ENDOVASC ABDO REPR W/DEVICE				Inpatient Only	$0.00			N
34805	C	ENDOVASC ABDO REPAIR W/PROS				Inpatient Only	$0.00			
34806	C	ANEURYSM PRESS SENSOR ADD-ON				Inpatient Only	$0.00			
34808	C	ENDOVASC ABDO OCCLUD DEVICE				Inpatient Only	$0.00			N
34812	C	XPOSE FOR ENDOPROSTH FEMORL				Inpatient Only	$0.00			N
34813	C	FEMORAL ENDOVAS GRAFT ADD-ON				Inpatient Only	$0.00			N
34820	C	XPOSE FOR ENDOPROSTH, ILIAC				Inpatient Only	$0.00			N
34825	C	ENDOVASC EXTEND PROSTH INIT				Inpatient Only	$0.00			N
34826	C	ENDOVASC EXTEN PROSTH ADD□L				Inpatient Only	$0.00			N
34830	C	OPEN AORTIC TUBE PROSTH REPR				Inpatient Only	$0.00			N

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34831	C	OPEN AORTOILIAC PROSTH REPR				Inpatient Only	$0.00			N
34832	C	OPEN AORTOFEMOR PROSTH REPR				Inpatient Only	$0.00			N
34833	C	XPOSE FOR ENDOPROSTH ILIAC				Inpatient Only	$0.00			
34834	C	XPOSE ENDOPROSTH BRACHIAL				Inpatient Only	$0.00			
34900	C	ENDOVASC ILIAC REPR W/GRAFT				Inpatient Only	$0.00			
3490F	E	HISTORY - AIDS-DEFINING COND				Not Allowed	$0.00			
3491F	E	HIV UNSURE BABY OF HIV+MOMS				Not Allowed	$0.00			
3492F	E	HISTORY CD4+CELL COUNT <350				Not Allowed	$0.00			
3493F	E	NO HIST CD4+CELL CNT <350				Not Allowed	$0.00			
3494F	E	CD4+CELL COUNT <200CELLS/MM3				Not Allowed	$0.00			
3495F	E	CD4+CELL CNT 200-499 CELLS				Not Allowed	$0.00			
3496F	E	CD4+ CELL COUNT >=500 CELLS				Not Allowed	$0.00			
3497F	E	CD4+ CELL PERCENTAGE <15%				Not Allowed	$0.00			
3498F	E	CD4+ CELL PERCENTAGE >=15%				Not Allowed	$0.00			
35001	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			N
35002	C	REPAIR ARTERY RUPTURE, NECK				Inpatient Only	$0.00			
35005	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			N
3500F	E	CD4 +CELL CNT/% DOCD AS DONE				Not Allowed	$0.00			
35011	T	REPAIR DEFECT OF ARTERY	0653	46.8513		APC	$2,371.14			N
35013	C	REPAIR ARTERY RUPTURE, ARM				Inpatient Only	$0.00			
35021	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			N
35022	C	REPAIR ARTERY RUPTURE, CHEST				Inpatient Only	$0.00			
3502F	E	HIV RNA VRL LD <LMTS QUANTIF				Not Allowed	$0.00			
3503F	E	HIV RNA VRL LDNOT<LMTS QUNTF				Not Allowed	$0.00			
35045	C	REPAIR DEFECT OF ARM ARTERY				Inpatient Only	$0.00			N
35081	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			N
35082	C	REPAIR ARTERY RUPTURE, AORTA				Inpatient Only	$0.00			
35091	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			N
35092	C	REPAIR ARTERY RUPTURE, AORTA				Inpatient Only	$0.00			
35102	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			N
35103	C	REPAIR ARTERY RUPTURE, GROIN				Inpatient Only	$0.00			
3510F	E	DOC TB SCRNG-RSLTS INTERPD				Not Allowed	$0.00			
35111	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			N
35112	C	REPAIR ARTERY RUPTURE,SPLEEN				Inpatient Only	$0.00			
3511F	E	CHLMYD/GONRH TSTS DOCD DONE				Not Allowed	$0.00			
35121	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			N
35122	C	REPAIR ARTERY RUPTURE, BELLY				Inpatient Only	$0.00			
3512F	E	SYPH SCRNG DOCD AS DONE				Not Allowed	$0.00			
35131	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			N
35132	C	REPAIR ARTERY RUPTURE, GROIN				Inpatient Only	$0.00			
3513F	E	HEP B SCRNG DOCD AS DONE				Not Allowed	$0.00			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
35141	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			N
35142	C	REPAIR ARTERY RUPTURE, THIGH				Inpatient Only	$0.00			
3514F	E	HEP C SCRNG DOCD AS DONE				Not Allowed	$0.00			
35151	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			N
35152	C	REPAIR ARTERY RUPTURE, KNEE				Inpatient Only	$0.00			
3515F	E	PT HAS DOCD IMMUN TO HEP C				Not Allowed	$0.00			
35180	T	REPAIR BLOOD VESSEL LESION	0093	29.0343		APC	$1,469.43			N
35182	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			N
35184	T	REPAIR BLOOD VESSEL LESION	0093	29.0343		APC	$1,469.43			N
35188	T	REPAIR BLOOD VESSEL LESION	0088	40.3117		APC	$2,040.18			N
35189	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			N
35190	T	REPAIR BLOOD VESSEL LESION	0093	29.0343		APC	$1,469.43			N
35201	T	REPAIR BLOOD VESSEL LESION	0093	29.0343		APC	$1,469.43			N
35206	T	REPAIR BLOOD VESSEL LESION	0093	29.0343		APC	$1,469.43			N
35207	T	REPAIR BLOOD VESSEL LESION	0088	40.3117		APC	$2,040.18			
35211	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			N
35216	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			N
35221	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			N
35226	T	REPAIR BLOOD VESSEL LESION	0093	29.0343		APC	$1,469.43			N
35231	T	REPAIR BLOOD VESSEL LESION	0093	29.0343		APC	$1,469.43			N
35236	T	REPAIR BLOOD VESSEL LESION	0093	29.0343		APC	$1,469.43			N
35241	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			N
35246	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			N
35251	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			N
35256	T	REPAIR BLOOD VESSEL LESION	0093	29.0343		APC	$1,469.43			N
35261	T	REPAIR BLOOD VESSEL LESION	0653	46.8513		APC	$2,371.14			N
35266	T	REPAIR BLOOD VESSEL LESION	0653	46.8513		APC	$2,371.14			N
35271	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			N
35276	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			N
35281	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			N
35286	T	REPAIR BLOOD VESSEL LESION	0653	46.8513		APC	$2,371.14			N
35301	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			N
35302	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35303	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35304	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35305	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35306	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35311	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			N
35321	T	RECHANNELING OF ARTERY	0093	29.0343		APC	$1,469.43			N
35331	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			N
35341	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			N

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35351	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			N
35355	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			N
35361	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			N
35363	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			N
35371	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			N
35372	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			N
35390	C	REOPERATION, CAROTID ADD-ON				Inpatient Only	$0.00			N
35400	C	ANGIOSCOPY				Inpatient Only	$0.00			N
35450	C	REPAIR ARTERIAL BLOCKAGE				Inpatient Only	$0.00			N
35452	C	REPAIR ARTERIAL BLOCKAGE				Inpatient Only	$0.00			N
35454	C	REPAIR ARTERIAL BLOCKAGE				Inpatient Only	$0.00			N
35456	C	REPAIR ARTERIAL BLOCKAGE				Inpatient Only	$0.00			N
35458	T	REPAIR ARTERIAL BLOCKAGE	0083	48.3584		APC	$2,447.42			N
35459	T	REPAIR ARTERIAL BLOCKAGE	0083	48.3584		APC	$2,447.42			N
35460	T	REPAIR VENOUS BLOCKAGE	0083	48.3584		APC	$2,447.42			N
35470	T	REPAIR ARTERIAL BLOCKAGE	0083	48.3584		APC	$2,447.42			N
35471	T	REPAIR ARTERIAL BLOCKAGE	0083	48.3584		APC	$2,447.42			N
35472	T	REPAIR ARTERIAL BLOCKAGE	0083	48.3584		APC	$2,447.42			N
35473	T	REPAIR ARTERIAL BLOCKAGE	0083	48.3584		APC	$2,447.42			N
35474	T	REPAIR ARTERIAL BLOCKAGE	0083	48.3584		APC	$2,447.42			N
35475	T	REPAIR ARTERIAL BLOCKAGE	0083	48.3584		APC	$2,447.42			N
35476	T	REPAIR VENOUS BLOCKAGE	0083	48.3584		APC	$2,447.42			N
35480	C	ATHERECTOMY, OPEN				Inpatient Only	$0.00			N
35481	C	ATHERECTOMY, OPEN				Inpatient Only	$0.00			N
35482	C	ATHERECTOMY, OPEN				Inpatient Only	$0.00			N
35483	C	ATHERECTOMY, OPEN				Inpatient Only	$0.00			N
35484	T	ATHERECTOMY, OPEN	0082	90.2562		APC	$4,567.87			N
35485	T	ATHERECTOMY, OPEN	0082	90.2562		APC	$4,567.87			N
35490	T	ATHERECTOMY, PERCUTANEOUS	0082	90.2562		APC	$4,567.87			N
35491	T	ATHERECTOMY, PERCUTANEOUS	0082	90.2562		APC	$4,567.87			N
35492	T	ATHERECTOMY, PERCUTANEOUS	0082	90.2562		APC	$4,567.87			N
35493	T	ATHERECTOMY, PERCUTANEOUS	0082	90.2562		APC	$4,567.87			N
35494	T	ATHERECTOMY, PERCUTANEOUS	0082	90.2562		APC	$4,567.87			N
35495	T	ATHERECTOMY, PERCUTANEOUS	0082	90.2562		APC	$4,567.87			N
35500	T	HARVEST VEIN FOR BYPASS	0103	15.7264		APC	$795.91			N
35501	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35506	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35508	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35509	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
3550F	E	LOW RSK THROMBOEMBOLISM				Not Allowed	$0.00			
35510	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
35511	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35512	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35515	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35516	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35518	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
3551F	E	INTRMED RSK THROMBOEMBOLISM				Not Allowed	$0.00			
35521	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35522	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35523	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35525	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35526	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
3552F	E	HGH RISK FOR THROMBOEMBOLISM				Not Allowed	$0.00			
35531	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35533	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35535	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35536	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35537	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35538	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35539	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35540	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35548	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35549	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35551	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35556	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35558	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
3555F	E	PT INR MEASUREMENT PERFORMED				Not Allowed	$0.00			
35560	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35563	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35565	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35566	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35570	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35571	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35572	N	HARVEST FEMOROPOPLITEAL VEIN				Bundled	$0.00			
35583	C	VEIN BYPASS GRAFT				Inpatient Only	$0.00			
35585	C	VEIN BYPASS GRAFT				Inpatient Only	$0.00			
35587	C	VEIN BYPASS GRAFT				Inpatient Only	$0.00			
35600	C	HARVEST ARTERY FOR CABG				Inpatient Only	$0.00			N
35601	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35606	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35612	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35616	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
35621	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35623	C	BYPASS GRAFT, NOT VEIN				Inpatient Only	$0.00			N
35626	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35631	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35632	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35633	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35634	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35636	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35637	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35638	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35642	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35645	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35646	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35647	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35650	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35651	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35654	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35656	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35661	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35663	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35665	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35666	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35671	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			N
35681	C	COMPOSITE BYPASS GRAFT				Inpatient Only	$0.00			N
35682	C	COMPOSITE BYPASS GRAFT				Inpatient Only	$0.00			N
35683	C	COMPOSITE BYPASS GRAFT				Inpatient Only	$0.00			N
35685	T	BYPASS GRAFT PATENCY/PATCH	0093	29.0343		APC	$1,469.43			
35686	T	BYPASS GRAFT/AV FIST PATENCY	0093	29.0343		APC	$1,469.43			N
35691	C	ARTERIAL TRANSPOSITION				Inpatient Only	$0.00			N
35693	C	ARTERIAL TRANSPOSITION				Inpatient Only	$0.00			N
35694	C	ARTERIAL TRANSPOSITION				Inpatient Only	$0.00			N
35695	C	ARTERIAL TRANSPOSITION				Inpatient Only	$0.00			N
35697	C	REIMPLANT ARTERY EACH				Inpatient Only	$0.00			
35700	C	REOPERATION, BYPASS GRAFT				Inpatient Only	$0.00			N
35701	C	EXPLORATION, CAROTID ARTERY				Inpatient Only	$0.00			N
3570F	E	RPRT BONE SCINT X-REFW/X-RAY				Not Allowed	$0.00			
35721	C	EXPLORATION, FEMORAL ARTERY				Inpatient Only	$0.00			N
3572F	E	PT CONSID POSS RISK FX				Not Allowed	$0.00			
3573F	E	PT NOT CONSID POSS RISK FX				Not Allowed	$0.00			
35741	C	EXPLORATION POPLITEAL ARTERY				Inpatient Only	$0.00			N
35761	T	EXPLORATION OF ARTERY/VEIN	0093	29.0343		APC	$1,469.43			N

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35800	C	EXPLORE NECK VESSELS				Inpatient Only	$0.00			N
35820	C	EXPLORE CHEST VESSELS				Inpatient Only	$0.00			N
35840	C	EXPLORE ABDOMINAL VESSELS				Inpatient Only	$0.00			N
35860	T	EXPLORE LIMB VESSELS	0093	29.0343		APC	$1,469.43			N
35870	C	REPAIR VESSEL GRAFT DEFECT				Inpatient Only	$0.00			N
35875	T	REMOVAL OF CLOT IN GRAFT	0088	40.3117		APC	$2,040.18			N
35876	T	REMOVAL OF CLOT IN GRAFT	0088	40.3117		APC	$2,040.18			N
35879	T	REVISE GRAFT W/VEIN	0088	40.3117		APC	$2,040.18			N
35881	T	REVISE GRAFT W/VEIN	0088	40.3117		APC	$2,040.18			N
35883	T	REVISE GRAFT W/NONAUTO GRAFT	0088	40.3117		APC	$2,040.18			
35884	T	REVISE GRAFT W/VEIN	0088	40.3117		APC	$2,040.18			
35901	C	EXCISION, GRAFT, NECK				Inpatient Only	$0.00			N
35903	T	EXCISION, GRAFT, EXTREMITY	0093	29.0343		APC	$1,469.43			N
35905	C	EXCISION, GRAFT, THORAX				Inpatient Only	$0.00			N
35907	C	EXCISION, GRAFT, ABDOMEN				Inpatient Only	$0.00			N
36000	N	PLACE NEEDLE IN VEIN				Bundled	$0.00			N
36002	S	PSEUDOANEURYSM INJECTION TRT	0267	2.3186		APC	$117.34			
36005	N	INJECTION EXT VENOGRAPHY				Bundled	$0.00			N
36010	N	PLACE CATHETER IN VEIN				Bundled	$0.00			N
36011	N	PLACE CATHETER IN VEIN				Bundled	$0.00			N
36012	N	PLACE CATHETER IN VEIN				Bundled	$0.00			N
36013	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			N
36014	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			N
36015	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			N
36100	N	ESTABLISH ACCESS TO ARTERY				Bundled	$0.00			N
36120	N	ESTABLISH ACCESS TO ARTERY				Bundled	$0.00			N
36140	N	ESTABLISH ACCESS TO ARTERY				Bundled	$0.00			N
36145	N	ARTERY TO VEIN SHUNT				Bundled	$0.00			N
36160	N	ESTABLISH ACCESS TO AORTA				Bundled	$0.00			N
36200	N	PLACE CATHETER IN AORTA				Bundled	$0.00			N
36215	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			N
36216	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			N
36217	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			N
36218	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			N
36245	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			N
36246	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			N
36247	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			N
36248	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			N
36260	T	INSERTION OF INFUSION PUMP	0623	29.7476		APC	$1,505.53			
36261	T	REVISION OF INFUSION PUMP	0105	22.1272		APC	$1,119.86			
36262	T	REMOVAL OF INFUSION PUMP	0105	22.1272		APC	$1,119.86			

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36299	N	VESSEL INJECTION PROCEDURE				Bundled	$0.00			N
36400	N	BL DRAW < 3 YRS FEM/JUGULAR				Bundled	$0.00			N
36405	N	BL DRAW < 3 YRS SCALP VEIN				Bundled	$0.00			N
36406	N	BL DRAW < 3 YRS OTHER VEIN				Bundled	$0.00			N
36410	N	NON-ROUTINE BL DRAW > 3 YRS				Bundled	$0.00			N
36415	M	ROUTINE VENIPUNCTURE				Fee Schedule	$3.00			N
36416	N	CAPILLARY BLOOD DRAW				Bundled	$0.00			
36420	X	VEIN ACCESS CUTDOWN < 1 YR	0035	0.2186		APC	$11.06			N
36425	X	VEIN ACCESS CUTDOWN > 1 YR	0035	0.2186		APC	$11.06			N
36430	S	BLOOD TRANSFUSION SERVICE	0110	3.3544		APC	$169.77			N
36440	S	BL PUSH TRANSFUSE 2 YR OR <	0110	3.3544		APC	$169.77			N
36450	S	BL EXCHANGE/TRANSFUSE NB	0110	3.3544		APC	$169.77			N
36455	S	BL EXCHANGE/TRANSFUSE NON-NB	0110	3.3544		APC	$169.77			N
36460	S	TRANSFUSION SERVICE, FETAL	0110	3.3544		APC	$169.77			N
36468	T	INJECTION(S), SPIDER VEINS	0013	0.8281		APC	$41.91			N
36469	T	INJECTION(S), SPIDER VEINS	0013	0.8281		APC	$41.91			N
36470	T	INJECTION THERAPY OF VEIN	0013	0.8281		APC	$41.91			N
36471	T	INJECTION THERAPY OF VEINS	0013	0.8281		APC	$41.91			N
36475	T	ENDOVENOUS RF 1ST VEIN	0091	43.7923		APC	$2,216.33			
36476	T	ENDOVENOUS RF VEIN ADD-ON	0092	27.3614		APC	$1,384.76			
36478	T	ENDOVENOUS LASER 1ST VEIN	0092	27.3614		APC	$1,384.76			
36479	T	ENDOVENOUS LASER VEIN ADDON	0092	27.3614		APC	$1,384.76			
36481	N	INSERTION OF CATHETER, VEIN				Bundled	$0.00			N
36500	N	INSERTION OF CATHETER, VEIN				Bundled	$0.00			N
36510	N	INSERTION OF CATHETER, VEIN				Bundled	$0.00			N
36511	S	APHERESIS WBC	0111	11.5004		APC	$582.04			N
36512	S	APHERESIS RBC	0111	11.5004		APC	$582.04			
36513	S	APHERESIS PLATELETS	0111	11.5004		APC	$582.04			
36514	S	APHERESIS PLASMA	0111	11.5004		APC	$582.04			
36515	S	APHERESIS ADSORP/REINFUSE	0112	30.7865		APC	$1,558.10			
36516	S	APHERESIS SELECTIVE	0112	30.7865		APC	$1,558.10			
36522	S	PHOTOPHERESIS	0112	30.7865		APC	$1,558.10			N
36555	T	INSERT NON-TUNNEL CV CATH	0621	11.0653		APC	$560.01			
36556	T	INSERT NON-TUNNEL CV CATH	0621	11.0653		APC	$560.01			
36557	T	INSERT TUNNELED CV CATH	0622	24.9153		APC	$1,260.96			
36558	T	INSERT TUNNELED CV CATH	0622	24.9153		APC	$1,260.96			
36560	T	INSERT TUNNELED CV CATH	0623	29.7476		APC	$1,505.53			
36561	T	INSERT TUNNELED CV CATH	0623	29.7476		APC	$1,505.53			
36563	T	INSERT TUNNELED CV CATH	0623	29.7476		APC	$1,505.53			
36565	T	INSERT TUNNELED CV CATH	0623	29.7476		APC	$1,505.53			
36566	T	INSERT TUNNELED CV CATH	0623	29.7476		APC	$1,505.53			

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36568	T	INSERT TUNNELED CV CATH	0621	11.0653		APC	$560.01			
36569	T	INSERT TUNNELED CV CATH	0621	11.0653		APC	$560.01			
36570	T	INSERT TUNNELED CV CATH	0622	24.9153		APC	$1,260.96			
36571	T	INSERT TUNNELED CV CATH	0622	24.9153		APC	$1,260.96			
36575	T	REPAIR TUNNELED CV CATH	0121	4.5958		APC	$232.59			
36576	T	REPAIR TUNNELED CV CATH	0621	11.0653		APC	$560.01			
36578	T	REPLACE TUNNELED CV CATH	0622	24.9153		APC	$1,260.96			
36580	T	REPLACE TUNNELED CV CATH	0621	11.0653		APC	$560.01			
36581	T	REPLACE TUNNELED CV CATH	0622	24.9153		APC	$1,260.96			
36582	T	REPLACE TUNNELED CV CATH	0623	29.7476		APC	$1,505.53			
36583	T	REPLACE TUNNELED CV CATH	0623	29.7476		APC	$1,505.53			
36584	T	REPLACE TUNNELED CV CATH	0621	11.0653		APC	$560.01			
36585	T	REPLACE TUNNELED CV CATH	0622	24.9153		APC	$1,260.96			
36589	T	REMOVAL TUNNELED CV CATH	0121	4.5958		APC	$232.59			
36590	T	REMOVAL TUNNELED CV CATH	0621	11.0653		APC	$560.01			
36591	N	DRAW BLOOD OFF VENOUS DEVICE	0624	0.6043		Bundled, may be payable	$0.00			
36592	N	COLLECT BLOOD FROM PICC	0624	0.6043		Bundled, may be payable	$0.00			
36593	T	DECLOT VASCULAR DEVICE	0676	2.4525		APC	$124.12			
36595	T	MECH REMOV TUNNELED CV CATH	0622	24.9153		APC	$1,260.96			
36596	T	MECH REMOV TUNNELED CV CATH	0621	11.0653		APC	$560.01			
36597	T	REPOSITION VENOUS CATHETER	0621	11.0653		APC	$560.01			
36598	T	INJ W/FLUOR EVAL CV DEVICE	0676	2.4525		APC	$124.12			
36600	X	ARTERIAL PUNCTURE WITHDRAWAL OF BLOOD FOR DIAGNOSIS	0035	0.2186		APC	$11.06			N
36620	N	INSERTION CATHETER, ARTERY				Bundled	$0.00			N
36625	N	INSERTION CATHETER, ARTERY				Bundled	$0.00			N
36640	T	INSERTION CATHETER, ARTERY	0623	29.7476		APC	$1,505.53			N
36660	C	INSERTION CATHETER, ARTERY				Inpatient Only	$0.00			N
36680	T	INSERT NEEDLE, BONE CAVITY	0002	1.4324		APC	$72.49			N
36800	T	INSERTION OF CANNULA	0115	32.9660		APC	$1,668.41			N
36810	T	INSERTION OF CANNULA	0115	32.9660		APC	$1,668.41			N
36815	T	INSERTION OF CANNULA	0115	32.9660		APC	$1,668.41			N
36818	T	AV FUSE UPPR ARM CEPHALIC	0088	40.3117		APC	$2,040.18			
36819	T	AV FUSION/UPPR ARM VEIN	0088	40.3117		APC	$2,040.18			N
36820	T	AV FUSION/FOREARM VEIN	0088	40.3117		APC	$2,040.18			N
36821	T	AV FUSION DIRECT ANY SITE	0088	40.3117		APC	$2,040.18			N
36822	C	INSERTION OF CANNULA(S)				Inpatient Only	$0.00			N
36823	C	INSERTION OF CANNULA(S)				Inpatient Only	$0.00			N
36825	T	ARTERY-VEIN AUTOGRAFT	0088	40.3117		APC	$2,040.18			N
36830	T	ARTERY-VEIN NONAUTOGRAFT	0088	40.3117		APC	$2,040.18			N
36831	T	OPEN THROMBECT AV FISTULA	0088	40.3117		APC	$2,040.18			N
36832	T	AV FISTULA REVISION, OPEN	0088	40.3117		APC	$2,040.18			N

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36833	T	AV FISTULA REVISION	0088	40.3117		APC	$2,040.18			N
36834	T	REPAIR A-V ANEURYSM	0088	40.3117		APC	$2,040.18			N
36835	T	ARTERY TO VEIN SHUNT	0115	32.9660		APC	$1,668.41			N
36838	T	DIST REVAS LIGATION HEMO	0088	40.3117		APC	$2,040.18			
36860	T	EXTERNAL CANNULA DECLOTTING	0676	2.4525		APC	$124.12			N
36861	T	CANNULA DECLOTTING	0115	32.9660		APC	$1,668.41			N
36870	T	PERCUT THROMBECT AV FISTULA	0653	46.8513		APC	$2,371.14			N
37140	C	REVISION OF CIRCULATION				Inpatient Only	$0.00			N
37145	C	REVISION OF CIRCULATION				Inpatient Only	$0.00			N
37160	C	REVISION OF CIRCULATION				Inpatient Only	$0.00			N
37180	C	REVISION OF CIRCULATION				Inpatient Only	$0.00			N
37181	C	SPLICE SPLEEN/KIDNEY VEINS				Inpatient Only	$0.00			
37182	C	INSERT HEPATIC SHUNT (TIPS)				Inpatient Only	$0.00			
37183	T	REMOVE HEPATIC SHUNT (TIPS)	0229	92.2507		APC	$4,668.81			
37184	T	PRIM ART MECH THROMBECTOMY	0088	40.3117		APC	$2,040.18			
37185	T	PRIM ART M-THROMBECT ADD-ON	0088	40.3117		APC	$2,040.18			
37186	T	SEC ART M-THROMBECT ADD-ON	0088	40.3117		APC	$2,040.18			
37187	T	VENOUS MECH THROMBECTOMY	0088	40.3117		APC	$2,040.18			
37188	T	VENOUS M-THROMBECTOMY ADD-ON	0088	40.3117		APC	$2,040.18			
37195	T	THROMBOLYTIC THERAPY, STROKE	0676	2.4525		APC	$124.12			N
37200	T	TRANSCATHETER BIOPSY	0623	29.7476		APC	$1,505.53			N
37201	T	TRANSCATHETER THERAPY INFUSE	0103	15.7264		APC	$795.91			N
37202	T	TRANSCATHETER THERAPY INFUSE	0103	15.7264		APC	$795.91			N
37203	T	TRANSCATHETER RETRIEVAL	0623	29.7476		APC	$1,505.53			N
37204	T	TRANSCATHETER OCCLUSION	0082	90.2562		APC	$4,567.87			N
37205	T	TRANSCATHETER STENT	0229	92.2507		APC	$4,668.81			N
37206	T	TRANSCATHETER STENT ADD-ON	0229	92.2507		APC	$4,668.81			N
37207	T	TRANSCATHETER STENT	0229	92.2507		APC	$4,668.81			N
37208	T	TRANSCATHETER STENT ADD-ON	0229	92.2507		APC	$4,668.81			N
37209	T	CHANGE IV CATH AT THROMB TX	0623	29.7476		APC	$1,505.53			N
37210	T	EMBOLIZATION UTERINE FIBROID	0229	92.2507		APC	$4,668.81			
37215	C	TRANSCATH STENT CCA W/EPS				Inpatient Only	$0.00			
37216	E	TRANSCATH STENT CCA W/O EPS				Not Allowed	$0.00			
37250	N	IV US FIRST VESSEL ADD-ON				Bundled	$0.00			N
37251	N	IV US EACH ADD VESSEL ADD-ON				Bundled	$0.00			N
37500	T	ENDOSCOPY LIGATE PERF VEINS	0091	43.7923		APC	$2,216.33			N
37501	T	VASCULAR ENDOSCOPY PROCEDURE	0092	27.3614		APC	$1,384.76			
37565	T	LIGATION OF NECK VEIN	0093	29.0343		APC	$1,469.43			N
37600	T	LIGATION OF NECK ARTERY	0093	29.0343		APC	$1,469.43			N
37605	T	LIGATION OF NECK ARTERY	0091	43.7923		APC	$2,216.33			N
37606	T	LIGATION OF NECK ARTERY	0092	27.3614		APC	$1,384.76			N

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37607	T	LIGATION OF A-V FISTULA	0092	27.3614		APC	$1,384.76			N
37609	T	TEMPORAL ARTERY PROCEDURE	0021	15.8974		APC	$804.57			N
37615	T	LIGATION OF NECK ARTERY	0092	27.3614		APC	$1,384.76			N
37616	C	LIGATION OF CHEST ARTERY				Inpatient Only	$0.00			N
37617	C	LIGATION OF ABDOMEN ARTERY				Inpatient Only	$0.00			N
37618	C	LIGATION OF EXTREMITY ARTERY				Inpatient Only	$0.00			N
37620	T	REVISION OF MAJOR VEIN	0091	43.7923		APC	$2,216.33			N
37650	T	REVISION OF MAJOR VEIN	0092	27.3614		APC	$1,384.76			N
37660	C	REVISION OF MAJOR VEIN				Inpatient Only	$0.00			N
37700	T	REVISE LEG VEIN	0092	27.3614		APC	$1,384.76			N
37718	T	LIGATE/STRIP SHORT LEG VEIN	0092	27.3614		APC	$1,384.76			
37722	T	LIGATE/STRIP LONG LEG VEIN	0091	43.7923		APC	$2,216.33			
37735	T	REMOVAL OF LEG VEINS/LESION	0091	43.7923		APC	$2,216.33			N
37760	T	LIGATION LEG VEINS OPEN	0092	27.3614		APC	$1,384.76			N
37765	T	PHLEB VEINS EXTREM 10-20	0092	27.3614		APC	$1,384.76			
37766	T	PHLEB VEINS EXTREM 20+	0092	27.3614		APC	$1,384.76			
37780	T	REVISION OF LEG VEIN	0092	27.3614		APC	$1,384.76			N
37785	T	LIGATE/DIVIDE/EXCISE VEIN	0092	27.3614		APC	$1,384.76			N
37788	C	REVASCULARIZATION, PENIS				Inpatient Only	$0.00			N
37790	T	PENILE VENOUS OCCLUSION	0181	35.5639		APC	$1,799.89			N
37799	T	VASCULAR SURGERY PROCEDURE	0103	15.7264		APC	$795.91			N
38100	C	REMOVAL OF SPLEEN, TOTAL				Inpatient Only	$0.00			N
38101	C	REMOVAL OF SPLEEN, PARTIAL				Inpatient Only	$0.00			N
38102	C	REMOVAL OF SPLEEN, TOTAL				Inpatient Only	$0.00			N
38115	C	REPAIR OF RUPTURED SPLEEN				Inpatient Only	$0.00			N
38120	T	LAPAROSCOPY, SPLENECTOMY	0131	46.3238		APC	$2,344.45			N
38129	T	LAPAROSCOPE PROC, SPLEEN	0130	37.8887		APC	$1,917.55			N
38200	N	INJECTION FOR SPLEEN X-RAY				Bundled	$0.00			N
38204	N	BL DONOR SEARCH MANAGEMENT				Bundled	$0.00			Y
38205	S	HARVEST ALLOGENIC STEM CELLS	0111	11.5004		APC	$582.04			Y
38206	S	HARVEST AUTO STEM CELLS	0111	11.5004		APC	$582.04			Y
38207	S	CRYOPRESERVE STEM CELLS	0110	3.3544		APC	$169.77			Y
38208	S	THAW PRESERVED STEM CELLS	0110	3.3544		APC	$169.77			Y
38209	S	WASH HARVEST STEM CELLS	0110	3.3544		APC	$169.77			Y
38210	S	T-CELL DEPLETION OF HARVEST	0393	6.0581		APC	$306.60			Y
38211	S	TUMOR CELL DEPLETE OF HARVST	0393	6.0581		APC	$306.60			Y
38212	S	RBC DEPLETION OF HARVEST	0393	6.0581		APC	$306.60			Y
38213	S	PLATELET DEPLETE OF HARVEST	0393	6.0581		APC	$306.60			Y
38214	S	VOLUME DEPLETE OF HARVEST	0393	6.0581		APC	$306.60			Y
38215	S	HARVEST STEM CELL CONCENTRTE	0393	6.0581		APC	$306.60			Y
38220	T	BONE MARROW ASPIRATION	0003	3.1527		APC	$159.56			

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38221	T	BONE MARROW BIOPSY	0003	3.1527		APC	$159.56			N
38230	S	BONE MARROW COLLECTION	0112	30.7865		APC	$1,558.10			Y
38240	S	BONE MARROW/STEM TRANSPLANT	0112	30.7865		APC	$1,558.10			Y
38241	S	BONE MARROW/STEM TRANSPLANT	0112	30.7865		APC	$1,558.10			Y
38242	S	LYMPHOCYTE INFUSE TRANSPLANT	0111	11.5004		APC	$582.04			Y
38300	T	DRAINAGE, LYMPH NODE LESION	0007	12.5953		APC	$637.45			N
38305	T	DRAINAGE, LYMPH NODE LESION	0008	19.3873		APC	$981.19			N
38308	T	INCISION OF LYMPH CHANNELS	0113	23.6897		APC	$1,198.94			N
38380	C	THORACIC DUCT PROCEDURE				Inpatient Only	$0.00			N
38381	C	THORACIC DUCT PROCEDURE				Inpatient Only	$0.00			N
38382	C	THORACIC DUCT PROCEDURE				Inpatient Only	$0.00			
38500	T	BIOPSY/REMOVAL, LYMPH NODES	0113	23.6897		APC	$1,198.94			N
38505	T	NEEDLE BIOPSY, LYMPH NODES	0005	7.3879		APC	$373.90			
38510	T	BIOPSY/REMOVAL, LYMPH NODES	0113	23.6897		APC	$1,198.94			N
38520	T	BIOPSY/REMOVAL, LYMPH NODES	0113	23.6897		APC	$1,198.94			N
38525	T	BIOPSY/REMOVAL, LYMPH NODES	0113	23.6897		APC	$1,198.94			
38530	T	BIOPSY/REMOVAL, LYMPH NODES	0113	23.6897		APC	$1,198.94			N
38542	T	EXPLORE DEEP NODE(S), NECK	0114	47.2067		APC	$2,389.13			N
38550	T	REMOVAL, NECK/ARMPIT LESION	0113	23.6897		APC	$1,198.94			N
38555	T	REMOVAL, NECK/ARMPIT LESION	0113	23.6897		APC	$1,198.94			N
38562	C	REMOVAL, PELVIC LYMPH NODES				Inpatient Only	$0.00			N
38564	C	REMOVAL, ABDOMEN LYMPH NODES				Inpatient Only	$0.00			N
38570	T	LAPAROSCOPY, LYMPH NODE BIOP	0131	46.3238		APC	$2,344.45			N
38571	T	LAPAROSCOPY, LYMPHADENECTOMY	0132	69.9234		APC	$3,538.82			N
38572	T	LAPAROSCOPY, LYMPHADENECTOMY	0131	46.3238		APC	$2,344.45			N
38589	T	LAPAROSCOPE PROC, LYMPHATIC	0130	37.8887		APC	$1,917.55			N
38700	T	REMOVAL OF LYMPH NODES NECK	0113	23.6897		APC	$1,198.94			N
38720	T	REMOVAL OF LYMPH NODES, NECK	0113	23.6897		APC	$1,198.94			N
38724	C	REMOVAL OF LYMPH NODES, NECK				Inpatient Only	$0.00			
38740	T	REMOVE ARMPIT LYMPH NODES	0114	47.2067		APC	$2,389.13			N
38745	T	REMOVE ARMPIT LYMPH NODES	0114	47.2067		APC	$2,389.13			N
38746	C	REMOVE THORACIC LYMPH NODES				Inpatient Only	$0.00			N
38747	C	REMOVE ABDOMINAL LYMPH NODES				Inpatient Only	$0.00			N
38760	T	REMOVE GROIN LYMPH NODES	0113	23.6897		APC	$1,198.94			N
38765	C	REMOVE GROIN LYMPH NODES				Inpatient Only	$0.00			N
38770	C	REMOVE PELVIS LYMPH NODES				Inpatient Only	$0.00			N
38780	C	REMOVE ABDOMEN LYMPH NODES				Inpatient Only	$0.00			N
38790	N	INJECT FOR LYMPHATIC X-RAY				Bundled	$0.00			N
38792	N	IDENTIFY SENTINEL NODE	0392	2.4943		Bundled, may be payable i	$0.00			N
38794	N	ACCESS THORACIC LYMPH DUCT				Bundled	$0.00			N
38999	S	BLOOD/LYMPH SYSTEM PROCEDURE	0110	3.3544		APC	$169.77			N

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39000	C	EXPLORATION OF CHEST				Inpatient Only	$0.00			N
39010	C	EXPLORATION OF CHEST				Inpatient Only	$0.00			N
39200	C	REMOVAL CHEST LESION				Inpatient Only	$0.00			N
39220	C	REMOVAL CHEST LESION				Inpatient Only	$0.00			N
39400	T	VISUALIZATION OF CHEST	0069	33.5041		APC	$1,695.64			N
39499	C	CHEST PROCEDURE				Inpatient Only	$0.00			N
39501	C	REPAIR DIAPHRAGM LACERATION				Inpatient Only	$0.00			
39502	C	REPAIR PARAESOPHAGEAL HERNIA				Inpatient Only	$0.00			
39503	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	$0.00			
39520	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	$0.00			N
39530	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	$0.00			N
39531	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	$0.00			N
39540	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	$0.00			N
39541	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	$0.00			N
39545	C	REVISION OF DIAPHRAGM				Inpatient Only	$0.00			N
39560	C	RESECT DIAPHRAGM, SIMPLE				Inpatient Only	$0.00			N
39561	C	RESECT DIAPHRAGM, COMPLEX				Inpatient Only	$0.00			N
39599	C	DIAPHRAGM SURGERY PROCEDURE				Inpatient Only	$0.00			N
4000F	E	TOBACCO USE TXMNT COUNSELING				Not Allowed	$0.00			
4001F	E	TOBACCO USE TXMNT PHARMACOL				Not Allowed	$0.00			
4002F	E	STATIN THERAPY RX				Not Allowed	$0.00			
4003F	E	PT ED WRITE/ORAL PTS W/ HF				Not Allowed	$0.00			
4005F	E	PHARM THX FOR OP RXD				Not Allowed	$0.00			N
4006F	E	BETA-BLOCKER THERAPY RX				Not Allowed	$0.00			
4009F	E	ACE/ARB INHIBITOR THERAPY RX				Not Allowed	$0.00			
4011F	E	ORAL ANTIPLATELET THERAPY RX				Not Allowed	$0.00			
4012F	E	WARFARIN THERAPY RX				Not Allowed	$0.00			
4014F	E	WRITTEN DISCHARGE INSTR PRVD				Not Allowed	$0.00			
4015F	E	PERSIST ASTHMA MEDICINE CTRL				Not Allowed	$0.00			
4016F	E	ANTI-INFLM/ANLGSC AGENT RX				Not Allowed	$0.00			
4017F	E	GI PROPHYLAXIS FOR NSAID RX				Not Allowed	$0.00			
4018F	E	THERAPY EXERCISE JOINT RX				Not Allowed	$0.00			
4019F	E	DOC RECPT COUNSL VIT D/CALC+				Not Allowed	$0.00			N
4025F	E	INHALED BRONCHOLIDATOR RX				Not Allowed	$0.00			
4030F	E	OXYGEN THERAPY RX				Not Allowed	$0.00			
4033F	E	PULMONARY REHAB REC				Not Allowed	$0.00			
4035F	E	INFLUENZA IMM REC				Not Allowed	$0.00			
4037F	E	INFLUENZA IMM ORDER/ADMIN				Not Allowed	$0.00			
4040F	E	PNEUMOC VAC/ADMIN/RCVD				Not Allowed	$0.00			
4041F	E	DOC ORDER CEFAZOLIN/CEFUROX				Not Allowed	$0.00			
4042F	E	DOC ANTIBIO NOT GIVEN				Not Allowed	$0.00			

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4043F	E	DOC ORDER GIVEN STOP ANTIBIO				Not Allowed	$0.00			
4044F	E	DOC ORDER GIVEN VTE PROPHYLX				Not Allowed	$0.00			
4045F	E	EMPIRIC ANTIBIOTIC RX				Not Allowed	$0.00			
4046F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed	$0.00			
4047F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed	$0.00			
4048F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed	$0.00			
40490	T	BIOPSY OF LIP	0251	3.3069		APC	$167.36			N
4049F	E	DOC ORDER GIVEN STOP ANTIBIO				Not Allowed	$0.00			
40500	T	PARTIAL EXCISION OF LIP	0253	17.2402		APC	$872.53			N
4050F	E	HT CARE PLAN DOC				Not Allowed	$0.00			
40510	T	PARTIAL EXCISION OF LIP	0254	24.7557		APC	$1,252.89			N
4051F	E	REFERRED FOR AN AV FISTULA				Not Allowed	$0.00			
40520	T	PARTIAL EXCISION OF LIP	0253	17.2402		APC	$872.53			N
40525	T	RECONSTRUCT LIP WITH FLAP	0254	24.7557		APC	$1,252.89			
40527	T	RECONSTRUCT LIP WITH FLAP	0254	24.7557		APC	$1,252.89			
4052F	E	HEMODIALYSIS VIA AV FISTULA				Not Allowed	$0.00			
40530	T	PARTIAL REMOVAL OF LIP	0254	24.7557		APC	$1,252.89			N
4053F	E	HEMODIALYSIS VIA AV GRAFT				Not Allowed	$0.00			
4054F	E	HEMODIALYSIS VIA CATHETER				Not Allowed	$0.00			
4055F	E	PT. RCVNG PERITON DIALYSIS				Not Allowed	$0.00			
4056F	E	APPROP ORAL REHYD RECOMMD				Not Allowed	$0.00			
4058F	E	PED GASTRO ED GIVEN, CAREGVR				Not Allowed	$0.00			
4060F	E	PSYCH SVCS PROVIDED				Not Allowed	$0.00			
4062F	E	PT REFERRAL PSYCH DOCD				Not Allowed	$0.00			
4064F	E	ANTIDEPRESSANT RX				Not Allowed	$0.00			
40650	T	REPAIR LIP	0252	7.5330		APC	$381.25			N
40652	T	REPAIR LIP	0252	7.5330		APC	$381.25			N
40654	T	REPAIR LIP	0252	7.5330		APC	$381.25			N
4065F	E	ANTIPSYCHOTIC RX				Not Allowed	$0.00			
4066F	E	ECT PROVIDED				Not Allowed	$0.00			
4067F	E	PT REFERRAL FOR ECT DOCD				Not Allowed	$0.00			
40700	T	REPAIR CLEFT LIP/NASAL	0256	41.8741		APC	$2,119.25			N
40701	T	REPAIR CLEFT LIP/NASAL	0256	41.8741		APC	$2,119.25			N
40702	T	REPAIR CLEFT LIP/NASAL	0256	41.8741		APC	$2,119.25			N
4070F	E	DVT PROPHYLX RECVD DAY 2				Not Allowed	$0.00			
40720	T	REPAIR CLEFT LIP/NASAL	0256	41.8741		APC	$2,119.25			N
4073F	E	ORAL ANTIPLAT THX RX DISCHRG				Not Allowed	$0.00			
4075F	E	ANTICOAG THX RX AT DISCHRG				Not Allowed	$0.00			
40761	T	REPAIR CLEFT LIP/NASAL	0256	41.8741		APC	$2,119.25			N
4077F	E	DOC T-PA ADMIN CONSIDERED				Not Allowed	$0.00			
40799	T	LIP SURGERY PROCEDURE	0250	1.1110		APC	$56.23			N

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4079F	E	DOC REHAB SVCS CONSIDERED				Not Allowed	$0.00			
40800	T	DRAINAGE OF MOUTH LESION	0006	1.4128		APC	$71.50			N
40801	T	DRAINAGE OF MOUTH LESION	0252	7.5330		APC	$381.25			N
40804	X	REMOVAL, FOREIGN BODY, MOUTH	0340	0.6462		APC	$32.70			N
40805	T	REMOVAL FOREIGN BODY MOUTH	0252	7.5330		APC	$381.25			N
40806	T	INCISION OF LIP FOLD	0251	3.3069		APC	$167.36			N
40808	T	BIOPSY OF MOUTH LESION	0251	3.3069		APC	$167.36			N
40810	T	EXCISION OF MOUTH LESION	0253	17.2402		APC	$872.53			N
40812	T	EXCISE/REPAIR MOUTH LESION	0253	17.2402		APC	$872.53			N
40814	T	EXCISE/REPAIR MOUTH LESION	0253	17.2402		APC	$872.53			N
40816	T	EXCISION OF MOUTH LESION	0254	24.7557		APC	$1,252.89			N
40818	T	EXCISE ORAL MUCOSA FOR GRAFT	0251	3.3069		APC	$167.36			N
40819	T	EXCISE LIP OR CHEEK FOLD	0252	7.5330		APC	$381.25			N
40820	T	TREATMENT OF MOUTH LESION	0253	17.2402		APC	$872.53			N
40830	T	REPAIR MOUTH LACERATION	0251	3.3069		APC	$167.36			N
40831	T	REPAIR MOUTH LACERATION	0252	7.5330		APC	$381.25			N
40840	T	RECONSTRUCTION OF MOUTH	0254	24.7557		APC	$1,252.89			N
40842	T	RECONSTRUCTION OF MOUTH	0254	24.7557		APC	$1,252.89			N
40843	T	RECONSTRUCTION OF MOUTH	0254	24.7557		APC	$1,252.89			N
40844	T	RECONSTRUCTION OF MOUTH	0256	41.8741		APC	$2,119.25			N
40845	T	RECONSTRUCTION OF MOUTH	0256	41.8741		APC	$2,119.25			N
4084F	E	ASPIRIN RECVD W/IN 24 HRS				Not Allowed	$0.00			
40899	T	MOUTH SURGERY PROCEDURE	0250	1.1110		APC	$56.23			N
4090F	E	PT RCVNG EPO THXPY				Not Allowed	$0.00			
4095F	E	PT NOT RCVNG EPO THXPY				Not Allowed	$0.00			
41000	T	DRAINAGE OF MOUTH LESION	0253	17.2402		APC	$872.53			N
41005	T	DRAINAGE OF MOUTH LESION	0251	3.3069		APC	$167.36			N
41006	T	DRAINAGE OF MOUTH LESION	0254	24.7557		APC	$1,252.89			N
41007	T	DRAINAGE OF MOUTH LESION	0253	17.2402		APC	$872.53			N
41008	T	DRAINAGE OF MOUTH LESION	0253	17.2402		APC	$872.53			N
41009	T	DRAINAGE OF MOUTH LESION	0251	3.3069		APC	$167.36			N
4100F	E	BIPHOS THXPY VEIN ORD/RECVD				Not Allowed	$0.00			
41010	T	INCISION OF TONGUE FOLD	0252	7.5330		APC	$381.25			N
41015	T	DRAINAGE OF MOUTH LESION	0251	3.3069		APC	$167.36			N
41016	T	DRAINAGE OF MOUTH LESION	0252	7.5330		APC	$381.25			N
41017	T	DRAINAGE OF MOUTH LESION	0252	7.5330		APC	$381.25			N
41018	T	DRAINAGE OF MOUTH LESION	0252	7.5330		APC	$381.25			N
41019	T	PLACE NEEDLES H&N FOR RT	0254	24.7557		APC	$1,252.89			
41100	T	BIOPSY OF TONGUE	0252	7.5330		APC	$381.25			N
41105	T	BIOPSY OF TONGUE	0253	17.2402		APC	$872.53			N
41108	T	BIOPSY OF FLOOR OF MOUTH	0252	7.5330		APC	$381.25			N

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4110F	E	INT MAM ART USED FOR CABG				Not Allowed	$0.00			
41110	T	EXCISION OF TONGUE LESION	0253	17.2402		APC	$872.53			N
41112	T	EXCISION OF TONGUE LESION	0253	17.2402		APC	$872.53			N
41113	T	EXCISION OF TONGUE LESION	0253	17.2402		APC	$872.53			N
41114	T	EXCISION OF TONGUE LESION	0254	24.7557		APC	$1,252.89			
41115	T	EXCISION OF TONGUE FOLD	0252	7.5330		APC	$381.25			N
41116	T	EXCISION OF MOUTH LESION	0253	17.2402		APC	$872.53			N
41120	T	PARTIAL REMOVAL OF TONGUE	0254	24.7557		APC	$1,252.89			N
41130	C	PARTIAL REMOVAL OF TONGUE				Inpatient Only	$0.00			N
41135	C	TONGUE AND NECK SURGERY				Inpatient Only	$0.00			N
41140	C	REMOVAL OF TONGUE				Inpatient Only	$0.00			N
41145	C	TONGUE REMOVAL, NECK SURGERY				Inpatient Only	$0.00			N
41150	C	TONGUE, MOUTH, JAW SURGERY				Inpatient Only	$0.00			N
41153	C	TONGUE, MOUTH, NECK SURGERY				Inpatient Only	$0.00			N
41155	C	TONGUE, JAW, & NECK SURGERY				Inpatient Only	$0.00			N
4115F	E	BETA BLCKR ADMIN W/IN 24 HRS				Not Allowed	$0.00			
4120F	E	ANTIBIOT RXD/GIVEN				Not Allowed	$0.00			
4124F	E	ANTIBIOT NOT RXD/GIVEN				Not Allowed	$0.00			
41250	T	REPAIR TONGUE LACERATION	0250	1.1110		APC	$56.23			N
41251	T	REPAIR TONGUE LACERATION	0251	3.3069		APC	$167.36			N
41252	T	REPAIR TONGUE LACERATION	0252	7.5330		APC	$381.25			N
4130F	E	TOPICAL PREP RX AOE				Not Allowed	$0.00			
4131F	E	SYST ANTIMICROBIAL THX RX				Not Allowed	$0.00			
4132F	E	NO SYST ANTIMICROBIAL THX RX				Not Allowed	$0.00			
4133F	E	ANTIHIST/DECONG RX/RECOM				Not Allowed	$0.00			
4134F	E	NO ANTIHIST/DECONG RX/RECOM				Not Allowed	$0.00			
4135F	E	SYSTEMIC CORTICOSTEROIDS RX				Not Allowed	$0.00			
4136F	E	SYST CORTICOSTEROIDS NOT RX				Not Allowed	$0.00			
4148F	E	HEP A VAC INJXN ADMIN/RECVD				Not Allowed	$0.00			
4149F	E	HEP B VAC INJXN ADMIN/RECVD				Not Allowed	$0.00			
41500	T	FIXATION OF TONGUE	0254	24.7557		APC	$1,252.89			N
4150F	E	PT RECVNG ANTIVIR TXMNT HEPC				Not Allowed	$0.00			
41510	T	TONGUE TO LIP SURGERY	0253	17.2402		APC	$872.53			N
41512	T	TONGUE SUSPENSION	0252	7.5330		APC	$381.25			
4151F	E	PT NOT RECVNG ANTIV HEP C				Not Allowed	$0.00			
41520	T	RECONSTRUCTION, TONGUE FOLD	0252	7.5330		APC	$381.25			N
41530	T	TONGUE BASE VOL REDUCTION	0253	17.2402		APC	$872.53			
4153F	E	COMBO PEGINTF/RIB RX				Not Allowed	$0.00			
4155F	E	HEP A VAC SERIES PREV RECVD				Not Allowed	$0.00			
4157F	E	HEP B VAC SERIES PREV RECVD				Not Allowed	$0.00			
4158F	E	PT CNSLD RE RISKS OH USEDONE				Not Allowed	$0.00			

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41599	T	TONGUE AND MOUTH SURGERY	0250	1.1110		APC	$56.23			N
4159F	E	CONTRCP TALK B/4 ANTIV TXMNT				Not Allowed	$0.00			
4163F	E	PT COUNS. 4 TXMNT OPT, PROST				Not Allowed	$0.00			
4164F	E	ADJV HRMNL THXPY RXD				Not Allowed	$0.00			
4165F	E	3D-CRT/IMRT RECEIVED				Not Allowed	$0.00			
4167F	E	HD BED TILTED 1ST DAY VENT				Not Allowed	$0.00			
4168F	E	PT CARE ICU&VENT W/IN 24HRS				Not Allowed	$0.00			
4169F	E	NO PT CARE ICU/VENT IN 24HRS				Not Allowed	$0.00			
4171F	E	PT RCVNG ESA THXPY				Not Allowed	$0.00			
4172F	E	PT NOT RCVNG ESA THXPY				Not Allowed	$0.00			
4174F	E	COUNS POTENT GLAUC IMPCT				Not Allowed	$0.00			
4175F	E	VIS OF >=20/40 W/IN 90 DAYS				Not Allowed	$0.00			
4176F	E	TALK RE UV LIGHT PT/CRGVR				Not Allowed	$0.00			
4177F	E	TALK PT/CRGVR RE AREDS PREV				Not Allowed	$0.00			
4178F	E	ANTID GLBLN RCVD W/IN 26WKS				Not Allowed	$0.00			
4179F	E	TAMOXIFEN/AI PRESCRIBED				Not Allowed	$0.00			
41800	T	DRAINAGE OF GUM LESION	0006	1.4128		APC	$71.50			N
41805	T	REMOVAL FOREIGN BODY GUM	0254	24.7557		APC	$1,252.89			N
41806	T	REMOVAL FOREIGN BODY JAWBONE	0253	17.2402		APC	$872.53			N
4180F	E	ADJV THXPYRXD/RCVD STG3A-C				Not Allowed	$0.00			
4181F	E	CONFORMAL RADN THXPY RCVD				Not Allowed	$0.00			
41820	T	EXCISION, GUM, EACH QUADRANT	0252	7.5330		APC	$381.25			N
41821	T	EXCISION OF GUM FLAP	0252	7.5330		APC	$381.25			N
41822	T	EXCISION OF GUM LESION	0253	17.2402		APC	$872.53			N
41823	T	EXCISION OF GUM LESION	0254	24.7557		APC	$1,252.89			N
41825	T	EXCISION OF GUM LESION	0253	17.2402		APC	$872.53			N
41826	T	EXCISION OF GUM LESION	0253	17.2402		APC	$872.53			N
41827	T	EXCISION OF GUM LESION	0254	24.7557		APC	$1,252.89			N
41828	T	EXCISION OF GUM LESION	0253	17.2402		APC	$872.53			N
4182F	E	NO CONFORMAL RADN THXPY				Not Allowed	$0.00			
41830	T	REMOVAL OF GUM TISSUE	0253	17.2402		APC	$872.53			N
41850	T	TREATMENT OF GUM LESION	0253	17.2402		APC	$872.53			N
4185F	E	CONTINUOUS PPI OR H2RA RCVD				Not Allowed	$0.00			
4186F	E	NO CONT PPI OR H2RA RCVD				Not Allowed	$0.00			
41870	T	GUM GRAFT	0254	24.7557		APC	$1,252.89			N
41872	T	REPAIR GUM	0253	17.2402		APC	$872.53			N
41874	T	REPAIR TOOTH SOCKET	0254	24.7557		APC	$1,252.89			N
4187F	E	ANTI RHEUM DRUGTHXPYRXD/GVN				Not Allowed	$0.00			
4188F	E	APPROP ACE/ARB TSTNG DONE				Not Allowed	$0.00			
41899	T	DENTAL SURGERY PROCEDURE	0250	1.1110		APC	$56.23			N
4189F	E	APPROP DIGOXIN TSTNG DONE				Not Allowed	$0.00			

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4190F	E	APPROP DIURETIC TSTNG DONE				Not Allowed	$0.00			
4191F	E	APPROP ANTICONVULS TSTNG				Not Allowed	$0.00			
4192F	E	PT NOT RCVNG GLUCOCO THXPY				Not Allowed	$0.00			
4193F	E	PT RCVNG<10MG DAILY PREDNISO				Not Allowed	$0.00			
4194F	E	PT RCVNG>10MG DAILY PREDNISO				Not Allowed	$0.00			
4195F	E	PT RCVNG ANTI-RHEUM THXPY RA				Not Allowed	$0.00			
4196F	E	PTNOT RCVNG ANTI-RHM THXPYRA				Not Allowed	$0.00			
42000	T	DRAINAGE MOUTH ROOF LESION	0251	3.3069		APC	$167.36			N
4200F	E	EXTERNAL BEAM TO PROST+/-NOD				Not Allowed	$0.00			
4201F	E	EXTRNL BM THXPY+/-NODAL IRAD				Not Allowed	$0.00			
42100	T	BIOPSY ROOF OF MOUTH	0252	7.5330		APC	$381.25			N
42104	T	EXCISION LESION MOUTH ROOF	0253	17.2402		APC	$872.53			N
42106	T	EXCISION LESION MOUTH ROOF	0253	17.2402		APC	$872.53			N
42107	T	EXCISION LESION, MOUTH ROOF	0254	24.7557		APC	$1,252.89			
4210F	E	ACE/ARB THXPY FOR >= 6 MONS				Not Allowed	$0.00			
42120	T	REMOVE PALATE/LESION	0256	41.8741		APC	$2,119.25			N
42140	T	EXCISION OF UVULA	0252	7.5330		APC	$381.25			N
42145	T	REPAIR PALATE, PHARYNX/UVULA	0254	24.7557		APC	$1,252.89			N
42160	T	TREATMENT MOUTH ROOF LESION	0253	17.2402		APC	$872.53			N
42180	T	REPAIR PALATE	0251	3.3069		APC	$167.36			N
42182	T	REPAIR PALATE	0256	41.8741		APC	$2,119.25			N
42200	T	RECONSTRUCT CLEFT PALATE	0256	41.8741		APC	$2,119.25			N
42205	T	RECONSTRUCT CLEFT PALATE	0256	41.8741		APC	$2,119.25			N
4220F	E	DIGOXIN THXPY FOR >= 6 MONS				Not Allowed	$0.00			
42210	T	RECONSTRUCT CLEFT PALATE	0256	41.8741		APC	$2,119.25			N
42215	T	RECONSTRUCT CLEFT PALATE	0256	41.8741		APC	$2,119.25			N
4221F	E	DIURETIC THXPY FOR >= 6 MONS				Not Allowed	$0.00			
42220	T	RECONSTRUCT CLEFT PALATE	0256	41.8741		APC	$2,119.25			N
42225	T	RECONSTRUCT CLEFT PALATE	0256	41.8741		APC	$2,119.25			N
42226	T	LENGTHENING OF PALATE	0256	41.8741		APC	$2,119.25			
42227	T	LENGTHENING OF PALATE	0256	41.8741		APC	$2,119.25			
42235	T	REPAIR PALATE	0253	17.2402		APC	$872.53			N
42260	T	REPAIR NOSE TO LIP FISTULA	0254	24.7557		APC	$1,252.89			N
42280	T	PREPARATION, PALATE MOLD	0251	3.3069		APC	$167.36			
42281	T	INSERTION PALATE PROSTHESIS	0253	17.2402		APC	$872.53			
42299	T	PALATE/UVULA SURGERY	0250	1.1110		APC	$56.23			N
42300	T	DRAINAGE OF SALIVARY GLAND	0253	17.2402		APC	$872.53			N
42305	T	DRAINAGE OF SALIVARY GLAND	0253	17.2402		APC	$872.53			N
4230F	E	ANTICONV THXPY FOR >= 6 MONS				Not Allowed	$0.00			
42310	T	DRAINAGE OF SALIVARY GLAND	0251	3.3069		APC	$167.36			N
42320	T	DRAINAGE OF SALIVARY GLAND	0251	3.3069		APC	$167.36			N

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42330	T	REMOVAL OF SALIVARY STONE	0253	17.2402		APC	$872.53			N
42335	T	REMOVAL OF SALIVARY STONE	0253	17.2402		APC	$872.53			N
42340	T	REMOVAL OF SALIVARY STONE	0253	17.2402		APC	$872.53			N
42400	T	BIOPSY OF SALIVARY GLAND	0005	7.3879		APC	$373.90			N
42405	T	BIOPSY OF SALIVARY GLAND	0253	17.2402		APC	$872.53			N
42408	T	EXCISION OF SALIVARY CYST	0253	17.2402		APC	$872.53			N
42409	T	DRAINAGE OF SALIVARY CYST	0253	17.2402		APC	$872.53			N
4240F	E	INSTR XRCZ 4BK PN >12 WEEKS				Not Allowed	$0.00			N
42410	T	EXCISE PAROTID GLAND/LESION	0256	41.8741		APC	$2,119.25			N
42415	T	EXCISE PAROTID GLAND/LESION	0256	41.8741		APC	$2,119.25			N
42420	T	EXCISE PAROTID GLAND/LESION	0256	41.8741		APC	$2,119.25			N
42425	T	EXCISE PAROTID GLAND/LESION	0256	41.8741		APC	$2,119.25			N
42426	C	EXCISE PAROTID GLAND/LESION				Inpatient Only	$0.00			N
4242F	E	SPRVSD XRCZ BK PN >12 WEEKS				Not Allowed	$0.00			N
42440	T	EXCISE SUBMAXILLARY GLAND	0256	41.8741		APC	$2,119.25			N
42450	T	EXCISE SUBLINGUAL GLAND	0254	24.7557		APC	$1,252.89			N
4245F	E	PT INSTR RESUME NRML LIFEST				Not Allowed	$0.00			N
4248F	E	PT INSTR-NO BD REST>= 4 DAYS				Not Allowed	$0.00			N
42500	T	REPAIR SALIVARY DUCT	0254	24.7557		APC	$1,252.89			N
42505	T	REPAIR SALIVARY DUCT	0256	41.8741		APC	$2,119.25			N
42507	T	PAROTID DUCT DIVERSION	0256	41.8741		APC	$2,119.25			N
42508	T	PAROTID DUCT DIVERSION	0256	41.8741		APC	$2,119.25			N
42509	T	PAROTID DUCT DIVERSION	0256	41.8741		APC	$2,119.25			N
4250F	E	WRMNG 4 SURG - NORMOTHERMIA				Not Allowed	$0.00			N
42510	T	PAROTID DUCT DIVERSION	0256	41.8741		APC	$2,119.25			
42550	N	INJECTION FOR SALIVARY X-RAY				Bundled	$0.00			N
42600	T	CLOSURE OF SALIVARY FISTULA	0253	17.2402		APC	$872.53			N
4260F	E	WOUND SRFC CULTURETECH USED				Not Allowed	$0.00			
4261F	E	TECH OTHER THAN SURFC CULTR				Not Allowed	$0.00			
42650	T	DILATION OF SALIVARY DUCT	0252	7.5330		APC	$381.25			N
4265F	E	WET-DRY DRESSINGS RX-RECMD				Not Allowed	$0.00			
42660	T	DILATION OF SALIVARY DUCT	0251	3.3069		APC	$167.36			N
42665	T	LIGATION OF SALIVARY DUCT	0254	24.7557		APC	$1,252.89			N
4266F	E	NO WET-DRY DRSSINGS RX-RECMD				Not Allowed	$0.00			
4267F	E	COMPRSSION THXPY PRESCRIBED				Not Allowed	$0.00			
4268F	E	PT ED RE COMP THXPY RCVD				Not Allowed	$0.00			
42699	T	SALIVARY SURGERY PROCEDURE	0250	1.1110		APC	$56.23			N
4269F	E	APPROPOS MTHD OFFLOADING RXD				Not Allowed	$0.00			
42700	T	DRAINAGE OF TONSIL ABSCESS	0251	3.3069		APC	$167.36			N
4270F	E	PT RCVNG ANTI R-VIRAL THXPY				Not Allowed	$0.00			
4271F	E	PT RCVNG ANTI R-VIRAL THXPY				Not Allowed	$0.00			

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42720	T	DRAINAGE OF THROAT ABSCESS	0253	17.2402		APC	$872.53			N
42725	T	DRAINAGE OF THROAT ABSCESS	0256	41.8741		APC	$2,119.25			N
4274F	E	FLU IMMUNO ADMINFD RCVD				Not Allowed	$0.00			
4275F	E	HEP B VAC INJ ADMIN/ RCVD				Not Allowed	$0.00			
4276F	E	POTENT ANTIVIR THXPY RXD				Not Allowed	$0.00			
4279F	E	PCP PROPHYLAXIS RXD				Not Allowed	$0.00			
42800	T	BIOPSY OF THROAT	0253	17.2402		APC	$872.53			N
42802	T	BIOPSY OF THROAT	0253	17.2402		APC	$872.53			N
42804	T	BIOPSY OF UPPER NOSE/THROAT	0253	17.2402		APC	$872.53			N
42806	T	BIOPSY OF UPPER NOSE/THROAT	0254	24.7557		APC	$1,252.89			N
42808	T	EXCISE PHARYNX LESION	0253	17.2402		APC	$872.53			N
42809	X	REMOVE PHARYNX FOREIGN BODY	0340	0.6462		APC	$32.70			N
4280F	E	PCP PROPHYLAX RXD 3MON LOW %				Not Allowed	$0.00			
42810	T	EXCISION OF NECK CYST	0254	24.7557		APC	$1,252.89			N
42815	T	EXCISION OF NECK CYST	0256	41.8741		APC	$2,119.25			N
42820	T	REMOVE TONSILS AND ADENOIDS	0254	24.7557		APC	$1,252.89			N
42821	T	REMOVE TONSILS AND ADENOIDS	0254	24.7557		APC	$1,252.89			N
42825	T	REMOVAL OF TONSILS	0254	24.7557		APC	$1,252.89			N
42826	T	REMOVAL OF TONSILS	0254	24.7557		APC	$1,252.89			N
42830	T	REMOVAL OF ADENOIDS	0254	24.7557		APC	$1,252.89			N
42831	T	REMOVAL OF ADENOIDS	0254	24.7557		APC	$1,252.89			N
42835	T	REMOVAL OF ADENOIDS	0254	24.7557		APC	$1,252.89			N
42836	T	REMOVAL OF ADENOIDS	0254	24.7557		APC	$1,252.89			N
42842	T	EXTENSIVE SURGERY OF THROAT	0254	24.7557		APC	$1,252.89			
42844	T	EXTENSIVE SURGERY OF THROAT	0256	41.8741		APC	$2,119.25			
42845	C	EXTENSIVE SURGERY OF THROAT				Inpatient Only	$0.00			
42860	T	EXCISION OF TONSIL TAGS	0254	24.7557		APC	$1,252.89			N
42870	T	EXCISION OF LINGUAL TONSIL	0254	24.7557		APC	$1,252.89			N
42890	T	PARTIAL REMOVAL OF PHARYNX	0256	41.8741		APC	$2,119.25			N
42892	T	REVISION OF PHARYNGEAL WALLS	0256	41.8741		APC	$2,119.25			
42894	C	REVISION OF PHARYNGEAL WALLS				Inpatient Only	$0.00			
42900	T	REPAIR THROAT WOUND	0252	7.5330		APC	$381.25			N
4290F	E	PT SCRNED FOR INJ DRUG USE				Not Allowed	$0.00			
4293F	E	PT SCRND - HGH-RSK SEX BEHAV				Not Allowed	$0.00			
42950	T	RECONSTRUCTION OF THROAT	0254	24.7557		APC	$1,252.89			N
42953	C	REPAIR THROAT, ESOPHAGUS				Inpatient Only	$0.00			
42955	T	SURGICAL OPENING OF THROAT	0254	24.7557		APC	$1,252.89			N
42960	T	CONTROL THROAT BLEEDING	0250	1.1110		APC	$56.23			N
42961	C	CONTROL THROAT BLEEDING				Inpatient Only	$0.00			N
42962	T	CONTROL THROAT BLEEDING	0256	41.8741		APC	$2,119.25			N
42970	T	CONTROL NOSE/THROAT BLEEDING	0250	1.1110		APC	$56.23			N

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42971	C	CONTROL NOSE/THROAT BLEEDING				Inpatient Only	$0.00			N
42972	T	CONTROL NOSE/THROAT BLEEDING	0253	17.2402		APC	$872.53			N
42999	T	THROAT SURGERY PROCEDURE	0250	1.1110		APC	$56.23			N
4300F	E	PT RCVNG WARF THXPY				Not Allowed	$0.00			
4301F	E	PT NOT RCVNG WARF THXPY				Not Allowed	$0.00			
43020	T	INCISION OF ESOPHAGUS	0252	7.5330		APC	$381.25			N
43030	T	THROAT MUSCLE SURGERY	0253	17.2402		APC	$872.53			N
43045	C	INCISION OF ESOPHAGUS				Inpatient Only	$0.00			N
4305F	E	PT ED RE FT CARE INSPCT RCVD				Not Allowed	$0.00			
4306F	E	PT TLK PSYCH & RX OPD ADDIC				Not Allowed	$0.00			
43100	C	EXCISION OF ESOPHAGUS LESION				Inpatient Only	$0.00			N
43101	C	EXCISION OF ESOPHAGUS LESION				Inpatient Only	$0.00			N
43107	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			N
43108	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			N
43112	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			N
43113	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			N
43116	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			N
43117	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			N
43118	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			N
43121	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			N
43122	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			N
43123	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			N
43124	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			N
43130	T	REMOVAL OF ESOPHAGUS POUCH	0256	41.8741		APC	$2,119.25			N
43135	C	REMOVAL OF ESOPHAGUS POUCH				Inpatient Only	$0.00			N
43200	T	ESOPHAGUS ENDOSCOPY	0141	8.6526		APC	$437.91			N
43201	T	ESOPH SCOPE W/SUBMUCOUS INJ	0141	8.6526		APC	$437.91			
43202	T	ESOPHAGUS ENDOSCOPY, BIOPSY	0141	8.6526		APC	$437.91			N
43204	T	ESOPH SCOPE W/SCLEROSIS INJ	0141	8.6526		APC	$437.91			N
43205	T	ESOPHAGUS ENDOSCOPY/LIGATION	0141	8.6526		APC	$437.91			N
4320F	E	PT TALK PSYCHSOC+RX OH DPND				Not Allowed	$0.00			
43215	T	ESOPHAGUS ENDOSCOPY	0141	8.6526		APC	$437.91			N
43216	T	ESOPHAGUS ENDOSCOPY/LESION	0141	8.6526		APC	$437.91			N
43217	T	ESOPHAGUS ENDOSCOPY	0141	8.6526		APC	$437.91			N
43219	T	ESOPHAGUS ENDOSCOPY	0384	25.7008		APC	$1,300.72			N
43220	T	ESOPH ENDOSCOPY, DILATION	0141	8.6526		APC	$437.91			N
43226	T	ESOPH ENDOSCOPY, DILATION	0141	8.6526		APC	$437.91			N
43227	T	ESOPH ENDOSCOPY, REPAIR	0141	8.6526		APC	$437.91			N
43228	T	ESOPH ENDOSCOPY, ABLATION	0422	25.3785		APC	$1,284.41			N
43231	T	ESOPH ENDOSCOPY W/US EXAM	0141	8.6526		APC	$437.91			N
43232	T	ESOPH ENDOSCOPY W/US FN BX	0141	8.6526		APC	$437.91			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
43234	T	UPPER GI ENDOSCOPY, EXAM	0141	8.6526		APC	$437.91			
43235	T	UPPR GI ENDOSCOPY, DIAGNOSIS	0141	8.6526		APC	$437.91			N
43236	T	UPPR GI SCOPE W/SUBMUC INJ	0141	8.6526		APC	$437.91			
43237	T	ENDOSCOPIC US EXAM ESOPH	0141	8.6526		APC	$437.91			
43238	T	UPPR GI ENDOSCOPY W/US FN BX	0141	8.6526		APC	$437.91			
43239	T	UPPER GI ENDOSCOPY, BIOPSY	0141	8.6526		APC	$437.91			N
43240	T	ESOPH ENDOSCOPE W/DRAIN CYST	0141	8.6526		APC	$437.91			N
43241	T	UPPER GI ENDOSCOPY WITH TUBE	0141	8.6526		APC	$437.91			N
43242	T	UPPR GI ENDOSCOPY W/US FN BX	0141	8.6526		APC	$437.91			N
43243	T	UPPER GI ENDOSCOPY & INJECT	0141	8.6526		APC	$437.91			N
43244	T	UPPER GI ENDOSCOPY/LIGATION	0141	8.6526		APC	$437.91			N
43245	T	UPPR GI SCOPE DILATE STRICTR	0141	8.6526		APC	$437.91			
43246	T	PLACE GASTROSTOMY TUBE	0141	8.6526		APC	$437.91			
43247	T	OPERATIVE UPPER GI ENDOSCOPY	0141	8.6526		APC	$437.91			N
43248	T	UPPR GI ENDOSCOPY/GUIDE WIRE	0141	8.6526		APC	$437.91			N
43249	T	ESOPH ENDOSCOPY, DILATION	0141	8.6526		APC	$437.91			N
43250	T	UPPER GI ENDOSCOPY/TUMOR	0141	8.6526		APC	$437.91			N
43251	T	OPERATIVE UPPER GI ENDOSCOPY	0141	8.6526		APC	$437.91			N
43255	T	OPERATIVE UPPER GI ENDOSCOPY	0141	8.6526		APC	$437.91			N
43256	T	UPPR GI ENDOSCOPY W STENT	0384	25.7008		APC	$1,300.72			N
43257	T	UPPR GI SCOPE W/THRML TXMNT	0422	25.3785		APC	$1,284.41			
43258	T	OPERATIVE UPPER GI ENDOSCOPY	0141	8.6526		APC	$437.91			N
43259	T	ENDOSCOPIC ULTRASOUND EXAM	0141	8.6526		APC	$437.91			N
43260	T	ENDO CHOLANGIOPANCREATOGRAPH	0151	21.9315		APC	$1,109.95			N
43261	T	ENDO CHOLANGIOPANCREATOGRAPH	0151	21.9315		APC	$1,109.95			N
43262	T	ENDO CHOLANGIOPANCREATOGRAPH	0151	21.9315		APC	$1,109.95			N
43263	T	ENDO CHOLANGIOPANCREATOGRAPH	0151	21.9315		APC	$1,109.95			N
43264	T	ENDO CHOLANGIOPANCREATOGRAPH	0151	21.9315		APC	$1,109.95			N
43265	T	ENDO CHOLANGIOPANCREATOGRAPH	0151	21.9315		APC	$1,109.95			N
43267	T	ENDO CHOLANGIOPANCREATOGRAPH	0151	21.9315		APC	$1,109.95			
43268	T	ENDO CHOLANGIOPANCREATOGRAPH	0384	25.7008		APC	$1,300.72			
43269	T	ENDO CHOLANGIOPANCREATOGRAPH	0384	25.7008		APC	$1,300.72			N
43271	T	ENDO CHOLANGIOPANCREATOGRAPH	0151	21.9315		APC	$1,109.95			
43272	T	ENDO CHOLANGIOPANCREATOGRAPH	0151	21.9315		APC	$1,109.95			
43273	T	ENDOSCOPIC PANCREATOSCOPY	0151	21.9315		APC	$1,109.95			
43279	C	LAP MYOTOMY, HELLER				Inpatient Only	$0.00			
43280	T	LAPAROSCOPY, FUNDOPLASTY	0132	69.9234		APC	$3,538.82			N
43289	T	LAPAROSCOPE PROC, ESOPH	0130	37.8887		APC	$1,917.55			N
43300	C	REPAIR OF ESOPHAGUS				Inpatient Only	$0.00			N
43305	C	REPAIR ESOPHAGUS AND FISTULA				Inpatient Only	$0.00			N
43310	C	REPAIR OF ESOPHAGUS				Inpatient Only	$0.00			N

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43312	C	REPAIR ESOPHAGUS AND FISTULA				Inpatient Only	$0.00			N
43313	C	ESOPHAGOPLASTY CONGENITAL				Inpatient Only	$0.00			
43314	C	TRACHEO-ESOPHAGOPLASTY CONG				Inpatient Only	$0.00			N
43320	C	FUSE ESOPHAGUS & STOMACH				Inpatient Only	$0.00			N
43324	C	REVISE ESOPHAGUS & STOMACH				Inpatient Only	$0.00			N
43325	C	REVISE ESOPHAGUS & STOMACH				Inpatient Only	$0.00			N
43326	C	REVISE ESOPHAGUS & STOMACH				Inpatient Only	$0.00			N
43330	C	REPAIR OF ESOPHAGUS				Inpatient Only	$0.00			N
43331	C	REPAIR OF ESOPHAGUS				Inpatient Only	$0.00			N
43340	C	FUSE ESOPHAGUS & INTESTINE				Inpatient Only	$0.00			N
43341	C	FUSE ESOPHAGUS & INTESTINE				Inpatient Only	$0.00			N
43350	C	SURGICAL OPENING, ESOPHAGUS				Inpatient Only	$0.00			N
43351	C	SURGICAL OPENING, ESOPHAGUS				Inpatient Only	$0.00			N
43352	C	SURGICAL OPENING, ESOPHAGUS				Inpatient Only	$0.00			N
43360	C	GASTROINTESTINAL REPAIR				Inpatient Only	$0.00			N
43361	C	GASTROINTESTINAL REPAIR				Inpatient Only	$0.00			N
43400	C	LIGATE ESOPHAGUS VEINS				Inpatient Only	$0.00			N
43401	C	ESOPHAGUS SURGERY FOR VEINS				Inpatient Only	$0.00			N
43405	C	LIGATE/STAPLE ESOPHAGUS				Inpatient Only	$0.00			N
43410	C	REPAIR ESOPHAGUS WOUND				Inpatient Only	$0.00			N
43415	C	REPAIR ESOPHAGUS WOUND				Inpatient Only	$0.00			N
43420	T	REPAIR ESOPHAGUS OPENING	0254	24.7557		APC	$1,252.89			N
43425	C	REPAIR ESOPHAGUS OPENING				Inpatient Only	$0.00			N
43450	T	DILATE ESOPHAGUS	0140	6.5579		APC	$331.90			N
43453	T	DILATE ESOPHAGUS	0140	6.5579		APC	$331.90			N
43456	T	DILATE ESOPHAGUS	0140	6.5579		APC	$331.90			N
43458	T	DILATE ESOPHAGUS	0141	8.6526		APC	$437.91			N
43460	C	PRESSURE TREATMENT ESOPHAGUS				Inpatient Only	$0.00			N
43496	C	FREE JEJUNUM FLAP, MICROVASC				Inpatient Only	$0.00			N
43499	T	ESOPHAGUS SURGERY PROCEDURE	0141	8.6526		APC	$437.91			N
43500	C	SURGICAL OPENING OF STOMACH				Inpatient Only	$0.00			N
43501	C	SURGICAL REPAIR OF STOMACH				Inpatient Only	$0.00			N
43502	C	SURGICAL REPAIR OF STOMACH				Inpatient Only	$0.00			N
43510	T	SURGICAL OPENING OF STOMACH	0141	8.6526		APC	$437.91			N
43520	C	INCISION OF PYLORIC MUSCLE				Inpatient Only	$0.00			N
43600	T	BIOPSY OF STOMACH	0141	8.6526		APC	$437.91			N
43605	C	BIOPSY OF STOMACH				Inpatient Only	$0.00			N
43610	C	EXCISION OF STOMACH LESION				Inpatient Only	$0.00			N
43611	C	EXCISION OF STOMACH LESION				Inpatient Only	$0.00			N
43620	C	REMOVAL OF STOMACH				Inpatient Only	$0.00			N
43621	C	REMOVAL OF STOMACH				Inpatient Only	$0.00			N

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43622	C	REMOVAL OF STOMACH				Inpatient Only	$0.00			N
43631	C	REMOVAL OF STOMACH, PARTIAL				Inpatient Only	$0.00			N
43632	C	REMOVAL OF STOMACH, PARTIAL				Inpatient Only	$0.00			N
43633	C	REMOVAL OF STOMACH, PARTIAL				Inpatient Only	$0.00			N
43634	C	REMOVAL OF STOMACH, PARTIAL				Inpatient Only	$0.00			N
43635	C	REMOVAL OF STOMACH, PARTIAL				Inpatient Only	$0.00			N
43640	C	VAGOTOMY & PYLORUS REPAIR				Inpatient Only	$0.00			N
43641	C	VAGOTOMY & PYLORUS REPAIR				Inpatient Only	$0.00			N
43644	C	LAP GASTRIC BYPASS/ROUX-EN-Y				Not Allowed	$0.00			
43645	C	LAP GASTR BYPASS INCL SMLL I				Not Allowed	$0.00			
43647	S	LAP IMPL ELECTRODE, ANTRUM	0061	82.9048		APC	$4,195.81			
43648	T	LAP REVISE/REMV ELTRD ANTRUM	0130	37.8887		APC	$1,917.55			
43651	T	LAPAROSCOPY, VAGUS NERVE	0132	69.9234		APC	$3,538.82			N
43652	T	LAPAROSCOPY, VAGUS NERVE	0132	69.9234		APC	$3,538.82			N
43653	T	LAPAROSCOPY, GASTROSTOMY	0131	46.3238		APC	$2,344.45			N
43659	T	LAPAROSCOPE PROC, STOM	0130	37.8887		APC	$1,917.55			N
43752	X	NASAL/OROGASTRIC W/STENT	0272	1.2597		APC	$63.75			N
43760	T	CHANGE GASTROSTOMY TUBE	0121	4.5958		APC	$232.59			N
43761	T	REPOSITION GASTROSTOMY TUBE	0141	8.6526		APC	$437.91			N
43770	C	LAP PLACE GASTR ADJUST BAND				Not Allowed	$0.00			
43771	C	LAP REVISE ADJUST GAST BAND				Not Allowed	$0.00			
43772	C	LAP REMOVE ADJUST GAST BAND				Not Allowed	$0.00			
43773	C	LAP CHANGE ADJUST GAST BAND				Not Allowed	$0.00			
43774	C	LAP REMOV ADJ GAST BAND/PORT				Not Allowed	$0.00			
43800	C	RECONSTRUCTION OF PYLORUS				Inpatient Only	$0.00			N
43810	C	FUSION OF STOMACH AND BOWEL				Inpatient Only	$0.00			N
43820	C	FUSION OF STOMACH AND BOWEL				Inpatient Only	$0.00			N
43825	C	FUSION OF STOMACH AND BOWEL				Inpatient Only	$0.00			N
43830	T	PLACE GASTROSTOMY TUBE	0422	25.3785		APC	$1,284.41			N
43831	T	PLACE GASTROSTOMY TUBE	0141	8.6526		APC	$437.91			N
43832	C	PLACE GASTROSTOMY TUBE				Inpatient Only	$0.00			N
43840	C	REPAIR OF STOMACH LESION				Inpatient Only	$0.00			N
43842	E	GASTROPLASTY FOR OBESITY				Not Allowed	$0.00			Y
43843	C	GASTROPLASTY FOR OBESITY				Inpatient Only	$0.00			Y
43845	C	GASTROPLASTY DUODENAL SWITCH				Not Allowed	$0.00			
43846	C	GASTRIC BYPASS FOR OBESITY				Inpatient Only	$0.00			Y
43847	C	GASTRIC BYPASS FOR OBESITY				Inpatient Only	$0.00			Y
43848	C	REVISION GASTROPLASTY				Inpatient Only	$0.00			N
43850	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	$0.00			N
43855	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	$0.00			N
43860	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	$0.00			N

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43865	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	$0.00			N
43870	T	REPAIR STOMACH OPENING	0141	8.6526		APC	$437.91			N
43880	C	REPAIR STOMACH-BOWEL FISTULA				Inpatient Only	$0.00			N
43881	C	IMPL/REDO ELECTRD, ANTRUM				Inpatient Only	$0.00			
43882	C	REVISE/REMOVE ELECTRD ANTRUM				Inpatient Only	$0.00			
43886	E	REVISE GASTRIC PORT OPEN	0137	21.0656		Not Allowed	$0.00			
43887	E	REMOVE GASTRIC PORT OPEN	0135	4.4306		Not Allowed	$0.00			
43888	E	CHANGE GASTRIC PORT OPEN	0137	21.0656		Not Allowed	$0.00			
43999	T	STOMACH SURGERY PROCEDURE	0141	8.6526		APC	$437.91			N
44005	C	FREEING OF BOWEL ADHESION				Inpatient Only	$0.00			N
44010	C	INCISION OF SMALL BOWEL				Inpatient Only	$0.00			N
44015	C	INSERT NEEDLE CATH BOWEL				Inpatient Only	$0.00			
44020	C	EXPLORE SMALL INTESTINE				Inpatient Only	$0.00			N
44021	C	DECOMPRESS SMALL BOWEL				Inpatient Only	$0.00			N
44025	C	INCISION OF LARGE BOWEL				Inpatient Only	$0.00			N
44050	C	REDUCE BOWEL OBSTRUCTION				Inpatient Only	$0.00			N
44055	C	CORRECT MALROTATION OF BOWEL				Inpatient Only	$0.00			N
44100	T	BIOPSY OF BOWEL	0141	8.6526		APC	$437.91			N
44110	C	EXCISE INTESTINE LESION(S)				Inpatient Only	$0.00			N
44111	C	EXCISION OF BOWEL LESION(S)				Inpatient Only	$0.00			N
44120	C	REMOVAL OF SMALL INTESTINE				Inpatient Only	$0.00			N
44121	C	REMOVAL OF SMALL INTESTINE				Inpatient Only	$0.00			N
44125	C	REMOVAL OF SMALL INTESTINE				Inpatient Only	$0.00			N
44126	C	ENTERECTOMY W/O TAPER CONG				Inpatient Only	$0.00			
44127	C	ENTERECTOMY W/TAPER CONG				Inpatient Only	$0.00			N
44128	C	ENTERECTOMY CONG, ADD-ON				Inpatient Only	$0.00			
44130	C	BOWEL TO BOWEL FUSION				Inpatient Only	$0.00			N
44132	C	ENTERECTOMY, CADAVER DONOR				Inpatient Only	$0.00			Y
44133	C	ENTERECTOMY, LIVE DONOR				Inpatient Only	$0.00			Y
44135	C	INTESTINE TRANSPLNT, CADAVER				Inpatient Only	$0.00			Y
44136	C	INTESTINE TRANSPLANT, LIVE				Inpatient Only	$0.00			Y
44137	C	REMOVE INTESTINAL ALLOGRAFT				Inpatient Only	$0.00			Y
44139	C	MOBILIZATION OF COLON				Inpatient Only	$0.00			N
44140	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			N
44141	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			N
44143	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			N
44144	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			N
44145	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			N
44146	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			N
44147	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			N
44150	C	REMOVAL OF COLON				Inpatient Only	$0.00			N

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44151	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only	$0.00			N
44155	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only	$0.00			N
44156	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only	$0.00			N
44157	C	COLECTOMY W/ILEOANAL ANAST				Inpatient Only	$0.00			
44158	C	COLECTOMY W/NEO-RECTUM POUCH				Inpatient Only	$0.00			
44160	C	REMOVAL OF COLON				Inpatient Only	$0.00			N
44180	T	LAP ENTEROLYSIS	0131	46.3238		APC	$2,344.45			
44186	T	LAP JEJUNOSTOMY	0131	46.3238		APC	$2,344.45			
44187	C	LAP ILEO/JEJUNO-STOMY				Not Allowed	$0.00			
44188	C	LAP COLOSTOMY				Not Allowed	$0.00			
44202	C	LAP ENTERECTOMY				Inpatient Only	$0.00			N
44203	C	LAP RESECT S/INTESTINE, ADDL				Inpatient Only	$0.00			N
44204	C	LAPARO PARTIAL COLECTOMY				Inpatient Only	$0.00			
44205	C	LAP COLECTOMY PART W/ILEUM				Inpatient Only	$0.00			N
44206	T	LAP PART COLECTOMY W/STOMA	0132	69.9234		APC	$3,538.82			
44207	T	L COLECTOMY/COLOPROCTOSTOMY	0132	69.9234		APC	$3,538.82			
44208	T	L COLECTOMY/COLOPROCTOSTOMY	0132	69.9234		APC	$3,538.82			
44210	C	LAPARO TOTAL PROCTOCOLECTOMY				Inpatient Only	$0.00			
44211	C	LAPARO TOTAL PROCTOCOLECTOMY				Inpatient Only	$0.00			
44212	C	LAPARO TOTAL PROCTOCOLECTOMY				Inpatient Only	$0.00			
44213	T	LAP MOBIL SPLENIC FL ADD-ON	0130	37.8887		APC	$1,917.55			
44227	C	LAP CLOSE ENTEROSTOMY				Not Allowed	$0.00			
44238	T	LAPAROSCOPE PROC INTESTINE	0130	37.8887		APC	$1,917.55			
44300	C	OPEN BOWEL TO SKIN				Inpatient Only	$0.00			N
44310	C	ILEOSTOMY/JEJUNOSTOMY				Inpatient Only	$0.00			N
44312	T	REVISION OF ILEOSTOMY	0137	21.0656		APC	$1,066.13			N
44314	C	REVISION OF ILEOSTOMY				Inpatient Only	$0.00			N
44316	C	DEVISE BOWEL POUCH				Inpatient Only	$0.00			N
44320	C	COLOSTOMY				Inpatient Only	$0.00			N
44322	C	COLOSTOMY WITH BIOPSIES				Inpatient Only	$0.00			N
44340	T	REVISION OF COLOSTOMY	0137	21.0656		APC	$1,066.13			N
44345	C	REVISION OF COLOSTOMY				Inpatient Only	$0.00			N
44346	C	REVISION OF COLOSTOMY				Inpatient Only	$0.00			N
44360	T	SMALL BOWEL ENDOSCOPY	0142	9.5724		APC	$484.46			N
44361	T	SMALL BOWEL ENDOSCOPY/BIOPSY	0142	9.5724		APC	$484.46			N
44363	T	SMALL BOWEL ENDOSCOPY	0142	9.5724		APC	$484.46			N
44364	T	SMALL BOWEL ENDOSCOPY	0142	9.5724		APC	$484.46			N
44365	T	SMALL BOWEL ENDOSCOPY	0142	9.5724		APC	$484.46			N
44366	T	SMALL BOWEL ENDOSCOPY	0142	9.5724		APC	$484.46			N
44369	T	SMALL BOWEL ENDOSCOPY	0142	9.5724		APC	$484.46			N
44370	T	SMALL BOWEL ENDOSCOPY/STENT	0384	25.7008		APC	$1,300.72			N

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44372	T	SMALL BOWEL ENDOSCOPY	0142	9.5724		APC	$484.46			N
44373	T	SMALL BOWEL ENDOSCOPY	0142	9.5724		APC	$484.46			N
44376	T	SMALL BOWEL ENDOSCOPY	0142	9.5724		APC	$484.46			N
44377	T	SMALL BOWEL ENDOSCOPY/BIOPSY	0142	9.5724		APC	$484.46			N
44378	T	SMALL BOWEL ENDOSCOPY	0142	9.5724		APC	$484.46			N
44379	T	S BOWEL ENDOSCOPE W/STENT	0384	25.7008		APC	$1,300.72			N
44380	T	SMALL BOWEL ENDOSCOPY	0142	9.5724		APC	$484.46			N
44382	T	SMALL BOWEL ENDOSCOPY	0142	9.5724		APC	$484.46			N
44383	T	ILEOSCOPY W/STENT	0384	25.7008		APC	$1,300.72			N
44385	T	ENDOSCOPY OF BOWEL POUCH	0143	8.9884		APC	$454.90			N
44386	T	ENDOSCOPY, BOWEL POUCH/BIOP	0143	8.9884		APC	$454.90			
44388	T	COLONOSCOPY	0143	8.9884		APC	$454.90			N
44389	T	COLONOSCOPY WITH BIOPSY	0143	8.9884		APC	$454.90			N
44390	T	COLONOSCOPY FOR FOREIGN BODY	0143	8.9884		APC	$454.90			N
44391	T	COLONOSCOPY FOR BLEEDING	0143	8.9884		APC	$454.90			N
44392	T	COLONOSCOPY & POLYPECTOMY	0143	8.9884		APC	$454.90			N
44393	T	COLONOSCOPY, LESION REMOVAL	0143	8.9884		APC	$454.90			
44394	T	COLONOSCOPY W/SNARE	0143	8.9884		APC	$454.90			N
44397	T	COLONOSCOPY W/STENT	0384	25.7008		APC	$1,300.72			N
44500	T	INTRO, GASTROINTESTINAL TUBE	0121	4.5958		APC	$232.59			N
44602	C	SUTURE, SMALL INTESTINE				Inpatient Only	$0.00			N
44603	C	SUTURE, SMALL INTESTINE				Inpatient Only	$0.00			N
44604	C	SUTURE, LARGE INTESTINE				Inpatient Only	$0.00			N
44605	C	REPAIR OF BOWEL LESION				Inpatient Only	$0.00			N
44615	C	INTESTINAL STRICTUROPLASTY				Inpatient Only	$0.00			N
44620	C	REPAIR BOWEL OPENING				Inpatient Only	$0.00			N
44625	C	REPAIR BOWEL OPENING				Inpatient Only	$0.00			N
44626	C	REPAIR BOWEL OPENING				Inpatient Only	$0.00			N
44640	C	REPAIR BOWEL-SKIN FISTULA				Inpatient Only	$0.00			N
44650	C	REPAIR BOWEL FISTULA				Inpatient Only	$0.00			N
44660	C	REPAIR BOWEL-BLADDER FISTULA				Inpatient Only	$0.00			N
44661	C	REPAIR BOWEL-BLADDER FISTULA				Inpatient Only	$0.00			N
44680	C	SURGICAL REVISION, INTESTINE				Inpatient Only	$0.00			N
44700	C	SUSPEND BOWEL W/PROSTHESIS				Inpatient Only	$0.00			N
44701	N	INTRAOP COLON LAVAGE ADD-ON				Bundled	$0.00			
44715	C	PREPARE DONOR INTESTINE				Inpatient Only	$0.00			Y
44720	C	PREP DONOR INTESTINE/VENOUS				Inpatient Only	$0.00			Y
44721	C	PREP DONOR INTESTINE/ARTERY				Inpatient Only	$0.00			Y
44799	T	UNLISTED PROCEDURE INTESTINE	0153	23.4113		APC	$1,184.85			N
44800	C	EXCISION OF BOWEL POUCH				Inpatient Only	$0.00			N
44820	C	EXCISION OF MESENTERY LESION				Inpatient Only	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
44850	C	REPAIR OF MESENTERY				Inpatient Only	$0.00			N
44899	C	BOWEL SURGERY PROCEDURE				Inpatient Only	$0.00			N
44900	C	DRAIN APP ABSCESS, OPEN				Inpatient Only	$0.00			N
44901	T	DRAIN APP ABSCESS, PERCUT	0037	13.5176		APC	$684.13			N
44950	C	APPENDECTOMY				Inpatient Only	$0.00			N
44955	C	APPENDECTOMY ADD-ON				Inpatient Only	$0.00			N
44960	C	APPENDECTOMY				Inpatient Only	$0.00			N
44970	T	LAPAROSCOPY, APPENDECTOMY	0131	46.3238		APC	$2,344.45			N
44979	T	LAPAROSCOPE PROC, APP	0130	37.8887		APC	$1,917.55			N
45000	T	DRAINAGE OF PELVIC ABSCESS	0155	12.2139		APC	$618.15			N
45005	T	DRAINAGE OF RECTAL ABSCESS	0155	12.2139		APC	$618.15			N
45020	T	DRAINAGE OF RECTAL ABSCESS	0155	12.2139		APC	$618.15			N
45100	T	BIOPSY OF RECTUM	0149	23.1877		APC	$1,173.53			N
45108	T	REMOVAL OF ANORECTAL LESION	0149	23.1877		APC	$1,173.53			N
45110	C	REMOVAL OF RECTUM				Inpatient Only	$0.00			N
45111	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only	$0.00			N
45112	C	REMOVAL OF RECTUM				Inpatient Only	$0.00			N
45113	C	PARTIAL PROCTECTOMY				Inpatient Only	$0.00			N
45114	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only	$0.00			N
45116	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only	$0.00			N
45119	C	REMOVE RECTUM W/RESERVOIR				Inpatient Only	$0.00			N
45120	C	REMOVAL OF RECTUM				Inpatient Only	$0.00			N
45121	C	REMOVAL OF RECTUM AND COLON				Inpatient Only	$0.00			N
45123	C	PARTIAL PROCTECTOMY				Inpatient Only	$0.00			N
45126	C	PELVIC EXENTERATION				Inpatient Only	$0.00			N
45130	C	EXCISION OF RECTAL PROLAPSE				Inpatient Only	$0.00			N
45135	C	EXCISION OF RECTAL PROLAPSE				Inpatient Only	$0.00			N
45136	C	EXCISE ILEOANAL RESERVIOR				Inpatient Only	$0.00			
45150	T	EXCISION OF RECTAL STRICTURE	0149	23.1877		APC	$1,173.53			N
45160	T	EXCISION OF RECTAL LESION	0149	23.1877		APC	$1,173.53			N
45170	T	EXCISION OF RECTAL LESION	0149	23.1877		APC	$1,173.53			N
45190	T	DESTRUCTION RECTAL TUMOR	0149	23.1877		APC	$1,173.53			N
45300	T	PROCTOSIGMOIDOSCOPY DX	0146	5.6133		APC	$284.09			N
45303	T	PROCTOSIGMOIDOSCOPY DILATE	0147	9.1325		APC	$462.20			N
45305	T	PROCTOSIGMOIDOSCOPY W/BX	0147	9.1325		APC	$462.20			N
45307	T	PROCTOSIGMOIDOSCOPY FB	0428	23.6827		APC	$1,198.58			N
45308	T	PROCTOSIGMOIDOSCOPY REMOVAL	0147	9.1325		APC	$462.20			N
45309	T	PROCTOSIGMOIDOSCOPY REMOVAL	0147	9.1325		APC	$462.20			N
45315	T	PROCTOSIGMOIDOSCOPY REMOVAL	0147	9.1325		APC	$462.20			N
45317	T	PROCTOSIGMOIDOSCOPY BLEED	0147	9.1325		APC	$462.20			N
45320	T	PROCTOSIGMOIDOSCOPY ABLATE	0428	23.6827		APC	$1,198.58			N

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45321	T	PROCTOSIGMOIDOSCOPY VOLVUL	0428	23.6827		APC	$1,198.58			
45327	T	PROCTOSIGMOIDOSCOPY W/STENT	0384	25.7008		APC	$1,300.72			N
45330	T	DIAGNOSTIC SIGMOIDOSCOPY	0146	5.6133		APC	$284.09			N
45331	T	SIGMOIDOSCOPY AND BIOPSY	0146	5.6133		APC	$284.09			N
45332	T	SIGMOIDOSCOPY W/FB REMOVAL	0146	5.6133		APC	$284.09			N
45333	T	SIGMOIDOSCOPY & POLYPECTOMY	0147	9.1325		APC	$462.20			N
45334	T	SIGMOIDOSCOPY FOR BLEEDING	0147	9.1325		APC	$462.20			N
45335	T	SIGMOIDOSCOPY W/SUBMUC INJ	0146	5.6133		APC	$284.09			
45337	T	SIGMOIDOSCOPY & DECOMPRESS	0146	5.6133		APC	$284.09			N
45338	T	SIGMOIDOSCOPY W/TUMR REMOVE	0147	9.1325		APC	$462.20			N
45339	T	SIGMOIDOSCOPY W/ABLATE TUMR	0147	9.1325		APC	$462.20			N
45340	T	SIG W/BALLOON DILATION	0147	9.1325		APC	$462.20			
45341	T	SIGMOIDOSCOPY W/ULTRASOUND	0147	9.1325		APC	$462.20			N
45342	T	SIGMOIDOSCOPY W/US GUIDE BX	0147	9.1325		APC	$462.20			N
45345	T	SIGMOIDOSCOPY W/STENT	0384	25.7008		APC	$1,300.72			N
45355	T	SURGICAL COLONOSCOPY	0143	8.9884		APC	$454.90			N
45378	T	DIAGNOSTIC COLONOSCOPY	0143	8.9884		APC	$454.90			N
45379	T	COLONOSCOPY W/FB REMOVAL	0143	8.9884		APC	$454.90			N
45380	T	COLONOSCOPY AND BIOPSY	0143	8.9884		APC	$454.90			N
45381	T	COLONOSCOPY SUBMUCOUS INJ	0143	8.9884		APC	$454.90			
45382	T	COLONOSCOPY/CONTROL BLEEDING	0143	8.9884		APC	$454.90			N
45383	T	LESION REMOVAL COLONOSCOPY	0143	8.9884		APC	$454.90			
45384	T	LESION REMOVE COLONOSCOPY	0143	8.9884		APC	$454.90			N
45385	T	LESION REMOVAL COLONOSCOPY	0143	8.9884		APC	$454.90			N
45386	T	COLONOSCOPY DILATE STRICTURE	0143	8.9884		APC	$454.90			N
45387	T	COLONOSCOPY W/STENT	0384	25.7008		APC	$1,300.72			N
45391	T	COLONOSCOPY W/ENDOSCOPE US	0143	8.9884		APC	$454.90			
45392	T	COLONOSCOPY W/ENDOSCOPIC FNB	0143	8.9884		APC	$454.90			
45395	C	LAP REMOVAL OF RECTUM				Not Allowed	$0.00			
45397	C	LAP REMOVE RECTUM W/POUCH				Not Allowed	$0.00			
45400	C	LAPAROSCOPIC PROCTOPEXY				Not Allowed	$0.00			
45402	C	LAP PROCTOPEXY W/SIG RESECT				Not Allowed	$0.00			
45499	T	LAPAROSCOPE PROC RECTUM	0130	37.8887		APC	$1,917.55			
45500	T	REPAIR OF RECTUM	0149	23.1877		APC	$1,173.53			N
45505	T	REPAIR OF RECTUM	0150	31.0398		APC	$1,570.92			N
45520	T	TREATMENT OF RECTAL PROLAPSE	0013	0.8281		APC	$41.91			N
45540	C	CORRECT RECTAL PROLAPSE				Inpatient Only	$0.00			N
45541	T	CORRECT RECTAL PROLAPSE	0150	31.0398		APC	$1,570.92			N
45550	C	REPAIR RECTUM/REMOVE SIGMOID				Inpatient Only	$0.00			N
45560	T	REPAIR OF RECTOCELE	0150	31.0398		APC	$1,570.92			N
45562	C	EXPLORATION/REPAIR OF RECTUM				Inpatient Only	$0.00			N

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45563	C	EXPLORATION/REPAIR OF RECTUM				Inpatient Only	$0.00			N
45800	C	REPAIR RECT/BLADDER FISTULA				Inpatient Only	$0.00			N
45805	C	REPAIR FISTULA W/COLOSTOMY				Inpatient Only	$0.00			N
45820	C	REPAIR RECTOURETHRAL FISTULA				Inpatient Only	$0.00			N
45825	C	REPAIR FISTULA W/COLOSTOMY				Inpatient Only	$0.00			N
45900	T	REDUCTION OF RECTAL PROLAPSE	0148	5.8523		APC	$296.18			N
45905	T	DILATION OF ANAL SPHINCTER	0149	23.1877		APC	$1,173.53			N
45910	T	DILATION OF RECTAL NARROWING	0149	23.1877		APC	$1,173.53			N
45915	T	REMOVE RECTAL OBSTRUCTION	0155	12.2139		APC	$618.15			N
45990	T	SURG DX EXAM ANORECTAL	0149	23.1877		APC	$1,173.53			
45999	T	RECTUM SURGERY PROCEDURE	0148	5.8523		APC	$296.18			N
46020	T	PLACEMENT OF SETON	0149	23.1877		APC	$1,173.53			
46030	T	REMOVAL OF RECTAL MARKER	0148	5.8523		APC	$296.18			N
46040	T	INCISION OF RECTAL ABSCESS	0149	23.1877		APC	$1,173.53			N
46045	T	INCISION OF RECTAL ABSCESS	0149	23.1877		APC	$1,173.53			N
46050	T	INCISION OF ANAL ABSCESS	0155	12.2139		APC	$618.15			N
46060	T	INCISION OF RECTAL ABSCESS	0149	23.1877		APC	$1,173.53			N
46070	T	INCISION OF ANAL SEPTUM	0155	12.2139		APC	$618.15			N
46080	T	INCISION OF ANAL SPHINCTER	0149	23.1877		APC	$1,173.53			N
46083	T	INCISE EXTERNAL HEMORRHOID	0164	1.8697		APC	$94.63			
46200	T	REMOVAL OF ANAL FISSURE	0149	23.1877		APC	$1,173.53			N
46210	T	REMOVAL OF ANAL CRYPT	0149	23.1877		APC	$1,173.53			N
46211	T	REMOVAL OF ANAL CRYPTS	0149	23.1877		APC	$1,173.53			N
46220	T	REMOVAL OF ANAL TAG	0149	23.1877		APC	$1,173.53			N
46221	T	LIGATION OF HEMORRHOID(S)	0148	5.8523		APC	$296.18			N
46230	T	REMOVAL OF ANAL TAGS	0149	23.1877		APC	$1,173.53			N
46250	T	HEMORRHOIDECTOMY	0149	23.1877		APC	$1,173.53			N
46255	T	HEMORRHOIDECTOMY	0149	23.1877		APC	$1,173.53			N
46257	T	REMOVE HEMORRHOIDS & FISSURE	0149	23.1877		APC	$1,173.53			N
46258	T	REMOVE HEMORRHOIDS & FISTULA	0149	23.1877		APC	$1,173.53			N
46260	T	HEMORRHOIDECTOMY	0149	23.1877		APC	$1,173.53			N
46261	T	REMOVE HEMORRHOIDS & FISSURE	0149	23.1877		APC	$1,173.53			N
46262	T	REMOVE HEMORRHOIDS & FISTULA	0149	23.1877		APC	$1,173.53			N
46270	T	REMOVAL OF ANAL FISTULA	0149	23.1877		APC	$1,173.53			N
46275	T	REMOVAL OF ANAL FISTULA	0149	23.1877		APC	$1,173.53			N
46280	T	REMOVAL OF ANAL FISTULA	0149	23.1877		APC	$1,173.53			N
46285	T	REMOVAL OF ANAL FISTULA	0149	23.1877		APC	$1,173.53			N
46288	T	REPAIR ANAL FISTULA	0149	23.1877		APC	$1,173.53			N
46320	T	REMOVAL OF HEMORRHOID CLOT	0149	23.1877		APC	$1,173.53			N
46500	T	INJECTION INTO HEMORRHOID(S)	0155	12.2139		APC	$618.15			N
46505	T	CHEMODENERVATION ANAL MUSC	0155	12.2139		APC	$618.15			

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46600	X	DIAGNOSTIC ANOSCOPY	0340	0.6462		APC	$32.70			N
46604	T	ANOSCOPY AND DILATION	0147	9.1325		APC	$462.20			N
46606	T	ANOSCOPY AND BIOPSY	0146	5.6133		APC	$284.09			N
46608	T	ANOSCOPY REMOVE FOR BODY	0147	9.1325		APC	$462.20			N
46610	T	ANOSCOPY REMOVE LESION	0428	23.6827		APC	$1,198.58			N
46611	T	ANOSCOPY	0147	9.1325		APC	$462.20			N
46612	T	ANOSCOPY REMOVE LESIONS	0428	23.6827		APC	$1,198.58			N
46614	T	ANOSCOPY CONTROL BLEEDING	0146	5.6133		APC	$284.09			N
46615	T	ANOSCOPY	0428	23.6827		APC	$1,198.58			N
46700	T	REPAIR OF ANAL STRICTURE	0149	23.1877		APC	$1,173.53			N
46705	C	REPAIR OF ANAL STRICTURE				Inpatient Only	$0.00			N
46706	T	REPR OF ANAL FISTULA W/GLUE	0150	31.0398		APC	$1,570.92			
46710	C	REPR PER/VAG POUCH SNGL PROC				Not Allowed	$0.00			
46712	C	REPR PER/VAG POUCH DBL PROC				Not Allowed	$0.00			
46715	C	REPAIR OF ANOVAGINAL FISTULA				Inpatient Only	$0.00			N
46716	C	REPAIR OF ANOVAGINAL FISTULA				Inpatient Only	$0.00			N
46730	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only	$0.00			N
46735	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only	$0.00			N
46740	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only	$0.00			N
46742	C	REPAIR OF IMPERFORATED ANUS				Inpatient Only	$0.00			N
46744	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only	$0.00			N
46746	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only	$0.00			N
46748	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only	$0.00			N
46750	T	REPAIR OF ANAL SPHINCTER	0150	31.0398		APC	$1,570.92			N
46751	C	REPAIR OF ANAL SPHINCTER				Inpatient Only	$0.00			N
46753	T	RECONSTRUCTION OF ANUS	0149	23.1877		APC	$1,173.53			N
46754	T	REMOVAL OF SUTURE FROM ANUS	0149	23.1877		APC	$1,173.53			N
46760	T	REPAIR OF ANAL SPHINCTER	0150	31.0398		APC	$1,570.92			N
46761	T	REPAIR OF ANAL SPHINCTER	0150	31.0398		APC	$1,570.92			N
46762	T	IMPLANT ARTIFICIAL SPHINCTER	0150	31.0398		APC	$1,570.92			N
46900	T	DESTRUCTION, ANAL LESION(S)	0016	2.7288		APC	$138.10			N
46910	T	DESTRUCTION, ANAL LESION(S)	0017	20.2578		APC	$1,025.25			N
46916	T	CRYOSURGERY, ANAL LESION(S)	0015	1.5170		APC	$76.78			
46917	T	LASER SURGERY ANAL LESIONS	0017	20.2578		APC	$1,025.25			
46922	T	EXCISION OF ANAL LESION(S)	0017	20.2578		APC	$1,025.25			
46924	T	DESTRUCTION, ANAL LESION(S)	0017	20.2578		APC	$1,025.25			
46930	T	DESTROY INTERNAL HEMORRHOIDS	0148	5.8523		APC	$296.18			
46937	T	CRYOTHERAPY OF RECTAL LESION	0149	23.1877		APC	$1,173.53			N
46938	T	CRYOTHERAPY OF RECTAL LESION	0150	31.0398		APC	$1,570.92			N
46940	T	TREATMENT OF ANAL FISSURE	0149	23.1877		APC	$1,173.53			N
46942	T	TREATMENT OF ANAL FISSURE	0148	5.8523		APC	$296.18			N

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46945	T	LIGATION OF HEMORRHOIDS	0155	12.2139		APC	$618.15			N
46946	T	LIGATION OF HEMORRHOIDS	0155	12.2139		APC	$618.15			N
46947	T	HEMORRHOIDOPEXY BY STAPLING	0150	31.0398		APC	$1,570.92			
46999	T	ANUS SURGERY PROCEDURE	0148	5.8523		APC	$296.18			N
47000	T	NEEDLE BIOPSY OF LIVER	0685	9.5785		APC	$484.77			N
47001	N	NEEDLE BIOPSY, LIVER ADD-ON				Bundled	$0.00			N
47010	C	OPEN DRAINAGE, LIVER LESION				Inpatient Only	$0.00			N
47011	T	PERCUT DRAIN, LIVER LESION	0037	13.5176		APC	$684.13			N
47015	C	INJECT/ASPIRATE LIVER CYST				Inpatient Only	$0.00			N
47100	C	WEDGE BIOPSY OF LIVER				Inpatient Only	$0.00			N
47120	C	PARTIAL REMOVAL OF LIVER				Inpatient Only	$0.00			N
47122	C	EXTENSIVE REMOVAL OF LIVER				Inpatient Only	$0.00			N
47125	C	PARTIAL REMOVAL OF LIVER				Inpatient Only	$0.00			N
47130	C	PARTIAL REMOVAL OF LIVER				Inpatient Only	$0.00			N
47133	C	REMOVAL OF DONOR LIVER				Inpatient Only	$0.00			Y
47135	C	TRANSPLANTATION OF LIVER				Not Allowed	$0.00			Y
47136	C	TRANSPLANTATION OF LIVER				Not Allowed	$0.00			Y
47140	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only	$0.00			Y
47141	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only	$0.00			Y
47142	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only	$0.00			Y
47143	C	PREP DONOR LIVER WHOLE				Inpatient Only	$0.00			Y
47144	C	PREP DONOR LIVER 3-SEGMENT				Inpatient Only	$0.00			Y
47145	C	PREP DONOR LIVER LOBE SPLIT				Inpatient Only	$0.00			Y
47146	C	PREP DONOR LIVER/VENOUS				Inpatient Only	$0.00			Y
47147	C	PREP DONOR LIVER/ARTERIAL				Inpatient Only	$0.00			Y
47300	C	SURGERY FOR LIVER LESION				Not Allowed	$0.00			N
47350	C	REPAIR LIVER WOUND				Not Allowed	$0.00			N
47360	C	REPAIR LIVER WOUND				Inpatient Only	$0.00			N
47361	C	REPAIR LIVER WOUND				Inpatient Only	$0.00			N
47362	C	REPAIR LIVER WOUND				Inpatient Only	$0.00			N
47370	T	LAPARO ABLATE LIVER TUMOR RF	0174	119.7237		APC	$6,059.22			
47371	T	LAPARO ABLATE LIVER CRYOSURG	0131	46.3238		APC	$2,344.45			N
47379	T	LAPAROSCOPE PROCEDURE, LIVER	0130	37.8887		APC	$1,917.55			N
47380	C	OPEN ABLATE LIVER TUMOR RF				Inpatient Only	$0.00			
47381	C	OPEN ABLATE LIVER TUMOR CRYO				Inpatient Only	$0.00			N
47382	T	PERCUT ABLATE LIVER RF	0423	46.5013		APC	$2,353.43			
47399	T	LIVER SURGERY PROCEDURE	0004	4.4727		APC	$226.36			N
47400	C	INCISION OF LIVER DUCT				Inpatient Only	$0.00			N
47420	C	INCISION OF BILE DUCT				Inpatient Only	$0.00			N
47425	C	INCISION OF BILE DUCT				Inpatient Only	$0.00			N
47460	C	INCISE BILE DUCT SPHINCTER				Inpatient Only	$0.00			N

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47480	C	INCISION OF GALLBLADDER				Inpatient Only	$0.00			N
47490	T	INCISION OF GALLBLADDER	0152	30.4122		APC	$1,539.16			N
47500	N	INJECTION FOR LIVER X-RAYS				Bundled	$0.00			N
47505	N	INJECTION FOR LIVER X-RAYS				Bundled	$0.00			N
47510	T	INSERT CATHETER, BILE DUCT	0152	30.4122		APC	$1,539.16			
47511	T	INSERT BILE DUCT DRAIN	0152	30.4122		APC	$1,539.16			N
47525	T	CHANGE BILE DUCT CATHETER	0427	15.5994		APC	$789.49			N
47530	T	REVISE/REINSERT BILE TUBE	0427	15.5994		APC	$789.49			N
47550	C	BILE DUCT ENDOSCOPY ADD-ON				Inpatient Only	$0.00			
47552	T	BILIARY ENDOSCOPY THRU SKIN	0152	30.4122		APC	$1,539.16			
47553	T	BILIARY ENDOSCOPY THRU SKIN	0152	30.4122		APC	$1,539.16			
47554	T	BILIARY ENDOSCOPY THRU SKIN	0152	30.4122		APC	$1,539.16			
47555	T	BILIARY ENDOSCOPY THRU SKIN	0152	30.4122		APC	$1,539.16			
47556	T	BILIARY ENDOSCOPY THRU SKIN	0152	30.4122		APC	$1,539.16			N
47560	T	LAPAROSCOPY W/CHOLANGIO	0130	37.8887		APC	$1,917.55			N
47561	T	LAPARO W/CHOLANGIO/BIOPSY	0130	37.8887		APC	$1,917.55			N
47562	T	LAPAROSCOPIC CHOLECYSTECTOMY	0131	46.3238		APC	$2,344.45			N
47563	T	LAPARO CHOLECYSTECTOMY/GRAPH	0131	46.3238		APC	$2,344.45			N
47564	T	LAPARO CHOLECYSTECTOMY/EXPLR	0131	46.3238		APC	$2,344.45			N
47570	C	LAPARO CHOLECYSTOENTEROSTOMY				Inpatient Only	$0.00			N
47579	T	LAPAROSCOPE PROC, BILIARY	0130	37.8887		APC	$1,917.55			N
47600	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			N
47605	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			N
47610	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			N
47612	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			N
47620	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			N
47630	T	REMOVE BILE DUCT STONE	0152	30.4122		APC	$1,539.16			N
47700	C	EXPLORATION OF BILE DUCTS				Inpatient Only	$0.00			N
47701	C	BILE DUCT REVISION				Inpatient Only	$0.00			N
47711	C	EXCISION OF BILE DUCT TUMOR				Inpatient Only	$0.00			N
47712	C	EXCISION OF BILE DUCT TUMOR				Inpatient Only	$0.00			N
47715	C	EXCISION OF BILE DUCT CYST				Inpatient Only	$0.00			N
47720	C	FUSE GALLBLADDER & BOWEL				Inpatient Only	$0.00			N
47721	C	FUSE UPPER GI STRUCTURES				Inpatient Only	$0.00			N
47740	C	FUSE GALLBLADDER & BOWEL				Inpatient Only	$0.00			N
47741	C	FUSE GALLBLADDER & BOWEL				Inpatient Only	$0.00			N
47760	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only	$0.00			N
47765	C	FUSE LIVER DUCTS & BOWEL				Inpatient Only	$0.00			N
47780	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only	$0.00			N
47785	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only	$0.00			N
47800	C	RECONSTRUCTION OF BILE DUCTS				Inpatient Only	$0.00			N

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47801	C	PLACEMENT, BILE DUCT SUPPORT				Inpatient Only	$0.00			N
47802	C	FUSE LIVER DUCT & INTESTINE				Inpatient Only	$0.00			N
47900	C	SUTURE BILE DUCT INJURY				Inpatient Only	$0.00			N
47999	T	BILE TRACT SURGERY PROCEDURE	0152	30.4122		APC	$1,539.16			N
48000	C	DRAINAGE OF ABDOMEN				Inpatient Only	$0.00			N
48001	C	PLACEMENT OF DRAIN, PANCREAS				Inpatient Only	$0.00			N
48020	C	REMOVAL OF PANCREATIC STONE				Inpatient Only	$0.00			N
48100	C	BIOPSY OF PANCREAS, OPEN				Inpatient Only	$0.00			N
48102	T	NEEDLE BIOPSY, PANCREAS	0685	9.5785		APC	$484.77			N
48105	C	RESECT/DEBRIDE PANCREAS				Inpatient Only	$0.00			
48120	C	REMOVAL OF PANCREAS LESION				Inpatient Only	$0.00			N
48140	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only	$0.00			N
48145	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only	$0.00			N
48146	C	PANCREATECTOMY				Inpatient Only	$0.00			N
48148	C	REMOVAL OF PANCREATIC DUCT				Inpatient Only	$0.00			N
48150	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only	$0.00			N
48152	C	PANCREATECTOMY				Inpatient Only	$0.00			N
48153	C	PANCREATECTOMY				Inpatient Only	$0.00			N
48154	C	PANCREATECTOMY				Inpatient Only	$0.00			N
48155	C	REMOVAL OF PANCREAS				Inpatient Only	$0.00			N
48160	E	PANCREAS REMOVAL/TRANSPLANT				Not Allowed	$0.00			Y
48400	C	INJECTION, INTRAOP ADD-ON				Inpatient Only	$0.00			N
48500	C	SURGERY OF PANCREATIC CYST				Inpatient Only	$0.00			N
48510	C	DRAIN PANCREATIC PSEUDOCYST				Inpatient Only	$0.00			N
48511	T	DRAIN PANCREATIC PSEUDOCYST	0037	13.5176		APC	$684.13			N
48520	C	FUSE PANCREAS CYST AND BOWEL				Inpatient Only	$0.00			N
48540	C	FUSE PANCREAS CYST AND BOWEL				Inpatient Only	$0.00			N
48545	C	PANCREATORRHAPHY				Inpatient Only	$0.00			N
48547	C	DUODENAL EXCLUSION				Inpatient Only	$0.00			N
48548	C	FUSE PANCREAS AND BOWEL				Inpatient Only	$0.00			
48550	E	DONOR PANCREATECTOMY				Not Allowed	$0.00			Y
48551	C	PREP DONOR PANCREAS				Inpatient Only	$0.00			Y
48552	C	PREP DONOR PANCREAS/VENOUS				Inpatient Only	$0.00			Y
48554	C	TRANSPL ALLOGRAFT PANCREAS				Not Allowed	$0.00			Y
48556	C	REMOVAL, ALLOGRAFT PANCREAS				Inpatient Only	$0.00			Y
48999	T	PANCREAS SURGERY PROCEDURE	0004	4.4727		APC	$226.36			N
49000	C	EXPLORATION OF ABDOMEN				Inpatient Only	$0.00			N
49002	C	REOPENING OF ABDOMEN				Inpatient Only	$0.00			N
49010	C	EXPLORATION BEHIND ABDOMEN				Inpatient Only	$0.00			N
49020	C	DRAIN ABDOMINAL ABSCESS				Inpatient Only	$0.00			N
49021	T	DRAIN ABDOMINAL ABSCESS	0037	13.5176		APC	$684.13			N

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49040	C	DRAIN, OPEN, ABDOM ABSCESS				Inpatient Only	$0.00			N
49041	T	DRAIN, PERCUT, ABDOM ABSCESS	0037	13.5176		APC	$684.13			N
49060	C	DRAIN, OPEN, RETROP ABSCESS				Inpatient Only	$0.00			N
49061	T	DRAIN, PERCUT, RETROPER ABSC	0037	13.5176		APC	$684.13			N
49062	C	DRAIN TO PERITONEAL CAVITY				Inpatient Only	$0.00			N
49080	T	PUNCTURE, PERITONEAL CAVITY	0070	5.3343		APC	$269.97			N
49081	T	REMOVAL OF ABDOMINAL FLUID	0070	5.3343		APC	$269.97			N
49180	T	BIOPSY, ABDOMINAL MASS	0685	9.5785		APC	$484.77			N
49203	C	EXC ABD TUM 5 CM OR LESS				Inpatient Only	$0.00			
49204	C	EXC ABD TUM OVER 5 CM				Inpatient Only	$0.00			
49205	C	EXC ABD TUM OVER 10 CM				Inpatient Only	$0.00			
49215	C	EXCISE SACRAL SPINE TUMOR				Inpatient Only	$0.00			N
49220	C	MULTIPLE SURGERY, ABDOMEN				Inpatient Only	$0.00			N
49250	T	EXCISION OF UMBILICUS	0153	23.4113		APC	$1,184.85			N
49255	C	REMOVAL OF OMENTUM				Inpatient Only	$0.00			N
49320	T	DIAG LAPARO SEPARATE PROC	0130	37.8887		APC	$1,917.55			N
49321	T	LAPAROSCOPY, BIOPSY	0130	37.8887		APC	$1,917.55			N
49322	T	LAPAROSCOPY, ASPIRATION	0130	37.8887		APC	$1,917.55			N
49323	T	LAPARO DRAIN LYMPHOCELE	0130	37.8887		APC	$1,917.55			N
49324	T	LAP INSERTION PERM IP CATH	0130	37.8887		APC	$1,917.55			
49325	T	LAP REVISION PERM IP CATH	0130	37.8887		APC	$1,917.55			
49326	T	LAP W/OMENTOPEXY ADD-ON	0130	37.8887		APC	$1,917.55			
49329	T	LAPARO PROC, ABDM/PER/OMENT	0130	37.8887		APC	$1,917.55			N
49400	N	AIR INJECTION INTO ABDOMEN				Bundled	$0.00			N
49402	T	REMOVE FOREIGN BODY, ADBOMEN	0153	23.4113		APC	$1,184.85			
49419	T	INSRT ABDOM CATH FOR CHEMOTX	0115	32.9660		APC	$1,668.41			
49420	T	INSERT ABDOM DRAIN TEMP	0652	29.8670		APC	$1,511.57			N
49421	T	INSERT ABDOM DRAIN PERM	0652	29.8670		APC	$1,511.57			N
49422	T	REMOVE PERM CANNULA/CATHETER	0105	22.1272		APC	$1,119.86			N
49423	T	EXCHANGE DRAINAGE CATHETER	0427	15.5994		APC	$789.49			N
49424	N	ASSESS CYST, CONTRAST INJECT				Bundled	$0.00			N
49425	C	INSERT ABDOMEN-VENOUS DRAIN				Inpatient Only	$0.00			N
49426	T	REVISE ABDOMEN-VENOUS SHUNT	0153	23.4113		APC	$1,184.85			N
49427	N	INJECTION, ABDOMINAL SHUNT				Bundled	$0.00			N
49428	C	LIGATION OF SHUNT				Inpatient Only	$0.00			N
49429	T	REMOVAL OF SHUNT	0105	22.1272		APC	$1,119.86			N
49435	T	INSERT SUBQ EXTEN TO IP CATH	0427	15.5994		APC	$789.49			
49436	T	EMBEDDED IP CATH EXIT-SITE	0427	15.5994		APC	$789.49			
49440	T	PLACE GASTROSTOMY TUBE PERC	0141	8.6526		APC	$437.91			
49441	T	PLACE DUOD/JEJ TUBE PERC	0141	8.6526		APC	$437.91			
49442	T	PLACE CECOSTOMY TUBE PERC	0155	12.2139		APC	$618.15			

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49446	T	CHANGE G-TUBE TO G-J PERC	0141	8.6526		APC	$437.91			
49450	T	REPLACE G/C TUBE PERC	0121	4.5958		APC	$232.59			
49451	T	REPLACE DUOD/JEJ TUBE PERC	0121	4.5958		APC	$232.59			
49452	T	REPLACE G-J TUBE PERC	0121	4.5958		APC	$232.59			
49460	T	FIX G/COLON TUBE W/DEVICE	0121	4.5958		APC	$232.59			
49465	N	FLUORO EXAM OF G/COLON TUBE	0276	1.3298		Bundled, may be payable i	$0.00			
49491	T	RPR HERN PREEMIE REDUC	0154	31.6628		APC	$1,602.45			
49492	T	RPR ING HERN PREMIE, BLOCKED	0154	31.6628		APC	$1,602.45			N
49495	T	RPR ING HERNIA BABY REDUC	0154	31.6628		APC	$1,602.45			N
49496	T	RPR ING HERNIA BABY BLOCKED	0154	31.6628		APC	$1,602.45			N
49500	T	2PR ING HERNIA INIT REDUCE	0154	31.6628		APC	$1,602.45			N
49501	T	RPR ING HERNIA INIT BLOCKED	0154	31.6628		APC	$1,602.45			N
49505	T	PRP I/HERN INIT REDUC>5 YR	0154	31.6628		APC	$1,602.45			N
49507	T	PRP I/HERN INIT BLOCK>5 YR	0154	31.6628		APC	$1,602.45			N
49520	T	REREPAIR ING HERNIA, REDUCE	0154	31.6628		APC	$1,602.45			N
49521	T	REREPAIR ING HERNIA BLOCKED	0154	31.6628		APC	$1,602.45			N
49525	T	REPAIR ING HERNIA, SLIDING	0154	31.6628		APC	$1,602.45			N
49540	T	REPAIR LUMBAR HERNIA	0154	31.6628		APC	$1,602.45			N
49550	T	RPR REM HERNIA INIT REDUCE	0154	31.6628		APC	$1,602.45			N
49553	T	RPR FEM HERNIA INIT BLOCKED	0154	31.6628		APC	$1,602.45			N
49555	T	REREPAIR FEM HERNIA, REDUCE	0154	31.6628		APC	$1,602.45			N
49557	T	REREPAIR FEM HERNIA BLOCKED	0154	31.6628		APC	$1,602.45			N
49560	T	RPR VENTRAL HERN INIT, REDUC	0154	31.6628		APC	$1,602.45			N
49561	T	RPR VENTRAL HERN INIT BLOCK	0154	31.6628		APC	$1,602.45			N
49565	T	REREPAIR VENTRL HERN, REDUCE	0154	31.6628		APC	$1,602.45			N
49566	T	REREPAIR VENTRL HERN BLOCK	0154	31.6628		APC	$1,602.45			N
49568	T	HERNIA REPAIR W/MESH	0154	31.6628		APC	$1,602.45			N
49570	T	RPR EPIGASTRIC HERN, REDUCE	0154	31.6628		APC	$1,602.45			N
49572	T	RPR EPIGASTRIC HERN BLOCKED	0154	31.6628		APC	$1,602.45			N
49580	T	RPR UMBIL HERN REDUC < 5 YR	0154	31.6628		APC	$1,602.45			N
49582	T	RPR UMBIL HERN BLOCK < 5 YR	0154	31.6628		APC	$1,602.45			N
49585	T	RPR UMBIL HERN, REDUC > 5 YR	0154	31.6628		APC	$1,602.45			N
49587	T	RPR UMBIL HERN BLOCK > 5 YR	0154	31.6628		APC	$1,602.45			N
49590	T	REPAIR SPIGELIAN HERNIA	0154	31.6628		APC	$1,602.45			N
49600	T	REPAIR UMBILICAL LESION	0154	31.6628		APC	$1,602.45			N
49605	C	REPAIR UMBILICAL LESION				Inpatient Only	$0.00			N
49606	C	REPAIR UMBILICAL LESION				Inpatient Only	$0.00			N
49610	C	REPAIR UMBILICAL LESION				Inpatient Only	$0.00			N
49611	C	REPAIR UMBILICAL LESION				Inpatient Only	$0.00			N
49650	T	LAPARO HERNIA REPAIR INITIAL	0131	46.3238		APC	$2,344.45			N
49651	T	LAPARO HERNIA REPAIR RECUR	0131	46.3238		APC	$2,344.45			N

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49652	T	LAP VENT/ABD HERNIA REPAIR	0130	37.8887		APC	$1,917.55			
49653	T	LAP VENT/ABD HERN PROC COMP	0130	37.8887		APC	$1,917.55			
49654	T	LAP INC HERNIA REPAIR	0130	37.8887		APC	$1,917.55			
49655	T	LAP INC HERN REPAIR COMP	0130	37.8887		APC	$1,917.55			
49656	T	LAP INC HERNIA REPAIR RECUR	0130	37.8887		APC	$1,917.55			
49657	T	LAP INC HERN RECUR COMP	0130	37.8887		APC	$1,917.55			
49659	T	LAPARO PROC, HERNIA REPAIR	0130	37.8887		APC	$1,917.55			N
49900	C	REPAIR OF ABDOMINAL WALL				Inpatient Only	$0.00			N
49904	C	OMENTAL FLAP EXTRA-ABDOM				Inpatient Only	$0.00			
49905	C	OMENTAL FLAP INTRA-ABDOM				Inpatient Only	$0.00			N
49906	C	FREE OMENTAL FLAP, MICROVASC				Inpatient Only	$0.00			N
49999	T	ABDOMEN SURGERY PROCEDURE	0153	23.4113		APC	$1,184.85			N
50010	C	EXPLORATION OF KIDNEY				Inpatient Only	$0.00			N
50020	T	RENAL ABSCESS OPEN DRAIN	0162	25.5871		APC	$1,294.96			N
50021	T	RENAL ABSCESS, PERCUT DRAIN	0037	13.5176		APC	$684.13			N
50040	C	DRAINAGE OF KIDNEY				Inpatient Only	$0.00			N
50045	C	EXPLORATION OF KIDNEY				Inpatient Only	$0.00			N
5005F	E	PT COUNSLD ON EXAM FOR MOLES				Not Allowed	$0.00			N
50060	C	REMOVAL OF KIDNEY STONE				Inpatient Only	$0.00			N
50065	C	INCISION OF KIDNEY				Inpatient Only	$0.00			N
50070	C	INCISION OF KIDNEY				Inpatient Only	$0.00			N
50075	C	REMOVAL OF KIDNEY STONE				Inpatient Only	$0.00			N
50080	T	REMOVAL OF KIDNEY STONE	0429	45.8088		APC	$2,318.38			
50081	T	REMOVAL OF KIDNEY STONE	0429	45.8088		APC	$2,318.38			
50100	C	REVISE KIDNEY BLOOD VESSELS				Inpatient Only	$0.00			N
5010F	E	MACUL + FINDINGS TO DR MNG DM				Not Allowed	$0.00			N
50120	C	EXPLORATION OF KIDNEY				Inpatient Only	$0.00			N
50125	C	EXPLORE AND DRAIN KIDNEY				Inpatient Only	$0.00			N
50130	C	REMOVAL OF KIDNEY STONE				Inpatient Only	$0.00			N
50135	C	EXPLORATION OF KIDNEY				Inpatient Only	$0.00			N
5015F	E	DOC FX & TEST/TXMNT FOR OP				Not Allowed	$0.00			N
50200	T	BIOPSY OF KIDNEY	0685	9.5785		APC	$484.77			N
50205	C	BIOPSY OF KIDNEY				Inpatient Only	$0.00			N
5020F	E	TXMNTS 2 MAIN DR BY 1 MON				Not Allowed	$0.00			
50220	C	REMOVE KIDNEY, OPEN				Inpatient Only	$0.00			N
50225	C	REMOVAL KIDNEY OPEN, COMPLEX				Inpatient Only	$0.00			N
50230	C	REMOVAL KIDNEY OPEN, RADICAL				Inpatient Only	$0.00			N
50234	C	REMOVAL OF KIDNEY & URETER				Inpatient Only	$0.00			N
50236	C	REMOVAL OF KIDNEY & URETER				Inpatient Only	$0.00			N
50240	C	PARTIAL REMOVAL OF KIDNEY				Inpatient Only	$0.00			N
50250	C	CRYOABLATE RENAL MASS OPEN				Not Allowed	$0.00			

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50280	C	REMOVAL OF KIDNEY LESION				Inpatient Only	$0.00			N
50290	C	REMOVAL OF KIDNEY LESION				Inpatient Only	$0.00			N
50300	C	REMOVAL OF DONOR KIDNEY				Inpatient Only	$0.00			Y
50320	C	REMOVAL OF DONOR KIDNEY				Inpatient Only	$0.00			Y
50323	C	PREP CADAVER RENAL ALLOGRAFT				Inpatient Only	$0.00			Y
50325	C	PREP DONOR RENAL GRAFT				Inpatient Only	$0.00			Y
50327	C	PREP RENAL GRAFT/VENOUS				Inpatient Only	$0.00			Y
50328	C	PREP RENAL GRAFT/ARTERIAL				Inpatient Only	$0.00			Y
50329	C	PREP RENAL GRAFT/URETERAL				Inpatient Only	$0.00			Y
50340	C	REMOVAL OF KIDNEY				Inpatient Only	$0.00			Y
50360	C	TRANSPLANTATION OF KIDNEY				Inpatient Only	$0.00			Y
50365	C	TRANSPLANTATION OF KIDNEY				Inpatient Only	$0.00			Y
50370	C	REMOVE TRANSPLANTED KIDNEY				Inpatient Only	$0.00			Y
50380	C	REIMPLANTATION OF KIDNEY				Inpatient Only	$0.00			Y
50382	T	CHANGE URETER STENT PERCUT	0162	25.5871		APC	$1,294.96			
50384	T	REMOVE URETER STENT PERCUT	0161	18.7931		APC	$951.12			
50385	T	CHANGE STENT VIA TRANSURETH	0161	18.7931		APC	$951.12			
50386	T	REMOVE STENT VIA TRANSURETH	0160	7.2104		APC	$364.92			
50387	T	CHANGE EXT/INT URETER STENT	0427	15.5994		APC	$789.49			
50389	T	REMOVE RENAL TUBE W/FLUORO	0160	7.2104		APC	$364.92			
50390	T	DRAINAGE OF KIDNEY LESION	0685	9.5785		APC	$484.77			N
50391	T	INSTLL RX AGNT INTO RNAL TUB	0126	1.0435		APC	$52.81			
50392	T	INSERT KIDNEY DRAIN	0161	18.7931		APC	$951.12			N
50393	T	INSERT URETERAL TUBE	0162	25.5871		APC	$1,294.96			N
50394	N	INJECTION FOR KIDNEY X-RAY				Bundled	$0.00			N
50395	T	CREATE PASSAGE TO KIDNEY	0161	18.7931		APC	$951.12			
50396	T	MEASURE KIDNEY PRESSURE	0164	1.8697		APC	$94.63			N
50398	T	CHANGE KIDNEY TUBE	0427	15.5994		APC	$789.49			N
50400	C	REVISION OF KIDNEY/URETER				Inpatient Only	$0.00			N
50405	C	REVISION OF KIDNEY/URETER				Inpatient Only	$0.00			N
50500	C	REPAIR OF KIDNEY WOUND				Inpatient Only	$0.00			N
5050F	E	PLAN 2 MAIN DR. BY 1 MONTH				Not Allowed	$0.00			
50520	C	CLOSE KIDNEY-SKIN FISTULA				Inpatient Only	$0.00			N
50525	C	REPAIR RENAL-ABDOMEN FISTULA				Inpatient Only	$0.00			N
50526	C	REPAIR RENAL-ABDOMEN FISTULA				Inpatient Only	$0.00			N
50540	C	REVISION OF HORSESHOE KIDNEY				Inpatient Only	$0.00			N
50541	T	LAPARO ABLATE RENAL CYST	0130	37.8887		APC	$1,917.55			N
50542	T	LAPARO ABLATE RENAL MASS	0174	119.7237		APC	$6,059.22			
50543	T	LAPARO PARTIAL NEPHRECTOMY	0131	46.3238		APC	$2,344.45			
50544	T	LAPAROSCOPY, PYELOPLASTY	0130	37.8887		APC	$1,917.55			N
50545	C	LAPARO RADICAL NEPHRECTOMY				Inpatient Only	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
50546	C	LAPAROSCOPIC NEPHRECTOMY				Inpatient Only	$0.00			N
50547	C	LAPARO REMOVAL DONOR KIDNEY				Inpatient Only	$0.00			Y
50548	C	LAPARO REMOVE W/ URETER				Inpatient Only	$0.00			N
50549	T	LAPAROSCOPE PROC, RENAL	0130	37.8887		APC	$1,917.55			N
50551	T	KIDNEY ENDOSCOPY	0160	7.2104		APC	$364.92			N
50553	T	KIDNEY ENDOSCOPY	0162	25.5871		APC	$1,294.96			N
50555	T	KIDNEY ENDOSCOPY & BIOPSY	0160	7.2104		APC	$364.92			N
50557	T	KIDNEY ENDOSCOPY & TREATMENT	0162	25.5871		APC	$1,294.96			N
50561	T	KIDNEY ENDOSCOPY & TREATMENT	0162	25.5871		APC	$1,294.96			N
50562	T	RENAL SCOPE W/TUMOR RESECT	0160	7.2104		APC	$364.92			
50570	T	KIDNEY ENDOSCOPY	0160	7.2104		APC	$364.92			N
50572	T	KIDNEY ENDOSCOPY	0160	7.2104		APC	$364.92			N
50574	T	KIDNEY ENDOSCOPY & BIOPSY	0160	7.2104		APC	$364.92			N
50575	T	KIDNEY ENDOSCOPY	0163	35.8662		APC	$1,815.19			N
50576	T	KIDNEY ENDOSCOPY & TREATMENT	0161	18.7931		APC	$951.12			N
50580	T	KIDNEY ENDOSCOPY & TREATMENT	0161	18.7931		APC	$951.12			N
50590	T	FRAGMENTING OF KIDNEY STONE	0169	41.8999		APC	$2,120.55			N
50592	T	PERC RF ABLATE RENAL TUMOR	0423	46.5013		APC	$2,353.43			
50593	T	PERC CRYO ABLATE RENAL TUM	0423	46.5013		APC	$2,353.43			
50600	C	EXPLORATION OF URETER				Inpatient Only	$0.00			N
50605	C	INSERT URETERAL SUPPORT				Inpatient Only	$0.00			
5060F	E	FNDNGS MAMMO 2PT W/IN 3 DAYS				Not Allowed	$0.00			N
50610	C	REMOVAL OF URETER STONE				Inpatient Only	$0.00			N
50620	C	REMOVAL OF URETER STONE				Inpatient Only	$0.00			N
5062F	E	DOC F2FMAMMO FNDNG IN 3 DAYS				Not Allowed	$0.00			N
50630	C	REMOVAL OF URETER STONE				Inpatient Only	$0.00			N
50650	C	REMOVAL OF URETER				Inpatient Only	$0.00			N
50660	C	REMOVAL OF URETER				Inpatient Only	$0.00			N
50684	N	INJECTION FOR URETER X-RAY				Bundled	$0.00			N
50686	T	MEASURE URETER PRESSURE	0126	1.0435		APC	$52.81			N
50688	T	CHANGE OF URETER TUBE/STENT	0427	15.5994		APC	$789.49			N
50690	N	INJECTION FOR URETER X-RAY				Bundled	$0.00			N
50700	C	REVISION OF URETER				Inpatient Only	$0.00			N
50715	C	RELEASE OF URETER				Inpatient Only	$0.00			N
50722	C	RELEASE OF URETER				Inpatient Only	$0.00			N
50725	C	RELEASE/REVISE URETER				Inpatient Only	$0.00			N
50727	T	REVISE URETER	0165	20.0346		APC	$1,013.95			N
50728	C	REVISE URETER				Inpatient Only	$0.00			N
50740	C	FUSION OF URETER & KIDNEY				Inpatient Only	$0.00			N
50750	C	FUSION OF URETER & KIDNEY				Inpatient Only	$0.00			N
50760	C	FUSION OF URETERS				Inpatient Only	$0.00			N

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50770	C	SPLICING OF URETERS				Inpatient Only	$0.00			N
50780	C	REIMPLANT URETER IN BLADDER				Inpatient Only	$0.00			N
50782	C	REIMPLANT URETER IN BLADDER				Inpatient Only	$0.00			N
50783	C	REIMPLANT URETER IN BLADDER				Inpatient Only	$0.00			N
50785	C	REIMPLANT URETER IN BLADDER				Inpatient Only	$0.00			N
50800	C	IMPLANT URETER IN BOWEL				Inpatient Only	$0.00			N
50810	C	FUSION OF URETER & BOWEL				Inpatient Only	$0.00			N
50815	C	URINE SHUNT TO INTESTINE				Inpatient Only	$0.00			
50820	C	CONSTRUCT BOWEL BLADDER				Inpatient Only	$0.00			N
50825	C	CONSTRUCT BOWEL BLADDER				Inpatient Only	$0.00			N
50830	C	REVISE URINE FLOW				Inpatient Only	$0.00			N
50840	C	REPLACE URETER BY BOWEL				Inpatient Only	$0.00			N
50845	C	APPENDICO-VESICOSTOMY				Inpatient Only	$0.00			N
50860	C	TRANSPLANT URETER TO SKIN				Inpatient Only	$0.00			N
50900	C	REPAIR OF URETER				Inpatient Only	$0.00			N
50920	C	CLOSURE URETER/SKIN FISTULA				Inpatient Only	$0.00			N
50930	C	CLOSURE URETER/BOWEL FISTULA				Inpatient Only	$0.00			N
50940	C	RELEASE OF URETER				Inpatient Only	$0.00			N
50945	T	LAPAROSCOPY URETEROLITHOTOMY	0131	46.3238		APC	$2,344.45			N
50947	T	LAPARO NEW URETER/BLADDER	0131	46.3238		APC	$2,344.45			N
50948	T	LAPARO NEW URETER/BLADDER	0131	46.3238		APC	$2,344.45			N
50949	T	LAPAROSCOPE PROC, URETER	0130	37.8887		APC	$1,917.55			N
50951	T	ENDOSCOPY OF URETER	0160	7.2104		APC	$364.92			N
50953	T	ENDOSCOPY OF URETER	0160	7.2104		APC	$364.92			N
50955	T	URETER ENDOSCOPY & BIOPSY	0162	25.5871		APC	$1,294.96			N
50957	T	URETER ENDOSCOPY & TREATMENT	0162	25.5871		APC	$1,294.96			N
50961	T	URETER ENDOSCOPY & TREATMENT	0162	25.5871		APC	$1,294.96			N
50970	T	URETER ENDOSCOPY	0160	7.2104		APC	$364.92			N
50972	T	URETER ENDOSCOPY & CATHETER	0160	7.2104		APC	$364.92			N
50974	T	URETER ENDOSCOPY & BIOPSY	0161	18.7931		APC	$951.12			N
50976	T	URETER ENDOSCOPY & TREATMENT	0161	18.7931		APC	$951.12			N
50980	T	URETER ENDOSCOPY & TREATMENT	0162	25.5871		APC	$1,294.96			N
5100F	E	RSK FX REF W/N 24 HRS X-RAY				Not Allowed	$0.00			
51020	T	INCISE & TREAT BLADDER	0162	25.5871		APC	$1,294.96			N
51030	T	INCISE & TREAT BLADDER	0162	25.5871		APC	$1,294.96			N
51040	T	INCISE & DRAIN BLADDER	0162	25.5871		APC	$1,294.96			N
51045	T	INCISE BLADDER/DRAIN URETER	0160	7.2104		APC	$364.92			N
51050	T	REMOVAL OF BLADDER STONE	0162	25.5871		APC	$1,294.96			N
51060	C	REMOVAL OF URETER STONE				Inpatient Only	$0.00			N
51065	T	REMOVE URETER CALCULUS	0162	25.5871		APC	$1,294.96			N
51080	T	DRAINAGE OF BLADDER ABSCESS	0008	19.3873		APC	$981.19			N

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51100	T	DRAIN BLADDER BY NEEDLE	0164	1.8697		APC	$94.63			
51101	T	DRAIN BLADDER BY TROCAR/CATH	0126	1.0435		APC	$52.81			
51102	T	DRAIN BL W/CATH INSERTION	0165	20.0346		APC	$1,013.95			
51500	T	REMOVAL OF BLADDER CYST	0154	31.6628		APC	$1,602.45			N
51520	T	REMOVAL OF BLADDER LESION	0162	25.5871		APC	$1,294.96			N
51525	C	REMOVAL OF BLADDER LESION				Inpatient Only	$0.00			N
51530	C	REMOVAL OF BLADDER LESION				Inpatient Only	$0.00			N
51535	T	REPAIR OF URETER LESION	0162	25.5871		APC	$1,294.96			N
51550	C	PARTIAL REMOVAL OF BLADDER				Inpatient Only	$0.00			N
51555	C	PARTIAL REMOVAL OF BLADDER				Inpatient Only	$0.00			N
51565	C	REVISE BLADDER & URETER(S)				Inpatient Only	$0.00			N
51570	C	REMOVAL OF BLADDER				Inpatient Only	$0.00			N
51575	C	REMOVAL OF BLADDER & NODES				Inpatient Only	$0.00			N
51580	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only	$0.00			N
51585	C	REMOVAL OF BLADDER & NODES				Inpatient Only	$0.00			N
51590	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only	$0.00			N
51595	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only	$0.00			N
51596	C	REMOVE BLADDER/CREATE POUCH				Inpatient Only	$0.00			N
51597	C	REMOVAL OF PELVIC STRUCTURES				Inpatient Only	$0.00			N
51600	N	INJECTION FOR BLADDER X-RAY				Bundled	$0.00			N
51605	N	PREPARATION FOR BLADDER XRAY				Bundled	$0.00			N
51610	N	INJECTION FOR BLADDER X-RAY				Bundled	$0.00			N
51700	T	IRRIGATION OF BLADDER	0164	1.8697		APC	$94.63			N
51701	X	INSERT BLADDER CATHETER	0340	0.6462		APC	$32.70			
51702	X	INSERT TEMP BLADDER CATH	0340	0.6462		APC	$32.70			
51703	T	INSERT BLADDER CATH COMPLEX	0126	1.0435		APC	$52.81			
51705	T	CHANGE OF BLADDER TUBE	0164	1.8697		APC	$94.63			N
51710	T	CHANGE OF BLADDER TUBE	0427	15.5994		APC	$789.49			N
51715	T	ENDOSCOPIC INJECTION/IMPLANT	0168	30.6101		APC	$1,549.18			N
51720	T	TREATMENT OF BLADDER LESION	0156	2.8838		APC	$145.95			N
51725	T	SIMPLE CYSTOMETROGRAM	0156	2.8838		APC	$145.95			N
51726	T	COMPLEX CYSTOMETROGRAM	0156	2.8838		APC	$145.95			N
51736	T	URINE FLOW MEASUREMENT	0126	1.0435		APC	$52.81			N
51741	T	ELECTRO-UROFLOWMETRY FIRST	0126	1.0435		APC	$52.81			N
51772	T	URETHRA PRESSURE PROFILE	0164	1.8697		APC	$94.63			N
51784	T	ANAL/URINARY MUSCLE STUDY	0126	1.0435		APC	$52.81			N
51785	T	ANAL/URINARY MUSCLE STUDY	0164	1.8697		APC	$94.63			N
51792	T	URINARY REFLEX STUDY	0126	1.0435		APC	$52.81			N
51795	T	URINE VOIDING PRESSURE STUDY	0164	1.8697		APC	$94.63			N
51797	T	INTRAABDOMINAL PRESSURE TEST	0164	1.8697		APC	$94.63			N
51798	X	US URINE CAPACITY MEASURE	0340	0.6462		APC	$32.70			

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51800	C	REVISION OF BLADDER/URETHRA				Inpatient Only	$0.00			N
51820	C	REVISION OF URINARY TRACT				Inpatient Only	$0.00			N
51840	C	ATTACH BLADDER/URETHRA				Inpatient Only	$0.00			N
51841	C	ATTACH BLADDER/URETHRA				Inpatient Only	$0.00			N
51845	T	REPAIR BLADDER NECK	0202	43.7195		APC	$2,212.64			
51860	T	REPAIR OF BLADDER WOUND	0162	25.5871		APC	$1,294.96			N
51865	C	REPAIR OF BLADDER WOUND				Inpatient Only	$0.00			N
51880	T	REPAIR OF BLADDER OPENING	0162	25.5871		APC	$1,294.96			N
51900	C	REPAIR BLADDER/VAGINA LESION				Inpatient Only	$0.00			N
51920	C	CLOSE BLADDER-UTERUS FISTULA				Inpatient Only	$0.00			N
51925	C	HYSTERECTOMY/BLADDER REPAIR				Inpatient Only	$0.00			N
51940	C	CORRECTION OF BLADDER DEFECT				Inpatient Only	$0.00			N
51960	C	REVISION OF BLADDER & BOWEL				Inpatient Only	$0.00			N
51980	C	CONSTRUCT BLADDER OPENING				Inpatient Only	$0.00			N
51990	T	LAPARO URETHRAL SUSPENSION	0131	46.3238		APC	$2,344.45			N
51992	T	LAPARO SLING OPERATION	0131	46.3238		APC	$2,344.45			N
51999	T	LAPAROSCOPE PROC BLADDER	0130	37.8887		APC	$1,917.55			
52000	T	CYSTOSCOPY	0160	7.2104		APC	$364.92			N
52001	T	CYSTOSCOPY REMOVAL OF CLOTS	0161	18.7931		APC	$951.12			
52005	T	CYSTOSCOPY & URETER CATHETER	0161	18.7931		APC	$951.12			N
52007	T	CYSTOSCOPY AND BIOPSY	0162	25.5871		APC	$1,294.96			N
52010	T	CYSTOSCOPY & DUCT CATHETER	0160	7.2104		APC	$364.92			N
52204	T	CYSTOSCOPY	0161	18.7931		APC	$951.12			N
52214	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N
52224	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N
52234	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N
52235	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N
52240	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N
52250	T	CYSTOSCOPY AND RADIOTRACER	0162	25.5871		APC	$1,294.96			N
52260	T	CYSTOSCOPY AND TREATMENT	0161	18.7931		APC	$951.12			N
52265	T	CYSTOSCOPY AND TREATMENT	0160	7.2104		APC	$364.92			N
52270	T	CYSTOSCOPY & REVISE URETHRA	0161	18.7931		APC	$951.12			N
52275	T	CYSTOSCOPY & REVISE URETHRA	0162	25.5871		APC	$1,294.96			N
52276	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N
52277	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N
52281	T	CYSTOSCOPY AND TREATMENT	0161	18.7931		APC	$951.12			N
52282	T	CYSTOSCOPY IMPLANT STENT	0163	35.8662		APC	$1,815.19			N
52283	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N
52285	T	CYSTOSCOPY AND TREATMENT	0161	18.7931		APC	$951.12			N
52290	T	CYSTOSCOPY AND TREATMENT	0161	18.7931		APC	$951.12			N
52300	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N

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52301	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N
52305	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N
52310	T	CYSTOSCOPY AND TREATMENT	0161	18.7931		APC	$951.12			N
52315	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N
52317	T	REMOVE BLADDER STONE	0162	25.5871		APC	$1,294.96			
52318	T	REMOVE BLADDER STONE	0162	25.5871		APC	$1,294.96			
52320	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N
52325	T	CYSTOSCOPY, STONE REMOVAL	0162	25.5871		APC	$1,294.96			
52327	T	CYSTOSCOPY INJECT MATERIAL	0163	35.8662		APC	$1,815.19			N
52330	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N
52332	T	CYSTOSCOPY AND TREATMENT	0162	25.5871		APC	$1,294.96			N
52334	T	CREATE PASSAGE TO KIDNEY	0162	25.5871		APC	$1,294.96			
52341	T	CYSTO W/URETER STRICTURE TX	0162	25.5871		APC	$1,294.96			N
52342	T	CYSTO W/UP STRICTURE TX	0162	25.5871		APC	$1,294.96			N
52343	T	CYSTO W/RENAL STRICTURE TX	0162	25.5871		APC	$1,294.96			N
52344	T	CYSTO/URETERO, STRICTURE TX	0162	25.5871		APC	$1,294.96			N
52345	T	CYSTO/URETERO W/UP STRICTURE	0162	25.5871		APC	$1,294.96			N
52346	T	CYSTOURETERO W/RENAL STRICT	0162	25.5871		APC	$1,294.96			N
52351	T	CYSTOURETERO & OR PYELOSCOPE	0162	25.5871		APC	$1,294.96			N
52352	T	CYSTOURETERO W/STONE REMOVE	0162	25.5871		APC	$1,294.96			N
52353	T	CYSTOURETERO W/LITHOTRIPSY	0163	35.8662		APC	$1,815.19			N
52354	T	CYSTOURETERO W/BIOPSY	0162	25.5871		APC	$1,294.96			N
52355	T	CYSTOURETERO W/EXCISE TUMOR	0162	25.5871		APC	$1,294.96			N
52400	T	CYSTOURETERO W/CONGEN REPR	0162	25.5871		APC	$1,294.96			N
52402	T	CYSTOURETHRO CUT EJACUL DUCT	0162	25.5871		APC	$1,294.96			
52450	T	INCISION OF PROSTATE	0162	25.5871		APC	$1,294.96			N
52500	T	REVISION OF BLADDER NECK	0162	25.5871		APC	$1,294.96			N
52601	T	PROSTATECTOMY (TURP)	0163	35.8662		APC	$1,815.19			N
52630	T	REMOVE PROSTATE REGROWTH	0163	35.8662		APC	$1,815.19			N
52640	T	RELIEVE BLADDER CONTRACTURE	0162	25.5871		APC	$1,294.96			N
52647	T	LASER SURGERY OF PROSTATE	0429	45.8088		APC	$2,318.38			N
52648	T	LASER SURGERY OF PROSTATE	0429	45.8088		APC	$2,318.38			N
52649	T	2 PROSTATE LASER ENUCLEATION	0429	45.8088		APC	$2,318.38			
52700	T	DRAINAGE OF PROSTATE ABSCESS	0162	25.5871		APC	$1,294.96			N
53000	T	INCISION OF URETHRA	0166	19.8629		APC	$1,005.26			N
53010	T	INCISION OF URETHRA	0166	19.8629		APC	$1,005.26			N
53020	T	INCISION OF URETHRA	0166	19.8629		APC	$1,005.26			N
53025	T	INCISION OF URETHRA	0166	19.8629		APC	$1,005.26			N
53040	T	DRAINAGE OF URETHRA ABSCESS	0166	19.8629		APC	$1,005.26			N
53060	T	DRAINAGE OF URETHRA ABSCESS	0166	19.8629		APC	$1,005.26			N
53080	T	DRAINAGE OF URINARY LEAKAGE	0166	19.8629		APC	$1,005.26			N

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53085	T	DRAINAGE OF URINARY LEAKAGE	0166	19.8629		APC	$1,005.26			N
53200	T	BIOPSY OF URETHRA	0166	19.8629		APC	$1,005.26			N
53210	T	REMOVAL OF URETHRA	0168	30.6101		APC	$1,549.18			N
53215	T	REMOVAL OF URETHRA	0166	19.8629		APC	$1,005.26			N
53220	T	TREATMENT OF URETHRA LESION	0168	30.6101		APC	$1,549.18			N
53230	T	REMOVAL OF URETHRA LESION	0168	30.6101		APC	$1,549.18			N
53235	T	REMOVAL OF URETHRA LESION	0166	19.8629		APC	$1,005.26			N
53240	T	SURGERY FOR URETHRA POUCH	0168	30.6101		APC	$1,549.18			N
53250	T	REMOVAL OF URETHRA GLAND	0166	19.8629		APC	$1,005.26			N
53260	T	TREATMENT OF URETHRA LESION	0166	19.8629		APC	$1,005.26			N
53265	T	TREATMENT OF URETHRA LESION	0166	19.8629		APC	$1,005.26			N
53270	T	REMOVAL OF URETHRA GLAND	0166	19.8629		APC	$1,005.26			N
53275	T	REPAIR OF URETHRA DEFECT	0166	19.8629		APC	$1,005.26			N
53400	T	REVISE URETHRA, STAGE 1	0168	30.6101		APC	$1,549.18			N
53405	T	REVISE URETHRA, STAGE 2	0168	30.6101		APC	$1,549.18			N
53410	T	RECONSTRUCTION OF URETHRA	0168	30.6101		APC	$1,549.18			N
53415	C	RECONSTRUCTION OF URETHRA				Inpatient Only	$0.00			
53420	T	RECONSTRUCT URETHRA, STAGE 1	0168	30.6101		APC	$1,549.18			N
53425	T	RECONSTRUCT URETHRA, STAGE 2	0168	30.6101		APC	$1,549.18			N
53430	T	RECONSTRUCTION OF URETHRA	0168	30.6101		APC	$1,549.18			N
53431	T	RECONSTRUCT URETHRA/BLADDER	0168	30.6101		APC	$1,549.18			
53440	S	MALE SLING PROCEDURE	0385	97.5997		APC	$4,939.52			N
53442	T	REMOVE/REVISE MALE SLING	0168	30.6101		APC	$1,549.18			N
53444	S	INSERT TANDEM CUFF	0385	97.5997		APC	$4,939.52			N
53445	S	INSERT URO/VES NCK SPHINCTER	0386	152.9428		APC	$7,740.44			N
53446	T	REMOVE URO SPHINCTER	0168	30.6101		APC	$1,549.18			N
53447	S	REMOVE/REPLACE UR SPHINCTER	0386	152.9428		APC	$7,740.44			N
53448	C	REMOV/REPLC UR SPHINCTR COMP				Inpatient Only	$0.00			N
53449	T	REPAIR URO SPHINCTER	0168	30.6101		APC	$1,549.18			N
53450	T	REVISION OF URETHRA	0168	30.6101		APC	$1,549.18			N
53460	T	REVISION OF URETHRA	0166	19.8629		APC	$1,005.26			N
53500	T	URETHRLYS TRANSVAG W/ SCOPE	0168	30.6101		APC	$1,549.18			
53502	T	REPAIR OF URETHRA INJURY	0166	19.8629		APC	$1,005.26			N
53505	T	REPAIR OF URETHRA INJURY	0168	30.6101		APC	$1,549.18			N
53510	T	REPAIR OF URETHRA INJURY	0166	19.8629		APC	$1,005.26			N
53515	T	REPAIR OF URETHRA INJURY	0168	30.6101		APC	$1,549.18			N
53520	T	REPAIR OF URETHRA DEFECT	0168	30.6101		APC	$1,549.18			N
53600	T	DILATE URETHRA STRICTURE	0156	2.8838		APC	$145.95			N
53601	T	DILATE URETHRA STRICTURE	0126	1.0435		APC	$52.81			N
53605	T	DILATE URETHRA STRICTURE	0161	18.7931		APC	$951.12			N
53620	T	DILATE URETHRA STRICTURE	0165	20.0346		APC	$1,013.95			N

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53621	T	DILATE URETHRA STRICTURE	0164	1.8697		APC	$94.63			N
53660	T	DILATION OF URETHRA	0126	1.0435		APC	$52.81			N
53661	T	DILATION OF URETHRA	0126	1.0435		APC	$52.81			N
53665	T	DILATION OF URETHRA	0166	19.8629		APC	$1,005.26			N
53850	T	PROSTATIC MICROWAVE THERMOTX	0429	45.8088		APC	$2,318.38			N
53852	T	PROSTATIC RF THERMOTX	0429	45.8088		APC	$2,318.38			N
53899	T	UROLOGY SURGERY PROCEDURE	0126	1.0435		APC	$52.81			N
54000	T	SLITTING OF PREPUCE	0166	19.8629		APC	$1,005.26			N
54001	T	SLITTING OF PREPUCE	0166	19.8629		APC	$1,005.26			N
54015	T	DRAIN PENIS LESION	0008	19.3873		APC	$981.19			N
54050	T	DESTRUCTION, PENIS LESION(S)	0013	0.8281		APC	$41.91			N
54055	T	DESTRUCTION, PENIS LESION(S)	0017	20.2578		APC	$1,025.25			N
54056	T	CRYOSURGERY, PENIS LESION(S)	0013	0.8281		APC	$41.91			
54057	T	LASER SURG, PENIS LESION(S)	0017	20.2578		APC	$1,025.25			
54060	T	EXCISION OF PENIS LESION(S)	0017	20.2578		APC	$1,025.25			N
54065	T	DESTRUCTION, PENIS LESION(S)	0017	20.2578		APC	$1,025.25			N
54100	T	BIOPSY OF PENIS	0021	15.8974		APC	$804.57			N
54105	T	BIOPSY OF PENIS	0022	21.8429		APC	$1,105.47			N
54110	T	TREATMENT OF PENIS LESION	0181	35.5639		APC	$1,799.89			N
54111	T	TREAT PENIS LESION GRAFT	0181	35.5639		APC	$1,799.89			
54112	T	TREAT PENIS LESION GRAFT	0181	35.5639		APC	$1,799.89			
54115	T	TREATMENT OF PENIS LESION	0008	19.3873		APC	$981.19			N
54120	T	PARTIAL REMOVAL OF PENIS	0181	35.5639		APC	$1,799.89			N
54125	C	REMOVAL OF PENIS				Inpatient Only	$0.00			N
54130	C	REMOVE PENIS & NODES				Inpatient Only	$0.00			N
54135	C	REMOVE PENIS & NODES				Inpatient Only	$0.00			N
54150	T	CIRCUMCISION W/REGIONL BLOCK	0183	22.8376		APC	$1,155.81			Y
54160	T	CIRCUMCISION, NEONATE	0183	22.8376		APC	$1,155.81			Y
54161	T	CIRCUM 28 DAYS OR OLDER	0183	22.8376		APC	$1,155.81			Y
54162	T	LYSIS PENIL CIRCUMIC LESION	0183	22.8376		APC	$1,155.81			
54163	T	REPAIR OF CIRCUMCISION	0183	22.8376		APC	$1,155.81			N
54164	T	FRENULOTOMY OF PENIS	0183	22.8376		APC	$1,155.81			
54200	T	TREATMENT OF PENIS LESION	0164	1.8697		APC	$94.63			N
54205	T	TREATMENT OF PENIS LESION	0181	35.5639		APC	$1,799.89			N
54220	T	TREATMENT OF PENIS LESION	0164	1.8697		APC	$94.63			N
54230	N	PREPARE PENIS STUDY				Bundled	$0.00			N
54231	T	DYNAMIC CAVERNOSOMETRY	0165	20.0346		APC	$1,013.95			N
54235	T	PENILE INJECTION	0164	1.8697		Not Allowed	$0.00			N
54240	T	PENIS STUDY	0126	1.0435		APC	$52.81			N
54250	T	PENIS STUDY	0164	1.8697		Not Allowed	$0.00			N
54300	T	REVISION OF PENIS	0181	35.5639		APC	$1,799.89			N

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54304	T	REVISION OF PENIS	0181	35.5639		APC	$1,799.89			
54308	T	RECONSTRUCTION OF URETHRA	0181	35.5639		APC	$1,799.89			
54312	T	RECONSTRUCTION OF URETHRA	0181	35.5639		APC	$1,799.89			
54316	T	RECONSTRUCTION OF URETHRA	0181	35.5639		APC	$1,799.89			
54318	T	RECONSTRUCTION OF URETHRA	0181	35.5639		APC	$1,799.89			
54322	T	RECONSTRUCTION OF URETHRA	0181	35.5639		APC	$1,799.89			
54324	T	RECONSTRUCTION OF URETHRA	0181	35.5639		APC	$1,799.89			
54326	T	RECONSTRUCTION OF URETHRA	0181	35.5639		APC	$1,799.89			
54328	T	REVISE PENIS/URETHRA	0181	35.5639		APC	$1,799.89			
54332	T	REVISE PENIS/URETHRA	0181	35.5639		APC	$1,799.89			
54336	T	REVISE PENIS/URETHRA	0181	35.5639		APC	$1,799.89			
54340	T	SECONDARY URETHRAL SURGERY	0181	35.5639		APC	$1,799.89			
54344	T	SECONDARY URETHRAL SURGERY	0181	35.5639		APC	$1,799.89			
54348	T	SECONDARY URETHRAL SURGERY	0181	35.5639		APC	$1,799.89			
54352	T	RECONSTRUCT URETHRA/PENIS	0181	35.5639		APC	$1,799.89			
54360	T	PENIS PLASTIC SURGERY	0181	35.5639		Not Allowed	$0.00			Y
54380	T	REPAIR PENIS	0181	35.5639		APC	$1,799.89			N
54385	T	REPAIR PENIS	0181	35.5639		APC	$1,799.89			N
54390	C	REPAIR PENIS AND BLADDER				Inpatient Only	$0.00			N
54400	S	INSERT SEMI-RIGID PROSTHESIS	0385	97.5997		APC	$4,939.52			N
54401	S	INSERT SELF-CONTD PROSTHESIS	0386	152.9428		APC	$7,740.44			N
54405	S	INSERT MULTI-COMP PENIS PROS	0386	152.9428		APC	$7,740.44			N
54406	T	REMOVE MUTI-COMP PENIS PROS	0181	35.5639		APC	$1,799.89			
54408	T	REPAIR MULTI-COMP PENIS PROS	0181	35.5639		APC	$1,799.89			
54410	S	REMOVE/REPLACE PENIS PROSTH	0386	152.9428		APC	$7,740.44			
54411	C	REMOV/REPLC PENIS PROS COMP				Inpatient Only	$0.00			N
54415	T	REMOVE SELF-CONTD PENIS PROS	0181	35.5639		APC	$1,799.89			
54416	S	REMV/REPL PENIS CONTAIN PROS	0386	152.9428		APC	$7,740.44			N
54417	C	REMV/REPLC PENIS PROS, COMPL				Inpatient Only	$0.00			
54420	T	REVISION OF PENIS	0181	35.5639		APC	$1,799.89			N
54430	C	REVISION OF PENIS				Inpatient Only	$0.00			N
54435	T	REVISION OF PENIS	0181	35.5639		APC	$1,799.89			
54440	T	REPAIR OF PENIS	0181	35.5639		APC	$1,799.89			N
54450	T	PREPUTIAL STRETCHING	0156	2.8838		APC	$145.95			N
54500	T	BIOPSY OF TESTIS	0037	13.5176		APC	$684.13			N
54505	T	BIOPSY OF TESTIS	0183	22.8376		APC	$1,155.81			N
54512	T	EXCISE LESION TESTIS	0183	22.8376		APC	$1,155.81			N
54520	T	REMOVAL OF TESTIS	0183	22.8376		APC	$1,155.81			N
54522	T	ORCHIECTOMY PARTIAL	0183	22.8376		APC	$1,155.81			N
54530	T	REMOVAL OF TESTIS	0154	31.6628		APC	$1,602.45			N
54535	T	EXTENSIVE TESTIS SURGERY	0181	35.5639		APC	$1,799.89			N

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54550	T	EXPLORATION FOR TESTIS	0154	31.6628		APC	$1,602.45			N
54560	T	EXPLORATION FOR TESTIS	0183	22.8376		APC	$1,155.81			N
54600	T	REDUCE TESTIS TORSION	0183	22.8376		APC	$1,155.81			N
54620	T	SUSPENSION OF TESTIS	0183	22.8376		APC	$1,155.81			N
54640	T	SUSPENSION OF TESTIS	0154	31.6628		APC	$1,602.45			N
54650	C	ORCHIOPEXY (FOWLER-STEPHENS)				Inpatient Only	$0.00			N
54660	T	REVISION OF TESTIS	0183	22.8376		APC	$1,155.81			N
54670	T	REPAIR TESTIS INJURY	0183	22.8376		APC	$1,155.81			N
54680	T	RELOCATION OF TESTIS(ES)	0183	22.8376		APC	$1,155.81			N
54690	T	LAPAROSCOPY, ORCHIECTOMY	0131	46.3238		APC	$2,344.45			N
54692	T	LAPAROSCOPY, ORCHIOPEXY	0132	69.9234		APC	$3,538.82			N
54699	T	LAPAROSCOPE PROC, TESTIS	0130	37.8887		APC	$1,917.55			N
54700	T	DRAINAGE OF SCROTUM	0183	22.8376		APC	$1,155.81			N
54800	T	BIOPSY OF EPIDIDYMIS	0004	4.4727		APC	$226.36			N
54830	T	REMOVE EPIDIDYMIS LESION	0183	22.8376		APC	$1,155.81			N
54840	T	REMOVE EPIDIDYMIS LESION	0183	22.8376		APC	$1,155.81			N
54860	T	REMOVAL OF EPIDIDYMIS	0183	22.8376		APC	$1,155.81			N
54861	T	REMOVAL OF EPIDIDYMIS	0183	22.8376		APC	$1,155.81			N
54865	T	EXPLORE EPIDIDYMIS	0183	22.8376		APC	$1,155.81			
54900	T	FUSION OF SPERMATIC DUCTS	0183	22.8376		APC	$1,155.81			N
54901	T	FUSION OF SPERMATIC DUCTS	0183	22.8376		APC	$1,155.81			N
55000	T	DRAINAGE OF HYDROCELE	0004	4.4727		APC	$226.36			N
55040	T	REMOVAL OF HYDROCELE	0154	31.6628		APC	$1,602.45			N
55041	T	REMOVAL OF HYDROCELES	0154	31.6628		APC	$1,602.45			N
55060	T	REPAIR OF HYDROCELE	0183	22.8376		APC	$1,155.81			N
55100	T	DRAINAGE OF SCROTUM ABSCESS	0007	12.5953		APC	$637.45			N
55110	T	EXPLORE SCROTUM	0183	22.8376		APC	$1,155.81			
55120	T	REMOVAL OF SCROTUM LESION	0183	22.8376		APC	$1,155.81			N
55150	T	REMOVAL OF SCROTUM	0183	22.8376		APC	$1,155.81			N
55175	T	REVISION OF SCROTUM	0183	22.8376		APC	$1,155.81			
55180	T	REVISION OF SCROTUM	0183	22.8376		APC	$1,155.81			
55200	T	INCISION OF SPERM DUCT	0183	22.8376		APC	$1,155.81			N
55250	T	REMOVAL OF SPERM DUCT(S)	0183	22.8376		APC	$1,155.81			N
55300	N	PREPARE, SPERM DUCT X-RAY				Bundled	$0.00			N
55400	T	REPAIR OF SPERM DUCT	0183	22.8376		APC	$1,155.81			N
55450	T	LIGATION OF SPERM DUCT	0183	22.8376		APC	$1,155.81			N
55500	T	REMOVAL OF HYDROCELE	0183	22.8376		APC	$1,155.81			N
55520	T	REMOVAL OF SPERM CORD LESION	0183	22.8376		APC	$1,155.81			N
55530	T	REVISE SPERMATIC CORD VEINS	0183	22.8376		APC	$1,155.81			N
55535	T	REVISE SPERMATIC CORD VEINS	0154	31.6628		APC	$1,602.45			N
55540	T	REVISE HERNIA & SPERM VEINS	0154	31.6628		APC	$1,602.45			N

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55550	T	LAPARO LIGATE SPERMATIC VEIN	0131	46.3238		APC	$2,344.45			N
55559	T	LAPARO PROC, SPERMATIC CORD	0130	37.8887		APC	$1,917.55			N
55600	T	INCISE SPERM DUCT POUCH	0183	22.8376		APC	$1,155.81			N
55605	C	INCISE SPERM DUCT POUCH				Inpatient Only	$0.00			N
55650	C	REMOVE SPERM DUCT POUCH				Inpatient Only	$0.00			N
55680	T	REMOVE SPERM POUCH LESION	0183	22.8376		APC	$1,155.81			N
55700	T	BIOPSY OF PROSTATE	0184	11.5477		APC	$584.43			N
55705	T	BIOPSY OF PROSTATE	0184	11.5477		APC	$584.43			N
55706	T	PROSTATE SATURATION SAMPLING	0184	11.5477		APC	$584.43			
55720	T	DRAINAGE OF PROSTATE ABSCESS	0162	25.5871		APC	$1,294.96			N
55725	T	DRAINAGE OF PROSTATE ABSCESS	0162	25.5871		APC	$1,294.96			N
55801	C	REMOVAL OF PROSTATE				Inpatient Only	$0.00			N
55810	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			N
55812	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55815	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55821	C	REMOVAL OF PROSTATE				Inpatient Only	$0.00			N
55831	C	REMOVAL OF PROSTATE				Inpatient Only	$0.00			N
55840	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			N
55842	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55845	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			N
55860	T	SURGICAL EXPOSURE, PROSTATE	0165	20.0346		APC	$1,013.95			
55862	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55865	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55866	C	LAPARO RADICAL PROSTATECTOMY				Inpatient Only	$0.00			
55870	E	ELECTROEJACULATION	0189	3.0012		Not Allowed	$0.00			N
55873	T	CRYOABLATE PROSTATE	0674	122.0254		APC	$6,175.71			N
55875	N	TRANSPERI NEEDLE PLACE, PROS	0163	35.8662		Bundled, may be payable i	$0.00			
55876	X	PLACE RT DEVICE/MARKER, PROS	0310	13.5167		APC	$684.08			
55899	T	GENITAL SURGERY PROCEDURE	0126	1.0435		APC	$52.81			N
55920	T	PLACE NEEDLES PELVIC FOR RT	0153	23.4113		APC	$1,184.85			
55970	E	SEX TRANSFORMATION, M TO F				Not Allowed	$0.00			N
55980	E	SEX TRANSFORMATION, F TO M				Not Allowed	$0.00			N
56405	T	I & D OF VULVA/PERINEUM	0189	3.0012		APC	$151.89			N
56420	T	DRAINAGE OF GLAND ABSCESS	0188	1.4229		APC	$72.01			N
56440	T	SURGERY FOR VULVA LESION	0193	19.7838		APC	$1,001.26			N
56441	T	LYSIS OF LABIAL LESION(S)	0193	19.7838		APC	$1,001.26			N
56442	T	HYMENOTOMY	0193	19.7838		APC	$1,001.26			
56501	T	DESTROY VULVA LESIONS SIM	0017	20.2578		APC	$1,025.25			N
56515	T	DESTROY VULVA LESION/S COMPL	0017	20.2578		APC	$1,025.25			N
56605	T	BIOPSY OF VULVA/PERINEUM	0189	3.0012		APC	$151.89			N
56606	T	BIOPSY OF VULVA/PERINEUM	0188	1.4229		APC	$72.01			N

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56620	T	PARTIAL REMOVAL OF VULVA	0193	19.7838		APC	$1,001.26			N
56625	T	COMPLETE REMOVAL OF VULVA	0193	19.7838		APC	$1,001.26			N
56630	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			N
56631	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			N
56632	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			N
56633	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			N
56634	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			N
56637	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			N
56640	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			N
56700	T	PARTIAL REMOVAL OF HYMEN	0193	19.7838		APC	$1,001.26			N
56740	T	REMOVE VAGINA GLAND LESION	0193	19.7838		APC	$1,001.26			N
56800	T	REPAIR OF VAGINA	0193	19.7838		APC	$1,001.26			N
56805	T	REPAIR CLITORIS	0193	19.7838		APC	$1,001.26			N
56810	T	REPAIR OF PERINEUM	0193	19.7838		APC	$1,001.26			N
56820	T	EXAM OF VULVA W/SCOPE	0188	1.4229		APC	$72.01			
56821	T	EXAM/BIOPSY OF VULVA W/SCOPE	0188	1.4229		APC	$72.01			
57000	T	EXPLORATION OF VAGINA	0193	19.7838		APC	$1,001.26			N
57010	T	DRAINAGE OF PELVIC ABSCESS	0193	19.7838		APC	$1,001.26			N
57020	T	DRAINAGE OF PELVIC FLUID	0192	6.1378		APC	$310.63			N
57022	T	I & D VAGINAL HEMATOMA, PP	0007	12.5953		APC	$637.45			N
57023	T	I & D VAG HEMATOMA, NON-OB	0008	19.3873		APC	$981.19			N
57061	T	DESTROY VAG LESIONS, SIMPLE	0193	19.7838		APC	$1,001.26			N
57065	T	DESTROY VAG LESIONS, COMPLEX	0193	19.7838		APC	$1,001.26			N
57100	T	BIOPSY OF VAGINA	0192	6.1378		APC	$310.63			N
57105	T	BIOPSY OF VAGINA	0193	19.7838		APC	$1,001.26			N
57106	T	REMOVE VAGINA WALL, PARTIAL	0193	19.7838		APC	$1,001.26			N
57107	T	REMOVE VAGINA TISSUE, PART	0195	33.6934		APC	$1,705.22			N
57109	T	VAGINECTOMY PARTIAL W/NODES	0195	33.6934		APC	$1,705.22			N
57110	C	REMOVE VAGINA WALL, COMPLETE				Inpatient Only	$0.00			N
57111	C	REMOVE VAGINA TISSUE, COMPL				Inpatient Only	$0.00			N
57112	C	VAGINECTOMY W/NODES, COMPL				Inpatient Only	$0.00			N
57120	T	CLOSURE OF VAGINA	0195	33.6934		APC	$1,705.22			N
57130	T	REMOVE VAGINA LESION	0193	19.7838		APC	$1,001.26			N
57135	T	REMOVE VAGINA LESION	0193	19.7838		APC	$1,001.26			N
57150	T	TREAT VAGINA INFECTION	0188	1.4229		APC	$72.01			N
57155	T	INSERT UTERI TANDEMS/OVOIDS	0192	6.1378		APC	$310.63			
57160	T	INSERT PESSARY/OTHER DEVICE	0188	1.4229		APC	$72.01			N
57170	T	FITTING OF DIAPHRAGM/CAP	0191	0.1524		APC	$7.71			N
57180	T	TREAT VAGINAL BLEEDING	0188	1.4229		APC	$72.01			N
57200	T	REPAIR OF VAGINA	0193	19.7838		APC	$1,001.26			N
57210	T	REPAIR VAGINA/PERINEUM	0193	19.7838		APC	$1,001.26			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
57220	T	REVISION OF URETHRA	0202	43.7195		APC	$2,212.64			N
57230	T	REPAIR OF URETHRAL LESION	0195	33.6934		APC	$1,705.22			N
57240	T	REPAIR BLADDER & VAGINA	0195	33.6934		APC	$1,705.22			N
57250	T	REPAIR RECTUM & VAGINA	0195	33.6934		APC	$1,705.22			N
57260	T	REPAIR OF VAGINA	0195	33.6934		APC	$1,705.22			N
57265	T	EXTENSIVE REPAIR OF VAGINA	0202	43.7195		APC	$2,212.64			N
57267	T	INSERT MESH/PELVIC FLR ADDON	0195	33.6934		APC	$1,705.22			
57268	T	REPAIR OF BOWEL BULGE	0195	33.6934		APC	$1,705.22			
57270	C	REPAIR OF BOWEL POUCH				Inpatient Only	$0.00			N
57280	C	SUSPENSION OF VAGINA				Inpatient Only	$0.00			N
57282	T	COLPOPEXY, EXTRAPERITONEAL	0202	43.7195		APC	$2,212.64			
57283	T	COLPOPEXY INTRAPERITONEAL	0202	43.7195		APC	$2,212.64			
57284	T	REPAIR PARAVAGINAL DEFECT	0202	43.7195		APC	$2,212.64			N
57285	T	REPAIR PARAVAG DEFECT, VAG	0195	33.6934		APC	$1,705.22			
57287	T	REVISE/REMOVE SLING REPAIR	0195	33.6934		APC	$1,705.22			N
57288	T	REPAIR BLADDER DEFECT	0202	43.7195		APC	$2,212.64			N
57289	T	REPAIR BLADDER & VAGINA	0195	33.6934		APC	$1,705.22			N
57291	T	CONSTRUCTION OF VAGINA	0195	33.6934		Not Allowed	$0.00			N
57292	T	CONSTRUCT VAGINA WITH GRAFT	0195	33.6934		APC	$1,705.22			N
57295	T	CHANGE VAGINAL GRAFT	0193	19.7838		APC	$1,001.26			
57296	C	REVISE VAG GRAFT, OPEN ABD				Inpatient Only	$0.00			
57300	T	REPAIR RECTUM-VAGINA FISTULA	0195	33.6934		APC	$1,705.22			N
57305	C	REPAIR RECTUM-VAGINA FISTULA				Inpatient Only	$0.00			N
57307	C	FISTULA REPAIR & COLOSTOMY				Inpatient Only	$0.00			N
57308	C	FISTULA REPAIR, TRANSPERINE				Inpatient Only	$0.00			N
57310	T	REPAIR URETHROVAGINAL LESION	0202	43.7195		APC	$2,212.64			N
57311	C	REPAIR URETHROVAGINAL LESION				Inpatient Only	$0.00			N
57320	T	REPAIR BLADDER-VAGINA LESION	0195	33.6934		APC	$1,705.22			N
57330	T	REPAIR BLADDER-VAGINA LESION	0195	33.6934		APC	$1,705.22			N
57335	T	REPAIR VAGINA	0195	33.6934		APC	$1,705.22			N
57400	T	DILATION OF VAGINA	0193	19.7838		APC	$1,001.26			N
57410	T	PELVIC EXAMINATION	0193	19.7838		APC	$1,001.26			N
57415	T	REMOVE VAGINAL FOREIGN BODY	0193	19.7838		APC	$1,001.26			N
57420	T	EXAM OF VAGINA W/SCOPE	0189	3.0012		APC	$151.89			
57421	T	EXAM/BIOPSY OF VAG W/SCOPE	0189	3.0012		APC	$151.89			
57423	T	REPAIR PARAVAG DEFECT, LAP	0202	43.7195		APC	$2,212.64			
57425	T	LAPAROSCOPY SURG COLPOPEXY	0130	37.8887		APC	$1,917.55			
57452	T	EXAM OF CERVIX W/SCOPE	0189	3.0012		APC	$151.89			N
57454	T	BX/CURETT OF CERVIX W/SCOPE	0189	3.0012		APC	$151.89			N
57455	T	BIOPSY OF CERVIX W/SCOPE	0189	3.0012		APC	$151.89			
57456	T	ENDOCERV CURETTAGE W/SCOPE	0189	3.0012		APC	$151.89			

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57460	T	BX OF CERVIX W/SCOPE LEEP	0193	19.7838		APC	$1,001.26			N
57461	T	CONZ OF CERVIX W/SCOPE LEEP	0193	19.7838		APC	$1,001.26			
57500	T	BIOPSY OF CERVIX	0192	6.1378		APC	$310.63			N
57505	T	ENDOCERVICAL CURETTAGE	0192	6.1378		APC	$310.63			
57510	T	CAUTERIZATION OF CERVIX	0193	19.7838		APC	$1,001.26			N
57511	T	CRYOCAUTERY OF CERVIX	0188	1.4229		APC	$72.01			N
57513	T	LASER SURGERY OF CERVIX	0193	19.7838		APC	$1,001.26			N
57520	T	CONIZATION OF CERVIX	0193	19.7838		APC	$1,001.26			N
57522	T	CONIZATION OF CERVIX	0193	19.7838		APC	$1,001.26			N
57530	T	REMOVAL OF CERVIX	0195	33.6934		APC	$1,705.22			N
57531	C	REMOVAL OF CERVIX, RADICAL				Inpatient Only	$0.00			N
57540	C	REMOVAL OF RESIDUAL CERVIX				Inpatient Only	$0.00			N
57545	C	REMOVE CERVIX/REPAIR PELVIS				Inpatient Only	$0.00			N
57550	T	REMOVAL OF RESIDUAL CERVIX	0195	33.6934		APC	$1,705.22			N
57555	T	REMOVE CERVIX/REPAIR VAGINA	0195	33.6934		APC	$1,705.22			N
57556	T	REMOVE CERVIX REPAIR BOWEL	0202	43.7195		APC	$2,212.64			N
57558	T	D&C OF CERVICAL STUMP	0193	19.7838		APC	$1,001.26			
57700	T	REVISION OF CERVIX	0193	19.7838		APC	$1,001.26			N
57720	T	REVISION OF CERVIX	0193	19.7838		APC	$1,001.26			N
57800	T	DILATION OF CERVICAL CANAL	0193	19.7838		APC	$1,001.26			N
58100	T	BIOPSY OF UTERUS LINING	0188	1.4229		APC	$72.01			N
58110	N	BX DONE W/COLPOSCOPY ADD-ON				Bundled	$0.00			
58120	T	DILATION AND CURETTAGE	0193	19.7838		APC	$1,001.26			N
58140	C	MYOMECTOMY ABDOM METHOD				Inpatient Only	$0.00			N
58145	T	MYOMECTOMY VAG METHOD	0195	33.6934		APC	$1,705.22			N
58146	C	MYOMECTOMY ABDOM COMPLEX				Inpatient Only	$0.00			
58150	C	TOTAL HYSTERECTOMY				Inpatient Only	$0.00			N
58152	C	TOTAL HYSTERECTOMY				Inpatient Only	$0.00			N
58180	C	PARTIAL HYSTERECTOMY				Inpatient Only	$0.00			N
58200	C	EXTENSIVE HYSTERECTOMY				Inpatient Only	$0.00			N
58210	C	EXTENSIVE HYSTERECTOMY				Inpatient Only	$0.00			N
58240	C	REMOVAL OF PELVIS CONTENTS				Inpatient Only	$0.00			N
58260	T	VAGINAL HYSTERECTOMY	0195	33.6934		APC	$1,705.22			N
58262	T	VAG HYST INCLUDING T/O	0195	33.6934		APC	$1,705.22			N
58263	T	VAG HYST W/T/O & VAG REPAIR	0195	33.6934		APC	$1,705.22			N
58267	C	VAG HYST W/URINARY REPAIR				Inpatient Only	$0.00			N
58270	T	VAG HYST W/ENTEROCELE REPAIR	0195	33.6934		APC	$1,705.22			N
58275	C	HYSTERECTOMY/REVISE VAGINA				Inpatient Only	$0.00			N
58280	C	HYSTERECTOMY/REVISE VAGINA				Inpatient Only	$0.00			N
58285	C	EXTENSIVE HYSTERECTOMY				Inpatient Only	$0.00			N
58290	T	VAG HYST COMPLEX	0202	43.7195		APC	$2,212.64			

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58291	T	VAG HYST INCL T/O COMPLEX	0202	43.7195		APC	$2,212.64			
58292	T	VAG HYST T/O & REPAIR COMPL	0202	43.7195		APC	$2,212.64			
58293	C	VAG HYST W/URO REPAIR COMPL				Inpatient Only	$0.00			
58294	T	VAG HYST W/ENTEROCELE COMPL	0202	43.7195		APC	$2,212.64			
58300	M	INSERT INTRAUTERINE DEVICE				Fee Schedule	$58.38			N
58301	T	REMOVE INTRAUTERINE DEVICE	0188	1.4229		APC	$72.01			N
58321	E	ARTIFICIAL INSEMINATION	0189	3.0012		Not Allowed	$0.00			N
58322	E	ARTIFICIAL INSEMINATION	0189	3.0012		Not Allowed	$0.00			N
58323	E	SPERM WASHING	0189	3.0012		Not Allowed	$0.00			N
58340	N	CATHETER FOR HYSTEROGRAPHY				Bundled	$0.00			N
58345	T	REOPEN FALLOPIAN TUBE	0193	19.7838		Not Allowed	$0.00			Y
58346	T	INSERT HEYMAN UTERI CAPSULE	0193	19.7838		APC	$1,001.26			N
58350	T	REOPEN FALLOPIAN TUBE	0195	33.6934		APC	$1,705.22			N
58353	T	ENDOMETR ABLATE, THERMAL	0195	33.6934		APC	$1,705.22			N
58356	T	ENDOMETRIAL CRYOABLATION	0202	43.7195		APC	$2,212.64			
58400	C	SUSPENSION OF UTERUS				Inpatient Only	$0.00			N
58410	C	SUSPENSION OF UTERUS				Inpatient Only	$0.00			N
58520	C	REPAIR OF RUPTURED UTERUS				Inpatient Only	$0.00			N
58540	C	REVISION OF UTERUS				Inpatient Only	$0.00			N
58541	T	LSH, UTERUS 250 G OR LESS	0132	69.9234		APC	$3,538.82			
58542	T	LSH W/T/O UT 250 G OR LESS	0132	69.9234		APC	$3,538.82			
58543	T	LSH UTERUS ABOVE 250 G	0132	69.9234		APC	$3,538.82			
58544	T	LSH W/T/O UTERUS ABOVE 250 G	0132	69.9234		APC	$3,538.82			
58545	T	LAPAROSCOPIC MYOMECTOMY	0130	37.8887		APC	$1,917.55			
58546	T	LAPARO-MYOMECTOMY COMPLEX	0131	46.3238		APC	$2,344.45			
58548	C	LAP RADICAL HYST				Inpatient Only	$0.00			
58550	T	LAPARO-ASST VAG HYSTERECTOMY	0132	69.9234		APC	$3,538.82			N
58552	T	LAPARO-VAG HYST INCL T/O	0131	46.3238		APC	$2,344.45			
58553	T	LAPARO-VAG HYST COMPLEX	0131	46.3238		APC	$2,344.45			
58554	T	LAPARO-VAG HYST W/T/O COMPL	0131	46.3238		APC	$2,344.45			
58555	T	HYSTEROSCOPY, DX, SEP PROC	0190	22.0226		APC	$1,114.56			N
58558	T	HYSTEROSCOPY, BIOPSY	0190	22.0226		APC	$1,114.56			N
58559	T	HYSTEROSCOPY, LYSIS	0190	22.0226		APC	$1,114.56			N
58560	T	HYSTEROSCOPY, RESECT SEPTUM	0387	36.6478		APC	$1,854.75			N
58561	T	HYSTEROSCOPY, REMOVE MYOMA	0387	36.6478		APC	$1,854.75			N
58562	T	HYSTEROSCOPY, REMOVE FB	0190	22.0226		APC	$1,114.56			N
58563	T	HYSTEROSCOPY, ABLATION	0387	36.6478		APC	$1,854.75			N
58565	T	HYSTEROSCOPY STERILIZATION	0202	43.7195		APC	$2,212.64			
58570	T	TLH, UTERUS 250 G OR LESS	0131	46.3238		APC	$2,344.45			
58571	T	TLH W/T/O 250 G OR LESS	0131	46.3238		APC	$2,344.45			
58572	T	TLH, UTERUS OVER 250 G	0131	46.3238		APC	$2,344.45			

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58573	T	TLH W/T/O UTERUS OVER 250 G	0131	46.3238		APC	$2,344.45			
58578	T	LAPARO PROC, UTERUS	0130	37.8887		APC	$1,917.55			N
58579	T	HYSTEROSCOPE PROCEDURE	0190	22.0226		APC	$1,114.56			N
58600	T	DIVISION OF FALLOPIAN TUBE	0195	33.6934		APC	$1,705.22			N
58605	C	DIVISION OF FALLOPIAN TUBE				Inpatient Only	$0.00			N
58611	C	LIGATE OVIDUCT(S) ADD-ON				Inpatient Only	$0.00			N
58615	T	OCCLUDE FALLOPIAN TUBE(S)	0193	19.7838		APC	$1,001.26			N
58660	T	LAPAROSCOPY, LYSIS	0131	46.3238		APC	$2,344.45			N
58661	T	LAPAROSCOPY, REMOVE ADNEXA	0131	46.3238		APC	$2,344.45			N
58662	T	LAPAROSCOPY, EXCISE LESIONS	0131	46.3238		APC	$2,344.45			N
58670	T	LAPAROSCOPY, TUBAL CAUTERY	0131	46.3238		APC	$2,344.45			N
58671	T	LAPAROSCOPY, TUBAL BLOCK	0131	46.3238		APC	$2,344.45			N
58672	T	LAPAROSCOPY, FIMBRIOPLASTY	0131	46.3238		APC	$2,344.45			N
58673	T	LAPAROSCOPY, SALPINGOSTOMY	0131	46.3238		APC	$2,344.45			N
58679	T	LAPARO PROC, OVIDUCT-OVARY	0130	37.8887		APC	$1,917.55			N
58700	C	REMOVAL OF FALLOPIAN TUBE				Inpatient Only	$0.00			N
58720	C	REMOVAL OF OVARY/TUBE(S)				Inpatient Only	$0.00			N
58740	C	REVISE FALLOPIAN TUBE(S)				Inpatient Only	$0.00			N
58750	C	REPAIR OVIDUCT				Inpatient Only	$0.00			Y
58752	C	REVISE OVARIAN TUBE(S)				Inpatient Only	$0.00			Y
58760	C	REMOVE TUBAL OBSTRUCTION				Inpatient Only	$0.00			Y
58770	T	CREATE NEW TUBAL OPENING	0195	33.6934		APC	$1,705.22			Y
58800	T	DRAINAGE OF OVARIAN CYST(S)	0193	19.7838		APC	$1,001.26			N
58805	T	DRAINAGE OF OVARIAN CYST(S)	0195	33.6934		APC	$1,705.22			N
58820	T	DRAIN OVARY ABSCESS, OPEN	0195	33.6934		APC	$1,705.22			N
58822	C	DRAIN OVARY ABSCESS, PERCUT				Inpatient Only	$0.00			N
58823	T	DRAIN PELVIC ABSCESS, PERCUT	0193	19.7838		APC	$1,001.26			N
58825	C	TRANSPOSITION, OVARY(S)				Inpatient Only	$0.00			N
58900	T	BIOPSY OF OVARY(S)	0193	19.7838		APC	$1,001.26			N
58920	T	PARTIAL REMOVAL OF OVARY(S)	0195	33.6934		APC	$1,705.22			N
58925	T	REMOVAL OF OVARIAN CYST(S)	0195	33.6934		APC	$1,705.22			N
58940	C	REMOVAL OF OVARY(S)				Inpatient Only	$0.00			N
58943	C	REMOVAL OF OVARY(S)				Inpatient Only	$0.00			N
58950	C	RESECT OVARIAN MALIGNANCY				Inpatient Only	$0.00			N
58951	C	RESECT OVARIAN MALIGNANCY				Inpatient Only	$0.00			N
58952	C	RESECT OVARIAN MALIGNANCY				Inpatient Only	$0.00			N
58953	C	TAH, RAD DISSECT FOR DEBULK				Inpatient Only	$0.00			N
58954	C	TAH RAD DEBULK/LYMPH REMOVE				Inpatient Only	$0.00			N
58956	C	BSO OMENTECTOMY W/TAH				Inpatient Only	$0.00			
58957	C	RESECT RECURRENT GYN MAL				Inpatient Only	$0.00			
58958	C	RESECT RECUR GYN MAL W/LYM				Inpatient Only	$0.00			

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58960	C	EXPLORATION OF ABDOMEN				Inpatient Only	$0.00			N
58970	E	RETRIEVAL OF OOCYTE	0189	3.0012		Not Allowed	$0.00			N
58974	E	TRANSFER OF EMBRYO	0189	3.0012		Not Allowed	$0.00			N
58976	E	TRANSFER OF EMBRYO	0189	3.0012		Not Allowed	$0.00			N
58999	T	GENITAL SURGERY PROCEDURE	0191	0.1524		APC	$7.71			N
59000	T	AMNIOCENTESIS, DIAGNOSTIC	0189	3.0012		APC	$151.89			N
59001	T	AMNIOCENTESIS, THERAPEUTIC	0192	6.1378		APC	$310.63			N
59012	T	FETAL CORD PUNCTURE,PRENATAL	0189	3.0012		APC	$151.89			N
59015	T	CHORION BIOPSY	0189	3.0012		APC	$151.89			N
59020	T	FETAL CONTRACT STRESS TEST	0188	1.4229		APC	$72.01			N
59025	T	FETAL NON-STRESS TEST	0188	1.4229		APC	$72.01			N
59030	T	FETAL SCALP BLOOD SAMPLE	0189	3.0012		APC	$151.89			N
59050	M	FETAL MONITOR W/REPORT				By Report	$0.00			N
59051	E	FETAL MONITOR/INTERPRET ONLY				Not Allowed	$0.00			N
59070	T	TRANSABDOM AMNIOINFUS W/ US	0189	3.0012		APC	$151.89			
59072	T	UMBILICAL CORD OCCLUD W/ US	0189	3.0012		APC	$151.89			
59074	T	FETAL FLUID DRAINAGE W/ US	0189	3.0012		APC	$151.89			
59076	T	FETAL SHUNT PLACEMENT W/ US	0189	3.0012		APC	$151.89			
59100	T	REMOVE UTERUS LESION	0195	33.6934		APC	$1,705.22			N
59120	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			N
59121	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			N
59130	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			N
59135	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			N
59136	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			N
59140	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			N
59150	T	TREAT ECTOPIC PREGNANCY	0131	46.3238		APC	$2,344.45			N
59151	T	TREAT ECTOPIC PREGNANCY	0131	46.3238		APC	$2,344.45			N
59160	T	D & C AFTER DELIVERY	0193	19.7838		APC	$1,001.26			N
59200	T	INSERT CERVICAL DILATOR	0189	3.0012		APC	$151.89			N
59300	T	EPISIOTOMY OR VAGINAL REPAIR	0193	19.7838		APC	$1,001.26			N
59320	T	REVISION OF CERVIX	0193	19.7838		APC	$1,001.26			N
59325	C	REVISION OF CERVIX				Not Allowed	$0.00			N
59350	C	REPAIR OF UTERUS				Not Allowed	$0.00			N
59400	E	OBSTETRICAL CARE				Not Allowed	$0.00			N
59409	T	OBSTETRICAL CARE	0193	19.7838		APC	$1,001.26			N
59410	E	OBSTETRICAL CARE				Not Allowed	$0.00			N
59412	T	ANTEPARTUM MANIPULATION	0193	19.7838		APC	$1,001.26			N
59414	T	DELIVER PLACENTA	0193	19.7838		APC	$1,001.26			N
59425	M	ANTEPARTUM CARE ONLY				Fee Schedule	$0.00			N
59426	M	ANTEPARTUM CARE ONLY				Fee Schedule	$0.00			N
59430	M	CARE AFTER DELIVERY				Fee Schedule	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
59510	E	CESAREAN DELIVERY				Not Allowed	$0.00			N
59514	C	CESAREAN DELIVERY ONLY				Not Allowed	$0.00			N
59515	E	CESAREAN DELIVERY				Not Allowed	$0.00			N
59525	C	REMOVE UTERUS AFTER CESAREAN				Not Allowed	$0.00			N
59610	E	VBAC DELIVERY				Not Allowed	$0.00			N
59612	T	VBAC DELIVERY ONLY	0193	19.7838		APC	$1,001.26			N
59614	E	VBAC CARE AFTER DELIVERY				Not Allowed	$0.00			N
59618	E	ATTEMPTED VBAC DELIVERY				Not Allowed	$0.00			N
59620	C	ATTEMPTED VBAC DELIVERY ONLY				Not Allowed	$0.00			N
59622	E	ATTEMPTED VBAC AFTER CARE				Not Allowed	$0.00			N
59812	T	TREATMENT OF MISCARRIAGE	0193	19.7838		APC	$1,001.26			N
59820	T	CARE OF MISCARRIAGE	0193	19.7838		APC	$1,001.26			N
59821	T	TREATMENT OF MISCARRIAGE	0193	19.7838		APC	$1,001.26			N
59830	C	TREAT UTERUS INFECTION				Inpatient Only	$0.00			N
59840	T	ABORTION	0193	19.7838		APC	$1,001.26			N
59841	T	ABORTION	0193	19.7838		APC	$1,001.26			N
59850	C	ABORTION				Inpatient Only	$0.00			N
59851	C	ABORTION				Inpatient Only	$0.00			N
59852	C	ABORTION				Inpatient Only	$0.00			N
59855	C	ABORTION				Inpatient Only	$0.00			N
59856	C	ABORTION				Inpatient Only	$0.00			N
59857	C	ABORTION				Inpatient Only	$0.00			N
59866	T	ABORTION (MPR)	0189	3.0012		APC	$151.89			N
59870	T	EVACUATE MOLE OF UTERUS	0193	19.7838		APC	$1,001.26			N
59871	T	REMOVE CERCLAGE SUTURE	0193	19.7838		APC	$1,001.26			N
59897	T	FETAL INVAS PX W/ US	0191	0.1524		APC	$7.71			
59898	T	LAPARO PROC, OB CARE/DELIVER	0130	37.8887		APC	$1,917.55			N
59899	T	MATERNITY CARE PROCEDURE	0191	0.1524		APC	$7.71			N
60000	T	DRAIN THYROID/TONGUE CYST	0252	7.5330		APC	$381.25			N
6005F	E	CARE LEVEL RATIONALE DOC				Not Allowed	$0.00			
60100	T	BIOPSY OF THYROID	0004	4.4727		APC	$226.36			N
6010F	E	DYSPHAG TEST DONE B/4 EATING				Not Allowed	$0.00			
6015F	E	DYSPHAG TEST DONE B/4 EATING				Not Allowed	$0.00			
60200	T	REMOVE THYROID LESION	0114	47.2067		APC	$2,389.13			N
6020F	E	NPO (NOTHING-MOUTH) ORDERED				Not Allowed	$0.00			
60210	T	PARTIAL THYROID EXCISION	0114	47.2067		APC	$2,389.13			N
60212	T	PARTIAL THYROID EXCISION	0114	47.2067		APC	$2,389.13			N
60220	T	PARTIAL REMOVAL OF THYROID	0114	47.2067		APC	$2,389.13			N
60225	T	PARTIAL REMOVAL OF THYROID	0114	47.2067		APC	$2,389.13			N
60240	T	REMOVAL OF THYROID	0114	47.2067		APC	$2,389.13			N
60252	T	REMOVAL OF THYROID	0256	41.8741		APC	$2,119.25			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
60254	C	EXTENSIVE THYROID SURGERY				Inpatient Only	$0.00			N
60260	T	REPEAT THYROID SURGERY	0256	41.8741		APC	$2,119.25			N
60270	C	REMOVAL OF THYROID				Inpatient Only	$0.00			N
60271	T	REMOVAL OF THYROID	0256	41.8741		APC	$2,119.25			N
60280	T	REMOVE THYROID DUCT LESION	0114	47.2067		APC	$2,389.13			N
60281	T	REMOVE THYROID DUCT LESION	0114	47.2067		APC	$2,389.13			
60300	T	ASPIR/INJ THYROID CYST	0004	4.4727		APC	$226.36			
6030F	E	MAX STERILE BARRIERS FOLLWD				Not Allowed	$0.00			
6040F	E	APPRO RAD DS DVCS TECHS DOCD				Not Allowed	$0.00			N
6045F	E	RADXPS IN END RPRT4FLURO PXD				Not Allowed	$0.00			N
60500	T	EXPLORE PARATHYROID GLANDS	0256	41.8741		APC	$2,119.25			N
60502	T	RE-EXPLORE PARATHYROIDS	0256	41.8741		APC	$2,119.25			
60505	C	EXPLORE PARATHYROID GLANDS				Inpatient Only	$0.00			N
60512	T	AUTOTRANSPLANT PARATHYROID	0022	21.8429		APC	$1,105.47			N
60520	T	REMOVAL OF THYMUS GLAND	0256	41.8741		APC	$2,119.25			N
60521	C	REMOVAL OF THYMUS GLAND				Inpatient Only	$0.00			N
60522	C	REMOVAL OF THYMUS GLAND				Inpatient Only	$0.00			N
60540	C	EXPLORE ADRENAL GLAND				Inpatient Only	$0.00			N
60545	C	EXPLORE ADRENAL GLAND				Inpatient Only	$0.00			N
60600	C	REMOVE CAROTID BODY LESION				Inpatient Only	$0.00			N
60605	C	REMOVE CAROTID BODY LESION				Inpatient Only	$0.00			N
60650	C	LAPAROSCOPY ADRENALECTOMY				Inpatient Only	$0.00			N
60659	T	LAPARO PROC, ENDOCRINE	0130	37.8887		APC	$1,917.55			N
60699	T	ENDOCRINE SURGERY PROCEDURE	0114	47.2067		APC	$2,389.13			N
61000	T	REMOVE CRANIAL CAVITY FLUID	0207	7.1721		APC	$362.98			N
61001	T	REMOVE CRANIAL CAVITY FLUID	0207	7.1721		APC	$362.98			N
61020	T	REMOVE BRAIN CAVITY FLUID	0207	7.1721		APC	$362.98			N
61026	T	INJECTION INTO BRAIN CANAL	0207	7.1721		APC	$362.98			
61050	T	REMOVE BRAIN CANAL FLUID	0207	7.1721		APC	$362.98			N
61055	T	INJECTION INTO BRAIN CANAL	0207	7.1721		APC	$362.98			
61070	T	BRAIN CANAL SHUNT PROCEDURE	0121	4.5958		APC	$232.59			N
61105	C	TWIST DRILL HOLE				Inpatient Only	$0.00			N
61107	C	DRILL SKULL FOR IMPLANTATION				Inpatient Only	$0.00			
61108	C	DRILL SKULL FOR DRAINAGE				Inpatient Only	$0.00			N
61120	C	BURR HOLE FOR PUNCTURE				Inpatient Only	$0.00			N
61140	C	PIERCE SKULL FOR BIOPSY				Inpatient Only	$0.00			N
61150	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only	$0.00			N
61151	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only	$0.00			N
61154	C	PIERCE SKULL & REMOVE CLOT				Inpatient Only	$0.00			N
61156	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only	$0.00			N
61210	C	PIERCE SKULL, IMPLANT DEVICE				Inpatient Only	$0.00			N

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61215	T	INSERT BRAIN-FLUID DEVICE	0224	42.0410		APC	$2,127.70			
61250	C	PIERCE SKULL & EXPLORE				Inpatient Only	$0.00			N
61253	C	PIERCE SKULL & EXPLORE				Inpatient Only	$0.00			N
61304	C	OPEN SKULL FOR EXPLORATION				Inpatient Only	$0.00			N
61305	C	OPEN SKULL FOR EXPLORATION				Inpatient Only	$0.00			N
61312	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			N
61313	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			N
61314	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			N
61315	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			N
61316	C	IMPLT CRAN BONE FLAP TO ABDO				Inpatient Only	$0.00			
61320	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			N
61321	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			N
61322	C	DECOMPRESSIVE CRANIOTOMY				Inpatient Only	$0.00			
61323	C	DECOMPRESSIVE LOBECTOMY				Inpatient Only	$0.00			
61330	T	DECOMPRESS EYE SOCKET	0256	41.8741		APC	$2,119.25			N
61332	C	EXPLORE/BIOPSY EYE SOCKET				Inpatient Only	$0.00			N
61333	C	EXPLORE ORBIT/REMOVE LESION				Inpatient Only	$0.00			N
61334	T	EXPLORE ORBIT/REMOVE OBJECT	0256	41.8741		APC	$2,119.25			N
61340	C	SUBTEMPORAL DECOMPRESSION				Inpatient Only	$0.00			N
61343	C	INCISE SKULL (PRESS RELIEF)				Inpatient Only	$0.00			N
61345	C	RELIEVE CRANIAL PRESSURE				Inpatient Only	$0.00			N
61440	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			N
61450	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			N
61458	C	INCISE SKULL FOR BRAIN WOUND				Inpatient Only	$0.00			N
61460	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			N
61470	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			N
61480	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			N
61490	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			N
61500	C	REMOVAL OF SKULL LESION				Inpatient Only	$0.00			N
61501	C	REMOVE INFECTED SKULL BONE				Inpatient Only	$0.00			
61510	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			N
61512	C	REMOVE BRAIN LINING LESION				Inpatient Only	$0.00			N
61514	C	REMOVAL OF BRAIN ABSCESS				Inpatient Only	$0.00			N
61516	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			N
61517	C	IMPLT BRAIN CHEMOTX ADD-ON				Inpatient Only	$0.00			
61518	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			N
61519	C	REMOVE BRAIN LINING LESION				Inpatient Only	$0.00			N
61520	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			N
61521	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61522	C	REMOVAL OF BRAIN ABSCESS				Inpatient Only	$0.00			N
61524	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
61526	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			N
61530	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			N
61531	C	IMPLANT BRAIN ELECTRODES				Inpatient Only	$0.00			N
61533	C	IMPLANT BRAIN ELECTRODES				Inpatient Only	$0.00			
61534	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			N
61535	C	REMOVE BRAIN ELECTRODES				Inpatient Only	$0.00			
61536	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			N
61537	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61538	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			N
61539	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			N
61540	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61541	C	INCISION OF BRAIN TISSUE				Inpatient Only	$0.00			
61542	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			N
61543	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61544	C	REMOVE & TREAT BRAIN LESION				Inpatient Only	$0.00			N
61545	C	EXCISION OF BRAIN TUMOR				Inpatient Only	$0.00			N
61546	C	REMOVAL OF PITUITARY GLAND				Inpatient Only	$0.00			N
61548	C	REMOVAL OF PITUITARY GLAND				Inpatient Only	$0.00			N
61550	C	RELEASE OF SKULL SEAMS				Inpatient Only	$0.00			N
61552	C	RELEASE OF SKULL SEAMS				Inpatient Only	$0.00			N
61556	C	INCISE SKULL/SUTURES				Inpatient Only	$0.00			N
61557	C	INCISE SKULL/SUTURES				Inpatient Only	$0.00			N
61558	C	EXCISION OF SKULL/SUTURES				Inpatient Only	$0.00			N
61559	C	EXCISION OF SKULL/SUTURES				Inpatient Only	$0.00			N
61563	C	EXCISION OF SKULL TUMOR				Inpatient Only	$0.00			N
61564	C	EXCISION OF SKULL TUMOR				Inpatient Only	$0.00			N
61566	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61567	C	INCISION OF BRAIN TISSUE				Inpatient Only	$0.00			
61570	C	REMOVE FOREIGN BODY, BRAIN				Inpatient Only	$0.00			N
61571	C	INCISE SKULL FOR BRAIN WOUND				Inpatient Only	$0.00			N
61575	C	SKULL BASE/BRAINSTEM SURGERY				Inpatient Only	$0.00			N
61576	C	SKULL BASE/BRAINSTEM SURGERY				Inpatient Only	$0.00			N
61580	C	CRANIOFACIAL APPROACH, SKULL				Inpatient Only	$0.00			N
61581	C	CRANIOFACIAL APPROACH, SKULL				Inpatient Only	$0.00			N
61582	C	CRANIOFACIAL APPROACH, SKULL				Inpatient Only	$0.00			N
61583	C	CRANIOFACIAL APPROACH, SKULL				Inpatient Only	$0.00			N
61584	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only	$0.00			N
61585	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only	$0.00			N
61586	C	RESECT NASOPHARYNX, SKULL				Inpatient Only	$0.00			N
61590	C	INFRATEMPORAL APPROACH/SKULL				Inpatient Only	$0.00			N
61591	C	INFRATEMPORAL APPROACH/SKULL				Inpatient Only	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
61592	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only	$0.00			N
61595	C	TRANSTEMPORAL APPROACH/SKULL				Inpatient Only	$0.00			N
61596	C	TRANSCOCHLEAR APPROACH/SKULL				Inpatient Only	$0.00			N
61597	C	TRANSCONDYLAR APPROACH/SKULL				Inpatient Only	$0.00			N
61598	C	TRANSPETROSAL APPROACH/SKULL				Inpatient Only	$0.00			N
61600	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			N
61601	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			N
61605	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			N
61606	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			N
61607	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			N
61608	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			N
61609	C	TRANSECT ARTERY, SINUS				Inpatient Only	$0.00			N
61610	C	TRANSECT ARTERY, SINUS				Inpatient Only	$0.00			N
61611	C	TRANSECT ARTERY, SINUS				Inpatient Only	$0.00			N
61612	C	TRANSECT ARTERY, SINUS				Inpatient Only	$0.00			N
61613	C	REMOVE ANEURYSM, SINUS				Inpatient Only	$0.00			N
61615	C	RESECT/EXCISE LESION, SKULL				Inpatient Only	$0.00			N
61616	C	RESECT/EXCISE LESION, SKULL				Inpatient Only	$0.00			N
61618	C	REPAIR DURA				Inpatient Only	$0.00			N
61619	C	REPAIR DURA				Inpatient Only	$0.00			N
61623	T	ENDOVASC TEMPORY VESSEL OCCL	0082	90.2562		APC	$4,567.87			
61624	C	TRANSCATH OCCLUSION CNS				Inpatient Only	$0.00			N
61626	T	TRANSCATH OCCLUSION NON-CNS	0082	90.2562		APC	$4,567.87			N
61630	E	INTRACRANIAL ANGIOPLASTY				Not Allowed	$0.00			
61635	E	INTRACRAN ANGIOPLSTY W/STENT				Not Allowed	$0.00			
61640	E	DILATE IC VASOSPASM INIT				Not Allowed	$0.00			
61641	E	DILATE IC VASOSPASM ADD-ON				Not Allowed	$0.00			
61642	E	DILATE IC VASOSPASM ADD-ON				Not Allowed	$0.00			
61680	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			N
61682	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			N
61684	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			N
61686	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			N
61690	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			N
61692	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			N
61697	C	BRAIN ANEURYSM REPR, COMPLX				Inpatient Only	$0.00			N
61698	C	BRAIN ANEURYSM REPR, COMPLX				Inpatient Only	$0.00			N
61700	C	BRAIN ANEURYSM REPR SIMPLE				Inpatient Only	$0.00			N
61702	C	INNER SKULL VESSEL SURGERY				Inpatient Only	$0.00			N
61703	C	CLAMP NECK ARTERY				Inpatient Only	$0.00			N
61705	C	REVISE CIRCULATION TO HEAD				Inpatient Only	$0.00			N
61708	C	REVISE CIRCULATION TO HEAD				Inpatient Only	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
61710	C	REVISE CIRCULATION TO HEAD				Inpatient Only	$0.00			N
61711	C	FUSION OF SKULL ARTERIES				Inpatient Only	$0.00			N
61720	T	INCISE SKULL/BRAIN SURGERY	0221	35.9602		APC	$1,819.95			N
61735	C	INCISE SKULL/BRAIN SURGERY				Inpatient Only	$0.00			N
61750	C	INCISE SKULL/BRAIN BIOPSY				Inpatient Only	$0.00			N
61751	C	BRAIN BIOPSY W/CT/MR GUIDE				Inpatient Only	$0.00			N
61760	C	IMPLANT BRAIN ELECTRODES				Inpatient Only	$0.00			N
61770	T	INCISE SKULL FOR TREATMENT	0221	35.9602		APC	$1,819.95			N
61790	T	TREAT TRIGEMINAL NERVE	0220	18.5109		APC	$936.84			N
61791	T	TREAT TRIGEMINAL TRACT	0203	14.3718		APC	$727.36			
61795	N	BRAIN SURGERY USING COMPUTER				Bundled	$0.00			N
61796	E	SRS, CRANIAL LESION SIMPLE				Not Allowed	$0.00			
61797	E	SRS, CRAN LES SIMPLE, ADDL				Not Allowed	$0.00			
61798	E	SRS, CRANIAL LESION COMPLEX				Not Allowed	$0.00			
61799	E	SRS, CRAN LES COMPLEX, ADDL				Not Allowed	$0.00			
61800	E	APPLY SRS HEADFRAME ADD-ON				Not Allowed	$0.00			
61850	C	IMPLANT NEUROELECTRODES				Inpatient Only	$0.00			N
61860	C	IMPLANT NEUROELECTRODES				Inpatient Only	$0.00			N
61863	C	IMPLANT NEUROELECTRODE				Inpatient Only	$0.00			
61864	C	IMPLANT NEUROELECTRDE ADDL				Inpatient Only	$0.00			
61867	C	IMPLANT NEUROELECTRODE				Inpatient Only	$0.00			
61868	C	IMPLANT NEUROELECTRDE ADD□L				Inpatient Only	$0.00			
61870	C	IMPLANT NEUROELECTRODES				Inpatient Only	$0.00			N
61875	C	IMPLANT NEUROELECTRODES				Inpatient Only	$0.00			N
61880	T	REVISE/REMOVE NEUROELECTRODE	0687	19.6378		APC	$993.87			N
61885	S	IMPLANT NEUROSTIM ONE ARRAY	0039	189.9087		APC	$9,611.28			N
61886	S	IMPLANT NEUROSTIM ARRAYS	0315	277.2288		APC	$14,030.55			N
61888	T	REVISE/REMOVE NEURORECEIVER	0688	29.5464		APC	$1,495.34			N
62000	T	TREAT SKULL FRACTURE	0254	24.7557		APC	$1,252.89			N
62005	C	TREAT SKULL FRACTURE				Inpatient Only	$0.00			N
62010	C	TREATMENT OF HEAD INJURY				Inpatient Only	$0.00			N
62100	C	REPAIR BRAIN FLUID LEAKAGE				Inpatient Only	$0.00			N
62115	C	REDUCTION OF SKULL DEFECT				Inpatient Only	$0.00			N
62116	C	REDUCTION OF SKULL DEFECT				Inpatient Only	$0.00			N
62117	C	REDUCTION OF SKULL DEFECT				Inpatient Only	$0.00			N
62120	C	REPAIR SKULL CAVITY LESION				Inpatient Only	$0.00			N
62121	C	INCISE SKULL REPAIR				Inpatient Only	$0.00			N
62140	C	REPAIR OF SKULL DEFECT				Inpatient Only	$0.00			N
62141	C	REPAIR OF SKULL DEFECT				Inpatient Only	$0.00			N
62142	C	REMOVE SKULL PLATE/FLAP				Inpatient Only	$0.00			
62143	C	REPLACE SKULL PLATE/FLAP				Inpatient Only	$0.00			

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62145	C	REPAIR OF SKULL & BRAIN				Inpatient Only	$0.00			N
62146	C	REPAIR OF SKULL WITH GRAFT				Inpatient Only	$0.00			N
62147	C	REPAIR OF SKULL WITH GRAFT				Inpatient Only	$0.00			N
62148	C	RETR BONE FLAP TO FIX SKULL				Inpatient Only	$0.00			
62160	N	NEUROENDOSCOPY ADD-ON				Bundled	$0.00			
62161	C	DISSECT BRAIN W/SCOPE				Inpatient Only	$0.00			
62162	C	REMOVE COLLOID CYST W/SCOPE				Inpatient Only	$0.00			
62163	C	NEUROENDOSCOPY W/FB REMOVAL				Inpatient Only	$0.00			
62164	C	REMOVE BRAIN TUMOR W/SCOPE				Inpatient Only	$0.00			
62165	C	REMOVE PITUIT TUMOR W/SCOPE				Inpatient Only	$0.00			
62180	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			N
62190	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			N
62192	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			N
62194	T	REPLACE/IRRIGATE CATHETER	0207	7.1721		APC	$362.98			N
62200	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			N
62201	C	BRAIN CAVITY SHUNT W/SCOPE				Inpatient Only	$0.00			N
62220	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			N
62223	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			N
62225	T	REPLACE/IRRIGATE CATHETER	0427	15.5994		APC	$789.49			N
62230	T	REPLACE/REVISE BRAIN SHUNT	0224	42.0410		APC	$2,127.70			N
62252	S	CSF SHUNT REPROGRAM	0691	2.4647		APC	$124.74			N
62256	C	REMOVE BRAIN CAVITY SHUNT				Inpatient Only	$0.00			N
62258	C	REPLACE BRAIN CAVITY SHUNT				Inpatient Only	$0.00			N
62263	T	EPIDURAL LYSIS MULT SESSIONS	0207	7.1721		APC	$362.98			N
62264	T	EPIDURAL LYSIS ON SINGLE DAY	0203	14.3718		APC	$727.36			
62267	T	INTERDISCAL PERQ ASPIR, DX	0004	4.4727		APC	$226.36			
62268	T	DRAIN SPINAL CORD CYST	0207	7.1721		APC	$362.98			
62269	T	NEEDLE BIOPSY, SPINAL CORD	0685	9.5785		APC	$484.77			
62270	T	SPINAL FLUID TAP, DIAGNOSTIC	0206	3.6499		APC	$184.72			N
62272	T	DRAIN CEREBRO SPINAL FLUID	0206	3.6499		APC	$184.72			N
62273	T	INJECT EPIDURAL PATCH	0206	3.6499		APC	$184.72			N
62280	T	TREAT SPINAL CORD LESION	0207	7.1721		APC	$362.98			N
62281	T	TREAT SPINAL CORD LESION	0207	7.1721		APC	$362.98			N
62282	T	TREAT SPINAL CANAL LESION	0207	7.1721		APC	$362.98			N
62284	N	INJECTION FOR MYELOGRAM				Bundled	$0.00			N
62287	T	PERCUTANEOUS DISKECTOMY	0221	35.9602		APC	$1,819.95			N
62290	N	INJECT FOR SPINE DISK X-RAY				Bundled	$0.00			N
62291	N	INJECT FOR SPINE DISK X-RAY				Bundled	$0.00			N
62292	T	INJECTION INTO DISK LESION	0207	7.1721		APC	$362.98			N
62294	T	INJECTION INTO SPINAL ARTERY	0207	7.1721		APC	$362.98			N
62310	T	INJECT SPINE C/T	0207	7.1721		APC	$362.98			N

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62311	T	INJECT SPINE L/S (CD)	0207	7.1721		APC	$362.98			N
62318	T	INJECT SPINE W/CATH, C/T	0207	7.1721		APC	$362.98			N
62319	T	INJECT SPINE W/CATH L/S (CD)	0207	7.1721		APC	$362.98			N
62350	T	IMPLANT SPINAL CANAL CATH	0224	42.0410		APC	$2,127.70			N
62351	T	IMPLANT SPINAL CANAL CATH	0208	48.6069		APC	$2,460.00			N
62355	T	REMOVE SPINAL CANAL CATHETER	0203	14.3718		APC	$727.36			N
62360	T	INSERT SPINE INFUSION DEVICE	0224	42.0410		APC	$2,127.70			N
62361	T	IMPLANT SPINE INFUSION PUMP	0227	185.9307		APC	$9,409.95			N
62362	T	IMPLANT SPINE INFUSION PUMP	0227	185.9307		APC	$9,409.95			N
62365	T	REMOVE SPINE INFUSION DEVICE	0221	35.9602		APC	$1,819.95			N
62367	S	ANALYZE SPINE INFUSION PUMP	0692	1.6537		APC	$83.69			N
62368	S	ANALYZE SPINE INFUSION PUMP	0691	2.4647		APC	$124.74			N
63001	T	REMOVAL OF SPINAL LAMINA	0208	48.6069		APC	$2,460.00			N
63003	T	REMOVAL OF SPINAL LAMINA	0208	48.6069		APC	$2,460.00			N
63005	T	REMOVAL OF SPINAL LAMINA	0208	48.6069		APC	$2,460.00			N
63011	T	REMOVAL OF SPINAL LAMINA	0208	48.6069		APC	$2,460.00			N
63012	T	REMOVAL OF SPINAL LAMINA	0208	48.6069		APC	$2,460.00			N
63015	T	REMOVAL OF SPINAL LAMINA	0208	48.6069		APC	$2,460.00			N
63016	T	REMOVAL OF SPINAL LAMINA	0208	48.6069		APC	$2,460.00			N
63017	T	REMOVAL OF SPINAL LAMINA	0208	48.6069		APC	$2,460.00			N
63020	T	NECK SPINE DISK SURGERY	0208	48.6069		APC	$2,460.00			N
63030	T	LOW BACK DISK SURGERY	0208	48.6069		APC	$2,460.00			N
63035	T	SPINAL DISK SURGERY ADD-ON	0208	48.6069		APC	$2,460.00			N
63040	T	LAMINOTOMY, SINGLE CERVICAL	0208	48.6069		APC	$2,460.00			N
63042	T	LAMINOTOMY, SINGLE LUMBAR	0208	48.6069		APC	$2,460.00			N
63043	C	LAMINOTOMY ADD□L CERVICAL				Inpatient Only	$0.00			N
63044	C	LAMINOTOMY ADD□L LUMBAR				Inpatient Only	$0.00			N
63045	T	REMOVAL OF SPINAL LAMINA	0208	48.6069		APC	$2,460.00			N
63046	T	REMOVAL OF SPINAL LAMINA	0208	48.6069		APC	$2,460.00			N
63047	T	REMOVAL OF SPINAL LAMINA	0208	48.6069		APC	$2,460.00			N
63048	T	REMOVE SPINAL LAMINA ADD-ON	0208	48.6069		APC	$2,460.00			N
63050	C	CERVICAL LAMINOPLASTY				Inpatient Only	$0.00			
63051	C	C-LAMINOPLASTY W/GRAFT/PLATE				Inpatient Only	$0.00			
63055	T	DECOMPRESS SPINAL CORD	0208	48.6069		APC	$2,460.00			N
63056	T	DECOMPRESS SPINAL CORD	0208	48.6069		APC	$2,460.00			N
63057	T	DECOMPRESS SPINE CORD ADD-ON	0208	48.6069		APC	$2,460.00			N
63064	T	DECOMPRESS SPINAL CORD	0208	48.6069		APC	$2,460.00			N
63066	T	DECOMPRESS SPINE CORD ADD-ON	0208	48.6069		APC	$2,460.00			N
63075	T	NECK SPINE DISK SURGERY	0208	48.6069		APC	$2,460.00			N
63076	C	NECK SPINE DISK SURGERY				Inpatient Only	$0.00			N
63077	C	SPINE DISK SURGERY, THORAX				Inpatient Only	$0.00			N

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63078	C	SPINE DISK SURGERY, THORAX				Inpatient Only	$0.00			N
63081	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			N
63082	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			N
63085	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			N
63086	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			N
63087	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			N
63088	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			N
63090	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			N
63091	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			N
63101	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63102	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63103	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			
63170	C	INCISE SPINAL CORD TRACT(S)				Inpatient Only	$0.00			N
63172	C	DRAINAGE OF SPINAL CYST				Inpatient Only	$0.00			N
63173	C	DRAINAGE OF SPINAL CYST				Inpatient Only	$0.00			N
63180	C	REVISE SPINAL CORD LIGAMENTS				Inpatient Only	$0.00			N
63182	C	REVISE SPINAL CORD LIGAMENTS				Inpatient Only	$0.00			N
63185	C	INCISE SPINAL COLUMN/NERVES				Inpatient Only	$0.00			N
63190	C	INCISE SPINAL COLUMN/NERVES				Inpatient Only	$0.00			N
63191	C	INCISE SPINAL COLUMN/NERVES				Inpatient Only	$0.00			
63194	C	INCISE SPINAL COLUMN & CORD				Inpatient Only	$0.00			N
63195	C	INCISE SPINAL COLUMN & CORD				Inpatient Only	$0.00			N
63196	C	INCISE SPINAL COLUMN & CORD				Inpatient Only	$0.00			N
63197	C	INCISE SPINAL COLUMN & CORD				Inpatient Only	$0.00			N
63198	C	INCISE SPINAL COLUMN & CORD				Inpatient Only	$0.00			N
63199	C	INCISE SPINAL COLUMN & CORD				Inpatient Only	$0.00			N
63200	C	RELEASE OF SPINAL CORD				Inpatient Only	$0.00			N
63250	C	REVISE SPINAL CORD VESSELS				Inpatient Only	$0.00			N
63251	C	REVISE SPINAL CORD VESSELS				Inpatient Only	$0.00			N
63252	C	REVISE SPINAL CORD VESSELS				Inpatient Only	$0.00			N
63265	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			N
63266	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			N
63267	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			N
63268	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			N
63270	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			N
63271	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			N
63272	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			N
63273	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			N
63275	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			N
63276	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			N
63277	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			N

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63278	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			N
63280	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			N
63281	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			N
63282	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			N
63283	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			N
63285	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			N
63286	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			N
63287	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			N
63290	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			N
63295	C	REPAIR OF LAMINECTOMY DEFECT				Inpatient Only	$0.00			
63300	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			N
63301	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			N
63302	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			N
63303	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			N
63304	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			N
63305	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			N
63306	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			N
63307	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			N
63308	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			N
63600	T	REMOVE SPINAL CORD LESION	0220	18.5109		APC	$936.84			N
63610	T	STIMULATION OF SPINAL CORD	0220	18.5109		APC	$936.84			N
63615	T	REMOVE LESION OF SPINAL CORD	0220	18.5109		APC	$936.84			
63620	E	SRS, SPINAL LESION				Not Allowed	$0.00			
63621	E	SRS, SPINAL LESION, ADDL				Not Allowed	$0.00			
63650	S	IMPLANT NEUROELECTRODES	0040	63.6772		APC	$3,222.70			N
63655	S	IMPLANT NEUROELECTRODES	0061	82.9048		APC	$4,195.81			N
63660	T	REVISE/REMOVE NEUROELECTRODE	0687	19.6378		APC	$993.87			N
63685	S	IMPLANT NEURORECEIVER	0222	235.6477		APC	$11,926.13			N
63688	T	REVISE/REMOVE NEURORECEIVER	0688	29.5464		APC	$1,495.34			N
63700	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	$0.00			N
63702	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	$0.00			N
63704	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	$0.00			N
63706	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	$0.00			N
63707	C	REPAIR SPINAL FLUID LEAKAGE				Inpatient Only	$0.00			N
63709	C	REPAIR SPINAL FLUID LEAKAGE				Inpatient Only	$0.00			N
63710	C	GRAFT REPAIR OF SPINE DEFECT				Inpatient Only	$0.00			N
63740	C	INSTALL SPINAL SHUNT				Inpatient Only	$0.00			N
63741	T	INSTALL SPINAL SHUNT	0224	42.0410		APC	$2,127.70			N
63744	T	REVISION OF SPINAL SHUNT	0224	42.0410		APC	$2,127.70			N
63746	T	REMOVAL OF SPINAL SHUNT	0203	14.3718		APC	$727.36			N
64400	T	N BLOCK INJ TRIGEMINAL	0204	2.4871		APC	$125.87			N

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64402	T	N BLOCK INJ FACIAL	0204	2.4871		APC	$125.87			N
64405	T	N BLOCK INJ OCCIPITAL	0206	3.6499		APC	$184.72			N
64408	T	N BLOCK INJ VAGUS	0206	3.6499		APC	$184.72			N
64410	T	N BLOCK INJ PHRENIC	0207	7.1721		APC	$362.98			N
64412	T	N BLOCK INJ SPINAL ACCESSOR	0207	7.1721		APC	$362.98			N
64413	T	N BLOCK INJ CERVICAL PLEXUS	0206	3.6499		APC	$184.72			N
64415	T	N BLOCK INJ BRACHIAL PLEXUS	0206	3.6499		APC	$184.72			N
64416	T	N BLOCK CONT INFUSE B PLEX	0207	7.1721		APC	$362.98			
64417	T	N BLOCK INJ AXILLARY	0206	3.6499		APC	$184.72			N
64418	T	N BLOCK INJ SUPRASCAPULAR	0206	3.6499		APC	$184.72			N
64420	T	N BLOCK INJ INTERCOST SNG	0206	3.6499		APC	$184.72			N
64421	T	N BLOCK INJ INTERCOST MLT	0207	7.1721		APC	$362.98			N
64425	T	N BLOCK INJ ILIO-ING/HYPOGI	0206	3.6499		APC	$184.72			N
64430	T	N BLOCK INJ PUDENDAL	0207	7.1721		APC	$362.98			N
64435	T	N BLOCK INJ PARACERVICAL	0206	3.6499		APC	$184.72			N
64445	T	N BLOCK INJ SCIATIC SNG	0206	3.6499		APC	$184.72			N
64446	T	N BLK INJ SCIATIC CONT INF	0203	14.3718		APC	$727.36			
64447	T	N BLOCK INJ FEM SINGLE	0206	3.6499		APC	$184.72			
64448	T	N BLOCK INJ FEM CONT INF	0206	3.6499		APC	$184.72			
64449	T	N BLOCK INJ LUMBAR PLEXUS	0207	7.1721		APC	$362.98			
64450	T	N BLOCK OTHER PERIPHERAL	0206	3.6499		APC	$184.72			N
64455	T	N BLOCK INJ, PLANTAR DIGIT	0204	2.4871		APC	$125.87			
64470	T	INJ PARAVERTEBRAL C/T	0207	7.1721		APC	$362.98			N
64472	T	INJ PARAVERTEBRAL C/T ADD-ON	0206	3.6499		APC	$184.72			N
64475	T	INJ PARAVERTEBRAL L/S	0207	7.1721		APC	$362.98			N
64476	T	INJ PARAVERTEBRAL L/S ADD-ON	0204	2.4871		APC	$125.87			N
64479	T	INJ FORAMEN EPIDURAL C/T	0207	7.1721		APC	$362.98			N
64480	T	INJ FORAMEN EPIDURAL ADD-ON	0206	3.6499		APC	$184.72			N
64483	T	INJ FORAMEN EPIDURAL L/S	0207	7.1721		APC	$362.98			N
64484	T	INJ FORAMEN EPIDURAL ADD-ON	0206	3.6499		APC	$184.72			N
64505	T	N BLOCK SPENOPALATINE GANGL	0204	2.4871		APC	$125.87			N
64508	T	N BLOCK CAROTID SINUS S/P	0204	2.4871		APC	$125.87			N
64510	T	N BLOCK STELLATE GANGLION	0207	7.1721		APC	$362.98			N
64517	T	N BLOCK INJ HYPOGAS PLXS	0207	7.1721		APC	$362.98			
64520	T	N BLOCK LUMBAR/THORACIC	0207	7.1721		APC	$362.98			N
64530	T	N BLOCK INJ CELIAC PELUS	0207	7.1721		APC	$362.98			N
64550	M	APPLY NEUROSTIMULATOR				Fee Schedule	$9.18			N
64553	S	IMPLANT NEUROELECTRODES	0040	63.6772		APC	$3,222.70			N
64555	S	IMPLANT NEUROELECTRODES	0040	63.6772		APC	$3,222.70			N
64560	S	IMPLANT NEUROELECTRODES	0040	63.6772		APC	$3,222.70			N
64561	S	IMPLANT NEUROELECTRODES	0040	63.6772		APC	$3,222.70			

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64565	S	IMPLANT NEUROELECTRODES	0040	63.6772		APC	$3,222.70			N
64573	S	IMPLANT NEUROELECTRODES	0225	109.5182		APC	$5,542.72			N
64575	S	IMPLANT NEUROELECTRODES	0061	82.9048		APC	$4,195.81			N
64577	S	IMPLANT NEUROELECTRODES	0061	82.9048		APC	$4,195.81			N
64580	S	IMPLANT NEUROELECTRODES	0061	82.9048		APC	$4,195.81			N
64581	S	IMPLANT NEUROELECTRODES	0061	82.9048		APC	$4,195.81			
64585	T	REVISE/REMOVE NEUROELECTRODE	0687	19.6378		APC	$993.87			N
64590	S	IMPLANT NEURORECEIVER	0039	189.9087		APC	$9,611.28			N
64595	T	REVISE/REMOVE NEURORECEIVER	0688	29.5464		APC	$1,495.34			N
64600	T	INJECTION TREATMENT OF NERVE	0203	14.3718		APC	$727.36			N
64605	T	INJECTION TREATMENT OF NERVE	0203	14.3718		APC	$727.36			N
64610	T	INJECTION TREATMENT OF NERVE	0203	14.3718		APC	$727.36			N
64612	T	DESTROY NERVE, FACE MUSCLE	0204	2.4871		APC	$125.87			N
64613	T	DESTROY NERVE NECK MUSCLE	0206	3.6499		APC	$184.72			N
64614	T	DESTROY NERVE, EXTREM MUSC	0206	3.6499		APC	$184.72			N
64620	T	INJECTION TREATMENT OF NERVE	0207	7.1721		APC	$362.98			N
64622	T	DESTR PARAVERTEBRL NERVE L/S	0203	14.3718		APC	$727.36			N
64623	T	DESTR PARAVERTEBRAL N ADD-ON	0207	7.1721		APC	$362.98			N
64626	T	DESTR PARAVERTEBRL NERVE C/T	0203	14.3718		APC	$727.36			N
64627	T	DESTR PARAVERTEBRAL N ADD-ON	0204	2.4871		APC	$125.87			N
64630	T	INJECTION TREATMENT OF NERVE	0207	7.1721		APC	$362.98			N
64632	T	N BLOCK INJ, COMMON DIGIT	0204	2.4871		APC	$125.87			
64640	T	INJECTION TREATMENT OF NERVE	0207	7.1721		APC	$362.98			N
64650	T	CHEMODENERV ECCRINE GLANDS	0204	2.4871		APC	$125.87			
64653	T	CHEMODENERV ECCRINE GLANDS	0204	2.4871		APC	$125.87			
64680	T	INJECTION TREATMENT OF NERVE	0203	14.3718		APC	$727.36			N
64681	T	INJECTION TREATMENT OF NERVE	0203	14.3718		APC	$727.36			
64702	T	REVISE FINGER/TOE NERVE	0220	18.5109		APC	$936.84			N
64704	T	REVISE HAND/FOOT NERVE	0220	18.5109		APC	$936.84			N
64708	T	REVISE ARM/LEG NERVE	0220	18.5109		APC	$936.84			N
64712	T	REVISION OF SCIATIC NERVE	0220	18.5109		APC	$936.84			N
64713	T	REVISION OF ARM NERVE(S)	0220	18.5109		APC	$936.84			N
64714	T	REVISE LOW BACK NERVE(S)	0220	18.5109		APC	$936.84			N
64716	T	REVISION OF CRANIAL NERVE	0220	18.5109		APC	$936.84			N
64718	T	REVISE ULNAR NERVE AT ELBOW	0220	18.5109		APC	$936.84			N
64719	T	REVISE ULNAR NERVE AT WRIST	0220	18.5109		APC	$936.84			N
64721	T	CARPAL TUNNEL SURGERY	0220	18.5109		APC	$936.84			N
64722	T	RELIEVE PRESSURE ON NERVE(S)	0220	18.5109		APC	$936.84			N
64726	T	RELEASE FOOT/TOE NERVE	0220	18.5109		APC	$936.84			N
64727	T	INTERNAL NERVE REVISION	0220	18.5109		APC	$936.84			N
64732	T	INCISION OF BROW NERVE	0220	18.5109		APC	$936.84			N

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64734	T	INCISION OF CHEEK NERVE	0220	18.5109		APC	$936.84			N
64736	T	INCISION OF CHIN NERVE	0220	18.5109		APC	$936.84			N
64738	T	INCISION OF JAW NERVE	0220	18.5109		APC	$936.84			N
64740	T	INCISION OF TONGUE NERVE	0220	18.5109		APC	$936.84			N
64742	T	INCISION OF FACIAL NERVE	0220	18.5109		APC	$936.84			N
64744	T	INCISE NERVE, BACK OF HEAD	0220	18.5109		APC	$936.84			N
64746	T	INCISE DIAPHRAGM NERVE	0220	18.5109		APC	$936.84			N
64752	C	INCISION OF VAGUS NERVE				Inpatient Only	$0.00			N
64755	C	INCISION OF STOMACH NERVES				Inpatient Only	$0.00			N
64760	C	INCISION OF VAGUS NERVE				Inpatient Only	$0.00			N
64761	T	INCISION OF PELVIS NERVE	0220	18.5109		APC	$936.84			N
64763	T	INCISE HIP/THIGH NERVE	0220	18.5109		APC	$936.84			N
64766	T	INCISE HIP/THIGH NERVE	0221	35.9602		APC	$1,819.95			N
64771	T	SEVER CRANIAL NERVE	0220	18.5109		APC	$936.84			N
64772	T	INCISION OF SPINAL NERVE	0220	18.5109		APC	$936.84			N
64774	T	REMOVE SKIN NERVE LESION	0220	18.5109		APC	$936.84			N
64776	T	REMOVE DIGIT NERVE LESION	0220	18.5109		APC	$936.84			N
64778	T	DIGIT NERVE SURGERY ADD-ON	0220	18.5109		APC	$936.84			N
64782	T	REMOVE LIMB NERVE LESION	0220	18.5109		APC	$936.84			N
64783	T	LIMB NERVE SURGERY ADD-ON	0220	18.5109		APC	$936.84			N
64784	T	REMOVE NERVE LESION	0220	18.5109		APC	$936.84			N
64786	T	REMOVE SCIATIC NERVE LESION	0221	35.9602		APC	$1,819.95			N
64787	T	IMPLANT NERVE END	0220	18.5109		APC	$936.84			N
64788	T	REMOVE SKIN NERVE LESION	0220	18.5109		APC	$936.84			N
64790	T	REMOVAL OF NERVE LESION	0220	18.5109		APC	$936.84			N
64792	T	REMOVAL OF NERVE LESION	0221	35.9602		APC	$1,819.95			N
64795	T	BIOPSY OF NERVE	0220	18.5109		APC	$936.84			N
64802	T	REMOVE SYMPATHETIC NERVES	0220	18.5109		APC	$936.84			N
64804	T	REMOVE SYMPATHETIC NERVES	0220	18.5109		APC	$936.84			N
64809	C	REMOVE SYMPATHETIC NERVES				Inpatient Only	$0.00			N
64818	C	REMOVE SYMPATHETIC NERVES				Inpatient Only	$0.00			N
64820	T	REMOVE SYMPATHETIC NERVES	0220	18.5109		APC	$936.84			N
64821	T	REMOVE SYMPATHETIC NERVES	0054	27.9994		APC	$1,417.05			N
64822	T	REMOVE SYMPATHETIC NERVES	0054	27.9994		APC	$1,417.05			
64823	T	REMOVE SYMPATHETIC NERVES	0054	27.9994		APC	$1,417.05			N
64831	T	REPAIR OF DIGIT NERVE	0221	35.9602		APC	$1,819.95			N
64832	T	REPAIR NERVE ADD-ON	0221	35.9602		APC	$1,819.95			N
64834	T	REPAIR OF HAND OR FOOT NERVE	0221	35.9602		APC	$1,819.95			N
64835	T	REPAIR OF HAND OR FOOT NERVE	0221	35.9602		APC	$1,819.95			N
64836	T	REPAIR OF HAND OR FOOT NERVE	0221	35.9602		APC	$1,819.95			N
64837	T	REPAIR NERVE ADD-ON	0221	35.9602		APC	$1,819.95			N

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64840	T	REPAIR OF LEG NERVE	0221	35.9602		APC	$1,819.95			N
64856	T	REPAIR/TRANSPOSE NERVE	0221	35.9602		APC	$1,819.95			N
64857	T	REPAIR ARM/LEG NERVE	0221	35.9602		APC	$1,819.95			N
64858	T	REPAIR SCIATIC NERVE	0221	35.9602		APC	$1,819.95			N
64859	T	NERVE SURGERY	0221	35.9602		APC	$1,819.95			N
64861	T	REPAIR OF ARM NERVES	0221	35.9602		APC	$1,819.95			N
64862	T	REPAIR OF LOW BACK NERVES	0221	35.9602		APC	$1,819.95			N
64864	T	REPAIR OF FACIAL NERVE	0221	35.9602		APC	$1,819.95			N
64865	T	REPAIR OF FACIAL NERVE	0221	35.9602		APC	$1,819.95			N
64866	C	FUSION OF FACIAL/OTHER NERVE				Inpatient Only	$0.00			N
64868	C	FUSION OF FACIAL/OTHER NERVE				Inpatient Only	$0.00			N
64870	T	FUSION OF FACIAL/OTHER NERVE	0221	35.9602		APC	$1,819.95			N
64872	T	SUBSEQUENT REPAIR OF NERVE	0221	35.9602		APC	$1,819.95			N
64874	T	REPAIR & REVISE NERVE ADD-ON	0221	35.9602		APC	$1,819.95			N
64876	T	REPAIR NERVE/SHORTEN BONE	0221	35.9602		APC	$1,819.95			N
64885	T	NERVE GRAFT HEAD OR NECK	0221	35.9602		APC	$1,819.95			N
64886	T	NERVE GRAFT HEAD OR NECK	0221	35.9602		APC	$1,819.95			N
64890	T	NERVE GRAFT, HAND OR FOOT	0221	35.9602		APC	$1,819.95			N
64891	T	NERVE GRAFT, HAND OR FOOT	0221	35.9602		APC	$1,819.95			N
64892	T	NERVE GRAFT, ARM OR LEG	0221	35.9602		APC	$1,819.95			N
64893	T	NERVE GRAFT, ARM OR LEG	0221	35.9602		APC	$1,819.95			N
64895	T	NERVE GRAFT, HAND OR FOOT	0221	35.9602		APC	$1,819.95			N
64896	T	NERVE GRAFT, HAND OR FOOT	0221	35.9602		APC	$1,819.95			N
64897	T	NERVE GRAFT, ARM OR LEG	0221	35.9602		APC	$1,819.95			N
64898	T	NERVE GRAFT, ARM OR LEG	0221	35.9602		APC	$1,819.95			N
64901	T	NERVE GRAFT ADD-ON	0221	35.9602		APC	$1,819.95			N
64902	T	NERVE GRAFT ADD-ON	0221	35.9602		APC	$1,819.95			N
64905	T	NERVE PEDICLE TRANSFER	0221	35.9602		APC	$1,819.95			N
64907	T	NERVE PEDICLE TRANSFER	0221	35.9602		APC	$1,819.95			N
64910	T	NERVE REPAIR W/ALLOGRAFT	0221	35.9602		APC	$1,819.95			
64911	T	NEURORRAPHY W/VEIN AUTOGRAFT	0221	35.9602		APC	$1,819.95			
64999	T	NERVOUS SYSTEM SURGERY	0204	2.4871		APC	$125.87			N
65091	T	REVISE EYE	0242	38.5166		APC	$1,949.33			N
65093	T	REVISE EYE WITH IMPLANT	0242	38.5166		APC	$1,949.33			N
65101	T	REMOVAL OF EYE	0242	38.5166		APC	$1,949.33			N
65103	T	REMOVE EYE/INSERT IMPLANT	0242	38.5166		APC	$1,949.33			N
65105	T	REMOVE EYE/ATTACH IMPLANT	0242	38.5166		APC	$1,949.33			N
65110	T	REMOVAL OF EYE	0242	38.5166		APC	$1,949.33			N
65112	T	REMOVE EYE/REVISE SOCKET	0242	38.5166		APC	$1,949.33			N
65114	T	REMOVE EYE/REVISE SOCKET	0242	38.5166		APC	$1,949.33			N
65125	T	REVISE OCULAR IMPLANT	0241	26.0302		APC	$1,317.39			N

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65130	T	INSERT OCULAR IMPLANT	0241	26.0302		APC	$1,317.39			N
65135	T	INSERT OCULAR IMPLANT	0241	26.0302		APC	$1,317.39			N
65140	T	ATTACH OCULAR IMPLANT	0242	38.5166		APC	$1,949.33			N
65150	T	REVISE OCULAR IMPLANT	0241	26.0302		APC	$1,317.39			N
65155	T	REINSERT OCULAR IMPLANT	0242	38.5166		APC	$1,949.33			N
65175	T	REMOVAL OF OCULAR IMPLANT	0240	19.3139		APC	$977.48			N
65205	S	REMOVE FOREIGN BODY FROM EYE	0698	0.9338		APC	$47.26			N
65210	S	REMOVE FOREIGN BODY FROM EYE	0698	0.9338		APC	$47.26			N
65220	S	REMOVE FOREIGN BODY FROM EYE	0698	0.9338		APC	$47.26			N
65222	S	REMOVE FOREIGN BODY FROM EYE	0698	0.9338		APC	$47.26			N
65235	T	REMOVE FOREIGN BODY FROM EYE	0233	16.7409		APC	$847.26			N
65260	T	REMOVE FOREIGN BODY FROM EYE	0235	5.8277		APC	$294.94			N
65265	T	REMOVE FOREIGN BODY FROM EYE	0237	22.3269		APC	$1,129.96			N
65270	T	REPAIR OF EYE WOUND	0240	19.3139		APC	$977.48			N
65272	T	REPAIR OF EYE WOUND	0234	23.8963		APC	$1,209.39			N
65273	C	REPAIR OF EYE WOUND				Inpatient Only	$0.00			N
65275	T	REPAIR OF EYE WOUND	0234	23.8963		APC	$1,209.39			N
65280	T	REPAIR OF EYE WOUND	0237	22.3269		APC	$1,129.96			N
65285	T	REPAIR OF EYE WOUND	0672	38.1751		APC	$1,932.04			N
65286	T	REPAIR OF EYE WOUND	0232	4.6708		APC	$236.39			N
65290	T	REPAIR OF EYE SOCKET WOUND	0243	24.6556		APC	$1,247.82			N
65400	T	REMOVAL OF EYE LESION	0233	16.7409		APC	$847.26			N
65410	T	BIOPSY OF CORNEA	0233	16.7409		APC	$847.26			N
65420	T	REMOVAL OF EYE LESION	0233	16.7409		APC	$847.26			N
65426	T	REMOVAL OF EYE LESION	0234	23.8963		APC	$1,209.39			N
65430	S	CORNEAL SMEAR	0698	0.9338		APC	$47.26			N
65435	T	CURETTE/TREAT CORNEA	0239	7.6973		APC	$389.56			N
65436	T	CURETTE/TREAT CORNEA	0233	16.7409		APC	$847.26			N
65450	S	TREATMENT OF CORNEAL LESION	0231	2.1549		APC	$109.06			
65600	T	REVISION OF CORNEA	0240	19.3139		APC	$977.48			N
65710	T	CORNEAL TRANSPLANT	0244	37.9664		APC	$1,921.48			Y
65730	T	CORNEAL TRANSPLANT	0244	37.9664		APC	$1,921.48			N
65750	T	CORNEAL TRANSPLANT	0244	37.9664		APC	$1,921.48			Y
65755	T	CORNEAL TRANSPLANT	0244	37.9664		APC	$1,921.48			Y
65756	T	CORNEAL TRNSPL, ENDOTHELIAL	0244	37.9664		APC	$1,921.48			
65757	N	PREP CORNEAL ENDO ALLOGRAFT				Bundled	$0.00			
65760	E	REVISION OF CORNEA				Not Allowed	$0.00			N
65765	E	REVISION OF CORNEA				Not Allowed	$0.00			N
65767	E	CORNEAL TISSUE TRANSPLANT				Not Allowed	$0.00			N
65770	T	REVISE CORNEA WITH IMPLANT	0293	104.7499		APC	$5,301.39			N
65771	E	RADIAL KERATOTOMY				Not Allowed	$0.00			Y

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65772	T	CORRECTION OF ASTIGMATISM	0233	16.7409		APC	$847.26			N
65775	T	CORRECTION OF ASTIGMATISM	0233	16.7409		APC	$847.26			N
65780	T	OCULAR RECONST TRANSPLANT	0244	37.9664		APC	$1,921.48			Y
65781	T	OCULAR RECONST TRANSPLANT	0244	37.9664		APC	$1,921.48			Y
65782	T	OCULAR RECONST TRANSPLANT	0244	37.9664		APC	$1,921.48			Y
65800	T	DRAINAGE OF EYE	0233	16.7409		APC	$847.26			N
65805	T	DRAINAGE OF EYE	0233	16.7409		APC	$847.26			N
65810	T	DRAINAGE OF EYE	0234	23.8963		APC	$1,209.39			N
65815	T	DRAINAGE OF EYE	0234	23.8963		APC	$1,209.39			N
65820	T	RELIEVE INNER EYE PRESSURE	0232	4.6708		APC	$236.39			N
65850	T	INCISION OF EYE	0234	23.8963		APC	$1,209.39			N
65855	T	LASER SURGERY OF EYE	0247	5.2647		APC	$266.45			N
65860	T	INCISE INNER EYE ADHESIONS	0247	5.2647		APC	$266.45			N
65865	T	INCISE INNER EYE ADHESIONS	0233	16.7409		APC	$847.26			N
65870	T	INCISE INNER EYE ADHESIONS	0234	23.8963		APC	$1,209.39			N
65875	T	INCISE INNER EYE ADHESIONS	0234	23.8963		APC	$1,209.39			N
65880	T	INCISE INNER EYE ADHESIONS	0233	16.7409		APC	$847.26			N
65900	T	REMOVE EYE LESION	0233	16.7409		APC	$847.26			N
65920	T	REMOVE IMPLANT OF EYE	0234	23.8963		APC	$1,209.39			N
65930	T	REMOVE BLOOD CLOT FROM EYE	0234	23.8963		APC	$1,209.39			N
66020	T	INJECTION TREATMENT OF EYE	0233	16.7409		APC	$847.26			N
66030	T	INJECTION TREATMENT OF EYE	0232	4.6708		APC	$236.39			N
66130	T	REMOVE EYE LESION	0234	23.8963		APC	$1,209.39			N
66150	T	GLAUCOMA SURGERY	0234	23.8963		APC	$1,209.39			N
66155	T	GLAUCOMA SURGERY	0234	23.8963		APC	$1,209.39			N
66160	T	GLAUCOMA SURGERY	0234	23.8963		APC	$1,209.39			N
66165	T	GLAUCOMA SURGERY	0234	23.8963		APC	$1,209.39			N
66170	T	GLAUCOMA SURGERY	0234	23.8963		APC	$1,209.39			N
66172	T	INCISION OF EYE	0234	23.8963		APC	$1,209.39			N
66180	T	IMPLANT EYE SHUNT	0673	40.9535		APC	$2,072.66			N
66185	T	REVISE EYE SHUNT	0673	40.9535		APC	$2,072.66			N
66220	T	REPAIR EYE LESION	0672	38.1751		APC	$1,932.04			N
66225	T	REPAIR/GRAFT EYE LESION	0673	40.9535		APC	$2,072.66			N
66250	T	FOLLOW-UP SURGERY OF EYE	0233	16.7409		APC	$847.26			N
66500	T	INCISION OF IRIS	0232	4.6708		APC	$236.39			N
66505	T	INCISION OF IRIS	0232	4.6708		APC	$236.39			N
66600	T	REMOVE IRIS AND LESION	0234	23.8963		APC	$1,209.39			N
66605	T	REMOVAL OF IRIS	0234	23.8963		APC	$1,209.39			N
66625	T	REMOVAL OF IRIS	0233	16.7409		APC	$847.26			N
66630	T	REMOVAL OF IRIS	0234	23.8963		APC	$1,209.39			N
66635	T	REMOVAL OF IRIS	0234	23.8963		APC	$1,209.39			N

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66680	T	REPAIR IRIS & CILIARY BODY	0234	23.8963		APC	$1,209.39			N
66682	T	REPAIR IRIS & CILIARY BODY	0234	23.8963		APC	$1,209.39			N
66700	T	DESTRUCTION, CILIARY BODY	0233	16.7409		APC	$847.26			N
66710	T	DESTRUCTION, CILIARY BODY	0233	16.7409		APC	$847.26			N
66711	T	CILIARY ENDOSCOPIC ABLATION	0233	16.7409		APC	$847.26			
66720	T	DESTRUCTION, CILIARY BODY	0233	16.7409		APC	$847.26			N
66740	T	DESTRUCTION, CILIARY BODY	0234	23.8963		APC	$1,209.39			N
66761	T	REVISION OF IRIS	0247	5.2647		APC	$266.45			N
66762	T	REVISION OF IRIS	0247	5.2647		APC	$266.45			N
66770	T	REMOVAL OF INNER EYE LESION	0247	5.2647		APC	$266.45			N
66820	T	INCISION, SECONDARY CATARACT	0232	4.6708		APC	$236.39			N
66821	T	AFTER CATARACT LASER SURGERY	0247	5.2647		APC	$266.45			
66825	T	REPOSITION INTRAOCULAR LENS	0234	23.8963		APC	$1,209.39			N
66830	T	REMOVAL OF LENS LESION	0232	4.6708		APC	$236.39			N
66840	T	REMOVAL OF LENS MATERIAL	0245	14.1882		APC	$718.06			N
66850	T	REMOVAL OF LENS MATERIAL	0249	31.3304		APC	$1,585.63			N
66852	T	REMOVAL OF LENS MATERIAL	0249	31.3304		APC	$1,585.63			N
66920	T	EXTRACTION OF LENS	0249	31.3304		APC	$1,585.63			N
66930	T	EXTRACTION OF LENS	0249	31.3304		APC	$1,585.63			N
66940	T	EXTRACTION OF LENS	0245	14.1882		APC	$718.06			N
66982	T	CATARACT SURGERY, COMPLEX	0246	24.2955		APC	$1,229.60			N
66983	T	CATARACT SURG W/IOL, 1 STAGE	0246	24.2955		APC	$1,229.60			
66984	T	CATARACT SURG W/IOL 1 STAGE	0246	24.2955		APC	$1,229.60			
66985	T	INSERT LENS PROSTHESIS	0246	24.2955		APC	$1,229.60			N
66986	T	EXCHANGE LENS PROSTHESIS	0246	24.2955		APC	$1,229.60			N
66990	N	OPHTHALMIC ENDOSCOPE ADD-ON				Bundled	$0.00			
66999	T	EYE SURGERY PROCEDURE	0232	4.6708		APC	$236.39			N
67005	T	PARTIAL REMOVAL OF EYE FLUID	0237	22.3269		APC	$1,129.96			N
67010	T	PARTIAL REMOVAL OF EYE FLUID	0237	22.3269		APC	$1,129.96			N
67015	T	RELEASE OF EYE FLUID	0672	38.1751		APC	$1,932.04			N
67025	T	REPLACE EYE FLUID	0237	22.3269		APC	$1,129.96			N
67027	T	IMPLANT EYE DRUG SYSTEM	0672	38.1751		APC	$1,932.04			N
67028	T	INJECTION EYE DRUG	0238	3.1524		APC	$159.54			N
67030	T	INCISE INNER EYE STRANDS	0237	22.3269		APC	$1,129.96			N
67031	T	LASER SURGERY, EYE STRANDS	0247	5.2647		APC	$266.45			
67036	T	REMOVAL OF INNER EYE FLUID	0672	38.1751		APC	$1,932.04			
67039	T	LASER TREATMENT OF RETINA	0672	38.1751		APC	$1,932.04			N
67040	T	LASER TREATMENT OF RETINA	0672	38.1751		APC	$1,932.04			N
67041	T	VIT FOR MACULAR PUCKER	0672	38.1751		APC	$1,932.04			
67042	T	VIT FOR MACULAR HOLE	0672	38.1751		APC	$1,932.04			
67043	T	VIT FOR MEMBRANE DISSECT	0672	38.1751		APC	$1,932.04			

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67101	T	REPAIR DETACHED RETINA	0235	5.8277		APC	$294.94			
67105	T	REPAIR DETACHED RETINA	0247	5.2647		APC	$266.45			
67107	T	REPAIR DETACHED RETINA	0672	38.1751		APC	$1,932.04			N
67108	T	REPAIR DETACHED RETINA	0672	38.1751		APC	$1,932.04			N
67110	T	REPAIR DETACHED RETINA	0237	22.3269		APC	$1,129.96			N
67112	T	REREPAIR DETACHED RETINA	0672	38.1751		APC	$1,932.04			N
67113	T	REPAIR RETINAL DETACH, CPLX	0672	38.1751		APC	$1,932.04			
67115	T	RELEASE ENCIRCLING MATERIAL	0237	22.3269		APC	$1,129.96			
67120	T	REMOVE EYE IMPLANT MATERIAL	0237	22.3269		APC	$1,129.96			N
67121	T	REMOVE EYE IMPLANT MATERIAL	0237	22.3269		APC	$1,129.96			
67141	T	TREATMENT OF RETINA	0235	5.8277		APC	$294.94			
67145	T	TREATMENT OF RETINA	0247	5.2647		APC	$266.45			
67208	T	TREATMENT OF RETINAL LESION	0235	5.8277		APC	$294.94			
67210	T	TREATMENT OF RETINAL LESION	0247	5.2647		APC	$266.45			
67218	T	TREATMENT OF RETINAL LESION	0237	22.3269		APC	$1,129.96			N
67220	T	TREATMENT OF CHOROID LESION	0235	5.8277		APC	$294.94			N
67221	T	OCULAR PHOTODYNAMIC THER	0235	5.8277		APC	$294.94			N
67225	T	EYE PHOTODYNAMIC THER ADD-ON	0235	5.8277		APC	$294.94			
67227	T	TREATMENT OF RETINAL LESION	0237	22.3269		APC	$1,129.96			
67228	T	TREATMENT OF RETINAL LESION	0247	5.2647		APC	$266.45			
67229	T	TR RETINAL LES PRETERM INF	0247	5.2647		APC	$266.45			
67250	T	REINFORCE EYE WALL	0240	19.3139		APC	$977.48			N
67255	T	REINFORCE/GRAFT EYE WALL	0237	22.3269		APC	$1,129.96			N
67299	T	EYE SURGERY PROCEDURE	0235	5.8277		APC	$294.94			N
67311	T	REVISE EYE MUSCLE	0243	24.6556		APC	$1,247.82			N
67312	T	REVISE TWO EYE MUSCLES	0243	24.6556		APC	$1,247.82			N
67314	T	REVISE EYE MUSCLE	0243	24.6556		APC	$1,247.82			N
67316	T	REVISE TWO EYE MUSCLES	0243	24.6556		APC	$1,247.82			N
67318	T	REVISE EYE MUSCLE(S)	0243	24.6556		APC	$1,247.82			N
67320	T	REVISE EYE MUSCLE(S) ADD-ON	0243	24.6556		APC	$1,247.82			N
67331	T	EYE SURGERY FOLLOW-UP ADD-ON	0243	24.6556		APC	$1,247.82			N
67332	T	REREVISE EYE MUSCLES ADD-ON	0243	24.6556		APC	$1,247.82			N
67334	T	REVISE EYE MUSCLE W/SUTURE	0243	24.6556		APC	$1,247.82			N
67335	T	EYE SUTURE DURING SURGERY	0243	24.6556		APC	$1,247.82			N
67340	T	REVISE EYE MUSCLE ADD-ON	0243	24.6556		APC	$1,247.82			N
67343	T	RELEASE EYE TISSUE	0243	24.6556		APC	$1,247.82			N
67345	T	DESTROY NERVE OF EYE MUSCLE	0238	3.1524		APC	$159.54			N
67346	T	BIOPSY, EYE MUSCLE	0699	14.4782		APC	$732.74			
67399	T	EYE MUSCLE SURGERY PROCEDURE	0243	24.6556		APC	$1,247.82			N
67400	T	EXPLORE/BIOPSY EYE SOCKET	0240	19.3139		APC	$977.48			N
67405	T	EXPLORE/DRAIN EYE SOCKET	0241	26.0302		APC	$1,317.39			N

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67412	T	EXPLORE/TREAT EYE SOCKET	0240	19.3139		APC	$977.48			N
67413	T	EXPLORE/TREAT EYE SOCKET	0241	26.0302		APC	$1,317.39			N
67414	T	EXPLR/DECOMPRESS EYE SOCKET	0242	38.5166		APC	$1,949.33			N
67415	T	ASPIRATION, ORBITAL CONTENTS	0240	19.3139		APC	$977.48			N
67420	T	EXPLORE/TREAT EYE SOCKET	0242	38.5166		APC	$1,949.33			N
67430	T	EXPLORE/TREAT EYE SOCKET	0242	38.5166		APC	$1,949.33			N
67440	T	EXPLORE/DRAIN EYE SOCKET	0242	38.5166		APC	$1,949.33			N
67445	T	EXPLR/DECOMPRESS EYE SOCKET	0242	38.5166		APC	$1,949.33			N
67450	T	EXPLORE/BIOPSY EYE SOCKET	0242	38.5166		APC	$1,949.33			N
67500	S	INJECT/TREAT EYE SOCKET	0231	2.1549		APC	$109.06			N
67505	T	INJECT/TREAT EYE SOCKET	0238	3.1524		APC	$159.54			N
67515	T	INJECT/TREAT EYE SOCKET	0238	3.1524		APC	$159.54			N
67550	T	INSERT EYE SOCKET IMPLANT	0242	38.5166		APC	$1,949.33			N
67560	T	REVISE EYE SOCKET IMPLANT	0241	26.0302		APC	$1,317.39			N
67570	T	DECOMPRESS OPTIC NERVE	0242	38.5166		APC	$1,949.33			N
67599	T	ORBIT SURGERY PROCEDURE	0238	3.1524		APC	$159.54			N
67700	T	DRAINAGE OF EYELID ABSCESS	0238	3.1524		APC	$159.54			N
67710	T	INCISION OF EYELID	0239	7.6973		APC	$389.56			N
67715	T	INCISION OF EYELID FOLD	0240	19.3139		APC	$977.48			N
67800	T	REMOVE EYELID LESION	0238	3.1524		APC	$159.54			N
67801	T	REMOVE EYELID LESIONS	0239	7.6973		APC	$389.56			N
67805	T	REMOVE EYELID LESIONS	0238	3.1524		APC	$159.54			N
67808	T	REMOVE EYELID LESION(S)	0240	19.3139		APC	$977.48			N
67810	T	BIOPSY OF EYELID	0238	3.1524		APC	$159.54			N
67820	S	REVISE EYELASHES	0698	0.9338		APC	$47.26			N
67825	T	REVISE EYELASHES	0238	3.1524		APC	$159.54			N
67830	T	REVISE EYELASHES	0239	7.6973		APC	$389.56			N
67835	T	REVISE EYELASHES	0240	19.3139		APC	$977.48			N
67840	T	REMOVE EYELID LESION	0239	7.6973		APC	$389.56			N
67850	T	TREAT EYELID LESION	0239	7.6973		APC	$389.56			N
67875	T	CLOSURE OF EYELID BY SUTURE	0239	7.6973		APC	$389.56			N
67880	T	REVISION OF EYELID	0233	16.7409		APC	$847.26			N
67882	T	REVISION OF EYELID	0240	19.3139		APC	$977.48			N
67900	T	REPAIR BROW DEFECT	0241	26.0302		APC	$1,317.39			Y
67901	T	REPAIR EYELID DEFECT	0240	19.3139		APC	$977.48			Y
67902	T	REPAIR EYELID DEFECT	0241	26.0302		APC	$1,317.39			Y
67903	T	REPAIR EYELID DEFECT	0240	19.3139		APC	$977.48			Y
67904	T	REPAIR EYELID DEFECT	0240	19.3139		APC	$977.48			Y
67906	T	REPAIR EYELID DEFECT	0240	19.3139		APC	$977.48			Y
67908	T	REPAIR EYELID DEFECT	0240	19.3139		APC	$977.48			Y
67909	T	REVISE EYELID DEFECT	0240	19.3139		APC	$977.48			Y

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67911	T	REVISE EYELID DEFECT	0240	19.3139		APC	$977.48			Y
67912	T	CORRECTION EYELID W/ IMPLANT	0240	19.3139		APC	$977.48			
67914	T	REPAIR EYELID DEFECT	0240	19.3139		APC	$977.48			Y
67915	T	REPAIR EYELID DEFECT	0240	19.3139		APC	$977.48			Y
67916	T	REPAIR EYELID DEFECT	0240	19.3139		APC	$977.48			Y
67917	T	REPAIR EYELID DEFECT	0240	19.3139		APC	$977.48			Y
67921	T	REPAIR EYELID DEFECT	0240	19.3139		APC	$977.48			Y
67922	T	REPAIR EYELID DEFECT	0240	19.3139		APC	$977.48			Y
67923	T	REPAIR EYELID DEFECT	0240	19.3139		APC	$977.48			Y
67924	T	REPAIR EYELID DEFECT	0240	19.3139		APC	$977.48			Y
67930	T	REPAIR EYELID WOUND	0240	19.3139		APC	$977.48			N
67935	T	REPAIR EYELID WOUND	0240	19.3139		APC	$977.48			N
67938	S	REMOVE EYELID FOREIGN BODY	0231	2.1549		APC	$109.06			N
67950	T	REVISION OF EYELID	0240	19.3139		APC	$977.48			N
67961	T	REVISION OF EYELID	0240	19.3139		APC	$977.48			N
67966	T	REVISION OF EYELID	0240	19.3139		APC	$977.48			N
67971	T	RECONSTRUCTION OF EYELID	0240	19.3139		APC	$977.48			N
67973	T	RECONSTRUCTION OF EYELID	0241	26.0302		APC	$1,317.39			N
67974	T	RECONSTRUCTION OF EYELID	0240	19.3139		APC	$977.48			N
67975	T	RECONSTRUCTION OF EYELID	0240	19.3139		APC	$977.48			N
67999	T	REVISION OF EYELID	0238	3.1524		APC	$159.54			N
68020	T	INCISE/DRAIN EYELID LINING	0238	3.1524		APC	$159.54			N
68040	S	TREATMENT OF EYELID LESIONS	0698	0.9338		APC	$47.26			N
68100	T	BIOPSY OF EYELID LINING	0232	4.6708		APC	$236.39			N
68110	T	REMOVE EYELID LINING LESION	0699	14.4782		APC	$732.74			N
68115	T	REMOVE EYELID LINING LESION	0240	19.3139		APC	$977.48			N
68130	T	REMOVE EYELID LINING LESION	0233	16.7409		APC	$847.26			N
68135	T	REMOVE EYELID LINING LESION	0239	7.6973		APC	$389.56			N
68200	S	TREAT EYELID BY INJECTION	0698	0.9338		APC	$47.26			N
68320	T	REVISE/GRAFT EYELID LINING	0241	26.0302		APC	$1,317.39			N
68325	T	REVISE/GRAFT EYELID LINING	0241	26.0302		APC	$1,317.39			N
68326	T	REVISE/GRAFT EYELID LINING	0240	19.3139		APC	$977.48			N
68328	T	REVISE/GRAFT EYELID LINING	0241	26.0302		APC	$1,317.39			N
68330	T	REVISE EYELID LINING	0234	23.8963		APC	$1,209.39			N
68335	T	REVISE/GRAFT EYELID LINING	0241	26.0302		APC	$1,317.39			N
68340	T	SEPARATE EYELID ADHESIONS	0240	19.3139		APC	$977.48			N
68360	T	REVISE EYELID LINING	0234	23.8963		APC	$1,209.39			N
68362	T	REVISE EYELID LINING	0234	23.8963		APC	$1,209.39			N
68371	T	HARVEST EYE TISSUE ALOGRAFT	0233	16.7409		APC	$847.26			Y
68399	T	EYELID LINING SURGERY	0238	3.1524		APC	$159.54			N
68400	T	INCISE/DRAIN TEAR GLAND	0238	3.1524		APC	$159.54			N

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68420	T	INCISE/DRAIN TEAR SAC	0240	19.3139		APC	$977.48			N
68440	T	INCISE TEAR DUCT OPENING	0238	3.1524		APC	$159.54			N
68500	T	REMOVAL OF TEAR GLAND	0241	26.0302		APC	$1,317.39			N
68505	T	PARTIAL REMOVAL, TEAR GLAND	0241	26.0302		APC	$1,317.39			N
68510	T	BIOPSY OF TEAR GLAND	0240	19.3139		APC	$977.48			N
68520	T	REMOVAL OF TEAR SAC	0241	26.0302		APC	$1,317.39			N
68525	T	BIOPSY OF TEAR SAC	0240	19.3139		APC	$977.48			N
68530	T	CLEARANCE OF TEAR DUCT	0238	3.1524		APC	$159.54			N
68540	T	REMOVE TEAR GLAND LESION	0240	19.3139		APC	$977.48			N
68550	T	REMOVE TEAR GLAND LESION	0241	26.0302		APC	$1,317.39			N
68700	T	REPAIR TEAR DUCTS	0240	19.3139		APC	$977.48			N
68705	T	REVISE TEAR DUCT OPENING	0238	3.1524		APC	$159.54			N
68720	T	CREATE TEAR SAC DRAIN	0241	26.0302		APC	$1,317.39			N
68745	T	CREATE TEAR DUCT DRAIN	0241	26.0302		APC	$1,317.39			N
68750	T	CREATE TEAR DUCT DRAIN	0241	26.0302		APC	$1,317.39			N
68760	T	CLOSE TEAR DUCT OPENING	0238	3.1524		APC	$159.54			N
68761	T	CLOSE TEAR DUCT OPENING	0238	3.1524		APC	$159.54			N
68770	T	CLOSE TEAR SYSTEM FISTULA	0241	26.0302		APC	$1,317.39			N
68801	S	DILATE TEAR DUCT OPENING	0698	0.9338		APC	$47.26			N
68810	S	PROBE NASOLACRIMAL DUCT	0231	2.1549		APC	$109.06			N
68811	T	PROBE NASOLACRIMAL DUCT	0240	19.3139		APC	$977.48			N
68815	T	PROBE NASOLACRIMAL DUCT	0240	19.3139		APC	$977.48			N
68816	T	PROBE NL DUCT W/BALLOON	0240	19.3139		APC	$977.48			
68840	S	EXPLORE/IRRIGATE TEAR DUCTS	0231	2.1549		APC	$109.06			N
68850	N	INJECTION FOR TEAR SAC X-RAY				Bundled	$0.00			N
68899	T	TEAR DUCT SYSTEM SURGERY	0238	3.1524		APC	$159.54			N
69000	T	DRAIN EXTERNAL EAR LESION	0006	1.4128		APC	$71.50			N
69005	T	DRAIN EXTERNAL EAR LESION	0008	19.3873		APC	$981.19			N
69020	T	DRAIN OUTER EAR CANAL LESION	0006	1.4128		APC	$71.50			N
69090	E	PIERCE EARLOBES				Not Allowed	$0.00			N
69100	T	BIOPSY OF EXTERNAL EAR	0251	3.3069		APC	$167.36			N
69105	T	BIOPSY OF EXTERNAL EAR CANAL	0253	17.2402		APC	$872.53			N
69110	T	REMOVE EXTERNAL EAR, PARTIAL	0021	15.8974		APC	$804.57			N
69120	T	REMOVAL OF EXTERNAL EAR	0254	24.7557		APC	$1,252.89			N
69140	T	REMOVE EAR CANAL LESION(S)	0254	24.7557		APC	$1,252.89			N
69145	T	REMOVE EAR CANAL LESION(S)	0021	15.8974		APC	$804.57			N
69150	T	EXTENSIVE EAR CANAL SURGERY	0252	7.5330		APC	$381.25			N
69155	C	EXTENSIVE EAR/NECK SURGERY				Inpatient Only	$0.00			N
69200	X	CLEAR OUTER EAR CANAL	0340	0.6462		APC	$32.70			N
69205	T	CLEAR OUTER EAR CANAL	0022	21.8429		APC	$1,105.47			N
69210	X	REMOVE IMPACTED EAR WAX	0340	0.6462		APC	$32.70			N

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69220	T	CLEAN OUT MASTOID CAVITY	0013	0.8281		APC	$41.91			N
69222	T	CLEAN OUT MASTOID CAVITY	0253	17.2402		APC	$872.53			N
69300	T	REVISE EXTERNAL EAR	0254	24.7557		Not Allowed	$0.00			N
69310	T	REBUILD OUTER EAR CANAL	0256	41.8741		APC	$2,119.25			
69320	T	REBUILD OUTER EAR CANAL	0256	41.8741		APC	$2,119.25			N
69399	T	OUTER EAR SURGERY PROCEDURE	0250	1.1110		APC	$56.23			N
69400	T	INFLATE MIDDLE EAR CANAL	0251	3.3069		APC	$167.36			N
69401	T	INFLATE MIDDLE EAR CANAL	0251	3.3069		APC	$167.36			N
69405	T	CATHETERIZE MIDDLE EAR CANAL	0252	7.5330		APC	$381.25			N
69420	T	INCISION OF EARDRUM	0251	3.3069		APC	$167.36			N
69421	T	INCISION OF EARDRUM	0253	17.2402		APC	$872.53			N
69424	T	REMOVE VENTILATING TUBE	0253	17.2402		APC	$872.53			N
69433	T	CREATE EARDRUM OPENING	0252	7.5330		APC	$381.25			N
69436	T	CREATE EARDRUM OPENING	0253	17.2402		APC	$872.53			N
69440	T	EXPLORATION OF MIDDLE EAR	0254	24.7557		APC	$1,252.89			N
69450	T	EARDRUM REVISION	0256	41.8741		APC	$2,119.25			N
69501	T	MASTOIDECTOMY	0256	41.8741		APC	$2,119.25			N
69502	T	MASTOIDECTOMY	0254	24.7557		APC	$1,252.89			N
69505	T	REMOVE MASTOID STRUCTURES	0256	41.8741		APC	$2,119.25			N
69511	T	EXTENSIVE MASTOID SURGERY	0256	41.8741		APC	$2,119.25			N
69530	T	EXTENSIVE MASTOID SURGERY	0256	41.8741		APC	$2,119.25			N
69535	C	REMOVE PART OF TEMPORAL BONE				Inpatient Only	$0.00			N
69540	T	REMOVE EAR LESION	0253	17.2402		APC	$872.53			N
69550	T	REMOVE EAR LESION	0256	41.8741		APC	$2,119.25			N
69552	T	REMOVE EAR LESION	0256	41.8741		APC	$2,119.25			N
69554	C	REMOVE EAR LESION				Inpatient Only	$0.00			N
69601	T	MASTOID SURGERY REVISION	0256	41.8741		APC	$2,119.25			N
69602	T	MASTOID SURGERY REVISION	0256	41.8741		APC	$2,119.25			N
69603	T	MASTOID SURGERY REVISION	0256	41.8741		APC	$2,119.25			N
69604	T	MASTOID SURGERY REVISION	0256	41.8741		APC	$2,119.25			N
69605	T	MASTOID SURGERY REVISION	0256	41.8741		APC	$2,119.25			N
69610	T	REPAIR OF EARDRUM	0254	24.7557		APC	$1,252.89			N
69620	T	REPAIR OF EARDRUM	0254	24.7557		APC	$1,252.89			N
69631	T	REPAIR EARDRUM STRUCTURES	0256	41.8741		APC	$2,119.25			N
69632	T	REBUILD EARDRUM STRUCTURES	0256	41.8741		APC	$2,119.25			N
69633	T	REBUILD EARDRUM STRUCTURES	0256	41.8741		APC	$2,119.25			N
69635	T	REPAIR EARDRUM STRUCTURES	0256	41.8741		APC	$2,119.25			N
69636	T	REBUILD EARDRUM STRUCTURES	0256	41.8741		APC	$2,119.25			N
69637	T	REBUILD EARDRUM STRUCTURES	0256	41.8741		APC	$2,119.25			N
69641	T	REVISE MIDDLE EAR & MASTOID	0256	41.8741		APC	$2,119.25			N
69642	T	REVISE MIDDLE EAR & MASTOID	0256	41.8741		APC	$2,119.25			N

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69643	T	REVISE MIDDLE EAR & MASTOID	0256	41.8741		APC	$2,119.25			N
69644	T	REVISE MIDDLE EAR & MASTOID	0256	41.8741		APC	$2,119.25			N
69645	T	REVISE MIDDLE EAR & MASTOID	0256	41.8741		APC	$2,119.25			N
69646	T	REVISE MIDDLE EAR & MASTOID	0256	41.8741		APC	$2,119.25			N
69650	T	RELEASE MIDDLE EAR BONE	0254	24.7557		APC	$1,252.89			N
69660	T	REVISE MIDDLE EAR BONE	0256	41.8741		APC	$2,119.25			N
69661	T	REVISE MIDDLE EAR BONE	0256	41.8741		APC	$2,119.25			N
69662	T	REVISE MIDDLE EAR BONE	0256	41.8741		APC	$2,119.25			N
69666	T	REPAIR MIDDLE EAR STRUCTURES	0256	41.8741		APC	$2,119.25			N
69667	T	REPAIR MIDDLE EAR STRUCTURES	0256	41.8741		APC	$2,119.25			N
69670	T	REMOVE MASTOID AIR CELLS	0256	41.8741		APC	$2,119.25			N
69676	T	REMOVE MIDDLE EAR NERVE	0256	41.8741		APC	$2,119.25			N
69700	T	CLOSE MASTOID FISTULA	0256	41.8741		APC	$2,119.25			N
69710	E	IMPLANT/REPLACE HEARING AID				Not Allowed	$0.00			N
69711	T	REMOVE/REPAIR HEARING AID	0256	41.8741		APC	$2,119.25			N
69714	T	IMPLANT TEMPLE BONE W/STIMUL	0425	121.7668		APC	$6,162.62			N
69715	T	TEMPLE BNE IMPLNT W/STIMULAT	0425	121.7668		APC	$6,162.62			N
69717	T	TEMPLE BONE IMPLANT REVISION	0425	121.7668		APC	$6,162.62			N
69718	T	REVISE TEMPLE BONE IMPLANT	0425	121.7668		APC	$6,162.62			N
69720	T	RELEASE FACIAL NERVE	0256	41.8741		APC	$2,119.25			N
69725	T	RELEASE FACIAL NERVE	0256	41.8741		APC	$2,119.25			N
69740	T	REPAIR FACIAL NERVE	0256	41.8741		APC	$2,119.25			N
69745	T	REPAIR FACIAL NERVE	0256	41.8741		APC	$2,119.25			N
69799	T	MIDDLE EAR SURGERY PROCEDURE	0250	1.1110		APC	$56.23			N
69801	T	INCISE INNER EAR	0256	41.8741		APC	$2,119.25			N
69802	T	INCISE INNER EAR	0256	41.8741		APC	$2,119.25			N
69805	T	EXPLORE INNER EAR	0256	41.8741		APC	$2,119.25			N
69806	T	EXPLORE INNER EAR	0256	41.8741		APC	$2,119.25			N
69820	T	ESTABLISH INNER EAR WINDOW	0256	41.8741		APC	$2,119.25			N
69840	T	REVISE INNER EAR WINDOW	0256	41.8741		APC	$2,119.25			N
69905	T	REMOVE INNER EAR	0256	41.8741		APC	$2,119.25			N
69910	T	REMOVE INNER EAR & MASTOID	0256	41.8741		APC	$2,119.25			N
69915	T	INCISE INNER EAR NERVE	0256	41.8741		APC	$2,119.25			N
69930	T	IMPLANT COCHLEAR DEVICE	0259	401.1259		APC	$20,300.98			
69949	T	INNER EAR SURGERY PROCEDURE	0250	1.1110		APC	$56.23			N
69950	C	INCISE INNER EAR NERVE				Inpatient Only	$0.00			N
69955	T	RELEASE FACIAL NERVE	0256	41.8741		APC	$2,119.25			N
69960	T	RELEASE INNER EAR CANAL	0256	41.8741		APC	$2,119.25			N
69970	T	REMOVE INNER EAR LESION	0256	41.8741		APC	$2,119.25			N
69979	T	TEMPORAL BONE SURGERY	0250	1.1110		APC	$56.23			N
69990	N	MICROSURGERY ADD-ON				Bundled	$0.00			N

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70010	N	CONTRAST X-RAY OF BRAIN	0274	7.1945		Bundled, may be payable	$0.00			N
70015	N	CONTRAST X-RAY OF BRAIN	0274	7.1945		Bundled, may be payable	$0.00			N
70030	X	X-RAY EYE FOR FOREIGN BODY	0260	0.6767		APC	$34.25			N
70100	X	X-RAY EXAM OF JAW	0260	0.6767		APC	$34.25			N
7010F	E	PT INFO INTO RECALL SYSTEM				Not Allowed	$0.00			
70110	X	X-RAY EXAM OF JAW	0260	0.6767		APC	$34.25			N
70120	X	X-RAY EXAM OF MASTOIDS	0260	0.6767		APC	$34.25			N
70130	X	X-RAY EXAM OF MASTOIDS	0260	0.6767		APC	$34.25			N
70134	X	X-RAY EXAM OF MIDDLE EAR	0261	1.1269		APC	$57.03			N
70140	X	X-RAY EXAM OF FACIAL BONES	0260	0.6767		APC	$34.25			N
70150	X	X-RAY EXAM OF FACIAL BONES	0260	0.6767		APC	$34.25			N
70160	X	X-RAY EXAM OF NASAL BONES	0260	0.6767		APC	$34.25			N
70170	N	X-RAY EXAM OF TEAR DUCT	0263	3.0202		Bundled, may be payable	$0.00			N
70190	X	X-RAY EXAM OF EYE SOCKETS	0260	0.6767		APC	$34.25			N
70200	X	X-RAY EXAM OF EYE SOCKETS	0260	0.6767		APC	$34.25			N
7020F	E	MAMMO ASSESS CAT IN DBASE				Not Allowed	$0.00			N
70210	X	X-RAY EXAM OF SINUSES	0260	0.6767		APC	$34.25			N
70220	X	X-RAY EXAM OF SINUSES	0260	0.6767		APC	$34.25			N
70240	X	X-RAY EXAM PITUITARY SADDLE	0260	0.6767		APC	$34.25			N
70250	X	X-RAY EXAM OF SKULL	0260	0.6767		APC	$34.25			N
7025F	E	PT INFOSYS ALARM 4 NXT MAMMO				Not Allowed	$0.00			N
70260	X	X-RAY EXAM OF SKULL	0261	1.1269		APC	$57.03			N
70300	X	X-RAY EXAM OF TEETH	0262	0.4855		APC	$24.57			N
70310	X	X-RAY EXAM OF TEETH	0262	0.4855		APC	$24.57			N
70320	X	FULL MOUTH X-RAY OF TEETH	0262	0.4855		APC	$24.57			N
70328	X	X-RAY EXAM OF JAW JOINT	0260	0.6767		APC	$34.25			N
70330	X	X-RAY EXAM OF JAW JOINTS	0260	0.6767		APC	$34.25			N
70332	N	X-RAY EXAM OF JAW JOINT	0275	4.0175		Bundled, may be payable	$0.00			N
70336	N	MAGNETIC IMAGE JAW JOINT	0336	5.2689		Bundled, may be payable	$0.00			N
70350	X	X-RAY HEAD FOR ORTHODONTIA	0260	0.6767		APC	$34.25			N
70355	X	PANORAMIC X-RAY OF JAWS	0260	0.6767		APC	$34.25			N
70360	X	X-RAY EXAM OF NECK	0260	0.6767		APC	$34.25			N
70370	X	THROAT X-RAY & FLUOROSCOPY	0272	1.2597		APC	$63.75			N
70371	X	SPEECH EVALUATION COMPLEX	0272	1.2597		APC	$63.75			N
70373	N	CONTRAST X-RAY OF LARYNX	0263	3.0202		Bundled, may be payable	$0.00			N
70380	X	X-RAY EXAM OF SALIVARY GLAND	0260	0.6767		APC	$34.25			N
70390	N	X-RAY EXAM OF SALIVARY DUCT	0263	3.0202		Bundled, may be payable	$0.00			N
70450	N	CT HEAD/BRAIN W/O DYE	0332	2.9426		Bundled, may be payable	$0.00			N
70460	N	CONTRAST CAT SCAN OF HEAD	0283	4.6595		Bundled, may be payable	$0.00			N
70470	N	CT HEAD/BRAIN W/O & W/DYE	0333	5.1615		Bundled, may be payable	$0.00			N
70480	N	CT ORBIT/EAR/FOSSA W/O DYE	0332	2.9426		Bundled, may be payable	$0.00			N

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70481	N	CONTRAST CAT SCAN OF SKULL	0283	4.6595		Bundled, may be payable	$0.00			N
70482	N	CT ORBIT/EAR/FOSSA W/O&W/DYE	0333	5.1615		Bundled, may be payable	$0.00			N
70486	N	CT MAXILLOFACIAL W/O DYE	0332	2.9426		Bundled, may be payable	$0.00			N
70487	N	CT MAXILLOFACIAL W/DYE	0283	4.6595		Bundled, may be payable	$0.00			N
70488	N	CT MAXILLOFACIAL W/O & W/DYE	0333	5.1615		Bundled, may be payable	$0.00			N
70490	N	CT SOFT TISSUE NECK W/O DYE	0332	2.9426		Bundled, may be payable	$0.00			N
70491	N	CT SOFT TISSUE NECK W/DYE	0283	4.6595		Bundled, may be payable	$0.00			N
70492	N	CT SFT TSUE NCK W/O & W/DYE	0333	5.1615		Bundled, may be payable	$0.00			N
70496	N	CT ANGIOGRAPHY HEAD	0662	5.3264		Bundled, may be payable	$0.00			N
70498	N	CT ANGIOGRAPHY NECK	0662	5.3264		Bundled, may be payable	$0.00			N
70540	N	MRI ORBIT/FACE/NECK W/O DYE	0336	5.2689		Bundled, may be payable	$0.00			N
70542	N	MRI ORBIT FACE AND NECK; WITH CONTRAST MATERIAL(S)	0284	6.4701		Bundled, may be payable	$0.00			N
70543	N	MRI ORBT/FAC/NCK W/O & W/DYE	0337	8.1548		Bundled, may be payable	$0.00			N
70544	N	MAGNETIC RESONANCE ANGIOGRAPHY HEAD; W/O CONTRAST MATERI	0336	5.2689		Bundled, may be payable	$0.00			N
70545	N	MAGNETIC RESONANCE ANGIOGRAPHY HEAD; WITH CONTRAST MATER	0284	6.4701		Bundled, may be payable	$0.00			N
70546	N	MR ANGIOGRAPH HEAD W/O&W/DYE	0337	8.1548		Bundled, may be payable	$0.00			N
70547	N	MAGNETIC RESONANCE ANGIOGRAPHY NECK; W/O CONTRAST MATERIA	0336	5.2689		Bundled, may be payable	$0.00			N
70548	N	MAGNETIC RESONANCE ANGIOGRAPHY NECK;WITH CONTRAST MATERI	0284	6.4701		Bundled, may be payable	$0.00			N
70549	N	MR ANGIOGRAPH NECK W/O&W/DYE	0337	8.1548		Bundled, may be payable	$0.00			N
70551	N	MAGNETIC IMAGE BRAIN (MRI)	0336	5.2689		Bundled, may be payable	$0.00			N
70552	N	MRI BRAIN W/DYE	0284	6.4701		Bundled, may be payable	$0.00			N
70553	N	MRI BRAIN W/O & W/DYE	0337	8.1548		Bundled, may be payable	$0.00			N
70554	N	FMRI BRAIN BY TECH	0336	5.2689		Bundled, may be payable	$0.00			
70555	S	FMRI BRAIN BY PHYS/PSYCH	0336	5.2689		APC	$266.66			
70557	S	MRI BRAIN W/O DYE	0336	5.2689		APC	$266.66			
70558	S	MRI BRAIN W/DYE	0284	6.4701		APC	$327.45			
70559	S	MRI BRAIN W/O & W/DYE	0337	8.1548		APC	$412.71			
71010	X	CHEST X-RAY	0260	0.6767		APC	$34.25			N
71015	X	X-RAY EXAM OF CHEST	0260	0.6767		APC	$34.25			N
71020	X	CHEST X-RAY	0260	0.6767		APC	$34.25			N
71021	X	CHEST X-RAY	0260	0.6767		APC	$34.25			N
71022	X	CHEST X-RAY	0260	0.6767		APC	$34.25			N
71023	X	CHEST X-RAY AND FLUOROSCOPY	0272	1.2597		APC	$63.75			N
71030	X	CHEST X-RAY	0260	0.6767		APC	$34.25			N
71034	X	CHEST X-RAY & FLUOROSCOPY	0272	1.2597		APC	$63.75			N
71035	X	CHEST X-RAY	0260	0.6767		APC	$34.25			N
71040	N	CONTRAST X-RAY OF BRONCHI	0263	3.0202		Bundled, may be payable	$0.00			N
71060	N	CONTRAST X-RAY OF BRONCHI	0263	3.0202		Bundled, may be payable	$0.00			N
71090	N	X-RAY & PACEMAKER INSERTION				Bundled	$0.00			N
71100	X	X-RAY EXAM OF RIBS	0260	0.6767		APC	$34.25			N
71101	X	X-RAY EXAM OF RIBS CHEST	0260	0.6767		APC	$34.25			N

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71110	X	X-RAY EXAM OF RIBS	0260	0.6767		APC	$34.25			N
71111	X	X-RAY EXAM OF RIBS/CHEST	0261	1.1269		APC	$57.03			N
71120	X	X-RAY EXAM OF BREASTBONE	0260	0.6767		APC	$34.25			N
71130	X	X-RAY EXAM OF BREASTBONE	0260	0.6767		APC	$34.25			N
71250	N	CT THORAX W/O DYE	0332	2.9426		Bundled, may be payable	$0.00			N
71260	N	CONTRAST CAT SCAN OF CHEST	0283	4.6595		Bundled, may be payable	$0.00			N
71270	N	CT THORAX W/O & W/DYE	0333	5.1615		Bundled, may be payable	$0.00			N
71275	N	CT ANGIOGRAPHY CHEST W/O CONTRAST FOLLOWED BY CONTRAST	0662	5.3264		Bundled, may be payable	$0.00			N
71550	N	MAGNETIC IMAGE CHEST	0336	5.2689		Bundled, may be payable	$0.00			N
71551	N	MRI CHEST; WITH CONTRAST MATERIAL(S)	0284	6.4701		Bundled, may be payable	$0.00			N
71552	N	MRI CHEST W/O & W/DYE	0337	8.1548		Bundled, may be payable	$0.00			N
71555	M	MAGNETIC IMAGING/CHEST (MRA)				Fee Schedule	$576.21			N
72010	X	X-RAY EXAM OF SPINE	0261	1.1269		APC	$57.03			N
72020	X	X-RAY EXAM OF SPINE	0260	0.6767		APC	$34.25			N
72040	X	X-RAY EXAM OF NECK SPINE	0260	0.6767		APC	$34.25			N
72050	X	X-RAY EXAM OF NECK SPINE	0261	1.1269		APC	$57.03			N
72052	X	X-RAY EXAM OF NECK SPINE	0261	1.1269		APC	$57.03			N
72069	X	X-RAY EXAM OF TRUNK SPINE	0260	0.6767		APC	$34.25			N
72070	X	X-RAY EXAM OF THORAX SPINE	0260	0.6767		APC	$34.25			N
72072	X	X-RAY EXAM OF THORACIC SPINE	0260	0.6767		APC	$34.25			N
72074	X	X-RAY EXAM OF THORACIC SPINE	0260	0.6767		APC	$34.25			N
72080	X	X-RAY EXAM OF TRUNK SPINE	0260	0.6767		APC	$34.25			N
72090	X	X-RAY EXAM OF TRUNK SPINE	0261	1.1269		APC	$57.03			N
72100	X	X-RAY EXAM OF LOWER SPINE	0260	0.6767		APC	$34.25			N
72110	X	X-RAY EXAM OF LOWER SPINE	0261	1.1269		APC	$57.03			N
72114	X	X-RAY EXAM OF LOWER SPINE	0261	1.1269		APC	$57.03			N
72120	X	X-RAY EXAM OF LOWER SPINE	0261	1.1269		APC	$57.03			N
72125	N	CT NECK SPINE W/O DYE	0332	2.9426		Bundled, may be payable	$0.00			N
72126	N	CONTRAST CAT SCAN OF NECK	0283	4.6595		Bundled, may be payable	$0.00			N
72127	N	CT NECK SPINE W/O & W/DYE	0333	5.1615		Bundled, may be payable	$0.00			N
72128	N	CT CHEST SPINE W/O DYE	0332	2.9426		Bundled, may be payable	$0.00			N
72129	N	CONTRAST CAT SCAN OF THORAX	0283	4.6595		Bundled, may be payable	$0.00			N
72130	N	CT CHEST SPINE W/O & W/DYE	0333	5.1615		Bundled, may be payable	$0.00			N
72131	N	CT LUMBAR SPINE W/O DYE	0332	2.9426		Bundled, may be payable	$0.00			N
72132	N	CONTRAST CAT OF LOWER SPINE	0283	4.6595		Bundled, may be payable	$0.00			N
72133	N	CT LUMBAR SPINE W/O & W/DYE	0333	5.1615		Bundled, may be payable	$0.00			N
72141	N	MAGNETIC IMAGE NECK SPINE	0336	5.2689		Bundled, may be payable	$0.00			N
72142	N	MAGNETIC IMAGE NECK SPINE	0284	6.4701		Bundled, may be payable	$0.00			N
72146	N	MAGNETIC IMAGE CHEST SPINE	0336	5.2689		Bundled, may be payable	$0.00			N
72147	N	MAGNETIC IMAGE CHEST SPINE	0284	6.4701		Bundled, may be payable	$0.00			N
72148	N	MAGNETIC IMAGE LUMBAR SPINE	0336	5.2689		Bundled, may be payable	$0.00			N

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72149	N	MAGNETIC IMAGE LUMBAR SPINE	0284	6.4701		Bundled, may be payable	$0.00			N
72156	N	MRI NECK SPINE W/O & W/DYE	0337	8.1548		Bundled, may be payable	$0.00			N
72157	N	MRI CHEST SPINE W/O & W/DYE	0337	8.1548		Bundled, may be payable	$0.00			N
72158	N	MRI LUMBAR SPINE W/O & W/DYE	0337	8.1548		Bundled, may be payable	$0.00			N
72159	E	MR ANGIO SPINE W/O&W/DYE				Not Allowed	$0.00			N
72170	X	X-RAY EXAM OF PELVIS	0260	0.6767		APC	$34.25			N
72190	X	X-RAY EXAM OF PELVIS	0260	0.6767		APC	$34.25			N
72191	N	CT ANGIOGRAPH PELV W/O&W/DYE	0662	5.3264		Bundled, may be payable	$0.00			N
72192	N	CT PELVIS W/O DYE	0332	2.9426		Bundled, may be payable	$0.00			N
72193	N	CONTRAST CAT SCAN OF PELVIS	0283	4.6595		Bundled, may be payable	$0.00			N
72194	N	CT PELVIS W/O & W/DYE	0333	5.1615		Bundled, may be payable	$0.00			N
72195	N	MRI PELVIS W/O DYE	0336	5.2689		Bundled, may be payable	$0.00			N
72196	N	MAGNETIC IMAGE PELVIS	0284	6.4701		Bundled, may be payable	$0.00			N
72197	N	MRI PELVIS W/O & W/DYE	0337	8.1548		Bundled, may be payable	$0.00			N
72198	E	MR ANGIO PELVIS W/O & W/DYE				Not Allowed	$0.00			N
72200	X	X-RAY EXAM SACROILIAC JOINTS	0260	0.6767		APC	$34.25			N
72202	X	X-RAY EXAM SACROILIAC JOINTS	0260	0.6767		APC	$34.25			N
72220	X	X-RAY EXAM OF TAILBONE	0260	0.6767		APC	$34.25			N
72240	N	CONTRAST X-RAY OF NECK SPINE	0274	7.1945		Bundled, may be payable	$0.00			N
72255	N	CONTRAST X-RAY THORAX SPINE	0274	7.1945		Bundled, may be payable	$0.00			N
72265	N	CONTRAST X-RAY LOWER SPINE	0274	7.1945		Bundled, may be payable	$0.00			N
72270	N	CONTRAST X-RAY SPINE	0274	7.1945		Bundled, may be payable	$0.00			N
72275	N	EPIDUROGRAPHY				Bundled	$0.00			N
72285	N	DISKOGRAPHY CERVICAL OR THORACIC RADIOLOGICAL SPRVSN/INTE	0388	22.7705		Bundled, may be payable	$0.00			N
72291	N	PERQ VERTEBROPLASTY, FLUOR				Bundled	$0.00			
72292	N	PERQ VERTEBROPLASTY, CT				Bundled	$0.00			
72295	N	X-RAY OF LOWER SPINE DISK	0388	22.7705		Bundled, may be payable	$0.00			N
73000	X	X-RAY EXAM OF COLLARBONE	0260	0.6767		APC	$34.25			N
73010	X	X-RAY EXAM OF SHOULDER BLADE	0260	0.6767		APC	$34.25			N
73020	X	X-RAY EXAM OF SHOULDER	0260	0.6767		APC	$34.25			N
73030	X	X-RAY EXAM OF SHOULDER	0260	0.6767		APC	$34.25			N
73040	N	CONTRAST X-RAY OF SHOULDER	0275	4.0175		Bundled, may be payable	$0.00			N
73050	X	X-RAY EXAM OF SHOULDERS	0260	0.6767		APC	$34.25			N
73060	X	X-RAY EXAM OF HUMERUS	0260	0.6767		APC	$34.25			N
73070	X	X-RAY EXAM OF ELBOW	0260	0.6767		APC	$34.25			N
73080	X	X-RAY EXAM OF ELBOW	0260	0.6767		APC	$34.25			N
73085	N	CONTRAST X-RAY OF ELBOW	0275	4.0175		Bundled, may be payable	$0.00			N
73090	X	X-RAY EXAM OF FOREARM	0260	0.6767		APC	$34.25			N
73092	X	X-RAY EXAM OF ARM INFANT	0260	0.6767		APC	$34.25			N
73100	X	X-RAY EXAM OF WRIST	0260	0.6767		APC	$34.25			N
73110	X	X-RAY EXAM OF WRIST	0260	0.6767		APC	$34.25			N

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73115	N	CONTRAST X-RAY OF WRIST	0275	4.0175		Bundled, may be payable	$0.00			N
73120	X	X-RAY EXAM OF HAND	0260	0.6767		APC	$34.25			N
73130	X	X-RAY EXAM OF HAND	0260	0.6767		APC	$34.25			N
73140	X	X-RAY EXAM OF FINGER(S)	0260	0.6767		APC	$34.25			N
73200	N	CT UPPER EXTREMITY W/O DYE	0332	2.9426		Bundled, may be payable	$0.00			N
73201	N	CONTRAST CAT SCAN OF ARM	0283	4.6595		Bundled, may be payable	$0.00			N
73202	N	CT UPPR EXTREMITY W/O&W/DYE	0333	5.1615		Bundled, may be payable	$0.00			N
73206	N	CT ANGIO UPR EXTRM W/O&W/DYE	0662	5.3264		Bundled, may be payable	$0.00			N
73218	N	MRI UPPER EXTREMITY OTHER THAN JOINT; W/O CONTRAST MATERIAL	0336	5.2689		Bundled, may be payable	$0.00			N
73219	N	MRI UPPER EXTREMITY OTHER THAN JOINT WITH CONTRAST MATERIA	0284	6.4701		Bundled, may be payable	$0.00			N
73220	N	MRI UPPR EXTREMITY W/O&W/DYE	0337	8.1548		Bundled, may be payable	$0.00			N
73221	N	MAGNETIC IMAGE JOINT OF ARM	0336	5.2689		Bundled, may be payable	$0.00			N
73222	N	MRI JOINT UPR EXTREM W/DYE	0284	6.4701		Bundled, may be payable	$0.00			N
73223	N	MRI JOINT UPR EXTR W/O&W/DYE	0337	8.1548		Bundled, may be payable	$0.00			N
73225	E	MR ANGIO UPR EXTR W/O&W/DYE				Not Allowed	$0.00			N
73500	X	X-RAY EXAM OF HIP	0260	0.6767		APC	$34.25			N
73510	X	X-RAY EXAM OF HIP	0260	0.6767		APC	$34.25			N
73520	X	X-RAY EXAM OF HIPS	0261	1.1269		APC	$57.03			N
73525	N	CONTRAST X-RAY OF HIP	0275	4.0175		Bundled, may be payable	$0.00			N
73530	N	X-RAY EXAM OF HIP				Bundled	$0.00			N
73540	X	X-RAY EXAM OF PELVIS & HIPS	0260	0.6767		APC	$34.25			N
73542	N	X-RAY EXAM SACROILIAC JOINT	0275	4.0175		Bundled, may be payable	$0.00			N
73550	X	X-RAY EXAM OF THIGH	0260	0.6767		APC	$34.25			N
73560	X	RADIOLOGIC EXAMINATION KNEE; ONE OR TWO VIEWS	0260	0.6767		APC	$34.25			N
73562	X	RADIOLOGIC EXAMINATION KNEE; THREE VIEWS	0260	0.6767		APC	$34.25			N
73564	X	RADIOLOGIC EXAMINATION KNEE; COMPLETE FOUR OR MORE VIEWS	0260	0.6767		APC	$34.25			N
73565	X	RADIOLOGIC EXAMINATION KNEE; BOTH KNEES STANDING AP	0260	0.6767		APC	$34.25			N
73580	N	CONTRAST X-RAY OF KNEE JOINT	0275	4.0175		Bundled, may be payable	$0.00			N
73590	X	X-RAY EXAM OF LOWER LEG	0260	0.6767		APC	$34.25			N
73592	X	X-RAY EXAM OF LEG INFANT	0260	0.6767		APC	$34.25			N
73600	X	X-RAY EXAM OF ANKLE	0260	0.6767		APC	$34.25			N
73610	X	X-RAY EXAM OF ANKLE	0260	0.6767		APC	$34.25			N
73615	N	CONTRAST X-RAY OF ANKLE	0275	4.0175		Bundled, may be payable	$0.00			N
73620	X	X-RAY EXAM OF FOOT	0260	0.6767		APC	$34.25			N
73630	X	X-RAY EXAM OF FOOT	0260	0.6767		APC	$34.25			N
73650	X	X-RAY EXAM OF HEEL	0260	0.6767		APC	$34.25			N
73660	X	X-RAY EXAM OF TOE(S)	0260	0.6767		APC	$34.25			N
73700	N	CT LOWER EXTREMITY W/O DYE	0332	2.9426		Bundled, may be payable	$0.00			N
73701	N	CONTRAST CAT SCAN OF LEG	0283	4.6595		Bundled, may be payable	$0.00			N
73702	N	CT LWR EXTREMITY W/O&W/DYE	0333	5.1615		Bundled, may be payable	$0.00			N
73706	N	CT ANGIO LWR EXTR W/O&W/DYE	0662	5.3264		Bundled, may be payable	$0.00			N

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73718	N	MRI LOWER EXTREMITY OTHER THAN JOINT; W/O CONTRAST MATERIA	0336	5.2689		Bundled, may be payable	$0.00			N
73719	N	MRI LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIA	0284	6.4701		Bundled, may be payable	$0.00			N
73720	N	MRI LWR EXTREMITY W/O&W/DYE	0337	8.1548		Bundled, may be payable	$0.00			N
73721	N	MRI JNT OF LWR EXTRE W/O DYE	0336	5.2689		Bundled, may be payable	$0.00			N
73722	N	MRI ANY LOWER EXTREMITY JOINT; WITH CONTRAST MATERIAL(S)	0284	6.4701		Bundled, may be payable	$0.00			N
73723	N	MRI JOINT LWR EXTR W/O&W/DYE	0337	8.1548		Bundled, may be payable	$0.00			N
73725	M	MAGNETIC IMAGING/LOWER (MRA)				Fee Schedule	$573.57			N
74000	X	X-RAY EXAM OF ABDOMEN	0260	0.6767		APC	$34.25			N
74010	X	X-RAY EXAM OF ABDOMEN	0260	0.6767		APC	$34.25			N
74020	X	X-RAY EXAM OF ABDOMEN	0260	0.6767		APC	$34.25			N
74022	X	X-RAY EXAM SERIES ABDOMEN	0261	1.1269		APC	$57.03			N
74150	N	CT ABDOMEN W/O DYE	0332	2.9426		Bundled, may be payable	$0.00			N
74160	N	CONTRAST CAT SCAN OF ABDOMEN	0283	4.6595		Bundled, may be payable	$0.00			N
74170	N	CT ABDOMEN W/O & W/DYE	0333	5.1615		Bundled, may be payable	$0.00			N
74175	N	CT ANGIO ABDOM W/O & W/DYE	0662	5.3264		Bundled, may be payable	$0.00			N
74181	N	MAGNETIC IMAGE ABDOMEN (MRI)	0336	5.2689		Bundled, may be payable	$0.00			N
74182	N	MRI ABDOMEN; WITH CONTRAST MATERIAL(S)	0284	6.4701		Bundled, may be payable	$0.00			N
74183	N	MRI ABDOMEN W/O & W/DYE	0337	8.1548		Bundled, may be payable	$0.00			N
74185	M	MRI ANGIO ABDOM W ORW/O DYE				Fee Schedule	$571.40			N
74190	N	X-RAY EXAM OF PERITONEUM	0263	3.0202		Bundled, may be payable	$0.00			N
74210	S	CONTRAST XRAY EXAM OF THROAT	0276	1.3298		APC	$67.30			N
74220	S	CONTRAST XRAY EXAM ESOPHAGUS	0276	1.3298		APC	$67.30			N
74230	S	CINE/VID X-RAY THROAT/ESOPH	0276	1.3298		APC	$67.30			N
74235	N	REMOVE ESOPHAGUS OBSTRUCTION				Bundled	$0.00			N
74240	S	X-RAY EXAM UPPER GI TRACT	0276	1.3298		APC	$67.30			N
74241	S	X-RAY EXAM UPPER GI TRACT	0276	1.3298		APC	$67.30			N
74245	S	X-RAY EXAM, UPPER GI TRACT	0277	2.1621		APC	$109.42			N
74246	S	CONTRAST XRAY UPPER GI TRACT	0276	1.3298		APC	$67.30			N
74247	S	CONTRAST XRAY UPPER GI TRACT	0276	1.3298		APC	$67.30			N
74249	S	CONTRST X-RAY UPPR GI TRACT	0277	2.1621		APC	$109.42			N
74250	S	X-RAY EXAM OF SMALL BOWEL	0276	1.3298		APC	$67.30			N
74251	S	X-RAY EXAM OF SMALL BOWEL	0277	2.1621		APC	$109.42			N
74260	S	X-RAY EXAM OF SMALL BOWEL	0276	1.3298		APC	$67.30			N
74270	S	CONTRAST X-RAY EXAM OF COLON	0276	1.3298		APC	$67.30			N
74280	S	CONTRAST X-RAY EXAM OF COLON	0277	2.1621		APC	$109.42			N
74283	S	CONTRAST X-RAY EXAM OF COLON	0276	1.3298		APC	$67.30			N
74290	S	CONTRAST X-RAY GALLBLADDER	0276	1.3298		APC	$67.30			N
74291	S	CONTRAST X-RAYS GALLBLADDER	0276	1.3298		APC	$67.30			N
74300	N	X-RAY BILE DUCTS/PANCREAS				Bundled	$0.00			N
74301	N	X-RAYS AT SURGERY ADD-ON				Bundled	$0.00			N
74305	N	X-RAY BILE DUCTS/PANCREAS	0263	3.0202		Bundled, may be payable	$0.00			N

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74320	N	CONTRAST X-RAY OF BILE DUCTS	0317	5.1044		Bundled, may be payable	$0.00			N
74327	N	X-RAY BILE STONE REMOVAL				Bundled	$0.00			N
74328	N	X-RAY BILE DUCT ENDOSCOPY				Bundled	$0.00			N
74329	N	X-RAY FOR PANCREAS ENDOSCOPY				Bundled	$0.00			N
74330	N	X-RAY BILE/PANC ENDOSCOPY				Bundled	$0.00			N
74340	N	X-RAY GUIDE FOR GI TUBE				Bundled	$0.00			N
74355	N	X-RAY GUIDE INTESTINAL TUBE				Bundled	$0.00			N
74360	N	X-RAY GUIDE GI DILATION				Bundled	$0.00			N
74363	N	X-RAY BILE DUCT DILATION				Bundled	$0.00			N
74400	S	CONTRAST X-RAY URINARY TRACT	0278	2.6340		APC	$133.31			N
74410	S	CONTRAST X-RAY URINARY TRACT	0278	2.6340		APC	$133.31			N
74415	S	CONTRAST X-RAY URINARY TRACT	0278	2.6340		APC	$133.31			N
74420	S	CONTRAST X-RAY URINARY TRACT	0278	2.6340		APC	$133.31			N
74425	N	CONTRAST X-RAY URINARY TRACT	0278	2.6340		Bundled, may be payable	$0.00			N
74430	N	CONTRAST X-RAY OF BLADDER	0278	2.6340		Bundled, may be payable	$0.00			N
74440	N	XRAY EXAM MALE GENITAL TRACT	0278	2.6340		Bundled, may be payable	$0.00			N
74445	N	X-RAY EXAM OF PENIS	0278	2.6340		Bundled, may be payable	$0.00			N
74450	N	X-RAY EXAM URETHRA/BLADDER	0278	2.6340		Bundled, may be payable	$0.00			N
74455	N	X-RAY EXAM URETHRA/BLADDER	0278	2.6340		Bundled, may be payable	$0.00			N
74470	N	X-RAY EXAM OF KIDNEY LESION	0263	3.0202		Bundled, may be payable	$0.00			N
74475	N	X-RAY CONTROL CATH INSERT	0317	5.1044		Bundled, may be payable	$0.00			N
74480	N	X-RAY CONTROL CATH INSERT	0317	5.1044		Bundled, may be payable	$0.00			N
74485	N	X-RAY GUIDE GU DILATION	0317	5.1044		Bundled, may be payable	$0.00			N
74710	X	X-RAY MEASUREMENT OF PELVIS	0261	1.1269		APC	$57.03			N
74740	N	X-RAY FEMALE GENITAL TRACT	0263	3.0202		Bundled, may be payable	$0.00			N
74742	N	X-RAY FALLOPIAN TUBE				Bundled	$0.00			N
74775	S	X-RAY EXAM OF PERINEUM	0278	2.6340		APC	$133.31			N
75557	N	CARDIAC MRI FOR MORPH	0336	5.2689		Bundled, may be payable	$0.00			
75558	E	CARDIAC MRI FLOW/VELOCITY				Not Allowed	$0.00			
75559	N	CARDIAC MRI W/STRESS IMG	0336	5.2689		Bundled, may be payable	$0.00			
75560	E	CARDIAC MRI FLOW/VEL/STRESS				Not Allowed	$0.00			
75561	N	CARDIAC MRI FOR MORPH W/DYE	0337	8.1548		Bundled, may be payable	$0.00			
75562	E	CARD MRI FLOW/VEL W/DYE				Not Allowed	$0.00			
75563	N	CARD MRI W/STRESS IMG & DYE	0337	8.1548		Bundled, may be payable	$0.00			
75564	E	HT MRI W/FLO/VEL/STRS & DYE				Not Allowed	$0.00			
75600	N	CONTRAST X-RAY EXAM OF AORTA	0279	29.5853		Bundled, may be payable	$0.00			N
75605	N	CONTRAST X-RAY EXAM OF AORTA	0279	29.5853		Bundled, may be payable	$0.00			N
75625	N	CONTRAST X-RAY EXAM OF AORTA	0279	29.5853		Bundled, may be payable	$0.00			N
75630	N	X-RAY AORTA LEG ARTERIES	0279	29.5853		Bundled, may be payable	$0.00			N
75635	N	CT ANGIO ABDOMINAL ARTERIES	0662	5.3264		Bundled, may be payable	$0.00			N
75650	N	ARTERY X-RAYS HEAD & NECK	0280	44.7368		Bundled, may be payable	$0.00			N

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75658	N	X-RAY EXAM OF ARM ARTERIES	0279	29.5853		Bundled, may be payable	$0.00			N
75660	N	ARTERY X-RAYS HEAD & NECK	0280	44.7368		Bundled, may be payable	$0.00			N
75662	N	ARTERY X-RAYS HEAD & NECK	0280	44.7368		Bundled, may be payable	$0.00			N
75665	N	ARTERY X-RAYS HEAD & NECK	0279	29.5853		Bundled, may be payable	$0.00			N
75671	N	ARTERY X-RAYS HEAD & NECK	0280	44.7368		Bundled, may be payable	$0.00			N
75676	N	ARTERY X-RAYS NECK	0279	29.5853		Bundled, may be payable	$0.00			N
75680	N	ARTERY X-RAYS NECK	0279	29.5853		Bundled, may be payable	$0.00			N
75685	N	ARTERY X-RAYS SPINE	0279	29.5853		Bundled, may be payable	$0.00			N
75705	N	ARTERY X-RAYS SPINE	0279	29.5853		Bundled, may be payable	$0.00			N
75710	N	ARTERY X-RAYS ARM/LEG	0279	29.5853		Bundled, may be payable	$0.00			N
75716	N	ARTERY X-RAYS ARMS/LEGS	0279	29.5853		Bundled, may be payable	$0.00			N
75722	N	ARTERY X-RAYS KIDNEY	0279	29.5853		Bundled, may be payable	$0.00			N
75724	N	ARTERY X-RAYS KIDNEYS	0279	29.5853		Bundled, may be payable	$0.00			N
75726	N	ARTERY X-RAYS ABDOMEN	0279	29.5853		Bundled, may be payable	$0.00			N
75731	N	ARTERY X-RAYS ADRENAL GLAND	0279	29.5853		Bundled, may be payable	$0.00			N
75733	N	ARTERY X-RAYS ADRENAL GLANDS	0279	29.5853		Bundled, may be payable	$0.00			N
75736	N	ARTERY X-RAYS PELVIS	0279	29.5853		Bundled, may be payable	$0.00			N
75741	N	ARTERY X-RAYS LUNG	0279	29.5853		Bundled, may be payable	$0.00			N
75743	N	ARTERY X-RAYS LUNGS	0279	29.5853		Bundled, may be payable	$0.00			N
75746	N	ARTERY X-RAYS LUNG	0668	10.3351		Bundled, may be payable	$0.00			N
75756	N	ARTERY X-RAYS CHEST	0668	10.3351		Bundled, may be payable	$0.00			N
75774	N	ANGIOGRAPHY SELECTIVE EA ADD'L VESSEL STUDIED AFTER BASIC				Bundled	$0.00			N
75790	N	VISUALIZE A-V SHUNT	0668	10.3351		Bundled, may be payable	$0.00			N
75801	N	LYMPH VESSEL X-RAY ARM/LEG	0317	5.1044		Bundled, may be payable	$0.00			N
75803	N	LYMPH VESSEL X-RAY ARMS/LEGS	0317	5.1044		Bundled, may be payable	$0.00			N
75805	N	LYMPH VESSEL X-RAY TRUNK	0317	5.1044		Bundled, may be payable	$0.00			N
75807	N	LYMPH VESSEL X-RAY TRUNK	0317	5.1044		Bundled, may be payable	$0.00			N
75809	N	NONVASCULAR SHUNT X-RAY	0261	1.1269		Bundled, may be payable	$0.00			N
75810	N	VEIN X-RAY SPLEEN/LIVER	0279	29.5853		Bundled, may be payable	$0.00			N
75820	N	VEIN X-RAY ARM/LEG	0668	10.3351		Bundled, may be payable	$0.00			N
75822	N	VEIN X-RAY ARMS/LEGS	0668	10.3351		Bundled, may be payable	$0.00			N
75825	N	VEIN X-RAY TRUNK	0279	29.5853		Bundled, may be payable	$0.00			N
75827	N	VEIN X-RAY CHEST	0668	10.3351		Bundled, may be payable	$0.00			N
75831	N	VEIN X-RAY KIDNEY	0279	29.5853		Bundled, may be payable	$0.00			N
75833	N	VEIN X-RAY KIDNEYS	0279	29.5853		Bundled, may be payable	$0.00			N
75840	N	VEIN X-RAY ADRENAL GLAND	0279	29.5853		Bundled, may be payable	$0.00			N
75842	N	VEIN X-RAY ADRENAL GLANDS	0279	29.5853		Bundled, may be payable	$0.00			N
75860	N	VEIN X-RAY NECK	0668	10.3351		Bundled, may be payable	$0.00			N
75870	N	VEIN X-RAY SKULL	0668	10.3351		Bundled, may be payable	$0.00			N
75872	N	VEIN X-RAY SKULL	0668	10.3351		Bundled, may be payable	$0.00			N

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75880	N	VEIN X-RAY EYE SOCKET	0668	10.3351		Bundled, may be payable	$0.00			N
75885	N	.EIN X-RAY LIVER	0279	29.5853		Bundled, may be payable	$0.00			N
75887	N	VEIN X-RAY LIVER	0668	10.3351		Bundled, may be payable	$0.00			N
75889	N	VEIN X-RAY LIVER	0279	29.5853		Bundled, may be payable	$0.00			N
75891	N	VEIN X-RAY LIVER	0279	29.5853		Bundled, may be payable	$0.00			N
75893	N	VENOUS SAMPLING BY CATHETER	0279	29.5853		Bundled, may be payable	$0.00			N
75894	N	X-RAYS TRANSCATH THERAPY				Bundled	$0.00			N
75896	N	X-RAYS TRANSCATH THERAPY				Bundled	$0.00			N
75898	N	FOLLOW-UP ANGIOGRAPHY	0263	3.0202		Bundled, may be payable	$0.00			N
75900	C	INTRAVASCULAR CATH EXCHANGE				Not Allowed	$0.00			N
75901	N	REMOVE CVA DEVICE OBSTRUCT				Bundled	$0.00			
75902	N	REMOVE CVA LUMEN OBSTRUCT				Bundled	$0.00			
75940	N	X-RAY PLACEMENT VEIN FILTER				Bundled	$0.00			N
75945	N	INTRAVASCULAR ULTRASOUND RADIOLOGICAL S&I; INITIAL VESSEL	0267	2.3186		Bundled, may be payable	$0.00			N
75946	N	INTRAVASCULAR ULTRASOUND RADIOLOGICAL S&I; EA ADD'L VESSEL				Bundled	$0.00			N
75952	C	ENDOVASC REPAIR ABDOM AORTA				Not Allowed	$0.00			N
75953	C	ABDOM ANEURYSM ENDOVAS RPR				Inpatient Only	$0.00			N
75954	C	ILIAC ANEURYSM ENDOVAS RPR				Inpatient Only	$0.00			
75956	C	XRAY, ENDOVASC THOR AO REPR				Not Allowed	$0.00			N
75957	C	XRAY ENDOVASC THOR AO REPR				Not Allowed	$0.00			
75958	C	XRAY PLACE PROX EXT THOR AO				Not Allowed	$0.00			
75959	C	XRAY PLACE DIST EXT THOR AO				Not Allowed	$0.00			
75960	N	TRANSCATH IV STENT RS&I				Bundled	$0.00			N
75961	N	RETRIEVAL BROKEN CATHETER				Bundled	$0.00			N
75962	N	REPAIR ARTERIAL BLOCKAGE	0083	48.3584		Bundled, may be payable	$0.00			N
75964	N	REPAIR ARTERY BLOCKAGE EACH				Bundled	$0.00			N
75966	N	REPAIR ARTERIAL BLOCKAGE	0083	48.3584		Bundled, may be payable	$0.00			N
75968	N	REPAIR ARTERY BLOCKAGE EACH				Bundled	$0.00			N
75970	N	VASCULAR BIOPSY				Bundled	$0.00			N
75978	N	REPAIR VENOUS BLOCKAGE	0083	48.3584		Bundled, may be payable	$0.00			N
75980	N	CONTRAST XRAY EXAM BILE DUCT				Bundled	$0.00			N
75982	N	CONTRAST XRAY EXAM BILE DUCT				Bundled	$0.00			N
75984	N	XRAY CONTROL CATHETER CHANGE				Bundled	$0.00			N
75989	N	ABSCESS DRAINAGE UNDER X-RAY				Bundled	$0.00			N
75992	N	ATHERECTOMY X-RAY EXAM				Bundled	$0.00			N
75993	N	ATHERECTOMY X-RAY EXAM				Bundled	$0.00			N
75994	N	ATHERECTOMY X-RAY EXAM				Bundled	$0.00			N
75995	N	ATHERECTOMY X-RAY EXAM				Bundled	$0.00			N
75996	N	ATHERECTOMY X-RAY EXAM				Bundled	$0.00			N
76000	N	FLUOROSCOPE EXAMINATION	0272	1.2597		Bundled, may be payable	$0.00			N

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76001	N	FLUOROSCOPE EXAM EXTENSIVE				Bundled	$0.00			N
76010	X	X-RAY NOSE TO RECTUM	0260	0.6767		APC	$34.25			N
76080	N	RADIOLOGIC EXAM ABSCESS FISTULA OR SINUS TRACT STUDY	0263	3.0202		Bundled, may be payable	$0.00			N
76098	X	X-RAY EXAM BREAST SPECIMEN	0317	5.1044		APC	$258.33			N
76100	X	X-RAY EXAM OF BODY SECTION	0261	1.1269		APC	$57.03			N
76101	X	COMPLEX BODY SECTION X-RAY	0263	3.0202		APC	$152.85			N
76102	X	COMPLEX BODY SECTION X-RAYS	0263	3.0202		APC	$152.85			N
76120	X	CINE/VIDEO X-RAYS	0272	1.2597		APC	$63.75			N
76125	N	CINE/VIDEO X-RAYS ADD-ON				Bundled	$0.00			N
76140	E	X-RAY CONSULTATION				Not Allowed	$0.00			N
76150	X	X-RAY EXAM DRY PROCESS	0260	0.6767		APC	$34.25			N
76350	N	SPECIAL X-RAY CONTRAST STUDY				Bundled	$0.00			N
76376	N	3D RENDER W/O POSTPROCESS				Bundled	$0.00			
76377	N	3D RENDERING W/POSTPROCESS				Bundled	$0.00			
76380	S	CAT SCAN FOLLOW-UP STUDY	0282	1.5897		APC	$80.45			N
76390	E	MR SPECTROSCOPY				Not Allowed	$0.00			N
76496	X	FLUOROSCOPIC PROCEDURE	0272	1.2597		APC	$63.75			
76497	S	CT PROCEDURE	0282	1.5897		APC	$80.45			
76498	S	MRI PROCEDURE	0336	5.2689		APC	$266.66			
76499	X	RADIOGRAPHIC PROCEDURE	0260	0.6767		APC	$34.25			N
76506	S	ECHO EXAM OF HEAD	0265	0.9461		APC	$47.88			N
76510	T	OPHTH US B & QUANT A	0232	4.6708		APC	$236.39			
76511	S	OPHTH US QUANT A ONLY	0266	1.4801		APC	$74.91			N
76512	S	OPHTH US B W/NON-QUANT A	0266	1.4801		APC	$74.91			N
76513	S	OPHTHALMIC U/S ECHOGRAPHY DX; ANTERIOR IMMERSION OR BIOMI	0266	1.4801		APC	$74.91			N
76514	X	ECHO EXAM OF EYE THICKNESS	0035	0.2186		APC	$11.06			
76516	S	ECHO EXAM OF EYE	0265	0.9461		APC	$47.88			N
76519	S	ECHO EXAM OF EYE	0266	1.4801		APC	$74.91			N
76529	S	ECHO EXAM OF EYE	0265	0.9461		APC	$47.88			N
76536	S	US EXAM OF HEAD AND NECK	0266	1.4801		APC	$74.91			N
76604	N	ECHO EXAM OF CHEST	0265	0.9461		Bundled, may be payable	$0.00			N
76645	S	US EXAM, BREAST(S)	0265	0.9461		APC	$47.88			N
76700	N	ECHO EXAM OF ABDOMEN	0266	1.4801		Bundled, may be payable	$0.00			N
76705	N	ECHO EXAM OF ABDOMEN	0266	1.4801		Bundled, may be payable	$0.00			N
76770	N	ECHO EXAM ABDOMEN BACK WALL	0266	1.4801		Bundled, may be payable	$0.00			N
76775	N	US EXAM ABDO BACK WALL LIM	0266	1.4801		Bundled, may be payable	$0.00			N
76776	N	US EXAM K TRANSPL W/DOPPLER	0266	1.4801		Bundled, may be payable	$0.00			
76800	S	US EXAM, SPINAL CANAL	0266	1.4801		APC	$74.91			N
76801	S	OB US < 14 WKS SINGLE FETUS	0266	1.4801		APC	$74.91			
76802	S	OB US < 14 WKS ADD□L FETUS	0265	0.9461		APC	$47.88			
76805	S	OB US >/= 14 WKS SNGL FETUS	0266	1.4801		APC	$74.91			N

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76810	S	OB US >/= 14 WKS ADDL FETUS	0266	1.4801		APC	$74.91			N
76811	S	OB US DETAILED SNGL FETUS	0267	2.3186		APC	$117.34			
76812	S	OB US DETAILED ADDL FETUS	0265	0.9461		APC	$47.88			
76813	S	OB US NUCHAL MEAS, 1 GEST	0265	0.9461		APC	$47.88			
76814	S	OB US NUCHAL MEAS, ADD-ON	0265	0.9461		APC	$47.88			
76815	S	OB US LIMITED FETUS(S)	0265	0.9461		APC	$47.88			N
76816	S	OB US FOLLOW-UP PER FETUS	0265	0.9461		APC	$47.88			N
76817	S	TRANSVAGINAL US OBSTETRIC	0265	0.9461		APC	$47.88			
76818	S	FETAL BIOPHYS PROFILE W/NST	0266	1.4801		APC	$74.91			N
76819	S	FETAL BIOPHYS PROFIL W/O NST	0266	1.4801		APC	$74.91			N
76820	S	UMBILICAL ARTERY ECHO	0096	1.4327		APC	$72.51			
76821	S	MIDDLE CEREBRAL ARTERY ECHO	0096	1.4327		APC	$72.51			
76825	S	ECHO EXAM OF FETAL HEART	0269	6.5300		APC	$330.48			N
76826	S	ECHO EXAM OF FETAL HEART	0697	3.8610		APC	$195.41			N
76827	S	ECHO EXAM OF FETAL HEART	0265	0.9461		APC	$47.88			N
76828	S	ECHO EXAM OF FETAL HEART	0265	0.9461		APC	$47.88			N
76830	S	TRANSVAGINAL US NON-OB	0266	1.4801		APC	$74.91			N
76831	N	ECHO EXAM UTERUS	0267	2.3186		Bundled, may be payable i	$0.00			N
76856	N	US EXAM, PELVIC, COMPLETE	0266	1.4801		Bundled, may be payable i	$0.00			N
76857	N	ECHO EXAM OF PELVIS	0265	0.9461		Bundled, may be payable i	$0.00			N
76870	N	US EXAM, SCROTUM	0266	1.4801		Bundled, may be payable i	$0.00			N
76872	S	US TRANSRECTAL	0266	1.4801		APC	$74.91			N
76873	S	ECHOGRAP TRANS R PROS STUDY	0266	1.4801		APC	$74.91			N
76880	S	US EXAM, EXTREMITY	0266	1.4801		APC	$74.91			N
76885	S	US EXAM INFANT HIPS DYNAMIC	0265	0.9461		APC	$47.88			N
76886	S	US EXAM INFANT HIPS STATIC	0265	0.9461		APC	$47.88			N
76930	N	ECHO GUIDE CARDIOCENTESIS				Bundled	$0.00			N
76932	N	ECHO GUIDE FOR HEART BIOPSY				Bundled	$0.00			N
76936	S	ECHO GUIDE FOR ARTERY REPAIR	0096	1.4327		APC	$72.51			N
76937	N	US GUIDE VASCULAR ACCESS				Bundled	$0.00			
76940	N	US GUIDE TISSUE ABLATION				Bundled	$0.00			
76941	N	ECHO GUIDE FOR TRANSFUSION				Bundled	$0.00			N
76942	N	ECHO GUIDE FOR BIOPSY				Bundled	$0.00			N
76945	N	ECHO GUIDE VILLUS SAMPLING				Bundled	$0.00			N
76946	N	ECHO GUIDE FOR AMNIOCENTESIS				Bundled	$0.00			N
76948	N	ECHO GUIDE OVA ASPIRATION				Bundled	$0.00			N
76950	N	ECHO GUIDANCE RADIOTHERAPY				Bundled	$0.00			N
76965	N	ECHO GUIDANCE RADIOTHERAPY				Bundled	$0.00			N
76970	S	ULTRASOUND EXAM FOLLOW-UP	0265	0.9461		APC	$47.88			N
76975	N	GI ENDOSCOPIC ULTRASOUND	0267	2.3186		Bundled, may be payable i	$0.00			N
76977	X	U/S BONE DENSITY MEASUREMENT AND INTERP PERIPH SITE ANY MTHI	0340	0.6462		APC	$32.70			N

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76998	N	US GUIDE, INTRAOP				Bundled	$0.00			
76999	S	ECHO EXAMINATION PROCEDURE	0265	0.9461		APC	$47.88			N
77001	N	FLUOROGUIDE FOR VEIN DEVICE				Bundled	$0.00			
77002	N	NEEDLE LOCALIZATION BY XRAY				Bundled	$0.00			
77003	N	FLUOROGUIDE FOR SPINE INJECT				Bundled	$0.00			
77011	N	CT SCAN FOR LOCALIZATION				Bundled	$0.00			
77012	N	CT SCAN FOR NEEDLE BIOPSY				Bundled	$0.00			
77013	N	CT GUIDE FOR TISSUE ABLATION				Bundled	$0.00			
77014	N	CT SCAN FOR THERAPY GUIDE				Bundled	$0.00			
77021	N	MR GUIDANCE FOR NEEDLE PLACE				Bundled	$0.00			
77022	N	MRI FOR TISSUE ABLATION				Bundled	$0.00			
77031	N	STEREOTACT GUIDE FOR BRST BX				Bundled	$0.00			
77032	N	GUIDANCE FOR NEEDLE, BREAST				Bundled	$0.00			
77051	M	COMPUTER DX MAMMOGRAM ADD-ON				Fee Schedule	$11.79			
77052	M	COMP SCREEN MAMMOGRAM ADD-ON				Fee Schedule	$11.79			
77053	N	X-RAY OF MAMMARY DUCT	0263	3.0202		Bundled, may be payable	$0.00			
77054	N	X-RAY OF MAMMARY DUCTS	0263	3.0202		Bundled, may be payable	$0.00			
77055	M	MAMMOGRAM, ONE BREAST				Fee Schedule	$83.47			
77056	M	MAMMOGRAM, BOTH BREASTS				Fee Schedule	$105.76			
77057	M	MAMMOGRAM, SCREENING				Fee Schedule	$80.34			
77058	M	MRI, ONE BREAST				Fee Schedule	$0.00			
77059	M	MRI, BOTH BREASTS				Fee Schedule	$0.00			
77071	X	X-RAY STRESS VIEW	0260	0.6767		APC	$34.25			
77072	X	X-RAYS FOR BONE AGE	0260	0.6767		APC	$34.25			
77073	X	X-RAYS, BONE LENGTH STUDIES	0260	0.6767		APC	$34.25			
77074	X	X-RAYS, BONE SURVEY, LIMITED	0261	1.1269		APC	$57.03			
77075	X	X-RAYS, BONE SURVEY COMPLETE	0261	1.1269		APC	$57.03			
77076	X	X-RAYS, BONE SURVEY, INFANT	0261	1.1269		APC	$57.03			
77077	X	JOINT SURVEY, SINGLE VIEW	0260	0.6767		APC	$34.25			
77078	S	CT BONE DENSITY, AXIAL	0288	1.0887		APC	$55.10			
77079	S	CT BONE DENSITY, PERIPHERAL	0282	1.5897		APC	$80.45			
77080	S	DXA BONE DENSITY, AXIAL	0288	1.0887		APC	$55.10			
77081	S	DXA BONE DENSITY/PERIPHERAL	0665	0.4798		APC	$24.28			
77082	X	DXA BONE DENSITY, VERT FX	0260	0.6767		APC	$34.25			
77083	X	RADIOGRAPHIC ABSORPTIOMETRY	0261	1.1269		APC	$57.03			
77084	S	MAGNETIC IMAGE, BONE MARROW	0336	5.2689		APC	$266.66			
77261	E	RADIATION THERAPY PLANNING				Not Allowed	$0.00			N
77262	E	RADIATION THERAPY PLANNING				Not Allowed	$0.00			N
77263	E	RADIATION THERAPY PLANNING				Not Allowed	$0.00			N
77280	X	SET RADIATION THERAPY FIELD; SIMPLE	0304	1.7364		APC	$87.88			N
77285	X	SET RADIATION THERAPY FIELD; INTERMEDIATE	0305	3.8706		APC	$195.89			N

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77290	X	SET RADIATION THERAPY FIELD; COMPLEX	0305	3.8706		APC	$195.89			N
77295	X	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; 3-DIM	0310	13.5167		APC	$684.08			N
77299	X	RADIATION THERAPY PLANNING UNLISTED PROCEDURE	0304	1.7364		APC	$87.88			N
77300	X	RADIATION THERAPY DOSE PLAN	0304	1.7364		APC	$87.88			N
77301	X	RADIOTHERAPY DOSE PLAN IMRT	0310	13.5167		APC	$684.08			N
77305	X	TELETX ISODOSE PLAN SIMPLE	0304	1.7364		APC	$87.88			N
77310	X	TELETX ISODOSE PLAN INTERMED	0304	1.7364		APC	$87.88			N
77315	X	TELETX ISODOSE PLAN COMPLEX	0305	3.8706		APC	$195.89			N
77321	X	SPECIAL TELETX PORT PLAN	0305	3.8706		APC	$195.89			N
77326	X	BRACHYTX ISODOSE CALC SIMP	0304	1.7364		APC	$87.88			N
77327	X	BRACHYTX ISODOSE CALC INTERM	0305	3.8706		APC	$195.89			N
77328	X	BRACHYTX ISODOSE PLAN COMPL	0305	3.8706		APC	$195.89			N
77331	X	SPECIAL RADIATION DOSIMETRY	0304	1.7364		APC	$87.88			N
77332	X	RADIATION TREATMENT AID(S)	0303	2.8484		APC	$144.16			N
77333	X	RADIATION TREATMENT AID(S)	0303	2.8484		APC	$144.16			N
77334	X	RADIATION TREATMENT AID(S)	0303	2.8484		APC	$144.16			N
77336	X	CONTINUING MEDICAL RADIATION PHYSICS CONSULT PER WEEK OF TX	0304	1.7364		APC	$87.88			N
77370	X	RADIATION PHYSICS CONSULT	0304	1.7364		APC	$87.88			N
77371	S	SRS, MULTISOURCE	0127	115.6797		APC	$5,854.55			
77372	M	SRS, LINEAR BASED				Fee Schedule	$0.00			
77373	M	SBRT DELIVERY				Fee Schedule	$0.00			
77399	X	UNLISTED PROC RADIATION PHYSICS DOSIM/TX DEVICE& SPEC SVCS	0304	1.7364		APC	$87.88			N
77401	S	RADIATION TREATMENT DELIVERY	0300	1.4211		APC	$71.92			N
77402	S	RADIATION TREATMENT DELIVERY	0300	1.4211		APC	$71.92			N
77403	S	RADIATION TREATMENT DELIVERY	0300	1.4211		APC	$71.92			N
77404	S	RADIATION TREATMENT DELIVERY	0300	1.4211		APC	$71.92			N
77406	S	RADIATION TREATMENT DELIVERY	0301	2.3018		APC	$116.49			N
77407	S	RADIATION TREATMENT DELIVERY	0300	1.4211		APC	$71.92			N
77408	S	RADIATION TREATMENT DELIVERY	0300	1.4211		APC	$71.92			N
77409	S	RADIATION TREATMENT DELIVERY	0300	1.4211		APC	$71.92			N
77411	S	RADIATION TREATMENT DELIVERY	0301	2.3018		APC	$116.49			N
77412	S	RADIATION TREATMENT DELIVERY	0301	2.3018		APC	$116.49			N
77413	S	RADIATION TREATMENT DELIVERY	0301	2.3018		APC	$116.49			N
77414	S	RADIATION TREATMENT DELIVERY	0301	2.3018		APC	$116.49			N
77416	S	RADIATION TREATMENT DELIVERY	0301	2.3018		APC	$116.49			N
77417	N	RADIOLOGY PORT FILM(S)				Bundled	$0.00			N
77418	S	RADIATION TX DELIVERY IMRT	0412	6.2192		APC	$314.75			
77421	N	STEREOSCOPIC X-RAY GUIDANCE				Bundled	$0.00			
77422	S	NEUTRON BEAM TX SIMPLE	0301	2.3018		APC	$116.49			
77423	S	NEUTRON BEAM TX COMPLEX	0301	2.3018		APC	$116.49			
77427	M	RADIATION TREATMENT MANAGEMENT FIVE TREATMENTS				Fee Schedule	$198.77			N

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77431	M	RADIATION THERAPY MANAGEMENT				Fee Schedule	$101.15			N
77432	M	STEREOTACTIC RADIATION TRMT				Fee Schedule	$422.99			N
77435	N	SBRT MANAGEMENT				Bundled	$0.00			
77470	S	SPECIAL RADIATION TREATMENT	0299	5.6497		APC	$285.93			N
77499	M	RADIATION THERAPY MANAGEMENT				By Report	$0.00			N
77520	S	PROTON BEAM DELIVERY TO SNGL TX AREA SNGL PORT CUSTOM BLK	0664	10.6477		APC	$538.88			N
77522	S	PROTON TREATMENT DELIVERY; SIMPLE WITH COMPENSATION	0664	10.6477		APC	$538.88			N
77523	S	PROTON BEAM DELIVERY TO 1-2 TX AREAS 2 OR MORE PORTS/BLOCKS	0667	12.7244		APC	$643.98			N
77525	S	PROTON TREATMENT DELIVERY; COMPLEX	0667	12.7244		APC	$643.98			N
77600	S	HYPERTHERMIA TREATMENT	0299	5.6497		APC	$285.93			N
77605	S	HYPERTHERMIA TREATMENT	0299	5.6497		APC	$285.93			N
77610	S	HYPERTHERMIA TREATMENT	0299	5.6497		APC	$285.93			N
77615	S	HYPERTHERMIA TREATMENT	0299	5.6497		APC	$285.93			N
77620	S	HYPERTHERMIA TREATMENT	0299	5.6497		APC	$285.93			N
77750	S	INFUSE RADIOACTIVE MATERIALS	0301	2.3018		APC	$116.49			N
77761	S	RADIOELEMENT APPLICATION	0312	6.5193		APC	$329.94			N
77762	S	RADIOELEMENT APPLICATION	0312	6.5193		APC	$329.94			N
77763	S	RADIOELEMENT APPLICATION	0312	6.5193		APC	$329.94			N
77776	S	RADIOELEMENT APPLICATION	0312	6.5193		APC	$329.94			N
77777	S	APPLY INTERSTIT RADIAT INTER	0312	6.5193		APC	$329.94			N
77778	N	APPLY INTERSTIT RADIAT COMPL	0651	13.1120		Bundled, may be payable i	$0.00			N
77785	S	HDR BRACHYTX, 1 CHANNEL	0313	11.1000		APC	$561.77			
77786	S	HDR BRACHYTX, 2-12 CHANNEL	0313	11.1000		APC	$561.77			
77787	S	HDR BRACHYTX OVER 12 CHAN	0313	11.1000		APC	$561.77			
77789	S	RADIOELEMENT APPLICATION	0300	1.4211		APC	$71.92			N
77790	N	RADIOELEMENT HANDLING				Bundled	$0.00			N
77799	S	RADIUM/RADIOISOTOPE THERAPY	0312	6.5193		APC	$329.94			N
78000	S	THYROID SINGLE UPTAKE	0389	1.7779		APC	$89.98			N
78001	S	THYROID MULTIPLE UPTAKES	0389	1.7779		APC	$89.98			N
78003	S	THYROID SUPPRESS/STIMUL	0392	2.4943		APC	$126.24			N
78006	S	THYROID IMAGING WITH UPTAKE	0391	3.3593		APC	$170.01			N
78007	S	THYROID IMAGE MULT UPTAKES	0391	3.3593		APC	$170.01			N
78010	S	THYROID IMAGING	0390	2.0640		APC	$104.46			N
78011	S	THYROID IMAGING WITH FLOW	0390	2.0640		APC	$104.46			N
78015	S	THYROID MET IMAGING	0406	4.5288		APC	$229.20			N
78016	S	THYROID MET IMAGING/STUDIES	0406	4.5288		APC	$229.20			N
78018	S	THYROID MET IMAGING BODY	0406	4.5288		APC	$229.20			N
78020	N	THYROID CARCINOMA METASTASES UPTAKE				Bundled	$0.00			N
78070	S	PARATHYROID NUCLEAR IMAGING	0391	3.3593		APC	$170.01			N
78075	S	ADRENAL NUCLEAR IMAGING	0408	15.1962		APC	$769.08			N
78099	S	ENDOCRINE NUCLEAR PROCEDURE	0390	2.0640		APC	$104.46			N

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78102	S	BONE MARROW IMAGING LTD	0400	3.9752		APC	$201.18			N
78103	S	BONE MARROW IMAGING MULT	0400	3.9752		APC	$201.18			N
78104	S	BONE MARROW IMAGING BODY	0400	3.9752		APC	$201.18			N
78110	S	PLASMA VOLUME SINGLE	0393	6.0581		APC	$306.60			N
78111	S	PLASMA VOLUME MULTIPLE	0393	6.0581		APC	$306.60			N
78120	S	RED CELL MASS SINGLE	0393	6.0581		APC	$306.60			N
78121	S	RED CELL MASS MULTIPLE	0393	6.0581		APC	$306.60			N
78122	S	BLOOD VOLUME	0393	6.0581		APC	$306.60			N
78130	S	RED CELL SURVIVAL STUDY	0393	6.0581		APC	$306.60			N
78135	S	RED CELL SURVIVAL KINETICS	0393	6.0581		APC	$306.60			N
78140	S	RED CELL SEQUESTRATION	0393	6.0581		APC	$306.60			N
78185	S	SPLEEN IMAGING	0400	3.9752		APC	$201.18			N
78190	S	PLATELET SURVIVAL KINETICS	0392	2.4943		APC	$126.24			N
78191	S	PLATELET SURVIVAL	0392	2.4943		APC	$126.24			N
78195	S	LYMPH SYSTEM IMAGING	0400	3.9752		APC	$201.18			N
78199	S	BLOOD/LYMPH NUCLEAR EXAM	0400	3.9752		APC	$201.18			N
78201	S	LIVER IMAGING	0394	4.1626		APC	$210.67			N
78202	S	LIVER IMAGING WITH FLOW	0394	4.1626		APC	$210.67			N
78205	S	LIVER IMAGING (3D)	0394	4.1626		APC	$210.67			N
78206	S	LIVER IMAGE (3D) WITH FLOW	0394	4.1626		APC	$210.67			N
78215	S	LIVER AND SPLEEN IMAGING	0394	4.1626		APC	$210.67			N
78216	S	LIVER & SPLEEN IMAGE FLOW	0394	4.1626		APC	$210.67			N
78220	S	LIVER FUNCTION STUDY	0394	4.1626		APC	$210.67			N
78223	S	HEPATOBILIARY IMAGING	0394	4.1626		APC	$210.67			N
78230	S	SALIVARY GLAND IMAGING	0395	3.6804		APC	$186.27			N
78231	S	SERIAL SALIVARY IMAGING	0395	3.6804		APC	$186.27			N
78232	S	SALIVARY GLAND FUNCTION EXAM	0395	3.6804		APC	$186.27			N
78258	S	ESOPHAGEAL MOTILITY STUDY	0395	3.6804		APC	$186.27			N
78261	S	GASTRIC MUCOSA IMAGING	0395	3.6804		APC	$186.27			N
78262	S	GASTROESOPHAGEAL REFLUX EXAM	0395	3.6804		APC	$186.27			N
78264	S	GASTRIC EMPTYING STUDY	0395	3.6804		APC	$186.27			N
78267	Q	BREATH TST ATTAIN/ANAL C-14				Medicare	$19.13	$11.86	$11.48	N
78268	Q	BREATH TEST ANALYSIS C-14				Medicare	$163.92	$101.63	$98.35	N
78270	S	VIT B-12 ABSORPTION EXAM	0392	2.4943		APC	$126.24			N
78271	S	VIT B-12 ABSRP EXAM INT FAC	0392	2.4943		APC	$126.24			N
78272	S	VIT B-12 ABSORP COMBINED	0392	2.4943		APC	$126.24			N
78278	S	ACUTE GI BLOOD LOSS IMAGING	0395	3.6804		APC	$186.27			N
78282	S	GI PROTEIN LOSS EXAM	0395	3.6804		APC	$186.27			N
78290	S	MECKEL□S DIVERT EXAM	0395	3.6804		APC	$186.27			N
78291	S	LEVEEN/SHUNT PATENCY EXAM	0395	3.6804		APC	$186.27			N
78299	S	GI NUCLEAR PROCEDURE	0395	3.6804		APC	$186.27			N

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78300	S	BONE IMAGING LIMITED AREA	0396	3.7205		APC	$188.29			N
78305	S	BONE IMAGING MULTIPLE AREAS	0396	3.7205		APC	$188.29			N
78306	S	BONE IMAGING WHOLE BODY	0396	3.7205		APC	$188.29			N
78315	S	BONE IMAGING 3 PHASE	0396	3.7205		APC	$188.29			N
78320	S	BONE IMAGING (3D)	0396	3.7205		APC	$188.29			N
78350	E	BONE DENSITY STUDY ONE OR MORE SITES; SINGLE PHOTON ABSORP				Not Allowed	$0.00			N
78351	E	BONE DENSITY STUDY ONE OR MORE SITES; DUAL PHOTON ABSORPTIO				Not Allowed	$0.00			N
78399	S	MUSCULOSKELETAL NUCLEAR EXAM	0396	3.7205		APC	$188.29			N
78414	S	NON-IMAGING HEART FUNCTION	0398	4.7291		APC	$239.34			N
78428	S	CARDIAC SHUNT IMAGING	0398	4.7291		APC	$239.34			N
78445	S	VASCULAR FLOW IMAGING	0397	2.8298		APC	$143.22			N
78456	S	ACUTE VENOUS THROMBUS IMAGE	0397	2.8298		APC	$143.22			N
78457	S	VENOUS THROMBOSIS IMAGING VENOGRAM; UNILATERAL	0397	2.8298		APC	$143.22			N
78458	S	VENOUS THROMBOSIS IMAGING VENOGRAM; BILATERAL	0397	2.8298		APC	$143.22			N
78459	S	HEART MUSCLE IMAGING (PET)	0307	17.5127		APC	$886.32			N
78460	S	HEART MUSCLE BLOOD SINGLE	0377	11.7188		APC	$593.09			N
78461	S	HEART MUSCLE BLOOD MULTIPLE	0377	11.7188		APC	$593.09			N
78464	S	HEART IMAGE (3D) SINGLE	0377	11.7188		APC	$593.09			N
78465	S	HEART IMAGE (3D) MULTIPLE	0377	11.7188		APC	$593.09			
78466	S	HEART INFARCT IMAGE	0398	4.7291		APC	$239.34			N
78468	S	HEART INFARCT IMAGE EF	0398	4.7291		APC	$239.34			N
78469	S	HEART INFARCT IMAGE (3D)	0398	4.7291		APC	$239.34			N
78472	S	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM; PLANAR SINGL	0398	4.7291		APC	$239.34			N
78473	S	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM; MULT STUDIES	0398	4.7291		APC	$239.34			N
78478	N	MYOCARDIAL PERF STUDY W/ WALL MOTION QUALIT OR QUANTIT STDY				Bundled	$0.00			N
78480	N	MYOCARDIAL PERFUSION STUDY WITH EJECTION FRACTION				Bundled	$0.00			N
78481	S	HEART FIRST PASS SINGLE	0398	4.7291		APC	$239.34			N
78483	S	HEART FIRST PASS MULTIPLE	0398	4.7291		APC	$239.34			N
78491	S	HEART IMAGE (PET) SINGLE	0307	17.5127		APC	$886.32			N
78492	S	HEART IMAGE (PET) MULTIPLE	0307	17.5127		APC	$886.32			N
78494	S	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM SPECT	0398	4.7291		APC	$239.34			N
78496	N	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM SNGL 1ST PASS				Bundled	$0.00			N
78499	S	CARDIOVASCULAR NUCLEAR EXAM	0398	4.7291		APC	$239.34			N
78580	S	LUNG PERFUSION IMAGING	0401	3.2040		APC	$162.15			N
78584	S	LUNG V/Q IMAGE SINGLE BREATH	0378	4.9163		APC	$248.81			N
78585	S	LUNG V/Q IMAGING	0378	4.9163		APC	$248.81			N
78586	S	AEROSOL LUNG IMAGE SINGLE	0401	3.2040		APC	$162.15			N
78587	S	AEROSOL LUNG IMAGE MULTIPLE	0401	3.2040		APC	$162.15			N

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78588	S	PULMONARY PERFUSION IMAG PARTICULATE W/VENT IMAG AEROSOL	0378	4.9163		APC	$248.81			N
78591	S	VENT IMAGE 1 BREATH 1 PROJ	0401	3.2040		APC	$162.15			N
78593	S	VENT IMAGE 1 PROJ GAS	0401	3.2040		APC	$162.15			N
78594	S	VENT IMAGE MULT PROJ GAS	0401	3.2040		APC	$162.15			N
78596	S	LUNG DIFFERENTIAL FUNCTION	0378	4.9163		APC	$248.81			N
78599	S	RESPIRATORY NUCLEAR EXAM	0401	3.2040		APC	$162.15			N
78600	S	BRAIN IMAGING LTD STATIC	0403	2.8236		APC	$142.90			N
78601	S	BRAIN IMAGING LTD W/FLOW	0403	2.8236		APC	$142.90			N
78605	S	BRAIN IMAGING COMPLETE	0403	2.8236		APC	$142.90			N
78606	S	BRAIN IMAGING COMP & FLOW	0402	8.3063		APC	$420.38			N
78607	S	BRAIN IMAGING (3D)	0402	8.3063		APC	$420.38			N
78608	S	BRAIN IMAGING (PET)	0308	15.6969		APC	$794.42			N
78609	E	BRAIN IMAGING (PET)				Not Allowed	$0.00			N
78610	S	BRAIN FLOW IMAGING ONLY	0402	8.3063		APC	$420.38			N
78630	S	CEREBROSPINAL FLUID SCAN	0402	8.3063		APC	$420.38			N
78635	S	CSF VENTRICULOGRAPHY	0402	8.3063		APC	$420.38			N
78645	S	CSF SHUNT EVALUATION	0403	2.8236		APC	$142.90			N
78647	S	CEREBROSPINAL FLUID SCAN	0402	8.3063		APC	$420.38			N
78650	S	CSF LEAKAGE IMAGING	0402	8.3063		APC	$420.38			N
78660	S	NUCLEAR EXAM OF TEAR FLOW	0403	2.8236		APC	$142.90			N
78699	S	NERVOUS SYSTEM NUCLEAR EXAM	0403	2.8236		APC	$142.90			N
78700	S	KIDNEY IMAGING STATIC	0404	4.9803		APC	$252.05			N
78701	S	KIDNEY IMAGING WITH FLOW	0404	4.9803		APC	$252.05			N
78707	S	KIDNEY IMAGING; SINGLE STUDY W/OUT PHARMACOLOGICAL INTERVE	0404	4.9803		APC	$252.05			N
78708	S	KIDNEY FLOW/FUNCTION IMAGE	0404	4.9803		APC	$252.05			N
78709	S	KIDNEY FLOW/FUNCTION IMAGE	0404	4.9803		APC	$252.05			N
78710	S	KIDNEY IMAGING TOMOGRAPHIC (SPECT)	0404	4.9803		APC	$252.05			N
78725	S	KIDNEY FUNCTION STUDY NON-IMAGING RADIOISOTOPIC STUDY	0392	2.4943		APC	$126.24			N
78730	S	URINARY BLADDER RETENTION	0389	1.7779		APC	$89.98			N
78740	S	URETERAL REFLUX STUDY	0404	4.9803		APC	$252.05			N
78761	S	TESTICULAR IMAGING & FLOW	0404	4.9803		APC	$252.05			N
78799	S	GENITOURINARY NUCLEAR EXAM	0404	4.9803		APC	$252.05			N
78800	S	TUMOR IMAGING LIMITED AREA	0406	4.5288		APC	$229.20			N
78801	S	TUMOR IMAGING MULT AREAS	0414	8.5379		APC	$432.10			N
78802	S	TUMOR IMAGING WHOLE BODY	0414	8.5379		APC	$432.10			N
78803	S	TUMOR IMAGING (3D)	0408	15.1962		APC	$769.08			N
78804	S	TUMOR IMAGING WHOLE BODY	0408	15.1962		APC	$769.08			
78805	S	ABSCESS IMAGING LTD AREA	0414	8.5379		APC	$432.10			N
78806	S	ABSCESS IMAGING WHOLE BODY	0414	8.5379		APC	$432.10			N
78807	S	NUCLEAR LOCALIZATION/ABSCESS	0414	8.5379		APC	$432.10			N
78808	N	IV INJ RA DRUG DX STUDY	0392	2.4943		Bundled, may be payable i	$0.00			

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78811	S	TUMOR IMAGING (PET) LIMITED	0308	15.6969		APC	$794.42			
78812	S	TUMOR IMAGE (PET)/SKUL-THIGH	0308	15.6969		APC	$794.42			
78813	S	TUMOR IMAGE (PET) FULL BODY	0308	15.6969		APC	$794.42			
78814	S	TUMOR IMAGE PET/CT LIMITED	0308	15.6969		APC	$794.42			
78815	S	TUMORIMAGE PET/CT SKUL-THIGH	0308	15.6969		APC	$794.42			
78816	S	TUMOR IMAGE PET/CT FULL BODY	0308	15.6969		APC	$794.42			
78999	S	NUCLEAR DIAGNOSTIC EXAM	0389	1.7779		APC	$89.98			N
79005	S	NUCLEAR RX ORAL ADMIN	0407	3.2584		APC	$164.91			
79101	S	NUCLEAR RX IV ADMIN	0407	3.2584		APC	$164.91			
79200	S	NUCLEAR RX INTRACAV ADMIN	0413	5.4802		APC	$277.35			N
79300	S	NUCLR RX INTERSTIT COLLOID	0407	3.2584		APC	$164.91			N
79403	S	HEMATOPOIETIC NUCLEAR TX	0413	5.4802		APC	$277.35			
79440	S	NUCLEAR RX INTRA-ARTICULAR	0413	5.4802		APC	$277.35			N
79445	S	NUCLEAR RX INTRA-ARTERIAL	0407	3.2584		APC	$164.91			
79999	S	NUCLEAR MEDICINE THERAPY	0407	3.2584		APC	$164.91			N
80047	Q	METABOLIC PANEL IONIZED CA				Medicare	$20.60	$12.77	$12.36	
80048	Q	BASIC METABOLIC PANEL				Medicare	$20.60	$12.77	$12.36	N
80050	Q	GENERAL HEALTH PANEL				Fee Schedule	$56.77			N
80051	Q	ELECTROLYTE PANEL				Medicare	$17.07	$10.58	$10.24	N
80053	Q	COMPREHENSIVE METABOLIC PANEL				Medicare	$25.73	$15.95	$15.44	N
80055	Q	OBSTETRIC PANEL				Fee Schedule	$44.69			N
80061	Q	LIPID PANEL				Medicare	$32.62	$20.22	$19.57	N
80069	Q	RENAL FUNCTION PANEL				Medicare	$21.13	$13.10	$12.68	N
80074	Q	ACUTE HEPATITIS PANEL				Medicare	$114.32	$70.88	$68.59	N
80076	Q	HEPATIC FUNCTION PANEL				Medicare	$19.88	$12.33	$11.93	N
80100	Q	DRUG SCREEN; MULTIPLE DRUG CLASSES EACH PROCEDURE				Medicare	$35.38	$21.94	$21.23	N
80101	Q	DRUG SCREEN; SINGLE DRUG CLASS EACH DRUG CLASS				Medicare	$33.52	$20.78	$20.11	N
80102	Q	DRUG CONFIRMATION EACH PROCEDURE				Medicare	$32.23	$19.98	$19.34	N
80103	N	TISSUE PREPARATION FOR DRUG ANALYSIS				Bundled	$0.00			N
80150	Q	AMIKACIN				Medicare	$36.68	$22.74	$22.01	N
80152	Q	AMITRIPTYLINE				Medicare	$43.57	$27.01	$26.14	N
80154	Q	BENZODIAZEPINES				Medicare	$45.00	$27.90	$27.00	N
80156	Q	CARBAMAZEPINE				Medicare	$35.43	$21.97	$21.26	N
80157	Q	ASSAY, CARBAMAZEPINE, FREE				Medicare	$32.27	$20.01	$19.36	N
80158	Q	CYCLOSPORINE				Medicare	$43.93	$27.24	$26.36	N
80160	Q	DESIPRAMINE				Medicare	$41.88	$25.97	$25.13	N
80162	Q	DIGOXIN				Medicare	$32.32	$20.04	$19.39	N
80164	Q	DIPROPYLACETIC ACID (VALPROIC ACID)				Medicare	$32.97	$20.44	$19.78	N
80166	Q	DOXEPIN				Medicare	$37.73	$23.39	$22.64	N
80168	Q	ETHOSUXIMIDE				Medicare	$27.83	$17.25	$16.70	N
80170	Q	GENTAMICIN				Medicare	$39.88	$24.73	$23.93	N

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80172	Q	GOLD				Medicare	$39.63	$24.57	$23.78	N
80173	Q	ASSAY OF HALOPERIDOL				Medicare	$35.43	$21.97	$21.26	N
80174	Q	IMIPRAMINE				Medicare	$41.88	$25.97	$25.13	N
80176	Q	LIDOCAINE				Medicare	$35.75	$22.17	$21.45	N
80178	Q	LITHIUM				Medicare	$16.08	$9.97	$9.65	N
80182	Q	NORTRIPTYLINE				Medicare	$32.97	$20.44	$19.78	N
80184	Q	PHENOBARBITAL				Medicare	$27.87	$17.28	$16.72	N
80185	Q	PHENYTOIN; TOTAL				Medicare	$32.27	$20.01	$19.36	N
80186	Q	PHENYTOIN; FREE				Medicare	$33.50	$20.77	$20.10	N
80188	Q	PRIMIDONE				Medicare	$38.53	$23.89	$23.12	N
80190	Q	PROCAINAMIDE;				Medicare	$40.77	$25.28	$24.46	N
80192	Q	PROCAINAMIDE;W/METABOLITES (EG N-ACETYL PROCAINAMIDE)				Medicare	$40.77	$25.28	$24.46	N
80194	Q	QUINIDINE				Medicare	$35.52	$22.02	$21.31	N
80195	Q	ASSAY OF SIROLIMUS				Medicare	$33.40	$20.71	$20.04	
80196	Q	SALICYLATE				Medicare	$17.27	$10.71	$10.36	N
80197	Q	TACROLIMUS				Medicare	$33.40	$20.71	$20.04	N
80198	Q	THEOPHYLLINE				Medicare	$34.43	$21.35	$20.66	N
80200	Q	TOBRAMYCIN				Medicare	$39.22	$24.32	$23.53	N
80201	Q	ASSAY OF TOPIRAMATE				Medicare	$29.00	$17.98	$17.40	N
80202	Q	VANCOMYCIN				Medicare	$32.97	$20.44	$19.78	N
80299	Q	QUANTITATION OF DRUG NOT ELSEWHERE SPECIFIED				Medicare	$33.32	$20.66	$19.99	N
80400	Q	ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY				Medicare	$79.37	$49.21	$47.62	N
80402	Q	ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY				Medicare	$211.57	$131.17	$126.94	N
80406	Q	ACTH STIMULATION PANEL;FOR 3 BETA-HYDROXYDEHYDROGENASE DEFIC				Medicare	$154.27	$95.65	$92.56	N
80408	Q	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG SALINE INFUSIO				Medicare	$305.40	$189.35	$183.24	N
80410	Q	CALCIUM-PENTAGASTRIN STIMULATION PANEL				Medicare	$195.50	$121.21	$117.30	N
80412	Q	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL				Medicare	$802.10	$497.30	$481.26	N
80414	Q	CHORIONIC GONADOTROPHIN STIMULATION PANEL;TESTOSTERONE RESPO				Medicare	$125.67	$77.92	$75.40	N
80415	Q	CHORIONIC GONADOTROPHIN STIMULATION PANEL;ESTRADIOL RESPONSE				Medicare	$136.00	$84.32	$81.60	N
80416	Q	RENAL VEIN RENIN STIMULATION PANEL (EG CAPTOPRIL)				Medicare	$321.20	$199.14	$192.72	N
80417	Q	PERIPHERAL VEIN RENIN STIMULATION PANEL (EG CAPTOPRIL)				Medicare	$107.07	$66.38	$64.24	N
80418	Q	COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL				Medicare	$1,410.40	$874.45	$846.24	N
80420	Q	DEXAMETHASONE SUPPRESSION PANEL 48 HOUR				Medicare	$175.30	$108.69	$105.18	N
80422	Q	GLUCAGON TOLERANCE PANEL; FOR INSULINOMA				Medicare	$112.10	$69.50	$67.26	N

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80424	Q	GLUCAGON TOLERANCE PANEL				Medicare	$122.90	$76.20	$73.74	N
80426	Q	GONADOTROPIN RELEASING HORMONE STIMULATION PANEL				Medicare	$361.20	$223.94	$216.72	N
80428	Q	GROWTH HORMONE STIMULATION PANEL (EG ARGININE INFUSION L-D				Medicare	$162.27	$100.61	$97.36	N
80430	Q	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION)				Medicare	$190.92	$118.37	$114.55	N
80432	Q	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL				Medicare	$273.73	$169.71	$164.24	N
80434	Q	INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY				Medicare	$246.17	$152.63	$147.70	N
80435	Q	INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY				Medicare	$250.58	$155.36	$150.35	N
80436	Q	METYRAPONE PANEL				Medicare	$221.83	$137.53	$133.10	N
80438	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;1 HOUR				Medicare	$122.65	$76.04	$73.59	N
80439	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;2 HOUR				Medicare	$163.53	$101.39	$98.12	N
80440	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL;FOR HY				Medicare	$141.50	$87.73	$84.90	N
80500	X	CLINICAL PATHOLOGY CONSULTATION;LIMITED W/O REVIEW OF PT HI	0433	0.2498		APC	$12.64			N
80502	X	CLINICAL PATHOLOGY CONSULTATION;COMPREHENSIVE FOR A COMPL	0342	0.1523		APC	$7.71			N
81000	Q	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GL				Medicare	$7.72	$4.79	$4.63	N
81001	Q	URINALYSIS BY DIP STICK OR TABLE REAGENT;AUTOMATED W/MICROS				Medicare	$7.72	$4.79	$4.63	N
81002	Q	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GL				Medicare	$6.23	$3.86	$3.74	N
81003	Q	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN GL				Medicare	$5.47	$3.39	$3.28	N
81005	Q	URINALYSIS;QUALITATIVE OR SEMIQUANTITIVE EXCEPT IMMUNOASSAY				Medicare	$5.27	$3.27	$3.16	N
81007	Q	URINALYSIS;BACTERIURIA SCREEN BY NON-CULTURE TECHNIQUE				Medicare	$6.25	$3.88	$3.75	N
81015	Q	URINALYSIS; MICROSCOPIC ONLY				Medicare	$7.38	$4.58	$4.43	N
81020	Q	URINALYSIS TWO OR THREE GLASS TEST				Medicare	$8.97	$5.56	$5.38	N
81025	Q	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON METHODS				Medicare	$9.65	$5.98	$5.79	N
81050	Q	VOLUME MEASUREMENT FOR TIMED COLLECTION EACH				Medicare	$7.28	$4.51	$4.37	N
81099	M	UNLISTED URINALYSIS PROCEDURE				By Report	$0.00			N
82000	Q	ACETALDEHYDE BLOOD				Medicare	$30.15	$18.69	$18.09	N
82003	Q	ACETAMINOPHEN				Medicare	$49.25	$30.54	$29.55	N
82009	Q	ACETONE OR OTHER KETONE BODIES SERUM; QUALITATIVE				Medicare	$10.98	$6.81	$6.59	N
82010	Q	ACETONE OR OTHER KETONE BODIES SERUM; QUANTITATIVE				Medicare	$19.88	$12.33	$11.93	N
82013	Q	ACETYLCHOLINESTERASE				Medicare	$27.18	$16.85	$16.31	N
82016	Q	ACYLCARNITINES; QUALITATIVE EACH SPECIMEN				Medicare	$33.73	$20.91	$20.24	N

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82017	Q	ACYLCARNITINES; QUANTITATIVE EACH SPEC (82379 FOR CARNITINE)				Medicare	$41.05	$25.45	$24.63	N
82024	Q	ADRENOCORTICOTROPIC HORMONE (ACTH)				Medicare	$94.00	$58.28	$56.40	N
82030	Q	ASSAY OF ADP & AMP				Medicare	$62.78	$38.92	$37.67	N
82040	Q	ALBUMIN; SERUM				Medicare	$10.17	$6.31	$6.10	N
82042	Q	ALBUMIN; URINE QUANTITATIVE				Medicare	$7.23	$4.48	$4.34	N
82043	Q	ALBUMIN; URINE MICROALBUMIN QUANTITATIVE				Medicare	$14.08	$8.73	$8.45	N
82044	Q	ALBUMIN;URINE MICROALBUMIN SEMIQUANTITATIVE(EG REAGENT STR				Medicare	$11.13	$6.90	$6.68	N
82045	Q	ALBUMIN ISCHEMIA MODIFIED				Medicare	$82.60	$51.21	$49.56	
82055	Q	ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH				Medicare	$26.30	$16.31	$15.78	N
82075	Q	ALCOHOL (ETHANOL); BREATH				Medicare	$29.33	$18.18	$17.60	N
82085	Q	ALDOLASE				Medicare	$23.62	$14.64	$14.17	N
82088	Q	ALDOSTERONE				Medicare	$99.17	$61.49	$59.50	N
82101	Q	ALKALOIDS URINE QUANTITATIVE				Medicare	$73.05	$45.29	$43.83	N
82103	Q	ALPHA-1-ANTITRYPSIN; TOTAL				Medicare	$32.68	$20.26	$19.61	N
82104	Q	ALPHA-1-ANTITRYPSIN; PHENOTYPE				Medicare	$35.18	$21.81	$21.11	N
82105	Q	ALPHA-FETOPROTEIN; SERUM				Medicare	$40.82	$25.31	$24.49	N
82106	Q	ALPHA-FETOPROTEIN; AMNIOTIC FLUID				Medicare	$40.82	$25.31	$24.49	N
82107	Q	ALPHA-FETOPROTEIN L3				Medicare	$156.73	$97.17	$94.04	
82108	Q	ALUMINUM				Medicare	$62.00	$38.44	$37.20	N
82120	Q	AMINES VAGINAL FLUID QUALITATIVE				Medicare	$9.15	$5.67	$5.49	N
82127	Q	AMINO ACIDS; SINGLE QUALITATIVE EACH SPECIMEN				Medicare	$33.73	$20.91	$20.24	N
82128	Q	AMINO ACIDS; MULTIPLE QUALITATIVE EACH SPECIMEN				Medicare	$33.73	$20.91	$20.24	N
82131	Q	AMINO ACIDS; SINGLE QUANTITATIVE EACH SPECIMEN				Medicare	$41.05	$25.45	$24.63	N
82135	Q	AMINOLEVULINIC ACID DELTA (ALA)				Medicare	$40.07	$24.84	$24.04	N
82136	Q	AMINO ACIDS 2 TO 5 AMINO ACIDS QUANTITATIVE EACH SPECIMEN				Medicare	$41.05	$25.45	$24.63	N
82139	Q	AMINO ACIDS 6 OR MORE AMINO ACIDS QUANTITATIVE EACH SPECI				Medicare	$41.05	$25.45	$24.63	N
82140	Q	AMMONIA				Medicare	$31.97	$19.82	$19.18	N
82143	Q	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)				Medicare	$16.72	$10.37	$10.03	N
82145	Q	AMPHETAMINE OR METHAMPHETAMINE				Medicare	$37.83	$23.45	$22.70	N
82150	Q	AMYLASE				Medicare	$15.77	$9.78	$9.46	N
82154	Q	ANDROSTANEDIOL GLUCURONIDE				Medicare	$70.17	$43.51	$42.10	N
82157	Q	ANDROSTENEDIONE				Medicare	$71.23	$44.16	$42.74	N
82160	Q	ANDROSTERONE				Medicare	$60.85	$37.73	$36.51	N
82163	Q	ANGIOTENSIN II				Medicare	$49.95	$30.97	$29.97	N
82164	Q	ANGIOTENSIN I - CONVERTING ENZYME (ACE)				Medicare	$35.52	$22.02	$21.31	
82172	Q	APOLIPOPROTEIN EACH				Medicare	$37.70	$23.37	$22.62	N
82175	Q	ARSENIC				Medicare	$46.17	$28.63	$27.70	N
82180	Q	ASCORBIC ACID (VITAMIN C) BLOOD				Medicare	$24.05	$14.91	$14.43	N

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82190	Q	ATOMIC ABSORPTION SPECTROSCOPY EACH ANALYTE				Medicare	$36.28	$22.49	$21.77	N
82205	Q	BARBITURATES NOT ELSEWHERE SPECIFIED				Medicare	$27.87	$17.28	$16.72	N
82232	Q	BETA-2 MICROGLOBULIN				Medicare	$39.37	$24.41	$23.62	N
82239	Q	BILE ACIDS; TOTAL				Medicare	$41.68	$25.84	$25.01	N
82240	Q	BILE ACIDS; CHOLYLGLYCINE				Medicare	$64.68	$40.10	$38.81	N
82247	Q	BILIRUBIN; TOTAL				Medicare	$12.22	$7.58	$7.33	N
82248	Q	BILIRUBIN; DIRECT				Medicare	$12.22	$7.58	$7.33	N
82252	Q	BILIRUBIN; FECES QUALITATIVE				Medicare	$11.07	$6.86	$6.64	N
82261	Q	BIOTINIDASE EACH SPECIMEN				Medicare	$41.05	$25.45	$24.63	N
82270	Q	OCCULT BLOOD OTHER SOURCES				Medicare	$7.92	$4.91	$4.75	N
82271	Q	OCCULT BLOOD FECES SINGLE				Medicare	$7.92	$4.91	$4.75	
82272	Q	BLOOD OCCULT PEROXIDASE				Medicare	$7.92	$4.91	$4.75	
82274	Q	ASSAY TEST FOR BLOOD FECAL				Medicare	$38.70	$23.99	$23.22	
82286	Q	BRADYKININ				Medicare	$16.77	$10.40	$10.06	N
82300	Q	CADMIUM				Medicare	$56.32	$34.92	$33.79	N
82306	Q	CALCIFEDIOL (25-OH VITAMIN D-3)				Medicare	$72.03	$44.66	$43.22	N
82307	Q	CALCIFEROL (VITAMIN D)				Medicare	$78.42	$48.62	$47.05	N
82308	Q	CALCITONIN				Medicare	$65.17	$40.41	$39.10	N
82310	Q	CALCIUM; TOTAL				Medicare	$12.55	$7.78	$7.53	N
82330	Q	CALCIUM; IONIZED				Medicare	$33.25	$20.62	$19.95	N
82331	Q	CALCIUM; AFTER CALCIUM INFUSION TEST				Medicare	$12.60	$7.81	$7.56	N
82340	Q	CALCIUM; URINE QUANTITATIVE TIMED SPECIMEN				Medicare	$14.68	$9.10	$8.81	N
82355	Q	CALCULUS ANALYSIS, QUAL				Medicare	$28.15	$17.45	$16.89	N
82360	Q	CALCULUS (STONE); QUANTITATIVE ANALYSIS CHEMICAL				Medicare	$31.33	$19.42	$18.80	N
82365	Q	CALCULUS SPECTROSCOPY				Medicare	$31.38	$19.46	$18.83	N
82370	Q	CALCULUS (STONE); X-RAY DIFFRACTION				Medicare	$30.48	$18.90	$18.29	N
82373	Q	ASSAY, C-D TRANSFER MEASURE				Medicare	$43.95	$27.25	$26.37	N
82374	Q	CARBON DIOXIDE (BICARBONATE)				Medicare	$11.90	$7.38	$7.14	N
82375	Q	CARBON MONOXIDE (CARBOXYHEMOGLOBIN); QUANTITATIVE				Medicare	$21.28	$13.19	$12.77	N
82376	Q	CARBON MONOXIDE (CARBOXYHEMOGLOBIN); QUALITATIVE				Medicare	$14.58	$9.04	$8.75	N
82378	Q	CARCINOEMBRYONIC ANTIGEN (CEA)				Medicare	$46.17	$28.63	$27.70	N
82379	Q	CARNITINE (TOTAL AND FREE) QUANTITATIVE EACH SPECIMEN				Medicare	$41.05	$25.45	$24.63	N
82380	Q	CAROTENE				Medicare	$22.45	$13.92	$13.47	N
82382	Q	CATECHOLAMINES; TOTAL URINE				Medicare	$41.83	$25.93	$25.10	N
82383	Q	CATECHOLAMINES; BLOOD				Medicare	$60.98	$37.81	$36.59	N
82384	Q	CATECHOLAMINES; FRACTIONATED				Medicare	$61.45	$38.10	$36.87	N
82387	Q	CATHEPSIN-D				Medicare	$9.57	$5.93	$5.74	N
82390	Q	CERULOPLASMIN				Medicare	$26.13	$16.20	$15.68	N
82397	Q	CHEMILUMINESCENT ASSAY				Medicare	$31.88	$19.77	$19.13	N

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82415	Q	CHLORAMPHENICOL				Medicare	$30.83	$19.11	$18.50	N
82435	Q	CHLORIDE; BLOOD				Medicare	$11.17	$6.93	$6.70	N
82436	Q	CHLORIDE; URINE				Medicare	$12.23	$7.58	$7.34	N
82438	Q	CHLORIDE; OTHER SOURCE				Medicare	$11.90	$7.38	$7.14	N
82441	Q	CHLORINATED HYDROCARBONS SCREEN				Medicare	$14.60	$9.05	$8.76	N
82465	Q	CHOLESTEROL SERUM TOTAL				Medicare	$10.60	$6.57	$6.36	N
82480	Q	CHOLINESTERASE; SERUM				Medicare	$19.18	$11.89	$11.51	N
82482	Q	CHOLINESTERASE; RBC				Medicare	$18.70	$11.59	$11.22	N
82485	Q	CHONDROITIN B SULFATE QUANTITATIVE				Medicare	$50.25	$31.16	$30.15	N
82486	Q	CHROMATOGRAPHY QUALITATIVE; COLUMN ANALYTE NES				Medicare	$43.95	$27.25	$26.37	N
82487	Q	CHROMATOGRAPHY QUALITATIVE;PAPER 1-DIMENSIONAL ANALYTE NES				Medicare	$38.85	$24.09	$23.31	N
82488	Q	CHROMATOGRAPHY QUALITATIVE;PAPER 2-DIMENSIONAL ANALYTE NES				Medicare	$52.00	$32.24	$31.20	N
82489	Q	CHROMATOGRAPHY QUALITATIVE; THIN LAYER. ANALYTE NES				Medicare	$45.00	$27.90	$27.00	N
82491	Q	CHROMATOGRAPHY QUANTITATIVE COLUMN; SINGLE ANALYTE NES				Medicare	$43.95	$27.25	$26.37	N
82492	Q	CHROMATOGRAPHY QUANTITATIVE COLUMN; MULT ANALYTES SNGL ST				Medicare	$43.95	$27.25	$26.37	N
82495	Q	CHROMIUM				Medicare	$49.35	$30.60	$29.61	N
82507	Q	CITRATE				Medicare	$67.67	$41.96	$40.60	N
82520	Q	COCAINE OR METABOLITE				Medicare	$36.88	$22.87	$22.13	N
82523	Q	COLLAGEN CROSSLINKS				Medicare	$37.25	$23.10	$22.35	N
82525	Q	COPPER				Medicare	$30.20	$18.72	$18.12	N
82528	Q	CORTICOSTERONE				Medicare	$54.77	$33.96	$32.86	N
82530	Q	CORTISOL; FREE				Medicare	$40.68	$25.22	$24.41	N
82533	Q	CORTISOL; TOTAL				Medicare	$39.68	$24.60	$23.81	N
82540	Q	CREATINE				Medicare	$11.27	$6.99	$6.76	N
82541	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; QUALITATIVE				Medicare	$43.95	$27.25	$26.37	N
82542	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; QUANTITATIVE				Medicare	$43.95	$27.25	$26.37	N
82543	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; ISOTOPE/SNGL				Medicare	$43.95	$27.25	$26.37	N
82544	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; ISOTOPE/MULT				Medicare	$43.95	$27.25	$26.37	N
82550	Q	CREATINE KINASE (CK) (CPK); TOTAL				Medicare	$15.85	$9.83	$9.51	N
82552	Q	CREATINE KINASE (CK) (CPK); ISOENZYMES				Medicare	$32.60	$20.21	$19.56	N
82553	Q	CREATINE KINASE (CK) (CPK); MB FRACTION ONLY				Medicare	$28.10	$17.42	$16.86	N
82554	Q	CREATINE KINASE (CK) (CPK); ISOFORMS				Medicare	$22.32	$13.84	$13.39	N
82565	Q	CREATININE; BLOOD				Medicare	$12.47	$7.73	$7.48	N
82570	Q	CREATININE; OTHER SOURCE				Medicare	$12.60	$7.81	$7.56	N

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82575	Q	CREATININE; CLEARANCE				Medicare	$22.98	$14.25	$13.79	N
82585	Q	CRYOFIBRINOGEN				Medicare	$20.87	$12.94	$12.52	N
82595	Q	CRYOGLOBULIN				Medicare	$15.75	$9.77	$9.45	N
82600	Q	CYANIDE				Medicare	$47.22	$29.28	$28.33	N
82607	Q	CYANOCOBALAMIN (VITAMIN B-12);				Medicare	$36.68	$22.74	$22.01	N
82608	Q	CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY				Medicare	$34.85	$21.61	$20.91	N
82610	Q	CYSTATIN C				Medicare	$33.08	$20.51	$19.85	
82615	Q	CYSTINE AND HOMOCYSTINE URINE QUALITATIVE				Medicare	$19.87	$12.32	$11.92	N
82626	Q	DEHYDROEPIANDROSTERONE (DHEA)				Medicare	$61.50	$38.13	$36.90	N
82627	Q	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)				Medicare	$54.10	$33.54	$32.46	N
82633	Q	DESOXYCORTICOSTERONE 11-				Medicare	$75.38	$46.74	$45.23	N
82634	Q	DEOXYCORTISOL 11-				Medicare	$71.23	$44.16	$42.74	N
82638	Q	DIBUCAINE NUMBER				Medicare	$29.80	$18.48	$17.88	N
82646	Q	DIHYDROCODEINONE				Medicare	$50.25	$31.16	$30.15	N
82649	Q	DIHYDROMORPHINONE				Medicare	$62.55	$38.78	$37.53	N
82651	Q	DIHYDROTESTOSTERONE (DHT)				Medicare	$62.82	$38.95	$37.69	N
82652	Q	DIHYDROXYVITAMIN D 1 25-				Medicare	$93.67	$58.08	$56.20	N
82654	Q	DIMETHADIONE				Medicare	$33.70	$20.89	$20.22	N
82656	Q	DOXEPIN				Medicare	$28.08	$17.41	$16.85	
82657	Q	ENZYME ACTIVITY BLOOD OR CULTURED CELLS OR TISSUE; NON-RA				Medicare	$43.95	$27.25	$26.37	N
82658	Q	ENZYME ACTIVITY BLOOD OR CULTURED CELLS OR TISSUE; R.A.				Medicare	$43.95	$27.25	$26.37	N
82664	Q	ELECTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIED				Medicare	$83.60	$51.83	$50.16	N
82666	Q	EPIANDROSTERONE				Medicare	$52.28	$32.41	$31.37	N
82668	Q	ERYTHROPOIETIN				Medicare	$45.75	$28.37	$27.45	N
82670	Q	ESTRADIOL				Medicare	$68.00	$42.16	$40.80	N
82671	Q	ESTROGENS; FRACTIONATED				Medicare	$78.58	$48.72	$47.15	N
82672	Q	ESTROGENS; TOTAL				Medicare	$52.77	$32.72	$31.66	N
82677	Q	ESTRIOL				Medicare	$58.85	$36.49	$35.31	N
82679	Q	ESTRONE				Medicare	$60.75	$37.67	$36.45	N
82690	Q	ETHCHLORVYNOL				Medicare	$42.07	$26.08	$25.24	N
82693	Q	ETHYLENE GLYCOL				Medicare	$36.25	$22.48	$21.75	N
82696	Q	ETIOCHOLANOLONE				Medicare	$57.38	$35.58	$34.43	N
82705	Q	FAT OR LIPIDS FECES; QUALITATIVE				Medicare	$12.38	$7.68	$7.43	N
82710	Q	FAT OR LIPIDS FECES; QUANITITATIVE				Medicare	$40.88	$25.35	$24.53	N
82715	Q	FAT DIFFERENTIAL FECES QUANTITATIVE				Medicare	$41.88	$25.97	$25.13	N
82725	Q	FATTY ACIDS NONESTERIFIED				Medicare	$32.40	$20.09	$19.44	N
82726	Q	VERY LONG CHAIN FATTY ACIDS				Medicare	$43.95	$27.25	$26.37	N
82728	Q	FERRITIN				Medicare	$33.15	$20.55	$19.89	N

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82731	Q	FETAL FIBRONECTIN CERVICOVAGINAL SECRETIONS SEMI-QUANTIT.				Medicare	$156.73	$97.17	$94.04	N
82735	Q	FLUORIDE				Medicare	$45.13	$27.98	$27.08	N
82742	Q	FLURAZEPAM				Medicare	$48.17	$29.87	$28.90	N
82746	Q	FOLIC ACID; SERUM				Medicare	$35.78	$22.18	$21.47	N
82747	Q	FOLIC ACID; RBC				Medicare	$42.15	$26.13	$25.29	N
82757	Q	FRUCTOSE SEMEN				Medicare	$42.20	$26.16	$25.32	N
82759	Q	GALACTOKINASE RBC				Medicare	$52.28	$32.41	$31.37	N
82760	Q	GALACTOSE				Medicare	$27.25	$16.90	$16.35	N
82775	Q	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE				Medicare	$51.25	$31.78	$30.75	N
82776	Q	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN				Medicare	$20.40	$12.65	$12.24	N
82784	Q	GAMMAGLOBULIN; IGA IGD IGG IGM EACH				Medicare	$22.15	$13.73	$13.29	N
82785	Q	GAMMAGLOBULIN; IGE				Medicare	$40.08	$24.85	$24.05	N
82787	Q	GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES (IGG1 2 3 & 4)				Medicare	$19.52	$12.10	$11.71	N
82800	Q	GASES BLOOD PH ONLY				Medicare	$20.62	$12.78	$12.37	N
82803	Q	GASES BLOOD ANY COMBINATION OF PH PCO2 PO2 CO2 HCO2 (I				Medicare	$47.08	$29.19	$28.25	N
82805	Q	BLOOD GASES W/O2 SATURATION				Medicare	$69.05	$42.81	$41.43	N
82810	Q	GASES BLOOD O2 SATURATION ONLY BY DIRECT MEASUREMENT EXC				Medicare	$21.23	$13.16	$12.74	N
82820	Q	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATIO				Medicare	$24.32	$15.08	$14.59	N
82926	Q	GASTRIC ACID FREE AND TOTAL EACH SPECIMEN				Medicare	$13.27	$8.23	$7.96	N
82928	Q	GASTRIC ACID FREE OR TOTAL EACH SPECIMEN				Medicare	$15.93	$9.88	$9.56	N
82938	Q	GASTRIN AFTER SECRETIN STIMULATION				Medicare	$43.05	$26.69	$25.83	
82941	Q	GASTRIN				Medicare	$42.92	$26.61	$25.75	N
82943	Q	ASSAY OF GLUCAGON				Medicare	$34.77	$21.56	$20.86	N
82945	Q	GLUCOSE OTHER FLUID				Medicare	$9.55	$5.92	$5.73	N
82946	Q	GLUCAGON TOLERANCE TEST				Medicare	$33.28	$20.63	$19.97	N
82947	Q	GLUCOSE; QUANTITATIVE				Medicare	$9.55	$5.92	$5.73	N
82948	Q	GLUCOSE; BLOOD REAGENT STRIP				Medicare	$7.72	$4.79	$4.63	N
82950	Q	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)				Medicare	$11.55	$7.16	$6.93	N
82951	Q	GLUCOSE; TOLERANCE TEST (GTT) 3 SPECIMENS (INCLUDES GLUCOSE)				Medicare	$31.33	$19.42	$18.80	N
82952	Q	GLUCOSE;TOLERANCE TEST EACH ADDITONAL BEYOND 3 SPECIMENS				Medicare	$9.53	$5.91	$5.72	N
82953	Q	GLUCOSE; TOLBUTAMIDE TOLERANCE TEST				Medicare	$36.87	$22.86	$22.12	N
82955	Q	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE				Medicare	$23.60	$14.63	$14.16	N
82960	Q	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN				Medicare	$14.73	$9.13	$8.84	N

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82962	Q	GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICE(S) CLEARED BY TH				Medicare	$5.70	$3.53	$3.42	N
82963	Q	GLUCOSIDASE BETA				Medicare	$52.28	$32.41	$31.37	
82965	Q	GLUTAMATE DEHYDROGENASE				Medicare	$18.82	$11.67	$11.29	N
82975	Q	GLUTAMINE (GLUTAMIC ACID AMIDE)				Medicare	$38.55	$23.90	$23.13	N
82977	Q	GLUTAMYLTRANSFERASE GAMMA (GGT)				Medicare	$17.52	$10.86	$10.51	N
82978	Q	GLUTATHIONE				Medicare	$34.68	$21.50	$20.81	N
82979	Q	GLUTATHIONE REDUCTASE RBC				Medicare	$16.77	$10.40	$10.06	N
82980	Q	GLUTETHIMIDE				Medicare	$44.58	$27.64	$26.75	N
82985	Q	GLYCATED PROTEIN				Medicare	$28.32	$17.56	$16.99	N
83001	Q	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)				Medicare	$45.23	$28.04	$27.14	N
83002	Q	GONADOTROPIN; LUTEINIZING HORMONE (LH)				Medicare	$45.07	$27.94	$27.04	N
83003	Q	GROWTH HORMONE HUMAN (HGH) (SOMATOTROPIN)				Medicare	$40.57	$25.15	$24.34	N
83008	Q	GUANOSINE MONOPHOSPHATE (GMP) CYCLIC				Medicare	$40.85	$25.33	$24.51	N
83009	Q	H PYLORI (C-13) BLOOD				Medicare	$163.92	$101.63	$98.35	
83010	Q	HAPTOGLOBIN; QUANTITATIVE				Medicare	$30.62	$18.98	$18.37	N
83012	Q	HAPTOGLOBIN; PHENOTYPES				Medicare	$41.83	$25.93	$25.10	N
83013	Q	H PYLORI (C-13) BREATH				Medicare	$163.92	$101.63	$98.35	N
83014	Q	H PYLORI DRUG ADMIN				Medicare	$19.13	$11.86	$11.48	N
83015	Q	HEAVY METAL (ARSENIC BARIUM BERYLLIUM BISMUTH ANTIMONY				Medicare	$45.83	$28.41	$27.50	N
83018	Q	HEAVY METAL (ARSENIC BARIUM BERYLLIUM BISMUTH ANTIMONY				Medicare	$53.43	$33.13	$32.06	N
83020	Q	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTROPHORESIS				Medicare	$31.33	$19.42	$18.80	N
83021	Q	HEMOGLOBIN FRACTIONATION/QUANTITATION; CHROMOTOGRAPHY				Medicare	$43.95	$27.25	$26.37	N
83026	Q	HEMOGLOBIN; BY COPPER SULFATE METHOD NONAUTOMATED				Medicare	$5.75	$3.57	$3.45	N
83030	Q	HEMOGLOBIN; F (FETAL) CHEMICAL				Medicare	$20.13	$12.48	$12.08	N
83033	Q	HEMOGLOBIN; F (FETAL) QUALITATIVE (APT) TEST FECAL				Medicare	$14.50	$8.99	$8.70	N
83036	Q	GLYCOSYLATED HEMOGLOBIN TEST				Medicare	$23.62	$14.64	$14.17	N
83037	E	GLYCOSYLATED HB HOME DEVICE				Not allowed	$0.00			
83045	Q	HEMOGLOBIN; METHEMOGLOBIN QUALITATIVE				Medicare	$12.07	$7.48	$7.24	N
83050	Q	HEMOGLOBIN; METHEMOGLOBIN QUANTITATIVE				Medicare	$17.82	$11.05	$10.69	N
83051	Q	HEMOGLOBIN; PLASMA				Medicare	$17.78	$11.02	$10.67	N
83055	Q	HEMOGLOBIN; SULFHEMOGLOBIN QUALITATIVE				Medicare	$11.98	$7.43	$7.19	N
83060	Q	HEMOGLOBIN; SULFHEMOGLOBIN QUANTITATIVE				Medicare	$20.13	$12.48	$12.08	N
83065	Q	HEMOGLOBIN; THERMOLABILE				Medicare	$16.77	$10.40	$10.06	N
83068	Q	HEMOGLOBIN; UNSTABLE SCREEN				Medicare	$20.62	$12.78	$12.37	N
83069	Q	HEMOGLOBIN; URINE				Medicare	$9.60	$5.95	$5.76	N
83070	Q	HEMOSIDERIN; QUALITATIVE				Medicare	$11.55	$7.16	$6.93	N

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83071	Q	HEMOSIDERIN; QUANTITATIVE				Medicare	$16.72	$10.37	$10.03	N
83080	Q	B-HEXOSAMINIDASE EACH ASSAY				Medicare	$41.05	$25.45	$24.63	N
83088	Q	HISTAMINE				Medicare	$71.87	$44.56	$43.12	N
83090	Q	ASSAY OF HOMOCYSTINE				Medicare	$41.05	$25.45	$24.63	N
83150	Q	HOMOVANILLIC ACID (HVA)				Medicare	$47.08	$29.19	$28.25	N
83491	Q	HYDROXYCORTICOSTEROIDS 17- (17-OHCS)				Medicare	$42.62	$26.42	$25.57	N
83497	Q	HYDROXYINDOLACETIC ACID 5-(HIAA)				Medicare	$31.38	$19.46	$18.83	N
83498	Q	HYDROXYPROGESTERONE 17-D				Medicare	$66.10	$40.98	$39.66	N
83499	Q	HYDROXYPROGESTERONE 20-				Medicare	$61.33	$38.02	$36.80	N
83500	Q	ASSAY, FREE HYDROXYPROLINE				Medicare	$55.12	$34.17	$33.07	N
83505	Q	HYDROXYPROLINE; TOTAL				Medicare	$59.15	$36.67	$35.49	N
83516	Q	IMMUNOASSAY FOR ANALYTE QUALIT OR SEMIQUANTIT; MULT STEP				Medicare	$28.08	$17.41	$16.85	N
83518	Q	IMMUNOASSAY FOR ANALYTE QUALIT OR SEMIQUANTIT; SINGLE STEP				Medicare	$20.63	$12.79	$12.38	N
83519	Q	IMMUNOASSAY ANALYTE; QUANTITATIVE; BY RADIOPHARM TECHNIQUE				Medicare	$32.88	$20.39	$19.73	N
83520	Q	IMMUNOASSAY ANALYTE QUANTITATIVE; NOT OTHERWISE SPECIFIED				Medicare	$31.52	$19.54	$18.91	N
83525	Q	INSULIN; TOTAL				Medicare	$27.82	$17.25	$16.69	N
83527	Q	INSULIN; FREE				Medicare	$31.52	$19.54	$18.91	N
83528	Q	INTRINSIC FACTOR				Medicare	$38.70	$23.99	$23.22	N
83540	Q	IRON				Medicare	$10.55	$6.54	$6.33	N
83550	Q	IRON BINDING CAPACITY				Medicare	$13.20	$8.18	$7.92	N
83570	Q	ISOCITRIC DEHYDROGENASE (IDH)				Medicare	$21.52	$13.34	$12.91	N
83582	Q	KETOGENIC STEROIDS FRACTIONATION				Medicare	$34.48	$21.38	$20.69	N
83586	Q	KETOSTEROIDS 17- (17-KS); TOTAL				Medicare	$31.15	$19.31	$18.69	N
83593	Q	KETOSTEROIDS 17- (17-KS); FRACTIONATION				Medicare	$64.00	$39.68	$38.40	N
83605	Q	LACTATE (LACTIC ACID)				Medicare	$25.98	$16.11	$15.59	N
83615	Q	LACTATE DEHYDROGENASE (LD) (LDH);				Medicare	$14.68	$9.10	$8.81	N
83625	Q	LACTATE DEHYDROGENASE (LD) (LDH);ISOENZYMES SEPARATION & Q				Medicare	$31.15	$19.31	$18.69	N
83630	Q	LACTOFERRIN FECAL (QUAL)				Medicare	$47.77	$29.62	$28.66	
83631	Q	LACTOFERRIN, FECAL (QUANT)				Medicare	$47.77	$29.62	$28.66	N
83632	Q	LACTOGEN HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOT				Medicare	$49.18	$30.49	$29.51	N
83633	Q	LACTOSE URINE; QUALITATIVE				Medicare	$13.40	$8.31	$8.04	N
83634	Q	LACTOSE URINE; QUANTITATIVE				Medicare	$28.05	$17.39	$16.83	N
83655	Q	LEAD				Medicare	$29.45	$18.26	$17.67	N
83661	Q	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); QUANTITATIVE				Medicare	$53.48	$33.16	$32.09	N
83662	Q	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO);FROM STABILITY TEST				Medicare	$16.47	$10.21	$9.88	N

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83663	Q	FLUORO POLARIZE, FETAL LUNG				Medicare	$16.47	$10.21	$9.88	N
83664	Q	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY				Medicare	$16.47	$10.21	$9.88	N
83670	Q	LEUCINE AMINOPEPTIDASE (LAP)				Medicare	$22.30	$13.83	$13.38	N
83690	Q	LIPASE				Medicare	$16.30	$10.11	$9.78	N
83695	Q	ASSAY OF LIPOPROTEIN(A)				Medicare	$31.52	$19.54	$18.91	
83698	Q	ASSAY LIPOPROTEIN PLA2				Medicare	$82.60	$51.21	$49.56	
83700	Q	LIPIDS BLOOD;				Medicare	$27.40	$16.99	$16.44	N
83701	Q	LIPOPROTEIN BLD HR FRACTION				Medicare	$60.40	$37.45	$36.24	
83704	Q	LIPOPROTEIN BLD BY NMR				Medicare	$76.78	$47.60	$46.07	
83718	Q	LIPOPROTEIN DIRECT MEASUREMENT;HIGH DENSITY CHOLESTEROL(HDL				Medicare	$19.93	$12.36	$11.96	N
83719	Q	LIPOPROTEIN DIRECT MEASUREMENT; VLDL CHOLESTEROL				Medicare	$28.32	$17.56	$16.99	
83721	Q	LIPOPROTEIN DIRECT MEASUREMENT; LDL CHOLESTEROL				Medicare	$23.22	$14.40	$13.93	N
83727	Q	LUTEINIZING RELEASING FACTOR (LRH)				Medicare	$41.83	$25.93	$25.10	N
83735	Q	MAGNESIUM				Medicare	$16.30	$10.11	$9.78	N
83775	Q	MALATE DEHYDROGENASE				Medicare	$17.95	$11.13	$10.77	N
83785	Q	MANGANESE				Medicare	$59.83	$37.09	$35.90	N
83788	Q	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY; QUALITATIVE				Medicare	$43.95	$27.25	$26.37	N
83789	Q	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY; QUANTITATIVE				Medicare	$43.95	$27.25	$26.37	N
83805	Q	MEPROBAMATE				Medicare	$42.90	$26.60	$25.74	N
83825	Q	MERCURY QUANTITATIVE				Medicare	$39.57	$24.53	$23.74	N
83835	Q	METANEPHRINES				Medicare	$41.23	$25.56	$24.74	N
83840	Q	METHADONE				Medicare	$39.73	$24.63	$23.84	N
83857	Q	METHEMALBUMIN				Medicare	$26.13	$16.20	$15.68	N
83858	Q	METHSUXIMIDE				Medicare	$36.07	$22.36	$21.64	N
83864	Q	MUCOPOLYSACCHARIDES ACID; QUANTITATIVE				Medicare	$48.45	$30.04	$29.07	N
83866	Q	MUCOPOLYSACCHARIDES ACID; SCREEN				Medicare	$23.98	$14.87	$14.39	N
83872	Q	MUCIN SYNOVIAL FLUID (ROPES TEST)				Medicare	$14.27	$8.85	$8.56	N
83873	Q	ASSAY OF CSF PROTEIN				Medicare	$41.87	$25.96	$25.12	
83874	Q	MYOGLOBIN				Medicare	$31.43	$19.49	$18.86	N
83876	Q	ASSAY, MYELOPEROXIDASE				Medicare	$31.52	$19.54	$18.91	
83880	Q	NATRIURETIC PEPTIDE				Medicare	$82.60	$51.21	$49.56	N
83883	Q	NEPHELOMETRY EACH ANALYTE NOT ELSEWHERE SPECIFIED				Medicare	$33.08	$20.51	$19.85	N
83885	Q	NICKEL				Medicare	$59.62	$36.96	$35.77	N
83887	Q	NICOTINE				Medicare	$57.63	$35.73	$34.58	N
83890	Q	MOLECULAR DIAGNOSTICS; MOLECULAR ISOLATION OR EXTRACTION				Medicare	$9.75	$6.05	$5.85	N
83891	Q	MOLECULAR DIAGNOSTICS; ISOLATION/EXTRACTION NUCLEIC ACID				Medicare	$9.75	$6.05	$5.85	N

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83892	Q	MOLECULAR DIAGNOSTICS				Medicare	$9.75	$6.05	$5.85	N
83893	Q	MOLECULE DOT/SLOT/BLOT				Medicare	$9.75	$6.05	$5.85	N
83894	Q	MOLECULE GEL ELECTROPHOR				Medicare	$9.75	$6.05	$5.85	N
83896	Q	MOLECULAR DIAGNOSTICS				Medicare	$9.75	$6.05	$5.85	N
83897	Q	MOLECULE NUCLEIC TRANSFER				Medicare	$9.75	$6.05	$5.85	N
83898	Q	MOLECULE NUCLEIC AMPLI EACH				Medicare	$40.78	$25.28	$24.47	N
83900	Q	MOLECULE NUCLEIC AMPLI 2 SEQ				Medicare	$81.58	$50.58	$48.95	N
83901	Q	MOLECULE NUCLEIC AMPLI ADDON				Medicare	$40.78	$25.28	$24.47	N
83902	Q	MOLECULAR DIAGNOSTICS				Medicare	$34.53	$21.41	$20.72	N
83903	Q	MOLECULAR DIAGNOSTICS; MUTATION SCANNING SINGLE SEGMENT EA				Medicare	$40.78	$25.28	$24.47	N
83904	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF SEQUENCING EA SGMNT				Medicare	$40.78	$25.28	$24.47	N
83905	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF ALLELE TRANSCRIP EA				Medicare	$40.78	$25.28	$24.47	N
83906	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF. ALLELE TRANSLAT EA				Medicare	$40.78	$25.28	$24.47	N
83907	Q	LYSE CELLS FOR NUCLEIC EXT				Medicare	$32.50	$20.15	$19.50	
83908	Q	NUCLEIC ACID SIGNAL AMPLI				Medicare	$40.78	$25.28	$24.47	
83909	Q	NUCLEIC ACID HIGH RESOLUTE				Medicare	$40.78	$25.28	$24.47	
83912	Q	GENETIC EXAMINATION				Medicare	$9.75	$6.05	$5.85	N
83913	Q	MOLECULAR, RNA STABILIZATION				Medicare	$32.50	$20.15	$19.50	
83914	Q	MUTATION IDENT OLA/SBCE/ASPE				Medicare	$40.78	$25.28	$24.47	
83915	Q	NUCLEOTIDASE 5'-				Medicare	$27.15	$16.83	$16.29	N
83916	Q	OLIGOCLONAL BANDS				Medicare	$48.93	$30.34	$29.36	
83918	Q	ORGANIC ACIDS QUANTITATIVE EACH SPECIMEN				Medicare	$40.07	$24.84	$24.04	N
83919	Q	ORGANIC ACIDS; QUALITATIVE EACH SPECIMEN				Medicare	$40.07	$24.84	$24.04	N
83921	Q	ORGANIC ACID SINGLE QUANT				Medicare	$40.07	$24.84	$24.04	N
83925	Q	OPIATES (EG MORPHINE MEPERIDINE)				Medicare	$47.35	$29.36	$28.41	N
83930	Q	OSMOLALITY; BLOOD				Medicare	$16.08	$9.97	$9.65	N
83935	Q	OSMOLALITY; URINE				Medicare	$16.58	$10.28	$9.95	N
83937	Q	OSTEOCALCIN (BONE G1A PROTEIN)				Medicare	$72.65	$45.04	$43.59	N
83945	Q	OXALATE				Medicare	$31.33	$19.42	$18.80	N
83950	Q	ONCOPROTEIN HER-2/NEU				Medicare	$156.73	$97.17	$94.04	
83951	Q	ONCOPROTEIN, DCP				Medicare	$156.73	$97.17	$94.04	
83970	Q	PARATHORMONE (PARATHYROID HORMONE)				Medicare	$100.45	$62.28	$60.27	N
83986	Q	PH BODY FLUID EXCEPT BLOOD				Medicare	$8.70	$5.39	$5.22	N
83992	Q	PHENCYCLIDINE (PCP)				Medicare	$35.77	$22.18	$21.46	N
83993	Q	ASSAY FOR CALPROTECTIN FECAL				Medicare	$47.77	$29.62	$28.66	
84022	Q	PHENOTHIAZINE				Medicare	$37.90	$23.50	$22.74	N
84030	Q	PHENYLALANINE (PKU) BLOOD				Medicare	$13.40	$8.31	$8.04	N
84035	Q	PHENYLKETONES QUALITATIVE				Medicare	$8.90	$5.52	$5.34	N

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84060	Q	PHOSPHATASE ACID; TOTAL				Medicare	$17.97	$11.14	$10.78	N
84061	Q	PHOSPHATASE ACID; FORENSIC EXAMINATION				Medicare	$19.25	$11.94	$11.55	N
84066	Q	PHOSPHATASE ACID; PROSTATIC				Medicare	$23.50	$14.57	$14.10	N
84075	Q	PHOSPHATASE ALKALINE;				Medicare	$12.60	$7.81	$7.56	N
84078	Q	PHOSPHATASE ALKALINE; HEAT STABLE (TOTAL NOT INCLUDED)				Medicare	$17.77	$11.02	$10.66	N
84080	Q	PHOSPHATASE ALKALINE; ISOENZYMES				Medicare	$35.98	$22.31	$21.59	N
84081	Q	PHOSPHATIDYLGLYCEROL				Medicare	$40.20	$24.92	$24.12	
84085	Q	PHOSPHOGLUCONATE 6- DEHYDROGENASE RBC				Medicare	$16.40	$10.17	$9.84	N
84087	Q	PHOSPHOHEXOSE ISOMERASE				Medicare	$25.12	$15.57	$15.07	N
84100	Q	PHOSPHORUS INORGANIC (PHOSPHATE);				Medicare	$11.55	$7.16	$6.93	N
84105	Q	PHOSPHORUS INORGANIC (PHOSPHATE); URINE				Medicare	$12.60	$7.81	$7.56	N
84106	Q	PORPHOBILINOGEN URINE; QUALITATIVE				Medicare	$10.42	$6.46	$6.25	N
84110	Q	PORPHOBILINOGEN URINE; QUANTITATIVE				Medicare	$20.57	$12.75	$12.34	N
84119	Q	PORPHYRINS URINE; QUALITATIVE				Medicare	$20.95	$12.99	$12.57	N
84120	Q	PORPHYRINS URINE; QUANTITATION & FRACTIONATION				Medicare	$35.78	$22.18	$21.47	N
84126	Q	PORPHYRINS FECES; QUANTITATIVE				Medicare	$61.98	$38.43	$37.19	N
84127	Q	PORPHYRINS FECES; QUALITATIVE				Medicare	$28.35	$17.58	$17.01	N
84132	Q	POTASSIUM; SERUM				Medicare	$11.17	$6.93	$6.70	N
84133	Q	POTASSIUM; URINE				Medicare	$10.47	$6.49	$6.28	N
84134	Q	PREALBUMIN				Medicare	$35.50	$22.01	$21.30	N
84135	Q	PREGNANEDIOL				Medicare	$46.57	$28.87	$27.94	N
84138	Q	PREGNANETRIOL				Medicare	$46.08	$28.57	$27.65	N
84140	Q	PREGNENOLONE				Medicare	$50.32	$31.20	$30.19	N
84143	Q	17-HYDROXYPREGNENOLONE				Medicare	$37.45	$23.22	$22.47	N
84144	Q	PROGESTERONE				Medicare	$50.77	$31.48	$30.46	N
84146	Q	PROLACTIN				Medicare	$47.17	$29.25	$28.30	N
84150	Q	PROSTAGLANDIN EACH				Medicare	$60.75	$37.67	$36.45	N
84152	Q	ASSAY OF PSA, COMPLEXED				Medicare	$44.75	$27.75	$26.85	N
84153	Q	PROSTATE SPECIFIC ANTIGEN (PSA); TOTAL				Medicare	$44.75	$27.75	$26.85	N
84154	Q	PROSTATE SPECIFIC ANTIGEN (PSA); FREE				Medicare	$44.75	$27.75	$26.85	N
84155	Q	ASSAY OF PROTEIN SERUM				Medicare	$8.92	$5.53	$5.35	N
84156	Q	ASSAY OF PROTEIN URINE				Medicare	$8.92	$5.53	$5.35	
84157	Q	ASSAY OF PROTEIN OTHER				Medicare	$8.92	$5.53	$5.35	
84160	Q	ASSAY OF PROTEIN ANY SOURCE				Medicare	$12.60	$7.81	$7.56	N
84163	Q	PAPPA SERUM				Medicare	$36.63	$22.71	$21.98	
84165	Q	PROTEIN E-PHORESIS SERUM				Medicare	$26.13	$16.20	$15.68	N
84166	Q	PROTEIN E-PHORESIS/URINE/CSF				Medicare	$43.40	$26.91	$26.04	
84181	Q	PROTEIN;WESTERN BLOT W/INTERP & REPORT BLOOD OR OTHER BODY				Medicare	$41.45	$25.70	$24.87	N
84182	Q	WESTERN BLOT W/INTERP & REPORT BLOOD OR OTHER BODY FLUID I				Medicare	$43.80	$27.16	$26.28	N

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84202	Q	PROTOPORPHYRIN RBC; QUANTITATIVE				Medicare	$34.92	$21.65	$20.95	N
84203	Q	PROTOPORPHYRIN RBC; SERUM				Medicare	$20.95	$12.99	$12.57	N
84206	Q	PROINSULIN				Medicare	$43.35	$26.88	$26.01	N
84207	Q	PYRIDOXAL PHOSPHATE (VITAMIN B-6)				Medicare	$68.37	$42.39	$41.02	N
84210	Q	PYRUVATE				Medicare	$26.42	$16.38	$15.85	N
84220	Q	PYRUVATE KINASE				Medicare	$22.95	$14.23	$13.77	N
84228	Q	QUININE				Medicare	$28.32	$17.56	$16.99	N
84233	Q	RECEPTOR ASSAY; ESTROGEN				Medicare	$156.73	$97.17	$94.04	N
84234	Q	RECEPTOR ASSAY; PROGESTERONE				Medicare	$157.87	$97.88	$94.72	N
84235	Q	RECEPTOR ASSAY;ENDOCRINE OTHER THAN ESTROGEN OR PROGESTERON				Medicare	$127.35	$78.96	$76.41	N
84238	Q	ASSAY NONENDOCRINE RECEPTOR				Medicare	$88.98	$55.17	$53.39	
84244	Q	RENIN				Medicare	$53.53	$33.19	$32.12	N
84252	Q	RIBOFLAVIN (VITAMIN B-2)				Medicare	$49.25	$30.54	$29.55	N
84255	Q	SELENIUM				Medicare	$62.12	$38.51	$37.27	N
84260	Q	ASSAY OF SEROTONIN				Medicare	$75.38	$46.74	$45.23	N
84270	Q	SEX HORMONE BINDING GLOBULIN (SHBG)				Medicare	$52.88	$32.79	$31.73	N
84275	Q	SIALIC ACID				Medicare	$32.68	$20.26	$19.61	N
84285	Q	SILICA				Medicare	$57.30	$35.53	$34.38	N
84295	Q	SODIUM; SCREEN				Medicare	$11.70	$7.25	$7.02	N
84300	Q	SODIUM; URINE				Medicare	$11.83	$7.33	$7.10	N
84302	Q	ASSAY OF SWEAT SODIUM				Medicare	$11.83	$7.33	$7.10	
84305	Q	SOMATOMEDIN				Medicare	$51.73	$32.07	$31.04	N
84307	Q	SOMATOSTATIN				Medicare	$44.50	$27.59	$26.70	N
84311	Q	SPECTROPHOTOMETRY ANALYTE NOT ELSEWHERE SPECIFIED				Medicare	$17.00	$10.54	$10.20	N
84315	Q	SPECIFIC GRAVITY (EXCEPT URINE)				Medicare	$6.10	$3.78	$3.66	N
84375	Q	SUGARS CHROMATOGRAPHIC TLC OR PAPER CHROMATOGRAPHY				Medicare	$47.70	$29.57	$28.62	N
84376	Q	SUGARS (MON- DI AND OLIGOSACCHARIDES); SINGLE QUALITATIVE				Medicare	$13.40	$8.31	$8.04	N
84377	Q	SUGARS (MON- DI AND OLIGOSACCHARIDES); MULTIPLE QUALITATIVE				Medicare	$13.40	$8.31	$8.04	N
84378	Q	SUGARS SINGLE QUANT				Medicare	$28.05	$17.39	$16.83	N
84379	Q	SUGARS (MON- DI AND OLIGOSACCHARIDES); MULTIPLE QUANTITATIVE				Medicare	$28.05	$17.39	$16.83	N
84392	Q	SULFATE URINE				Medicare	$11.55	$7.16	$6.93	N
84402	Q	TESTOSTERONE; FREE				Medicare	$61.97	$38.42	$37.18	N
84403	Q	TESTOSTERONE; TOTAL				Medicare	$62.83	$38.95	$37.70	N
84425	Q	THIAMINE (VITAMIN B-1)				Medicare	$51.68	$32.04	$31.01	N
84430	Q	THIOCYANATE				Medicare	$28.32	$17.56	$16.99	N
84432	Q	THYROGLOBULIN				Medicare	$39.08	$24.23	$23.45	N

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84436	Q	THYROXINE; TOTAL				Medicare	$16.72	$10.37	$10.03	N
84437	Q	THYROXINE; REQUIRING ELUTION (EG NEONATAL)				Medicare	$15.75	$9.77	$9.45	N
84439	Q	THYROXINE; FREE				Medicare	$21.95	$13.61	$13.17	N
84442	Q	THYROXINE BINDING GLOBULIN (TBG)				Medicare	$35.98	$22.31	$21.59	N
84443	Q	THYROID STIMULATING HORMONE (TSH)				Medicare	$40.88	$25.35	$24.53	N
84445	Q	ASSAY OF TSI				Medicare	$123.73	$76.71	$74.24	N
84446	Q	TOCOPHEROL ALPHA (VITAMIN E)				Medicare	$34.50	$21.39	$20.70	N
84449	Q	TRANSCORTIN (CORTISOL BINDING GLOBULIN)				Medicare	$43.80	$27.16	$26.28	N
84450	Q	TRANSFERASE; ASPARTATE AMINO (AST)(SGOT)				Medicare	$12.58	$7.80	$7.55	N
84460	Q	TRANSFERASE; ALANINE AMINO (ALT)(SGPT)				Medicare	$12.88	$7.99	$7.73	N
84466	Q	TRANSFERRIN				Medicare	$31.07	$19.26	$18.64	N
84478	Q	TRIGLYCERIDES				Medicare	$14.00	$8.68	$8.40	N
84479	Q	TRIIODOTHYRONINE (T-3); RESIN UPTAKE				Medicare	$15.75	$9.77	$9.45	N
84480	Q	TRIIODOTHYRONINE (T-3); TOTAL (TT-3)				Medicare	$34.50	$21.39	$20.70	N
84481	Q	TRIIODOTHYRONINE (T-3); FREE				Medicare	$41.23	$25.56	$24.74	N
84482	Q	T3 REVERSE				Medicare	$38.35	$23.78	$23.01	N
84484	Q	TROPONIN QUALITATIVE				Medicare	$23.95	$14.85	$14.37	N
84485	Q	TRYPSIN; DUODENAL FLUID				Medicare	$18.27	$11.33	$10.96	N
84488	Q	TRYPSIN; FECES QUALITATIVE				Medicare	$17.77	$11.02	$10.66	N
84490	Q	TRYPSIN; FECES QUANTITATIVE 24-HOUR COLLECTION				Medicare	$18.52	$11.48	$11.11	N
84510	Q	TYROSINE				Medicare	$25.30	$15.69	$15.18	N
84512	Q	TROPONIN QUALITATIVE				Medicare	$18.73	$11.61	$11.24	N
84520	Q	UREA NITROGEN; QUANTITATIVE				Medicare	$9.60	$5.95	$5.76	N
84525	Q	UREA NITROGEN; SEMIQUANTITATIVE (EG REAGENT STRIP TEST)				Medicare	$9.15	$5.67	$5.49	N
84540	Q	UREA NITROGEN URINE				Medicare	$11.55	$7.16	$6.93	N
84545	Q	UREA NITROGEN CLEARANCE				Medicare	$16.07	$9.96	$9.64	N
84550	Q	URIC ACID; BLOOD				Medicare	$10.98	$6.81	$6.59	N
84560	Q	URIC ACID; OTHER SOURCE				Medicare	$11.55	$7.16	$6.93	N
84577	Q	UROBILINOGEN FECES QUANTITATIVE				Medicare	$30.37	$18.83	$18.22	N
84578	Q	UROBILINOGEN URINE; QUALITATIVE				Medicare	$7.90	$4.90	$4.74	N
84580	Q	UROBILINOGEN URINE; QUANTITATIVE TIMED SPECIMEN				Medicare	$17.27	$10.71	$10.36	N
84583	Q	UROBILINOGEN URINE; SEMIQUANTITATIVE				Medicare	$12.23	$7.58	$7.34	N
84585	Q	VANILLYLMANDELIC ACID (VMA) URINE				Medicare	$37.73	$23.39	$22.64	N
84586	Q	VASOACTIVE INTESTINAL PEPTIDE (VIP)				Medicare	$85.98	$53.31	$51.59	N
84588	Q	VASOPRESSIN (ANTIDIURETIC HORMONE ADH)				Medicare	$82.60	$51.21	$49.56	N
84590	Q	VITAMIN A				Medicare	$28.22	$17.50	$16.93	N
84591	Q	ASSAY OF NOS VITAMIN				Medicare	$28.22	$17.50	$16.93	N
84597	Q	VITAMIN K				Medicare	$33.35	$20.68	$20.01	N
84600	Q	VOLATILES (EG ACETIC ANHYDRIDE CARBON TETRACHLORIDE DICHL				Medicare	$39.12	$24.25	$23.47	N

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84620	Q	XYLOSE ABSORPTION TEST BLOOD AND/OR URINE				Medicare	$28.82	$17.87	$17.29	N
84630	Q	ZINC				Medicare	$27.72	$17.19	$16.63	N
84681	Q	C-PEPTIDE				Medicare	$39.63	$24.57	$23.78	N
84702	Q	GONADOTROPIN CHORIONIC (HCG); QUANTITATIVE				Medicare	$36.63	$22.71	$21.98	N
84703	Q	GONADOTROPIN CHORIONIC (HCG); QUALITATIVE				Medicare	$18.28	$11.33	$10.97	N
84704	Q	HCG, FREE BETACHAIN TEST				Medicare	$36.63	$22.71	$21.98	
84830	Q	OVULATION TESTS BY VISUAL COLOR COMPARISON METHODS FOR HUMA				Medicare	$9.65	$5.98	$5.79	N
84999	M	UNLISTED CHEMISTRY PROCEDURE				By Report	$0.00			N
85002	Q	BLEEDING TIME				Medicare	$10.95	$6.79	$6.57	N
85004	Q	AUTOMATED DIFF WBC COUNT				Medicare	$15.75	$9.77	$9.45	
85007	Q	BL SMEAR W/DIFF WBC COUNT				Medicare	$8.37	$5.19	$5.02	N
85008	Q	BL SMEAR W/O DIFF WBC COUNT				Medicare	$8.37	$5.19	$5.02	N
85009	Q	MANUAL DIFF WBC COUNT B-COAT				Medicare	$7.00	$4.34	$4.20	N
85013	Q	SPUN MICROHEMATOCRIT				Medicare	$5.77	$3.58	$3.46	N
85014	Q	HEMATOCRIT				Medicare	$5.77	$3.58	$3.46	N
85018	Q	HEMOGLOBIN				Medicare	$5.77	$3.58	$3.46	N
85025	Q	COMPLETE CBC W/AUTO DIFF WBC				Medicare	$18.92	$11.73	$11.35	N
85027	Q	COMPLETE CBC AUTOMATED				Medicare	$15.75	$9.77	$9.45	N
85032	Q	MANUAL CELL COUNT EACH				Medicare	$10.47	$6.49	$6.28	
85041	Q	AUTOMATED RBC COUNT				Medicare	$7.33	$4.54	$4.40	N
85044	Q	MANUAL RETICULOCYTE COUNT				Medicare	$10.47	$6.49	$6.28	N
85045	Q	AUTOMATED RETICULOCYTE COUNT				Medicare	$9.75	$6.05	$5.85	N
85046	Q	RETICYTE/HGB CONCENTRATE				Medicare	$13.58	$8.42	$8.15	N
85048	Q	AUTOMATED LEUKOCYTE COUNT				Medicare	$6.18	$3.83	$3.71	N
85049	Q	AUTOMATED PLATELET COUNT				Medicare	$10.88	$6.75	$6.53	
85055	Q	RETICULATED PLATELET ASSAY				Medicare	$65.15	$40.39	$39.09	
85060	M	BLOOD SMEAR INTERPRETATION				Fee schedule	$0.00			N
85097	X	BONE MARROW INTERPRETATION	0343	0.5230		APC	$26.47			N
85130	Q	CHROMOGENIC SUBSTRATE ASSAY				Medicare	$28.95	$17.95	$17.37	N
85170	Q	CLOT RETRACTION				Medicare	$8.80	$5.46	$5.28	N
85175	Q	CLOT LYSIS TIME WHOLE BLOOD DILUTION				Medicare	$11.07	$6.86	$6.64	N
85210	Q	CLOTTING; FACTOR II PROTHROMBIN SPECIFIC				Medicare	$31.60	$19.59	$18.96	N
85220	Q	CLOTTING; FACTOR V (ACG OR PROACCELERIN) LABILE FACTOR				Medicare	$42.95	$26.63	$25.77	N
85230	Q	CLOTTING; FACTOR VII (PROCONVERTIN STABLE FACTOR)				Medicare	$43.57	$27.01	$26.14	N
85240	Q	CLOTTING; FACTOR VIII (AHG) ONE STAGE				Medicare	$43.57	$27.01	$26.14	N
85244	Q	CLOTTING; FACTOR VIII RELATED ANTIGEN				Medicare	$49.68	$30.80	$29.81	
85245	Q	CLOTTING; FACTOR VIII VW FACTOR RISTOCETIN COFACTOR				Medicare	$55.85	$34.63	$33.51	N
85246	Q	CLOTTING; FACTOR VIII VW FACTOR ANTIGEN				Medicare	$55.85	$34.63	$33.51	N

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85247	Q	CLOTTING; FACTOR VIII VON WILLEBRAND'S FACTOR MULTIMETRIC				Medicare	$55.85	$34.63	$33.51	N
85250	Q	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)				Medicare	$46.32	$28.72	$27.79	N
85260	Q	CLOTTING; FACTOR X (STUART-POWER)				Medicare	$43.57	$27.01	$26.14	N
85270	Q	CLOTTING; FACTOR XI (PTA)				Medicare	$43.57	$27.01	$26.14	N
85280	Q	CLOTTING; FACTOR XII (HAGEMAN)				Medicare	$47.08	$29.19	$28.25	N
85290	Q	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)				Medicare	$39.77	$24.66	$23.86	N
85291	Q	CLOTTING;FACTOR XIII (FIBRIN STABILIZING) SCREEN SOLUBILITY				Medicare	$21.63	$13.41	$12.98	N
85292	Q	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)				Medicare	$46.08	$28.57	$27.65	
85293	Q	CLOTTING;HIGH MOLECULAR WEIGHT KININOGEN ASSAY(FITZGERALD FA				Medicare	$46.08	$28.57	$27.65	
85300	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;ANTITHROMBIN III ACTI				Medicare	$28.83	$17.87	$17.30	N
85301	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;ANTITHROMBIN III ANTI				Medicare	$26.32	$16.32	$15.79	
85302	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;PROTEIN C ANTIGEN				Medicare	$29.25	$18.14	$17.55	
85303	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C ACTIVITY				Medicare	$33.65	$20.86	$20.19	N
85305	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S TOTAL				Medicare	$28.22	$17.50	$16.93	N
85306	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S FREE				Medicare	$37.28	$23.11	$22.37	N
85307	Q	ASSAY ACTIVATED PROTEIN C				Medicare	$37.28	$23.11	$22.37	N
85335	Q	FACTOR INHIBITOR TEST				Medicare	$31.33	$19.42	$18.80	N
85337	Q	THROMBOMODULIN				Medicare	$25.37	$15.73	$15.22	N
85345	Q	COAGULATION TIME; LEE & WHITE				Medicare	$10.47	$6.49	$6.28	N
85347	Q	COAGULATION TIME; ACTIVATED				Medicare	$10.37	$6.43	$6.22	N
85348	Q	COAGULATION TIME; OTHER METHODS				Medicare	$9.07	$5.62	$5.44	N
85360	Q	EUGLOBULIN LYSIS				Medicare	$20.43	$12.67	$12.26	N
85362	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);				Medicare	$16.77	$10.40	$10.06	N
85366	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);				Medicare	$20.95	$12.99	$12.57	N
85370	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);				Medicare	$27.63	$17.13	$16.58	N
85378	Q	FIBRIN DEGRADE SEMIQUANT				Medicare	$17.35	$10.76	$10.41	N
85379	Q	FIBRIN DEGRADATION QUANT				Medicare	$24.75	$15.35	$14.85	N
85380	Q	FIBRIN DEGRADATION VTE				Medicare	$24.75	$15.35	$14.85	
85384	Q	FIBRINOGEN; ACTIVITY				Medicare	$20.67	$12.82	$12.40	N
85385	Q	FIBRINOGEN; ANTIGEN				Medicare	$20.67	$12.82	$12.40	N
85390	Q	FIBRINOLYSINS OR COAGULOPATHY SCREEN INTERPRETATION AND REP				Medicare	$12.57	$7.79	$7.54	N
85396	N	FIBRINOLYSINS CLOT LYSI				Bundled	$0.00			
85397	Q	CLOTTING FUNCT ACTIVITY				Medicare	$55.85	$34.63	$33.51	

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85400	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN				Medicare	$21.52	$13.34	$12.91	N
85410	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ACTIVATOR				Medicare	$18.77	$11.64	$11.26	N
85415	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR				Medicare	$41.83	$25.93	$25.10	N
85420	Q	FIBRINOLYTIC FACTORS AND INHIBITORS;PLASMINOGEN EXCEPT ANTI				Medicare	$15.92	$9.87	$9.55	N
85421	Q	FIBRINOLYTIC FACTORS AND INHIBITORS;PLASMINOGEN ANTIGENIC A				Medicare	$24.78	$15.36	$14.87	
85441	Q	HEINZ BODIES; DIRECT				Medicare	$10.23	$6.34	$6.14	N
85445	Q	HEINZ BODIES; INDUCED ACETYL PHENYLHYDRAZINE				Medicare	$16.58	$10.28	$9.95	N
85460	Q	HGC OR RBC'S FETAL FOR FETOMATERNAL HEMORRHAGE; DIFF LYSIS				Medicare	$18.83	$11.67	$11.30	N
85461	Q	HGB OR RBC'S FETAL FOR FETOMATERNAL HEMORRHAGE; ROSETTE				Medicare	$16.15	$10.01	$9.69	N
85475	Q	HEMOLYSIN ACID				Medicare	$21.58	$13.38	$12.95	N
85520	Q	HEPARIN ASSAY				Medicare	$31.85	$19.75	$19.11	N
85525	Q	HEPARIN NEUTRALIZATION				Medicare	$28.83	$17.87	$17.30	N
85530	Q	HEPARIN-PROTAMINE TOLERANCE TEST				Medicare	$34.50	$21.39	$20.70	N
85536	Q	IRON STAIN PERIPHERAL BLOOD				Medicare	$15.75	$9.77	$9.45	N
85540	Q	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT				Medicare	$20.93	$12.98	$12.56	N
85547	Q	MECHANICAL FRAGILITY RBC				Medicare	$20.93	$12.98	$12.56	N
85549	Q	MURAMIDASE				Medicare	$45.65	$28.30	$27.39	N
85555	Q	OSMOTIC FRAGILITY RBC; UNINCUBATED				Medicare	$16.27	$10.09	$9.76	N
85557	Q	OSMOTIC FRAGILITY RBC; INCUBATED				Medicare	$32.50	$20.15	$19.50	N
85576	Q	PLATELET; AGGREGATION (IN VITRO) EACH AGENT				Medicare	$52.28	$32.41	$31.37	
85597	Q	PLATELET NEUTRALIZATION				Medicare	$13.02	$8.07	$7.81	N
85610	Q	PROTHROMBIN TIME;				Medicare	$9.57	$5.93	$5.74	N
85611	Q	PROTHROMBIN TIME; SUBSTITUTIONS PLASMA FRACTIONS EACH				Medicare	$9.58	$5.94	$5.75	N
85612	Q	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED				Medicare	$23.28	$14.43	$13.97	N
85613	Q	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED				Medicare	$23.28	$14.43	$13.97	N
85635	Q	REPTILASE TEST				Medicare	$23.97	$14.86	$14.38	N
85651	Q	SEDIMENTATION RATE ERYTHROCYTE NON-AUTOMATED				Medicare	$8.63	$5.35	$5.18	N
85652	Q	SEDIMENTATION RATE ERYTHROCYTE; AUTOMATED				Medicare	$6.57	$4.07	$3.94	N
85660	Q	SICKLING OF RBC REDUCTION				Medicare	$13.43	$8.33	$8.06	N
85670	Q	THROMBIN TIME; PLASMA				Medicare	$14.07	$8.72	$8.44	N
85675	Q	THROMBIN TIME; TITER				Medicare	$16.67	$10.34	$10.00	N
85705	Q	THROMBOPLASTIN INHIBITION; TISSUE				Medicare	$22.95	$14.23	$13.77	N
85730	Q	THROMBOPLASTIN TIME PARTIAL (PTT); PLASMA OR WHOLE BLOOD				Medicare	$14.60	$9.05	$8.76	N

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85732	Q	THROMBOPLASTIN TIME PARTIAL (PTT);SUBSTITUTION PLASMA FRAC				Medicare	$15.75	$9.77	$9.45	N
85810	Q	VISCOSITY				Medicare	$28.42	$17.62	$17.05	N
85999	E	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE				Not Allowed	$0.00			N
86000	Q	AGGLUTININS FEBRILE (EG BRUCELLA FRANCISELLA MURINE TYPH				Medicare	$16.98	$10.53	$10.19	N
86001	Q	ALLERGEN SPECIFIC IGG				Medicare	$7.03	$4.36	$4.22	N
86003	Q	ALLERGEN SPECIFIC IGE;QUANTITATIVE/SEMI-QUANT EACH ALLERGEN				Medicare	$7.03	$4.36	$4.22	N
86005	Q	ALLERGEN SPECIFIC IGE;QUALITATIVE MULTIALLERGEN SCREEN (DIP				Medicare	$19.40	$12.03	$11.64	N
86021	Q	ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES				Medicare	$36.63	$22.71	$21.98	N
86022	Q	PLATELET ANTIBODIES				Medicare	$44.70	$27.71	$26.82	N
86023	Q	IMMUNOGLOBULIN ASSAY				Medicare	$30.32	$18.80	$18.19	
86038	Q	ANTINUCLEAR ANTIBODIES (ANA);				Medicare	$29.42	$18.24	$17.65	N
86039	Q	ANTINUCLEAR ANTIBODIES (ANA); TITER				Medicare	$27.17	$16.85	$16.30	N
86060	Q	ANTISTREPTOLYSIN 0; TITER				Medicare	$17.77	$11.02	$10.66	N
86063	Q	ANTISTREPTOLYSIN 0; SCREEN				Medicare	$14.07	$8.72	$8.44	N
86077	X	PHYSICIAN BLOOD BANK SERVICE	0433	0.2498		APC	$12.64			N
86078	X	PHYSICIAN BLOOD BANK SERVICE	0343	0.5230		APC	$26.47			N
86079	X	PHYSICIAN BLOOD BANK SERVICE	0433	0.2498		APC	$12.64			N
86140	Q	C-REACTIVE PROTEIN				Medicare	$12.60	$7.81	$7.56	N
86141	Q	C-REACTIVE PROTEIN HS				Medicare	$31.52	$19.54	$18.91	
86146	Q	GLYCOPROTEIN ANTIBODY				Medicare	$61.90	$38.38	$37.14	N
86147	Q	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY				Medicare	$61.90	$38.38	$37.14	N
86148	Q	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID)				Medicare	$39.08	$24.23	$23.45	N
86155	Q	CHEMOTAXIS ASSAY SPECIFY METHOD				Medicare	$38.88	$24.11	$23.33	N
86156	Q	COLD AGGLUTININ; SCREEN				Medicare	$16.30	$10.11	$9.78	N
86157	Q	COLD AGGLUTININ; TITER				Medicare	$19.62	$12.16	$11.77	N
86160	Q	COMPLEMENT; ANTIGEN EACH COMPONENT				Medicare	$29.22	$18.12	$17.53	N
86161	Q	COMPLEMENT; FUNCTIONAL ACTIVITY EACH COMPONENT				Medicare	$29.22	$18.12	$17.53	N
86162	Q	COMPLEMENT; TOTAL HEMOLYTIC (CH50)				Medicare	$46.87	$29.06	$28.12	N
86171	Q	COMPLEMENT FIXATION TESTS EACH ANTIGEN				Medicare	$24.38	$15.12	$14.63	N
86185	Q	COUNTERIMMUNOELECTROPHORESIS EACH ANTIGEN				Medicare	$21.77	$13.50	$13.06	N
86200	Q	CCP ANTIBODY				Medicare	$31.52	$19.54	$18.91	
86215	Q	DEOXYRIBONUCLEASE ANTIBODY				Medicare	$32.25	$20.00	$19.35	N
86225	Q	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY;NATIVE OR DOUBLE STRAND				Medicare	$33.43	$20.73	$20.06	N
86226	Q	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED				Medicare	$26.92	$16.69	$16.15	N
86235	Q	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY TO ANY METHOD (EG NR				Medicare	$43.63	$27.05	$26.18	N
86243	Q	FC RECEPTOR				Medicare	$49.93	$30.96	$29.96	N

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86255	Q	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; SCREEN EA ANTIBODY				Medicare	$29.33	$18.18	$17.60	N
86256	Q	FLUORESCENT NONINFECTIOUS AGENT ANTIBODY; TITER EA ANTIBODY				Medicare	$29.33	$18.18	$17.60	N
86277	Q	GROWTH HORMONE HUMAN (HGH) ANTIBODY				Medicare	$38.30	$23.75	$22.98	N
86280	Q	HEMAGGLUTINATION INHIBITION TEST (HAI)				Medicare	$19.93	$12.36	$11.96	N
86294	Q	IMMUNOASSAY TUMOR QUAL				Medicare	$47.73	$29.59	$28.64	N
86300	Q	IMMUNOASSAY TUMOR CA 15-3				Medicare	$50.63	$31.39	$30.38	N
86301	Q	IMMUNOASSAY TUMOR CA 19-9				Medicare	$50.63	$31.39	$30.38	N
86304	Q	IMUNOASSAY FOR TUMOR ANTIGEN QUANTITATIVE; CA 125				Medicare	$50.63	$31.39	$30.38	N
86308	Q	HETEROPHILE ANTIBODIES; SCREENING				Medicare	$9.98	$6.19	$5.99	N
86309	Q	HETEROPHILE ANTIBODIES; TITER				Medicare	$15.75	$9.77	$9.45	N
86310	Q	HETEROPHILE ANTIBODIES;TITERS AFTER ABSORPTION W/BEEF CELLS				Medicare	$17.95	$11.13	$10.77	N
86316	Q	IMMUNOASSAY, TUMOR OTHER				Medicare	$50.63	$31.39	$30.38	N
86317	Q	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY QUANTITATIVE NOS				Medicare	$26.95	$16.71	$16.17	N
86318	Q	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY QUALITATIVE OR SE				Medicare	$31.52	$19.54	$18.91	N
86320	Q	IMMUNOELECTROPHORESIS; SERUM				Medicare	$54.53	$33.81	$32.72	N
86325	Q	OTHER IMMUNOELECTROPHORESIS				Medicare	$54.42	$33.74	$32.65	N
86327	Q	IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY)				Medicare	$55.22	$34.24	$33.13	
86329	Q	IMMUNODIFFUSION; NOT ELSEWHERE SPECIFIED				Medicare	$34.18	$21.19	$20.51	N
86331	Q	IMMUNODIFFUSION; GEL DIFFUSION QUALITATIVE EACH ANTIGEN AN				Medicare	$29.17	$18.09	$17.50	N
86332	Q	IMMUNE COMPLEX ASSAY				Medicare	$59.32	$36.78	$35.59	N
86334	Q	IMMUNOFIX E-PHORESIS SERUM				Medicare	$54.37	$33.71	$32.62	N
86335	Q	IMMUNOGLOBULIN TYPING (GC GM INV) EACH				Medicare	$71.42	$44.28	$42.85	
86336	Q	INHIBIN A				Medicare	$37.92	$23.51	$22.75	
86337	Q	INSULIN ANTIBODIES				Medicare	$52.12	$32.31	$31.27	N
86340	Q	INTRINSIC FACTOR ANTIBODIES				Medicare	$36.68	$22.74	$22.01	N
86341	Q	ISLET CELL ANTIBODY				Medicare	$48.15	$29.85	$28.89	N
86343	Q	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)				Medicare	$30.33	$18.80	$18.20	N
86344	Q	LEUKOCYTE PHAGOCYTOSIS				Medicare	$19.43	$12.05	$11.66	N
86353	Q	LYMPHOCYTE TRANSFORMATION MITOGEN (PHYTOMITOGEN) OR ANTIGEN				Medicare	$119.30	$73.97	$71.58	N
86355	Q	B CELLS TOTAL COUNT				Medicare	$91.80	$56.92	$55.08	
86356	Q	MONONUCLEAR CELL ANTIGEN				Medicare	$65.15	$40.39	$39.09	
86357	Q	NK CELLS, TOTAL COUNT				Medicare	$91.80	$56.92	$55.08	N
86359	Q	T CELLS; (TOTAL COUNT)				Medicare	$91.80	$56.92	$55.08	N
86360	Q	T CELLS; ABSOLUTE CD4 AND CD8 COUNT INCLUDING RATIO				Medicare	$114.33	$70.88	$68.60	N
86361	Q	T CELLS; ABSOLUTE CD4 COUNT				Medicare	$65.15	$40.39	$39.09	N

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86367	Q	STEM CELLS TOTAL COUNT				Medicare	$91.80	$56.92	$55.08	
86376	Q	MICROSOMAL ANTIBODIES (EG THYROID OR LIVER-KIDNEY) EACH				Medicare	$35.42	$21.96	$21.25	N
86378	Q	MIGRATION INHIBITORY FACTOR TEST (MIF)				Medicare	$47.92	$29.71	$28.75	N
86382	Q	NEUTRALIZATION TEST VIRAL				Medicare	$41.15	$25.51	$24.69	N
86384	Q	NITROBLUE TETRAZOLIUM DYE TEST (NTD)				Medicare	$27.72	$17.19	$16.63	N
86403	Q	PARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY				Medicare	$24.80	$15.38	$14.88	
86406	Q	PARTICLE AGGULINATION; TITER EACH ANTIBODY				Medicare	$25.88	$16.05	$15.53	N
86430	Q	RHEUMATOID FACTOR; QUALITATIVE				Medicare	$13.82	$8.57	$8.29	N
86431	Q	RHEUMATOID FACTOR; QUANTITATIVE				Medicare	$13.82	$8.57	$8.29	N
86480	Q	TB TEST, CELL IMMUN MEASURE				Medicare	$150.82	$93.51	$90.49	N
86485	X	SKIN TEST; CANDIDA	0341	0.0834		APC	$4.22			N
86486	X	SKIN TEST, NOS ANTIGEN	0341	0.0834		APC	$4.22			
86490	X	SKIN TEST; COCCIDIOIDOMYCOSIS	0341	0.0834		APC	$4.22			N
86510	X	SKIN TEST; HISTOPLASMOSIS	0341	0.0834		APC	$4.22			N
86580	X	SKIN TEST; TUBERCULOSIS INTRADERMAL	0341	0.0834		APC	$4.22			N
86590	Q	STREPTOKINASE ANTIBODY				Medicare	$26.85	$16.65	$16.11	N
86592	Q	SYPHILIS TEST; QUALITATIVE (EG VDRL RPR ART)				Medicare	$10.38	$6.44	$6.23	N
86593	Q	SYPHILIS TEST; QUANTITATIVE				Medicare	$10.72	$6.65	$6.43	N
86602	Q	ANTIBODY; ACTINOMYCES				Medicare	$24.75	$15.35	$14.85	N
86603	Q	ANTIBODY; ADENOVIRUS				Medicare	$31.32	$19.42	$18.79	N
86606	Q	ANTIBODY; ASPERGILLUS				Medicare	$36.63	$22.71	$21.98	N
86609	Q	ANTIBODY; BACTERIUM NOT ELSEWHERE SPECIFIED				Medicare	$31.35	$19.44	$18.81	N
86611	Q	BARTONELLA ANTIBODY				Medicare	$24.75	$15.35	$14.85	N
86612	Q	ANTIBODY; BLASTOMYCES				Medicare	$31.40	$19.47	$18.84	N
86615	Q	ANTIBODY; BORDETELLA				Medicare	$32.08	$19.89	$19.25	N
86617	Q	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIRMATORY				Medicare	$37.68	$23.36	$22.61	N
86618	Q	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)				Medicare	$41.45	$25.70	$24.87	N
86619	Q	ANTIBODY; BORRELIA (RELAPSING FEVER)				Medicare	$32.57	$20.19	$19.54	N
86622	Q	ANTIBODY; BRUCELLA				Medicare	$21.75	$13.49	$13.05	N
86625	Q	ANTIBODY; CAMPYLOBACTER				Medicare	$31.93	$19.80	$19.16	N
86628	Q	ANTIBODY; CANDIDA				Medicare	$29.22	$18.12	$17.53	N
86631	Q	ANTIBODY; CHLAMYDIA				Medicare	$28.78	$17.84	$17.27	N
86632	Q	ANTIBODY; CHLAMYDIA IGG				Medicare	$30.88	$19.15	$18.53	N
86635	Q	ANTIBODY; CACCIDIOIDES				Medicare	$27.92	$17.31	$16.75	N
86638	Q	ANTIBODY; COXIELLA BRUNETTI (Q FEVER)				Medicare	$29.50	$18.29	$17.70	N
86641	Q	ANTIBODY; CRYPTOCOCCUS				Medicare	$35.08	$21.75	$21.05	N
86644	Q	ANTIBODY; CYTOMEGALOVIRUS (CMV)				Medicare	$27.48	$17.04	$16.49	N
86645	Q	ANTIBODY; CYTOMEGALOVIRUS (CMV) IGM				Medicare	$41.00	$25.42	$24.60	N
86648	Q	ANTIBODY; DIPHTHERIA				Medicare	$37.02	$22.95	$22.21	N

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86651	Q	ANTIBODY; ENCEPHALITIS CALIFORNIA (LA CROSSE)				Medicare	$32.08	$19.89	$19.25	N
86652	Q	ANTIBODY; ENCEPHALITIS EASTERN EQUINE				Medicare	$32.08	$19.89	$19.25	N
86653	Q	ANTIBODY; ENCEPHALITIS ST. LOUIS				Medicare	$32.08	$19.89	$19.25	N
86654	Q	ANTIBODY; ENCEPHALITIS WESTERN EQUINE				Medicare	$32.08	$19.89	$19.25	N
86658	Q	ANTIBODY; ENTEROVIRUS (EG COXSACKIE ECHO POLIO)				Medicare	$31.72	$19.67	$19.03	N
86663	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS EARLY ANTIGEN (EA)				Medicare	$31.93	$19.80	$19.16	N
86664	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS NUCLEAR ANTIGEN				Medicare	$37.23	$23.08	$22.34	N
86665	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS VIRAL CAPOID (VCA)				Medicare	$44.13	$27.36	$26.48	N
86666	Q	EHRLICHIA ANTIBODY				Medicare	$24.75	$15.35	$14.85	N
86668	Q	ANTIBODY; FRANCISELLA TULARENSIS				Medicare	$25.30	$15.69	$15.18	N
86671	Q	ANTIBODY; FUNGUS NES				Medicare	$29.83	$18.49	$17.90	N
86674	Q	ANTIBODY; GIARDIA LAMBLIA				Medicare	$35.83	$22.21	$21.50	N
86677	Q	ANTIBODY; HELICOBACTER PYLORI				Medicare	$35.32	$21.90	$21.19	N
86682	Q	ANTIBODY; HELMINTH NES				Medicare	$31.65	$19.62	$18.99	N
86684	Q	ANTIBODY; HEMOPHILUS INFLUENZA				Medicare	$38.55	$23.90	$23.13	N
86687	Q	ANTIBODY; HTLV-I				Medicare	$20.42	$12.66	$12.25	N
86688	Q	ANTIBODY; HTLV-II				Medicare	$34.08	$21.13	$20.45	N
86689	Q	ANTIBODY;HTLV OR HIV ANTIBODY CONFIRMATORY TEST(EG WESTERN				Medicare	$47.10	$29.20	$28.26	N
86692	Q	ANTIBODY; HEPATITIS DELTA AGENT				Medicare	$41.77	$25.90	$25.06	N
86694	Q	ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST				Medicare	$27.48	$17.04	$16.49	N
86695	Q	ANTIBODY; HERPES SIMPLEX TYPE 1				Medicare	$32.08	$19.89	$19.25	N
86696	Q	HERPES SIMPLEX TYPE 2				Medicare	$47.10	$29.20	$28.26	N
86698	Q	ANTIBODY; HISTOPLASMA				Medicare	$30.42	$18.86	$18.25	N
86701	Q	ANTIBODY; HIV-1				Medicare	$17.90	$11.10	$10.74	N
86702	Q	ANTIBODY; HIV-2				Medicare	$32.90	$20.40	$19.74	N
86703	Q	ANTIBODY; HIV-1 AND HIV-2 SINGLE ASSAY				Medicare	$33.37	$20.69	$20.02	N
86704	Q	HEPATITIS B CORE ANTIBODY (HBCAB); IGG AND IGM				Medicare	$29.33	$18.18	$17.60	N
86705	Q	HEPATITIS B CORE ANTIBODY (HBCAB); IGM ANTIBODY				Medicare	$28.63	$17.75	$17.18	N
86706	Q	HEPATITIS B SURFACE ANTIBODY (HBSAB)				Medicare	$22.15	$13.73	$13.29	N
86707	Q	HEPATITIS BE ANTIBODY (HBEAB)				Medicare	$28.15	$17.45	$16.89	N
86708	Q	HEPATITIS A ANTIBODY (HAAB); IGG AND IGM				Medicare	$30.15	$18.69	$18.09	N
86709	Q	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY				Medicare	$27.40	$16.99	$16.44	N
86710	Q	ANTIBODY; INFLUENZA VIRUS				Medicare	$33.00	$20.46	$19.80	N
86713	Q	ANTIBODY; LEGIONELLA				Medicare	$37.25	$23.10	$22.35	N
86717	Q	ANTIBODY; LEISHMANIA				Medicare	$29.82	$18.49	$17.89	N
86720	Q	ANTIBODY; LEPTOSPIRA				Medicare	$32.08	$19.89	$19.25	N
86723	Q	ANTIBODY; LISTERIA MONOCYTOGENES				Medicare	$32.08	$19.89	$19.25	N
86727	Q	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS				Medicare	$31.32	$19.42	$18.79	N
86729	Q	ANTIBODY; LYMPHOGRANULOMA VENEREUM				Medicare	$29.07	$18.02	$17.44	N
86732	Q	ANTIBODY; MUCORMYCOSIS				Medicare	$32.08	$19.89	$19.25	N

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86735	Q	ANTIBODY; MUMPS				Medicare	$31.77	$19.70	$19.06	N
86738	Q	ANTIBODY; MYCOPLASMA				Medicare	$32.23	$19.98	$19.34	N
86741	Q	ANTIBODY; NEISSERIA MENINGITIS				Medicare	$32.08	$19.89	$19.25	N
86744	Q	ANTIBODY; NOCARDIA				Medicare	$32.08	$19.89	$19.25	N
86747	Q	ANTIBODY; PARVOVIRUS				Medicare	$36.58	$22.68	$21.95	N
86750	Q	ANTIBODY; PLASMODIUM (MALARIA)				Medicare	$32.08	$19.89	$19.25	N
86753	Q	ANTIBODY; PROTOZOA NES				Medicare	$30.15	$18.69	$18.09	N
86756	Q	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS				Medicare	$31.37	$19.45	$18.82	N
86757	Q	RICKETTSIA ANTIBODY				Medicare	$47.10	$29.20	$28.26	N
86759	Q	ANTIBODY; ROTAVIRUS				Medicare	$32.08	$19.89	$19.25	N
86762	Q	ANTIBODY; RUBELLA				Medicare	$27.48	$17.04	$16.49	N
86765	Q	ANTIBODY; RUBEOLA				Medicare	$31.35	$19.44	$18.81	N
86768	Q	ANTIBODY; SALMONELLA				Medicare	$32.08	$19.89	$19.25	N
86771	Q	ANTIBODY; SHIGELLA				Medicare	$32.08	$19.89	$19.25	N
86774	Q	ANTIBODY; TETANUS				Medicare	$36.02	$22.33	$21.61	N
86777	Q	ANTIBODY; TOXOPLASMA				Medicare	$27.48	$17.04	$16.49	N
86778	Q	ANTIBODY; TOXOPLASMA IGM				Medicare	$35.05	$21.73	$21.03	N
86781	Q	ANTIBODY;TREPONEMA PALLIDUM CONFIRMATORY TEST (EG FTA-ABS)				Medicare	$32.23	$19.98	$19.34	N
86784	Q	ANTIBODY; TRICHINELLA				Medicare	$30.57	$18.95	$18.34	N
86787	Q	ANTIBODY; VARICELLA-ZOSTER				Medicare	$31.35	$19.44	$18.81	N
86788	Q	WEST NILE VIRUS AB, IGM				Medicare	$41.00	$25.42	$24.60	
86789	Q	WEST NILE VIRUS ANTIBODY				Medicare	$27.48	$17.04	$16.49	
86790	Q	ANTIBODY; VIRUS NES				Medicare	$31.35	$19.44	$18.81	N
86793	Q	ANTIBODY; YERSINIA				Medicare	$32.08	$19.89	$19.25	N
86800	Q	THYROGLOBULIN ANTIBODY				Medicare	$38.70	$23.99	$23.22	N
86803	Q	HEPATITIS C ANTIBODY				Medicare	$34.73	$21.53	$20.84	N
86804	Q	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG IMMUNOBLOT)				Medicare	$37.55	$23.28	$22.53	N
86805	Q	LYMPHOCYTOTOXICITY ASSAY VISUAL CROSSMATCH;W/TITRATION				Medicare	$127.23	$78.88	$76.34	N
86806	Q	LYMPHOCYTOTOXICITY ASSAY VISUAL CROSSMATCH; W/O TITRATION				Medicare	$115.80	$71.80	$69.48	N
86807	Q	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA				Medicare	$96.28	$59.69	$57.77	N
86808	Q	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA				Medicare	$72.22	$44.78	$43.33	N
86812	Q	HLA TYPING; A B OR C (EG A10 B7 B27) SINGLE ANTIGEN				Medicare	$62.80	$38.94	$37.68	
86813	Q	HLA TYPING; A B OR C MULTIPLE ANTIGENS				Medicare	$141.10	$87.48	$84.66	
86816	Q	HLA TYPING; DR/DQ MULTIPLE ANTIGENS				Medicare	$67.78	$42.02	$40.67	
86817	Q	HLA TYPING; DR/DQ MULTIPLE ANTIGENS				Medicare	$156.67	$97.14	$94.00	
86821	Q	HLA TYPING; LYMPHOCYTE CULTURE MIXED (MLC)				Medicare	$137.40	$85.19	$82.44	

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86822	Q	HLA TYPING; LYMPHOCYTE CULTURE PRIMED (PLC)				Medicare	$88.97	$55.16	$53.38	
86849	M	UNLISTED IMMUNOLOGY PROCEDURE				By Report	$0.00			N
86850	X	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE	0345	0.2194		APC	$11.10			N
86860	X	ANTIBODY ELUTION (RBC) EACH ELUTION	0346	0.3807		APC	$19.27			N
86870	X	ANTIBODY IDENTIFICATION RBC ANTIBODIES EACH PANEL FOR EACH	0346	0.3807		APC	$19.27			N
86880	X	COOMBS TEST DIRECT	0409	0.1168		APC	$5.91			N
86885	X	COOMBS TEST INDIRECT QUAL	0409	0.1168		APC	$5.91			N
86886	X	COOMBS TEST INDIRECT TITER	0409	0.1168		APC	$5.91			N
86890	X	AUTOLOGOUS BLOOD OR COMPONENT COLLECTION PROCESSING AND	0347	0.7337		APC	$37.13			N
86891	X	AUTOLOGOUS BLOOD OR COMPONENT COLLECTION PROCESSING AND	0345	0.2194		APC	$11.10			N
86900	X	BLOOD TYPING; ABO	0409	0.1168		APC	$5.91			N
86901	X	BLOOD TYPING; RH (D)	0409	0.1168		APC	$5.91			N
86903	X	BLOOD TYPING;ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT US	0345	0.2194		APC	$11.10			N
86904	X	BLOOD TYPING;ANTIGEN SCREENING FOR COMPATIBLE BLOOD UNIT US	0345	0.2194		APC	$11.10			N
86905	X	BLOOD TYPING;RBC ANTIGENS OTHER THAN ABO OR RH(D) EACH	0345	0.2194		APC	$11.10			N
86906	X	BLOOD TYPING; RH PHENOTYPING COMPLETE	0345	0.2194		APC	$11.10			N
86910	E	BLOOD TYPING FOR PATERNITY TESTING PER INDIVIDUAL ABO RH				Not Allowed	$0.00			N
86911	E	BLOOD TYPING FOR PATERNITY TESTING PER INDIVIDUAL ABO RH				Not Allowed	$0.00			N
86920	X	COMPATIBILITY TEST SPIN	0345	0.2194		APC	$11.10			N
86921	X	COMPATIBILITY TEST INCUBATE	0345	0.2194		APC	$11.10			N
86922	X	COMPATIBILITY TEST ANTIGLOB	0346	0.3807		APC	$19.27			N
86923	X	COMPATIBILITY TEST ELECTRIC	0345	0.2194		APC	$11.10			
86927	X	FRESH FROZEN PLASMA THAWING EACH UNIT	0345	0.2194		APC	$11.10			N
86930	X	FROZEN BLOOD PREP	0347	0.7337		APC	$37.13			N
86931	X	FROZEN BLOOD THAW	0347	0.7337		APC	$37.13			N
86932	X	FROZEN BLOOD FREEZE/THAW	0347	0.7337		APC	$37.13			N
86940	Q	HEMOLYSINS AND AGGLUTININS AUTO SCREEN EACH;				Medicare	$19.95	$12.37	$11.97	N
86941	Q	HEMOLYSINS AND AGGLUTININS AUTO SCREEN EACH; INCUBATED				Medicare	$29.47	$18.27	$17.68	N
86945	X	IRRADIATION OF BLOOD PRODUCT EACH UNIT	0345	0.2194		APC	$11.10			N
86950	X	LEUKOCYTE TRANSFUSION	0345	0.2194		APC	$11.10			N
86960	X	VOL REDUCTION OF BLOOD/PROD	0345	0.2194		APC	$11.10			
86965	X	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	0346	0.3807		APC	$19.27			N
86970	X	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION	0345	0.2194		APC	$11.10			N
86971	X	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION	0345	0.2194		APC	$11.10			N
86972	X	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION	0345	0.2194		APC	$11.10			N
86975	X	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION	0346	0.3807		APC	$19.27			N
86976	X	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION	0345	0.2194		APC	$11.10			N
86977	X	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION	0347	0.7337		APC	$37.13			N
86978	X	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION	0346	0.3807		APC	$19.27			N

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86985	X	SPLITTING OF BLOOD OR BLOOD PRODUCTS EACH UNIT	0345	0.2194		APC	$11.10			N
86999	X	UNLISTED TRANSFUSION MEDICINE PROCEDURE	0345	0.2194		APC	$11.10			N
87001	Q	ANIMAL INOCULATION SMALL ANIMAL; W/OBSERVATION				Medicare	$32.17	$19.95	$19.30	N
87003	Q	ANIMAL INOCULATION SMALL ANIMAL; W/OBSEVATION & DISSECTION				Medicare	$40.97	$25.40	$24.58	N
87015	Q	CONCENTRATION (ANY TYPE) FOR PARASITES OVA OR TUBERCLE BA				Medicare	$16.25	$10.08	$9.75	N
87040	Q	BLOOD CULTURE FOR BACTERIA				Medicare	$25.12	$15.57	$15.07	N
87045	Q	FECES CULTURE BACTERIA				Medicare	$22.95	$14.23	$13.77	N
87046	Q	STOOL CULTR BACTERIA EACH				Medicare	$22.95	$14.23	$13.77	N
87070	Q	CULTURE BACTERIA OTHER				Medicare	$20.95	$12.99	$12.57	N
87071	Q	CULTURE BACTERI AEROBIC OTHR				Medicare	$22.95	$14.23	$13.77	N
87073	Q	CULTURE BACTERIA ANAEROBIC				Medicare	$22.95	$14.23	$13.77	N
87075	Q	CULTR BACTERIA EXCEPT BLOOD				Medicare	$23.02	$14.27	$13.81	N
87076	Q	CULTURE BACTERIAL ANY SOURCE;DIFINITIVE IDENTIFICATION EA				Medicare	$19.67	$12.20	$11.80	N
87077	Q	CULTURE AEROBIC IDENTIFY				Medicare	$19.67	$12.20	$11.80	N
87081	Q	CULTURE BACTERIAL SCREENING ONLY FOR SINGLE ORGANISMS				Medicare	$13.83	$8.57	$8.30	N
87084	Q	CULTURE PRESUMPTIVE PATHOGENIC ORGANISMS SCREENING ONLY				Medicare	$20.95	$12.99	$12.57	N
87086	Q	CULTURE BACTERIAL URINE; QUANTITATIVE COLONY COUNT				Medicare	$19.65	$12.18	$11.79	N
87088	Q	URINE BACTERIA CULTURE				Medicare	$13.83	$8.57	$8.30	N
87101	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENT				Medicare	$18.77	$11.64	$11.26	N
87102	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENT				Medicare	$17.02	$10.55	$10.21	N
87103	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENT				Medicare	$21.95	$13.61	$13.17	N
87106	Q	CULTURE FUNGI DEFINITIVE IDENTIFICATION OF EACH FUNGUS (US				Medicare	$13.37	$8.29	$8.02	N
87107	Q	FUNGI IDENTIFICATION, MOLD				Medicare	$13.37	$8.29	$8.02	N
87109	Q	CULTURE MYCOPLASMA ANY SOURCE				Medicare	$37.45	$23.22	$22.47	N
87110	Q	CULTURE CHLAMYDIA				Medicare	$47.67	$29.56	$28.60	N
87116	Q	CULTURE TUBERCLE OR OTHER ACID-FAST BACILLI (EG TB AFB M				Medicare	$26.30	$16.31	$15.78	N
87118	Q	CULTURE MYCOBACTERIA DEFINITIVE IDENTIFICATION OF EACH ORG				Medicare	$26.63	$16.51	$15.98	N
87140	Q	CULTURE TYPE IMMUNOFLUORESC				Medicare	$13.57	$8.41	$8.14	N
87143	Q	CULTURE TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) METHOD				Medicare	$30.48	$18.90	$18.29	N
87147	Q	CULTURE TYPING;IMMUNOLOGIC METHOD OTHER THAN IMMUNOFLUORES				Medicare	$12.60	$7.81	$7.56	N

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87149	Q	CULTURE TYPE, NUCLEIC ACID				Medicare	$48.78	$30.24	$29.27	N
87152	Q	CULTURE TYPE PULSE FIELD GEL				Medicare	$12.73	$7.89	$7.64	N
87158	Q	CULTURE TYPING; OTHER METHODS				Medicare	$12.73	$7.89	$7.64	N
87164	Q	DARK FIELD EXAMINATION				Medicare	$26.13	$16.20	$15.68	N
87166	Q	DARK FIELD EXAMINATION ANY SOURCE (EG PENILE VAGINAL ORA				Medicare	$27.48	$17.04	$16.49	N
87168	Q	MACROSCOPIC EXAM ARTHROPOD				Medicare	$10.38	$6.44	$6.23	N
87169	Q	MACROSCOPIC EXAM PARASITE				Medicare	$10.38	$6.44	$6.23	N
87172	Q	PINWORM EXAM				Medicare	$10.38	$6.44	$6.23	N
87176	Q	ENDOTOXIN BACTERIAL (PYROGENS); HOMOGENIZATION TISSUE FOR				Medicare	$14.32	$8.88	$8.59	N
87177	Q	OVA AND PARASITES DIRECT SMEARS CONCENTRATION AND IDENTIFI				Medicare	$21.65	$13.42	$12.99	N
87181	Q	MICROBE SUSCEPTIBLE, DIFFUSE				Medicare	$9.98	$6.19	$5.99	N
87184	Q	SENSITIVITY STUDIES ANTIBIOTIC;DISK METHOD PER PLATE(12 OR				Medicare	$16.78	$10.40	$10.07	N
87185	Q	MICROBE SUSCEPTIBLE, ENZYME				Medicare	$9.98	$6.19	$5.99	N
87186	Q	SENSITIVITY STUDIES ANTIBIOTIC;MICROTITER MINIMUM INHIBITO				Medicare	$21.03	$13.04	$12.62	N
87187	Q	MICROBE SUSCEPTIBLE, MLC				Medicare	$25.22	$15.64	$15.13	N
87188	Q	SENSITIVITY STUDIES ANTIBIOTIC;MACROTUBE DILUTION METHOD E				Medicare	$16.15	$10.01	$9.69	N
87190	Q	SENSITIVITY STUDIES ANTIBIOTIC;TUBERCLE BACILLUS(TB AFB)				Medicare	$13.75	$8.53	$8.25	N
87197	Q	SERUM BACTERICIDAL TITER (SCHLICTER TEST)				Medicare	$36.55	$22.66	$21.93	N
87205	Q	SMEAR PRIMARY SOURCE WITH INTERP;ROUTINE STAIN FOR BACTERI				Medicare	$10.38	$6.44	$6.23	N
87206	Q	SMEAR, FLUORESCENT/ACID STAI				Medicare	$13.07	$8.10	$7.84	N
87207	Q	SMEAR SPECIAL STAIN				Medicare	$14.58	$9.04	$8.75	N
87209	Q	SMEAR COMPLEX STAIN				Medicare	$43.73	$27.11	$26.24	
87210	Q	SMEAR PRIMARY SOURCE WITH INTERP;WET MOUNT W/SIMPLE STAIN.				Medicare	$10.38	$6.44	$6.23	N
87220	Q	TISSUE EXAM FOR FUNGI				Medicare	$10.38	$6.44	$6.23	N
87230	Q	TOXIN OR ANTITOXIN ASSAY TISSUE CULTURE (EG CLOSTRIDIUM DI				Medicare	$48.05	$29.79	$28.83	N
87250	Q	VIRUS IDENTIFICATION;INCOCULATION OF EMBRYONATED EGGS OR SM				Medicare	$47.58	$29.50	$28.55	N
87252	Q	VIRUS IDENTIFICATION;TISSUE CULTURE INOCULATION & OBSERVATIO				Medicare	$60.73	$37.65	$36.44	N
87253	Q	VIRUS IDENTIFICATION;TISSUE CULTURE ADDITIONAL STUDIES EAC				Medicare	$49.15	$30.47	$29.49	N
87254	Q	VIRUS INOCULATION SHELL VIA				Medicare	$47.58	$29.50	$28.55	N
87255	Q	GENET VIRUS ISOLATE HSV				Medicare	$82.40	$51.09	$49.44	

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87260	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; ADENOVIRUS				Medicare	$29.20	$18.10	$17.52	N
87265	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; PERTUSSIS				Medicare	$29.20	$18.10	$17.52	N
87267	Q	ENTEROVIRUS ANTIBODY DFA				Medicare	$29.20	$18.10	$17.52	
87269	Q	GIARDIA AG IF				Medicare	$29.20	$18.10	$17.52	
87270	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; CHYLMD TRACH				Medicare	$29.20	$18.10	$17.52	N
87271	Q	CYTOMEGALOVIRUS DFA				Medicare	$29.20	$18.10	$17.52	
87272	Q	CRYPTOSPORIDIUM AG IF				Medicare	$29.20	$18.10	$17.52	N
87273	Q	HERPES SIMPLEX 2, AG, IF				Medicare	$29.20	$18.10	$17.52	N
87274	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; HERPES SIMPLE				Medicare	$29.20	$18.10	$17.52	N
87275	Q	INFLUENZA B, AG, IF				Medicare	$29.20	$18.10	$17.52	N
87276	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; INFLUENZA A				Medicare	$29.20	$18.10	$17.52	N
87277	Q	LEGIONELLA MICDADEI, AG, IF				Medicare	$29.20	$18.10	$17.52	N
87278	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; LEGION PNEUMO				Medicare	$29.20	$18.10	$17.52	N
87279	Q	PARAINFLUENZA, AG, IF				Medicare	$29.20	$18.10	$17.52	N
87280	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; RSV				Medicare	$29.20	$18.10	$17.52	N
87281	Q	PNEUMOCYSTIS CARINII, AG, IF				Medicare	$29.20	$18.10	$17.52	N
87283	Q	INFECTIOUS AGENT ANTIGEN DETECT BY IMMUNOFL; RUBEOLA				Medicare	$29.20	$18.10	$17.52	N
87285	Q	TREPONEMA PALLIDUM, AG, IF				Medicare	$29.20	$18.10	$17.52	N
87290	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; VARICELLA ZOS				Medicare	$29.20	$18.10	$17.52	N
87299	Q	INFEC. AGENT ANTIGEN DETEC/DIRECT FLUORESCENT; NOS				Medicare	$29.20	$18.10	$17.52	N
87300	Q	AG DETECTION, POLYVAL, IF				Medicare	$29.20	$18.10	$17.52	N
87301	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;ADENOVIRUS				Medicare	$29.20	$18.10	$17.52	N
87305	Q	ASPERGILLUS AG, EIA				Medicare	$29.20	$18.10	$17.52	
87320	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;CHYLDM TRACH				Medicare	$29.20	$18.10	$17.52	N
87324	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; CLOSTRIDIU				Medicare	$29.20	$18.10	$17.52	N
87327	Q	CRYPTOCOCCUS NEOFORM AG, EIA				Medicare	$29.20	$18.10	$17.52	N
87328	Q	CRYPTOSPORIDIUM AG EIA				Medicare	$29.20	$18.10	$17.52	N
87329	Q	GIARDIA AG EIA				Medicare	$29.20	$18.10	$17.52	
87332	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; CMV				Medicare	$29.20	$18.10	$17.52	N
87335	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; E COLI 0157				Medicare	$29.20	$18.10	$17.52	N
87336	Q	ENTAMOEB HIST DISPR, AG, EIA				Medicare	$29.20	$18.10	$17.52	N

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87337	Q	INFECT AGENT ANTIGEN DETECT BY ENZYME IMMUNO;ENTAMOEBA HISTO				Medicare	$29.20	$18.10	$17.52	N
87338	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD;HELICOBACTER				Medicare	$29.18	$18.09	$17.51	N
87339	Q	H PYLORI AG, EIA				Medicare	$29.20	$18.10	$17.52	N
87340	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP B SA				Medicare	$23.55	$14.60	$14.13	N
87341	Q	HEPATITIS B SURFACE, AG, EIA				Medicare	$23.55	$14.60	$14.13	N
87350	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP BE ANTIG				Medicare	$23.78	$14.74	$14.27	N
87380	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HEP DELTA AG				Medicare	$39.97	$24.78	$23.98	N
87385	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HISTOPLASMA				Medicare	$29.20	$18.10	$17.52	N
87390	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HIV-1				Medicare	$42.93	$26.62	$25.76	N
87391	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; HIV-2				Medicare	$42.93	$26.62	$25.76	N
87400	Q	INFLUENZA A/B, AG, EIA				Medicare	$29.20	$18.10	$17.52	N
87420	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; RSV				Medicare	$29.20	$18.10	$17.52	N
87425	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; ROTAVIRUS				Medicare	$29.20	$18.10	$17.52	N
87427	Q	SHIGA-LIKE TOXIN AG, EIA				Medicare	$29.20	$18.10	$17.52	N
87430	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; STREP A				Medicare	$29.20	$18.10	$17.52	N
87449	Q	INFEC. AGENT ANTIGEN DETEC/EIA MULT STEP MTHD; NOS				Medicare	$29.20	$18.10	$17.52	N
87450	Q	INFEC. AGENT ANTIGEN DETEC/EIA SING STEP MTHD; NOS				Medicare	$23.32	$14.46	$13.99	N
87451	Q	AG DETECT POLYVAL, EIA, MULT				Medicare	$23.32	$14.46	$13.99	N
87470	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA DIRECT PRO				Medicare	$48.78	$30.24	$29.27	N
87471	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA AMP PROBE				Medicare	$85.42	$52.96	$51.25	N
87472	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BARTONELLA QUANTIFIC				Medicare	$104.23	$64.62	$62.54	N
87475	Q	LYME DIS, DNA, DIR PROBE				Medicare	$48.78	$30.24	$29.27	N
87476	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; BORRELIA AMP PROBE				Medicare	$85.42	$52.96	$51.25	N
87477	Q	LYME DIS, DNA, QUANT				Medicare	$104.23	$64.62	$62.54	N
87480	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA DIRECT PROBE				Medicare	$48.78	$30.24	$29.27	N
87481	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA AMPLIF PROBE				Medicare	$85.42	$52.96	$51.25	N
87482	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CANDIDA QUANTIFICATI				Medicare	$101.58	$62.98	$60.95	N
87485	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM DIR PROB				Medicare	$48.78	$30.24	$29.27	N

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87486	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM AMP PROB				Medicare	$85.42	$52.96	$51.25	N
87487	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD PNEUM QUANTIFI				Medicare	$104.23	$64.62	$62.54	N
87490	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH DIR PROB				Medicare	$48.78	$30.24	$29.27	N
87491	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH AMP PROB				Medicare	$85.42	$52.96	$51.25	N
87492	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CHYLMD TRACH QUANTIFI				Medicare	$85.07	$52.74	$51.04	N
87495	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV DIRECT PROBE TEC				Medicare	$48.78	$30.24	$29.27	N
87496	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV AMP PROBE TECHNI				Medicare	$85.42	$52.96	$51.25	N
87497	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; CMV QUANTIFICATION				Medicare	$104.23	$64.62	$62.54	N
87498	Q	ENTEROVIRUS, DNA, AMP PROBE				Medicare	$85.42	$52.96	$51.25	
87500	Q	VANOMYCIN, DNA, AMP PROBE				Medicare	$85.42	$52.96	$51.25	
87510	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG DIR PROB				Medicare	$48.78	$30.24	$29.27	N
87511	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG AMP PROB				Medicare	$85.42	$52.96	$51.25	N
87512	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; GARDNER VAG QUANTIFI				Medicare	$101.58	$62.98	$60.95	N
87515	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEP B VIRUS DIR PROB				Medicare	$48.78	$30.24	$29.27	N
87516	Q	HEPATITIS B, DNA, AMP PROBE				Medicare	$85.42	$52.96	$51.25	N
87517	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEP B VIRUS QUANTIFI				Medicare	$104.23	$64.62	$62.54	N
87520	Q	HEPATITIS C, RNA, DIR PROBE				Medicare	$48.78	$30.24	$29.27	N
87521	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS C AMP PROB				Medicare	$85.42	$52.96	$51.25	N
87522	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS C QUANTIFI				Medicare	$104.23	$64.62	$62.54	N
87525	Q	HEPATITIS G, DNA, DIR PROBE				Medicare	$48.78	$30.24	$29.27	N
87526	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS G AMP PROB				Medicare	$85.42	$52.96	$51.25	N
87527	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HEPATITIS G QUANTIFI				Medicare	$101.58	$62.98	$60.95	N
87528	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP DIR PROB				Medicare	$48.78	$30.24	$29.27	N
87529	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP AMP PROB				Medicare	$85.42	$52.96	$51.25	N
87530	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HERPES SIMP QUANTIFI				Medicare	$104.23	$64.62	$62.54	N

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87531	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6 DIR PRO				Medicare	$48.78	$30.24	$29.27	N
87532	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6 AMP PRO				Medicare	$85.42	$52.96	$51.25	N
87533	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;HERPES VIRUS-6 QUANTIF				Medicare	$101.58	$62.98	$60.95	N
87534	Q	HIV-1 DNA DIR PROBE				Medicare	$48.78	$30.24	$29.27	N
87535	Q	HIV-1 DNA AMP PROBE				Medicare	$85.42	$52.96	$51.25	N
87536	Q	HIV-1 DNA QUANT				Medicare	$207.07	$128.38	$124.24	N
87537	Q	HIV-2 DNA DIR PROBE				Medicare	$48.78	$30.24	$29.27	N
87538	Q	HIV-2 DNA AMP PROBE				Medicare	$85.42	$52.96	$51.25	N
87539	Q	HIV-2 DNA QUANT				Medicare	$104.23	$64.62	$62.54	N
87540	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMO;DIR PROB				Medicare	$48.78	$30.24	$29.27	N
87541	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMO;AMP PROB				Medicare	$85.42	$52.96	$51.25	N
87542	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;LEGION PNEUMO;QUANTIFI				Medicare	$101.58	$62.98	$60.95	N
87550	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA DIR PROB				Medicare	$48.78	$30.24	$29.27	N
87551	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA AMP PROB				Medicare	$85.42	$52.96	$51.25	N
87552	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBACTERIA QUANTIFI				Medicare	$104.23	$64.62	$62.54	N
87555	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB DIR PROBE				Medicare	$48.78	$30.24	$29.27	N
87556	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB AMP PROBE				Medicare	$85.42	$52.96	$51.25	N
87557	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCOBAC TB QUANTIFIC				Medicare	$104.23	$64.62	$62.54	N
87560	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA DIR PRO				Medicare	$48.78	$30.24	$29.27	N
87561	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA AMP PRO				Medicare	$85.42	$52.96	$51.25	N
87562	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA;M.AVIUM-INTRA QUANTIF				Medicare	$104.23	$64.62	$62.54	N
87580	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON DIR PRO				Medicare	$48.78	$30.24	$29.27	N
87581	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON AMP PRO				Medicare	$85.42	$52.96	$51.25	N
87582	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; MYCO PNEUMON QUANTIF				Medicare	$101.58	$62.98	$60.95	N
87590	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEAE DIR PRO				Medicare	$48.78	$30.24	$29.27	N
87591	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEAE AMP PRO				Medicare	$85.42	$52.96	$51.25	N

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87592	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; N.GONORRHOEAE QUANTIF				Medicare	$104.23	$64.62	$62.54	N
87620	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV DIRECT PROBE TEC				Medicare	$48.78	$30.24	$29.27	N
87621	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV AMP PROBE TECHNI				Medicare	$85.42	$52.96	$51.25	N
87622	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; HPV QUANTIFICATION				Medicare	$101.58	$62.98	$60.95	N
87640	Q	STAPH A, DNA, AMP PROBE				Medicare	$85.42	$52.96	$51.25	
87641	Q	MR-STAPH, DNA, AMP PROBE				Medicare	$85.42	$52.96	$51.25	
87650	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A DIRECT PROBE				Medicare	$48.78	$30.24	$29.27	N
87651	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A AMP PROBE TE				Medicare	$85.42	$52.96	$51.25	N
87652	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; STREP A QUANTIFICATI				Medicare	$101.58	$62.98	$60.95	N
87653	Q	STREP B, DNA, AMP PROBE				Medicare	$85.42	$52.96	$51.25	
87660	Q	TRICHOMONAS VAGIN DIR PROBE				Medicare	$48.78	$30.24	$29.27	
87797	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS DIRECT PROBE TEC				Medicare	$48.78	$30.24	$29.27	N
87798	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS AMP PROBE TECHNI				Medicare	$85.42	$52.96	$51.25	N
87799	Q	INFEC. AGENT ANTIGEN DETEC/DNA OR RNA; NOS QUANTIFICATION				Medicare	$104.23	$64.62	$62.54	N
87800	Q	DETECT AGNT MULT, DNA, DIREC				Medicare	$97.60	$60.51	$58.56	N
87801	Q	INFECTIOUS AGENT DETECT BY NUCLEIC ACID;AMPLIFIED PROBE TECH				Medicare	$170.82	$105.91	$102.49	N
87802	Q	STREP B ASSAY W/OPTIC				Medicare	$29.20	$18.10	$17.52	
87803	Q	CLOSTRIDIUM TOXIN A W/OPTIC				Medicare	$29.20	$18.10	$17.52	N
87804	Q	INFLUENZA ASSAY W/OPTIC				Medicare	$29.20	$18.10	$17.52	
87807	Q	RSV ASSAY W/OPTIC				Medicare	$29.20	$18.10	$17.52	
87808	Q	TRICHOMONAS ASSAY W/OPTIC				Medicare	$29.20	$18.10	$17.52	
87809	Q	ADENOVIRUS ASSAY W/OPTIC				Medicare	$29.20	$18.10	$17.52	
87810	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; CHYLMD TRAC				Medicare	$29.20	$18.10	$17.52	N
87850	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; N.GONORRHOE				Medicare	$29.20	$18.10	$17.52	N
87880	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; STREP A				Medicare	$29.20	$18.10	$17.52	N
87899	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; NOS				Medicare	$29.20	$18.10	$17.52	N
87900	Q	PHENOTYPE INFECT AGENT DRUG				Medicare	$303.67	$188.28	$182.20	
87901	Q	GENOTYPE DNA HIV REVERSE T				Medicare	$626.47	$388.41	$375.88	N
87902	Q	GENOTYPE DNA HEPATITIS C				Medicare	$626.47	$388.41	$375.88	N
87903	Q	PHENOTYPE DNA HIV W/CULTURE				Medicare	$1,189.05	$737.21	$713.43	N

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87904	Q	PHENOTYPE DNA HIV W/CLT ADD				Medicare	$60.73	$37.65	$36.44	N
87905	Q	SIALIDASE ENZYME ASSAY				Medicare	$29.73	$18.43	$17.84	
87999	M	MICROBIOLOGY PROCEDURE				By Report	$0.00			N
88000	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;				Not Allowed	$0.00			Y
88005	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;				Not Allowed	$0.00			N
88007	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;				Not Allowed	$0.00			N
88012	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;				Not Allowed	$0.00			N
88014	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;				Not Allowed	$0.00			N
88016	E	NECROPSY (AUTOPSY) GROSS EXAMINATION ONLY;				Not Allowed	$0.00			N
88020	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;				Not Allowed	$0.00			N
88025	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;				Not Allowed	$0.00			N
88027	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;				Not Allowed	$0.00			N
88028	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;				Not Allowed	$0.00			N
88029	E	NECROPSY (AUTOPSY) GROSS AND MICROSCOPIC;				Not Allowed	$0.00			N
88036	E	NECROPSY (AUTOPSY) LIMITED GROSS AND/OR MICROSCOPIC;				Not Allowed	$0.00			N
88037	E	NECROPSY (AUTOPSY) LIMITED GROSS AND/OR MICROSCOPIC;				Not Allowed	$0.00			N
88040	E	NECROPSY (AUTOPSY);				Not Allowed	$0.00			N
88045	E	CORONER□S AUTOPSY (NECROPSY)				Not Allowed	$0.00			N
88099	E	NECROPSY (AUTOPSY) PROCEDURE				Not Allowed	$0.00			N
88104	X	CYTOPATHOLOGY FLUIDS	0433	0.2498		APC	$12.64			N
88106	X	CYTOPATHOLOGY FLUIDS	0433	0.2498		APC	$12.64			N
88107	X	CYTOPATHOLOGY FLUIDS	0343	0.5230		APC	$26.47			N
88108	X	CYTOPATH CONCENTRATE TECH	0433	0.2498		APC	$12.64			N
88112	X	CYTOPATH CELL ENHANCE TECH	0343	0.5230		APC	$26.47			
88125	X	FORENSIC CYTOPATHOLOGY	0433	0.2498		APC	$12.64			N
88130	Q	SEX CHROMATIN IDENTIFICATION				Medicare	$36.62	$22.70	$21.97	N
88140	Q	SEX CHROMATIN IDENTIFICATION				Medicare	$19.45	$12.06	$11.67	N
88141	N	CYTOPATH C/V INTERPRET				Bundled	$0.00			N
88142	Q	DX CYTOPATHOLOGY/CERV OR VAG; MANUAL SCREEN PHYS SPRVSN				Medicare	$49.30	$30.57	$29.58	N
88143	Q	CYTOPATH C/V THIN LAYER REDO				Medicare	$49.30	$30.57	$29.58	N
88147	Q	CYTOPATHOLOGY SMEARS CERV/VAG; AUTOMATED SCRN PHYS SPRVSN				Medicare	$27.70	$17.17	$16.62	N
88148	Q	CYTOPATHOLOGY SMEARS CERV/VAG; AUTO SCRN MAN RESCRN PHYS				Medicare	$36.98	$22.93	$22.19	N
88150	Q	CYTOPATH C/V MANUAL				Medicare	$25.70	$15.93	$15.42	N
88152	Q	CYTOPATHOLOGY SLIDES CERV/VAG; MAN & COMP SCRN PHYS SPRVSN				Medicare	$25.70	$15.93	$15.42	N
88153	Q	CYTOPATH SLIDES CERV OR VAG; MAN SCRN & RE-SCRN PHYS SPRVS				Medicare	$25.70	$15.93	$15.42	N

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88154	Q	CYTOPATH SLIDES CERV/VAG;MAN&COMP SCRN CELL SELEC PHYS SPRV				Medicare	$25.70	$15.93	$15.42	N
88155	Q	CYTOPATH C/V INDEX ADD-ON				Medicare	$14.58	$9.04	$8.75	N
88160	X	CYTOPATH SMEAR OTHER SOURCE	0433	0.2498		APC	$12.64			N
88161	X	CYTOPATH SMEAR OTHER SOURCE	0433	0.2498		APC	$12.64			
88162	X	CYTOPATH SMEAR OTHER SOURCE	0433	0.2498		APC	$12.64			
88164	Q	DX CYTOPATH SLIDES CERV OR VAG; MAN SCREEN UNDER PHYS SPRVSN				Medicare	$25.70	$15.93	$15.42	N
88165	Q	DX CYTOPATH SLIDES CERV OR VAG; MAN SCRN & RE-SCRN PHYS SPRV				Medicare	$25.70	$15.93	$15.42	N
88166	Q	DX CYTOPATH SLIDE CERV/VAG; MAN & COMP SCRN UNDER PHYS SPRVS				Medicare	$25.70	$15.93	$15.42	N
88167	Q	DX CYTOPATH SLIDE CERV/VAG;MAN&COMP SCRN CELL SELEC PHYS SUP				Medicare	$25.70	$15.93	$15.42	N
88172	X	CYTOPATHOLOGY EVAL OF FNA	0343	0.5230		APC	$26.47			N
88173	X	CYTOPATH EVAL FNA REPORT	0343	0.5230		APC	$26.47			N
88174	Q	CYTOPATH C/V AUTO IN FLUID				Medicare	$51.98	$32.23	$31.19	
88175	Q	CYTOPATH C/V AUTO FLUID REDO				Medicare	$64.47	$39.97	$38.68	
88182	X	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	0343	0.5230		APC	$26.47			
88184	X	FLOWCYTOMETRY/ TC 1 MARKER	0433	0.2498		APC	$12.64			
88185	X	FLOWCYTOMETRY/TC ADD-ON	0433	0.2498		APC	$12.64			
88187	X	FLOWCYTOMETRY/READ 2-8	0342	0.1523		APC	$7.71			
88188	X	FLOWCYTOMETRY/READ 9-15	0343	0.5230		APC	$26.47			
88189	X	FLOWCYTOMETRY/READ 16 & >	0343	0.5230		APC	$26.47			
88199	X	UNLISTED CYTOPATHOLOGY PROCEDURE	0342	0.1523		APC	$7.71			N
88230	Q	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; LYMPHOCYTE				Medicare	$283.50	$175.77	$170.10	N
88233	Q	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; SKIN/SOLID TISS BX				Medicare	$342.47	$212.33	$205.48	N
88235	Q	TISSUE CULTURE FOR NON-NEOPLASTIC DISORD; AMNIOTIC /CV CELLS				Medicare	$358.33	$222.16	$215.00	N
88237	Q	TISSUE CULTURE FOR NEOPLASTIC DISORD; BONE MARROW BLOOD CEL				Medicare	$307.35	$190.56	$184.41	N
88239	Q	TISSUE CULTURE FOR NEOPLASTIC DISORD; SOLID TUMOR				Medicare	$358.98	$222.57	$215.39	N
88240	Q	CRYOPRESERVATION FREEZING & STORAGE OF CELLS EA CELL LINE				Medicare	$24.58	$15.24	$14.75	N
88241	Q	THAWING AND EXPANSION OF FROZEN CELLS EACH ALIQUOT				Medicare	$24.58	$15.24	$14.75	N
88245	Q	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; BASELINE SEC 20-25				Medicare	$362.25	$224.60	$217.35	N
88248	Q	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; BASELINE BRKG				Medicare	$421.40	$261.27	$252.84	N
88249	Q	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDRMS; SCORE 100 CELLS				Medicare	$421.40	$261.27	$252.84	N

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88261	Q	CHROMOSOME ANALYSIS; COUNT 5 CELLS 1 KARYOTYPE W/ BANDING				Medicare	$430.08	$266.65	$258.05	N
88262	Q	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS 2 KARYOTYPES W/BANDI				Medicare	$303.30	$188.05	$181.98	N
88263	Q	CHROMOSOME ANALYSIS; CNT 45 CELLS MOSAICISM 2 KARYOTP W/BAND				Medicare	$365.70	$226.73	$219.42	N
88264	Q	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS				Medicare	$303.30	$188.05	$181.98	N
88267	Q	CHROMOSOME ANALYSIS AMNIOTIC FLUID OR CHORIONIC VILLUS COU				Medicare	$437.45	$271.22	$262.47	N
88269	Q	CHROMOSOME ANALYSIS IN SITU FOR AMNIOTIC FLUID CELLS COUNT				Medicare	$404.73	$250.93	$242.84	N
88271	Q	MOLECULAR CYTOGENETICS; DNA PROBE EACH (EG FISH)				Medicare	$35.22	$21.84	$21.13	N
88272	Q	MOLECULAR CYTOGENETICS; ANALYZE 3-5 CELLS CHROMOSOMAL				Medicare	$44.03	$27.30	$26.42	N
88273	Q	MOLECULAR CYTOGENETICS; ANALYZE 10-30 CELLS CHROMOSOMAL				Medicare	$61.63	$38.21	$36.98	N
88274	Q	MOLECULAR CYTOGENETICS; ANALYZE 25-99 CELLS INTERPHASE				Medicare	$70.43	$43.67	$42.26	N
88275	Q	MOLECULAR CYTOGENETICS; ANALYZE 100-300 CELLS INTERPHASE				Medicare	$79.25	$49.14	$47.55	N
88280	Q	CHROMOSOME ANALYSIS; ADDITIONAL KAROTYPES EACH STUDY				Medicare	$61.07	$37.86	$36.64	N
88283	Q	CHROMOSOME ANALYSIS;ADDITIONAL SPECIALIZED BANDING TECHNIQUE				Medicare	$45.13	$27.98	$27.08	N
88285	Q	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED EACH STUDY				Medicare	$46.23	$28.66	$27.74	N
88289	Q	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY				Medicare	$7.75	$4.81	$4.65	N
88291	E	CYTO/MOLECULAR REPORT				Not Allowed	$0.00			N
88299	X	UNLISTED CYTOGENETIC STUDY	0342	0.1523		APC	$7.71			N
88300	X	SURGICAL PATH GROSS	0433	0.2498		APC	$12.64			N
88302	X	TISSUE EXAM BY PATHOLOGIST	0433	0.2498		APC	$12.64			N
88304	X	TISSUE EXAM BY PATHOLOGIST	0343	0.5230		APC	$26.47			N
88305	X	TISSUE EXAM BY PATHOLOGIST	0343	0.5230		APC	$26.47			N
88307	X	TISSUE EXAM BY PATHOLOGIST	0344	0.8223		APC	$41.62			N
88309	X	TISSUE EXAM BY PATHOLOGIST	0344	0.8223		APC	$41.62			N
88311	X	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CO	0342	0.1523		APC	$7.71			N
88312	X	SPECIAL STAINS	0433	0.2498		APC	$12.64			N
88313	X	SPECIAL STAINS	0433	0.2498		APC	$12.64			N
88314	X	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURG	0433	0.2498		APC	$12.64			N
88318	X	DETERMINATIVE HISTOCHEMISTRY TO IDENTIFY CHEMICAL COMPONEN	0433	0.2498		APC	$12.64			
88319	X	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY I	0344	0.8223		APC	$41.62			
88321	X	MICROSLIDE CONSULTATION	0433	0.2498		APC	$12.64			N
88323	X	MICROSLIDE CONSULTATION	0343	0.5230		APC	$26.47			N

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88325	X	COMPREHENSIVE REVIEW OF DATA	0344	0.8223		APC	$41.62			N
88329	X	PATH CONSULT INTROP	0433	0.2498		APC	$12.64			N
88331	X	PATH CONSULT INTRAOP 1 BLOC	0343	0.5230		APC	$26.47			N
88332	X	PATH CONSULT INTRAOP ADD□L	0433	0.2498		APC	$12.64			N
88333	X	INTRAOP CYTO PATH CONSULT 1	0433	0.2498		APC	$12.64			
88334	X	INTRAOP CYTO PATH CONSULT 2	0433	0.2498		APC	$12.64			
88342	X	IMMUNOHISTOCHEMISTRY	0343	0.5230		APC	$26.47			N
88346	X	IMMUNOFLUORESCENT STUDY EACH ANTIBODY; DIRECT METHOD	0343	0.5230		APC	$26.47			N
88347	X	IMMUNOFLUORESCENT STUDY EACH ANTIBODY; INDIRECT METHOD	0343	0.5230		APC	$26.47			N
88348	X	ELECTRON MICROSCOPY	0661	2.4143		APC	$122.19			N
88349	X	SCANNING ELECTRON MICROSCOPY	0661	2.4143		APC	$122.19			N
88355	X	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE	0343	0.5230		APC	$26.47			N
88356	X	MORPHOMETRIC ANALYSIS; NERVE	0344	0.8223		APC	$41.62			N
88358	X	ANALYSIS TUMOR	0343	0.5230		APC	$26.47			N
88360	X	SPECIAL WHOLE ORGAN SECT	0343	0.5230		APC	$26.47			
88361	X	TUMOR IMMUNOHISTOCHEM/COMPUT	0343	0.5230		APC	$26.47			
88362	X	NERVE TEASING PREPARATIONS	0344	0.8223		APC	$41.62			N
88365	X	INSITU HYBRIDIZATION (FISH)	0344	0.8223		APC	$41.62			N
88367	X	INSITU HYBRIDIZATION AUTO	0344	0.8223		APC	$41.62			
88368	X	INSITU HYBRIDIZATION MANUAL	0343	0.5230		APC	$26.47			
88371	Q	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT WITH INTERPRETAT				Medicare	$30.12	$18.67	$18.07	N
88372	Q	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT WITH INTERPRETAT				Medicare	$45.17	$28.01	$27.10	N
88380	N	MICRODISSECTION				Not Allowed	$0.00			
88381	N	MICRODISSECTION, MANUAL				Bundled	$0.00			
88384	X	EVAL MOLECULAR PROBES 11-50	0433	0.2498		APC	$12.64			
88385	X	EVAL MOLECUL PROBES 51-250	0343	0.5230		APC	$26.47			
88386	X	EVAL MOLECUL PROBES 251-500	0344	0.8223		APC	$41.62			
88399	X	UNLISTED SURGICAL PATHOLOGY PROCEDURE	0342	0.1523		APC	$7.71			N
88720	Q	BILIRUBIN TOTAL TRANSCUT				Medicare	$12.22	$7.58	$7.33	
88740	Q	TRANSCUTANEOUS CARBOXYHB				Medicare	$12.22	$7.58	$7.33	
88741	Q	TRANSCUTANEOUS METHB				Medicare	$12.22	$7.58	$7.33	
89049	X	CHCT FOR MAL HYPERTHERMIA	0342	0.1523		APC	$7.71			
89050	Q	BODY FLUID CELL COUNT				Medicare	$11.50	$7.13	$6.90	N
89051	Q	CELL COUNT MISCELLANEOUS BODY FLUIDS (EG CSF JOINT FLUID)				Medicare	$13.40	$8.31	$8.04	N
89055	Q	LEUKOCYTE ASSESSMENT FECAL				Medicare	$10.38	$6.44	$6.23	
89060	Q	EXAM SYNOVIAL FLUID CRYSTALS				Medicare	$17.40	$10.79	$10.44	
89100	X	SAMPLE INTESTINAL CONTENTS	0360	1.5113		APC	$76.49			N
89105	X	SAMPLE INTESTINAL CONTENTS	0360	1.5113		APC	$76.49			N
89125	Q	FAT STAIN FECES URINE OR SPUTUM				Medicare	$10.50	$6.51	$6.30	N

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89130	X	SAMPLE STOMACH CONTENTS	0360	1.5113		APC	$76.49			N
89132	X	SAMPLE STOMACH CONTENTS	0360	1.5113		APC	$76.49			N
89135	X	SAMPLE STOMACH CONTENTS	0360	1.5113		APC	$76.49			N
89136	X	SAMPLE STOMACH CONTENTS	0360	1.5113		APC	$76.49			N
89140	X	SAMPLE STOMACH CONTENTS	0360	1.5113		APC	$76.49			N
89141	X	SAMPLE STOMACH CONTENTS	0360	1.5113		APC	$76.49			N
89160	Q	MEAT FIBERS FECES				Medicare	$8.97	$5.56	$5.38	N
89190	Q	NASAL SMEAR FOR EOSINOPHILS				Medicare	$11.55	$7.16	$6.93	N
89220	X	SPUTUM SPECIMEN COLLECTION	0433	0.2498		APC	$12.64			
89225	Q	STARCH GRANULES FECES				Medicare	$8.13	$5.04	$4.88	
89230	X	COLLECT SWEAT FOR TEST	0343	0.5230		APC	$26.47			
89235	Q	WATER LOAD TEST				Medicare	$13.40	$8.31	$8.04	
89240	X	PATHOLOGY LAB PROCEDURE	0342	0.1523		APC	$7.71			
89250	E	CULTR OOCYTE/EMBRYO <4 DAYS	0344	0.8223		Not Allowed	$0.00			N
89251	E	CULTR OOCYTE/EMBRYO <4 DAYS	0344	0.8223		Not Allowed	$0.00			N
89253	E	ASSISTED EMBRYO HATCHING MICROTECHNIQUES (ANY METHOD)	0344	0.8223		Not Allowed	$0.00			N
89254	E	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID	0344	0.8223		Not Allowed	$0.00			N
89255	E	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)	0344	0.8223		Not Allowed	$0.00			N
89257	E	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLU	0344	0.8223		Not Allowed	$0.00			N
89258	E	CRYOPRESERVATION; EMBRYO(S)	0344	0.8223		Not Allowed	$0.00			N
89259	E	CRYOPRESERVATION; SPERM	0344	0.8223		Not Allowed	$0.00			N
89260	E	SPERM ISOLATION; SIMPLE PREP FOR INSEMINATION OR DIAGNOSIS	0344	0.8223		Not Allowed	$0.00			N
89261	E	SPERM ISOLATION; COMPLEX PREP FOR INSEMINATION OR DIAGNOSIS	0344	0.8223		Not Allowed	$0.00			N
89264	E	SPERM IDENTIFICATION FROM TESTIS TISSUE FRESH OR CRYOPRSRVD	0344	0.8223		Not Allowed	$0.00			N
89268	E	INSEMINATION OF OOCYTES	0344	0.8223		Not Allowed	$0.00			
89272	E	EXTENDED CULTURE OF OOCYTES	0344	0.8223		Not Allowed	$0.00			
89280	E	ASSIST OOCYTE FERTILIZATION	0344	0.8223		Not Allowed	$0.00			
89281	E	ASSIST OOCYTE FERTILIZATION	0344	0.8223		Not Allowed	$0.00			
89290	E	BIOPSY OOCYTE POLAR BODY	0344	0.8223		Not Allowed	$0.00			
89291	E	BIOPSY OOCYTE POLAR BODY	0344	0.8223		Not Allowed	$0.00			
89300	E	SEMEN ANALYSIS W/HUHNER				Not Allowed	$0.00			N
89310	E	SEMEN ANALYSIS W/COUNT				Not Allowed	$0.00			N
89320	E	SEMEN ANALYSIS COMPLETE				Not Allowed	$0.00			N
89321	E	SEMEN ANALYSIS & MOTILITY				Not Allowed	$0.00			N
89322	E	SEMEN ANAL, STRICT CRITERIA				Not Allowed	$0.00			
89325	E	SPERM ANTIBODIES				Not Allowed	$0.00			N
89329	E	SPERM EVALUATION; HAMSTER PENETRATION TEST				Not Allowed	$0.00			N
89330	E	SPERM EVALUATION;CERVICAL MUCUS PENETRATION TEST W/OR W/O S				Not Allowed	$0.00			
89331	Q	RETROGRADE EJACULATION ANAL				Medicare	$47.67	$29.56	$28.60	
89335	E	CRYOPRESERVE TESTICULAR TISS	0344	0.8223		Not Allowed	$0.00			

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89342	E	STORAGE/YEAR; EMBRYO(S)	0344	0.8223		Not Allowed	$0.00			
89343	E	STORAGE/YEAR; SPERM/SEMEN	0344	0.8223		Not Allowed	$0.00			
89344	E	STORAGE/YEAR; REPROD TISSUE	0344	0.8223		Not Allowed	$0.00			
89346	E	STORAGE/YEAR; OOCYTE(S)	0344	0.8223		Not Allowed	$0.00			
89352	E	THAWING CRYOPRESRVED; EMBRYO	0344	0.8223		Not Allowed	$0.00			
89353	E	THAWING CRYOPRESRVED; SPERM	0344	0.8223		Not Allowed	$0.00			
89354	E	THAW CRYOPRSVRD; REPROD TISS	0344	0.8223		Not Allowed	$0.00			
89356	E	THAWING CRYOPRESRVED; OOCYTE	0344	0.8223		Not Allowed	$0.00			
90281	E	HUMAN IG, IM				Not Allowed	$0.00			N
90283	E	HUMAN IG, IV				Not Allowed	$0.00			N
90284	E	HUMAN IG, SC				Not Allowed	$0.00			
90287	N	BOTULINUM ANTITOXIN				Bundled	$0.00			N
90288	N	BOTULISM IG, IV				Bundled	$0.00			N
90291	E	CMV IG, IV				Not Allowed	$0.00			N
90296	K	DIPHTHERIA ANTITOXIN	1212			APC	$349.82			N
90371	K	HEP B IG, IM	1630			APC	$111.20			N
90375	K	RABIES IG, IM/SC	9133			APC	$142.79			N
90376	K	RABIES IG, HEAT TREATED	9134			APC	$130.16			N
90378	K	RSV IG, IM, 50MG	9003			APC	$937.29			N
90379	E	RSV IG, IV				Not Allowed	$0.00			N
90384	E	RH IG, FULL-DOSE, IM				Not Allowed	$0.00			N
90385	N	RH IG, MINIDOSE, IM				Bundled	$0.00			N
90386	E	RH IG, IV				Not Allowed	$0.00			N
90389	E	TETANUS IG, IM				Not Allowed	$0.00			N
90393	N	VACCINA IG, IM				Bundled	$0.00			N
90396	K	VARICELLA-ZOSTER IG, IM	9135			APC	$130.49			N
90399	E	IMMUNE GLOBULIN				Not Allowed	$0.00			N
90465	N	IMMUNE ADMIN 1 INJ < 8 YRS				Bundled	$0.00			
90466	N	IMMUNE ADMIN ADDL INJ < 8 Y				Bundled	$0.00			
90467	N	IMMUNE ADMIN O OR N < 8 YRS				Bundled	$0.00			
90468	N	IMMUNE ADMIN O/N ADDL < 8 Y				Bundled	$0.00			
90470	E	H1N1 IMMUNIZATION ADM W CO				Not Allowed	$0.00			
90471	E	IMMUNIZATION ADMIN	0436	0.3768		Not Allowed	$0.00			N
90472	E	IMMUNIZATION ADMIN, EACH ADD	0436	0.3768		Not Allowed	$0.00			N
90473	E	IMMUNE ADMIN ORAL/NASAL	0436	0.3768		Not Allowed	$0.00			
90474	E	IMMUNE ADMIN ORAL/NASAL ADDL	0436	0.3768		Not Allowed	$0.00			N
90476	N	ADENOVIRUS VACCINE, TYPE 4				Bundled	$0.00			N
90477	N	ADENOVIRUS VACCINE, TYPE 7				Bundled	$0.00			N
90581	N	ANTHRAX VACCINE, SC				Bundled	$0.00			N
90585	K	BCG VACCINE, PERCUT	9137			APC	$111.66			N
90586	M	BCG VACCINE, INTRAVESICAL				Fee Schedule	$113.21			N

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90632	N	HEP A VACCINE, ADULT IM				Bundled	$0.00			N
90633	N	HEP A VACC, PED/ADOL, 2 DOSE				Bundled	$0.00			N
90634	N	HEP A VACC, PED/ADOL, 3 DOSE				Bundled	$0.00			N
90636	N	HEP A/HEP B VACC, ADULT IM				Bundled	$0.00			N
90645	N	HIB VACCINE, HBOC, IM				Bundled	$0.00			N
90646	N	HIB VACCINE, PRP-D, IM				Bundled	$0.00			N
90647	N	HIB VACCINE, PRP-OMP, IM				Bundled	$0.00			N
90648	N	HIB VACCINE, PRP-T, IM				Bundled	$0.00			N
90649	M	H PAPILLOMA VACC 3 DOSE IM				Fee Schedule	$130.27			
90650	E	HPV VACCINE 2 VALENT, IM				Not Allowed	$0.00			
90655	M	FLU VACCINE 6-35 MO IM				Fee Schedule	$0.00			
90656	M	FLU VACCINE NO PRESERV 3 & >				Fee Schedule	$0.00			
90657	M	FLU VACCINE 6-35 MO IM				Fee Schedule	$0.00			N
90658	M	FLU VACCINE AGE 3 & OVER IM				Fee Schedule	$0.00			N
90660	M	FLU VACCINE, NASAL				Fee Schedule	$19.97			N
90661	E	FLU VACC CELL CULT PRSV FREE				Not Allowed	$0.00			
90662	E	FLU VACC PRSV FREE INC ANTIG				Not Allowed	$0.00			
90663	E	FLU VACC PANDEMIC				Not Allowed	$0.00			
90665	K	LYME DISEASE VACCINE, IM	1216			APC	$72.67			N
90669	M	PNEUMOCOCCAL VACC PED <5				Fee Schedule	$85.43			N
90670	E	PNEUMOCOCCAL VACC, 13 VAL IM				Not Allowed	$0.00			
90675	K	RABIES VACCINE, IM	9139			APC	$151.97			N
90676	K	RABIES VACCINE, ID	9140			APC	$112.29			N
90680	N	ROTOVIRUS VACC 3 DOSE ORAL				Bundled	$0.00			N
90681	K	ROTAVIRUS VACC 2 DOSE ORAL	1239			APC	$106.60			
90690	N	TYPHOID VACCINE, ORAL				Bundled	$0.00			N
90691	N	TYPHOID VACCINE, IM				Bundled	$0.00			N
90692	N	TYPHOID VACCINE, H-P, SC/ID				Bundled	$0.00			N
90693	N	TYPHOID VACCINE AKD SC				Bundled	$0.00			N
90696	K	DTAP-IPV VACC 4-6 YR IM	1219			APC	$39.77			
90698	N	DTAP-HIB-IP VACCINE IM				Bundled	$0.00			
90700	N	DTAP VACCINE, < 7 YRS, IM				Bundled	$0.00			N
90701	N	DTP VACCINE, IM				Bundled	$0.00			N
90702	N	DT VACCINE < 7, IM				Bundled	$0.00			N
90703	N	TETANUS VACCINE IM				Bundled	$0.00			N
90704	N	MUMPS VACCINE SC				Bundled	$0.00			N
90705	N	MEASLES VACCINE SC				Bundled	$0.00			N
90706	N	RUBELLA VACCINE SC				Bundled	$0.00			N
90707	N	MMR VACCINE SC				Bundled	$0.00			N
90708	N	MEASLES-RUBELLA VACCINE SC				Bundled	$0.00			N
90710	N	MMRV VACCINE, SC				Bundled	$0.00			N

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90712	N	ORAL POLIOVIRUS VACCINE				Bundled	$0.00			N
90713	N	POLIOVIRUS IPV SC/IM				Bundled	$0.00			N
90714	N	TD VACCINE NO PRSRV >/= 7 IM				Bundled	$0.00			N
90715	N	TDAP VACCINE >7 IM				Bundled	$0.00			
90716	M	CHICKEN POX VACCINE, SC				Fee Schedule	$81.63			N
90717	N	YELLOW FEVER VACCINE, SC				Bundled	$0.00			N
90718	N	TD VACCINE > 7 IM				Bundled	$0.00			N
90719	N	DIPHTHERIA VACCINE, IM				Bundled	$0.00			N
90720	N	DTP/HIB VACCINE, IM				Bundled	$0.00			N
90721	N	DTAP/HIB VACCINE, IM				Bundled	$0.00			N
90723	M	DTAP-HEP B-IPV VACCINE IM				Fee Schedule	$0.00			N
90725	N	CHOLERA VACCINE, INJECTABLE				Bundled	$0.00			N
90727	N	PLAGUE VACCINE IM				Bundled	$0.00			N
90732	M	PNEUMOCOCCAL VACCINE				Fee Schedule	$0.00			N
90733	K	MENINGOCOCCAL VACCINE SC	9143			APC	$96.66			N
90734	K	MENINGOCOCCAL VACCINE IM	9145			APC	$102.46			
90735	E	ENCEPHALITIS VACCINE, SC				Not Allowed	$0.00			N
90736	M	ZOSTER VACC SC				Fee Schedule	$0.00			
90738	E	INACTIVATED JE VACC IM				Not Allowed	$0.00			
90740	M	HEPB VACC ILL PAT 3 DOSE IM				Fee Schedule	$106.85			N
90743	M	HEP B VACC ADOL 2 DOSE IM				Fee Schedule	$0.00			N
90744	M	HEPB VACC PED/ADOL 3 DOSE IM				Fee Schedule	$0.00			N
90746	M	HEP B VACCINE ADULT IM				Fee Schedule	$53.42			N
90747	M	HEPB VACC ILL PAT 4 DOSE IM				Fee Schedule	$106.85			N
90748	M	HEP B/HIB VACCINE, IM				Fee Schedule	$0.00			N
90749	N	VACCINE TOXOID				Bundled	$0.00			N
90801	N	PSY DX INTERVIEW	0323	1.6317		Bundled, may be payable	$0.00			N
90802	N	INTAC PSY DX INTERVIEW	0323	1.6317		Bundled, may be payable	$0.00			N
90804	N	PSYTX, OFFICE, 20-30 MIN	0322	1.3097		Bundled, may be payable	$0.00			N
90805	N	PSYTX, OFF, 20-30 MIN W/E&M	0322	1.3097		Bundled, may be payable	$0.00			N
90806	N	PSYTX, OFF, 45-50 MIN	0323	1.6317		Bundled, may be payable	$0.00			N
90807	N	PSYTX, OFF, 45-50 MIN W/E&M	0323	1.6317		Bundled, may be payable	$0.00			N
90808	N	PSYTX, OFFICE, 75-80 MIN	0323	1.6317		Bundled, may be payable	$0.00			N
90809	N	PSYTX, OFF, 75-80, W/E&M	0323	1.6317		Bundled, may be payable	$0.00			N
90810	N	INTAC PSYTX, OFF, 20-30 MIN	0322	1.3097		Bundled, may be payable	$0.00			N
90811	N	INTAC PSYTX, 20-30, W/E&M	0322	1.3097		Bundled, may be payable	$0.00			N
90812	N	INTAC PSYTX, OFF, 45-50 MIN	0323	1.6317		Bundled, may be payable	$0.00			N
90813	N	INTAC PSYTX, 45-50 MIN W/E&M	0323	1.6317		Bundled, may be payable	$0.00			N
90814	N	INTAC PSYTX, OFF, 75-80 MIN	0323	1.6317		Bundled, may be payable	$0.00			N
90815	N	INTAC PSYTX, 75-80 W/E&M	0323	1.6317		Bundled, may be payable	$0.00			N
90816	N	PSYTX, HOSP, 20-30 MIN				Bundled	$0.00			N

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90817	N	PSYTX, HOSP, 20-30 MIN W/E&M				Bundled	$0.00			N
90818	N	PSYTX, HOSP, 45-50 MIN				Bundled	$0.00			N
90819	N	PSYTX, HOSP, 45-50 MIN W/E&M				Bundled	$0.00			N
90821	N	PSYTX, HOSP, 75-80 MIN				Bundled	$0.00			N
90822	N	PSYTX, HOSP, 75-80 MIN W/E&M				Bundled	$0.00			N
90823	N	INTAC PSYTX, HOSP, 20-30 MIN				Bundled	$0.00			N
90824	N	INTAC PSYTX, HSP 20-30 W/E&M				Bundled	$0.00			N
90826	N	INTAC PSYTX, HOSP, 45-50 MIN				Bundled	$0.00			N
90827	N	INTAC PSYTX, HSP 45-50 W/E&M				Bundled	$0.00			N
90828	N	INTAC PSYTX, HOSP, 75-80 MIN				Bundled	$0.00			N
90829	N	INTAC PSYTX, HSP 75-80 W/E&M				Bundled	$0.00			N
90845	N	PSYCHOANALYSIS	0323	1.6317		Bundled, may be payable	$0.00			N
90846	N	FAMILY PSYTX W/O PATIENT	0324	2.4859		Bundled, may be payable	$0.00			N
90847	N	FAMILY PSYTX W/PATIENT	0324	2.4859		Bundled, may be payable	$0.00			N
90849	N	MULTIPLE FAMILY GROUP PSYTX	0325	0.9800		Bundled, may be payable	$0.00			N
90853	N	GROUP PSYCHOTHERAPY	0325	0.9800		Bundled, may be payable	$0.00			N
90857	N	INTAC GROUP PSYTX	0325	0.9800		Bundled, may be payable	$0.00			N
90862	N	MEDICATION MANAGEMENT	0606	1.3585		Bundled, may be payable	$0.00			N
90865	N	NARCOSYNTHESIS	0323	1.6317		Bundled, may be payable	$0.00			N
90870	S	ELECTROCONVULSIVE THERAPY	0320	5.7528		APC	$291.15			N
90875	E	PSYCHOPHYSIOLOGICAL THERAPY				Not Allowed	$0.00			N
90876	E	PSYCHOPHYSIOLOGICAL THERAPY				Not Allowed	$0.00			N
90880	N	HYPNOTHERAPY	0323	1.6317		Bundled, may be payable	$0.00			N
90882	E	ENVIRONMENTAL MANIPULATION				Not Allowed	$0.00			N
90885	N	PSY EVALUATION OF RECORDS				Bundled	$0.00			N
90887	N	CONSULTATION WITH FAMILY				Bundled	$0.00			N
90889	N	PREPARATION OF REPORT				Bundled	$0.00			N
90899	N	PSYCHIATRIC SERVICE/THERAPY	0322	1.3097		Bundled, may be payable	$0.00			N
90901	M	BIOFEEDBACK TRAIN, ANY METH				Fee Schedule	$21.05			N
90911	T	BIOFEEDBACK PERI/URO/RECTAL	0126	1.0435		APC	$52.81			N
90935	S	HEMODIALYSIS, ONE EVALUATION	0170	6.5599		APC	$332.00			N
90937	M	HEMODIALYSIS, REPEATED EVAL				Fee Schedule	$0.00			N
90940	N	HEMODIALYSIS ACCESS STUDY				Bundled	$0.00			N
90945	V	DIALYSIS, ONE EVALUATION	0607	1.7192		APC	$87.01			N
90947	M	DIALYSIS, REPEATED EVAL				Fee Schedule	$0.00			N
90951	E	ESRD SERV, 4 VISITS P MO, <2				Not Allowed	$0.00			
90952	E	ESRD SERV, 2-3 VSTS P MO, <2				Not Allowed	$0.00			
90953	E	ESRD SERV, 1 VISIT P MO, <2				Not Allowed	$0.00			
90954	E	ESRD SERV, 4 VSTS P MO, 2-11				Not Allowed	$0.00			
90955	E	ESRD SRV 2-3 VSTS P MO, 2-11				Not Allowed	$0.00			
90956	E	ESRD SRV, 1 VISIT P MO, 2-11				Not Allowed	$0.00			

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90957	E	ESRD SRV, 4 VSTS P MO, 12-19				Not Allowed	$0.00			
90958	E	ESRD SRV 2-3 VSTS P MO 12-19				Not Allowed	$0.00			
90959	E	ESRD SERV, 1 VST P MO, 12-19				Not Allowed	$0.00			
90960	E	ESRD SRV, 4 VISITS P MO, 20+				Not Allowed	$0.00			
90961	E	ESRD SRV, 2-3 VSTS P MO, 20+				Not Allowed	$0.00			
90962	E	ESRD SERV, 1 VISIT P MO, 20+				Not Allowed	$0.00			
90963	E	ESRD HOME PT, SERV P MO, <2				Not Allowed	$0.00			
90964	E	ESRD HOME PT SERV P MO, 2-11				Not Allowed	$0.00			
90965	E	ESRD HOME PT SERV P MO 12-19				Not Allowed	$0.00			
90966	E	ESRD HOME PT, SERV P MO, 20+				Not Allowed	$0.00			
90967	E	ESRD HOME PT SERV P DAY, <2				Not Allowed	$0.00			
90968	E	ESRD HOME PT SRV P DAY, 2-11				Not Allowed	$0.00			
90969	E	ESRD HOME PT SRV P DAY 12-19				Not Allowed	$0.00			
90970	E	ESRD HOME PT SERV P DAY, 20+				Not Allowed	$0.00			
90989	M	DIALYSIS TRAINING, COMPLETE				Fee Schedule	$0.00			N
90993	M	DIALYSIS TRAINING, INCOMPL				Fee Schedule	$0.00			N
90997	M	HEMOPERFUSION				Fee Schedule	$0.00			N
90999	M	DIALYSIS PROCEDURE				Fee Schedule	$0.00			N
91000	X	ESOPHAGEAL INTUBATION	0361	3.9733		APC	$201.09			N
91010	X	ESOPHAGEAL MOTILITY STUDY;	0361	3.9733		APC	$201.09			N
91011	X	ESOPHAGUS MOTILITY STUDY	0361	3.9733		APC	$201.09			N
91012	X	ESOPHAGUS MOTILITY STUDY	0361	3.9733		APC	$201.09			N
91020	X	GASTRIC MOTILITY STUDIES	0361	3.9733		APC	$201.09			N
91022	X	DUODENAL MOTILITY STUDY	0361	3.9733		APC	$201.09			
91030	X	ACID PERFUSION OF ESOPHAGUS	0361	3.9733		APC	$201.09			N
91034	X	GASTROESOPHAGEAL REFLUX TEST	0361	3.9733		APC	$201.09			
91035	X	G-ESOPH REFLX TST W/ELECTROD	0361	3.9733		APC	$201.09			
91037	X	ESOPH IMPED FUNCTION TEST	0361	3.9733		APC	$201.09			
91038	X	ESOPH IMPED FUNCT TEST > 1H	0361	3.9733		APC	$201.09			
91040	X	ESOPH BALLOON DISTENSION TST	0360	1.5113		APC	$76.49			
91052	X	GASTRIC ANALYSIS TEST	0361	3.9733		APC	$201.09			N
91055	X	GASTRIC INTUBATION FOR SMEAR	0360	1.5113		APC	$76.49			N
91065	X	BREATH HYDROGEN TEST	0360	1.5113		APC	$76.49			N
91105	X	GASTRIC INTUBATION TREATMENT	0360	1.5113		APC	$76.49			N
91110	T	GI TRACT CAPSULE ENDOSCOPY	0142	9.5724		APC	$484.46			
91111	T	ESOPHAGEAL CAPSULE ENDOSCOPY	0141	8.6526		APC	$437.91			
91120	T	RECTAL SENSATION TEST	0126	1.0435		APC	$52.81			
91122	T	ANAL PRESSURE RECORD	0156	2.8838		APC	$145.95			N
91123	N	IRRIGATE FECAL IMPACTION				Bundled	$0.00			
91132	X	ELECTROGASTROGRAPHY	0360	1.5113		APC	$76.49			N
91133	X	ELECTROGASTROGRAPHY W/TEST	0360	1.5113		APC	$76.49			N

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91299	X	GASTROENTEROLOGY PROCEDURE	0360	1.5113		APC	$76.49			N
92002	V	EYE EXAM, NEW PATIENT	0605	1.0439		APC	$52.83			N
92004	V	EYE EXAM, NEW PATIENT	0606	1.3585		APC	$68.75			N
92012	V	EYE EXAM ESTABLISHED PAT	0604	0.8277		APC	$41.89			N
92014	V	EYE EXAM & TREATMENT	0605	1.0439		APC	$52.83			N
92015	E	REFRACTION				Not Allowed	$0.00			N
92018	T	NEW EYE EXAM & TREATMENT	0699	14.4782		APC	$732.74			N
92019	T	EYE EXAM & TREATMENT	0699	14.4782		APC	$732.74			N
92020	S	SPECIAL EYE EVALUATION	0230	0.6461		APC	$32.70			N
92025	S	CORNEAL TOPOGRAPHY	0698	0.9338		APC	$47.26			
92060	S	SPECIAL EYE EVALUATION	0698	0.9338		APC	$47.26			N
92065	S	ORTHOPTIC/PLEOPTIC TRAINING	0698	0.9338		APC	$47.26			N
92070	N	FITTING OF CONTACT LENS				Bundled	$0.00			Y
92081	S	VISUAL FIELD EXAMINATION(S)	0230	0.6461		APC	$32.70			N
92082	S	VISUAL FIELD EXAMINATION(S)	0698	0.9338		APC	$47.26			N
92083	S	VISUAL FIELD EXAMINATION(S)	0698	0.9338		APC	$47.26			N
92100	N	SERIAL TONOMETRY EXAM(S)				Bundled	$0.00			N
92120	S	TONOGRAPHY & EYE EVALUATION	0698	0.9338		APC	$47.26			N
92130	S	WATER PROVOCATION TONOGRAPHY	0230	0.6461		APC	$32.70			N
92135	S	SCANNING COMPUT.OPHTHALMIC DX IMAGING INTERP & REPORT UNIL	0230	0.6461		APC	$32.70			N
92136	S	OPHTHALMIC BIOMETRY	0698	0.9338		APC	$47.26			
92140	S	GLAUCOMA PROVOCATIVE TESTS	0230	0.6461		APC	$32.70			N
92225	S	SPECIAL EYE EXAM, INITIAL	0230	0.6461		APC	$32.70			N
92226	S	SPECIAL EYE EXAM, SUBSEQUENT	0698	0.9338		APC	$47.26			N
92230	S	EYE EXAM WITH PHOTOS	0231	2.1549		APC	$109.06			N
92235	S	EYE EXAM WITH PHOTOS	0231	2.1549		APC	$109.06			N
92240	S	ICG ANGIOGRAPHY	0231	2.1549		APC	$109.06			N
92250	S	EYE EXAM WITH PHOTOS	0698	0.9338		APC	$47.26			N
92260	S	OPHTHALMOSCOPY/DYNAMOMETRY	0230	0.6461		APC	$32.70			N
92265	S	EYE MUSCLE EVALUATION	0698	0.9338		APC	$47.26			N
92270	S	ELECTRO-OCULOGRAPHY	0230	0.6461		APC	$32.70			N
92275	S	ELECTRORETINOGRAPHY	0231	2.1549		APC	$109.06			N
92283	S	COLOR VISION EXAMINATION	0230	0.6461		APC	$32.70			N
92284	S	DARK ADAPTATION EYE EXAM	0698	0.9338		APC	$47.26			N
92285	S	EYE PHOTOGRAPHY	0698	0.9338		APC	$47.26			N
92286	S	INTERNAL EYE PHOTOGRAPHY	0231	2.1549		APC	$109.06			N
92287	S	INTERNAL EYE PHOTOGRAPHY	0231	2.1549		APC	$109.06			
92310	E	CONTACT LENS FITTING				Not Allowed	$0.00			Y
92311	E	CONTACT LENS FITTING	0698	0.9338		Not Allowed	$0.00			Y
92312	E	CONTACT LENS FITTING	0698	0.9338		Not Allowed	$0.00			Y
92313	E	CONTACT LENS FITTING	0230	0.6461		Not Allowed	$0.00			Y

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92314	E	PRESCRIPTION OF CONTACT LENS				Not Allowed	$0.00			Y
92315	E	PRESCRIPTION OF CONTACT LENS	0230	0.6461		Not Allowed	$0.00			Y
92316	E	PRESCRIPTION OF CONTACT LENS	0698	0.9338		Not Allowed	$0.00			Y
92317	E	PRESCRIPTION OF CONTACT LENS	0230	0.6461		Not Allowed	$0.00			Y
92325	E	MODIFICATION OF CONTACT LENS	0230	0.6461		Not Allowed	$0.00			Y
92326	E	REPLACEMENT OF CONTACT LENS	0698	0.9338		Not Allowed	$0.00			Y
92340	E	FITTING OF SPECTACLES				Not Allowed	$0.00			N
92341	E	FITTING OF SPECTACLES				Not Allowed	$0.00			N
92342	E	FITTING OF SPECTACLES				Not Allowed	$0.00			N
92352	E	SPECIAL SPECTACLES FITTING	0698	0.9338		Not Allowed	$0.00			N
92353	E	SPECIAL SPECTACLES FITTING	0230	0.6461		Not Allowed	$0.00			N
92354	E	SPECIAL SPECTACLES FITTING	0230	0.6461		Not Allowed	$0.00			N
92355	E	SPECIAL SPECTACLES FITTING	0230	0.6461		Not Allowed	$0.00			N
92358	S	EYE PROSTHESIS SERVICE	0230	0.6461		APC	$32.70			N
92370	E	REPAIR & ADJUST SPECTACLES				Not Allowed	$0.00			N
92371	E	REPAIR & ADJUST SPECTACLES	0230	0.6461		Not Allowed	$0.00			N
92499	S	EYE SERVICE OR PROCEDURE	0230	0.6461		APC	$32.70			N
92502	T	EAR AND THROAT EXAMINATION	0251	3.3069		APC	$167.36			N
92504	N	EAR MICROSCOPY EXAMINATION				Bundled	$0.00			N
92506	Y	SPEECH/HEARING EVALUATION				Fee Schedule	$34.98			N
92507	Y	SPEECH/HEARING THERAPY				Fee Schedule	$20.85			N
92508	Y	SPEECH/HEARING THERAPY				Fee Schedule	$10.67			N
92511	T	NASOPHARYNGOSCOPY	0071	0.8215		APC	$41.58			N
92512	X	NASAL FUNCTION STUDIES	0363	0.9042		APC	$45.76			N
92516	X	FACIAL NERVE FUNCTION TEST	0660	1.5831		APC	$80.12			N
92520	X	LARYNGEAL FUNCTION STUDIES	0660	1.5831		APC	$80.12			N
92526	Y	ORAL FUNCTION THERAPY				Fee Schedule	$21.76			N
92531	N	SPONTANEOUS NYSTAGMUS STUDY				Bundled	$0.00			N
92532	N	POSITIONAL NYSTAGMUS TEST				Bundled	$0.00			N
92533	N	CALORIC VESTIBULAR TEST				Bundled	$0.00			N
92534	N	OPTOKINETIC NYSTAGMUS TEST				Bundled	$0.00			N
92541	X	SPONTANEOUS NYSTAGMUS TEST	0363	0.9042		APC	$45.76			N
92542	X	POSITIONAL NYSTAGMUS TEST	0363	0.9042		APC	$45.76			N
92543	X	CALORIC VESTIBULAR TEST	0660	1.5831		APC	$80.12			N
92544	X	OPTOKINETIC NYSTAGMUS TEST	0363	0.9042		APC	$45.76			N
92545	X	OSCILLATING TRACKING TEST	0363	0.9042		APC	$45.76			N
92546	X	TORSION SWING RECORDING	0660	1.5831		APC	$80.12			N
92547	N	SUPPLEMENTAL ELECTRICAL TEST				Bundled	$0.00			N
92548	X	POSTUROGRAPHY	0660	1.5831		APC	$80.12			N
92551	M	PURE TONE HEARING TEST, AIR				Fee Schedule	$9.78			N
92552	X	PURE TONE AUDIOMETRY AIR	0364	0.4730		APC	$23.94			N

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92553	X	AUDIOMETRY AIR & BONE	0365	1.2779		APC	$64.67			N
92555	X	SPEECH THRESHOLD AUDIOMETRY	0364	0.4730		APC	$23.94			N
92556	X	SPEECH AUDIOMETRY COMPLETE	0364	0.4730		APC	$23.94			N
92557	X	COMPREHENSIVE HEARING TEST	0365	1.2779		APC	$64.67			N
92559	E	GROUP AUDIOMETRIC TESTING				Not Allowed	$0.00			N
92560	E	BEKESY AUDIOMETRY, SCREEN				Not Allowed	$0.00			N
92561	X	BEKESY AUDIOMETRY DIAGNOSIS	0364	0.4730		APC	$23.94			N
92562	X	LOUDNESS BALANCE TEST	0364	0.4730		APC	$23.94			N
92563	X	TONE DECAY HEARING TEST	0364	0.4730		APC	$23.94			N
92564	X	SISI HEARING TEST	0364	0.4730		APC	$23.94			N
92565	X	STENGER TEST PURE TONE	0364	0.4730		APC	$23.94			N
92567	X	TYMPANOMETRY	0364	0.4730		APC	$23.94			N
92568	X	ACOUSTIC REFL THRESHOLD TST	0364	0.4730		APC	$23.94			N
92569	X	ACOUSTIC REFLEX DECAY TEST	0364	0.4730		APC	$23.94			N
92571	X	FILTERED SPEECH HEARING TEST	0364	0.4730		APC	$23.94			N
92572	X	STAGGERED SPONDAIC WORD TEST	0366	1.7097		APC	$86.53			N
92575	X	SENSORINEURAL ACUITY TEST	0364	0.4730		APC	$23.94			N
92576	X	SYNTHETIC SENTENCE TEST	0364	0.4730		APC	$23.94			N
92577	X	STENGER TEST SPEECH	0366	1.7097		APC	$86.53			N
92579	X	VISUAL AUDIOMETRY (VRA)	0365	1.2779		APC	$64.67			N
92582	X	CONDITIONING PLAY AUDIOMETRY	0365	1.2779		APC	$64.67			N
92583	X	SELECT PICTURE AUDIOMETRY	0364	0.4730		APC	$23.94			N
92584	S	ELECTROCOCHLEOGRAPHY	0216	2.6652		APC	$134.89			N
92585	S	BRAINSTEM EVOKED AUDIOMETRY	0216	2.6652		APC	$134.89			N
92586	S	AUDITOR EVOKE POTENT, LIMIT	0218	1.1853		APC	$59.99			N
92587	X	EVOKED AUDITORY TEST	0363	0.9042		APC	$45.76			N
92588	X	EVOKED AUDITORY TEST	0660	1.5831		APC	$80.12			N
92590	E	HEARING AID EXAM, ONE EAR				Not Allowed	$0.00			N
92591	E	HEARING AID EXAM, BOTH EARS				Not Allowed	$0.00			N
92592	E	HEARING AID CHECK, ONE EAR				Not Allowed	$0.00			N
92593	E	HEARING AID CHECK, BOTH EARS				Not Allowed	$0.00			N
92594	E	ELECTRO HEARNG AID TEST, ONE				Not Allowed	$0.00			N
92595	E	ELECTRO HEARNG AID TST, BOTH				Not Allowed	$0.00			N
92596	X	EAR PROTECTOR EVALUATION	0364	0.4730		APC	$23.94			N
92597	Y	ORAL SPEECH DEVICE EVAL				Fee Schedule	$35.50			N
92601	X	COCHLEAR IMPLT F/UP EXAM < 7	0366	1.7097		APC	$86.53			N
92602	X	REPROGRAM COCHLEAR IMPLT < 7	0366	1.7097		APC	$86.53			N
92603	X	COCHLEAR IMPLT F/UP EXAM 7 >	0366	1.7097		APC	$86.53			N
92604	X	REPROGRAM COCHLEAR IMPLT 7 >	0366	1.7097		APC	$86.53			N
92605	M	EVAL FOR NONSPEECH DEVICE RX				Fee Schedule	$0.00			N
92606	N	NON-SPEECH DEVICE SERVICE				Bundled	$0.00			N

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92607	Y	EX FOR SPEECH DEVICE RX 1HR				Fee Schedule	$107.06			N
92608	Y	EX FOR SPEECH DEVICE RX ADDL				Fee Schedule	$20.57			N
92609	Y	USE OF SPEECH DEVICE SERVICE				Fee Schedule	$56.92			N
92610	Y	EVALUATE SWALLOWING FUNCTION				Fee Schedule	$55.19			N
92611	Y	MOTION FLUOROSCOPY/SWALLOW				Fee Schedule	$60.08			N
92612	M	ENDOSCOPY SWALLOW TST (FEES)				Fee Schedule	$68.95			N
92613	M	ENDOSCOPY SWALLOW TST (FEES)				Fee Schedule	$39.65			N
92614	M	LARYNGOSCOPIC SENSORY TEST				Fee Schedule	$68.95			N
92615	M	EVAL LARYNGOSCOPY SENSE TST				Fee Schedule	$35.44			N
92616	M	FEES W/LARYNGEAL SENSE TEST				Fee Schedule	$101.79			N
92617	M	INTERPRT FEES/LARYNGEAL TEST				Fee Schedule	$0.00			N
92620	X	AUDITORY FUNCTION 60 MIN	0365	1.2779		APC	$64.67			
92621	N	AUDITORY FUNCTION + 15 MIN				Bundled	$0.00			
92625	X	TINNITUS ASSESSMENT	0365	1.2779		APC	$64.67			
92626	X	EVAL AUD REHAB STATUS	0366	1.7097		APC	$86.53			
92627	N	EVAL AUD STATUS REHAB ADD-ON				Bundled	$0.00			
92630	E	AUD REHAB PRE-LING HEAR LOSS				Not Allowed	$0.00			
92633	E	AUD REHAB POSTLING HEAR LOSS				Not Allowed	$0.00			
92640	X	AUD BRAINSTEM IMPLT PROGRAMG	0365	1.2779		APC	$64.67			
92700	X	ENT PROCEDURE/SERVICE	0364	0.4730		APC	$23.94			
92950	S	HEART/LUNG RESUSCITATION CPR	0094	2.4181		APC	$122.38			N
92953	S	TEMPORARY EXTERNAL PACING	0094	2.4181		APC	$122.38			N
92960	S	CARDIOVERSION ELECTRIC, EXT	0679	5.4782		APC	$277.25			N
92961	S	CARDIOVERSION, ELECTRIC, INT	0679	5.4782		APC	$277.25			N
92970	C	CARDIOASSIST, INTERNAL				Inpatient Only	$0.00			N
92971	C	CARDIOASSIST, EXTERNAL				Inpatient Only	$0.00			N
92973	T	PERCUT CORONARY THROMBECTOMY	0088	40.3117		APC	$2,040.18			
92974	T	CATH PLACE, CARDIO BRACHYTX	0103	15.7264		APC	$795.91			N
92975	C	DISSOLVE CLOT, HEART VESSEL				Inpatient Only	$0.00			N
92977	T	DISSOLVE CLOT, HEART VESSEL	0676	2.4525		APC	$124.12			N
92978	N	INTRAVASC US, HEART ADD-ON				Bundled	$0.00			N
92979	N	INTRAVASC US, HEART ADD-ON				Bundled	$0.00			N
92980	T	INSERT INTRACORONARY STENT	0104	85.3503		APC	$4,319.58			N
92981	T	INSERT INTRACORONARY STENT	0104	85.3503		APC	$4,319.58			N
92982	T	CORONARY ARTERY DILATION	0083	48.3584		APC	$2,447.42			N
92984	T	CORONARY ARTERY DILATION	0083	48.3584		APC	$2,447.42			N
92986	T	REVISION OF AORTIC VALVE	0083	48.3584		APC	$2,447.42			N
92987	T	REVISION OF MITRAL VALVE	0083	48.3584		APC	$2,447.42			N
92990	T	REVISION OF PULMONARY VALVE	0083	48.3584		APC	$2,447.42			N
92992	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			N
92993	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			N

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92995	T	CORONARY ATHERECTOMY	0082	90.2562		APC	$4,567.87			N
92996	T	CORONARY ATHERECTOMY ADD-ON	0082	90.2562		APC	$4,567.87			N
92997	T	PUL ART BALLOON REPR, PERCUT	0083	48.3584		APC	$2,447.42			N
92998	T	PUL ART BALLOON REPR, PERCUT	0083	48.3584		APC	$2,447.42			N
93000	M	ELECTROCARDIOGRAM, COMPLETE				Fee Schedule	$0.00			N
93005	S	ELECTROCARDIOGRAM TRACING	0099	0.3949		APC	$19.99			N
93010	M	ELECTROCARDIOGRAM REPORT				Fee Schedule	$0.00			N
93012	N	TRANSMISSION OF ECG				Bundled	$0.00			N
93014	M	REPORT ON TRANSMITTED ECG				Fee Schedule	$0.00			
93015	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	$0.00			N
93016	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	$0.00			N
93017	X	CARDIOVASCULAR STRESS TEST	0100	2.5884		APC	$131.00			N
93018	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	$0.00			N
93024	X	CARDIAC DRUG STRESS TEST	0100	2.5884		APC	$131.00			N
93025	X	MICROVOLT T-WAVE ASSESS	0100	2.5884		APC	$131.00			
93040	M	RHYTHM ECG WITH REPORT				Fee Schedule	$0.00			N
93041	X	RHYTHM ECG TRACING	0035	0.2186		APC	$11.06			N
93042	M	RHYTHM ECG, REPORT				Fee Schedule	$0.00			N
93224	M	ECG MONITOR/REPORT, 24 HRS				Fee Schedule	$0.00			N
93225	X	ECG MONITOR/RECORD 24 HRS	0097	0.9946		APC	$50.34			N
93226	X	ECG MONITOR/REPORT 24 HRS	0097	0.9946		APC	$50.34			N
93227	M	ECG MONITOR/REVIEW, 24 HRS				Fee Schedule	$0.00			N
93228	E	REMOTE 30 DAY ECG REV/REPORT				Not Allowed	$0.00			
93229	S	REMOTE 30 DAY ECG TECH SUPP	0209	11.4202		APC	$577.98			
93230	M	ECG MONITOR/REPORT, 24 HRS				Fee Schedule	$0.00			N
93231	X	ECG MONITOR/RECORD, 24 HRS	0097	0.9946		APC	$50.34			N
93232	X	ECG MONITOR/REPORT 24 HRS	0097	0.9946		APC	$50.34			N
93233	M	ECG MONITOR/REVIEW, 24 HRS				Fee Schedule	$0.00			N
93235	M	ECG MONITOR/REPORT, 24 HRS				Fee Schedule	$0.00			N
93236	X	ECG MONITOR/REPORT 24 HRS	0097	0.9946		APC	$50.34			N
93237	M	ECG MONITOR/REVIEW, 24 HRS				Fee Schedule	$0.00			N
93268	M	ECG RECORD/REVIEW				Fee Schedule	$0.00			N
93270	X	ECG RECORDING	0097	0.9946		APC	$50.34			N
93271	S	ECG/MONITORING AND ANALYSIS	0692	1.6537		APC	$83.69			N
93272	M	ECG/REVIEW, INTERPRET ONLY				Fee Schedule	$0.00			N
93278	X	ECG/SIGNAL-AVERAGED	0340	0.6462		APC	$32.70			N
93279	S	PM DEVICE PROGR EVAL, SNGL	0690	0.3508		APC	$17.75			
93280	S	PM DEVICE PROGR EVAL, DUAL	0690	0.3508		APC	$17.75			
93281	S	PM DEVICE PROGR EVAL, MULTI	0690	0.3508		APC	$17.75			
93282	S	ICD DEVICE PROG EVAL, 1 SNGL	0689	0.5941		APC	$30.07			
93283	S	ICD DEVICE PROGR EVAL, DUAL	0689	0.5941		APC	$30.07			

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93284	S	ICD DEVICE PROGR EVAL, MULT	0689	0.5941		APC	$30.07			
93285	S	ILR DEVICE EVAL PROGR	0690	0.3508		APC	$17.75			
93286	N	PRE-OP PM DEVICE EVAL				Bundled	$0.00			
93287	N	PRE-OP ICD DEVICE EVAL				Bundled	$0.00			
93288	S	PM DEVICE EVAL IN PERSON	0690	0.3508		APC	$17.75			
93289	S	ICD DEVICE INTERROGATE	0689	0.5941		APC	$30.07			
93290	S	ICM DEVICE EVAL	0690	0.3508		APC	$17.75			
93291	S	ILR DEVICE INTERROGATE	0690	0.3508		APC	$17.75			
93292	S	WCD DEVICE INTERROGATE	0689	0.5941		APC	$30.07			
93293	S	PM PHONE R-STRIP DEVICE EVAL	0689	0.5941		APC	$30.07			
93294	E	PM DEVICE INTERROGATE REMOTE				Not Allowed	$0.00			
93295	E	ICD DEVICE INTERROGAT REMOTE				Not Allowed	$0.00			
93296	S	PM/ICD REMOTE TECH SERV	0689	0.5941		APC	$30.07			
93297	E	ICM DEVICE INTERROGAT REMOTE				Not Allowed	$0.00			
93298	E	ILR DEVICE INTERROGAT REMOTE				Not Allowed	$0.00			
93299	S	ICM/ILR REMOTE TECH SERV	0209	11.4202		APC	$577.98			
93303	S	ECHO TRANSTHORACIC	0269	6.5300		APC	$330.48			N
93304	S	ECHO TRANSTHORACIC	0697	3.8610		APC	$195.41			N
93306	S	TTE W/DOPPLER, COMPLETE	0269	6.5300		APC	$330.48			
93307	S	ECHO EXAM OF HEART	0697	3.8610		APC	$195.41			N
93308	S	ECHO EXAM OF HEART	0697	3.8610		APC	$195.41			N
93312	S	ECHO EXAM OF HEART	0270	8.3489		APC	$422.54			N
93313	S	ECHO TRANSESOPHAGEAL	0270	8.3489		APC	$422.54			N
93314	N	ECHO EXAM OF HEART				Bundled	$0.00			N
93315	S	ECHO TRANSESOPHAGEAL	0270	8.3489		APC	$422.54			N
93316	S	ECHO TRANSESOPHAGEAL	0270	8.3489		APC	$422.54			N
93317	N	ECHO TRANSESOPHAGEAL				Bundled	$0.00			N
93318	S	ECHO TRANSESOPHAGEAL INTRAOP	0270	8.3489		APC	$422.54			N
93320	N	DOPPLER ECHOCARDIOGRAPHY; COMPLETE				Bundled	$0.00			N
93321	N	DOPPLER ECHO EXAM HEART				Bundled	$0.00			N
93325	N	DOPPLER COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDI				Bundled	$0.00			N
93350	S	ECHO TRANSTHORACIC	0269	6.5300		APC	$330.48			N
93351	S	STRESS TTE COMPLETE	0269	6.5300		APC	$330.48			
93352	E	ADMIN ECG CONTRAST AGENT				Not Allowed	$0.00			
93501	T	RIGHT HEART CATHETERIZATION	0080	39.2661		APC	$1,987.26			N
93503	T	INSERT/PLACE HEART CATHETER	0103	15.7264		APC	$795.91			N
93505	T	BIOPSY OF HEART LINING	0103	15.7264		APC	$795.91			N
93508	T	CATHETER PLACEMENT FOR ANGIOPLASTY W/OUT CONCOM LT. HT. CA	0080	39.2661		APC	$1,987.26			N
93510	T	LEFT HEART CATHETERIZATION	0080	39.2661		APC	$1,987.26			N
93511	T	LEFT HEART CATHETERIZATION	0080	39.2661		APC	$1,987.26			N

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93514	T	LEFT HEART CATHETERIZATION	0080	39.2661		APC	$1,987.26			N
93524	T	LEFT HEART CATHETERIZATION	0080	39.2661		APC	$1,987.26			N
93526	T	RT & LT HEART CATHETERS	0080	39.2661		APC	$1,987.26			N
93527	T	RT & LT HEART CATHETERS	0080	39.2661		APC	$1,987.26			N
93528	T	RT & LT HEART CATHETERS	0080	39.2661		APC	$1,987.26			N
93529	T	RT LT HEART CATHETERIZATION	0080	39.2661		APC	$1,987.26			N
93530	T	RIGHT HEART CATHETERIZATION FOR CONITAL CARDIAC ANOMALIES	0080	39.2661		APC	$1,987.26			N
93531	T	COMBINED RT HEART CATH & RETRO LT HEART CATH FOR CONGEN AN	0080	39.2661		APC	$1,987.26			N
93532	T	COMBINED RT & TRANSSEPTAL LT HEART CATH THRU INTACT SEPTUM	0080	39.2661		APC	$1,987.26			N
93533	T	COMBINED RT & TRANSSEPTAL LT HEART CATH THRU EXISTING SEPTAL	0080	39.2661		APC	$1,987.26			N
93539	N	INJECTION CARDIAC CATH				Bundled	$0.00			N
93540	N	INJECTION CARDIAC CATH				Bundled	$0.00			N
93541	N	INJECTION FOR LUNG ANGIOGRAM				Bundled	$0.00			N
93542	N	INJECTION FOR HEART X-RAYS				Bundled	$0.00			N
93543	N	INJECTION FOR HEART X-RAYS				Bundled	$0.00			N
93544	N	INJECTION FOR AORTOGRAPHY				Bundled	$0.00			N
93545	N	INJECTION FOR CORONARY X-RAYS				Bundled	$0.00			N
93555	N	IMAGING CARDIAC CATH				Bundled	$0.00			N
93556	N	IMAGING CARDIAC CATH				Bundled	$0.00			N
93561	N	CARDIAC OUTPUT MEASUREMENT				Bundled	$0.00			N
93562	N	CARDIAC OUTPUT MEASUREMENT				Bundled	$0.00			N
93571	N	HEART FLOW RESERV MSRMNT DURING CORONARY ANGIO; INITIAL VESS				Bundled	$0.00			N
93572	N	HEART FLOW RESERV MSRMNT DURING CORONARY ANGIO; EA ADD'L VES				Bundled	$0.00			N
93580	T	TRANSCATH CLOSURE OF ASD	0434	153.6340		APC	$7,775.42			
93581	T	TRANSCATH CLOSURE OF VSD	0434	153.6340		APC	$7,775.42			
93600	S	BUNDLE OF HIS RECORDING	0084	10.2559		APC	$519.05			N
93602	S	INTRA-ATRIAL RECORDING	0084	10.2559		APC	$519.05			N
93603	S	RIGHT VENTRICULAR RECORDING	0084	10.2559		APC	$519.05			N
93609	N	MAPPING OF TACHYCARDIA				Bundled	$0.00			N
93610	S	INTRA-ATRIAL PACING	0084	10.2559		APC	$519.05			N
93612	S	INTRAVENTRICULAR PACING	0084	10.2559		APC	$519.05			N
93613	N	ELECTROPHYS MAP 3D ADD-ON				Bundled	$0.00			
93615	S	ESOPHAGEAL RECORDING	0084	10.2559		APC	$519.05			N
93616	S	ESOPHAGEAL RECORDING	0084	10.2559		APC	$519.05			N
93618	S	HEART RHYTHM PACING	0084	10.2559		APC	$519.05			N
93619	N	ELECTROPHYSIOLOGY EVALUATION	0085	49.3497		Bundled, may be payable	$0.00			N
93620	N	ELECTROPHYSIOLOGY EVALUATION	0085	49.3497		Bundled, may be payable	$0.00			N
93621	N	ELECTROPHYSIOLOGY EVALUATION				Bundled	$0.00			N
93622	N	ELECTROPHYSIOLOGY EVALUATION				Bundled	$0.00			N

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93623	N	STIMULATION, PACING HEART				Bundled	$0.00			N
93624	T	ELECTROPHYSIOLOGIC STUDY	0085	49.3497		APC	$2,497.59			N
93631	N	HEART PACING MAPPING				Bundled	$0.00			N
93640	N	ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIB LEADS;				Bundled	$0.00			N
93641	N	ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIB LEADS; W/TEST				Bundled	$0.00			N
93642	S	ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIBRILLATOR	0084	10.2559		APC	$519.05			N
93650	N	ABLATE HEART DYSRHYTHM FOCUS	0085	49.3497		Bundled, may be payable	$0.00			N
93651	N	ABLATE HEART DYSRHYTHM FOCUS	0086	100.1431		Bundled, may be payable	$0.00			N
93652	N	ABLATE HEART DYSRHYTHM FOCUS	0086	100.1431		Bundled, may be payable	$0.00			N
93660	S	TILT TABLE EVALUATION	0101	4.2301		APC	$214.09			N
93662	N	INTRACARDIAC ECG (ICE)				Bundled	$0.00			N
93668	E	PERIPHERAL VASCULAR REHAB				Not Allowed	$0.00			N
93701	S	BIOIMPEDANCE, THORACIC	0099	0.3949		APC	$19.99			
93720	M	TOTAL BODY PLETHYSMOGRAPHY				Fee Schedule	$0.00			N
93721	X	PLETHYSMOGRAPHY TRACING	0368	0.8326		APC	$42.14			N
93722	M	PLETHYSMOGRAPHY REPORT				Fee Schedule	$0.00			N
93724	S	ANALYZE PACEMAKER SYSTEM	0690	0.3508		APC	$17.75			N
93740	X	TEMPERATURE GRADIENT STUDIES	0368	0.8326		APC	$42.14			N
93745	S	SET-UP CARDIOVERT-DEFIBRILL	0689	0.5941		APC	$30.07			
93770	N	MEASURE VENOUS PRESSURE				Bundled	$0.00			N
93784	M	AMBULATORY BP MONITORING				Fee Schedule	$0.00			N
93786	X	AMBULATORY BP RECORDING	0097	0.9946		APC	$50.34			N
93788	X	AMBULATORY BP ANALYSIS	0097	0.9946		APC	$50.34			N
93790	M	REVIEW/REPORT BP RECORDING				Fee Schedule	$0.00			N
93797	S	CARDIAC REHAB	0095	0.5712		APC	$28.91			N
93798	S	CARDIAC REHAB/MONITOR	0095	0.5712		APC	$28.91			N
93799	X	CARDIOVASCULAR PROCEDURE	0097	0.9946		APC	$50.34			N
93875	S	EXTRACRANIAL STUDY	0096	1.4327		APC	$72.51			N
93880	S	EXTRACRANIAL STUDY	0267	2.3186		APC	$117.34			N
93882	S	EXTRACRANIAL STUDY	0267	2.3186		APC	$117.34			N
93886	S	INTRACRANIAL STUDY	0267	2.3186		APC	$117.34			N
93888	S	INTRACRANIAL STUDY	0265	0.9461		APC	$47.88			N
93890	S	TCD VASOREACTIVITY STUDY	0266	1.4801		APC	$74.91			
93892	S	TCD EMBOLI DETECT W/O INJ	0266	1.4801		APC	$74.91			
93893	S	TCD EMBOLI DETECT W/INJ	0266	1.4801		APC	$74.91			
93922	S	EXTREMITY STUDY	0096	1.4327		APC	$72.51			N
93923	S	EXTREMITY STUDY	0096	1.4327		APC	$72.51			N
93924	S	EXTREMITY STUDY	0096	1.4327		APC	$72.51			N
93925	S	LOWER EXTREMITY STUDY	0267	2.3186		APC	$117.34			N

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93926	S	LOWER EXTREMITY STUDY	0266	1.4801		APC	$74.91			N
93930	S	UPPER EXTREMITY STUDY	0267	2.3186		APC	$117.34			N
93931	S	UPPER EXTREMITY STUDY	0266	1.4801		APC	$74.91			N
93965	S	EXTREMITY STUDY	0096	1.4327		APC	$72.51			N
93970	S	EXTREMITY STUDY	0267	2.3186		APC	$117.34			N
93971	S	EXTREMITY STUDY	0266	1.4801		APC	$74.91			N
93975	S	VASCULAR STUDY	0267	2.3186		APC	$117.34			N
93976	S	VASCULAR STUDY	0267	2.3186		APC	$117.34			N
93978	S	VASCULAR STUDY	0267	2.3186		APC	$117.34			N
93979	S	VASCULAR STUDY	0266	1.4801		APC	$74.91			N
93980	S	PENILE VASCULAR STUDY	0267	2.3186		APC	$117.34			N
93981	S	PENILE VASCULAR STUDY	0267	2.3186		APC	$117.34			N
93982	X	ANEURYSM PRESSURE SENS STUDY	0097	0.9946		APC	$50.34			
93990	S	DOPPLER FLOW TESTING	0266	1.4801		APC	$74.91			N
94002	S	VENT MGMT INPAT, INIT DAY	0079	2.9177		APC	$147.66			
94003	S	VENT MGMT INPAT, SUBQ DAY	0079	2.9177		APC	$147.66			
94004	E	VENT MGMT NF PER DAY				Not Allowed	$0.00			
94005	E	HOME VENT MGMT SUPERVISION				Not Allowed	$0.00			
94010	X	SPIROMETRY INCL GRAPHIC RECORD TOTAL AND TIMED VC EPR	0368	0.8326		APC	$42.14			N
94014	X	PATIENT RECORDED SPIROMETRY/30 DAY; EDU/TRANSM/CAPTURE/ANA	0367	0.5627		APC	$28.48			N
94015	X	PATIENT RECORDED SPIROMETRY/30 DAY; RECORDING	0367	0.5627		APC	$28.48			N
94016	N	REVIEW PATIENT SPIROMETRY				Bundled	$0.00			N
94060	S	EVALUATION OF WHEEZING	0078	1.3903		APC	$70.36			N
94070	X	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM W/SPIR	0369	2.7955		APC	$141.48			N
94150	X	VITAL CAPACITY TEST	0367	0.5627		APC	$28.48			N
94200	X	LUNG FUNCTION TEST (MBC/MVV)	0367	0.5627		APC	$28.48			N
94240	X	RESIDUAL LUNG CAPACITY	0368	0.8326		APC	$42.14			N
94250	X	EXPIRED GAS COLLECTION	0368	0.8326		APC	$42.14			N
94260	X	THORACIC GAS VOLUME	0368	0.8326		APC	$42.14			N
94350	X	LUNG NITROGEN WASHOUT CURVE	0368	0.8326		APC	$42.14			N
94360	X	MEASURE AIRFLOW RESISTANCE	0367	0.5627		APC	$28.48			N
94370	X	BREATH AIRWAY CLOSING VOLUME	0367	0.5627		APC	$28.48			N
94375	X	RESPIRATORY FLOW VOLUME LOOP	0368	0.8326		APC	$42.14			N
94400	X	CO2 BREATHING RESPONSE CURVE	0367	0.5627		APC	$28.48			N
94450	X	HYPOXIA RESPONSE CURVE	0368	0.8326		APC	$42.14			N
94452	X	HAST W/REPORT	0368	0.8326		APC	$42.14			
94453	X	HAST W/OXYGEN TITRATE	0368	0.8326		APC	$42.14			
94610	S	SURFACTANT ADMIN THRU TUBE	0077	0.4024		APC	$20.37			
94620	X	PULMONARY STRESS TESTING	0368	0.8326		APC	$42.14			N
94621	X	PULMONARY STRESS TESTING; COMPLEX	0369	2.7955		APC	$141.48			N
94640	S	AIRWAY INHALATION TREATMENT	0077	0.4024		APC	$20.37			N

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94642	S	AEROSOL INHALATION TREATMENT	0078	1.3903		APC	$70.36			N
94644	X	CBT, 1ST HOUR	0340	0.6462		APC	$32.70			
94645	X	CBT, EACH ADDL HOUR	0340	0.6462		APC	$32.70			
94660	S	POS AIRWAY PRESSURE, CPAP	0078	1.3903		APC	$70.36			N
94662	S	NEG PRESS VENTILATION, CNP	0079	2.9177		APC	$147.66			N
94664	S	EVALUATE PT USE OF INHALER	0077	0.4024		APC	$20.37			N
94667	S	CHEST WALL MANIPULATION	0077	0.4024		APC	$20.37			N
94668	S	CHEST WALL MANIPULATION	0077	0.4024		APC	$20.37			N
94680	X	EXHALED AIR ANALYSIS: O2	0368	0.8326		APC	$42.14			N
94681	X	EXHALED AIR ANALYSIS: O2 CO2	0368	0.8326		APC	$42.14			N
94690	X	EXHALED AIR ANALYSIS	0367	0.5627		APC	$28.48			N
94720	X	MONOXIDE DIFFUSING CAPACITY	0368	0.8326		APC	$42.14			N
94725	X	MEMBRANE DIFFUSION CAPACITY	0368	0.8326		APC	$42.14			N
94750	X	PULMONARY COMPLIANCE STUDY	0367	0.5627		APC	$28.48			N
94760	N	MEASURE BLOOD OXYGEN LEVEL				Bundled	$0.00			N
94761	N	MEASURE BLOOD OXYGEN LEVEL				Bundled	$0.00			N
94762	N	MEASURE BLOOD OXYGEN LEVEL	0097	0.9946		Bundled, may be payable i	$0.00			N
94770	X	EXHALED CARBON DIOXIDE TEST	0367	0.5627		APC	$28.48			N
94772	X	BREATH RECORDING, INFANT	0369	2.7955		APC	$141.48			N
94774	E	PED HOME APNEA REC, COMPL				Not Allowed	$0.00			
94775	X	PED HOME APNEA REC, HK-UP	0097	0.9946		APC	$50.34			
94776	X	PED HOME APNEA REC, DOWNLD	0097	0.9946		APC	$50.34			
94777	E	PED HOME APNEA REC, REPORT				Not Allowed	$0.00			
94799	X	PULMONARY SERVICE/PROCEDURE	0367	0.5627		APC	$28.48			N
95004	X	ALLERGY SKIN TESTS	0381	0.3517		APC	$17.80			N
95010	X	PERCUT ALLERGY TITRATE TEST	0381	0.3517		APC	$17.80			N
95012	X	EXHALED NITRIC OXIDE MEAS	0367	0.5627		APC	$28.48			
95015	X	ID ALLERGY TITRATE-DRUG/BUG	0381	0.3517		APC	$17.80			N
95024	X	ALLERGY SKIN TESTS	0381	0.3517		APC	$17.80			N
95027	X	SKIN END POINT TITRATION	0381	0.3517		APC	$17.80			N
95028	X	ALLERGY SKIN TESTS	0381	0.3517		APC	$17.80			N
95044	X	ALLERGY PATCH TESTS	0381	0.3517		APC	$17.80			N
95052	X	PHOTO PATCH TEST	0381	0.3517		APC	$17.80			N
95056	X	PHOTOSENSITIVITY TESTS	0370	1.4677		APC	$74.28			N
95060	X	EYE ALLERGY TEST	0370	1.4677		APC	$74.28			N
95065	X	NOSE ALLERGY TEST	0381	0.3517		APC	$17.80			N
95070	X	BRONCHIAL ALLERGY TESTS	0369	2.7955		APC	$141.48			N
95071	X	BRONCHIAL ALLERGY TESTS	0369	2.7955		APC	$141.48			N
95075	X	INGESTION CHALLENGE TEST	0361	3.9733		APC	$201.09			N
95115	S	IMMUNOTHERAPY, ONE INJECTION	0436	0.3768		APC	$19.07			N
95117	S	IMMUNOTHERAPY INJECTIONS	0436	0.3768		APC	$19.07			N

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95120	E	IMMUNOTHERAPY, ONE INJECTION				Not Allowed	$0.00			N
95125	E	IMMUNOTHERAPY, MANY ANTIGENS				Not Allowed	$0.00			N
95130	E	IMMUNOTHERAPY, INSECT VENOM				Not Allowed	$0.00			N
95131	E	IMMUNOTHERAPY, INSECT VENOMS				Not Allowed	$0.00			
95132	E	IMMUNOTHERAPY, INSECT VENOMS				Not Allowed	$0.00			
95133	E	IMMUNOTHERAPY, INSECT VENOMS				Not Allowed	$0.00			
95134	E	IMMUNOTHERAPY, INSECT VENOMS				Not Allowed	$0.00			
95144	S	ANTIGEN THERAPY SERVICES	0437	0.5469		APC	$27.68			N
95145	S	ANTIGEN THERAPY SERVICES	0436	0.3768		APC	$19.07			N
95146	S	ANTIGEN THERAPY SERVICES	0438	1.1152		APC	$56.44			
95147	S	ANTIGEN THERAPY SERVICES	0438	1.1152		APC	$56.44			
95148	S	ANTIGEN THERAPY SERVICES	0437	0.5469		APC	$27.68			
95149	S	ANTIGEN THERAPY SERVICES	0439	1.9470		APC	$98.54			
95165	S	ANTIGEN THERAPY SERVICES	0436	0.3768		APC	$19.07			N
95170	S	ANTIGEN THERAPY SERVICES	0436	0.3768		APC	$19.07			N
95180	X	RAPID DESENSITIZATION	0370	1.4677		APC	$74.28			N
95199	X	ALLERGY IMMUNOLOGY SERVICES	0381	0.3517		APC	$17.80			N
95250	V	GLUCOSE MONITORING CONT	0607	1.7192		APC	$87.01			
95251	E	GLUC MONITOR CONT PHYS I&R				Not Allowed	$0.00			
95803	S	ACTIGRAPHY TESTING	0218	1.1853		APC	$59.99			
95805	S	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTI	0209	11.4202		APC	$577.98			N
95806	S	SLEEP STUDY, UNATTENDED	0213	2.3168		APC	$117.25			N
95807	S	SLEEP STUDY SIMULTANEOUS RECORDING ATTENDED BY TECHNOLOG	0209	11.4202		APC	$577.98			N
95808	S	POLYSOMNOGRAPHY 1-3	0209	11.4202		APC	$577.98			N
95810	S	POLYSOMNOGRAPHY 4 OR MORE	0209	11.4202		APC	$577.98			N
95811	S	POLYSOMNOGRAPHY W/CPAP	0209	11.4202		APC	$577.98			N
95812	S	EEG EXTENDED MONITORING; UP TO ONE HOUR	0213	2.3168		APC	$117.25			N
95813	S	EEG EXTENDED MONITORING; GREATER THAN ONE HOUR	0213	2.3168		APC	$117.25			N
95816	S	ELECTROENCEPHALOGRAM (EEG) INCL RECORDING AWAKE AND DROW	0213	2.3168		APC	$117.25			N
95819	S	ELECTROENCEPHALOGRAM (EEG) INCL RECORDING AWAKE AND ASLEE	0213	2.3168		APC	$117.25			N
95822	S	ELECTROENCEPHALOGRAM (EEG); SLEEP ONLY	0213	2.3168		APC	$117.25			N
95824	S	ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONI	0216	2.6652		APC	$134.89			N
95827	S	ELECTROENCEPHALOGRAM (EEG); ALL NIGHT SLEEP ONLY	0213	2.3168		APC	$117.25			N
95829	N	SURGERY ELECTROCORTICOGRAM				Bundled	$0.00			N
95830	M	INSERT ELECTRODES FOR EEG				Fee Schedule	$0.00			
95831	N	LIMB MUSCLE TESTING, MANUAL				Bundled	$0.00			N
95832	N	HAND MUSCLE TESTING, MANUAL				Bundled	$0.00			N
95833	N	BODY MUSCLE TESTING, MANUAL				Bundled	$0.00			N
95834	N	BODY MUSCLE TESTING, MANUAL				Bundled	$0.00			N
95851	N	RANGE OF MOTION MEASUREMENTS				Bundled	$0.00			N
95852	N	RANGE OF MOTION MEASUREMENTS				Bundled	$0.00			N

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95857	S	TENSILON TEST	0218	1.1853		APC	$59.99			N
95860	S	NEEDLE ELECTROMYOGRAPHY ONE EXTREMITY W/ OR W/OUT PARASP	0218	1.1853		APC	$59.99			N
95861	S	NEEDLE ELECTROMYOGRAPHY TWO EXTREMITIES W/ OR W/OUT PARAS	0218	1.1853		APC	$59.99			N
95863	S	NEEDLE ELECTROMYOGRAPHY THREE EXTREMITIES W/ OR W/OUT PAR	0218	1.1853		APC	$59.99			N
95864	S	NEEDLE ELECTROMYOGRAPHY FOUR EXTREMITIES W/ OR W/OUT PARA	0218	1.1853		APC	$59.99			N
95865	S	MUSCLE TEST LARYNX	0218	1.1853		APC	$59.99			
95866	S	MUSCLE TEST HEMIDIAPHRAGM	0218	1.1853		APC	$59.99			
95867	S	MUSCLE TEST HEAD OR NECK	0218	1.1853		APC	$59.99			N
95868	S	MUSCLE TEST HEAD OR NECK	0218	1.1853		APC	$59.99			N
95869	S	NEEDLE ELECTROMYOGRAPHY; THORACIC PARASPINAL MUSCLES	0215	0.5994		APC	$30.34			N
95870	S	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES	0215	0.5994		APC	$30.34			N
95872	S	MUSCLE TEST ONE FIBER	0218	1.1853		APC	$59.99			N
95873	N	GUIDE NERV DESTR ELEC STIM				Bundled	$0.00			
95874	N	GUIDE NERV DESTR NEEDLE EMG				Bundled	$0.00			
95875	S	LIMB EXERCISE TEST	0215	0.5994		APC	$30.34			N
95900	S	NERVE CONDUCTION STUDY EA NERVE; MOTOR W/O F-WAVE STUDY	0215	0.5994		APC	$30.34			N
95903	S	NERVE CONDUCTION STUDY EA NERVE; MOTOR WITH F-WAVE STUDY	0215	0.5994		APC	$30.34			N
95904	S	NERVE CONDUCTION STUDY EA NERVE; SENSORY OR MIXED	0215	0.5994		APC	$30.34			N
95920	N	INTRAOPERATIVE NERVE TESTING				Bundled	$0.00			N
95921	S	AUTONOMIC NERVE FUNCTION TEST	0215	0.5994		APC	$30.34			N
95922	S	AUTONOMIC NERVE FUNCTION TEST	0215	0.5994		APC	$30.34			N
95923	S	AUTONOMIC NERVE FUNCTION TEST	0218	1.1853		APC	$59.99			N
95925	S	SOMATOSENSORY TESTING	0216	2.6652		APC	$134.89			N
95926	S	SOMATOSENSORY TESTING	0216	2.6652		APC	$134.89			N
95927	S	SOMATOSENSORY TESTING	0216	2.6652		APC	$134.89			N
95928	S	C MOTOR EVOKED UPPR LIMBS	0218	1.1853		APC	$59.99			
95929	S	C MOTOR EVOKED LWR LIMBS	0218	1.1853		APC	$59.99			
95930	S	VISUAL EVOKED POTENTIAL TEST	0216	2.6652		APC	$134.89			N
95933	S	BLINK REFLEX TEST	0215	0.5994		APC	$30.34			N
95934	S	H'REFEX TEST	0215	0.5994		APC	$30.34			N
95936	S	H'REFLEX TEST	0215	0.5994		APC	$30.34			N
95937	S	NEUROMUSCULAR JUNCTION TEST	0218	1.1853		APC	$59.99			N
95950	S	AMBULATORY EEG MONITORING	0209	11.4202		APC	$577.98			N
95951	S	EEG MONITORING/VIDEORECORD	0209	11.4202		APC	$577.98			N
95953	S	EEG MONITORING/COMPUTER	0209	11.4202		APC	$577.98			N
95954	S	EEG MONITORING/GIVING DRUGS	0218	1.1853		APC	$59.99			N
95955	N	EEG DURING SURGERY				Bundled	$0.00			N
95956	S	EEG MONITORING/CABLE/RADIO	0209	11.4202		APC	$577.98			N
95957	N	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EG FOR SPIKE ANAL)				Bundled	$0.00			N
95958	S	EEG MONITORING/FUNCTION TEST	0213	2.3168		APC	$117.25			N

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95961	S	STIMULATION OF ELECTRODES ON BRAIN SURF; INITIAL HR PHYS ATT	0216	2.6652		APC	$134.89			N
95962	S	STIMULATION OF ELECTRODES ON BRAIN SURF;EA ADD'L HR PHYS ATT	0216	2.6652		APC	$134.89			N
95965	S	MEG, SPONTANEOUS	0067	57.5732		APC	$2,913.78			
95966	S	MEG, EVOKED, SINGLE	0065	14.4171		APC	$729.65			N
95967	S	MEG EVOKED EACH ADD L	0065	14.4171		APC	$729.65			
95970	S	ANALYZE NEUROSTIM, NO PROG	0218	1.1853		APC	$59.99			N
95971	S	ANALYZE NEUROSTIM, SIMPLE	0692	1.6537		APC	$83.69			N
95972	S	ANALYZE NEUROSTIM, COMPLEX	0692	1.6537		APC	$83.69			N
95973	S	ANALYZE NEUROSTIM, COMPLEX	0692	1.6537		APC	$83.69			N
95974	S	CRANIAL NEUROSTIM, COMPLEX	0692	1.6537		APC	$83.69			N
95975	S	CRANIAL NEUROSTIM, COMPLEX	0692	1.6537		APC	$83.69			N
95978	S	ANALYZE NEUROSTIM BRAIN/1H	0692	1.6537		APC	$83.69			
95979	S	ANALYZ NEUROSTIM BRAIN ADDON	0692	1.6537		APC	$83.69			
95980	N	IO ANAL GAST N-STIM INIT				Bundled	$0.00			
95981	S	IO ANAL GAST N-STIM SUBSQ	0218	1.1853		APC	$59.99			
95982	S	IO GA N-STIM SUBSQ W/REPROG	0692	1.6537		APC	$83.69			
95990	S	SPIN/BRAIN PUMP REFIL & MAIN	0440	2.8454		APC	$144.01			
95991	S	SPIN/BRAIN PUMP REFIL & MAIN	0440	2.8454		APC	$144.01			
95992	M	CANALITH REPOSITIONING PROC				By Report	$0.00			
95999	S	NEUROLOGICAL PROCEDURE	0215	0.5994		APC	$30.34			N
96000	S	MOTION ANALYSIS, VIDEO/3D	0216	2.6652		APC	$134.89			
96001	S	MOTION TEST W/FT PRESS MEAS	0216	2.6652		APC	$134.89			N
96002	S	DYNAMIC SURFACE EMG	0218	1.1853		APC	$59.99			
96003	S	DYNAMIC FINE WIRE EMG	0215	0.5994		APC	$30.34			N
96004	M	PHYS REVIEW OF MOTION TESTS				Fee Schedule	$0.00			
96020	N	FUNCTIONAL BRAIN MAPPING				Bundled	$0.00			
96040	E	GENETIC COUNSELING, 30 MIN				Not Allowed	$0.00			
96101	N	PSYCHO TESTING BY PSYCH/PHYS	0382	2.4430		Bundled, may be payable	$0.00			
96102	N	PSYCHO TESTING BY TECHNICIAN	0382	2.4430		Bundled, may be payable	$0.00			
96103	N	PSYCHO TESTING ADMIN BY COMP	0373	1.3408		Bundled, may be payable	$0.00			
96105	Y	ASSESSMENT OF APHASIA				Fee Schedule	$51.57			N
96110	N	DEVELOPMENTAL TEST, LIM	0373	1.3408		Bundled, may be payable	$0.00			N
96111	N	DEVELOPMENTAL TEST, EXTEND	0382	2.4430		Bundled, may be payable	$0.00			N
96116	N	NEUROBEHAVIORAL STATUS EXAM	0382	2.4430		Bundled, may be payable	$0.00			
96118	N	NEUROPSYCH TST BY PSYCH/PHYS	0382	2.4430		Bundled, may be payable	$0.00			
96119	N	NEUROPSYCH TESTING BY TECH	0382	2.4430		Bundled, may be payable	$0.00			
96120	N	NEUROPSYCH TST ADMIN W/COMP	0373	1.3408		Bundled, may be payable	$0.00			
96125	E	COGNITIVE TEST BY HC PRO				Not Allowed	$0.00			
96150	N	ASSESS HLTH/BEHAVE INIT	0432	0.4065		Bundled, may be payable	$0.00			
96151	N	ASSESS HLTH/BEHAVE, SUBSEQ	0432	0.4065		Bundled, may be payable	$0.00			N
96152	N	INTERVENE HLTH/BEHAVE, INDIV	0432	0.4065		Bundled, may be payable	$0.00			

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96153	N	INTERVENE HLTH/BEHAVE, GROUP	0432	0.4065		Bundled, may be payable	$0.00			N
96154	N	INTERV HLTH/BEHAV, FAM W/PT	0432	0.4065		Bundled, may be payable	$0.00			
96155	M	INTERV HLTH/BEHAV FAM NO PT				Fee Schedule	$23.29			N
96360	S	HYDRATION IV INFUSION, INIT	0438	1.1152		APC	$56.44			
96361	S	HYDRATE IV INFUSION, ADD-ON	0436	0.3768		APC	$19.07			
96365	S	THER/PROPH/DIAG IV INF, INIT	0439	1.9470		APC	$98.54			
96366	S	THER/PROPH/DIAG IV INF ADDON	0436	0.3768		APC	$19.07			
96367	S	TX/PROPH/DG ADDL SEQ IV INF	0437	0.5469		APC	$27.68			
96368	N	THER/DIAG CONCURRENT INF				Bundled	$0.00			
96369	S	SC THER INFUSION, UP TO 1 HR	0438	1.1152		APC	$56.44			
96370	S	SC THER INFUSION, ADDL HR	0437	0.5469		APC	$27.68			
96371	S	SC THER INFUSION, RESET PUMP	0436	0.3768		APC	$19.07			
96372	S	THER/PROPH/DIAG INJ, SC/IM	0436	0.3768		APC	$19.07			
96373	S	THER/PROPH/DIAG INJ, IA	0437	0.5469		APC	$27.68			
96374	S	THER/PROPH/DIAG INJ, IV PUSH	0437	0.5469		APC	$27.68			
96375	S	TX/PRO/DX INJ NEW DRUG ADDON	0437	0.5469		APC	$27.68			
96376	N	TX/PRO/DX INJ NEW DRUG ADON				Bundled	$0.00			
96379	S	THER/PROP/DIAG INJ/INF PROC	0436	0.3768		APC	$19.07			
96401	S	CHEMO ANTI-NEOPL SQ/IM	0437	0.5469		APC	$27.68			
96402	S	CHEMO HORMON ANTINEOPL SQ/IM	0437	0.5469		APC	$27.68			
96405	S	CHEMO INTRALESIONAL UP TO 7	0437	0.5469		APC	$27.68			N
96406	S	CHEMO INTRALESIONAL OVER 7	0438	1.1152		APC	$56.44			N
96409	S	CHEMO IV PUSH SNGL DRUG	0439	1.9470		APC	$98.54			
96411	S	CHEMO IV PUSH ADDL DRUG	0438	1.1152		APC	$56.44			
96413	S	CHEMO IV INFUSION 1 HR	0440	2.8454		APC	$144.01			
96415	S	CHEMO IV INFUSION ADDL HR	0437	0.5469		APC	$27.68			
96416	S	CHEMO PROLONG INFUSE W/PUMP	0440	2.8454		APC	$144.01			
96417	S	CHEMO IV INFUS EACH ADDL SEQ	0438	1.1152		APC	$56.44			
96420	S	CHEMO IA PUSH TECNIQUE	0439	1.9470		APC	$98.54			N
96422	S	CHEMO IA INFUSION UP TO 1 HR	0440	2.8454		APC	$144.01			N
96423	S	CHEMO IA INFUSE EACH ADDL HR	0438	1.1152		APC	$56.44			N
96425	S	CHEMOTHERAPY INFUSION METHOD	0440	2.8454		APC	$144.01			N
96440	S	CHEMOTHERAPY, INTRACAVITARY	0440	2.8454		APC	$144.01			N
96445	S	CHEMOTHERAPY, INTRACAVITARY	0440	2.8454		APC	$144.01			N
96450	S	CHEMOTHERAPY, INTO CNS	0440	2.8454		APC	$144.01			N
96521	S	REFILL/MAINT PORTABLE PUMP	0440	2.8454		APC	$144.01			
96522	S	REFILL/MAINT PUMP/RESVR SYST	0439	1.9470		APC	$98.54			
96523	N	IRRIG DRUG DELIVERY DEVICE	0624	0.6043		Bundled, may be payable	$0.00			
96542	S	CHEMOTHERAPY INJECTION	0439	1.9470		APC	$98.54			N
96549	S	CHEMOTHERAPY, UNSPECIFIED	0436	0.3768		APC	$19.07			N
96567	T	PHOTODYNAMIC TX, SKIN	0013	0.8281		APC	$41.91			

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96570	T	PHOTODYNAMIC TX, 30 MIN	0015	1.5170		APC	$76.78			N
96571	T	PHOTODYNAMIC TX, ADDL 15 MIN	0015	1.5170		APC	$76.78			N
96900	S	ULTRAVIOLET LIGHT THERAPY	0001	0.5101		APC	$25.82			N
96902	N	TRICHOGRAM				Bundled	$0.00			N
96904	N	WHOLE BODY PHOTOGRAPHY				Bundled	$0.00			
96910	S	PHOTOCHEMOTHERAPY WITH UV-B	0001	0.5101		APC	$25.82			N
96912	S	PHOTOCHEMOTHERAPY WITH UV-A	0001	0.5101		APC	$25.82			N
96913	S	PHOTOCHEMOTHERAPY, UV-A OR B	0683	2.7022		APC	$136.76			N
96920	T	LASER TX SKIN < 250 SQ CM	0015	1.5170		APC	$76.78			
96921	T	LASER TX SKIN 250-500 SQ CM	0015	1.5170		APC	$76.78			
96922	T	LASER TX SKIN > 500 SQ CM	0015	1.5170		APC	$76.78			
96999	T	DERMATOLOGICAL PROCEDURE	0012	0.4183		APC	$21.17			N
97001	Y	PT EVALUATION				Fee Schedule	$55.25			N
97002	Y	PT RE-EVALUATION				Fee Schedule	$29.45			N
97003	Y	OT EVALUATION				Fee Schedule	$58.29			N
97004	Y	OT RE-EVALUATION				Fee Schedule	$33.31			N
97005	E	ATHLETIC TRAIN EVAL				Not Allowed	$0.00			
97006	E	ATHLETIC TRAIN REEVAL				Not Allowed	$0.00			N
97010	E	HOT OR COLD PACKS THERAPY				Not Allowed	$0.00			
97012	Y	MECHANICAL TRACTION THERAPY				Fee Schedule	$11.40			
97014	E	ELECTRIC STIMULATION THERAPY				Not Allowed	$0.00			
97016	Y	VASOPNEUMATIC DEVICE THERAPY				Fee Schedule	$11.61			
97018	Y	PARAFFIN BATH THERAPY				Fee Schedule	$5.90			
97022	Y	WHIRLPOOL THERAPY				Fee Schedule	$13.10			
97024	Y	DIATHERMY EG MICROWAVE				Fee Schedule	$4.07			
97026	Y	INFRARED THERAPY				Fee Schedule	$3.83			
97028	Y	ULTRAVIOLET THERAPY				Fee Schedule	$4.68			
97032	Y	ELECTRICAL STIMULATION				Fee Schedule	$12.70			N
97033	Y	ELECTRIC CURRENT THERAPY				Fee Schedule	$18.42			N
97034	Y	CONTRAST BATH THERAPY				Fee Schedule	$11.49			N
97035	Y	ULTRASOUND THERAPY				Fee Schedule	$9.15			N
97036	Y	HYDROTHERAPY				Fee Schedule	$19.27			N
97039	Y	PHYSICAL THERAPY TREATMENT				By Report	$0.00			
97110	Y	THERAPEUTIC EXERCISES				Fee Schedule	$22.06			
97112	Y	NEUROMUSCULAR REEDUCATION				Fee Schedule	$22.64			
97113	Y	AQUATIC THERAPY/EXERCISES				Fee Schedule	$26.44			N
97116	Y	GAIT TRAINING THERAPY				Fee Schedule	$19.30			
97124	Y	MASSAGE THERAPY				Fee Schedule	$17.54			
97139	Y	PHYSICAL MEDICINE PROCEDURE				By Report	$0.00			
97140	Y	MANUAL THERAPY				Fee Schedule	$20.48			N
97150	Y	GROUP THERAPEUTIC PROCEDURES				Fee Schedule	$13.83			N

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97530	Y	THERAPEUTIC ACTIVITIES				Fee Schedule	$23.10			
97532	Y	COGNITIVE SKILLS DEVELOPMENT				Fee Schedule	$19.24			N
97533	Y	SENSORY INTEGRATION				Fee Schedule	$20.51			N
97535	Y	SELF CARE MNGMENT TRAINING				Fee Schedule	$23.16			N
97537	Y	COMMUNITY/WORK REINTEGRATION				Fee Schedule	$21.09			N
97542	Y	WHEELCHAIR MNGMENT TRAINING				Fee Schedule	$21.33			N
97545	Y	WORK HARDENING				By Report	$0.00			N
97546	Y	WORK HARDENING ADD-ON				By Report	$0.00			N
97597	T	ACTIVE WOUND CARE/20 CM OR <	0015	1.5170		APC	$76.78			
97598	T	ACTIVE WOUND CARE > 20 CM	0015	1.5170		APC	$76.78			
97602	T	WOUND(S) CARE NON-SELECTIVE	0013	0.8281		APC	$41.91			N
97605	T	NEG PRESS WOUND TX < 50 CM	0013	0.8281		APC	$41.91			
97606	T	NEG PRESS WOUND TX > 50 CM	0013	0.8281		APC	$41.91			
97750	Y	PHYSICAL PERFORMANCE TEST				Fee Schedule	$22.58			N
97755	E	ASSISTIVE TECHNOLOGY ASSESS				Not Allowed	$0.00			
97760	Y	ORTHOTIC MGMT AND TRAINING				Fee Schedule	$24.83			
97761	M	PROSTHETIC TRAINING				Fee Schedule	$29.47			
97762	M	C/O FOR ORTHOTIC/PROSTH USE				Fee Schedule	$32.63			
97799	Y	PHYSICAL MEDICINE PROCEDURE				By Report	$0.00			N
97802	M	MEDICAL NUTRITION, INDIV, IN				Fee Schedule	$28.99			N
97803	M	MED NUTRITION, INDIV, SUBSEQ				Fee Schedule	$25.10			N
97804	M	MEDICAL NUTRITION, GROUP				Fee Schedule	$13.67			N
97810	E	ACUPUNCT W/O STIMUL 15 MIN				Not Allowed	$0.00			
97811	E	ACUPUNCT W/O STIMUL ADDL 15M				Not Allowed	$0.00			
97813	E	ACUPUNCT W/STIMUL 15 MIN				Not Allowed	$0.00			
97814	E	ACUPUNCT W/STIMUL ADDL 15M				Not Allowed	$0.00			
98925	S	OSTEOPATHIC MANIPULATION	0060	0.4302		APC	$21.77			N
98926	S	OSTEOPATHIC MANIPULATION	0060	0.4302		APC	$21.77			N
98927	S	OSTEOPATHIC MANIPULATION	0060	0.4302		APC	$21.77			N
98928	S	OSTEOPATHIC MANIPULATION	0060	0.4302		APC	$21.77			N
98929	S	OSTEOPATHIC MANIPULATION	0060	0.4302		APC	$21.77			N
98940	S	CHIROPRACTIC MANIPULATION	0060	0.4302		APC	$21.77			N
98941	S	CHIROPRACTIC MANIPULATION	0060	0.4302		APC	$21.77			N
98942	S	CHIROPRACTIC MANIPULATION	0060	0.4302		APC	$21.77			N
98943	E	CHIROPRACTIC MANIPULATION				Not Allowed	$0.00			N
98960	E	SELF-MGMT EDUC & TRAIN 1 PT				Not Allowed	$0.00			
98961	E	SELF-MGMT EDUC/TRAIN 2-4 PT				Not Allowed	$0.00			
98962	E	SELF-MGMT EDUC/TRAIN 5-8 PT				Not Allowed	$0.00			
98966	E	HC PRO PHONE CALL 5-10 MIN				Not Allowed	$0.00			
98967	E	HC PRO PHONE CALL 11-20 MIN				Not Allowed	$0.00			
98968	E	HC PRO PHONE CALL 21-30 MIN				Not Allowed	$0.00			

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98969	E	ONLINE SERVICE BY HC PRO				Not Allowed	$0.00			
99000	E	SPECIMEN HANDLING				Not Allowed	$0.00			N
99001	E	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANFER FROM THE				Not Allowed	$0.00			N
99002	N	DEVICE HANDLING				Bundled	$0.00			N
99024	M	POSTOP FOLLOW-UP VISIT				Fee Schedule	$0.00			N
99026	E	IN-HOSPITAL ON CALL SERVICE				Not Allowed	$0.00			
99027	E	OUT-OF-HOSP ON CALL SERVICE				Not Allowed	$0.00			
99050	E	MEDICAL SERVICES AFTER HRS				Not Allowed	$0.00			N
99051	M	MED SERV EVE/WKEND/HOLIDAY				Fee Schedule	$0.00			
99053	M	MED SERV 10PM-8AM 24 HR FAC				Fee Schedule	$0.00			
99056	E	MED SERVICE OUT OF OFFICE				Not Allowed	$0.00			N
99058	E	OFFICE EMERGENCY CARE				Not Allowed	$0.00			N
99060	M	OUT OF OFFICE EMERG MED SERV				Fee Schedule	$0.00			
99070	N	SPECIAL SUPPLIES				Bundled	$0.00			N
99071	N	PATIENT EDUCATION MATERIALS				Bundled	$0.00			N
99075	E	MEDICAL TESTIMONY				Not Allowed	$0.00			N
99078	N	GROUP HEALTH EDUCATION				Bundled	$0.00			N
99080	E	SPECIAL REPORTS OR FORMS				Not Allowed	$0.00			N
99082	E	UNUSUAL PHYSICIAN TRAVEL				Not Allowed	$0.00			N
99090	E	COMPUTER DATA ANALYSIS				Not Allowed	$0.00			N
99091	N	COLLECT/REVIEW DATA FROM PT				Not Allowed	$0.00			N
99100	N	SPECIAL ANESTHESIA SERVICE				Bundled	$0.00			N
99116	N	ANESTHESIA WITH HYPOTHERMIA				Bundled	$0.00			
99135	N	SPECIAL ANESTHESIA PROCEDURE				Bundled	$0.00			N
99140	N	EMERGENCY ANESTHESIA				Bundled	$0.00			
99143	N	MOD CS BY SAME PHYS < 5 YRS				Bundled	$0.00			
99144	N	MOD CS BY SAME PHYS 5 YRS +				Bundled	$0.00			
99145	N	MOD CS BY SAME PHYS ADD-ON				Bundled	$0.00			
99148	N	MOD CS DIFF PHYS < 5 YRS				Bundled	$0.00			
99149	N	MOD CS DIFF PHYS 5 YRS +				Bundled	$0.00			
99150	N	MOD CS DIFF PHYS ADD-ON				Bundled	$0.00			
99170	T	ANOGENITAL EXAM, CHILD	0191	0.1524		APC	$7.71			N
99172	E	OCULAR FUNCTION SCREEN				Not Allowed	$0.00			N
99173	E	VISUAL ACUITY SCREEN				Not Allowed	$0.00			N
99174	E	OCULAR PHOTOSCREENING				Not Allowed	$0.00			Y
99175	N	INDUCTION OF VOMITING				Bundled	$0.00			N
99183	M	HYPERBARIC OXYGEN THERAPY				Fee Schedule	$119.87			N
99185	N	REGIONAL HYPOTHERMIA				Bundled	$0.00			N
99186	N	TOTAL BODY HYPOTHERMIA				Bundled	$0.00			N
99190	C	SPECIAL PUMP SERVICES				Inpatient Only	$0.00			N

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99191	C	SPECIAL PUMP SERVICES				Inpatient Only	$0.00			N
99192	C	SPECIAL PUMP SERVICES				Inpatient Only	$0.00			N
99195	X	PHLEBOTOMY	0624	0.6043		APC	$30.58			N
99199	E	SPECIAL SERVICE/PROC/REPORT				Not Allowed	$0.00			N
99201	V	OFFICE/OUTPATIENT VISIT, NEW	0604	0.8277		APC	$41.89			N
99202	V	OFFICE/OUTPATIENT VISIT, NEW	0605	1.0439		APC	$52.83			N
99203	V	OFFICE/OUTPATIENT VISIT, NEW	0606	1.3585		APC	$68.75			N
99204	V	OFFICE/OUTPATIENT VISIT, NEW	0607	1.7192		APC	$87.01			N
99205	N	OFFICE/OUTPATIENT VISIT, NEW	0608	2.4477		Bundled, may be payable i	$0.00			N
99211	V	OFFICE/OUTPATIENT VISIT, EST	0604	0.8277		APC	$41.89			N
99212	V	OFFICE/OUTPATIENT VISIT, EST	0605	1.0439		APC	$52.83			N
99213	V	OFFICE/OUTPATIENT VISIT, EST	0605	1.0439		APC	$52.83			N
99214	V	OFFICE/OUTPATIENT VISIT, EST	0606	1.3585		APC	$68.75			N
99215	N	OFFICE/OUTPATIENT VISIT, EST	0607	1.7192		Bundled, may be payable i	$0.00			N
99217	M	OBSERVATION CARE DISCHARGE				Fee Schedule	$0.00			N
99218	M	OBSERVATION CARE				Fee Schedule	$0.00			N
99219	M	OBSERVATION CARE				Fee Schedule	$0.00			N
99220	M	OBSERVATION CARE				Fee Schedule	$0.00			N
99221	M	INITIAL HOSPITAL CARE				Fee Schedule	$0.00			N
99222	M	INITIAL HOSPITAL CARE				Fee Schedule	$0.00			N
99223	M	INITIAL HOSPITAL CARE				Fee Schedule	$0.00			N
99231	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	$0.00			N
99232	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	$0.00			N
99233	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	$0.00			N
99234	N	OBSERV/HOSP SAME DATE				Bundled	$0.00			N
99235	N	OBSERV/HOSP SAME DATE				Bundled	$0.00			N
99236	N	OBSERV/HOSP SAME DATE				Bundled	$0.00			N
99238	M	HOSPITAL DISCHARGE DAY				Fee Schedule	$0.00			N
99239	M	HOSPITAL DISCHARGE DAY				Fee Schedule	$0.00			N
99241	M	OFFICE CONSULTATION				Fee Schedule	$0.00			N
99242	M	OFFICE CONSULTATION				Fee Schedule	$0.00			N
99243	M	OFFICE CONSULTATION				Fee Schedule	$0.00			N
99244	M	OFFICE CONSULTATION				Fee Schedule	$0.00			N
99245	M	OFFICE CONSULTATION				Fee Schedule	$0.00			N
99251	C	INPATIENT CONSULT				Inpatient Only	$0.00			N
99252	C	INPATIENT CONSULT				Inpatient Only	$0.00			N
99253	C	INPATIENT CONSULT				Inpatient Only	$0.00			N
99254	C	INPATIENT CONSULT				Inpatient Only	$0.00			N
99255	C	INPATIENT CONSULT				Inpatient Only	$0.00			N
99281	V	EMERGENCY DEPT VISIT	0609	0.7972		APC	$40.35			N
99282	V	EMERGENCY DEPT VISIT	0613	1.3040		APC	$66.00			N

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99283	V	EMERGENCY DEPT VISIT	0614	2.0694		APC	$104.73			N
99284	N	EMERGENCY DEPT VISIT	0615	3.2987		Bundled, may be payable i	$0.00			N
99285	N	EMERGENCY DEPT VISIT	0616	4.9032		Bundled, may be payable i	$0.00			N
99288	E	DIRECT ADVANCED LIFE SUPPORT				Not Allowed	$0.00			N
99291	N	CRITICAL CARE, FIRST HOUR	0617	7.3479		Bundled, may be payable i	$0.00			N
99292	N	CRITICAL CARE ADD□L 30 MIN				Bundled	$0.00			N
99304	M	NURSING FACILITY CARE INIT				Fee Schedule	$0.00			
99305	M	NURSING FACILITY CARE INIT				Fee Schedule	$0.00			
99306	M	NURSING FACILITY CARE INIT				Fee Schedule	$0.00			
99307	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99308	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99309	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99310	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99315	M	NURSING FAC DISCHARGE DAY				Fee Schedule	$0.00			N
99316	M	NURSING FAC DISCHARGE DAY				Fee Schedule	$0.00			N
99318	M	ANNUAL NURSING FAC ASSESSMNT				Fee Schedule	$0.00			
99324	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99325	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99326	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99327	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99328	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99334	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99335	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99336	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99337	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99339	M	DOMICIL/R-HOME CARE SUPERVIS				Fee Schedule	$0.00			
99340	M	DOMICIL/R-HOME CARE SUPERVIS				Fee Schedule	$0.00			
99341	M	HOME VISIT, NEW PATIENT				Fee Schedule	$0.00			N
99342	M	HOME VISIT, NEW PATIENT				Fee Schedule	$0.00			N
99343	M	HOME VISIT, NEW PATIENT				Fee Schedule	$0.00			N
99344	M	HOME VISIT, NEW PATIENT				Fee Schedule	$0.00			N
99345	M	HOME VISIT, NEW PATIENT				Fee Schedule	$0.00			N
99347	M	HOME VISIT, EST PATIENT				Fee Schedule	$0.00			N
99348	M	HOME VISIT, EST PATIENT				Fee Schedule	$0.00			N
99349	M	HOME VISIT, EST PATIENT				Fee Schedule	$0.00			N
99350	M	HOME VISIT, EST PATIENT				Fee Schedule	$0.00			N
99354	N	PROLONGED SERVICE, OFFICE				Bundled	$0.00			N
99355	N	PROLONGED SERVICE, OFFICE				Bundled	$0.00			N
99356	C	PROLONGED SERVICE, INPATIENT				Inpatient Only	$0.00			N
99357	C	PROLONGED SERVICE, INPATIENT				Inpatient Only	$0.00			N
99358	N	PROLONGED SERV, W/O CONTACT				Bundled	$0.00			N

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99359	N	PROLONGED SERV, W/O CONTACT				Bundled	$0.00			N
99360	E	PHYSICIAN STANDBY SERVICES				Not Allowed	$0.00			N
99363	E	ANTICOAG MGMT, INIT				Not Allowed	$0.00			
99364	E	ANTICOAG MGMT, SUBSEQ				Not Allowed	$0.00			
99366	N	TEAM CONF W/PAT BY HC PRO				Not Allowed	$0.00			
99367	N	TEAM CONF W/O PAT BY PHYS				Bundled	$0.00			
99368	N	TEAM CONF W/O PAT BY HC PRO				Not Allowed	$0.00			
99374	E	HOME HEALTH CARE SUPERVISION				Not Allowed	$0.00			N
99375	E	HOME HEALTH CARE SUPERVISION				Not Allowed	$0.00			N
99377	E	HOSPICE CARE SUPERVISION				Not Allowed	$0.00			N
99378	E	HOSPICE CARE SUPERVISION				Not Allowed	$0.00			N
99379	E	NURSING FAC CARE SUPERVISION				Not Allowed	$0.00			N
99380	E	NURSING FAC CARE SUPERVISION				Not Allowed	$0.00			N
99381	M	PREV VISIT, NEW, INFANT				Fee Schedule	$62.98			N
99382	M	PREV VISIT, NEW, AGE 1-4				Fee Schedule	$71.84			N
99383	M	PREV VISIT, NEW, AGE 5-11				Fee Schedule	$71.84			N
99384	M	PREV VISIT, NEW, AGE 12-17				Fee Schedule	$80.94			N
99385	M	PREV VISIT, NEW, AGE 18-39				Fee Schedule	$80.94			N
99386	M	PREV VISIT, NEW, AGE 40-64				Fee Schedule	$99.34			N
99387	M	PREV VISIT, NEW, 65 & OVER				Fee Schedule	$108.92			N
99391	M	PREV VISIT, EST, INFANT				Fee Schedule	$53.84			N
99392	M	PREV VISIT, EST, AGE 1-4				Fee Schedule	$62.98			N
99393	M	PREV VISIT, EST, AGE 5-11				Fee Schedule	$62.98			N
99394	M	PREV VISIT, EST, AGE 12-17				Fee Schedule	$71.84			N
99395	M	PREV VISIT, EST, AGE 18-39				Fee Schedule	$71.84			N
99396	M	PREV VISIT, EST, AGE 40-64				Fee Schedule	$80.94			N
99397	M	PREV VISIT, EST, 65 & OVER				Fee Schedule	$90.56			N
99401	M	PREVENTIVE COUNSELING, INDIV				Fee Schedule	$0.00			N
99402	M	PREVENTIVE COUNSELING, INDIV				Fee Schedule	$0.00			N
99403	M	PREVENTIVE COUNSELING, INDIV				Fee Schedule	$0.00			N
99404	M	PREVENTIVE COUNSELING, INDIV				Fee Schedule	$0.00			N
99406	X	BEHAV CHNG SMOKING 3-10 MIN	0031	0.1729		APC	$8.75			
99407	X	BEHAV CHNG SMOKING < 10 MIN	0031	0.1729		APC	$8.75			
99408	M	AUDIT/DAST, 15-30 MIN				Fee Schedule	$0.00			N
99409	M	AUDIT/DAST, OVER 30 MIN				Fee Schedule	$0.00			N
99411	M	PREVENTIVE COUNSELING, GROUP				Fee Schedule	$0.00			N
99412	M	PREVENTIVE COUNSELING, GROUP				Fee Schedule	$0.00			N
99420	M	HEALTH RISK ASSESSMENT TEST				Fee Schedule	$0.00			N
99429	M	UNLISTED PREVENTIVE SERVICE				Fee Schedule	$0.00			N
99441	E	PHONE E/M BY PHYS 5-10 MIN				Not Allowed	$0.00			
99442	E	PHONE E/M BY PHYS 11-20 MIN				Not Allowed	$0.00			

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99443	E	PHONE E/M BY PHYS 21-30 MIN				Not Allowed	$0.00			
99444	E	ONLINE E/M BY PHYS				Not Allowed	$0.00			
99450	M	LIFE/DISABILITY EVALUATION				Fee Schedule	$0.00			N
99455	M	DISABILITY EXAMINATION				Fee Schedule	$0.00			N
99456	M	DISABILITY EXAMINATION				Fee Schedule	$0.00			N
99460	V	INIT NB EM PER DAY, HOSP	0605	1.0439		APC	$52.83			
99461	E	INIT NB EM PER DAY, NON-FAC				Not Allowed	$0.00			
99462	C	SBSQ NB EM PER DAY, HOSP				Inpatient Only	$0.00			
99463	V	SAME DAY NB DISCHARGE	0605	1.0439		APC	$52.83			
99464	N	ATTENDANCE AT DELIVERY				Bundled	$0.00			
99465	S	NB RESUSCITATION	0094	2.4181		APC	$122.38			
99466	N	PED CRIT CARE TRANSPORT				Bundled	$0.00			
99467	N	PED CRIT CARE TRANSPORT ADDL				Bundled	$0.00			
99468	C	NEONATE CRIT CARE, INITIAL				Inpatient Only	$0.00			
99469	C	NEONATE CRIT CARE, SUBSQ				Inpatient Only	$0.00			
99471	C	PED CRITICAL CARE, INITIAL				Inpatient Only	$0.00			
99472	C	PED CRITICAL CARE, SUBSQ				Inpatient Only	$0.00			
99475	C	PED CRIT CARE AGE 2-5, INIT				Inpatient Only	$0.00			
99476	C	PED CRIT CARE AGE 2-5, SUBSQ				Inpatient Only	$0.00			
99477	C	INIT DAY HOSP NEONATE CARE				Inpatient Only	$0.00			
99478	C	IC, LBW INF < 1500 GM SUBSQ				Inpatient Only	$0.00			
99479	C	IC LBW INF 1500-2500 G SUBSQ				Inpatient Only	$0.00			
99480	C	IC INF PBW 2501-5000 G SUBSQ				Inpatient Only	$0.00			
99499	M	UNLISTED E&M SERVICE				Fee Schedule	$0.00			N
99500	M	HOME VISIT, PRENATAL				Fee Schedule	$0.00			
99501	M	HOME VISIT, POSTNATAL				Fee Schedule	$0.00			N
99502	M	HOME VISIT, NB CARE				Fee Schedule	$0.00			
99503	E	HOME VISIT, RESP THERAPY				Not Allowed	$0.00			N
99504	E	HOME VISIT MECH VENTILATOR				Not Allowed	$0.00			
99505	E	HOME VISIT, STOMA CARE				Not Allowed	$0.00			N
99506	E	HOME VISIT, IM INJECTION				Not Allowed	$0.00			
99507	E	HOME VISIT, CATH MAINTAIN				Not Allowed	$0.00			N
99509	E	HOME VISIT DAY LIFE ACTIVITY				Not Allowed	$0.00			N
99510	E	HOME VISIT, SING/M/FAM COUNS				Not Allowed	$0.00			
99511	E	HOME VISIT, FECAL/ENEMA MGMT				Not Allowed	$0.00			N
99512	E	HOME VISIT FOR HEMODIALYSIS				Not Allowed	$0.00			
99600	E	HOME VISIT NOS				Not Allowed	$0.00			
99601	E	HOME INFUSION/VISIT 2 HRS				Not Allowed	$0.00			
99602	E	HOME INFUSION EACH ADDTL HR				Not Allowed	$0.00			
99605	E	MTMS BY PHARM, NP, 15 MIN				Not Allowed	$0.00			
99606	E	MTMS BY PHARM, EST, 15 MIN				Not Allowed	$0.00			

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99607	E	MTMS BY PHARM, ADDL 15 MIN				Not Allowed	$0.00			
A0021	E	OUTSIDE STATE AMBULANCE SERV				Not Allowed	$0.00			Y
A0080	E	NONINTEREST ESCORT IN NON ER				Not Allowed	$0.00			N
A0090	E	INTEREST ESCORT IN NON ER				Not Allowed	$0.00			Y
A0100	E	NONEMERGENCY TRANSPORT TAXI				Not Allowed	$0.00			N
A0110	E	NONEMERGENCY TRANSPORT BUS				Not Allowed	$0.00			Y
A0120	E	NONER TRANSPORT MINI-BUS				Not Allowed	$0.00			N
A0130	E	NONER TRANSPORT WHEELCH VAN				Not Allowed	$0.00			Y
A0140	E	NONEMERGENCY TRANSPORT AIR				Not Allowed	$0.00			Y
A0160	E	NONER TRANSPORT CASE WORKER				Not Allowed	$0.00			Y
A0170	E	TRANSPORT PARKING FEES/TOLLS				Not Allowed	$0.00			N
A0180	E	NONER TRANSPORT LODGNG RECIP				Not Allowed	$0.00			Y
A0190	E	NONER TRANSPORT MEALS RECIP				Not Allowed	$0.00			Y
A0200	E	NONER TRANSPORT LODGNG ESCRT				Not Allowed	$0.00			N
A0210	E	NONER TRANSPORT MEALS ESCORT				Not Allowed	$0.00			N
A0225	E	NEONATAL EMERGENCY TRANSPORT				Not Allowed	$0.00			
A0380	E	BASIC LIFE SUPPORT MILEAGE				Not Allowed	$0.00			N
A0382	E	BASIC SUPPORT ROUTINE SUPPLS				Not Allowed	$0.00			N
A0384	E	BLS DEFIBRILLATION SUPPLIES				Not Allowed	$0.00			N
A0390	E	ADVANCED LIFE SUPPORT MILEAG				Not Allowed	$0.00			N
A0392	E	ALS DEFIBRILLATION SUPPLIES				Not Allowed	$0.00			N
A0394	E	ALS IV DRUG THERAPY SUPPLIES				Not Allowed	$0.00			N
A0396	E	ALS ESOPHAGEAL INTUB SUPPLS				Not Allowed	$0.00			N
A0398	E	ALS ROUTINE DISPOSBLE SUPPLS				Not Allowed	$0.00			N
A0420	E	AMBULANCE WAITING 1/2 HR				Not Allowed	$0.00			N
A0422	E	AMBULANCE 02 LIFE SUSTAINING				Not Allowed	$0.00			Y
A0424	E	EXTRA AMBULANCE ATTENDANT				Not Allowed	$0.00			N
A0425	E	GROUND MILEAGE				Not Allowed	$0.00			Y
A0426	E	ALS 1				Not Allowed	$0.00			Y
A0427	E	ALS1-EMERGENCY				Not Allowed	$0.00			Y
A0428	E	BLS				Not Allowed	$0.00			Y
A0429	E	BLS-EMERGENCY				Not Allowed	$0.00			Y
A0430	E	FIXED WING AIR TRANSPORT				Not Allowed	$0.00			Y
A0431	E	ROTARY WING AIR TRANSPORT				Not Allowed	$0.00			Y
A0432	E	PI VOLUNTEER AMBULANCE CO				Not Allowed	$0.00			Y
A0433	E	ALS 2				Not Allowed	$0.00			Y
A0434	E	SPECIALTY CARE TRANSPORT				Not Allowed	$0.00			Y
A0435	E	FIXED WING AIR MILEAGE				Not Allowed	$0.00			Y
A0436	E	ROTARY WING AIR MILEAGE				Not Allowed	$0.00			Y
A0888	E	NONCOVERED AMBULANCE MILEAGE				Not Allowed	$0.00			Y
A0998	E	AMBULANCE RESPONSE/TREATMENT				Not Allowed	$0.00			

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A0999	E	UNLISTED AMBULANCE SERVICE				Not Allowed	$0.00			
A4206	N	1 CC STERILE SYRINGE&NEEDLE				Bundled	$0.00			
A4207	N	2 CC STERILE SYRINGE&NEEDLE				Bundled	$0.00			
A4208	N	3 CC STERILE SYRINGE&NEEDLE				Bundled	$0.00			
A4209	N	5+ CC STERILE SYRINGE&NEEDLE				Bundled	$0.00			
A4210	N	NONNEEDLE INJECTION DEVICE				Bundled	$0.00			N
A4211	N	SUPP FOR SELF-ADM INJECTIONS				Bundled	$0.00			N
A4212	N	NON CORING NEEDLE OR STYLET				Bundled	$0.00			N
A4213	N	20+ CC SYRINGE ONLY				Bundled	$0.00			
A4215	N	STERILE NEEDLE				Bundled	$0.00			
A4216	E	STERILE WATER/SALINE 10 ML				Not Allowed	$0.00			
A4217	E	STERILE WATER/SALINE 500 ML				Not Allowed	$0.00			
A4218	N	STERILE SALINE OR WATER				Bundled	$0.00			
A4220	N	INFUSION PUMP REFILL KIT				Bundled	$0.00			N
A4221	N	MAINT DRUG INFUS CATH PER WK				Bundled	$0.00			N
A4222	N	DRUG INFUSION PUMP SUPPLIES				Bundled	$0.00			N
A4223	E	INFUSION SUPPLIES W/O PUMP				Not Allowed	$0.00			
A4230	N	INFUS INSULIN PUMP NON NEEDL				Bundled	$0.00			N
A4231	N	INFUSION INSULIN PUMP NEEDLE				Bundled	$0.00			N
A4232	N	SYRINGE W/NEEDLE INSULIN 3CC				Bundled	$0.00			N
A4233	E	ALKALIN BATT FOR GLUCOSE MON				Not Allowed	$0.00			
A4234	E	J-CELL BATT FOR GLUCOSE MON				Not Allowed	$0.00			
A4235	E	LITHIUM BATT FOR GLUCOSE MON				Not Allowed	$0.00			
A4236	E	SILVR OXIDE BATT GLUCOSE MON				Not Allowed	$0.00			
A4244	N	ALCOHOL OR PEROXIDE PER PINT				Bundled	$0.00			
A4245	N	ALCOHOL WIPES PER BOX				Bundled	$0.00			
A4246	N	BETADINE/PHISOHEX SOLUTION				Bundled	$0.00			
A4247	N	BETADINE/IODINE SWABS/WIPES				Bundled	$0.00			
A4248	N	CHLORHEXIDINE ANTISEPT				Bundled	$0.00			
A4250	N	URINE REAGENT STRIPS/TABLETS				Bundled	$0.00			N
A4252	E	BLOOD KETONE TEST OR STRIP				Not Allowed	$0.00			
A4253	N	BLOOD GLUCOSE/REAGENT STRIPS				Bundled	$0.00			
A4255	N	GLUCOSE MONITOR PLATFORMS				Bundled	$0.00			N
A4256	N	CALIBRATOR SOLUTION/CHIPS				Bundled	$0.00			
A4257	N	REPLACE LENSSHIELD CARTRIDGE				Bundled	$0.00			
A4258	N	LANCET DEVICE EACH				Bundled	$0.00			N
A4259	N	LANCETS PER BOX				Bundled	$0.00			
A4261	E	CERVICAL CAP CONTRACEPTIVE				Not Allowed	$0.00			N
A4262	N	TEMPORARY TEAR DUCT PLUG				Bundled	$0.00			N
A4263	N	PERMANENT TEAR DUCT PLUG				Bundled	$0.00			N
A4265	N	PARAFFIN				Bundled	$0.00			

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A4266	E	DIAPHRAGM				Not Allowed	$0.00			
A4267	E	MALE CONDOM				Not Allowed	$0.00			N
A4268	N	FEMALE CONDOM				Bundled	$0.00			
A4269	N	SPERMICIDE				Bundled	$0.00			
A4270	N	DISPOSABLE ENDOSCOPE SHEATH				Bundled	$0.00			N
A4280	N	BRST PRSTHS ADHSV ATTCHMNT				Bundled	$0.00			N
A4281	E	REPLACEMENT BREASTPUMP TUBE				Not Allowed	$0.00			
A4282	E	REPLACEMENT BREASTPUMP ADPT				Not Allowed	$0.00			
A4283	E	REPLACEMENT BREASTPUMP CAP				Not Allowed	$0.00			
A4284	E	REPLCMNT BREAST PUMP SHIELD				Not Allowed	$0.00			
A4285	E	REPLCMNT BREAST PUMP BOTTLE				Not Allowed	$0.00			
A4286	E	REPLCMNT BREASTPUMP LOK RING				Not Allowed	$0.00			
A4290	N	SACRAL NERVE STIM TEST LEAD				Bundled	$0.00			N
A4300	N	CATH IMPL VASC ACCESS PORTAL				Bundled	$0.00			
A4301	N	IMPLANTABLE ACCESS SYST PERC				Bundled	$0.00			N
A4305	N	DRUG DELIVERY SYSTEM >=50 ML				Bundled	$0.00			N
A4306	N	DRUG DELIVERY SYSTEM <=50 ML				Bundled	$0.00			N
A4310	N	INSERT TRAY W/O BAG/CATH				Bundled	$0.00			N
A4311	N	CATHETER W/O BAG 2-WAY LATEX				Bundled	$0.00			N
A4312	N	CATH W/O BAG 2-WAY SILICONE				Bundled	$0.00			N
A4313	N	CATHETER W/BAG 3-WAY				Bundled	$0.00			N
A4314	N	CATH W/DRAINAGE 2-WAY LATEX				Bundled	$0.00			N
A4315	N	CATH W/DRAINAGE 2-WAY SILCNE				Bundled	$0.00			N
A4316	N	CATH W/DRAINAGE 3-WAY				Bundled	$0.00			N
A4320	N	IRRIGATION TRAY				Bundled	$0.00			N
A4321	N	CATH THERAPEUTIC IRRIG AGENT				Bundled	$0.00			N
A4322	N	IRRIGATION SYRINGE				Bundled	$0.00			N
A4326	N	MALE EXTERNAL CATHETER				Bundled	$0.00			N
A4327	N	FEM URINARY COLLECT DEV CUP				Bundled	$0.00			N
A4328	N	FEM URINARY COLLECT POUCH				Bundled	$0.00			N
A4330	N	STOOL COLLECTION POUCH				Bundled	$0.00			N
A4331	N	EXTENSION DRAINAGE TUBING				Bundled	$0.00			N
A4332	N	LUBRICANT FOR CATH INSERTION				Bundled	$0.00			N
A4333	N	URINARY CATH ANCHOR DEVICE				Bundled	$0.00			N
A4334	N	URINARY CATH LEG STRAP				Bundled	$0.00			N
A4335	N	INCONTINENCE SUPPLY				Bundled	$0.00			N
A4338	N	INDWELLING CATHETER LATEX				Bundled	$0.00			N
A4340	N	INDWELLING CATHETER SPECIAL				Bundled	$0.00			N
A4344	N	CATH INDW FOLEY 2 WAY SILICN				Bundled	$0.00			
A4346	N	CATH INDW FOLEY 3 WAY				Bundled	$0.00			
A4349	E	DISPOSABLE MALE EXTERNAL CAT				Not Allowed	$0.00			

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A4351	N	STRAIGHT TIP URINE CATHETER				Bundled	$0.00			
A4352	N	COUDE TIP URINARY CATHETER				Bundled	$0.00			
A4353	N	INTERMITTENT URINARY CATH				Bundled	$0.00			N
A4354	N	CATH INSERTION TRAY W/BAG				Bundled	$0.00			
A4355	N	BLADDER IRRIGATION TUBING				Bundled	$0.00			
A4356	N	EXT URETH CLMP OR COMPR DVC				Bundled	$0.00			N
A4357	N	BEDSIDE DRAINAGE BAG				Bundled	$0.00			
A4358	N	URINARY LEG OR ABDOMEN BAG				Bundled	$0.00			
A4361	N	OSTOMY FACE PLATE				Bundled	$0.00			N
A4362	N	SOLID SKIN BARRIER				Bundled	$0.00			N
A4363	N	OSTOMY CLAMP, REPLACEMENT				Bundled	$0.00			N
A4364	N	ADHESIVE LIQUID OR EQUAL				Bundled	$0.00			N
A4365	N	ADHESIVE REMOVER WIPES				Bundled	$0.00			N
A4366	E	OSTOMY VENT				Not Allowed	$0.00			
A4367	N	OSTOMY BELT				Bundled	$0.00			N
A4368	N	OSTOMY FILTER				Bundled	$0.00			N
A4369	N	SKIN BARRIER LIQUID PER OZ				Bundled	$0.00			
A4371	N	SKIN BARRIER POWDER PER OZ				Bundled	$0.00			N
A4372	N	SKIN BARRIER SOLID 4X4 EQUIV				Bundled	$0.00			N
A4373	N	SKIN BARRIER WITH FLANGE				Bundled	$0.00			N
A4375	N	DRAINABLE PLASTIC PCH W FCPL				Bundled	$0.00			N
A4376	N	DRAINABLE RUBBER PCH W FCPLT				Bundled	$0.00			N
A4377	N	DRAINABLE PLSTIC PCH W/O FP				Bundled	$0.00			N
A4378	N	DRAINABLE RUBBER PCH W/O FP				Bundled	$0.00			N
A4379	N	URINARY PLASTIC POUCH W FCPL				Bundled	$0.00			N
A4380	N	URINARY RUBBER POUCH W FCPLT				Bundled	$0.00			
A4381	N	URINARY PLASTIC POUCH W/O FP				Bundled	$0.00			N
A4382	N	URINARY HVY PLSTC PCH W/O FP				Bundled	$0.00			N
A4383	N	URINARY RUBBER POUCH W/O FP				Bundled	$0.00			N
A4384	N	OSTOMY FACEPLT/SILICONE RING				Bundled	$0.00			N
A4385	N	OST SKN BARRIER SLD EXT WEAR				Bundled	$0.00			N
A4387	N	OST CLSD POUCH W ATT ST BARR				Bundled	$0.00			N
A4388	N	DRAINABLE PCH W EX WEAR BARR				Bundled	$0.00			N
A4389	N	DRAINABLE PCH W ST WEAR BARR				Bundled	$0.00			N
A4390	N	DRAINABLE PCH EX WEAR CONVEX				Bundled	$0.00			
A4391	N	URINARY POUCH W EX WEAR BARR				Bundled	$0.00			N
A4392	N	URINARY POUCH W ST WEAR BARR				Bundled	$0.00			N
A4393	N	URINE PCH W EX WEAR BAR CONV				Bundled	$0.00			N
A4394	N	OSTOMY POUCH LIQ DEODORANT				Bundled	$0.00			N
A4395	N	OSTOMY POUCH SOLID DEODORANT				Bundled	$0.00			N
A4396	N	PERISTOMAL HERNIA SUPPRT BLT				Bundled	$0.00			N

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A4397	N	IRRIGATION SUPPLY SLEEVE				Bundled	$0.00			N
A4398	N	OSTOMY IRRIGATION BAG				Bundled	$0.00			N
A4399	N	OSTOMY IRRIG CONE/CATH W BRS				Bundled	$0.00			N
A4400	N	OSTOMY IRRIGATION SET				Bundled	$0.00			N
A4402	N	LUBRICANT PER OUNCE				Bundled	$0.00			N
A4404	N	OSTOMY RING EACH				Bundled	$0.00			N
A4405	N	NONPECTIN BASED OSTOMY PASTE				Bundled	$0.00			
A4406	N	PECTIN BASED OSTOMY PASTE				Bundled	$0.00			
A4407	N	EXT WEAR OST SKN BARR <=4SQö				Bundled	$0.00			
A4408	N	EXT WEAR OST SKN BARR >4SQö				Bundled	$0.00			
A4409	N	OST SKN BARR CONVEX <=4 SQ I				Bundled	$0.00			
A4410	N	OST SKN BARR EXTND >4 SQ				Bundled	$0.00			
A4411	E	OST SKN BARR EXTND =4SQ				Not Allowed	$0.00			
A4412	E	OST POUCH DRAIN HIGH OUTPUT				Not Allowed	$0.00			
A4413	N	2 PC DRAINABLE OST POUCH				Bundled	$0.00			
A4414	N	OST SKNBAR W/O CONV<=4 SQ IN				Bundled	$0.00			
A4415	N	OST SKN BARR W/O CONV >4 SQI				Bundled	$0.00			
A4416	E	OST PCH CLSD W BARRIER/FILTR				Not Allowed	$0.00			
A4417	E	OST PCH W BAR/BLTINCONV/FLTR				Not Allowed	$0.00			
A4418	E	OST PCH CLSD W/O BAR W FILTR				Not Allowed	$0.00			
A4419	E	OST PCH FOR BAR W FLANGE/FLT				Not Allowed	$0.00			
A4420	E	OST PCH CLSD FOR BAR W LK FL				Not Allowed	$0.00			
A4421	N	OSTOMY SUPPLY MISC				Bundled	$0.00			N
A4422	N	OST POUCH ABSORBENT MATERIAL				Bundled	$0.00			
A4423	E	OST PCH FOR BAR W LK FL/FLTR				Not Allowed	$0.00			
A4424	E	OST PCH DRAIN W BAR & FILTER				Not Allowed	$0.00			
A4425	E	OST PCH DRAIN FOR BARRIER FL				Not Allowed	$0.00			
A4426	E	OST PCH DRAIN 2 PIECE SYSTEM				Not Allowed	$0.00			
A4427	E	OST PCH DRAIN/BARR LK FLNG/F				Not Allowed	$0.00			
A4428	E	URINE OST POUCH W FAUCET/TAP				Not Allowed	$0.00			
A4429	E	URINE OST POUCH W BLTINCONV				Not Allowed	$0.00			
A4430	E	OST URINE PCH W B/BLTIN CONV				Not Allowed	$0.00			
A4431	E	OST PCH URINE W BARRIER/TAPV				Not Allowed	$0.00			
A4432	E	OS PCH URINE W BAR/FANGE/TAP				Not Allowed	$0.00			
A4433	E	URINE OST PCH BAR W LOCK FLN				Not Allowed	$0.00			
A4434	E	OST PCH URINE W LOCK FLNG/FT				Not Allowed	$0.00			
A4450	N	NON-WATERPROOF TAPE				Bundled	$0.00			N
A4452	N	WATERPROOF TAPE				Bundled	$0.00			
A4455	N	ADHESIVE REMOVER PER OUNCE				Bundled	$0.00			N
A4458	N	REUSABLE ENEMA BAG				Bundled	$0.00			
A4461	E	SURGICL DRESS HOLD NON-REUSE				Not Allowed	$0.00			

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A4463	E	SURGICAL DRESS HOLDER REUSE				Not Allowed	$0.00			
A4465	N	NON-ELASTIC EXTREMITY BINDER				Bundled	$0.00			N
A4470	N	GRAVLEE JET WASHER				Bundled	$0.00			N
A4480	N	VABRA ASPIRATOR				Bundled	$0.00			N
A4481	N	TRACHEOSTOMA FILTER				Bundled	$0.00			N
A4483	N	MOISTURE EXCHANGER				Bundled	$0.00			N
A4490	N	ABOVE KNEE SURGICAL STOCKING				Bundled	$0.00			N
A4495	N	THIGH LENGTH SURG STOCKING				Bundled	$0.00			N
A4500	N	BELOW KNEE SURGICAL STOCKING				Bundled	$0.00			N
A4510	N	FULL LENGTH SURG STOCKING				Bundled	$0.00			N
A4520	E	INCONTINENCE GARMENT ANYTYPE				Not Allowed	$0.00			
A4550	N	SURGICAL TRAYS				Bundled	$0.00			
A4554	N	DISPOSABLE UNDERPADS				Bundled	$0.00			N
A4556	N	ELECTRODES, PAIR				Bundled	$0.00			N
A4557	N	LEAD WIRES, PAIR				Bundled	$0.00			N
A4558	N	CONDUCTIVE PASTE OR GEL				Bundled	$0.00			N
A4559	N	COUPLING GEL OR PASTE				Bundled	$0.00			
A4561	N	PESSARY RUBBER, ANY TYPE				Bundled	$0.00			N
A4562	N	PESSARY, NON RUBBER,ANY TYPE				Bundled	$0.00			N
A4565	N	SLINGS				Bundled	$0.00			
A4570	N	SPLINT				Bundled	$0.00			
A4575	N	HYPERBARIC O2 CHAMBER DISPS				Bundled	$0.00			N
A4580	N	CAST SUPPLIES (PLASTER)				Bundled	$0.00			
A4590	N	SPECIAL CASTING MATERIAL				Bundled	$0.00			
A4595	N	TENS SUPPL 2 LEAD PER MONTH				Bundled	$0.00			N
A4600	N	SLEEVE, INTER LIMB COMP DEV				Bundled	$0.00			
A4601	N	LITH ION BATT, NON-PROS USE				Bundled	$0.00			
A4604	E	TUBING WITH HEATING ELEMENT				Not Allowed	$0.00			
A4605	E	TRACH SUCTION CATH CLOSE SYS				Not Allowed	$0.00			
A4606	N	OXYGEN PROBE USED W OXIMETER				Bundled	$0.00			N
A4608	N	TRANSTRACHEAL OXYGEN CATH				Bundled	$0.00			N
A4611	N	HEAVY DUTY BATTERY				Bundled	$0.00			N
A4612	N	BATTERY CABLES				Bundled	$0.00			N
A4613	N	BATTERY CHARGER				Bundled	$0.00			N
A4614	E	HAND-HELD PEFR METER				Not Allowed	$0.00			N
A4615	N	CANNULA NASAL				Bundled	$0.00			N
A4616	N	TUBING (OXYGEN) PER FOOT				Bundled	$0.00			N
A4617	N	MOUTH PIECE				Bundled	$0.00			N
A4618	N	BREATHING CIRCUITS				Bundled	$0.00			N
A4619	N	FACE TENT				Bundled	$0.00			N
A4620	N	VARIABLE CONCENTRATION MASK				Bundled	$0.00			N

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A4623	N	TRACHEOSTOMY INNER CANNULA				Bundled	$0.00			N
A4624	N	TRACHEAL SUCTION TUBE				Bundled	$0.00			N
A4625	N	TRACH CARE KIT FOR NEW TRACH				Bundled	$0.00			N
A4626	N	TRACHEOSTOMY CLEANING BRUSH				Bundled	$0.00			N
A4627	N	SPACER BAG/RESERVOIR				Bundled	$0.00			N
A4628	N	OROPHARYNGEAL SUCTION CATH				Bundled	$0.00			N
A4629	N	TRACHEOSTOMY CARE KIT				Bundled	$0.00			N
A4630	N	REPL BAT T.E.N.S. OWN BY PT				Bundled	$0.00			N
A4633	N	UVL REPLACEMENT BULB				Bundled	$0.00			
A4634	N	REPLACEMENT BULB TH LIGHTBOX				Bundled	$0.00			
A4635	N	UNDERARM CRUTCH PAD				Bundled	$0.00			N
A4636	N	HANDGRIP FOR CANE ETC				Bundled	$0.00			N
A4637	N	REPL TIP CANE/CRUTCH/WALKER				Bundled	$0.00			N
A4638	E	REPL BATT PULSE GEN SYS				Not Allowed	$0.00			
A4639	N	INFRARED HT SYS REPLCMNT PAD				Bundled	$0.00			
A4640	N	ALTERNATING PRESSURE PAD				Bundled	$0.00			N
A4641	N	RADIOPHARM DX AGENT NOC				Bundled	$0.00			N
A4642	N	IN111 SATUMOMAB				Bundled	$0.00			N
A4648	N	IMPLANTABLE TISSUE MARKER				Bundled	$0.00			
A4649	N	SURGICAL SUPPLIES				Bundled	$0.00			N
A4650	N	IMPLANT RADIATION DOSIMETER				Bundled	$0.00			
A4651	N	CALIBRATED MICROCAP TUBE				Bundled	$0.00			N
A4652	N	MICROCAPILLARY TUBE SEALANT				Bundled	$0.00			
A4653	N	PD CATHETER ANCHOR BELT				Bundled	$0.00			
A4657	N	SYRINGE W/WO NEEDLE				Bundled	$0.00			N
A4660	N	SPHYG/BP APP W CUFF AND STET				Bundled	$0.00			N
A4663	N	DIALYSIS BLOOD PRESSURE CUFF				Bundled	$0.00			N
A4670	N	AUTOMATIC BP MONITOR DIAL				Bundled	$0.00			N
A4671	E	DISPOSABLE CYCLER SET				Not Allowed	$0.00			
A4672	E	DRAINAGE EXT LINE DIALYSIS				Not Allowed	$0.00			
A4673	E	EXT LINE W EASY LOCK CONNECT				Not Allowed	$0.00			
A4674	E	CHEM/ANTISEPT SOLUTION 8OZ				Not Allowed	$0.00			
A4680	N	ACTIVATED CARBON FILTER, EA				Bundled	$0.00			N
A4690	N	DIALYZER, EACH				Bundled	$0.00			Y
A4706	N	BICARBONATE CONC SOL PER GAL				Bundled	$0.00			N
A4707	N	BICARBONATE CONC POW PER PAC				Bundled	$0.00			
A4708	N	ACETATE CONC SOL PER GALLON				Bundled	$0.00			N
A4709	N	ACID CONC SOL PER GALLON				Bundled	$0.00			
A4714	N	TREATED WATER PER GALLON				Bundled	$0.00			N
A4719	N	Y SET TUBING FOR PERITONEAL DIALYSIS				Bundled	$0.00			N
A4720	N	DIALYSAT SOL FLD VOL > 249CC				Bundled	$0.00			

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A4721	N	DIALYSAT SOL FLD VOL > 999CC				Bundled	$0.00			N
A4722	N	DIALYS SOL FLD VOL > 1999CC				Bundled	$0.00			
A4723	N	DIALYS SOL FLD VOL > 2999CC				Bundled	$0.00			N
A4724	N	DIALYS SOL FLD VOL > 3999CC				Bundled	$0.00			
A4725	N	DIALYS SOL FLD VOL > 4999CC				Bundled	$0.00			N
A4726	N	DIALYS SOL FLD VOL > 5999CC				Bundled	$0.00			
A4728	E	DIALYSATE SOLUTION NON-DEX				Not Allowed	$0.00			
A4730	N	FISTULA CANNULATION SET, EA				Bundled	$0.00			N
A4736	N	TOPICAL ANESTHETIC, PER GRAM				Bundled	$0.00			N
A4737	N	INJ ANESTHETIC PER 10 ML				Bundled	$0.00			
A4740	N	SHUNT ACCESSORY				Bundled	$0.00			N
A4750	N	ART OR VENOUS BLOOD TUBING				Bundled	$0.00			N
A4755	N	COMB ART/VENOUS BLOOD TUBING				Bundled	$0.00			N
A4760	N	DIALYSATE SOL TEST KIT, EACH				Bundled	$0.00			N
A4765	N	DIALYSATE CONC POW PER PACK				Bundled	$0.00			N
A4766	N	DIALYSATE CONC SOL ADD 10 ML				Bundled	$0.00			
A4770	N	BLOOD COLLECTION TUBE/VACUUM				Bundled	$0.00			N
A4771	N	SERUM CLOTTING TIME TUBE				Bundled	$0.00			N
A4772	N	BLOOD GLUCOSE TEST STRIPS				Bundled	$0.00			N
A4773	N	OCCULT BLOOD TEST STRIPS				Bundled	$0.00			N
A4774	N	AMMONIA TEST STRIPS				Bundled	$0.00			N
A4802	N	PROTAMINE SULFATE PER 50 MG				Bundled	$0.00			
A4860	N	DISPOSABLE CATHETER TIPS				Bundled	$0.00			N
A4870	N	PLUMB/ELEC WK HM HEMO EQUIP				Bundled	$0.00			Y
A4890	N	REPAIR/MAINT CONT HEMO EQUIP				Bundled	$0.00			N
A4911	N	DRAIN BAG/BOTTLE				Bundled	$0.00			N
A4913	N	MISC DIALYSIS SUPPLIES NOC				Bundled	$0.00			N
A4918	N	VENOUS PRESSURE CLAMP				Bundled	$0.00			N
A4927	N	NON-STERILE GLOVES				Bundled	$0.00			
A4928	N	SURGICAL MASK				Bundled	$0.00			
A4929	N	TOURNIQUET FOR DIALYSIS, EA				Bundled	$0.00			N
A4930	N	STERILE GLOVES PER PAIR				Bundled	$0.00			
A4931	N	REUSABLE ORAL THERMOMETER				Bundled	$0.00			
A4932	N	REUSABLE RECTAL THERMOMETER				Bundled	$0.00			
A5051	N	POUCH CLSD W BARR ATTACHED				Bundled	$0.00			N
A5052	N	CLSD OSTOMY POUCH W/O BARR				Bundled	$0.00			N
A5053	N	CLSD OSTOMY POUCH FACEPLATE				Bundled	$0.00			N
A5054	N	CLSD OSTOMY POUCH W/FLANGE				Bundled	$0.00			N
A5055	N	STOMA CAP				Bundled	$0.00			N
A5061	N	POUCH DRAINABLE W BARRIER AT				Bundled	$0.00			N
A5062	N	DRNBLE OSTOMY POUCH W/O BARR				Bundled	$0.00			N

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A5063	N	DRAIN OSTOMY POUCH W/FLANGE				Bundled	$0.00			N
A5071	N	URINARY POUCH W/BARRIER				Bundled	$0.00			N
A5072	N	URINARY POUCH W/O BARRIER				Bundled	$0.00			N
A5073	N	URINARY POUCH ON BARR W/FLNG				Bundled	$0.00			N
A5081	N	CONTINENT STOMA PLUG				Bundled	$0.00			N
A5082	N	CONTINENT STOMA CATHETER				Bundled	$0.00			N
A5083	N	STOMA ABSORPTIVE COVER				Bundled	$0.00			
A5093	N	OSTOMY ACCESSORY CONVEX INSE				Bundled	$0.00			N
A5102	N	BEDSIDE DRAIN BTL W/WO TUBE				Bundled	$0.00			N
A5105	N	URINARY SUSPENSORY				Bundled	$0.00			N
A5112	N	URINARY LEG BAG				Bundled	$0.00			N
A5113	N	LATEX LEG STRAP				Bundled	$0.00			N
A5114	N	FOAM/FABRIC LEG STRAP				Bundled	$0.00			N
A5120	E	SKIN BARRIER WIPE OR SWAB				Not Allowed	$0.00			
A5121	N	SOLID SKIN BARRIER 6X6				Bundled	$0.00			N
A5122	N	SOLID SKIN BARRIER 8X8				Bundled	$0.00			N
A5126	N	DISK/FOAM PAD +OR- ADHESIVE				Bundled	$0.00			N
A5131	N	APPLIANCE CLEANER				Bundled	$0.00			N
A5200	N	PERCUTANEOUS CATHETER ANCHOR				Bundled	$0.00			N
A5500	N	DIAB SHOE FOR DENSITY INSERT				Bundled	$0.00			N
A5501	N	DIABETIC CUSTOM MOLDED SHOE				Bundled	$0.00			N
A5503	N	DIABETIC SHOE W/ROLLER/ROCKR				Bundled	$0.00			N
A5504	N	DIABETIC SHOE WITH WEDGE				Bundled	$0.00			N
A5505	N	DIAB SHOE W/METATARSAL BAR				Bundled	$0.00			N
A5506	N	DIABETIC SHOE W/OFF SET HEEL				Bundled	$0.00			N
A5507	N	MODIFICATION DIABETIC SHOE				Bundled	$0.00			N
A5508	N	DIABETIC DELUXE SHOE				Bundled	$0.00			N
A5510	N	COMPRESSION FORM SHOE INSERT				Bundled	$0.00			N
A5512	E	MULTI DEN INSERT DIRECT FORM				Not Allowed	$0.00			
A5513	E	MULTI DEN INSERT CUSTOM MOLD				Not Allowed	$0.00			
A6000	N	WOUND WARMING WOUND COVER				Bundled	$0.00			N
A6010	N	COLLAGEN BASED WOUND FILLER				Bundled	$0.00			
A6011	N	COLLAGEN GEL/PASTE WOUND FIL				Bundled	$0.00			
A6021	N	COLLAGEN DRESSING <=16 SQ IN				Bundled	$0.00			N
A6022	N	COLLAGEN DRSG>6<=48 SQ IN				Bundled	$0.00			N
A6023	N	COLLAGEN DRESSING >48 SQ IN				Bundled	$0.00			N
A6024	N	COLLAGEN DSG WOUND FILLER				Bundled	$0.00			N
A6025	N	SILICONE GEL SHEET EACH				Bundled	$0.00			N
A6154	N	WOUND POUCH EACH				Bundled	$0.00			N
A6196	N	ALGINATE DRESSING <=16 SQ IN				Bundled	$0.00			N
A6197	N	ALGINATE DRSG >16 <=48 SQ IN				Bundled	$0.00			N

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A6198	N	ALGINATE DRESSING > 48 SQ IN				Bundled	$0.00			N
A6199	N	ALGINATE DRSG WOUND FILLER				Bundled	$0.00			N
A6200	N	COMPOS DRSG <=16 NO BORDER				Bundled	$0.00			N
A6201	N	COMPOS DRSG >16<=48 NO BDR				Bundled	$0.00			N
A6202	N	COMPOS DRSG >48 NO BORDER				Bundled	$0.00			N
A6203	N	COMPOSITE DRSG <= 16 SQ IN				Bundled	$0.00			N
A6204	N	COMPOSITE DRSG >16<=48 SQ IN				Bundled	$0.00			N
A6205	N	COMPOSITE DRSG > 48 SQ IN				Bundled	$0.00			N
A6206	N	CONTACT LAYER <= 16 SQ IN				Bundled	$0.00			N
A6207	N	CONTACT LAYER >16<= 48 SQ IN				Bundled	$0.00			N
A6208	N	CONTACT LAYER > 48 SQ IN				Bundled	$0.00			N
A6209	N	FOAM DRSG <=16 SQ IN W/O BDR				Bundled	$0.00			N
A6210	N	FOAM DRG >16<=48 SQ IN W/O B				Bundled	$0.00			N
A6211	N	FOAM DRG > 48 SQ IN W/O BRDR				Bundled	$0.00			N
A6212	N	FOAM DRG <=16 SQ IN W/BORDER				Bundled	$0.00			N
A6213	N	FOAM DRG >16<=48 SQ IN W/BDR				Bundled	$0.00			N
A6214	N	FOAM DRG > 48 SQ IN W/BORDER				Bundled	$0.00			N
A6215	N	FOAM DRESSING WOUND FILLER				Bundled	$0.00			N
A6216	N	NON-STERILE GAUZE<=16 SQ IN				Bundled	$0.00			N
A6217	N	NON-STERILE GAUZE>16<=48 SQ				Bundled	$0.00			N
A6218	N	NON-STERILE GAUZE > 48 SQ IN				Bundled	$0.00			N
A6219	N	GAUZE <= 16 SQ IN W/BORDER				Bundled	$0.00			N
A6220	N	GAUZE >16 <=48 SQ IN W/BORDR				Bundled	$0.00			N
A6221	N	GAUZE > 48 SQ IN W/BORDER				Bundled	$0.00			N
A6222	N	GAUZE <=16 IN NO W/SAL W/O B				Bundled	$0.00			N
A6223	N	GAUZE >16<=48 NO W/SAL W/O B				Bundled	$0.00			N
A6224	N	GAUZE > 48 IN NO W/SAL W/O B				Bundled	$0.00			N
A6228	N	GAUZE <= 16 SQ IN WATER/SAL				Bundled	$0.00			N
A6229	N	GAUZE >16<=48 SQ IN WATR/SAL				Bundled	$0.00			N
A6230	N	GAUZE > 48 SQ IN WATER/SALNE				Bundled	$0.00			N
A6231	N	HYDROGEL DSG<=16 SQ IN				Bundled	$0.00			N
A6232	N	HYDROGEL DSG>16<=48 SQ IN				Bundled	$0.00			N
A6233	N	HYDROGEL DRESSING >48 SQ IN				Bundled	$0.00			N
A6234	N	HYDROCOLLD DRG <=16 W/O BDR				Bundled	$0.00			N
A6235	N	HYDROCOLLD DRG >16<=48 W/O B				Bundled	$0.00			N
A6236	N	HYDROCOLLD DRG > 48 IN W/O B				Bundled	$0.00			N
A6237	N	HYDROCOLLD DRG <=16 IN W/BDR				Bundled	$0.00			N
A6238	N	HYDROCOLLD DRG >16<=48 W/BDR				Bundled	$0.00			N
A6239	N	HYDROCOLLD DRG > 48 IN W/BDR				Bundled	$0.00			N
A6240	N	HYDROCOLLD DRG FILLER PASTE				Bundled	$0.00			N
A6241	N	HYDROCOLLOID DRG FILLER DRY				Bundled	$0.00			N

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A6242	N	HYDROGEL DRG <=16 IN W/O BDR				Bundled	$0.00			N
A6243	N	HYDROGEL DRG >16<=48 W/O BDR				Bundled	$0.00			N
A6244	N	HYDROGEL DRG >48 IN W/O BDR				Bundled	$0.00			N
A6245	N	HYDROGEL DRG <= 16 IN W/BDR				Bundled	$0.00			N
A6246	N	HYDROGEL DRG >16<=48 IN W/B				Bundled	$0.00			N
A6247	N	HYDROGEL DRG > 48 SQ IN W/B				Bundled	$0.00			N
A6248	N	HYDROGEL DRSG GEL FILLER				Bundled	$0.00			N
A6250	N	SKIN SEAL PROTECT MOISTURIZR				Bundled	$0.00			N
A6251	N	ABSORPT DRG <=16 SQ IN W/O B				Bundled	$0.00			N
A6252	N	ABSORPT DRG >16 <=48 W/O BDR				Bundled	$0.00			N
A6253	N	ABSORPT DRG > 48 SQ IN W/O B				Bundled	$0.00			N
A6254	N	ABSORPT DRG <=16 SQ IN W/BDR				Bundled	$0.00			N
A6255	N	ABSORPT DRG >16<=48 IN W/BDR				Bundled	$0.00			N
A6256	N	ABSORPT DRG > 48 SQ IN W/BDR				Bundled	$0.00			N
A6257	N	TRANSPARENT FILM <= 16 SQ IN				Bundled	$0.00			N
A6258	N	TRANSPARENT FILM >16<=48 IN				Bundled	$0.00			N
A6259	N	TRANSPARENT FILM > 48 SQ IN				Bundled	$0.00			N
A6260	N	WOUND CLEANSER ANY TYPE/SIZE				Bundled	$0.00			N
A6261	N	WOUND FILLER GEL/PASTE /OZ				Bundled	$0.00			N
A6262	N	WOUND FILLER DRY FORM / GRAM				Bundled	$0.00			N
A6266	N	IMPREG GAUZE NO H20/SAL/YARD				Bundled	$0.00			N
A6402	N	STERILE GAUZE <= 16 SQ IN				Bundled	$0.00			N
A6403	N	STERILE GAUZE>16 <= 48 SQ IN				Bundled	$0.00			N
A6404	N	STERILE GAUZE > 48 SQ IN				Bundled	$0.00			N
A6407	E	PACKING STRIPS NON-IMPREG				Not Allowed	$0.00			
A6410	N	STERILE EYE PAD				Bundled	$0.00			
A6411	N	NON-STERILE EYE PAD				Bundled	$0.00			
A6412	N	OCCLUSIVE EYE PATCH				Bundled	$0.00			
A6413	E	ADHESIVE BANDAGE, FIRST-AID				Not Allowed	$0.00			
A6441	E	PAD BAND W>=3" <5"/YD				Not Allowed	$0.00			N
A6442	E	CONFORM BAND N/S W<3"/YD				Not Allowed	$0.00			N
A6443	E	CONFORM BAND N/S W>=3"<5"/YD				Not Allowed	$0.00			N
A6444	E	CONFORM BAND N/S W>=5□/YD				Not Allowed	$0.00			N
A6445	E	CONFORM BAND S W <3□/YD				Not Allowed	$0.00			N
A6446	E	CONFORM BAND S W>=3□ <5□/YD				Not Allowed	$0.00			N
A6447	E	CONFORM BAND S W >=5□/YD				Not Allowed	$0.00			N
A6448	E	LT COMPRES BAND <3□/YD				Not Allowed	$0.00			N
A6449	E	LT COMPRES BAND >=3□ <5□/YD				Not Allowed	$0.00			N
A6450	E	LT COMPRES BAND >=5□/YD				Not Allowed	$0.00			N
A6451	E	MOD COMPRES BAND W>=3□<5□/YD				Not Allowed	$0.00			N
A6452	E	HIGH COMPRES BAND W>=3□<5□YD				Not Allowed	$0.00			N

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A6453	E	SELF-ADHER BAND W <3□/YD				Not Allowed	$0.00			N
A6454	E	SELF-ADHER BAND W>=3□ <5□/YD				Not Allowed	$0.00			N
A6455	E	SELF-ADHER BAND >=5□/YD				Not Allowed	$0.00			N
A6456	E	ZINC PASTE BAND W >=3□<5□/YD				Not Allowed	$0.00			N
A6457	E	TUBULAR DRESSING				Not Allowed	$0.00			
A6501	N	COMPRES BURNGARMENT BODYSUIT				Bundled	$0.00			
A6502	N	COMPRES BURNGARMENT CHINSTRP				Bundled	$0.00			
A6503	N	COMPRES BURNGARMENT FACEHOOD				Bundled	$0.00			
A6504	N	CMPRSBURNGARMENT GLOVE-WRIST				Bundled	$0.00			
A6505	N	CMPRSBURNGARMENT GLOVE-ELBOW				Bundled	$0.00			
A6506	N	CMPRSBURNGRMNT GLOVE-AXILLA				Bundled	$0.00			
A6507	N	CMPRS BURNGARMENT FOOT-KNEE				Bundled	$0.00			
A6508	N	CMPRS BURNGARMENT FOOT-THIGH				Bundled	$0.00			
A6509	N	COMPRES BURN GARMENT JACKET				Bundled	$0.00			
A6510	N	COMPRES BURN GARMENT LEOTARD				Bundled	$0.00			
A6511	N	COMPRES BURN GARMENT PANTY				Bundled	$0.00			
A6512	N	COMPRES BURN GARMENT NOC				Bundled	$0.00			
A6513	E	COMPRESS BURN MASK FACE/NECK				Not Allowed	$0.00			
A6530	E	COMPRESSION STOCKING BK18-30				Not Allowed	$0.00			
A6531	E	COMPRESSION STOCKING BK30-40				Not Allowed	$0.00			
A6532	E	COMPRESSION STOCKING BK40-50				Not Allowed	$0.00			
A6533	E	GC STOCKING THIGHLNGTH 18-30				Not Allowed	$0.00			
A6534	E	GC STOCKING THIGHLNGTH 30-40				Not Allowed	$0.00			
A6535	E	GC STOCKING THIGHLNGTH 40-50				Not Allowed	$0.00			
A6536	E	GC STOCKING FULL LNGTH 18-30				Not Allowed	$0.00			
A6537	E	GC STOCKING FULL LNGTH 30-40				Not Allowed	$0.00			
A6538	E	GC STOCKING FULL LNGTH 40-50				Not Allowed	$0.00			
A6539	E	GC STOCKING WAISTLNGTH 18-30				Not Allowed	$0.00			
A6540	E	GC STOCKING WAISTLNGTH 30-40				Not Allowed	$0.00			
A6541	E	GC STOCKING WAISTLNGTH 40-50				Not Allowed	$0.00			
A6542	E	GC STOCKING CUSTOM MADE				Not Allowed	$0.00			
A6543	E	GC STOCKING LYMPHEDEMA				Not Allowed	$0.00			
A6544	E	GC STOCKING GARTER BELT				Not Allowed	$0.00			
A6545	E	GRAD COMP NON-ELASTIC BK				Not Allowed	$0.00			
A6549	E	G COMPRESSION STOCKING				Not Allowed	$0.00			
A6550	E	NEG PRES WOUND THER DRSG SET				Not Allowed	$0.00			
A7000	N	DISPOSABLE CANISTER FOR PUMP				Bundled	$0.00			N
A7001	N	NONDISPOSABLE PUMP CANISTER				Bundled	$0.00			N
A7002	N	TUBING USED W SUCTION PUMP				Bundled	$0.00			N
A7003	N	NEBULIZER ADMINISTRATION SET				Bundled	$0.00			N
A7004	N	DISPOSABLE NEBULIZER SML VOL				Bundled	$0.00			N

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A7005	N	NONDISPOSABLE NEBULIZER SET				Bundled	$0.00			N
A7006	N	FILTERED NEBULIZER ADMIN SET				Bundled	$0.00			N
A7007	N	LG VOL NEBULIZER DISPOSABLE				Bundled	$0.00			N
A7008	N	DISPOSABLE NEBULIZER PREFILL				Bundled	$0.00			N
A7009	N	NEBULIZER RESERVOIR BOTTLE				Bundled	$0.00			N
A7010	N	DISPOSABLE CORRUGATED TUBING				Bundled	$0.00			N
A7011	N	NONDISPOS CORRUGATED TUBING				Bundled	$0.00			N
A7012	N	NEBULIZER WATER COLLEC DEVIC				Bundled	$0.00			N
A7013	N	DISPOSABLE COMPRESSOR FILTER				Bundled	$0.00			N
A7014	N	COMPRESSOR NONDISPOS FILTER				Bundled	$0.00			N
A7015	N	AEROSOL MASK USED W NEBULIZE				Bundled	$0.00			N
A7016	N	NEBULIZER DOME & MOUTHPIECE				Bundled	$0.00			N
A7017	N	NEBULIZER NOT USED W OXYGEN				Bundled	$0.00			N
A7018	N	WATER DISTILLED W/NEBULIZER				Bundled	$0.00			N
A7025	N	REPLACE CHEST COMPRESS VEST				Bundled	$0.00			
A7026	N	REPLACE CHST CMPRSS SYS HOSE				Bundled	$0.00			
A7027	E	COMBINATION ORAL/NASAL MASK				Not Allowed	$0.00			
A7028	E	REPL ORAL CUSHION COMBO MASK				Not Allowed	$0.00			
A7029	E	REPL NASAL PILLOW COMB MASK				Not Allowed	$0.00			
A7030	N	CPAP FULL FACE MASK				Bundled	$0.00			
A7031	N	REPLACEMENT FACEMASK INTERFA				Bundled	$0.00			
A7032	N	REPLACEMENT NASAL CUSHION				Bundled	$0.00			
A7033	N	REPLACEMENT NASAL PILLOWS				Bundled	$0.00			
A7034	N	NASAL APPLICATION DEVICE				Bundled	$0.00			
A7035	N	POS AIRWAY PRESS HEADGEAR				Bundled	$0.00			
A7036	N	POS AIRWAY PRESS CHINSTRAP				Bundled	$0.00			
A7037	N	POS AIRWAY PRESSURE TUBING				Bundled	$0.00			
A7038	N	POS AIRWAY PRESSURE FILTER				Bundled	$0.00			
A7039	N	FILTER NON DISPOSABLE W PAP				Bundled	$0.00			
A7040	E	ONE WAY CHEST DRAIN VALVE				Not Allowed	$0.00			
A7041	E	WATER SEAL DRAIN CONTAINER				Not Allowed	$0.00			
A7042	N	IMPLANTED PLEURAL CATHETER				Bundled	$0.00			
A7043	N	VACUUM DRAINAGEBOTTLE/TUBING				Bundled	$0.00			
A7044	N	PAP ORAL INTERFACE				Bundled	$0.00			
A7045	E	REPL EXHALATION PORT FOR PAP				Not Allowed	$0.00			
A7046	E	REPL WATER CHAMBER PAP DEV				Not Allowed	$0.00			
A7501	N	TRACHEOSTOMA VALVE W DIAPHRA				Bundled	$0.00			N
A7502	N	REPLACEMENT DIAPHRAGM/FPLATE				Bundled	$0.00			N
A7503	N	HMES FILTER HOLDER OR CAP				Bundled	$0.00			N
A7504	N	TRACHEOSTOMA HMES FILTER				Bundled	$0.00			N
A7505	N	HMES OR TRACH VALVE HOUSING				Bundled	$0.00			N

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A7506	N	HMES/TRACHVALVE ADHESIVEDISK				Bundled	$0.00			N
A7507	N	INTEGRATED FILTER & HOLDER				Bundled	$0.00			N
A7508	N	HOUSING & INTEGRATED ADHESIV				Bundled	$0.00			N
A7509	N	HEAT & MOISTURE EXCHANGE SYS				Bundled	$0.00			N
A7520	E	TRACH/LARYN TUBE NON-CUFFED				Not Allowed	$0.00			
A7521	E	TRACH/LARYN TUBE CUFFED				Not Allowed	$0.00			
A7522	E	TRACH/LARYN TUBE STAINLESS				Not Allowed	$0.00			
A7523	E	TRACHEOSTOMY SHOWER PROTECT				Not Allowed	$0.00			
A7524	E	TRACHEOSTOMA STENT/STUD/BTTN				Not Allowed	$0.00			
A7525	E	TRACHEOSTOMY MASK				Not Allowed	$0.00			
A7526	E	TRACHEOSTOMY TUBE COLLAR				Not Allowed	$0.00			
A7527	E	TRACH/LARYN TUBE PLUG/STOP				Not Allowed	$0.00			
A8000	E	SOFT PROTECT HELMET PREFAB				Not Allowed	$0.00			
A8001	E	HARD PROTECT HELMET PREFAB				Not Allowed	$0.00			
A8002	E	SOFT PROTECT HELMET CUSTOM				Not Allowed	$0.00			
A8003	E	HARD PROTECT HELMET CUSTOM				Not Allowed	$0.00			
A8004	E	REPL SOFT INTERFACE, HELMET				Not Allowed	$0.00			
A9150	N	MISC/EXPER NON-PRESCRIPT DRU				Bundled	$0.00			
A9152	E	SINGLE VITAMIN NOS				Not Allowed	$0.00			
A9153	E	MULTI-VITAMIN NOS				Not Allowed	$0.00			
A9155	E	ARTIFICIAL SALIVA				Not Allowed	$0.00			
A9180	E	LICE TREATMENT TOPICAL				Not Allowed	$0.00			
A9270	E	NON-COVERED ITEM OR SERVICE				Not Allowed	$0.00			
A9274	E	EXT AMB INSULIN DELIVERY SYS				Not Allowed	$0.00			
A9275	E	DISP HOME GLUCOSE MONITOR				Not Allowed	$0.00			
A9276	E	DISPOSABLE SENSOR, CGM SYS				Not Allowed	$0.00			
A9277	E	EXTERNAL TRANSMITTER, CGM				Not Allowed	$0.00			
A9278	E	EXTERNAL RECEIVER, CGM SYS				Not Allowed	$0.00			
A9279	E	MONITORING FEATURE/DEVICENOC				Not Allowed	$0.00			
A9280	E	ALERT DEVICE, NOC				Not Allowed	$0.00			
A9281	E	REACHING/GRABBING DEVICE				Not Allowed	$0.00			
A9282	E	WIG ANY TYPE				Not Allowed	$0.00			
A9283	E	FOOT PRESS OFF LOAD SUPP DEV				Not Allowed	$0.00			
A9284	N	NON-ELECTRONIC SPIROMETER				Bundled	$0.00			
A9300	E	EXERCISE EQUIPMENT				Not Allowed	$0.00			N
A9500	N	TC99M SESTAMIBI				Bundled	$0.00			N
A9501	N	TECHNETIUM TC-99M TEBOROXIME				Bundled	$0.00			
A9502	N	TC99M TETROFOSMIN				Bundled	$0.00			N
A9503	N	TC99M MEDRONATE				Bundled	$0.00			N
A9504	N	TC99M APCITIDE				Bundled	$0.00			N
A9505	N	TL201 THALLIUM				Bundled	$0.00			N

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A9507	N	IN111 CAPROMAB				Bundled	$0.00			N
A9508	N	I131 IODOBENGUATE DX				Bundled	$0.00			N
A9509	N	IODINE I-123 SOD IODIDE MIL				Bundled	$0.00			
A9510	N	TC99M DISOFENIN				Bundled	$0.00			N
A9512	N	TC99M PERTECHNETATE				Bundled	$0.00			
A9516	N	I123 IODIDE CAP DX				Bundled	$0.00			
A9517	H	I131 IODIDE CAP RX	1064			By Report	$0.00			
A9521	N	TC99M EXAMETAZIME				Bundled	$0.00			
A9524	N	I131 SERUM ALBUMIN DX				Bundled	$0.00			
A9526	N	NITROGEN N-13 AMMONIA				Bundled	$0.00			
A9527	H	IODINE I-125 SODIUM IODIDE	2632			By Report	$0.00			
A9528	N	IODINE I-131 IODIDE CAP DX				Bundled	$0.00			
A9529	N	I131 IODIDE SOL DX				Bundled	$0.00			
A9530	H	I131 IODIDE SOL RX	1150			By Report	$0.00			
A9531	N	I131 MAX 100UCI				Bundled	$0.00			
A9532	N	I125 SERUM ALBUMIN DX				Bundled	$0.00			
A9535	N	INJECTION METHYLENE BLUE				Bundled	$0.00			
A9536	N	TC99M DEPREOTIDE				Bundled	$0.00			
A9537	N	TC99M MEBROFENIN				Bundled	$0.00			
A9538	N	TC99M PYROPHOSPHATE				Bundled	$0.00			
A9539	N	TC99M PENTETATE				Bundled	$0.00			
A9540	N	TC99M MAA				Bundled	$0.00			
A9541	N	TC99M SULFUR COLLOID				Bundled	$0.00			
A9542	N	IN111 IBRITUMOMAB DX				Bundled	$0.00			
A9543	H	Y90 IBRITUMOMAB RX	1643			By Report	$0.00			
A9544	N	I131 TOSITUMOMAB DX				Bundled	$0.00			
A9545	H	I131 TOSITUMOMAB RX	1645			By Report	$0.00			
A9546	N	CO57/58				Bundled	$0.00			
A9547	N	IN111 OXYQUINOLINE				Bundled	$0.00			
A9548	N	IN111 PENTETATE				Bundled	$0.00			
A9550	N	TC99M GLUCEPTATE				Bundled	$0.00			
A9551	N	TC99M SUCCIMER				Bundled	$0.00			
A9552	N	F18 FDG				Bundled	$0.00			
A9553	N	CR51 CHROMATE				Bundled	$0.00			
A9554	N	I125 IOTHALAMATE DX				Bundled	$0.00			
A9555	N	RB82 RUBIDIUM				Bundled	$0.00			
A9556	N	GA67 GALLIUM				Bundled	$0.00			
A9557	N	TC99M BICISATE				Bundled	$0.00			
A9558	N	XE133 XENON 10MCI				Bundled	$0.00			
A9559	N	CO57 CYANO				Bundled	$0.00			
A9560	N	TC99M LABELED RBC				Bundled	$0.00			

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A9561	N	TC99M OXIDRONATE				Bundled	$0.00			
A9562	N	TC99M MERTIATIDE				Bundled	$0.00			
A9563	H	P32 NA PHOSPHATE	1675			By Report	$0.00			
A9564	H	P32 CHROMIC PHOSPHATE	1676			By Report	$0.00			
A9566	N	TC99M FANOLESOMAB				Bundled	$0.00			
A9567	N	TECHNETIUM TC-99M AEROSOL				Bundled	$0.00			
A9568	N	TECHNETIUM TC99M ARCITUMOMAB				Bundled	$0.00			
A9569	N	TECHNETIUM TC-99M AUTO WBC				Bundled	$0.00			
A9570	N	INDIUM IN-111 AUTO WBC				Bundled	$0.00			
A9571	N	INDIUM IN-111 AUTO PLATELET				Bundled	$0.00			
A9572	N	INDIUM IN-111 PENTETREOTIDE				Bundled	$0.00			
A9576	N	INJ PROHANCE MULTIPACK				Bundled	$0.00			
A9577	N	INJ MULTIHANCE				Bundled	$0.00			
A9578	N	INJ MULTIHANCE MULTIPACK				Bundled	$0.00			
A9579	N	GAD-BASE MR CONTRAST NOS,1ML				Bundled	$0.00			
A9580	N	SODIUM FLUORIDE F-18				Bundled	$0.00			
A9600	H	SR89 STRONTIUM	0701			By Report	$0.00			N
A9605	H	SM 153 LEXIDRONM	0702			By Report	$0.00			N
A9698	N	NON-RAD CONTRAST MATERIALNOC				Bundled	$0.00			
A9699	N	RADIOPHARM RX AGENT NOC				Bundled	$0.00			
A9700	E	ECHOCARDIOGRAPHY CONTRAST				Not Allowed	$0.00			N
A9900	N	SUPPLY/ACCESSORY/SERVICE				Bundled	$0.00			N
A9901	N	DELIVERY/SET UP/DISPENSING				Bundled	$0.00			N
A9999	E	DME SUPPLY OR ACCESSORY NOS				Not Allowed	$0.00			
B4034	E	ENTERAL FEEDING SUPPLY KIT; SYRINGE PER DAY				Not Allowed	$0.00			N
B4035	E	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY				Not Allowed	$0.00			N
B4036	E	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY				Not Allowed	$0.00			N
B4081	E	NASOGASTRIC TUBING WITH STYLET				Not Allowed	$0.00			N
B4082	E	NASOGASTRIC TUBING WITHOUT STYLET				Not Allowed	$0.00			N
B4083	E	STOMACH TUBE - LEVINE TYPE				Not Allowed	$0.00			N
B4087	N	GASTRO/JEJUNO TUBE, STD				Bundled	$0.00			
B4088	N	GASTRO/JEJUNO TUBE, LOW-PRO				Bundled	$0.00			
B4100	E	FOOD THICKENER ORAL				Not Allowed	$0.00			
B4102	E	EF ADULT FLUIDS AND ELECTRO				Not Allowed	$0.00			
B4103	E	EF PED FLUID AND ELECTROLYTE				Not Allowed	$0.00			
B4104	E	ADDITIVE FOR ENTERAL FORMULA				Not Allowed	$0.00			
B4149	E	EF BLENDERIZED FOODS				Not Allowed	$0.00			
B4150	E	ENTERAL FORMULAE CATEGORY I; SEMI-SYNTHETIC INTACT PROTEIN				Not Allowed	$0.00			N
B4152	E	ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEIN ISOLAT				Not Allowed	$0.00			N

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B4153	E	ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/AMINO ACI				Not Allowed	$0.00			N
B4154	E	ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPECIAL NEED				Not Allowed	$0.00			N
B4155	E	ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS 100 CAL= 1 UN				Not Allowed	$0.00			N
B4157	E	EF SPECIAL METABOLIC INHERIT				Not Allowed	$0.00			
B4158	E	EF PED COMPLETE INTACT NUT				Not Allowed	$0.00			
B4159	E	EF PED COMPLETE SOY BASED				Not Allowed	$0.00			
B4160	E	EF PED CALORIC DENSE>/=0.7KC				Not Allowed	$0.00			
B4161	E	EF PED HYDROLYZED/AMINO ACID				Not Allowed	$0.00			
B4162	E	EF PED SPECMETABOLIC INHERIT				Not Allowed	$0.00			
B4164	E	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE) 50				Not Allowed	$0.00			N
B4168	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID				Not Allowed	$0.00			N
B4172	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID				Not Allowed	$0.00			N
B4176	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID				Not Allowed	$0.00			N
B4178	E	PARENTERAL NUTRITION SOLUTION: AMINO ACID GREATER THAN 8.5%				Not Allowed	$0.00			N
B4180	E	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE) GRE				Not Allowed	$0.00			N
B4185	E	PARENTERAL SOL 10 GM LIPIDS				Not Allowed	$0.00			
B4189	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR				Not Allowed	$0.00			N
B4193	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR				Not Allowed	$0.00			N
B4197	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR				Not Allowed	$0.00			N
B4199	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CAR				Not Allowed	$0.00			N
B4216	E	PARENTERAL NUTRITION; ADDITIVES (VITAMINS TRACE ELEMENTS H				Not Allowed	$0.00			N
B4220	E	PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY				Not Allowed	$0.00			N
B4222	E	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY				Not Allowed	$0.00			N
B4224	E	PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY				Not Allowed	$0.00			N
B5000	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA				Not Allowed	$0.00			N
B5100	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CAR				Not Allowed	$0.00			N
B5200	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO ACID AND CA				Not Allowed	$0.00			N
B9000	E	ENTERAL NUTRITION INFUSION PUMP WITHOUT ALARM				Not Allowed	$0.00			N
B9002	E	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM				Not Allowed	$0.00			N
B9004	E	PARENTERAL NUTRITION INFUSION PUMP PORTABLE				Not Allowed	$0.00			Y

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B9006	E	PARENTERAL NUTRITION INFUSION PUMP STATIONARY				Not Allowed	$0.00			Y
B9998	E	NOC FOR ENTERNAL SUPPLIES				Not Allowed	$0.00			N
B9999	E	NOC FOR PARENTERAL SUPPLIES				Not Allowed	$0.00			N
C1300	S	HYPERBARIC OXYGEN	0659	1.5677		APC	$79.34			
C1713	N	ANCHOR/SCREW BN/BN TIS/BN				Bundled	$0.00			N
C1714	N	CATH, TRANS ATHERECTOMY, DIR				Bundled	$0.00			N
C1715	N	BRACHYTHERAPY NEEDLE				Bundled	$0.00			N
C1716	H	BRACHYTX, NON-STR, GOLD-198	1716			By Report	$0.00			
C1717	H	BRACHYTX, NON-STR,HDR IR-192	1717			By Report	$0.00			N
C1719	H	BRACHYTX, NS, NON-HDRIR-192	1719			By Report	$0.00			N
C1721	N	CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER (IMPLANTABLE)				Bundled	$0.00			N
C1722	N	AICD SINGLE CHAMBER				Bundled	$0.00			N
C1724	N	CATH, TRANS ATHEREC,ROTATION				Bundled	$0.00			N
C1725	N	CATH TRANSLUMIN NON-LASER				Bundled	$0.00			N
C1726	N	CATH, BAL DIL, NON-VASCULAR				Bundled	$0.00			N
C1727	N	CATH BAL TIS DIS NON-VAS				Bundled	$0.00			N
C1728	N	CATH, BRACHYTX SEED ADM				Bundled	$0.00			N
C1729	N	CATHETER, DRAINAGE				Bundled	$0.00			N
C1730	N	CATH, EP, 19 OR FEW ELECT				Bundled	$0.00			N
C1731	N	CATH EP 20 OR MORE ELEC				Bundled	$0.00			N
C1732	N	CATH, EP, DIAG/ABL, 3D/VECT				Bundled	$0.00			N
C1733	N	CATH EP OTHER THAN COOL-TIP				Bundled	$0.00			N
C1750	N	CATH, HEMODIALYSIS,LONG-TERM				Bundled	$0.00			N
C1751	N	CATH INF PER/CENT/MIDLINE				Bundled	$0.00			N
C1752	N	CATH,HEMODIALYSIS,SHORT-TERM				Bundled	$0.00			N
C1753	N	CATH INTRAVAS ULTRASOUND				Bundled	$0.00			N
C1754	N	CATHETER, INTRADISCAL				Bundled	$0.00			N
C1755	N	CATHETER INTRASPINAL				Bundled	$0.00			N
C1756	N	CATH, PACING, TRANSESOPH				Bundled	$0.00			N
C1757	N	CATH THROMBECTOMY/EMBOLECT				Bundled	$0.00			N
C1758	N	CATHETER, URETERAL				Bundled	$0.00			N
C1759	N	CATH INTRA ECHOCARDIOGRAPHY				Bundled	$0.00			N
C1760	N	CLOSURE DEV, VASC				Bundled	$0.00			N
C1762	N	CONN TISS HUMAN (INC FASCIA)				Bundled	$0.00			N
C1763	N	CONN TISS, NON-HUMAN				Bundled	$0.00			N
C1764	N	EVENT RECORDER CARDIAC				Bundled	$0.00			N
C1765	N	ADHESION BARRIER				Bundled	$0.00			
C1766	N	INTRO/SHEATH STRBLE NON-PEEL				Bundled	$0.00			N
C1767	N	GENERATOR, NEUROSTIM, IMP				Bundled	$0.00			N
C1768	N	GRAFT VASCULAR				Bundled	$0.00			N

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C1769	N	GUIDE WIRE				Bundled	$0.00			N
C1770	N	IMAGING COIL MR INSERTABLE				Bundled	$0.00			N
C1771	N	REP DEV, URINARY, W/SLING				Bundled	$0.00			N
C1772	N	INFUSION PUMP PROGRAMMABLE				Bundled	$0.00			N
C1773	N	RET DEV, INSERTABLE				Bundled	$0.00			N
C1776	N	JOINT DEVICE (IMPLANTABLE)				Bundled	$0.00			N
C1777	N	LEAD, AICD, ENDO SINGLE COIL				Bundled	$0.00			N
C1778	N	LEAD NEUROSTIMULATOR				Bundled	$0.00			N
C1779	N	LEAD, PMKR, TRANSVENOUS VDD				Bundled	$0.00			N
C1780	N	LENS INTRAOCULAR (NEW TACH)				Bundled	$0.00			N
C1781	N	MESH (IMPLANTABLE)				Bundled	$0.00			N
C1782	N	MORCELLATOR				Bundled	$0.00			N
C1783	N	OCULAR IMPLANT AQUEOUS DRAIN DEV				Bundled	$0.00			N
C1784	N	OCULAR DEV, INTRAOP, DET RET				Bundled	$0.00			N
C1785	N	PMKR DUAL RATE-RESP				Bundled	$0.00			N
C1786	N	PMKR, SINGLE, RATE-RESP				Bundled	$0.00			N
C1787	N	PATIENT PROGR NEUROSTIM				Bundled	$0.00			N
C1788	N	PORT, INDWELLING, IMP				Bundled	$0.00			N
C1789	N	PROSTHESIS BREAST IMP				Bundled	$0.00			N
C1813	N	PROSTHESIS, PENILE, INFLATAB				Bundled	$0.00			N
C1814	N	RETINAL TAMP, SILICONE OIL				Bundled	$0.00			N
C1815	N	PROS URINARY SPH IMP				Bundled	$0.00			N
C1816	N	RECEIVER/TRANSMITTER, NEURO				Bundled	$0.00			N
C1817	N	SEPTAL DEFECT IMP SYS				Bundled	$0.00			N
C1818	N	INTEGRATED KERATOPROSTHESIS				Bundled	$0.00			N
C1819	N	TISSUE LOCALIZATION-EXCISION				Bundled	$0.00			
C1820	N	GENERATOR NEURO RECHG BAT SYS				Bundled	$0.00			N
C1821	N	INTERSPINOUS IMPLANT				Bundled	$0.00			
C1874	N	STENT, COATED/COV W/DEL SYS				Bundled	$0.00			N
C1875	N	STENT COATED/COV W/O DEL SYS				Bundled	$0.00			N
C1876	N	STENT, NON-COA/NON-COV W/DEL				Bundled	$0.00			N
C1877	N	STENT NON-COAT/COV W/O DEL				Bundled	$0.00			N
C1878	N	MATRL FOR VOCAL CORD				Bundled	$0.00			N
C1879	N	TISSUE MARKER (IMPLANTABLE)				Bundled	$0.00			N
C1880	N	VENA CAVA FILTER				Bundled	$0.00			N
C1881	N	DIALYSIS ACCESS SYSTEM				Bundled	$0.00			N
C1882	N	AICD, OTHER THAN SING/DUAL				Bundled	$0.00			N
C1883	N	ADAPTOR/EXT PACING/NEURO LEAD				Bundled	$0.00			N
C1884	N	EMBOLIZATION PROTECTIVE SYSTEM				Bundled	$0.00			
C1885	N	CATH, TRANSLUMIN ANGIO LASER				Bundled	$0.00			N
C1887	N	CATHETER GUIDING				Bundled	$0.00			N

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C1888	N	ENDOVAS NON-CARDIAC ABL CATH				Bundled	$0.00			N
C1891	N	INFUSION PUMP,NON-PROG, PERM				Bundled	$0.00			N
C1892	N	INTRO/SHEATH FIXED PEEL-AWAY				Bundled	$0.00			N
C1893	N	INTRO/SHEATH, FIXED,NON-PEEL				Bundled	$0.00			N
C1894	N	INTRO/SHEATH NON-LASER				Bundled	$0.00			N
C1895	N	LEAD, AICD, ENDO DUAL COIL				Bundled	$0.00			N
C1896	N	LEAD AICD NON SING/DUAL				Bundled	$0.00			N
C1897	N	LEAD, NEUROSTIM TEST KIT				Bundled	$0.00			N
C1898	N	LEAD PMKR OTHER THAN TRANS				Bundled	$0.00			N
C1899	N	LEAD, PMKR/AICD COMBINATION				Bundled	$0.00			N
C1900	N	LEAD CORONARY VENOUS				Bundled	$0.00			N
C2614	N	PROBE PERC LUMB DISC				Bundled	$0.00			
C2615	N	SEALANT, PULMONARY, LIQUID				Bundled	$0.00			N
C2616	H	BRACHYTX, NON-STR,YTTRIUM-90	2616			By Report	$0.00			N
C2617	N	STENT, NON-COR, TEM W/O DEL				Bundled	$0.00			N
C2618	N	PROBE CRYOABLATION				Bundled	$0.00			N
C2619	N	PMKR, DUAL, NON RATE-RESP				Bundled	$0.00			N
C2620	N	PMKR SINGLE NON RATE-RESP				Bundled	$0.00			N
C2621	N	PMKR, OTHER THAN SING/DUAL				Bundled	$0.00			N
C2622	N	PROSTHESIS PENILE NON-INF				Bundled	$0.00			N
C2625	N	STENT, NON-COR, TEM W/DEL SY				Bundled	$0.00			N
C2626	N	INFUSION PUMP NON-PROG TEMP				Bundled	$0.00			N
C2627	N	CATH, SUPRAPUBIC/CYSTOSCOPIC				Bundled	$0.00			N
C2628	N	CATHETER OCCLUSION				Bundled	$0.00			N
C2629	N	INTRO/SHEATH, LASER				Bundled	$0.00			N
C2630	N	CATH EP COOL-TIP				Bundled	$0.00			N
C2631	N	REP DEV, URINARY, W/O SLING				Bundled	$0.00			N
C2634	H	BRACHYTX, NON-STR, HA, I-125	2634			By Report	$0.00			N
C2635	H	BRACHYTX, NON-STR, HA, P-103	2635			By Report	$0.00			N
C2636	H	BRACHY LINEAR, NON-STR,P-103	2636			By Report	$0.00			N
C2637	E	BRACHY,NON-STR,YTTERBIUM-169				Not Allowed	$0.00			N
C2638	H	BRACHYTX, STRANDED, I-125	2638			By Report	$0.00			
C2639	H	BRACHYTX, NON-STRANDED,I-125	2639			By Report	$0.00			
C2640	H	BRACHYTX, STRANDED, P-103	2640			By Report	$0.00			
C2641	H	BRACHYTX, NON-STRANDED,P-103	2641			By Report	$0.00			
C2642	H	BRACHYTX, STRANDED, C-131	2642			By Report	$0.00			
C2643	H	BRACHYTX, NON-STRANDED,C-131	2643			By Report	$0.00			
C2698	H	BRACHYTX, STRANDED, NOS	2698			By Report	$0.00			
C2699	H	BRACHYTX, NON-STRANDED, NOS	2699			By Report	$0.00			
C8900	N	MRA W/CONT, ABD	0284	6.4701		Bundled, may be payable i	$0.00			
C8901	N	MRA W/O CONT, ABD	0336	5.2689		Bundled, may be payable i	$0.00			

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C8902	N	MRA W/O CONT, ABD	0337	8.1548		Bundled, may be payable	$0.00			
C8903	N	MRI W/CONT, BREAST, UNI	0284	6.4701		Bundled, may be payable	$0.00			
C8904	N	MRI W/CONT, BREAST, UNI	0336	5.2689		Bundled, may be payable	$0.00			
C8905	N	MRI W/O FOL W/CONT, BRST, UN	0337	8.1548		Bundled, may be payable	$0.00			
C8906	N	MRI W/O FOL W/CONT, BRST, UN	0284	6.4701		Bundled, may be payable	$0.00			
C8907	N	MRI W/O CONT, BREAST, BI	0336	5.2689		Bundled, may be payable	$0.00			
C8908	N	MRI W/O CONT, BREAST, BI	0337	8.1548		Bundled, may be payable	$0.00			
C8909	N	MRA W/CONT, CHEST	0284	6.4701		Bundled, may be payable	$0.00			
C8910	N	MRA W/CONT, CHEST	0336	5.2689		Bundled, may be payable	$0.00			
C8911	N	MRA W/O FOL W/CONT, CHEST	0337	8.1548		Bundled, may be payable	$0.00			
C8912	N	MRA W/O FOL W/CONT, CHEST	0284	6.4701		Bundled, may be payable	$0.00			
C8913	N	MRA W/O CONT, LWR EXT	0336	5.2689		Bundled, may be payable	$0.00			
C8914	N	MRA W/O CONT, LWR EXT	0337	8.1548		Bundled, may be payable	$0.00			
C8918	N	MRA W/CONT PELVIS	0284	6.4701		Bundled, may be payable	$0.00			
C8919	N	MRA W/O CONT PELVIS	0336	5.2689		Bundled, may be payable	$0.00			
C8920	N	MRA W/O FOL W/CONT PELVIS	0337	8.1548		Bundled, may be payable	$0.00			
C8921	S	TTE W OR W/O FOL W/CONT, COM	0128	8.5705		APC	$433.75			
C8922	S	TTE W OR W/O FOL W/CONT, F/U	0128	8.5705		APC	$433.75			
C8923	S	2D TTE W OR W/O FOL W/CON,CO	0128	8.5705		APC	$433.75			
C8924	S	2D TTE W OR W/O FOL W/CON,FU	0128	8.5705		APC	$433.75			
C8925	S	2D TEE W OR W/O FOL W/CON,IN	0128	8.5705		APC	$433.75			
C8926	S	TEE W OR W/O FOL W/CONT,CONG	0128	8.5705		APC	$433.75			
C8927	S	TEE W OR W/O FOL W/CONT, MON	0128	8.5705		APC	$433.75			
C8928	S	TEE W OR W/O FOL W/CON,STRES	0128	8.5705		APC	$433.75			
C8929	S	TTE W OR WO FOL WCON,DOPPLER	0128	8.5705		APC	$433.75			
C8930	S	TTE W OR W/O CONTR, CONT ECG	0128	8.5705		APC	$433.75			
C8957	S	CHEMOTHERAPY ADMINISTRATION IV PUSH TECH	0440	2.8454		APC	$144.01			N
C9113	N	INJ PANTOPRAZOLE SODIUM VIA				Bundled	$0.00			N
C9121	K	INJECTION ARGATROBAN	9121			APC	$18.10			
C9245	G	INJECTION, ROMIPLOSTIM	9245			APC	$43.75			
C9246	G	INJ, GADOXETATE DISODIUM	9246			APC	$13.50			
C9247	G	INJ, IOBENGUANE, I-123, DX	9247			APC	$2,329.83			
C9248	G	INJ, CLEVIDIPINE BUTYRATE	9248			APC	$3.39			
C9249	E	INJ, CERTOLIZUMAB PEGOL	9249			Not Allowed	$0.00			
C9250	G	ARTISS FIBRIN SEALANT	9250			APC	$138.20			
C9251	G	INJ, C1 ESTERASE INHIBITOR	9251			APC	$41.34			
C9252	G	INJECTION, PLERIXAFOR	9252			APC	$268.51			
C9253	G	INJECTION, TEMOZOLOMIDE	9253			APC	$4.90			
C9352	N	NEURAGEN NERVE GUIDE, PER CM				Bundled	$0.00			
C9353	N	NEURAWRAP NERVE PROTECTOR,CM				Bundled	$0.00			
C9354	G	VERITAS COLLAGEN MATRIX, CM2	9354			APC	$11.77			N

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C9355	G	NEUROMATRIX NERVE CUFF, CM	9355			APC	$215.88			N
C9356	G	TENOGLIDE TENDON PROT, CM2	9356			APC	$24.86			
C9358	G	SURGIMEND, FETAL	9358			APC	$10.76			
C9359	G	IMPLNT, BON VOID FILLER-PUTTY	9359			APC	$63.54			
C9360	G	SURGIMEND, NEONATAL	9360			APC	$10.67			
C9361	G	NEUROMEND NERVE WRAP	9361			APC	$247.29			
C9362	G	IMPLNT,BON VOID FILLER-STRIP	9362			APC	$63.60			
C9363	G	INTEGRA MESHED BIL WOUND MAT	9363			APC	$25.62			
C9364	G	PORCINE IMPLANT, PERMACOL	9364			APC	$17.21			
C9399	M	UNCLASSIFIED DRUGS/BIOLOGICALS				Fee Schedule	$0.00			N
C9716	T	RF ENERGY TO ANUS	0150	31.0398		APC	$1,570.92			N
C9724	E	EPS GAST CARDIA PLIC	0422	25.3785		Not Allowed	$0.00			N
C9725	T	PLACE ENDORECTAL APP	0148	5.8523		APC	$296.18			N
C9726	T	RXT BREAST APPL PLACE/REMOV	0028	21.4851		APC	$1,087.36			N
C9727	T	INSERT PALATE IMPLANTS	0252	7.5330		APC	$381.25			N
C9728	X	PLACE DEVICE/MARKER, NON PRO	0310	13.5167		APC	$684.08			
C9898	N	INPNT STAY RADIOLABELED ITEM				Bundled	$0.00			
C9899	E	INPT IMPLANT PROS DEV,NO COV				Not Allowed	$0.00			
D0120	M	PERIODIC ORAL EVALUATION				Fee Schedule	$68.64			N
D0140	M	LIMIT ORAL EVAL PROBLM FOCUS				Fee Schedule	$68.64			N
D0145	M	ORAL EVALUATION, PT < 3YRS				Not Allowed	$0.00			
D0150	S	COMPREHENSVE ORAL EVALUATION	0330	7.6534		APC	$387.34			N
D0160	E	EXTENSV ORAL EVAL PROB FOCUS				Not Allowed	$0.00			N
D0170	E	RE-EVAL,EST PT,PROBLEM FOCUS				Not Allowed	$0.00			N
D0180	E	COMP PERIODONTAL EVALUATION				Not Allowed	$0.00			
D0210	M	INTRAOR COMPLETE FILM SERIES				Fee Schedule	$68.64			
D0220	M	INTRAORAL PERIAPICAL FIRST F				Fee Schedule	$68.64			
D0230	M	INTRAORAL PERIAPICAL EA ADD				Fee Schedule	$68.64			
D0240	S	INTRAORAL OCCLUSAL FILM	0330	7.6534		APC	$387.34			
D0250	S	EXTRAORAL FIRST FILM	0330	7.6534		APC	$387.34			N
D0260	S	EXTRAORAL EA ADDITIONAL FILM	0330	7.6534		APC	$387.34			N
D0270	S	DENTAL BITEWING SINGLE FILM	0330	7.6534		APC	$387.34			
D0272	S	DENTAL BITEWINGS TWO FILMS	0330	7.6534		APC	$387.34			
D0273	E	BITEWINGS - THREE FILMS				Not Allowed	$0.00			
D0274	S	DENTAL BITEWINGS FOUR FILMS	0330	7.6534		APC	$387.34			
D0277	S	VERT BITEWINGS-SEV TO EIGHT	0330	7.6534		APC	$387.34			N
D0290	E	DENTAL FILM SKULL/FACIAL BON				Not Allowed	$0.00			
D0310	E	DENTAL SALIOGRAPHY				Not Allowed	$0.00			
D0320	E	DENTAL TMJ ARTHROGRAM INCL I				Not Allowed	$0.00			
D0321	E	DENTAL OTHER TMJ FILMS				Not Allowed	$0.00			Y
D0322	M	DENTAL TOMOGRAPHIC SURVEY				Fee Schedule	$68.64			N

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D0330	M	DENTAL PANORAMIC FILM				Fee Schedule	$68.64			N
D0340	M	DENTAL CEPHALOMETRIC FILM				Fee Schedule	$68.64			
D0350	M	ORAL/FACIAL IMAGES				Fee Schedule	$68.64			N
D0360	E	CONE BEAM CT				Not Allowed	$0.00			
D0362	E	CONE BEAM, TWO DIMENSIONAL				Not Allowed	$0.00			
D0363	E	CONE BEAM, THREE DIMENSIONAL				Not Allowed	$0.00			
D0415	E	BACTERIOLOGIC STUDY				Not Allowed	$0.00			N
D0416	E	VIRAL CULTURE				Not Allowed	$0.00			
D0417	E	COLLECT & PREP SALIVA SAMPLE				Not Allowed	$0.00			
D0418	E	ANALYSIS OF SALIVA SAMPLE				Not Allowed	$0.00			
D0421	E	GEN TST SUSCEPT ORAL DISEASE				Not Allowed	$0.00			
D0425	M	CARIES SUSCEPTIBILITY TEST				Not Allowed	$0.00			N
D0431	E	DIAG TST DETECT MUCOS ABNORM				Not Allowed	$0.00			
D0460	S	PULP VITALITY TEST	0330	7.6534		APC	$387.34			
D0470	M	DIAGNOSTIC CASTS				Fee Schedule	$68.64			
D0472	E	GROSS EXAM, PREP & REPORT				Not Allowed	$0.00			N
D0473	E	MICRO EXAM, PREP & REPORT				Not Allowed	$0.00			N
D0474	E	MICRO W EXAM OF SURG MARGINS				Not Allowed	$0.00			N
D0475	E	DECALCIFICATION PROCEDURE				Not Allowed	$0.00			
D0476	E	SPEC STAINS FOR MICROORGANIS				Not Allowed	$0.00			
D0477	E	SPEC STAINS NOT FOR MICROORG				Not Allowed	$0.00			
D0478	E	IMMUNOHISTOCHEMICAL STAINS				Not Allowed	$0.00			
D0479	E	TISSUE IN-SITU HYBRIDIZATION				Not Allowed	$0.00			
D0480	E	CYTOPATH SMEAR PREP & REPORT				Not Allowed	$0.00			N
D0481	E	ELECTRON MICROSCOPY DIAGNOST				Not Allowed	$0.00			
D0482	E	DIRECT IMMUNOFLUORESCENCE				Not Allowed	$0.00			
D0483	E	INDIRECT IMMUNOFLUORESCENCE				Not Allowed	$0.00			
D0484	E	CONSULT SLIDES PREP ELSEWHER				Not Allowed	$0.00			
D0485	E	CONSULT INC PREP OF SLIDES				Not Allowed	$0.00			
D0486	E	ACCESSION OF BRUSH BIOPSY				Not Allowed	$0.00			
D0502	E	OTHER ORAL PATHOLOGY PROCEDU				Not Allowed	$0.00			
D0999	E	UNSPECIFIED DIAGNOSTIC PROCE				Not Allowed	$0.00			
D1110	M	DENTAL PROPHYLAXIS ADULT				Fee Schedule	$68.64			
D1120	M	DENTAL PROPHYLAXIS CHILD				Fee Schedule	$68.64			
D1203	M	TOPICAL APP FLUORIDE CHILD				Fee Schedule	$68.64			N
D1204	E	TOPICAL APP FLUORIDE ADULT				Not Allowed	$0.00			
D1206	E	TOPICAL FLUORIDE VARNISH				Not Allowed	$0.00			
D1310	M	NUTRI COUNSEL-CONTROL CARIES				Not Allowed	$0.00			
D1320	E	TOBACCO COUNSELING				Not Allowed	$0.00			N
D1330	M	ORAL HYGIENE INSTRUCTION				Not Allowed	$0.00			
D1351	M	DENTAL SEALANT PER TOOTH				Fee Schedule	$68.64			

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D1510	S	SPACE MAINTAINER FXD UNILAT	0330	7.6534		APC	$387.34			N
D1515	S	FIXED BILAT SPACE MAINTAINER	0330	7.6534		APC	$387.34			N
D1520	S	REMOVE UNILAT SPACE MAINTAIN	0330	7.6534		APC	$387.34			Y
D1525	S	REMOVE BILAT SPACE MAINTAIN	0330	7.6534		APC	$387.34			Y
D1550	S	RECEMENT SPACE MAINTAINER	0330	7.6534		APC	$387.34			N
D1555	E	REMOVE FIX SPACE MAINTAINER				Not Allowed	$0.00			
D2140	M	AMALGAM ONE SURFACE PERMANEN				Fee Schedule	$68.64			
D2150	M	AMALGAM TWO SURFACES PERMANE				Fee Schedule	$68.64			
D2160	M	AMALGAM THREE SURFACES PERMA				Fee Schedule	$68.64			
D2161	M	AMALGAM 4 OR > SURFACES PERM				Fee Schedule	$68.64			
D2330	M	RESIN ONE SURFACE-ANTERIOR				Fee Schedule	$68.64			
D2331	M	RESIN TWO SURFACES-ANTERIOR				Fee Schedule	$68.64			
D2332	M	RESIN THREE SURFACES-ANTERIO				Fee Schedule	$68.64			
D2335	M	RESIN 4/> SURF OR W INCIS AN				Fee Schedule	$68.64			
D2390	M	ANT RESIN-BASED CMPST CROWN				Fee Schedule	$68.64			
D2391	M	POST 1 SRFC RESINBASED CMPST				Fee Schedule	$68.64			
D2392	M	POST 2 SRFC RESINBASED CMPST				Fee Schedule	$68.64			
D2393	M	POST 3 SRFC RESINBASED CMPST				Fee Schedule	$68.64			
D2394	M	POST >=4SRFC RESINBASE CMPST				Fee Schedule	$68.64			
D2410	E	DENTAL GOLD FOIL ONE SURFACE				Not Allowed	$0.00			
D2420	E	DENTAL GOLD FOIL TWO SURFACE				Not Allowed	$0.00			
D2430	E	DENTAL GOLD FOIL THREE SURFA				Not Allowed	$0.00			
D2510	E	DENTAL INLAY METALIC 1 SURF				Not Allowed	$0.00			
D2520	E	DENTAL INLAY METALLIC 2 SURF				Not Allowed	$0.00			
D2530	E	DENTAL INLAY METL 3/MORE SUR				Not Allowed	$0.00			
D2542	E	DENTAL ONLAY METALLIC 2 SURF				Not Allowed	$0.00			N
D2543	E	DENTAL ONLAY METALLIC 3 SURF				Not Allowed	$0.00			N
D2544	E	DENTAL ONLAY METL 4/MORE SUR				Not Allowed	$0.00			N
D2610	E	INLAY PORCELAIN/CERAMIC 1 SU				Not Allowed	$0.00			
D2620	E	INLAY PORCELAIN/CERAMIC 2 SU				Not Allowed	$0.00			
D2630	E	DENTAL ONLAY PORC 3/MORE SUR				Not Allowed	$0.00			
D2642	E	DENTAL ONLAY PORCELIN 2 SURF				Not Allowed	$0.00			N
D2643	E	DENTAL ONLAY PORCELIN 3 SURF				Not Allowed	$0.00			N
D2644	E	DENTAL ONLAY PORC 4/MORE SUR				Not Allowed	$0.00			N
D2650	E	INLAY COMPOSITE/RESIN ONE SU				Not Allowed	$0.00			N
D2651	E	INLAY COMPOSITE/RESIN TWO SU				Not Allowed	$0.00			N
D2652	E	DENTAL INLAY RESIN 3/MRE SUR				Not Allowed	$0.00			N
D2662	E	DENTAL ONLAY RESIN 2 SURFACE				Not Allowed	$0.00			N
D2663	E	DENTAL ONLAY RESIN 3 SURFACE				Not Allowed	$0.00			N
D2664	E	DENTAL ONLAY RESIN 4/MRE SUR				Not Allowed	$0.00			N
D2710	M	CROWN RESIN LABORATORY				Fee Schedule	$68.64			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D2712	M	CROWN 3/4 RESIN-BASED COMPOS				Fee Schedule	$68.64			
D2720	M	CROWN RESIN W/ HIGH NOBLE ME				Fee Schedule	$68.64			
D2721	M	CROWN RESIN W/ BASE METAL				Fee Schedule	$68.64			N
D2722	M	CROWN RESIN W/ NOBLE METAL				Fee Schedule	$68.64			N
D2740	M	CROWN PORCELAIN/CERAMIC SUBS				Fee Schedule	$68.64			
D2750	M	CROWN PORCELAIN W/ H NOBLE M				Fee Schedule	$68.64			
D2751	M	CROWN PORCELAIN FUSED BASE M				Fee Schedule	$68.64			N
D2752	M	CROWN PORCELAIN W/ NOBLE MET				Fee Schedule	$68.64			N
D2780	M	CROWN 3/4 CAST HI NOBLE MET				Fee Schedule	$68.64			N
D2781	M	CROWN 3/4 CAST BASE METAL				Fee Schedule	$68.64			N
D2782	M	CROWN 3/4 CAST NOBLE METAL				Fee Schedule	$68.64			N
D2783	M	CROWN 3/4 PORCELAIN/CERAMIC				Fee Schedule	$68.64			N
D2790	M	CROWN FULL CAST HIGH NOBLE M				Fee Schedule	$68.64			
D2791	M	CROWN FULL CAST BASE METAL				Fee Schedule	$68.64			N
D2792	M	CROWN FULL CAST NOBLE METAL				Fee Schedule	$68.64			N
D2794	M	CROWN-TITANIUM				Fee Schedule	$68.64			
D2799	M	PROVISIONAL CROWN				Fee Schedule	$68.64			N
D2910	M	DENTAL RECEMENT INLAY				Fee Schedule	$68.64			
D2915	E	RECEMENT CAST OR PREFAB POST				Not Allowed	$0.00			
D2920	M	DENTAL RECEMENT CROWN				Fee Schedule	$68.64			
D2930	M	PREFAB STNLSS STEEL CRWN PRI				Fee Schedule	$68.64			N
D2931	M	PREFAB STNLSS STEEL CROWN PE				Fee Schedule	$68.64			N
D2932	M	PREFABRICATED RESIN CROWN				Fee Schedule	$68.64			N
D2933	M	PREFAB STAINLESS STEEL CROWN				Fee Schedule	$68.64			N
D2934	E	PREFAB STEEL CROWN PRIMARY				Not Allowed	$0.00			
D2940	M	DENTAL SEDATIVE FILLING				Fee Schedule	$68.64			
D2950	M	CORE BUILD-UP INCL ANY PINS				Fee Schedule	$68.64			N
D2951	M	TOOTH PIN RETENTION				Fee Schedule	$68.64			
D2952	M	POST AND CORE CAST + CROWN				Fee Schedule	$68.64			N
D2953	M	EACH ADDTNL CAST POST				Fee Schedule	$68.64			N
D2954	M	PREFAB POST/CORE + CROWN				Fee Schedule	$68.64			N
D2955	E	POST REMOVAL				Not Allowed	$0.00			N
D2957	M	EACH ADDTNL PREFAB POST				Fee Schedule	$68.64			N
D2960	M	LAMINATE LABIAL VENEER				Fee Schedule	$68.64			
D2961	M	LAB LABIAL VENEER RESIN				Fee Schedule	$68.64			N
D2962	M	LAB LABIAL VENEER PORCELAIN				Fee Schedule	$68.64			N
D2970	E	TEMPORARY- FRACTURED TOOTH				Not Allowed	$0.00			
D2971	E	ADD PROC CONSTRUCT NEW CROWN				Not Allowed	$0.00			
D2975	E	COPING				Not Allowed	$0.00			
D2980	M	CROWN REPAIR				Fee Schedule	$68.64			
D2999	S	DENTAL UNSPEC RESTORATIVE PR	0330	7.6534		APC	$387.34			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D3110	M	PULP CAP DIRECT				Fee Schedule	$68.64			
D3120	M	PULP CAP INDIRECT				Fee Schedule	$68.64			
D3220	M	THERAPEUTIC PULPOTOMY				Fee Schedule	$68.64			N
D3221	M	GROSS PULPAL DEBRIDEMENT				Fee Schedule	$68.64			N
D3222	E	PART PULP FOR APEXOGENESIS				Not Allowed	$0.00			
D3230	M	PULPAL THERAPY ANTERIOR PRIM				Fee Schedule	$68.64			N
D3240	M	PULPAL THERAPY POSTERIOR PRI				Fee Schedule	$68.64			N
D3310	M	END THXPY, ANTERIOR TOOTH				Fee Schedule	$68.64			N
D3320	M	END THXPY, BICUSPID TOOTH				Fee Schedule	$68.64			N
D3330	M	END THXPY, MOLAR				Fee Schedule	$68.64			N
D3331	M	NON-SURG TX ROOT CANAL OBS				Fee Schedule	$68.64			
D3332	E	INCOMPLETE ENDODONTIC TX				Not Allowed	$0.00			N
D3333	E	INTERNAL ROOT REPAIR				Not Allowed	$0.00			N
D3346	M	RETREAT ROOT CANAL ANTERIOR				Fee Schedule	$68.64			N
D3347	M	RETREAT ROOT CANAL BICUSPID				Fee Schedule	$68.64			N
D3348	M	RETREAT ROOT CANAL MOLAR				Fee Schedule	$68.64			N
D3351	E	APEXIFICATION/RECALC INITIAL				Not Allowed	$0.00			N
D3352	E	APEXIFICATION/RECALC INTERIM				Not Allowed	$0.00			N
D3353	E	APEXIFICATION/RECALC FINAL				Not Allowed	$0.00			N
D3410	M	APICOECT/PERIRAD SURG ANTER				Fee Schedule	$68.64			N
D3421	M	ROOT SURGERY BICUSPID				Fee Schedule	$68.64			N
D3425	M	ROOT SURGERY MOLAR				Fee Schedule	$68.64			N
D3426	M	ROOT SURGERY EA ADD ROOT				Fee Schedule	$68.64			N
D3430	M	RETROGRADE FILLING				Fee Schedule	$68.64			N
D3450	E	ROOT AMPUTATION				Not Allowed	$0.00			
D3460	S	ENDODONTIC ENDOSSEOUS IMPLAN	0330	7.6534		APC	$387.34			
D3470	E	INTENTIONAL REPLANTATION				Not Allowed	$0.00			N
D3910	E	ISOLATION- TOOTH W RUBB DAM				Not Allowed	$0.00			
D3920	E	TOOTH SPLITTING				Not Allowed	$0.00			
D3950	E	CANAL PREP/FITTING OF DOWEL				Not Allowed	$0.00			
D3999	S	ENDODONTIC PROCEDURE	0330	7.6534		APC	$387.34			
D4210	M	GINGIVECTOMY/PLASTY PER QUAD				Fee Schedule	$68.64			N
D4211	M	GINGIVECTOMY/PLASTY PER TOOT				Fee Schedule	$68.64			
D4230	E	ANA CROWN EXP 4 OR> PER QUAD				Not Allowed	$0.00			
D4231	E	ANA CROWN EXP 1-3 PER QUAD				Not Allowed	$0.00			
D4240	M	GINGIVAL FLAP PROC W/ PLANIN				Fee Schedule	$68.64			
D4241	M	GNGVL FLAP W ROOTPLAN 1-3 TH				Fee Schedule	$68.64			
D4245	E	APICALLY POSITIONED FLAP				Not Allowed	$0.00			N
D4249	E	CROWN LENGTHEN HARD TISSUE				Not Allowed	$0.00			N
D4260	S	OSSEOUS SURGERY PER QUADRANT	0330	7.6534		APC	$387.34			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D4261	M	OSSEOUS SURGERY INCL FLAP ONE TO THREE TEETH PER QUADRANT				Fee Schedule	$68.64			
D4263	S	BONE REPLCE GRAFT FIRST SITE	0330	7.6534		APC	$387.34			N
D4264	S	BONE REPLCE GRAFT EACH ADD	0330	7.6534		APC	$387.34			N
D4265	E	BIO MTRLS TO AID SOFT/OS REG				Not Allowed	$0.00			
D4266	E	GUIDED TISS REGEN RESORBLE				Not Allowed	$0.00			N
D4267	E	GUIDED TISS REGEN NONRESORB				Not Allowed	$0.00			N
D4268	E	SURGICAL REVISION PROCEDURE	0330	7.6534		Not Allowed	$0.00			N
D4270	S	PEDICLE SOFT TISSUE GRAFT PR	0330	7.6534		APC	$387.34			
D4271	S	FREE SOFT TISSUE GRAFT PROC	0330	7.6534		APC	$387.34			
D4273	E	SUBEPITHELIAL TISSUE GRAFT	0330	7.6534		Not Allowed	$0.00			N
D4274	E	DISTAL/PROXIMAL WEDGE PROC				Not Allowed	$0.00			N
D4275	E	SOFT TISSUE ALLOGRAFT				Not Allowed	$0.00			
D4276	E	CON TISSUE W DBLE PED GRAFT				Not Allowed	$0.00			
D4320	M	PROVISION SPLNT INTRACORONAL				Fee Schedule	$68.64			
D4321	E	PROVISIONAL SPLINT EXTRACORO				Not Allowed	$0.00			N
D4341	M	PERIODONTAL SCALING & ROOT				Fee Schedule	$68.64			N
D4342	M	PERIODONTAL SCALING 1-3 TEETH				Fee Schedule	$68.64			N
D4355	S	FULL MOUTH DEBRIDEMENT	0330	7.6534		APC	$387.34			N
D4381	E	LOCALIZED DELIVERY ANTIMICRO	0330	7.6534		Not Allowed	$0.00			N
D4910	M	PERIODONTAL MAINT PROCEDURES				Fee Schedule	$68.64			N
D4920	M	UNSCHEDULED DRESSING CHANGE				Fee Schedule	$68.64			
D4999	M	UNSPECIFIED PERIODONTAL PROC				Fee Schedule	$68.64			
D5110	M	DENTURES COMPLETE MAXILLARY				Fee Schedule	$68.64			N
D5120	M	DENTURES COMPLETE MANDIBLE				Fee Schedule	$68.64			N
D5130	M	DENTURES IMMEDIAT MAXILLARY				Fee Schedule	$68.64			N
D5140	M	DENTURES IMMEDIAT MANDIBLE				Fee Schedule	$68.64			N
D5211	M	DENTURES MAXILL PART RESIN				Fee Schedule	$68.64			N
D5212	M	DENTURES MAND PART RESIN				Fee Schedule	$68.64			N
D5213	M	DENTURES MAXILL PART METAL				Fee Schedule	$68.64			N
D5214	M	DENTURES MANDIBL PART METAL				Fee Schedule	$68.64			N
D5225	M	MAXILLARY PART DENTURE FLEX				Fee Schedule	$68.64			
D5226	M	MANDIBULAR PART DENTURE FLEX				Fee Schedule	$68.64			
D5281	E	REMOVABLE PARTIAL DENTURE				Not Allowed	$0.00			Y
D5410	M	DENTURES ADJUST CMPLT MAXIL				Fee Schedule	$68.64			
D5411	M	DENTURES ADJUST CMPLT MAND				Fee Schedule	$68.64			
D5421	M	DENTURES ADJUST PART MAXILL				Fee Schedule	$68.64			
D5422	M	DENTURES ADJUST PART MANDBL				Fee Schedule	$68.64			
D5510	M	DENTUR REPR BROKEN COMPL BAS				Fee Schedule	$68.64			
D5520	M	REPLACE DENTURE TEETH COMPLT				Fee Schedule	$68.64			
D5610	M	DENTURES REPAIR RESIN BASE				Fee Schedule	$68.64			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D5620	M	REP PART DENTURE CAST FRAME				Fee Schedule	$68.64			
D5630	M	REP PARTIAL DENTURE CLASP				Fee Schedule	$68.64			
D5640	M	REPLACE PART DENTURE TEETH				Fee Schedule	$68.64			
D5650	M	ADD TOOTH TO PARTIAL DENTURE				Fee Schedule	$68.64			
D5660	M	ADD CLASP TO PARTIAL DENTURE				Fee Schedule	$68.64			
D5670	E	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAME MAXILLARY				Not Allowed	$0.00			
D5671	E	REPLC TTH&ACRLC MANDIBULAR				Not Allowed	$0.00			
D5710	M	DENTURES REBASE CMPLT MAXIL				Fee Schedule	$68.64			N
D5711	M	DENTURES REBASE CMPLT MAND				Fee Schedule	$68.64			N
D5720	M	DENTURES REBASE PART MAXILL				Fee Schedule	$68.64			N
D5721	M	DENTURES REBASE PART MANDBL				Fee Schedule	$68.64			N
D5730	M	DENTURE RELN CMPLT MAXIL CH				Fee Schedule	$68.64			N
D5731	M	DENTURE RELN CMPLT MAND CHR				Fee Schedule	$68.64			N
D5740	M	DENTURE RELN PART MAXIL CHR				Fee Schedule	$68.64			N
D5741	M	DENTURE RELN PART MAND CHR				Fee Schedule	$68.64			N
D5750	M	DENTURE RELN CMPLT MAX LAB				Fee Schedule	$68.64			N
D5751	M	DENTURE RELN CMPLT MAND LAB				Fee Schedule	$68.64			N
D5760	M	DENTURE RELN PART MAXIL LAB				Fee Schedule	$68.64			N
D5761	M	DENTURE RELN PART MAND LAB				Fee Schedule	$68.64			N
D5810	E	DENTURE INTERM CMPLT MAXILL				Not Allowed	$0.00			
D5811	E	DENTURE INTERM CMPLT MANDBL				Not Allowed	$0.00			
D5820	M	DENTURE INTERM PART MAXILL				Fee Schedule	$68.64			N
D5821	M	DENTURE INTERM PART MANDBL				Fee Schedule	$68.64			N
D5850	M	DENTURE TISS CONDITN MAXILL				Fee Schedule	$68.64			Y
D5851	E	DENTURE TISS CONDTIN MANDBL				Not Allowed	$0.00			N
D5860	E	OVERDENTURE COMPLETE				Not Allowed	$0.00			Y
D5861	E	OVERDENTURE PARTIAL				Not Allowed	$0.00			Y
D5862	E	PRECISION ATTACHMENT				Not Allowed	$0.00			Y
D5867	E	REPLACEMENT OF PRECISION ATT				Not Allowed	$0.00			N
D5875	E	PROSTHESIS MODIFICATION				Not Allowed	$0.00			N
D5899	M	REMOVABLE PROSTHODONTIC PROC				Fee Schedule	$68.64			N
D5911	E	FACIAL MOULAGE SECTIONAL	0330	7.6534		Not Allowed	$0.00			
D5912	E	FACIAL MOULAGE COMPLETE	0330	7.6534		Not Allowed	$0.00			N
D5913	E	NASAL PROSTHESIS				Not Allowed	$0.00			N
D5914	E	AURICULAR PROSTHESIS				Not Allowed	$0.00			
D5915	E	ORBITAL PROSTHESIS				Not Allowed	$0.00			
D5916	E	OCULAR PROSTHESIS				Not Allowed	$0.00			
D5919	E	FACIAL PROSTHESIS				Not Allowed	$0.00			
D5922	E	NASAL SEPTAL PROSTHESIS				Not Allowed	$0.00			N
D5923	E	OCULAR PROSTHESIS INTERIM				Not Allowed	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D5924	E	CRANIAL PROSTHESIS				Not Allowed	$0.00			N
D5925	E	FACIAL AUGMENTATION IMPLANT				Not Allowed	$0.00			N
D5926	E	REPLACEMENT NASAL PROSTHESIS				Not Allowed	$0.00			N
D5927	E	AURICULAR REPLACEMENT				Not Allowed	$0.00			N
D5928	E	ORBITAL REPLACEMENT				Not Allowed	$0.00			N
D5929	E	FACIAL REPLACEMENT				Not Allowed	$0.00			N
D5931	E	SURGICAL OBTURATOR				Not Allowed	$0.00			
D5932	E	POSTSURGICAL OBTURATOR				Not Allowed	$0.00			Y
D5933	E	REFITTING OF OBTURATOR				Not Allowed	$0.00			
D5934	E	MANDIBULAR FLANGE PROSTHESIS				Not Allowed	$0.00			
D5935	E	MANDIBULAR DENTURE PROSTH				Not Allowed	$0.00			
D5936	E	TEMP OBTURATOR PROSTHESIS				Not Allowed	$0.00			N
D5937	E	TRISMUS APPLIANCE				Not Allowed	$0.00			N
D5951	E	FEEDING AID				Not Allowed	$0.00			
D5952	E	PEDIATRIC SPEECH AID				Not Allowed	$0.00			
D5953	E	ADULT SPEECH AID				Not Allowed	$0.00			
D5954	E	SUPERIMPOSED PROSTHESIS				Not Allowed	$0.00			
D5955	E	PALATAL LIFT PROSTHESIS				Not Allowed	$0.00			
D5958	E	INTRAORAL CON DEF INTER PLT				Not Allowed	$0.00			N
D5959	E	INTRAORAL CON DEF MOD PALAT				Not Allowed	$0.00			N
D5960	E	MODIFY SPEECH AID PROSTHESIS				Not Allowed	$0.00			N
D5982	E	SURGICAL STENT				Not Allowed	$0.00			
D5983	S	RADIATION APPLICATOR	0330	7.6534		APC	$387.34			Y
D5984	S	RADIATION SHIELD	0330	7.6534		APC	$387.34			Y
D5985	S	RADIATION CONE LOCATOR	0330	7.6534		APC	$387.34			Y
D5986	E	FLUORIDE APPLICATOR				Not Allowed	$0.00			Y
D5987	E	COMMISSURE SPLINT	0330	7.6534		Not Allowed	$0.00			
D5988	E	SURGICAL SPLINT				Not Allowed	$0.00			
D5991	E	TOPICAL MEDICAMENT CARRIER				Not Allowed	$0.00			
D5999	E	MAXILLOFACIAL PROSTHESIS				Not Allowed	$0.00			N
D6010	E	ODONTICS ENDOSTEAL IMPLANT				Not Allowed	$0.00			N
D6012	E	ENDOSTEAL IMPLANT				Not Allowed	$0.00			
D6040	E	ODONTICS EPOSTEAL IMPLANT				Not Allowed	$0.00			N
D6050	E	ODONTICS TRANSOSTEAL IMPLNT				Not Allowed	$0.00			N
D6053	E	IMPLNT/ABTMNT SPPRT REMV DNT				Not Allowed	$0.00			
D6054	E	IMPLNT/ABTMNT SPPRT REMVPRTL				Not Allowed	$0.00			
D6055	E	IMPLANT CONNECTING BAR				Not Allowed	$0.00			N
D6056	E	PREFABRICATED ABUTMENT				Not Allowed	$0.00			N
D6057	E	CUSTOM ABUTMENT				Not Allowed	$0.00			N
D6058	E	ABUTMENT SUPPORTED CROWN				Not Allowed	$0.00			N
D6059	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D6060	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			N
D6061	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			N
D6062	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			N
D6063	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			N
D6064	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			N
D6065	E	IMPLANT SUPPORTED CROWN				Not Allowed	$0.00			N
D6066	E	IMPLANT SUPPORTED MTL CROWN				Not Allowed	$0.00			N
D6067	E	IMPLANT SUPPORTED MTL CROWN				Not Allowed	$0.00			N
D6068	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			N
D6069	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			N
D6070	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			N
D6071	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			N
D6072	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			N
D6073	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			N
D6074	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			N
D6075	E	IMPLANT SUPPORTED RETAINER				Not Allowed	$0.00			N
D6076	E	IMPLANT SUPPORTED RETAINER				Not Allowed	$0.00			N
D6077	E	IMPLANT SUPPORTED RETAINER				Not Allowed	$0.00			N
D6078	E	IMPLNT/ABUT SUPRTD FIXD DENT				Not Allowed	$0.00			N
D6079	E	IMPLNT/ABUT SUPRTD FIXD DENT				Not Allowed	$0.00			N
D6080	E	IMPLANT MAINTENANCE				Not Allowed	$0.00			N
D6090	E	REPAIR IMPLANT				Not Allowed	$0.00			N
D6091	E	REPL SEMI/PRECISION ATTACH				Not Allowed	$0.00			
D6092	E	RECEMENT SUPP CROWN				Not Allowed	$0.00			
D6093	E	RECEMENT SUPP PART DENTURE				Not Allowed	$0.00			
D6094	E	ABUT SUPPORT CROWN TITANIUM				Not Allowed	$0.00			
D6095	E	ODONTICS REPR ABUTMENT				Not Allowed	$0.00			N
D6100	E	REMOVAL OF IMPLANT				Not Allowed	$0.00			N
D6190	E	RADIO/SURGICAL IMPLANT INDEX				Not Allowed	$0.00			
D6194	E	ABUT SUPPORT RETAINER TITANI				Not Allowed	$0.00			
D6199	E	IMPLANT PROCEDURE				Not Allowed	$0.00			Y
D6205	M	PONTIC-INDIRECT RESIN BASED				Fee Schedule	$68.64			
D6210	M	PROSTHODONT HIGH NOBLE METAL				Fee Schedule	$68.64			N
D6211	M	BRIDGE BASE METAL CAST				Fee Schedule	$68.64			N
D6212	M	BRIDGE NOBLE METAL CAST				Fee Schedule	$68.64			N
D6214	M	PONTIC TITANIUM				Fee Schedule	$68.64			
D6240	M	BRIDGE PORCELAIN HIGH NOBLE				Fee Schedule	$68.64			N
D6241	M	BRIDGE PORCELAIN BASE METAL				Fee Schedule	$68.64			N
D6242	M	BRIDGE PORCELAIN NOBEL METAL				Fee Schedule	$68.64			N
D6245	M	BRIDGE PORCELAIN/CERAMIC				Fee Schedule	$68.64			N
D6250	M	BRIDGE RESIN W/HIGH NOBLE				Fee Schedule	$68.64			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D6251	M	BRIDGE RESIN BASE METAL				Fee Schedule	$68.64			N
D6252	M	BRIDGE RESIN W/NOBLE METAL				Fee Schedule	$68.64			N
D6253	E	PROVISIONAL PONTIC				Not Allowed	$0.00			
D6545	E	DENTAL RETAINR CAST METL				Not Allowed	$0.00			
D6548	E	PORCELAIN/CERAMIC RETAINER				Not Allowed	$0.00			N
D6600	E	PORCELAIN/CERAMIC INLAY 2SRF				Not Allowed	$0.00			
D6601	E	PORC/CERAM INLAY >= 3 SURFAC				Not Allowed	$0.00			
D6602	E	CST HGH NBLE MTL INLAY 2 SRF				Not Allowed	$0.00			
D6603	E	CST HGH NBLE MTL INLAY >=3SR				Not Allowed	$0.00			
D6604	E	CST BSE MTL INLAY 2 SURFACES				Not Allowed	$0.00			
D6605	E	CST BSE MTL INLAY >= 3 SURFA				Not Allowed	$0.00			
D6606	E	CAST NOBLE METAL INLAY 2 SUR				Not Allowed	$0.00			
D6607	E	CST NOBLE MTL INLAY >=3 SURF				Not Allowed	$0.00			
D6608	E	ONLAY PORC/CRMC 2 SURFACES				Not Allowed	$0.00			
D6609	E	ONLAY PORC/CRMC >=3 SURFACES				Not Allowed	$0.00			
D6610	E	ONLAY CAST HIGH NOBLE METAL TWO SURFACES				Not Allowed	$0.00			
D6611	E	ONLAY CST HGH NBL MTL >=3SRF				Not Allowed	$0.00			
D6612	E	ONLAY CST BASE MTL 2 SURFACE				Not Allowed	$0.00			
D6613	E	ONLAY CST BASE MTL >=3 SURFA				Not Allowed	$0.00			
D6614	E	ONLAY CST NBL MTL 2 SURFACES				Not Allowed	$0.00			
D6615	E	ONLAY CST NBL MTL >=3 SURFAC				Not Allowed	$0.00			
D6624	E	INLAY TITANIUM				Not Allowed	$0.00			
D6634	E	ONLAY TITANIUM				Not Allowed	$0.00			
D6710	M	CROWN-INDIRECT RESIN BASED				Fee Schedule	$68.64			
D6720	M	RETAIN CROWN RESIN W HI NBLE				Fee Schedule	$68.64			N
D6721	M	CROWN RESIN W/BASE METAL				Fee Schedule	$68.64			N
D6722	M	CROWN RESIN W/NOBLE METAL				Fee Schedule	$68.64			N
D6740	M	CROWN PORCELAIN/CERAMIC				Fee Schedule	$68.64			N
D6750	M	CROWN PORCELAIN HIGH NOBLE				Fee Schedule	$68.64			N
D6751	M	CROWN PORCELAIN BASE METAL				Fee Schedule	$68.64			N
D6752	M	CROWN PORCELAIN NOBLE METAL				Fee Schedule	$68.64			N
D6780	M	CROWN 3/4 HIGH NOBLE METAL				Fee Schedule	$68.64			N
D6781	M	CROWN 3/4 CAST BASED METAL				Fee Schedule	$68.64			N
D6782	M	CROWN 3/4 CAST NOBLE METAL				Fee Schedule	$68.64			N
D6783	M	CROWN 3/4 PORCELAIN/CERAMIC				Fee Schedule	$68.64			N
D6790	M	CROWN FULL HIGH NOBLE METAL				Fee Schedule	$68.64			N
D6791	M	CROWN FULL BASE METAL CAST				Fee Schedule	$68.64			N
D6792	M	CROWN FULL NOBLE METAL CAST				Fee Schedule	$68.64			N
D6793	E	PROVISIONAL RETAINER CROWN				Not Allowed	$0.00			
D6794	M	CROWN TITANIUM				Fee Schedule	$68.64			
D6920	S	DENTAL CONNECTOR BAR	0330	7.6534		Not Allowed	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D6930	M	DENTAL RECEMENT BRIDGE				Fee Schedule	$68.64			
D6940	E	STRESS BREAKER				Not Allowed	$0.00			
D6950	M	PRECISION ATTACHMENT				Fee Schedule	$68.64			
D6970	E	POST & CORE PLUS RETAINER				Not Allowed	$0.00			N
D6972	E	PREFAB POST & CORE PLUS RETA				Not Allowed	$0.00			N
D6973	E	CORE BUILD UP FOR RETAINER				Not Allowed	$0.00			N
D6975	E	COPING METAL				Not Allowed	$0.00			N
D6976	E	EACH ADDTNL CAST POST				Not Allowed	$0.00			N
D6977	E	EACH ADDTL PREFAB POST				Not Allowed	$0.00			N
D6980	M	BRIDGE REPAIR				Fee Schedule	$68.64			
D6985	E	PEDIATRIC PARTIAL DENTURE FX				Not Allowed	$0.00			
D6999	M	FIXED PROSTHODONTIC PROC				Fee Schedule	$68.64			N
D7111	S	CORONAL REMNANTS DECIDUOUS T	0330	7.6534		APC	$387.34			
D7140	S	EXTRACTION ERUPTED TOOTH/EXR	0330	7.6534		APC	$387.34			
D7210	S	REM IMP TOOTH W MUCOPER FLP	0330	7.6534		APC	$387.34			N
D7220	S	IMPACT TOOTH REMOV SOFT TISS	0330	7.6534		APC	$387.34			N
D7230	S	IMPACT TOOTH REMOV PART BONY	0330	7.6534		APC	$387.34			N
D7240	S	IMPACT TOOTH REMOV COMP BONY	0330	7.6534		APC	$387.34			N
D7241	S	IMPACT TOOTH REM BONY W/COMP	0330	7.6534		APC	$387.34			N
D7250	S	TOOTH ROOT REMOVAL	0330	7.6534		APC	$387.34			N
D7260	S	ORAL ANTRAL FISTULA CLOSURE	0330	7.6534		APC	$387.34			N
D7261	S	PRIMARY CLOSURE SINUS PERF	0330	7.6534		Not Allowed	$0.00			
D7270	M	TOOTH REIMPLANTATION				Fee Schedule	$68.64			N
D7272	E	TOOTH TRANSPLANTATION				Not Allowed	$0.00			
D7280	M	EXPOSURE IMPACT TOOTH ORTHOD				Fee Schedule	$68.64			N
D7282	M	MOBILIZE ERUPTED/MALPOS TOOT				Fee Schedule	$68.64			
D7283	E	PLACE DEVICE IMPACTED TOOTH				Not Allowed	$0.00			
D7285	E	BIOPSY OF ORAL TISSUE HARD				Not Allowed	$0.00			
D7286	E	BIOPSY OF ORAL TISSUE SOFT				Not Allowed	$0.00			
D7287	E	CYTOLOGY SAMPLE COLLECTION				Not Allowed	$0.00			
D7288	E	BRUSH BIOPSY				Not Allowed	$0.00			
D7290	E	REPOSITIONING OF TEETH				Not Allowed	$0.00			
D7291	E	TRANSSEPTAL FIBEROTOMY	0330	7.6534		Not Allowed	$0.00			
D7292	E	SCREW RETAINED PLATE				Not Allowed	$0.00			
D7293	E	TEMP ANCHORAGE DEV W FLAP				Not Allowed	$0.00			
D7294	E	TEMP ANCHORAGE DEV W/O FLAP				Not Allowed	$0.00			
D7310	M	ALVEOPLASTY W/ EXTRACTION				Fee Schedule	$68.64			N
D7311	E	ALVEOLOPLASTY W/EXTRACT 1-3				Not Allowed	$0.00			
D7320	M	ALVEOPLASTY W/O EXTRACTION				Fee Schedule	$68.64			N
D7321	M	ALVEOLOPLASTY NOT W/EXTRACTS				Fee Schedule	$68.64			
D7340	E	VESTIBULOPLASTY RIDGE EXTENS				Not Allowed	$0.00			N

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D7350	E	VESTIBULOPLASTY EXTEN GRAFT				Not Allowed	$0.00			N
D7410	E	RAD EXC LESION UP TO 1.25 CM				Not Allowed	$0.00			N
D7411	E	EXCISION BENIGN LESION>1.25C				Not Allowed	$0.00			
D7412	E	EXCISION BENIGN LESION COMPL				Not Allowed	$0.00			
D7413	E	EXCISION MALIG LESION<=1.25C				Not Allowed	$0.00			
D7414	E	EXCISION MALIG LESION>1.25CM				Not Allowed	$0.00			
D7415	E	EXCISION MALIG LES COMPLICAT				Not Allowed	$0.00			
D7440	E	MALIG TUMOR EXC TO 1.25 CM				Not Allowed	$0.00			N
D7441	E	MALIG TUMOR > 1.25 CM				Not Allowed	$0.00			N
D7450	E	REM ODONTOGEN CYST TO 1.25CM				Not Allowed	$0.00			N
D7451	E	REM ODONTOGEN CYST > 1.25 CM				Not Allowed	$0.00			N
D7460	E	REM NONODONTO CYST TO 1.25CM				Not Allowed	$0.00			N
D7461	E	REM NONODONTO CYST > 1.25 CM				Not Allowed	$0.00			N
D7465	E	LESION DESTRUCTION				Not Allowed	$0.00			
D7471	E	REM EXOSTOSIS ANY SITE				Not Allowed	$0.00			N
D7472	E	REMOVAL OF TORUS PALATINUS				Not Allowed	$0.00			
D7473	E	REMOVE TORUS MANDIBULARIS				Not Allowed	$0.00			
D7485	E	SURG REDUCT OSSEOUSTUBEROSIT				Not Allowed	$0.00			
D7490	E	MANDIBLE RESECTION				Not Allowed	$0.00			
D7510	M	I&D ABSC INTRAORAL SOFT TISS				Fee Schedule	$68.64			
D7511	M	INCISION/DRAIN ABSCESS INTRA				Fee Schedule	$68.64			
D7520	M	I&D ABSCESS EXTRAORAL				Fee Schedule	$68.64			N
D7521	M	INCISION/DRAIN ABSCESS EXTRA				Fee Schedule	$68.64			
D7530	E	REMOVAL FB SKIN/AREOLAR TISS				Not Allowed	$0.00			
D7540	M	REMOVAL OF FB REACTION				Fee Schedule	$68.64			N
D7550	M	REMOVAL OF SLOUGHED OFF BONE				Fee Schedule	$68.64			N
D7560	M	MAXILLARY SINUSOTOMY				Fee Schedule	$68.64			N
D7610	E	MAXILLA OPEN REDUCT SIMPLE				Not Allowed	$0.00			N
D7620	E	CLSD REDUCT SIMPL MAXILLA FX				Not Allowed	$0.00			N
D7630	E	OPEN RED SIMPL MANDIBLE FX				Not Allowed	$0.00			N
D7640	E	CLSD RED SIMPL MANDIBLE FX				Not Allowed	$0.00			N
D7650	E	OPEN RED SIMP MALAR/ZYGOM FX				Not Allowed	$0.00			Y
D7660	E	CLSD RED SIMP MALAR/ZYGOM FX				Not Allowed	$0.00			Y
D7670	E	CLOSD RDUCTN SPLINT ALVEOLUS				Not Allowed	$0.00			Y
D7671	E	ALVEOLUS OPEN REDUCTION				Not Allowed	$0.00			
D7680	E	REDUCT SIMPLE FACIAL BONE FX				Not Allowed	$0.00			Y
D7710	E	MAXILLA OPEN REDUCT COMPOUND				Not Allowed	$0.00			Y
D7720	E	CLSD REDUCT COMPD MAXILLA FX				Not Allowed	$0.00			Y
D7730	E	OPEN REDUCT COMPD MANDBLE FX				Not Allowed	$0.00			Y
D7740	E	CLSD REDUCT COMPD MANDBLE FX				Not Allowed	$0.00			Y
D7750	E	OPEN RED COMP MALAR/ZYGMA FX				Not Allowed	$0.00			Y

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D7760	E	CLSD RED COMP MALAR/ZYGMA FX				Not Allowed	$0.00			Y
D7770	E	OPEN REDUC COMPD ALVEOLUS FX				Not Allowed	$0.00			Y
D7771	E	ALVEOLUS CLSD REDUC STBLZ TE				Not Allowed	$0.00			
D7780	E	REDUCT COMPND FACIAL BONE FX				Not Allowed	$0.00			Y
D7810	E	TMJ OPEN REDUCT-DISLOCATION				Not Allowed	$0.00			Y
D7820	E	CLOSED TMP MANIPULATION				Not Allowed	$0.00			Y
D7830	E	TMJ MANIPULATION UNDER ANEST				Not Allowed	$0.00			
D7840	E	REMOVAL OF TMJ CONDYLE				Not Allowed	$0.00			
D7850	E	TMJ MENISCECTOMY				Not Allowed	$0.00			Y
D7852	E	TMJ REPAIR OF JOINT DISC				Not Allowed	$0.00			N
D7854	E	TMJ EXCISN OF JOINT MEMBRANE				Not Allowed	$0.00			N
D7856	E	TMJ CUTTING OF A MUSCLE				Not Allowed	$0.00			N
D7858	E	TMJ RECONSTRUCTION				Not Allowed	$0.00			N
D7860	E	TMJ CUTTING INTO JOINT				Not Allowed	$0.00			Y
D7865	E	TMJ RESHAPING COMPONENTS				Not Allowed	$0.00			Y
D7870	E	TMJ ASPIRATION JOINT FLUID				Not Allowed	$0.00			Y
D7871	E	LYSIS + LAVAGE W CATHETERS				Not Allowed	$0.00			N
D7872	E	TMJ DIAGNOSTIC ARTHROSCOPY				Not Allowed	$0.00			N
D7873	E	TMJ ARTHROSCOPY LYSIS ADHESN				Not Allowed	$0.00			N
D7874	E	TMJ ARTHROSCOPY DISC REPOSIT				Not Allowed	$0.00			N
D7875	E	TMJ ARTHROSCOPY SYNOVECTOMY				Not Allowed	$0.00			N
D7876	E	TMJ ARTHROSCOPY DISCECTOMY				Not Allowed	$0.00			N
D7877	E	TMJ ARTHROSCOPY DEBRIDEMENT				Not Allowed	$0.00			N
D7880	E	OCCLUSAL ORTHOTIC APPLIANCE				Not Allowed	$0.00			
D7899	E	TMJ UNSPECIFIED THERAPY				Not Allowed	$0.00			N
D7910	M	DENT SUTUR RECENT WND TO 5CM				Fee Schedule	$68.64			N
D7911	M	DENTAL SUTURE WOUND TO 5 CM				Fee Schedule	$68.64			N
D7912	M	SUTURE COMPLICATE WND > 5 CM				Fee Schedule	$68.64			N
D7920	E	DENTAL SKIN GRAFT				Not Allowed	$0.00			N
D7940	S	RESHAPING BONE ORTHOGNATHIC	0330	7.6534		Not Allowed	$0.00			
D7941	E	BONE CUTTING RAMUS CLOSED				Not Allowed	$0.00			
D7943	E	CUTTING RAMUS OPEN W/GRAFT				Not Allowed	$0.00			
D7944	E	BONE CUTTING SEGMENTED				Not Allowed	$0.00			
D7945	E	BONE CUTTING BODY MANDIBLE				Not Allowed	$0.00			
D7946	E	RECONSTRUCTION MAXILLA TOTAL				Not Allowed	$0.00			
D7947	E	RECONSTRUCT MAXILLA SEGMENT				Not Allowed	$0.00			
D7948	E	RECONSTRUCT MIDFACE NO GRAFT				Not Allowed	$0.00			
D7949	E	RECONSTRUCT MIDFACE W/GRAFT				Not Allowed	$0.00			
D7950	E	MANDIBLE GRAFT				Not Allowed	$0.00			Y
D7951	E	SINUS AUG W BONE/BONE SUP				Not Allowed	$0.00			
D7953	E	BONE REPLACEMENT GRAFT				Not Allowed	$0.00			

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D7955	E	REPAIR MAXILLOFACIAL DEFECTS				Not Allowed	$0.00			
D7960	E	FRENULECTOMY/FRENULOTOMY				Not Allowed	$0.00			Y
D7963	E	FRENULOPLASTY				Not Allowed	$0.00			
D7970	M	EXCISION HYPERPLASTIC TISSUE				Fee Schedule	$68.64			N
D7971	E	EXCISION PERICORONAL GINGIVA				Not Allowed	$0.00			
D7972	E	SURG REDCT FIBROUS TUBEROSIT				Not Allowed	$0.00			
D7980	E	SIALOLITHOTOMY				Not Allowed	$0.00			
D7981	E	EXCISION OF SALIVARY GLAND				Not Allowed	$0.00			Y
D7982	E	SIALODOCHOPLASTY				Not Allowed	$0.00			
D7983	E	CLOSURE OF SALIVARY FISTULA				Not Allowed	$0.00			
D7990	E	EMERGENCY TRACHEOTOMY				Not Allowed	$0.00			
D7991	E	DENTAL CORONOIDECTOMY				Not Allowed	$0.00			
D7995	E	SYNTHETIC GRAFT FACIAL BONES				Not Allowed	$0.00			N
D7996	E	IMPLANT MANDIBLE FOR AUGMENT				Not Allowed	$0.00			N
D7997	E	APPLIANCE REMOVAL				Not Allowed	$0.00			N
D7998	E	INTRAORAL PLACE OF FIX DEV				Not Allowed	$0.00			
D7999	E	ORAL SURGERY PROCEDURE				Not Allowed	$0.00			Y
D8010	E	LIMITED DENTAL TX PRIMARY				Not Allowed	$0.00			N
D8020	E	LIMITED DENTAL TX TRANSITION				Not Allowed	$0.00			N
D8030	E	LIMITED DENTAL TX ADOLESCENT				Not Allowed	$0.00			N
D8040	E	LIMITED DENTAL TX ADULT				Not Allowed	$0.00			N
D8050	M	INTERCEP DENTAL TX PRIMARY				Fee Schedule	$68.64			Y
D8060	M	INTERCEP DENTAL TX TRANSITN				Fee Schedule	$68.64			Y
D8070	M	COMPRE DENTAL TX TRANSITION				Fee Schedule	$68.64			Y
D8080	M	COMPRE DENTAL TX ADOLESCENT				Fee Schedule	$68.64			Y
D8090	M	COMPRE DENTAL TX ADULT				Fee Schedule	$68.64			Y
D8210	E	ORTHODONTIC REM APPLIANCE TX				Not Allowed	$0.00			
D8220	M	FIXED APPLIANCE THERAPY HABT				Fee Schedule	$68.64			N
D8660	E	PREORTHODONTIC TX VISIT				Not Allowed	$0.00			N
D8670	M	PERIODIC ORTHODONTC TX VISIT				Fee Schedule	$68.64			Y
D8680	E	ORTHODONTIC RETENTION				Not Allowed	$0.00			N
D8690	E	ORTHODONTIC TREATMENT				Not Allowed	$0.00			N
D8691	E	REPAIR ORTHO APPLIANCE				Not Allowed	$0.00			N
D8692	E	REPLACEMENT RETAINER				Not Allowed	$0.00			N
D8693	E	REBOND/CEMENT/REPAIR RETAIN				Not Allowed	$0.00			
D8999	E	ORTHODONTIC PROCEDURE				Not Allowed	$0.00			
D9110	N	TX DENTAL PAIN MINOR PROC				Bundled	$0.00			
D9120	E	FIX PARTIAL DENTURE SECTION				Not Allowed	$0.00			
D9210	E	DENT ANESTHESIA W/O SURGERY				Not Allowed	$0.00			
D9211	E	REGIONAL BLOCK ANESTHESIA				Not Allowed	$0.00			
D9212	E	TRIGEMINAL BLOCK ANESTHESIA				Not Allowed	$0.00			

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D9215	E	LOCAL ANESTHESIA				Not Allowed	$0.00			
D9220	E	GENERAL ANESTHESIA				Not Allowed	$0.00			N
D9221	E	GENERAL ANESTHESIA EA AD 15M				Not Allowed	$0.00			Y
D9230	E	ANALGESIA				Not Allowed	$0.00			N
D9241	M	INTRAVENOUS SEDATION				Fee Schedule	$68.64			N
D9242	M	IV SEDATION EA AD 30 M				Fee Schedule	$68.64			N
D9248	N	SEDATION (NON-IV)				Bundled	$0.00			N
D9310	M	DENTAL CONSULTATION				Fee Schedule	$68.64			
D9410	E	DENTAL HOUSE CALL				Not Allowed	$0.00			
D9420	E	HOSPITAL CALL				Not Allowed	$0.00			N
D9430	E	OFFICE VISIT DURING HOURS				Not Allowed	$0.00			
D9440	E	OFFICE VISIT AFTER HOURS				Not Allowed	$0.00			
D9450	E	CASE PRESENTATION TX PLAN				Not Allowed	$0.00			
D9610	E	DENT THERAPEUTIC DRUG INJECT				Not Allowed	$0.00			
D9612	E	THERA PAR DRUGS 2 OR > ADMIN				Not Allowed	$0.00			
D9630	S	OTHER DRUGS/MEDICAMENTS	0330	7.6534		APC	$387.34			
D9910	E	DENT APPL DESENSITIZING MED				Not Allowed	$0.00			
D9911	E	APPL DESENSITIZING RESIN				Not Allowed	$0.00			N
D9920	M	BEHAVIOR MANAGEMENT				Fee Schedule	$68.64			N
D9930	S	TREATMENT OF COMPLICATIONS	0330	7.6534		Not Allowed	$0.00			
D9940	S	DENTAL OCCLUSAL GUARD	0330	7.6534		Not Allowed	$0.00			
D9941	E	FABRICATION ATHLETIC GUARD				Not Allowed	$0.00			
D9942	E	REPAIR/RELINE OCCLUSAL GUARD				Not Allowed	$0.00			
D9950	S	OCCLUSION ANALYSIS	0330	7.6534		Not Allowed	$0.00			
D9951	S	LIMITED OCCLUSAL ADJUSTMENT	0330	7.6534		Not Allowed	$0.00			
D9952	S	COMPLETE OCCLUSAL ADJUSTMENT	0330	7.6534		Not Allowed	$0.00			
D9970	E	ENAMEL MICROABRASION				Not Allowed	$0.00			N
D9971	E	ODONTOPLASTY 1-2 TEETH				Not Allowed	$0.00			N
D9972	E	EXTRNL BLEACHING PER ARCH				Not Allowed	$0.00			N
D9973	E	EXTRNL BLEACHING PER TOOTH				Not Allowed	$0.00			N
D9974	E	INTRNL BLEACHING PER TOOTH				Not Allowed	$0.00			N
D9999	E	ADJUNCTIVE PROCEDURE				Not Allowed	$0.00			
E0100	E	CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OR FIXED				Not Allowed	$0.00			N
E0105	E	CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MATERIALS				Not Allowed	$0.00			N
E0110	E	CRUTCHES FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS				Not Allowed	$0.00			N
E0111	E	CRUTCH FOREARM INCLUDES CRUTCHES OF VARIOUS MATERIALS				Not Allowed	$0.00			N
E0112	E	CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR WITH PA				Not Allowed	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
E0113	E	CRUTCH UNDERAR WOOD ADJ. OR FIXED EA. W/PAD TIP & GRIP				Not Allowed	$0.00			N
E0114	E	CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED PAIR WIT				Not Allowed	$0.00			N
E0116	E	CRUTCH UNDERARM EACH NO WOOD				Not Allowed	$0.00			N
E0117	E	UNDERARM SPRINGASSIST CRUTCH				Not Allowed	$0.00			
E0118	E	CRUTCH SUBSTITUTE				Not Allowed	$0.00			
E0130	E	WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT				Not Allowed	$0.00			N
E0135	E	WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT				Not Allowed	$0.00			N
E0140	E	WALKER W TRUNK SUPPORT				Not Allowed	$0.00			
E0141	E	RIGID WHEELED WALKER ADJ/FIX				Not Allowed	$0.00			N
E0143	E	WALKER FOLDING WHEELED W/O S				Not Allowed	$0.00			N
E0144	E	ENCLOSED WALKER W REAR SEAT				Not Allowed	$0.00			N
E0147	E	WALKER VARIABLE WHEEL RESIST				Not Allowed	$0.00			N
E0148	E	WALKER HEAVY DUTY W/O WHEELS RIGID OR FOLDING ANY EACH				Not Allowed	$0.00			N
E0149	E	HEAVY DUTY WHEELED WALKER				Not Allowed	$0.00			N
E0153	E	PLATFORM ATTACHMENT FOREARM CRUTCH EACH				Not Allowed	$0.00			N
E0154	E	PLATFORM ATTACHMENT WALKER EACH				Not Allowed	$0.00			
E0155	E	WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR				Not Allowed	$0.00			N
E0156	E	SEAT ATTACHMENT WALKER				Not Allowed	$0.00			N
E0157	E	CRUTCH ATTACHMENT WALKER EACH				Not Allowed	$0.00			N
E0158	E	LEG EXTENSIONS FOR WALKER PER SET OF FOUR (4)				Not Allowed	$0.00			N
E0159	E	BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT EACH				Not Allowed	$0.00			N
E0160	E	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT				Not Allowed	$0.00			N
E0161	E	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT				Not Allowed	$0.00			N
E0162	E	SITZ BATH CHAIR				Not Allowed	$0.00			N
E0163	E	COMMODE CHAIR STATIONARY WITH FIXED ARMS				Not Allowed	$0.00			N
E0165	E	COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS				Not Allowed	$0.00			N
E0167	E	PAIL OR PAN FOR USE WITH COMMODE CHAIR				Not Allowed	$0.00			N
E0168	E	COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY STATIONARY OR				Not Allowed	$0.00			N
E0170	E	COMMODE CHAIR STATIONARY WITH PAIL OR PAN DETACHABLE ARMS				Not Allowed	$0.00			N
E0171	E	COMMODE CHAIR NON-ELECTRIC				Not Allowed	$0.00			
E0172	E	SEAT LIFT MECHANISM TOILET				Not Allowed	$0.00			
E0175	E	FOOT REST FOR USE WITH COMMODE CHAIR EACH				Not Allowed	$0.00			N
E0181	E	PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY				Not Allowed	$0.00			N
E0182	E	PUMP FOR ALTERNATING PRESSURE PAD				Not Allowed	$0.00			N
E0184	E	PRESSURE MATTRESS DRY				Not Allowed	$0.00			N
E0185	E	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LENGTH/WIDTH				Not Allowed	$0.00			N

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E0186	E	AIR PRESSURE MATTRESS				Not Allowed	$0.00			N
E0187	E	WATER PRESSURE MATTRESS				Not Allowed	$0.00			N
E0188	E	SYNTHETIC SHEEPSKIN PAD				Not Allowed	$0.00			N
E0189	E	LAMBSWOOL SHEEPSKIN PAD ANY SIZE				Not Allowed	$0.00			N
E0190	E	POSITIONING CUSHION				Not Allowed	$0.00			
E0191	E	HEEL OR ELBOW PROTECTOR EACH				Not Allowed	$0.00			N
E0193	E	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)				Not Allowed	$0.00			Y
E0194	E	AIR FLUIDIZED BED				Not Allowed	$0.00			Y
E0196	E	GEL PRESSURE MATTRESS				Not Allowed	$0.00			N
E0197	E	AIR PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH				Not Allowed	$0.00			N
E0198	E	WATER PRESSURE PAD FOR MATTRESS STND MATTRESS LENGTH/WIDTH				Not Allowed	$0.00			N
E0199	E	DRY PRESSURE PAD FOR MATTRESS STANDARD MATTRESS LENGTH/WIDTH				Not Allowed	$0.00			N
E0200	E	HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BULB OR				Not Allowed	$0.00			N
E0202	E	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER				Not Allowed	$0.00			N
E0203	E	THERAPEUTIC LIGHTBOX TABLETP				Not Allowed	$0.00			
E0205	E	HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED				Not Allowed	$0.00			N
E0210	E	ELECTRIC HEAT PAD STANDARD				Not Allowed	$0.00			N
E0215	E	ELECTRIC HEAT PAD MOIST				Not Allowed	$0.00			N
E0217	E	WATER CIRCULATING HEAT PAD WITH PUMP				Not Allowed	$0.00			N
E0218	E	WATER CIRCULATING COLD PAD WITH PUMP				Not Allowed	$0.00			N
E0220	E	HOT WATER BOTTLE				Not Allowed	$0.00			
E0221	E	INFRARED HEATING PAD SYSTEM				Not Allowed	$0.00			
E0225	E	HYDROCOLLATOR UNIT INCLUDING PADS				Not Allowed	$0.00			
E0230	E	ICE CAP OR COLLAR				Not Allowed	$0.00			
E0231	E	WOUND WARMING DEVICE				Not Allowed	$0.00			
E0232	E	WARMING CARD FOR NWT				Not Allowed	$0.00			N
E0235	E	PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY CODE A4265				Not Allowed	$0.00			
E0236	E	PUMP FOR WATER CIRCULATING PAD				Not Allowed	$0.00			N
E0238	E	NON-ELECTRIC HEAT PAD MOIST				Not Allowed	$0.00			N
E0239	E	HYDROCOLLATOR UNIT PORTABLE				Not Allowed	$0.00			
E0240	E	BATH/SHOWER CHAIR				Not Allowed	$0.00			
E0241	E	BATH TUB WALL RAIL EACH				Not Allowed	$0.00			N
E0242	E	BATH TUB RAIL FLOOR BASE				Not Allowed	$0.00			N
E0243	E	TOILET RAIL EACH				Not Allowed	$0.00			N
E0244	E	RAISED TOILET SEAT				Not Allowed	$0.00			N
E0245	E	TUB STOOL OR BENCH				Not Allowed	$0.00			N
E0246	E	TRANSFER TUB RAIL ATTACHMENT				Not Allowed	$0.00			N

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E0247	E	TRANS BENCH W/WO COMM OPEN				Not Allowed	$0.00			
E0248	E	HDTRANS BENCH W/WO COMM OPEN				Not Allowed	$0.00			
E0249	E	PAD FOR WATER CIRCULATING HEAT UNIT				Not Allowed	$0.00			N
E0250	E	HOSPITAL BED W/ 2 SIDE RAILS FIXED HEIGHT WITH MATTRESS				Not Allowed	$0.00			Y
E0251	E	HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT W/OUT MATTRESS				Not Allowed	$0.00			Y
E0255	E	HOSP BED W/ 2 SIDE RAILS VARIABLE HEIGHT HI-LO W/MATTRESS				Not Allowed	$0.00			Y
E0256	E	HOSP BED VAR HT HI-LO W/ANY TYPE SIDE RAILS W/OUT MATTRE				Not Allowed	$0.00			Y
E0260	E	HOSP BED W/ 2 SIDE RAILS SEMI-ELECTRIC W/ MATTRESS				Not Allowed	$0.00			Y
E0261	E	HOSP BED SEMI-ELECTRIC W/ANY TYPE SIDE RAILS W/OUT MATTRE				Not Allowed	$0.00			Y
E0265	E	HOSPITAL BED TOTAL ELECTRIC WITH 2 SIDERAILS				Not Allowed	$0.00			Y
E0266	E	HOSP BED W/SIDE RAILS TOTAL ELECTRIC W/OUT MATTRESS				Not Allowed	$0.00			Y
E0270	E	HOSPITAL BED INSTITUTIONAL TYPE INCLUDES: OSCILLATING				Not Allowed	$0.00			
E0271	E	MATTRESS INNERSPRING				Not Allowed	$0.00			
E0272	E	MATTRESS FOAM RUBBER				Not Allowed	$0.00			N
E0273	E	BED BOARD				Not Allowed	$0.00			N
E0274	E	OVERBED TABLE				Not Allowed	$0.00			N
E0275	E	BED PAN STANDARD METAL OR PLASTIC				Not Allowed	$0.00			N
E0276	E	BED PAN FRACTURE METAL OR PLASTIC				Not Allowed	$0.00			N
E0277	E	POWERED PRESSURE-REDUCING AIR MATTRESS				Not Allowed	$0.00			Y
E0280	E	BED CRADLE ANY TYPE				Not Allowed	$0.00			N
E0290	E	HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS WITH MATTRESS				Not Allowed	$0.00			Y
E0291	E	HOSPITAL BED FIXED HEIGHT W/OUT SIDE RAILS W/OUT MATTRESS				Not Allowed	$0.00			Y
E0292	E	HOSPITAL BED VAR HT HI-LO W/OUT SIDE RAILS W/MATTRESS				Not Allowed	$0.00			N
E0293	E	HOSP BED VARIABLE HT HI-LO W/OUT SIDE RAILS OR MATTRESS				Not Allowed	$0.00			Y
E0294	E	HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/MATTRESS				Not Allowed	$0.00			Y
E0295	E	HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS				Not Allowed	$0.00			Y
E0296	E	HOSP BED TOTAL ELECTRIC W/O SIDE RAILS WITH MATTRESS				Not Allowed	$0.00			Y
E0297	E	HOSP BED TOTAL ELECTRIC W/OUT SIDE RAILS W/OUT MATTRESS				Not Allowed	$0.00			Y
E0300	E	ENCLOSED PED CRIB HOSP GRADE				Not Allowed	$0.00			
E0301	E	HD HOSP BED 350-600 LBS				Not Allowed	$0.00			

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E0302	E	EX HD HOSP BED > 600 LBS				Not Allowed	$0.00			
E0303	E	HOSP BED HVY DTY XTRA WIDE				Not Allowed	$0.00			
E0304	E	HOSP BED XTRA HVY DTY X WIDE				Not Allowed	$0.00			
E0305	E	BED SIDE RAILS HALF LENGTH EACH				Not Allowed	$0.00			N
E0310	E	BEDSIDE RAILS FULL-LENGTH				Not Allowed	$0.00			N
E0315	E	BED ACCESSORIES: BOARDS OR TABLES ANY TYPE				Not Allowed	$0.00			N
E0316	E	BED SAFETY ENCLOSURE				Not Allowed	$0.00			
E0325	E	URINAL MALE ANY MATERIAL				Not Allowed	$0.00			N
E0326	E	URINAL FEMALE ANY MATERIAL				Not Allowed	$0.00			N
E0328	E	PED HOSPITAL BED, MANUAL				Not Allowed	$0.00			
E0329	E	PED HOSPITAL BED SEMI/ELECT				Not Allowed	$0.00			
E0350	E	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACUATION SYST				Not Allowed	$0.00			N
E0352	E	DISPOSABLE PACK FOR USE W/ELECTRONIC BOWEL EVAC/IRRIG SYSTEM				Not Allowed	$0.00			N
E0370	E	AIR PRESSURE ELEVATOR FOR HEEL				Not Allowed	$0.00			N
E0371	E	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS				Not Allowed	$0.00			N
E0372	E	POWERED AIR OVERLAY FOR MATTRESS STD MATTRESS LGTH & WIDTH				Not Allowed	$0.00			N
E0373	E	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS				Not Allowed	$0.00			N
E0424	E	STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES UNIT = 50CF				Not Allowed	$0.00			N
E0425	E	STN O2 COMP GAS SYS PURCHASE INCLUDES ALL SUPPLIES				Not Allowed	$0.00			N
E0430	E	PORT GAS O2 SYS PURCHASE INCLUDES ALL SUPPLIES				Not Allowed	$0.00			Y
E0431	E	PORT GAS O2SYS RENTAL MC REG FLOW HUMID CANNULA MASK TUBING				Not Allowed	$0.00			N
E0434	E	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES				Not Allowed	$0.00			N
E0435	E	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUPPLIES				Not Allowed	$0.00			N
E0439	E	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT = 10L				Not Allowed	$0.00			N
E0440	E	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNIT = 10L				Not Allowed	$0.00			N
E0441	E	OXYGEN CONTENTS GASEOUS				Not Allowed	$0.00			N
E0442	E	OXYGEN CONTENTS LIQUID				Not Allowed	$0.00			N
E0443	E	PORTABLE 02 CONTENTS GAS				Not Allowed	$0.00			N
E0444	E	PORTABLE 02 CONTENTS LIQUID				Not Allowed	$0.00			N
E0445	E	OXIMETER DEVICE FOR MEASURING BLOOD O2 LEVELS NON-INVASIVELY				Not Allowed	$0.00			Y
E0450	E	VOLUME VENTILATOR STATIONARY OR PORTABLE W/BACKUP RATE				Not Allowed	$0.00			Y
E0455	E	PRESSURE VENTILATOR				Not Allowed	$0.00			

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E0457	E	CHEST SHELL (CUIRASS)				Not Allowed	$0.00			N
E0459	E	CHEST WRAP				Not Allowed	$0.00			N
E0460	E	NEGATIVE PRESSURE PUMP				Not Allowed	$0.00			N
E0461	E	VOL VENT NONINVASIVE INTERFACE				Not Allowed	$0.00			N
E0462	E	ROCKING BED WITH OR WITHOUT SIDE RAILS				Not Allowed	$0.00			Y
E0463	E	PRESS SUPP VENT INVASIVE INT				Not Allowed	$0.00			
E0464	E	PRESS SUPP VENT NONINV INT				Not Allowed	$0.00			
E0470	E	RAD W/O BACKUP NON-INV INTFC				Not Allowed	$0.00			
E0471	E	RAD W/BACKUP NON INV INTRFC				Not Allowed	$0.00			
E0472	E	RAD W BACKUP INVASIVE INTRFC				Not Allowed	$0.00			
E0480	E	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL				Not Allowed	$0.00			N
E0481	E	INTRPULMNRY PERCUSS VENT SYS				Not Allowed	$0.00			
E0482	E	COUGH STIMULATING DEVICE				Not Allowed	$0.00			Y
E0483	E	CHEST COMPRESSION GEN SYSTEM				Not Allowed	$0.00			Y
E0484	E	NON-ELEC OSCILLATORY PEP DVC				Not Allowed	$0.00			
E0485	E	ORAL DEVICE/APPLIANCE PREFAB				Not Allowed	$0.00			
E0486	E	ORAL DEVICE/APPLIANCE CUSFAB				Not Allowed	$0.00			
E0487	N	ELECTRONIC SPIROMETER				Bundled	$0.00			
E0500	E	IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SOURCE INCL				Not Allowed	$0.00			N
E0550	E	HUMIDIF EXTENS SUPPLE W IPPB				Not Allowed	$0.00			N
E0555	E	HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATIO				Not Allowed	$0.00			N
E0560	E	HUMIDIFIER SUPPLEMENTAL W/ I				Not Allowed	$0.00			N
E0561	E	HUMIDIFIER NONHEATED W PAP				Not Allowed	$0.00			
E0562	E	HUMIDIFIER HEATED USED W PAP				Not Allowed	$0.00			
E0565	E	COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF				Not Allowed	$0.00			N
E0570	E	NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID				Not Allowed	$0.00			N
E0571	E	AEROSOL COMPRESSOR BATTERY POWERED FOR SM VOL NEBULIZER				Not Allowed	$0.00			N
E0572	E	AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DUTY FOR				Not Allowed	$0.00			N
E0574	E	ULTRASONIC GENERATOR W SVNEB				Not Allowed	$0.00			N
E0575	E	NEBULIZER ULTRASONIC LARGE VOLUME				Not Allowed	$0.00			N
E0580	E	NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC BOTTLE				Not Allowed	$0.00			N
E0585	E	NEBULIZER WITH COMPRESSOR AND HEATER				Not Allowed	$0.00			N
E0600	E	SUCTION PUMP PORTAB HOM MODL				Not Allowed	$0.00			N
E0601	E	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVISE				Not Allowed	$0.00			Y
E0602	E	MANUAL BREAST PUMP				Not Allowed	$0.00			N
E0603	E	ELECTRIC BREAST PUMP				Not Allowed	$0.00			N

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E0604	E	HOSP GRADE ELEC BREAST PUMP				Not Allowed	$0.00			
E0605	E	VAPORIZER ROOM TYPE				Not Allowed	$0.00			
E0606	E	POSTURAL DRAINAGE BOARD				Not Allowed	$0.00			N
E0607	E	HOME BLOOD GLUCOSE MONITOR				Not Allowed	$0.00			N
E0610	E	PACEMAKER MONITOR SELF-CONTAINED (CHECKS BATTERY DEPLETIO				Not Allowed	$0.00			Y
E0615	E	PACEMAKER MONITOR SELF CONTAINED CHECKS BATTERY DEPLETION				Not Allowed	$0.00			Y
E0616	N	CARDIAC EVENT RECORDER				Bundled	$0.00			N
E0617	E	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM				Not Allowed	$0.00			N
E0618	E	APNEA MONITOR				Not Allowed	$0.00			Y
E0619	E	APNEA MONITOR W RECORDER				Not Allowed	$0.00			Y
E0620	E	CAP BLD SKIN PIERCING LASER				Not Allowed	$0.00			
E0621	E	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON				Not Allowed	$0.00			N
E0625	E	PATIENT LIFT KARTOP BATHROOM OR TOILET				Not Allowed	$0.00			N
E0627	E	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHA				Not Allowed	$0.00			N
E0628	E	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURN				Not Allowed	$0.00			N
E0629	E	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED				Not Allowed	$0.00			N
E0630	E	PATIENT LIFT HYDRAULIC WITH SEAT OR SLING				Not Allowed	$0.00			N
E0635	E	PATIENT LIFT ELECTRIC WITH SEAT OR SLING				Not Allowed	$0.00			Y
E0636	E	PT SUPPORT & POSITIONING SYS				Not Allowed	$0.00			
E0637	E	COMBINATION SIT TO STAND SYS				Not Allowed	$0.00			
E0638	E	STANDING FRAME SYS				Not Allowed	$0.00			
E0639	E	MOVEABLE PATIENT LIFT SYSTEM				Not Allowed	$0.00			
E0640	E	FIXED PATIENT LIFT SYSTEM				Not Allowed	$0.00			
E0641	E	MULTI-POSITION STND FRAM SYS				Not Allowed	$0.00			
E0642	E	DYNAMIC STANDING FRAME				Not Allowed	$0.00			
E0650	E	PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL				Not Allowed	$0.00			Y
E0651	E	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O CALIBRATED				Not Allowed	$0.00			Y
E0652	E	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL WITH CALIBRATED				Not Allowed	$0.00			Y
E0655	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF				Not Allowed	$0.00			Y
E0656	E	SEGMENTAL PNEUMATIC TRUNK				Not Allowed	$0.00			
E0657	E	SEGMENTAL PNEUMATIC CHEST				Not Allowed	$0.00			
E0660	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL				Not Allowed	$0.00			Y
E0665	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR FULL				Not Allowed	$0.00			Y

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E0666	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR HALF				Not Allowed	$0.00			Y
E0667	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR LEG				Not Allowed	$0.00			Y
E0668	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR ARM				Not Allowed	$0.00			Y
E0669	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR HALF LEG				Not Allowed	$0.00			Y
E0671	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL LEG				Not Allowed	$0.00			Y
E0672	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE FULL ARM				Not Allowed	$0.00			Y
E0673	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE HALF LEG				Not Allowed	$0.00			Y
E0675	E	PNEUMATIC COMPRESSION DEVICE				Not Allowed	$0.00			
E0676	E	INTER LIMB COMPRESS DEV NOS				Not Allowed	$0.00			
E0691	E	UVL PNL 2 SQ FT OR LESS				Not Allowed	$0.00			
E0692	E	UVL SYS PANEL 4 FT				Not Allowed	$0.00			Y
E0693	E	UVL SYS PANEL 6 FT				Not Allowed	$0.00			Y
E0694	E	UVL MD CABINET SYS 6 FT				Not Allowed	$0.00			Y
E0700	E	SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)				Not Allowed	$0.00			N
E0705	E	TRANSFER BOARD OR DEVICE				Not Allowed	$0.00			
E0710	E	RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)				Not Allowed	$0.00			N
E0720	E	TENS TWO LEAD LOCALIZED STIMULATION				Not Allowed	$0.00			N
E0730	E	TENS FOUR LEAD				Not Allowed	$0.00			N
E0731	E	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS				Not Allowed	$0.00			N
E0740	E	INCONTINENCE TREATMENT SYSTM				Not Allowed	$0.00			N
E0744	E	NEUROMUSCULAR STIMULATOR FOR SCOLOSIS				Not Allowed	$0.00			N
E0745	E	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT NON-CLINIC				Not Allowed	$0.00			N
E0746	E	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE				Not Allowed	$0.00			N
E0747	E	OSTEOGENESIS STIMULATOR (NON-INVASIVE)				Not Allowed	$0.00			Y
E0748	E	OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICATONS				Not Allowed	$0.00			Y
E0749	N	OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)				Bundled	$0.00			Y
E0755	E	ELECTRONIC SALIVARY REFLEX STIMULATOR(INTRAORAL/NONINVASIVE)				Not Allowed	$0.00			Y
E0760	E	OSTEOGEN ULTRASOUND STIMLTOR				Not Allowed	$0.00			Y
E0761	E	NONTHERM ELECTROMGNTC DEVICE				Not Allowed	$0.00			
E0762	E	TRANS ELEC JT STIM DEV SYS				Not Allowed	$0.00			
E0764	E	FUNCTIONAL NEUROMUSCULARSTIM				Not Allowed	$0.00			
E0765	E	FDA APPROVED NERVE STIMULATOR WITH REPLACEMENT BATTERIES				Not Allowed	$0.00			Y
E0769	E	ELECTRIC WOUND TREATMENT DEV				Not Allowed	$0.00			

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E0770	E	FUNCTIONAL ELECTRIC STIM NOS				Not Allowed	$0.00			
E0776	E	IV POLE				Not Allowed	$0.00			N
E0779	E	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION => 8 HRS.				Not Allowed	$0.00			N
E0780	E	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION < 8 HRS.				Not Allowed	$0.00			N
E0781	E	AMBULATORY INFUSION PUMP SING OR MULT CHAN W/ADMIN EQUIPMNT				Not Allowed	$0.00			N
E0782	N	NON-PROGRAMBLE INFUSION PUMP				Bundled	$0.00			N
E0783	N	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (INC COMPONE				Bundled	$0.00			Y
E0784	E	EXTERNAL AMBULATORY INFUSION PUMP INSULIN				Not Allowed	$0.00			Y
E0785	N	IMPLANTABLE INTRASPINAL CATH USED W/INFUSION PUMP REPLACEMT				Bundled	$0.00			Y
E0786	N	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPLACEMENT				Bundled	$0.00			N
E0791	E	PARENTERAL INFUSION PUMP STATIONARY				Not Allowed	$0.00			N
E0830	N	AMBULATORY TRACTION DEVICE ALL TYPES EACH				Bundled	$0.00			N
E0840	E	TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERVICAL				Not Allowed	$0.00			N
E0849	E	CERVICAL PNEUM TRAC EQUIP				Not Allowed	$0.00			
E0850	E	TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACTION				Not Allowed	$0.00			N
E0855	E	CERVICAL TRACTION EQUIP. NOT REQUIRING ADD'L STAND OR FRAME				Not Allowed	$0.00			N
E0856	E	CERVIC COLLAR W AIR BLADDER				Not Allowed	$0.00			
E0860	E	TRACTION EQUIPMENT OVERDOOR CERVICAL				Not Allowed	$0.00			N
E0870	E	TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTREMITY				Not Allowed	$0.00			N
E0880	E	TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRACTION				Not Allowed	$0.00			N
E0890	E	TRACTION FRAME ATTACHED TO FOOTBOARD PELVIC TRACTION				Not Allowed	$0.00			N
E0900	E	TRACTION STAND FREE STANDING SIMPLE PELVIC TRACTION (E.G				Not Allowed	$0.00			N
E0910	E	TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED WITH G				Not Allowed	$0.00			N
E0911	E	HD TRAPEZE BAR ATTACH TO BED				Not Allowed	$0.00			
E0912	E	HD TRAPEZE BAR FREE STANDING				Not Allowed	$0.00			
E0920	E	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS				Not Allowed	$0.00			N
E0930	E	FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS				Not Allowed	$0.00			N
E0935	E	CONT PAS MOTION EXERCISE DEV				Not Allowed	$0.00			
E0936	E	CPM DEVICE, OTHER THAN KNEE				Not Allowed	$0.00			
E0940	E	TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR				Not Allowed	$0.00			N

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E0941	E	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE				Not Allowed	$0.00			N
E0942	E	CERVICAL HEAD HARNESS/HALTER				Not Allowed	$0.00			N
E0944	E	PELVIC BELT/HARNESS/BOOT				Not Allowed	$0.00			N
E0945	E	EXTREMITY BELT/HARNESS				Not Allowed	$0.00			N
E0946	E	FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO BED (E.				Not Allowed	$0.00			N
E0947	E	FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TRACTION				Not Allowed	$0.00			N
E0948	E	FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL TRACTION				Not Allowed	$0.00			N
E0950	E	TRAY				Not Allowed	$0.00			N
E0951	E	LOOP HEEL				Not Allowed	$0.00			N
E0952	E	TOE LOOP/HOLDER EACH				Not Allowed	$0.00			N
E0955	E	CUSHIONED HEADREST				Not Allowed	$0.00			
E0956	E	W/C LATERAL TRUNK/HIP SUPPOR				Not Allowed	$0.00			
E0957	E	W/C MEDIAL THIGH SUPPORT				Not Allowed	$0.00			
E0958	E	WHLCHR ATT- CONV 1 ARM DRIVE				Not Allowed	$0.00			N
E0959	E	AMPUTEE ADAPTER				Not Allowed	$0.00			N
E0960	E	W/C SHOULDER HARNESS/STRAPS				Not Allowed	$0.00			
E0961	E	WHEELCHAIR BRAKE EXTENSION				Not Allowed	$0.00			N
E0966	E	WHEELCHAIR HEAD REST EXTENSI				Not Allowed	$0.00			N
E0967	E	WHEELCHAIR HAND RIMS				Not Allowed	$0.00			N
E0968	E	COMMODE SEAT WHEELCHAIR				Not Allowed	$0.00			N
E0969	E	NARROWING DEVICE WHEELCHAIR				Not Allowed	$0.00			N
E0970	E	WHEELCHAIR NO. 2 FOOTPLATES				Not Allowed	$0.00			N
E0971	E	WHEELCHAIR ANTI-TIPPING DEVI				Not Allowed	$0.00			N
E0973	E	W/CH ACCESS DET ADJ ARMREST				Not Allowed	$0.00			N
E0974	E	W/CH ACCESS ANTI-ROLLBACK				Not Allowed	$0.00			N
E0978	E	W/C ACC SAF BELT PELV STRAP				Not Allowed	$0.00			N
E0980	E	SAFETY VEST WHEELCHAIR				Not Allowed	$0.00			N
E0981	E	SEAT UPHOLSTERY REPLACEMENT				Not Allowed	$0.00			
E0982	E	BACK UPHOLSTERY REPLACEMENT				Not Allowed	$0.00			
E0983	E	ADD PWR JOYSTICK				Not Allowed	$0.00			
E0984	E	ADD PWR TILLER				Not Allowed	$0.00			
E0985	E	W/C SEAT LIFT MECHANISM				Not Allowed	$0.00			
E0986	E	MAN W/C PUSH-RIM POW ASSIST				Not Allowed	$0.00			
E0990	E	WHELLCHAIR ELEVATING LEG RES				Not Allowed	$0.00			N
E0992	E	WHEELCHAIR SOLID SEAT INSERT				Not Allowed	$0.00			N
E0994	E	ARMREST EACH				Not Allowed	$0.00			N
E0995	E	WHEELCHAIR CALF REST				Not Allowed	$0.00			N
E1002	E	PWR SEAT TILT				Not Allowed	$0.00			
E1003	E	PWR SEAT RECLINE				Not Allowed	$0.00			

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E1004	E	PWR SEAT RECLINE MECH				Not Allowed	$0.00			
E1005	E	PWR SEAT RECLINE PWR				Not Allowed	$0.00			
E1006	E	PWR SEAT COMBO W/O SHEAR				Not Allowed	$0.00			
E1007	E	PWR SEAT COMBO W/SHEAR				Not Allowed	$0.00			
E1008	E	PWR SEAT COMBO PWR SHEAR				Not Allowed	$0.00			
E1009	E	ADD MECH LEG ELEVATION				Not Allowed	$0.00			
E1010	E	ADD PWR LEG ELEVATION				Not Allowed	$0.00			
E1011	E	PED WC MODIFY WIDTH ADJUSTM				Not Allowed	$0.00			
E1014	E	RECLINING BACK ADD PED W/C				Not Allowed	$0.00			
E1015	E	SHOCK ABSORBER FOR MAN W/C				Not Allowed	$0.00			
E1016	E	SHOCK ABSORBER FOR POWER W/C				Not Allowed	$0.00			
E1017	E	HD SHCK ABSRBR FOR HD MAN WC				Not Allowed	$0.00			
E1018	E	HD SHCK ABSRBER FOR HD POWWC				Not Allowed	$0.00			
E1020	E	RESIDUAL LIMB SUPPORT SYSTEM				Not Allowed	$0.00			
E1028	E	W/C MANUAL SWINGAWAY				Not Allowed	$0.00			
E1029	E	W/C VENT TRAY FIXED				Not Allowed	$0.00			
E1030	E	W/C VENT TRAY GIMBALED				Not Allowed	$0.00			
E1031	E	ROLLABOUT CHAIR ANY AND ALL TYPES W/CASTORS 5" OR GREATER				Not Allowed	$0.00			Y
E1035	E	PATIENT TRANSFER SYSTEM				Not Allowed	$0.00			N
E1037	E	TRANSPORT CHAIR PED SIZE				Not Allowed	$0.00			Y
E1038	E	TRANSPORT CHAIR PT WT<=300LB				Not Allowed	$0.00			Y
E1039	E	TRANSPORT CHAIR PT WT >300LB				Not Allowed	$0.00			
E1050	E	FULLY-RECLINING WHEELCH FULL ARMS SWING AWAY DET LEGREST				Not Allowed	$0.00			Y
E1060	E	FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET LEGREST				Not Allowed	$0.00			Y
E1070	E	FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET FOOTREST				Not Allowed	$0.00			Y
E1083	E	HEMI-WHEELCHAIR FULL ARMS SWING AWAY DET ELEVATE LEGRESTS				Not Allowed	$0.00			Y
E1084	E	HEMI-WHEELCHAIR DET ARMS DESK OR FULL DET ELEVATE LEGREST				Not Allowed	$0.00			Y
E1085	E	HEMI-WHEELCHAIR FIXED ARMS				Not Allowed	$0.00			Y
E1086	E	HEMI-WHEELCHAIR DET ARMS DESK OR FULL DETACH FOOTRESTS				Not Allowed	$0.00			Y
E1087	E	HIGH-STREN LIGHTWT WHEELCH FULL ARMS SWING-AWAY DET LEGRE				Not Allowed	$0.00			Y
E1088	E	HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET LEGRES				Not Allowed	$0.00			Y
E1089	E	WHEELCHAIR LIGHTWT FIXED ARM				Not Allowed	$0.00			Y
E1090	E	HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL DET FOOTRE				Not Allowed	$0.00			Y

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E1092	E	WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET LEGRESTS				Not Allowed	$0.00			Y
E1093	E	WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET FOOTREST				Not Allowed	$0.00			Y
E1100	E	SEMI-RECLIN WHEELCH FULL ARMS SWING-AWAY DET LEGRESTS				Not Allowed	$0.00			Y
E1110	E	SEMI-RECLIN WHEELCH DET ARMS DESK OR FULL ELEV LEGREST				Not Allowed	$0.00			Y
E1130	E	WHLCHR STAND FXD ARM FT REST				Not Allowed	$0.00			Y
E1140	E	WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET FOOTREST				Not Allowed	$0.00			Y
E1150	E	WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET LEGREST				Not Allowed	$0.00			Y
E1160	E	WHEELCHAIR FIXED ARMS SWING-AWAY DETACH ELEVATING LEGREST				Not Allowed	$0.00			Y
E1161	E	3ANUAL ADULT WC W TILTINSPAC				Not Allowed	$0.00			Y
E1170	E	AMPUTEE WHEELCH FIXED FULL ARMS SWING-AWAY DET LEGRESTS				Not Allowed	$0.00			Y
E1171	E	AMPUTEE WHEELCH FULL ARMS WITHOUT FOOTRESTS OR LEGRESTS				Not Allowed	$0.00			Y
E1172	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL W/OUT FOOT OR LEGRES				Not Allowed	$0.00			Y
E1180	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET FOOTR				Not Allowed	$0.00			Y
E1190	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY DET LEGRES				Not Allowed	$0.00			Y
E1195	E	HEAVY DUTY WHEELCH FIXED ARMS SWING-AWAYDET ELEV LEGREST				Not Allowed	$0.00			Y
E1200	E	AMPUTEE WHEELCH FIXED ARMS SWING-AWAY DETACH FOOTRESTS				Not Allowed	$0.00			Y
E1220	E	WHEELCHAIR SPECIALLY SIZED OR CONSTRUCTED				Not Allowed	$0.00			Y
E1221	E	WHEELCHAIR WITH FIXED ARM FOOTRESTS				Not Allowed	$0.00			Y
E1222	E	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS				Not Allowed	$0.00			Y
E1223	E	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS				Not Allowed	$0.00			Y
E1224	E	WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGRESTS				Not Allowed	$0.00			Y
E1225	E	WHEELCHAIR SPEC SZ SEMI-RECL				Not Allowed	$0.00			Y
E1226	E	W/C ACCESS FULLY RECLINEBACK				Not Allowed	$0.00			Y
E1227	E	SPECIAL HEIGHT ARMS FOR WHEELCHAIR				Not Allowed	$0.00			Y
E1228	E	SPECIAL BACK HEIGHT FOR WHEELCHAIR				Not Allowed	$0.00			Y
E1229	E	PEDIATRIC WHEELCHAIR NOS				Not Allowed	$0.00			
E1230	E	POWER OPERATED VEHICLE (3- OR 4-WHEEL NONHIGHWAY) SPECIFY				Not Allowed	$0.00			Y
E1231	E	RIGID PED W/C TILT-IN-SPACE				Not Allowed	$0.00			Y
E1232	E	FOLDING PED WC TILT-IN-SPACE				Not Allowed	$0.00			Y

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E1233	E	RIG PED WC TLTNSPC W/O SEAT				Not Allowed	$0.00			Y
E1234	E	FLD PED WC TLTNSPC W/O SEAT				Not Allowed	$0.00			Y
E1235	E	RIGID PED WC ADJUSTABLE				Not Allowed	$0.00			Y
E1236	E	FOLDING PED WC ADJUSTABLE				Not Allowed	$0.00			Y
E1237	E	RGD PED WC ADJSTABL W/O SEAT				Not Allowed	$0.00			Y
E1238	E	FLD PED WC ADJSTABL W/O SEAT				Not Allowed	$0.00			Y
E1239	E	PED POWER WHEELCHAIR NOS				Not Allowed	$0.00			
E1240	E	LIGHTWT WHEELCH DET ARMS DESK/FULL SWING-AWAY DET LEGREST				Not Allowed	$0.00			Y
E1250	E	WHEELCHAIR LIGHTWT FIXED ARM				Not Allowed	$0.00			Y
E1260	E	LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS(DESK OR FULL LENGTH)				Not Allowed	$0.00			Y
E1270	E	LIGHTWT WHEELCH FIXED ARMS SWING-AWAY DET ELEV LEGRESTS				Not Allowed	$0.00			Y
E1280	E	HEAVY-DUTY WHEELCH DETACH ARMS DESK/FULL ELEV LEGRESTS				Not Allowed	$0.00			Y
E1285	E	WHEELCHAIR HEAVY DUTY FIXED				Not Allowed	$0.00			Y
E1290	E	HEAVY-DUTY WHEELCH DET ARMS DESK/FULL SWING-AWAY DET FOOT				Not Allowed	$0.00			Y
E1295	E	HEAVY-DUTY WHEELCH FIXED ARMS ELEVATING LEGRESTS				Not Allowed	$0.00			Y
E1296	E	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR				Not Allowed	$0.00			Y
E1297	E	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY				Not Allowed	$0.00			Y
E1298	E	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONSTRUCTION				Not Allowed	$0.00			Y
E1300	E	WHIRLPOOL PORTABLE (OVERTUB TYPE)				Not Allowed	$0.00			Y
E1310	E	WHIRLPOOL NON-PORTABLE (BUILT-IN TYPE)				Not Allowed	$0.00			Y
E1340	E	REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI				Not Allowed	$0.00			N
E1353	E	REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI				Not Allowed	$0.00			N
E1354	E	WHEELED CART, PORT CYL/CONC				Not Allowed	$0.00			
E1355	E	REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF TECHNICI				Not Allowed	$0.00			N
E1356	E	BATT PACK/CART, PORT CONC				Not Allowed	$0.00			
E1357	E	BATTERY CHARGER, PORT CONC				Not Allowed	$0.00			
E1358	E	DC POWER ADAPTER, PORT CONC				Not Allowed	$0.00			
E1372	E	IMMERSION EXTERNAL HEATER FOR NEBULIZER				Not Allowed	$0.00			N
E1390	E	OXYGEN CONCENTRATOR				Not Allowed	$0.00			N
E1391	E	OXYGEN CONCENTRATOR DUAL				Not Allowed	$0.00			
E1392	E	PORTABLE OXYGEN CONCENTRATOR				Not Allowed	$0.00			
E1399	E	MISC SUPP & EQUIP. NOC (OR WHEELCHAIR REPAIRS/CROSSOVERS)				Not Allowed	$0.00			N
E1405	E	OXY & WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY				Not Allowed	$0.00			N

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E1406	E	OXY & WATER VAPOR ENRICHING SYSTEM W/O HEATED DELIVERY				Not Allowed	$0.00			N
E1500	E	CENTRIFUGE				Not Allowed	$0.00			
E1510	E	KIDNEY DIALYSATE DELIVERY SYST. KIDNEY MACHINE PUMP RECIRC				Not Allowed	$0.00			Y
E1520	E	HEPARIN INFUSION PUMP				Not Allowed	$0.00			Y
E1530	E	AIR BUBBLE DETECTOR FOR DIALYSIS				Not Allowed	$0.00			Y
E1540	E	REPLACEMENT PRESSURE ALARM				Not Allowed	$0.00			Y
E1550	E	BATH CONDUCTIVITY METER FOR DIALYSIS				Not Allowed	$0.00			Y
E1560	E	REPLACE BLOOD LEAK DETECTOR				Not Allowed	$0.00			Y
E1570	E	ADJUSTABLE CHAIR FOR ESRD PATIENTS				Not Allowed	$0.00			Y
E1575	E	TRANSDUCER PROTECT/FLD BAR				Not Allowed	$0.00			Y
E1580	E	UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS				Not Allowed	$0.00			Y
E1590	E	HEMODIALYSIS MACHINE				Not Allowed	$0.00			Y
E1592	E	AUTOMATIC INTERMITTENT PERITIONEAL DIALYSIS SYSTEM				Not Allowed	$0.00			Y
E1594	E	CYCLER DIALYSIS MACHINE				Not Allowed	$0.00			Y
E1600	E	DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS				Not Allowed	$0.00			Y
E1610	E	REVERSE OSMOSIS H2O PURI SYS				Not Allowed	$0.00			Y
E1615	E	DEIONIZER WATER PURIFICATION SYSTEM				Not Allowed	$0.00			Y
E1620	E	REPLACEMENT BLOOD PUMP				Not Allowed	$0.00			Y
E1625	E	WATER SOFTENING SYSTEM				Not Allowed	$0.00			Y
E1630	E	RECIPROCATING PERITONEAL DIA				Not Allowed	$0.00			Y
E1632	E	WEARABLE ARTIFICAL KIDNEY				Not Allowed	$0.00			Y
E1634	E	PERITONEAL DIALYSIS CLAMP				Not Allowed	$0.00			
E1635	E	COMPACT TRAVEL HEMODIALYZER				Not Allowed	$0.00			Y
E1636	E	SORBENT CARTRIDGES PER CASE				Not Allowed	$0.00			N
E1637	E	HEMOSTATS FOR DIALYSIS EACH				Not Allowed	$0.00			
E1639	E	DIALYSIS SCALE				Not Allowed	$0.00			
E1699	E	DIALYSIS EQUIPMENT NOC				Not Allowed	$0.00			Y
E1700	E	JAW MOTION REHAB SYSTEM				Not Allowed	$0.00			
E1701	E	REPL CUSHIONS FOR JAW MOTION				Not Allowed	$0.00			
E1702	E	REPL MEASR SCALES JAW MOTION				Not Allowed	$0.00			
E1800	E	ADJUST ELBOW EXT/FLEX DEVICE				Not Allowed	$0.00			Y
E1801	E	SPS ELBOW DEVICE				Not Allowed	$0.00			N
E1802	E	ADJST FOREARM PRO/SUP DEVICE				Not Allowed	$0.00			Y
E1805	E	ADJUST WRIST EXT/FLEX DEVICE				Not Allowed	$0.00			Y
E1806	E	SPS WRIST DEVICE				Not Allowed	$0.00			N
E1810	E	ADJUST KNEE EXT/FLEX DEVICE				Not Allowed	$0.00			Y
E1811	E	SPS KNEE DEVICE				Not Allowed	$0.00			N
E1812	E	KNEE EXT/FLEX W ACT RES CTRL				Not Allowed	$0.00			

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E1815	E	ADJUST ANKLE EXT/FLEX DEVICE				Not Allowed	$0.00			Y
E1816	E	SPS ANKLE DEVICE				Not Allowed	$0.00			N
E1818	E	SPS FOREARM DEVICE				Not Allowed	$0.00			
E1820	E	SOFT INTERFACE MATERIAL FOR DYNAMIC ADJ EXT/FLEXION DEVICE				Not Allowed	$0.00			N
E1821	E	REPLACEMENT INTERFACE SPSD				Not Allowed	$0.00			
E1825	E	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE OR =				Not Allowed	$0.00			Y
E1830	E	ADJUST TOE EXT/FLEX DEVICE				Not Allowed	$0.00			Y
E1840	E	ADJ SHOULDER EXT/FLEX DEVICE				Not Allowed	$0.00			N
E1841	E	STATIC STR SHLDR DEV ROM ADJ				Not Allowed	$0.00			
E1902	E	AAC NON-ELECTRONIC BOARD				Not Allowed	$0.00			Y
E2000	E	GASTRIC SUCTION PUMP HME MDL				Not Allowed	$0.00			
E2100	E	BLD GLUCOSE MONITOR W VOICE				Not Allowed	$0.00			N
E2101	E	BLD GLUCOSE MONITOR W LANCE				Not Allowed	$0.00			
E2120	E	PULSE GEN SYS TX ENDOLYMP FL				Not Allowed	$0.00			
E2201	E	MAN W/CH ACC SEAT W>=20□<24□				Not Allowed	$0.00			N
E2202	E	SEAT WIDTH 24-27 IN				Not Allowed	$0.00			
E2203	E	FRAME DEPTH LESS THAN 22 IN				Not Allowed	$0.00			
E2204	E	FRAME DEPTH 22 TO 25 IN				Not Allowed	$0.00			
E2205	E	MANUAL WC ACCESSORY HANDRIM				Not Allowed	$0.00			
E2206	E	COMPLETE WHEEL LOCK ASSEMBLY				Not Allowed	$0.00			
E2207	E	CRUTCH AND CANE HOLDER				Not Allowed	$0.00			
E2208	E	CYLINDER TANK CARRIER				Not Allowed	$0.00			
E2209	E	ARM TROUGH EACH				Not Allowed	$0.00			
E2210	E	WHEELCHAIR BEARINGS				Not Allowed	$0.00			
E2211	E	PNEUMATIC PROPULSION TIRE				Not Allowed	$0.00			
E2212	E	PNEUMATIC PROP TIRE TUBE				Not Allowed	$0.00			
E2213	E	PNEUMATIC PROP TIRE INSERT				Not Allowed	$0.00			
E2214	E	PNEUMATIC CASTER TIRE EACH				Not Allowed	$0.00			
E2215	E	PNEUMATIC CASTER TIRE TUBE				Not Allowed	$0.00			
E2216	E	FOAM FILLED PROPULSION TIRE				Not Allowed	$0.00			
E2217	E	FOAM FILLED CASTER TIRE EACH				Not Allowed	$0.00			
E2218	E	FOAM PROPULSION TIRE EACH				Not Allowed	$0.00			
E2219	E	FOAM CASTER TIRE ANY SIZE EA				Not Allowed	$0.00			
E2220	E	SOLID PROPULSION TIRE EACH				Not Allowed	$0.00			
E2221	E	SOLID CASTER TIRE EACH				Not Allowed	$0.00			
E2222	E	SOLID CASTER INTEGRATED WHL				Not Allowed	$0.00			
E2223	E	VALVE REPLACEMENT ONLY EACH				Not Allowed	$0.00			
E2224	E	PROPULSION WHL EXCLUDES TIRE				Not Allowed	$0.00			
E2225	E	CASTER WHEEL EXCLUDES TIRE				Not Allowed	$0.00			

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E2226	E	CASTER FORK REPLACEMENT ONLY				Not Allowed	$0.00			
E2227	E	GEAR REDUCTION DRIVE WHEEL				Not Allowed	$0.00			
E2228	E	MWC ACC, WHEELCHAIR BRAKE				Not Allowed	$0.00			
E2230	E	MANUAL STANDING SYSTEM				Not Allowed	$0.00			
E2231	E	SOLID SEAT SUPPORT BASE				Not Allowed	$0.00			
E2291	E	PLANAR BACK FOR PED SIZE WC				Not Allowed	$0.00			
E2292	E	PLANAR SEAT FOR PED SIZE WC				Not Allowed	$0.00			
E2293	E	CONTOUR BACK FOR PED SIZE WC				Not Allowed	$0.00			
E2294	E	CONTOUR SEAT FOR PED SIZE WC				Not Allowed	$0.00			
E2295	E	PED DYNAMIC SEATING FRAME				Not Allowed	$0.00			
E2300	E	PWR SEAT ELEVATION SYS				Not Allowed	$0.00			
E2301	E	PWR STANDING				Not Allowed	$0.00			
E2310	E	ELECTRO CONNECT BTW CONTROL				Not Allowed	$0.00			
E2311	E	ELECTRO CONNECT BTW 2 SYS				Not Allowed	$0.00			
E2312	E	MINI-PROP REMOTE JOYSTICK				Not Allowed	$0.00			
E2313	E	PWC HARNESS, EXPAND CONTROL				Not Allowed	$0.00			
E2321	E	HAND INTERFACE JOYSTICK				Not Allowed	$0.00			
E2322	E	MULT MECH SWITCHES				Not Allowed	$0.00			
E2323	E	SPECIAL JOYSTICK HANDLE				Not Allowed	$0.00			
E2324	E	CHIN CUP INTERFACE				Not Allowed	$0.00			
E2325	E	SIP AND PUFF INTERFACE				Not Allowed	$0.00			
E2326	E	BREATH TUBE KIT				Not Allowed	$0.00			
E2327	E	HEAD CONTROL INTERFACE MECH				Not Allowed	$0.00			
E2328	E	HEAD/EXTREMITY CONTROL INTER				Not Allowed	$0.00			
E2329	E	HEAD CONTROL NONPROPORTIONAL				Not Allowed	$0.00			
E2330	E	HEAD CONTROL PROXIMITY SWITC				Not Allowed	$0.00			
E2331	E	ATTENDANT CONTROL				Not Allowed	$0.00			
E2340	E	W/C WDTH 20-23 IN SEAT FRAME				Not Allowed	$0.00			
E2341	E	W/C WDTH 24-27 IN SEAT FRAME				Not Allowed	$0.00			
E2342	E	W/C DPTH 20-21 IN SEAT FRAME				Not Allowed	$0.00			
E2343	E	W/C DPTH 22-25 IN SEAT FRAME				Not Allowed	$0.00			
E2351	E	ELECTRONIC SGD INTERFACE				Not Allowed	$0.00			
E2360	E	22NF NONSEALED LEADACID				Not Allowed	$0.00			
E2361	E	22NF SEALED LEADACID BATTERY				Not Allowed	$0.00			
E2362	E	GR24 NONSEALED LEADACID				Not Allowed	$0.00			
E2363	E	GR24 SEALED LEADACID BATTERY				Not Allowed	$0.00			
E2364	E	U1NONSEALED LEADACID BATTERY				Not Allowed	$0.00			
E2365	E	U1 SEALED LEADACID BATTERY				Not Allowed	$0.00			
E2366	E	BATTERY CHARGER SINGLE MODE				Not Allowed	$0.00			
E2367	E	BATTERY CHARGER DUAL MODE				Not Allowed	$0.00			
E2368	E	POWER WC MOTOR REPLACEMENT				Not Allowed	$0.00			

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E2369	E	PWR WC GEAR BOX REPLACEMENT				Not Allowed	$0.00			
E2370	E	PWR WC MOTOR/GEAR BOX COMBO				Not Allowed	$0.00			
E2371	E	GR27 SEALED LEADACID BATTERY				Not Allowed	$0.00			
E2372	E	GR27 NON-SEALED LEADACID				Not Allowed	$0.00			
E2373	E	HAND/CHIN CTRL SPEC JOYSTICK				Not Allowed	$0.00			
E2374	E	HAND/CHIN CTRL STD JOYSTICK				Not Allowed	$0.00			
E2375	E	NON-EXPANDABLE CONTROLLER				Not Allowed	$0.00			
E2376	E	EXPANDABLE CONTROLLER, REPL				Not Allowed	$0.00			
E2377	E	EXPANDABLE CONTROLLER, INITL				Not Allowed	$0.00			
E2381	E	PNEUM DRIVE WHEEL TIRE				Not Allowed	$0.00			
E2382	E	TUBE, PNEUM WHEEL DRIVE TIRE				Not Allowed	$0.00			
E2383	E	INSERT, PNEUM WHEEL DRIVE				Not Allowed	$0.00			
E2384	E	PNEUMATIC CASTER TIRE				Not Allowed	$0.00			
E2385	E	TUBE, PNEUMATIC CASTER TIRE				Not Allowed	$0.00			
E2386	E	FOAM FILLED DRIVE WHEEL TIRE				Not Allowed	$0.00			
E2387	E	FOAM FILLED CASTER TIRE				Not Allowed	$0.00			
E2388	E	FOAM DRIVE WHEEL TIRE				Not Allowed	$0.00			
E2389	E	FOAM CASTER TIRE				Not Allowed	$0.00			
E2390	E	SOLID DRIVE WHEEL TIRE				Not Allowed	$0.00			
E2391	E	SOLID CASTER TIRE				Not Allowed	$0.00			
E2392	E	SOLID CASTER TIRE, INTEGRATE				Not Allowed	$0.00			
E2393	E	VALVE, PNEUMATIC TIRE TUBE				Not Allowed	$0.00			
E2394	E	DRIVE WHEEL EXCLUDES TIRE				Not Allowed	$0.00			
E2395	E	CASTER WHEEL EXCLUDES TIRE				Not Allowed	$0.00			
E2396	E	CASTER FORK				Not Allowed	$0.00			
E2397	E	PWC ACC, LITH-BASED BATTERY				Not Allowed	$0.00			
E2399	E	NOC INTERFACE				Not Allowed	$0.00			
E2402	E	NEG PRESS WOUND THERAPY PUMP				Not Allowed	$0.00			
E2500	E	SGD DIGITIZED PRE-REC <=8MIN				Not Allowed	$0.00			
E2502	E	SGD PREREC MSG >8MIN <=20MIN				Not Allowed	$0.00			
E2504	E	SGD PREREC MSG>20MIN <=40MIN				Not Allowed	$0.00			
E2506	E	SGD PREREC MSG > 40 MIN				Not Allowed	$0.00			
E2508	E	SGD SPELLING PHYS CONTACT				Not Allowed	$0.00			
E2510	E	SGD W MULTI METHODS MSG/ACCS				Not Allowed	$0.00			
E2511	E	SGD SFTWRE PRGRM FOR PC/PDA				Not Allowed	$0.00			
E2512	E	SGD ACCESSORY MOUNTING SYS				Not Allowed	$0.00			
E2599	E	SGD ACCESSORY NOC				Not Allowed	$0.00			
E2601	E	GEN W/C CUSHION WDTH < 22 IN				Not Allowed	$0.00			
E2602	E	GEN W/C CUSHION WDTH >=22 IN				Not Allowed	$0.00			
E2603	E	SKIN PROTECT WC CUS WD <22IN				Not Allowed	$0.00			
E2604	E	SKIN PROTECT WC CUS WD>=22IN				Not Allowed	$0.00			

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E2605	E	POSITION WC CUSH WDTH <22 IN				Not Allowed	$0.00			
E2606	E	POSITION WC CUSH WDTH>=22 IN				Not Allowed	$0.00			
E2607	E	SKIN PRO/POS WC CUS WD <22IN				Not Allowed	$0.00			
E2608	E	SKIN PRO/POS WC CUS WD>=22IN				Not Allowed	$0.00			
E2609	E	CUSTOM FABRICATE W/C CUSHION				Not Allowed	$0.00			
E2610	E	POWERED W/C CUSHION				Not Allowed	$0.00			
E2611	E	GEN USE BACK CUSH WDTH <22IN				Not Allowed	$0.00			
E2612	E	GEN USE BACK CUSH WDTH>=22IN				Not Allowed	$0.00			
E2613	E	POSITION BACK CUSH WD <22IN				Not Allowed	$0.00			
E2614	E	POSITION BACK CUSH WD>=22IN				Not Allowed	$0.00			
E2615	E	POS BACK POST/LAT WDTH <22IN				Not Allowed	$0.00			
E2616	E	POS BACK POST/LAT WDTH>=22IN				Not Allowed	$0.00			
E2617	E	CUSTOM FAB W/C BACK CUSHION				Not Allowed	$0.00			
E2619	E	REPLACE COVER W/C SEAT CUSH				Not Allowed	$0.00			
E2620	E	WC PLANAR BACK CUSH WD <22IN				Not Allowed	$0.00			
E2621	E	WC PLANAR BACK CUSH WD>=22IN				Not Allowed	$0.00			
E8000	E	POSTERIOR GAIT TRAINER				Not Allowed	$0.00			
E8001	E	UPRIGHT GAIT TRAINER				Not Allowed	$0.00			
E8002	E	ANTERIOR GAIT TRAINER				Not Allowed	$0.00			
G0008	S	ADMIN INFLUENZA VIRUS VAC	0350	0.3768		APC	$19.07			N
G0009	S	ADMIN PNEUMOCOCCAL VACCINE	0350	0.3768		APC	$19.07			N
G0010	M	ADMIN HEPATITIS B VACCINE				Fee Schedule	$5.78			N
G0027	E	SEMEN ANALYSIS PRESENCE &/OR MOBILITY OF SPERM				Not Allowed	$0.00			N
G0101	V	CA SCREEN;PELVIC/BREAST EXAM	0604	0.8277		APC	$41.89			N
G0102	N	PROSTATE CA SCREENING; DRE				Bundled	$0.00			N
G0103	Q	PSA SCREENING				Medicare	$44.75	$27.75	$26.85	N
G0104	S	CA SCREEN;FLEXI SIGMOIDSCOPE	0159	5.0788		APC	$257.04			N
G0105	T	COLORECTAL SCRN; HI RISK IND	0158	7.9944		APC	$404.60			N
G0106	S	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104 BA ENEMA	0157	2.2661		APC	$114.69			N
G0108	M	DIAB MANAGE TRN PER INDIV				Fee Schedule	$21.65			N
G0109	M	DIAB MANAGE TRN IND/GROUP				Fee Schedule	$12.15			N
G0117	S	GLAUCOMA SCRN HGH RISK DIREC	0698	0.9338		APC	$47.26			N
G0118	S	GLAUCOMA SCRN HGH RISK DIREC	0230	0.6461		APC	$32.70			
G0120	S	COLORECTAL CA SCREENING; ALTERNATIVE TO G0105 BARIUM ENEMA	0157	2.2661		APC	$114.69			N
G0121	T	COLON CA SCRN NOT HI RSK IND	0158	7.9944		APC	$404.60			N
G0122	E	COLORECTAL CANCER SCREENING; BARIUM ENEMA				Not Allowed	$0.00			N
G0123	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNOLOGIST				Medicare	$49.30	$30.57	$29.58	N
G0124	E	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSICIAN INTERP				Not Allowed	$0.00			N
G0127	T	TRIM NAIL(S)	0013	0.8281		APC	$41.91			N

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G0128	E	CORF SKILLED NURSING SERVICE				Not Allowed	$0.00			N
G0129	E	OCCUPATIONAL TX AS COMPONENT A PARTIAL HOSP TX PROGRAM /DAY				Not Allowed	$0.00			N
G0130	X	SEXA BONE DENSITY STUDY/ONE OR MORE SITES/APPENDICULAR SKEL	0260	0.6767		APC	$34.25			N
G0141	E	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSICIAN INTERP				Not Allowed	$0.00			N
G0143	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNOLOGIST				Medicare	$49.30	$30.57	$29.58	N
G0144	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNOLOGIST				Medicare	$51.98	$32.23	$31.19	N
G0145	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOTECHNOLOGIST				Medicare	$64.47	$39.97	$38.68	N
G0147	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSICIAN SPRVSN				Medicare	$27.70	$17.17	$16.62	N
G0148	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL AUTOMATED SYSTE				Medicare	$36.98	$22.93	$22.19	N
G0151	M	SERVICES OF PHYSICAL TX IN HOME HEALTH SETTING EACH 15 MIN.				Fee Schedule	$0.00			N
G0152	M	SERVICES OF OCCUPATIONAL TX IN HOME HEALTH SETTING EA 15 MIN				Fee Schedule	$0.00			N
G0153	M	SERVICES OF SPEECH/LANG PATH HOME HEALTH SETTING EA 15 MIN				Fee Schedule	$0.00			N
G0154	M	SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING EA 15 MIN				Fee Schedule	$0.00			N
G0155	E	SERVICES OF CLINICAL SW IN HOME HEALTH SETTING EA 15 MIN.				Not Allowed	$0.00			N
G0156	M	SERVICES OF HOME HEALTH AIDE HOME HEALTH SETTING EA 15 MIN				Fee Schedule	$0.00			N
G0166	T	EXTRNL COUNTERPULSE, PER TX	0678	1.5475		APC	$78.32			N
G0168	E	WOUND CLOSURE BY ADHESIVE				Not Allowed	$0.00			N
G0173	S	STEREO RADOISURGERY,COMPLETE	0067	57.5732		APC	$2,913.78			N
G0175	V	OPPS SERVICE,SCHED TEAM CONF	0606	1.3585		APC	$68.75			N
G0176	E	OPPS/PHP;ACTIVITY THERAPY				Not Allowed	$0.00			N
G0177	E	OPPS/PHP; TRAIN & EDUC SERV				Not Allowed	$0.00			N
G0179	E	MD RECERTIFICATION HHA PT				Not Allowed	$0.00			N
G0180	E	MD CERTIFICATION HHA PATIENT				Not Allowed	$0.00			N
G0181	E	HOME HEALTH CARE SUPERVISION				Not Allowed	$0.00			N
G0182	E	HOSPICE CARE SUPERVISION				Not Allowed	$0.00			N
G0186	T	DSTRY EYE LESN,FDR VSSL TECH	0235	5.8277		APC	$294.94			N
G0202	M	SCREENING MAMMOGRAPHY DIGITAL				Fee Schedule	$125.84			N
G0204	M	DIAGNOSTIC MAMMOGRAPHY DIRECT DIGITAL IMAGE BILAT ALL VIEW				Fee Schedule	$148.21			N
G0206	M	DIAGNOSTIC MAMMOGRAPHY DIRECT DIGITAL IMAGE UNILAT ALL VIE				Fee Schedule	$117.74			N
G0219	E	PET IMG WH BD RING NONCOV IND				Not Allowed	$0.00			N

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G0235	E	PET NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			N
G0237	S	THERAPEUTIC PROCD STRG ENDUR	0077	0.4024		APC	$20.37			
G0238	S	OTH RESP PROC, INDIV	0077	0.4024		APC	$20.37			N
G0239	S	OTH RESP PROC GROUP	0077	0.4024		APC	$20.37			
G0245	V	INITIAL FOOT EXAM PTLOPS	0604	0.8277		APC	$41.89			N
G0246	V	FOLLOWUP EVAL OF FOOT PT LOP	0605	1.0439		APC	$52.83			N
G0247	T	ROUTINE FOOTCARE PT W LOPS	0013	0.8281		APC	$41.91			N
G0248	V	DEMONSTRATE USE HOME INR MON	0607	1.7192		APC	$87.01			N
G0249	V	PROVIDE INR TEST MATER/EQUIP	0607	1.7192		APC	$87.01			N
G0250	E	MD INR TEST REVIE INTER MGMT				Not Allowed	$0.00			N
G0251	S	LINEAR ACC BASED STERO RADIO	0065	14.4171		APC	$729.65			
G0252	E	PET IMAGING FOR INITIAL DIAGNOSIS OF BREAST CANCER				Not Allowed	$0.00			N
G0255	E	CURRENT PERCEP THRESHOLD TST				Not Allowed	$0.00			N
G0257	S	UNSCHED DIALYSIS ESRD PT HOS	0170	6.5599		APC	$332.00			
G0259	N	INJECT FOR SACROILIAC JOINT				Bundled	$0.00			
G0260	T	INJ FOR SACROILIAC JT ANESTH	0207	7.1721		APC	$362.98			
G0268	N	REMOVAL OF IMPACTED WAX MD				Bundled	$0.00			Y
G0269	N	OCCLUSIVE DEVICE IN VEIN ART				Bundled	$0.00			
G0270	M	MNT SUBS TX FOR CHANGE DX				Fee Schedule	$25.10			
G0271	M	GROUP MNT 2 OR MORE 30 MINS				Fee Schedule	$13.67			
G0275	N	RENAL ANGIO CARDIAC CATH				Bundled	$0.00			
G0278	N	ILIAC ART ANGIO CARDIAC CATH				Bundled	$0.00			
G0281	E	ELEC STIM UNATTEND FOR PRESS				Not Allowed	$0.00			
G0282	E	ELECT STIM WOUND CARE NOT PD				Not Allowed	$0.00			
G0283	Y	ELEC STIM OTHER THAN WOUND				Fee Schedule	$9.03			
G0288	N	RECON CTA FOR SURG PLAN				Bundled	$0.00			
G0289	N	ARTHRO LOOSE BODY + CHONDRO				Bundled	$0.00			
G0290	T	DRUG-ELUTING STENTS SINGLE	0656	116.0944		APC	$5,875.54			
G0291	T	DRUG-ELUTING STENTS EACH ADD	0656	116.0944		APC	$5,875.54			
G0293	X	NON-COV SURG PROC CLIN TRIAL	0340	0.6462		APC	$32.70			
G0294	X	NON-COV PROC CLINICAL TRIAL	0340	0.6462		APC	$32.70			
G0295	E	ELECTROMAGNETIC THERAPY ONC				Not Allowed	$0.00			
G0302	S	PRE-OP SERVICE LVRS COMPLETE	0209	11.4202		APC	$577.98			
G0303	S	PRE-OP SERVICE LVRS 10-15DOS	0209	11.4202		APC	$577.98			
G0304	S	PRE-OP SERVICE LVRS 1-9 DOS	0213	2.3168		APC	$117.25			
G0305	S	POST OP SERVICE LVRS MIN 6	0213	2.3168		APC	$117.25			
G0306	Q	CBC/DIFFWBC W/O PLATELET				Medicare	$18.92	$11.73	$11.35	
G0307	Q	CBC WITHOUT PLATELET				Medicare	$15.75	$9.77	$9.45	
G0328	Q	FECAL BLOOD SCRN IMMUNOASSAY				Medicare	$38.70	$23.99	$23.22	
G0329	M	ELECTROMAGNETIC TX FOR ULCERS				Fee Schedule	$0.00			N
G0333	E	DISPENSE FEE INITIAL 30 DAY				Not Allowed	$0.00			

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G0337	E	HOSPICE EVALUATION PREELECTI				Not Allowed	$0.00			
G0339	S	ROBOT LIN-RADSURG COM FIRST	0067	57.5732		APC	$2,913.78			
G0340	S	ROBT LIN-RADSURG FRACTX 2-5	0066	39.0533		APC	$1,976.49			
G0341	C	PERCUTANEOUS ISLET CELL TRANS				Not Allowed	$0.00			Y
G0342	C	LAPAROSCOPY ISLET CELL TRANS				Not Allowed	$0.00			Y
G0343	C	LAPAROTOMY ISLET CELL TRANSP				Inpatient Only	$0.00			Y
G0364	X	BONE MARROW ASPIRATE &BIOPSY	0340	0.6462		APC	$32.70			
G0365	S	VESSEL MAPPING HEMO ACCESS	0267	2.3186		APC	$117.34			
G0372	E	MD SERVICE REQUIRED FOR PMD				Not Allowed	$0.00			
G0378	N	HOSPITAL OBSERVATION PER HR				Bundled	$0.00			
G0379	N	DIRECT ADMIT HOSPITAL OBSERV	0604	0.8277		Bundled, may be payable	$0.00			
G0380	E	LEV 1 HOSP TYPE B ED VISIT	0626	0.6840		Not Allowed	$0.00			
G0381	E	LEV 2 HOSP TYPE B ED VISIT	0627	0.9302		Not Allowed	$0.00			
G0382	E	LEV 3 HOSP TYPE B ED VISIT	0628	1.3418		Not Allowed	$0.00			
G0383	E	LEV 4 HOSP TYPE B ED VISIT	0629	2.4093		Not Allowed	$0.00			
G0384	E	LEV 5 HOSP TYPE B ED VISIT	0616	4.9032		Not Allowed	$0.00			
G0389	S	ULTRASOUND EXAM AAA SCREEN	0266	1.4801		APC	$74.91			
G0390	S	TRAUMA RESPONS W/HOSP CRITI	0618	14.1558		APC	$716.43			
G0392	T	AV FISTULA OR GRAFT ARTERIAL	0083	48.3584		APC	$2,447.42			
G0393	T	AV FISTULA OR GRAFT VENOUS	0083	48.3584		APC	$2,447.42			
G0396	S	ALCOHOL/SUBS INTERV 15-30MN	0432	0.4065		APC	$20.57			N
G0397	S	ALCOHOL/SUBS INTERV >30 MIN	0432	0.4065		APC	$20.57			N
G0398	S	HOME SLEEP TEST/TYPE 2 PORTA	0213	2.3168		APC	$117.25			N
G0399	S	HOME SLEEP TEST/TYPE 3 PORTA	0213	2.3168		APC	$117.25			N
G0400	S	HOME SLEEP TEST/TYPE 4 PORTA	0213	2.3168		APC	$117.25			N
G0402	V	INITIAL PREVENTIVE EXAM	0605	1.0439		APC	$52.83			
G0403	E	EKG FOR INITIAL PREVENT EXAM				Not Allowed	$0.00			
G0404	S	EKG TRACING FOR INITIAL PREV	0099	0.3949		APC	$19.99			
G0405	E	EKG INTERPRET & REPORT PREVE				Not Allowed	$0.00			
G0406	E	TELHEALTH INPT CONSULT 15MIN				Not Allowed	$0.00			
G0407	E	TELHEATH INPT CONSULT 25MIN				Not Allowed	$0.00			
G0408	E	TELHEALTH INPT CONSULT 35MIN				Not Allowed	$0.00			
G0409	E	CORF RELATED SERV 15 MINS EA				Not Allowed	$0.00			
G0410	E	GRP PSYCH PARTIAL HOSP 45-50				Not Allowed	$0.00			
G0411	E	INTER ACTIVE GRP PSYCH PARTI				Not Allowed	$0.00			
G0412	C	OPEN TX ILIAC SPINE UNI/BIL				Inpatient Only	$0.00			
G0413	T	PELVIC RING FRACTURE UNI/BIL	0050	29.8816		APC	$1,512.31			
G0414	C	PELVIC RING FX TREAT INT FIX				Inpatient Only	$0.00			
G0415	C	OPEN TX POST PELVIC FXCTURE				Inpatient Only	$0.00			
G0416	S	SAT BIOPSY PROSTATE 1-20 SPC	1505	6.916		APC	$350.02			
G0417	S	SAT BIOPSY PROSTATE 21-40	1507	10.867		APC	$549.98			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
G0418	S	SAT BIOPSY PROSTATE 41-60	1511	18.771		APC	$950.00			
G0419	S	SAT BIOPSY PROSTATE: >60	1513	22.723		APC	$1,150.01			
G3001	S	ADMIN + SUPPLY TOSITUMOMAB	0442	28.9015		APC	$1,462.70			
G8006	E	AMI PT RECD ASPIRIN AT ARRIV				Not Allowed	$0.00			
G8007	E	AMI PT DID NOT RECEIV ASPIRI				Not Allowed	$0.00			
G8008	E	AMI PT INELIGIBLE FOR ASPIRI				Not Allowed	$0.00			
G8009	E	AMI PT RECD BBLOCK AT ARR				Not Allowed	$0.00			
G8010	E	AMI PT DID NOT REC BBLOCK				Not Allowed	$0.00			
G8011	E	AMI PT INELIG BBLOC AT ARRIV				Not Allowed	$0.00			
G8012	E	PNEUM PT RECV ANTIBIOTIC 4 H				Not Allowed	$0.00			
G8013	E	PNEUM PT W/O ANTIBIOTIC 4 HR				Not Allowed	$0.00			
G8014	E	PNEUM PT NOT ELIG ANTIBIOTIC				Not Allowed	$0.00			
G8015	E	DIABETIC PT W/ HBA1C>9%				Not Allowed	$0.00			
G8016	E	DIABETIC PT W/ HBA1C<OR=9%				Not Allowed	$0.00			
G8017	E	DM PT INELIG FOR HBA1C MEASU				Not Allowed	$0.00			
G8018	E	CARE NOT PROVIDED FOR HBA1C				Not Allowed	$0.00			
G8019	E	DIABETIC PT W/LDL>= 100MG/DL				Not Allowed	$0.00			
G8020	E	DIAB PT W/LDL< 100MG/DL				Not Allowed	$0.00			
G8021	E	DIAB PT INELIG FOR LDL MEAS				Not Allowed	$0.00			
G8022	E	CARE NOT PROVIDED FOR LDL				Not Allowed	$0.00			
G8023	E	DM PT W BP>=140/80				Not Allowed	$0.00			
G8024	E	DIABETIC PT WBP<140/80				Not Allowed	$0.00			
G8025	E	DIABETIC PT INELIG FOR BP ME				Not Allowed	$0.00			
G8026	E	DIABET PT W NO CARE RE BP ME				Not Allowed	$0.00			
G8027	E	HF P W/LVSD ON ACE-I/ARB				Not Allowed	$0.00			
G8028	E	HF PT W/LVSD NOT ON ACE-I/AR				Not Allowed	$0.00			
G8029	E	HF PT NOT ELIG FOR ACE-I/ARB				Not Allowed	$0.00			
G8030	E	HF PT W/LVSD ON BBLOCKER				Not Allowed	$0.00			
G8031	E	HF PT W/LVSD NOT ON BBLOCKER				Not Allowed	$0.00			
G8032	E	HF PT NOT ELIG FOR BBLOCKER				Not Allowed	$0.00			
G8033	E	PMI-CAD PT ON BBLOCKER				Not Allowed	$0.00			
G8034	E	PMI-CAD PT NOT ON BBLOCKER				Not Allowed	$0.00			
G8035	E	PMI-CAD PT INELIG BBLOCKER				Not Allowed	$0.00			
G8036	E	AMI-CAD PT DOC ON ANTIPLATEL				Not Allowed	$0.00			
G8037	E	AMI-CAD PT NOT DOCU ON ANTIP				Not Allowed	$0.00			
G8038	E	AMI-CAD INELIG ANTIPLATE MEA				Not Allowed	$0.00			
G8039	E	CAD PT W/LDL>100MG/DL				Not Allowed	$0.00			
G8040	E	CAD PT W/LDL<OR=100MG/DL				Not Allowed	$0.00			
G8041	E	CAD PT NOT ELIGIBLE FOR LDL				Not Allowed	$0.00			
G8051	E	OSTEOPOROSIS ASSESS				Not Allowed	$0.00			
G8052	E	OSTEOPOR PT NOT ASSESS				Not Allowed	$0.00			

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G8053	E	PT INELIG FOR OSTEOPOR MEAS				Not Allowed	$0.00			
G8054	E	FALLS ASSESS NOT DOCUM 12 MO				Not Allowed	$0.00			
G8055	E	FALLS ASSESS W/ 12 MON				Not Allowed	$0.00			
G8056	E	NOT ELIG FOR FALLS ASSESSMEN				Not Allowed	$0.00			
G8057	E	HEARING ASSESS RECEIVE				Not Allowed	$0.00			
G8058	E	PT W/O HEARING ASSESS				Not Allowed	$0.00			
G8059	E	PT INELIG FOR HEARING ASSESS				Not Allowed	$0.00			
G8060	E	URINARY INCONT PT ASSESS				Not Allowed	$0.00			
G8061	E	PT NOT ASSESS FOR URINARY IN				Not Allowed	$0.00			
G8062	E	PT NOT ELIG FOR URINARY INCO				Not Allowed	$0.00			
G8075	E	ESRD PT W/ DIALY OF URR>=65%				Not Allowed	$0.00			
G8076	E	ESRD PT W/ DIALY OF URR<65%				Not Allowed	$0.00			
G8077	E	ESRD PT NOT ELIG FOR URR/KTV				Not Allowed	$0.00			
G8078	E	ESRD PT W/HCT>OR=33				Not Allowed	$0.00			
G8079	E	ESRD PT W/HCT<33				Not Allowed	$0.00			
G8080	E	ESRD PT INELIG FOR HCT/HGB				Not Allowed	$0.00			
G8081	E	ESRD PT W/ AUTO AV FISTULA				Not Allowed	$0.00			
G8082	E	ESRD PT W OTHER FISTULA				Not Allowed	$0.00			
G8085	E	ESRD PT INELIG AUTO AV FISTU				Not Allowed	$0.00			N
G8093	E	COPD PT REC SMOKING CESSAT				Not Allowed	$0.00			
G8094	E	COPD PT W/O SMOKE CESSAT INT				Not Allowed	$0.00			
G8099	E	OSTEOPO PT GIVEN CA+VITD SUP				Not Allowed	$0.00			
G8100	E	OSTEOP PT INELIG FOR CA+VITD				Not Allowed	$0.00			
G8103	E	NEW DX OSTEO PT W/ANTIRESORP				Not Allowed	$0.00			
G8104	E	OSTEO PT INELIG FOR ANTIRESO				Not Allowed	$0.00			
G8106	E	BONE DENS MEAS TEST PERF				Not Allowed	$0.00			
G8107	E	BONE DENS MEAS TEST INELIG				Not Allowed	$0.00			
G8108	E	PT RECEIV INFLUENZA VACC				Not Allowed	$0.00			
G8109	E	PT W/O INFLUENZA VACC				Not Allowed	$0.00			
G8110	E	PT INELIG FOR INFLUENZA VACC				Not Allowed	$0.00			
G8111	E	PT RECEIV MAMMOGRAM				Not Allowed	$0.00			
G8112	E	PT NOT DOC MAMMOGRAM				Not Allowed	$0.00			
G8113	E	PT INELIGIBLE MAMMOGRAPHY				Not Allowed	$0.00			
G8114	E	CARE NOT PROVIDED FOR MAMOGR				Not Allowed	$0.00			
G8115	E	PT RECEIV PNEUMO VACC				Not Allowed	$0.00			
G8116	E	PT DID NOT REC PNEUMO VACC				Not Allowed	$0.00			
G8117	E	PT WAS INELIG FOR PNEUMO VAC				Not Allowed	$0.00			
G8126	E	PT TREAT W/ANTIDEPRESS12WKS				Not Allowed	$0.00			
G8127	E	PT NOT TREAT W/ANTIDEPRES12W				Not Allowed	$0.00			
G8128	E	PT INELIG FOR ANTIDEPRES MED				Not Allowed	$0.00			
G8129	E	PT TREAT W/ANTIDEPRES FOR 6M				Not Allowed	$0.00			

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G8130	E	PT NOT TREAT W/ANTIDEPRES 6M				Not Allowed	$0.00			
G8131	E	PT INELIG FOR ANTIDEPRES MED				Not Allowed	$0.00			
G8152	E	PT W/AB 1 HR PRIOR TO INCISI				Not Allowed	$0.00			
G8153	E	PT NOT DOC FOR AB 1 HR PRIOR				Not Allowed	$0.00			
G8154	E	PT INELIGI FOR AB THERAPY				Not Allowed	$0.00			
G8155	E	PT RECD THROMBOEMB PROPHYLAX				Not Allowed	$0.00			
G8156	E	PT DID NOT REC THROMBOEMBO				Not Allowed	$0.00			
G8157	E	PT INELIGI FOR THROMBOLISM				Not Allowed	$0.00			
G8159	E	PT W/CABG W/O IMA				Not Allowed	$0.00			
G8162	E	ISO CABG PT W/O PREOP BBLOCK				Not Allowed	$0.00			
G8164	E	ISO CABG PT W/PROLNG INTUB				Not Allowed	$0.00			
G8165	E	ISO CABG PT W/O PROLNG INTUB				Not Allowed	$0.00			
G8166	E	ISO CABG REQ SURG REXPO				Not Allowed	$0.00			
G8167	E	ISO CABG W/O SURG EXPLO				Not Allowed	$0.00			
G8170	E	CEA/EXT BYPASS PT ON ASPIRIN				Not Allowed	$0.00			
G8171	E	PT W/CAROT ENDARCT/EXT BYPAS				Not Allowed	$0.00			
G8172	E	CEA/EXT BYPASS PT NOT ON ASP				Not Allowed	$0.00			
G8182	E	CAD PT CARE NOT PROV LDL				Not Allowed	$0.00			
G8183	E	HF/ATRIAL FIB PT ON WARFARIN				Not Allowed	$0.00			
G8184	E	HF/ATRIAL FIB PT INELIG WARF				Not Allowed	$0.00			
G8185	E	OSTEOARTH PT W/ ASSESS PAIN				Not Allowed	$0.00			
G8186	E	OSTEOARTH PT INELIG ASSESS				Not Allowed	$0.00			
G8193	E	ANTIBIO NOT DOC PRIOR SURG				Not Allowed	$0.00			
G8196	E	ANTIBIO NOT DOCUM PRIOR SURG				Not Allowed	$0.00			
G8200	E	CEFAZOLIN NOT DOCUM PROPHY				Not Allowed	$0.00			
G8204	E	MD NOT DOC ORDER TO D/C ANTI				Not Allowed	$0.00			
G8209	E	CLINICIAN DID NOT DOC				Not Allowed	$0.00			
G8214	E	CLINI NOT DOC ORDER VTE				Not Allowed	$0.00			
G8217	E	PT NOT RECEIVED DVT PROPH				Not Allowed	$0.00			
G8219	E	RECEIVED DVT PROPH DAY 2				Not Allowed	$0.00			
G8220	E	PT NOT REC DVT PROPH DAY 2				Not Allowed	$0.00			
G8221	E	PT INELIG FOR DVT PROPH				Not Allowed	$0.00			
G8223	E	PT NOT DOC FOR PRESC ANTIPLA				Not Allowed	$0.00			
G8226	E	PT NO PRESCR ANTICOA AT D/C				Not Allowed	$0.00			
G8231	E	PT NOT DOC FOR ADMIN T-PA				Not Allowed	$0.00			
G8234	E	PT NOT DOC DYSPHAGIA SCREEN				Not Allowed	$0.00			
G8238	E	PT NOT DOC TO REC REHAB SERV				Not Allowed	$0.00			
G8240	E	INTER CAROTID STENOSIS30-99%				Not Allowed	$0.00			
G8243	E	PT NOT DOC MRI/CT W/O LESION				Not Allowed	$0.00			
G8246	E	PT INELIG HX W NEW/CHG MOLE				Not Allowed	$0.00			
G8248	E	PT W/ONE ALARM SYMP NOT DOC				Not Allowed	$0.00			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
G8251	E	PT NOT DOC W/BARRETTS, ENDO				Not Allowed	$0.00			
G8254	E	PT W/NO DOC ORDER FOR BARIUM				Not Allowed	$0.00			
G8257	E	PT NOT DOC REV MEDS D/C				Not Allowed	$0.00			
G8260	E	PT NOT DOC TO HAVE DEC MAKER				Not Allowed	$0.00			
G8263	E	PT NOT DOC ASSESS URINARY IN				Not Allowed	$0.00			
G8266	E	PT NOT DOC CHARC URIN INCON				Not Allowed	$0.00			
G8268	E	PT NOT DOC REC CARE URIN INC				Not Allowed	$0.00			
G8271	E	PT NO DOC SCREEN FALL				Not Allowed	$0.00			
G8274	E	CLINI NOT DOC PRES/ABS ALARM				Not Allowed	$0.00			
G8276	E	PT NOT DOC MOLE CHANGE				Not Allowed	$0.00			
G8279	E	PT NOT DOC REC PE				Not Allowed	$0.00			
G8282	E	PT NOT DOC TO REC COUNS				Not Allowed	$0.00			
G8285	E	PT DID NOT REC PRES OSTEO				Not Allowed	$0.00			
G8289	E	PT NOT DOC REC CA/VIT D				Not Allowed	$0.00			
G8293	E	COPD PT W/O SPIR RESULTS				Not Allowed	$0.00			
G8296	E	COPD PT NOT DOC BRONCH THER				Not Allowed	$0.00			
G8298	E	PT DOC OPTIC NERVE EVAL				Not Allowed	$0.00			
G8299	E	PT NOT DOC OPTIC NERV EVAL				Not Allowed	$0.00			
G8302	E	PT DOC W/ TARGET IOP				Not Allowed	$0.00			
G8303	E	PT NOT DOC W/ IOP				Not Allowed	$0.00			
G8304	E	CLIN DOC PT INELIG IOP				Not Allowed	$0.00			
G8305	E	CLIN NOT PROV CARE POAG				Not Allowed	$0.00			
G8306	E	POAG W/ IOP REC CARE PLAN				Not Allowed	$0.00			
G8307	E	POAG W/ IOP NO CARE PLAN				Not Allowed	$0.00			
G8308	E	POAG W/ IOP NOT DOC PLAN				Not Allowed	$0.00			
G8310	E	PT NOT DOC REC ANTIOX				Not Allowed	$0.00			
G8314	E	PT NOT DOC TO REC MAC EXAM				Not Allowed	$0.00			
G8318	E	PT DOC NOT HAVE VISUAL FUNC				Not Allowed	$0.00			
G8322	E	PT NOT DOC PRE AXIAL LENG				Not Allowed	$0.00			
G8326	E	PT NOT DOC REC FUNDUS EXAM				Not Allowed	$0.00			
G8330	E	PT NOT DOC REC DILATED MAC				Not Allowed	$0.00			
G8334	E	DOC OF MACULAR NOT GIV MD				Not Allowed	$0.00			
G8338	E	CLIN NOT DOC PT TEST OSTEO				Not Allowed	$0.00			
G8341	E	PT NOT DOC FOR DEXA				Not Allowed	$0.00			
G8345	E	PT NOT DOC HAVE DEXA				Not Allowed	$0.00			
G8351	E	PT NOT DOC ECG				Not Allowed	$0.00			
G8354	E	PT NOT REC ASPIRIN PRIOR ER				Not Allowed	$0.00			
G8357	E	PT NOT DOC TO HAVE ECG				Not Allowed	$0.00			
G8360	E	PT NOT DOC VITAL SIGNS RECOR				Not Allowed	$0.00			
G8362	E	PT NOT DOC 02 SAT ASSESS				Not Allowed	$0.00			
G8365	E	PT NOT DOC MENTAL STATUS				Not Allowed	$0.00			

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G8367	E	PT NOT DOC HAVE EMPIRIC AB				Not Allowed	$0.00			
G8370	E	ASTHMA PT W SURVEY NOT DOCUM				Not Allowed	$0.00			
G8371	E	CHEMOTHER NOT REC STG3 COLON				Not Allowed	$0.00			
G8372	E	CHEMOTHER REC STG 3 COLON CA				Not Allowed	$0.00			
G8373	E	CHEMO PLAN DOCUM PRIOR CHEMO				Not Allowed	$0.00			
G8374	E	CHEMO PLAN NOT DOC PRIOR CHE				Not Allowed	$0.00			
G8375	E	CLL PT W/O DOC FLOW CYTOMETR				Not Allowed	$0.00			
G8376	E	BRST CA PT INELIG TAMOXIFEN				Not Allowed	$0.00			
G8377	E	MD DOC COLON CA PT INELIG CH				Not Allowed	$0.00			
G8378	E	MD DOC PT INELIG RAD THERAPY				Not Allowed	$0.00			
G8379	E	RADIAT TX RECOM DOC12MO OV				Not Allowed	$0.00			
G8380	E	PT W STGIC-3BRST CA W/O TAM				Not Allowed	$0.00			
G8381	E	PT W STGIC-3BRST CA REC TAM				Not Allowed	$0.00			
G8382	E	MM PT W/O DOC IV BISPHOPHON				Not Allowed	$0.00			
G8383	E	RADIATION REC NOT DOC 12 MO				Not Allowed	$0.00			
G8384	E	MDS PT W/O BASE CYTOGEN TEST				Not Allowed	$0.00			
G8385	E	DIAB PT W NODOC HGB A1C 12M				Not Allowed	$0.00			
G8386	E	DIAB PT W NODOC LDL 12M				Not Allowed	$0.00			
G8387	E	ESRD PT W HCT/HGB NOT DOCUME				Not Allowed	$0.00			
G8388	E	ESRD PT W URR/KTV NOT DOC EL				Not Allowed	$0.00			
G8389	E	MDS PT NO DOC FE PRIOR EPO				Not Allowed	$0.00			
G8390	E	DIABETIC W/O DOCUMENT BP 12M				Not Allowed	$0.00			
G8391	E	PT W ASTHMA NO DOC MED OR TX				Not Allowed	$0.00			
G8395	E	LVEF>=40% DOC NORMAL OR MILD				Not Allowed	$0.00			
G8396	E	LVEF NOT PERFORMED				Not Allowed	$0.00			
G8397	E	DIL MACULA/FUNDUS EXAM/W DOC				Not Allowed	$0.00			
G8398	E	DIL MACULAR/FUNDUS NOT PERFO				Not Allowed	$0.00			
G8399	E	PT W/DXA DOCUMENT OR ORDER				Not Allowed	$0.00			
G8400	E	PT W/DXA NO DOCUMENT OR ORDE				Not Allowed	$0.00			
G8401	E	PT INELIG OSTEO SCREEN MEASU				Not Allowed	$0.00			
G8402	E	SMOKE PREVEN INTERVEN COUNSE				Not Allowed	$0.00			
G8403	E	SMOKE PREVEN NOCOUNSEL				Not Allowed	$0.00			
G8404	E	LOW EXTEMITY NEUR EXAM DOCUM				Not Allowed	$0.00			
G8405	E	LOW EXTEMITY NEUR NOT PERFOR				Not Allowed	$0.00			
G8406	E	PT INELIG LOWER EXTREM NEURO				Not Allowed	$0.00			
G8407	E	ABI DOCUMENTED				Not Allowed	$0.00			
G8408	E	ABI NOT DOCUMENTED				Not Allowed	$0.00			
G8409	E	PT INELIG FOR ABI MEASURE				Not Allowed	$0.00			
G8410	E	EVAL ON FOOT DOCUMENTED				Not Allowed	$0.00			
G8415	E	EVAL ON FOOT NOT PERFORMED				Not Allowed	$0.00			
G8416	E	PT INELIG FOOTWEAR EVALUATIO				Not Allowed	$0.00			

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G8417	E	BMI >=30 CALCUATE W/FOLLOWUP				Not Allowed	$0.00			
G8418	E	BMI < 22 CALCUATE W/FOLLOWUP				Not Allowed	$0.00			
G8419	E	BMI>=30OR<22 CAL NO FOLLOWUP				Not Allowed	$0.00			
G8420	E	BMI<30 AND >=22 CALC & DOCU				Not Allowed	$0.00			
G8421	E	BMI NOT CALCULATED				Not Allowed	$0.00			
G8422	E	PT INELIG BMI CALCULATION				Not Allowed	$0.00			
G8423	E	PT SCREEN FLU VAC & COUNSEL				Not Allowed	$0.00			
G8424	E	FLU VACCINE NOT SCREEN				Not Allowed	$0.00			
G8425	E	FLU VACCINE SCREEN NOT CURRE				Not Allowed	$0.00			
G8426	E	PT NOT APPROP SCREEN & COUNC				Not Allowed	$0.00			
G8427	E	DOC MEDS VERIFIED W/PT OR RE				Not Allowed	$0.00			
G8428	E	MEDS DOCUMENT W/O VERIFICA				Not Allowed	$0.00			
G8429	E	INCOMPLETE DOC PT ON MEDS				Not Allowed	$0.00			
G8430	E	PT INELIG MED CHECK				Not Allowed	$0.00			
G8431	E	CLIN DEPRESSION SCREEN DOC				Not Allowed	$0.00			
G8432	E	CLIN DEPRESSION SCREEN NOT D				Not Allowed	$0.00			
G8433	E	PT INELIG FOR DEPRESSION SCR				Not Allowed	$0.00			
G8434	E	COGNITIVE IMPAIRMENT SCREEN				Not Allowed	$0.00			
G8435	E	COGNITIVE SCREEN NOT DOCUMEN				Not Allowed	$0.00			
G8436	E	PT INELIG FOR COGNITIVE IMPA				Not Allowed	$0.00			
G8437	E	TX PLAN DEVELOP & DOCUMENT				Not Allowed	$0.00			
G8438	E	TX PLAN DEVELOP & NOT DOCUM				Not Allowed	$0.00			
G8439	E	PT INELIG FOR CO-DEVELP TX P				Not Allowed	$0.00			
G8440	E	PAIN ASSESSMENT DOCUMENT				Not Allowed	$0.00			
G8441	E	NO DOCUMENT OF PAIN ASSESS				Not Allowed	$0.00			
G8442	E	PT INELIG PAIN ASSESSMENT				Not Allowed	$0.00			
G8443	E	PRESCRIPTION BY E-PRESCRIB S				Not Allowed	$0.00			
G8445	E	PRESCRIP NOT GEN AT ENCOUNTE				Not Allowed	$0.00			
G8446	E	SOME PRESCRIB HANDWRITTEN OR				Not Allowed	$0.00			
G8447	E	PT VISIT DOC USING CCHIT CER				Not Allowed	$0.00			
G8448	E	PT VISIT DOCUM W/NON-CCHIT C				Not Allowed	$0.00			
G8449	E	PT NOT DOC W/EMR DUE TO SYST				Not Allowed	$0.00			
G8450	E	BETA-BLOC RX PT W/ABN LVEF				Not Allowed	$0.00			
G8451	E	PT W/ABN LVEF INELIG B-BLOC				Not Allowed	$0.00			
G8452	E	PT W/ABN LVEF B-BLOC NO RX				Not Allowed	$0.00			
G8453	E	TOB USE CESS INT COUNSEL				Not Allowed	$0.00			
G8454	E	TOB USE CESS INT NO COUNSEL				Not Allowed	$0.00			
G8455	E	CURRENT TOBACCO SMOKER				Not Allowed	$0.00			
G8456	E	SMOKELESS TOBACCO USER				Not Allowed	$0.00			
G8457	E	TOBACCO NON-USER				Not Allowed	$0.00			
G8458	E	PT INELIG GENO NO ANTVIR TX				Not Allowed	$0.00			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
G8459	E	DOC PT REC ANTIVIR TREAT				Not Allowed	$0.00			
G8460	E	PT INELIG RNA NO ANTVIR TX				Not Allowed	$0.00			
G8461	E	PT REC ANTIVIR TREAT HEP C				Not Allowed	$0.00			
G8462	E	PT INELIG COUNS NO ANTVIR TX				Not Allowed	$0.00			
G8463	E	PT REC ANTIVIRAL TREAT DOC				Not Allowed	$0.00			
G8464	E	PT INELIG; LO TO NO DTER RSK				Not Allowed	$0.00			
G8465	E	HIGH RISK RECURRENCE PRO CA				Not Allowed	$0.00			
G8466	E	PT INELIG SUIC; MDD REMIS				Not Allowed	$0.00			
G8467	E	NEW DX INIT/REC EPISODE MDD				Not Allowed	$0.00			
G8468	E	ACE/ARB RX PT W/ABN LVEF				Not Allowed	$0.00			
G8469	E	PT W/ABN LVEF INELIG ACE/ARB				Not Allowed	$0.00			
G8470	E	PT W/ NORMAL LVEF				Not Allowed	$0.00			
G8471	E	LVEF NOT PERFORMED/DOC				Not Allowed	$0.00			
G8472	E	ACE/ARB NO RX PT W/ABN LVEF				Not Allowed	$0.00			
G8473	E	ACE/ARB THXPY RX'D				Not Allowed	$0.00			
G8474	E	ACE/ARB NOT RX'D; DOC REAS				Not Allowed	$0.00			
G8475	E	ACE/ARB THXPY NOT RX'D				Not Allowed	$0.00			
G8476	E	BP SYS <130 AND DIAS <80				Not Allowed	$0.00			
G8477	E	BP SYS>=130 AND/OR DIAS >=80				Not Allowed	$0.00			
G8478	E	BP NOT PERFORMED/DOC				Not Allowed	$0.00			
G8479	E	MD RX'D ACE/ARB THXPY				Not Allowed	$0.00			
G8480	E	PT INELIG ACE/ARB THXPY				Not Allowed	$0.00			
G8481	E	MD NOT RX'D ACE/ARB THXPY				Not Allowed	$0.00			
G8482	E	FLU IMMUNIZE ORDER/ADMIN				Not Allowed	$0.00			
G8483	E	FLU IMM NO ORD/ADMIN DOC REA				Not Allowed	$0.00			
G8484	E	FLU IMMUNIZE NO ORDER/ADMIN				Not Allowed	$0.00			
G8485	E	REPORT DIABETES MEASURES				Not Allowed	$0.00			N
G8486	E	REPORT PREV CARE MEASURES				Not Allowed	$0.00			N
G8487	E	REPORT CKD MEASURES				Not Allowed	$0.00			N
G8488	E	REPORT ESRD MEASURES				Not Allowed	$0.00			N
G8489	E	CAD MEASURES GRP				Not Allowed	$0.00			
G8490	E	RA MEASURES GRP				Not Allowed	$0.00			
G8491	E	HIV/AIDS MEASURES GRP				Not Allowed	$0.00			
G8492	E	PREV CARE MEASURES GRP				Not Allowed	$0.00			
G8493	E	BACK PAIN MEASURES GRP				Not Allowed	$0.00			
G8494	E	DM MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8495	E	CKD MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8496	E	PC MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8497	E	CABG MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8498	E	CAD MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8499	E	RA MEAS QUAL ACT PERFORM				Not Allowed	$0.00			

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G8500	E	HIV MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8501	E	PERIO MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8502	E	BP MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8503	E	DOC PROPH ANTIBX W/IN 1 HR				Not Allowed	$0.00			
G8504	E	DOC ORD PRO ANTBX W/IN 1 HR				Not Allowed	$0.00			
G8505	E	NO DOC PROPH ANTIBX W/IN 1HR				Not Allowed	$0.00			
G8506	E	PT REC ACE/ARB				Not Allowed	$0.00			
G8507	E	PT INELIG PT VERIF MEDS				Not Allowed	$0.00			
G8508	E	PT INELIG; PAIN ASSES NO F/U				Not Allowed	$0.00			
G8509	E	PAIN ASSESS NO F/U PLN DOC				Not Allowed	$0.00			
G8510	E	PT INELIG NEG SCRN DEPRES				Not Allowed	$0.00			
G8511	E	CLIN DEPRES SCRN NO F/U DOC				Not Allowed	$0.00			
G8512	E	PAIN SEV QUANT PRESENT				Not Allowed	$0.00			
G8513	E	ABI MEAS & DOC				Not Allowed	$0.00			
G8514	E	PT INELIG; ABI MEASURE				Not Allowed	$0.00			
G8515	E	NO ABI MEASUREMENT				Not Allowed	$0.00			
G8516	E	SCRN FAL RSK >2 FAL OR W/INJ				Not Allowed	$0.00			
G8517	E	SCRN FALL RSK; <2 FALLS				Not Allowed	$0.00			
G8518	E	CLIN STG B/F LUN/ESO CA SURG				Not Allowed	$0.00			
G8519	E	PT IN; CLIN CA STG B/F SURG				Not Allowed	$0.00			
G8520	E	CLIN STG B/F SURG NOT DOC				Not Allowed	$0.00			
G8521	E	ANTPLT RECD 48 HRS & DISCH				Not Allowed	$0.00			
G8522	E	PT INELIG; ANTIPLT THERAPY				Not Allowed	$0.00			
G8523	E	ANTPLT NOT RECD REAS NO SPEC				Not Allowed	$0.00			
G8524	E	PATCH CLOSURE CONV CEA				Not Allowed	$0.00			
G8525	E	NO PATCH CLOSURE CEA				Not Allowed	$0.00			
G8526	E	NO PATCH CLOSURE CONV CEA				Not Allowed	$0.00			
G8527	E	DOC ORD ANTIMIC PROPHY				Not Allowed	$0.00			
G8528	E	PT INELIG; PROPH ANTIBIOT				Not Allowed	$0.00			
G8529	E	NO DOC ORD ANTIMIC PROPHY				Not Allowed	$0.00			
G8530	E	AUTO AV FISTULA RECD				Not Allowed	$0.00			
G8531	E	PT INELIG; AUTO AV FISTULA				Not Allowed	$0.00			
G8532	E	NO AUTO AV FISTULA; NO REAS				Not Allowed	$0.00			
G8533	E	PARTIC IN CLIN DATA BASE REG				Not Allowed	$0.00			
G8534	E	DOC ELDER MAL SCRN F/U PLAN				Not Allowed	$0.00			
G8535	E	PT INELIG NO ELD MAL SCRN				Not Allowed	$0.00			
G8536	E	NO DOC ELDER MAL SCRN				Not Allowed	$0.00			
G8537	E	PT INELIG ELDMAL SCRN NO F/U				Not Allowed	$0.00			
G8538	E	ELD MAL SCRN NO F/U PLN				Not Allowed	$0.00			
G8539	E	CUR FUNCT ASSESS & CARE PLN				Not Allowed	$0.00			
G8540	E	PT INELIG FUNCT ASSESS				Not Allowed	$0.00			

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G8541	E	NO DOC CUR FUNCT ASSESS				Not Allowed	$0.00			
G8542	E	PT INELIG FUNC ASSES NO PLN				Not Allowed	$0.00			
G8543	E	CUR FUNCT ASSES; NO CARE PLN				Not Allowed	$0.00			
G8544	E	CABG MEASURES GRP				Not Allowed	$0.00			
G9001	E	MCCD, INITIAL RATE				Not Allowed	$0.00			N
G9002	E	MCCD,MAINTENANCE RATE				Not Allowed	$0.00			N
G9003	E	MCCD, RISK ADJ HI, INITIAL				Not Allowed	$0.00			N
G9004	E	MCCD, RISK ADJ LO, INITIAL				Not Allowed	$0.00			N
G9005	E	MCCD, RISK ADJ, MAINTENANCE				Not Allowed	$0.00			N
G9006	E	MCCD, HOME MONITORING				Not Allowed	$0.00			N
G9007	E	MCCD, SCH TEAM CONF				Not Allowed	$0.00			N
G9008	E	MCCD,PHYS COOR-CARE OVRSGHT				Not Allowed	$0.00			N
G9009	E	MCCD, RISK ADJ, LEVEL 3				Not Allowed	$0.00			
G9010	E	MCCD, RISK ADJ, LEVEL 4				Not Allowed	$0.00			N
G9011	E	MCCD, RISK ADJ, LEVEL 5				Not Allowed	$0.00			
G9012	E	OTHER SPECIFIED CASE MGMT				Not Allowed	$0.00			N
G9013	M	ESRD DEMO BUNDLE LEVEL I				Fee Schedule	$0.00			
G9014	M	ESRD DEMO BUNDLE-LEVEL II				Fee Schedule	$0.00			
G9016	E	DEMO-SMOKING CESSATION COUN				Not Allowed	$0.00			N
G9017	E	AMANTADINE HCL ORAL				Not Allowed	$0.00			
G9018	E	ZANAMIVIR INH PWDR				Not Allowed	$0.00			
G9019	E	OSELTAMIVIR PHOSP				Not Allowed	$0.00			
G9020	E	RIMANTADINE HCL				Not Allowed	$0.00			
G9033	E	AMANTADINE HCL, ORAL, BRAND				Not Allowed	$0.00			N
G9034	E	ZANAMIVIR POWDER VIA INHALER				Not Allowed	$0.00			N
G9035	E	OSELTAMIVIR PHOSPHATE 75MG, ORAL				Not Allowed	$0.00			N
G9036	E	RIMANTADINE HCL 100MG				Not Allowed	$0.00			N
G9041	E	LOW VISION SERV OCCUPATIONAL				Not Allowed	$0.00			N
G9042	E	LOW VISION ORIENT/MOBILITY				Not Allowed	$0.00			N
G9043	E	LOW VISION REHAB THERAPIST				Not Allowed	$0.00			N
G9044	E	LOW VISION REHAB TEACHER				Not Allowed	$0.00			N
G9050	E	ONCOLOGY WORK-UP EVALUATION				Not Allowed	$0.00			
G9051	E	ONCOLOGY TREATMENT DECISION				Not Allowed	$0.00			
G9052	E	ONC SURVEILLANCE FOR DISEASE				Not Allowed	$0.00			
G9053	E	ONC EXPECTANT MANAGEMENT PT				Not Allowed	$0.00			
G9054	E	ONC SUPERVISION PALLIATIVE				Not Allowed	$0.00			
G9055	E	ONC VISIT UNSPECIFIED NOS				Not Allowed	$0.00			
G9056	E	ONC PRAC MGMT ADHERES GUIDE				Not Allowed	$0.00			
G9057	E	ONC PRACT MGMT DIFFERS GUIDE				Not Allowed	$0.00			
G9058	E	ONC PRAC MGMT DISAGREE W/GUI				Not Allowed	$0.00			
G9059	E	ONC PRAC MGMT PT OPT ALTERNA				Not Allowed	$0.00			

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G9060	E	ONC PRAC MGMT DIF PT COMORB				Not Allowed	$0.00			
G9061	E	ONC PRAC COND NOADD BY GUIDE				Not Allowed	$0.00			
G9062	E	ONC PRAC GUIDE DIFFERS NOS				Not Allowed	$0.00			
G9063	E	ONC DX NSCLC STGI NO DX PROG				Not Allowed	$0.00			
G9064	E	ONC DX NSCLC STG2 NO DX PROG				Not Allowed	$0.00			
G9065	E	ONC DX NSCLC STG3A NODX PROG				Not Allowed	$0.00			
G9066	E	ONC DX NSCLC STG3B-4 METASTA				Not Allowed	$0.00			
G9067	E	ONC DX NSCLC DX UNKNOWN NOS				Not Allowed	$0.00			
G9068	E	ONC DX NSCLC/SCLC LIMITED				Not Allowed	$0.00			
G9069	E	ONC DX SCLC/NSCLC EXT AT DX				Not Allowed	$0.00			
G9070	E	ONC DX SCLC/NSCLC EXT UNKNWN				Not Allowed	$0.00			
G9071	E	ONC DX BRST STG1 2B NO DX PR				Not Allowed	$0.00			
G9072	E	ONC DX BRST STG1-2 NOPROGRES				Not Allowed	$0.00			
G9073	E	ONC DX BRST STG3-W/PROGRES				Not Allowed	$0.00			
G9074	E	ONC DX BRST STG3-NOPROGRESS				Not Allowed	$0.00			
G9075	E	ONC DX BRST METASTIC/ RECUR				Not Allowed	$0.00			
G9077	E	ONC DX PROSTATE T1NO PROGRES				Not Allowed	$0.00			
G9078	E	ONC DX PROSTATE T2NO PROGRES				Not Allowed	$0.00			
G9079	E	ONC DX PROSTATE T3B-T4NOPROG				Not Allowed	$0.00			
G9080	E	ONC DX PROSTATE W/RISE PSA				Not Allowed	$0.00			
G9083	E	ONC DX PROSTATE UNKNOWN NOS				Not Allowed	$0.00			
G9084	E	ONC DX COLON T1-3 N1-2 NO PR				Not Allowed	$0.00			
G9085	E	ONC DX COLON T4 N0 W/O PROG				Not Allowed	$0.00			
G9086	E	ONC DX COLON T1-4 NO DX PROG				Not Allowed	$0.00			
G9087	E	ONC DX COLON RADIOLG EVID DX				Not Allowed	$0.00			
G9088	E	ONC DX COLON M1/METS W/O RAD				Not Allowed	$0.00			
G9089	E	ONC DX COLON EXTENT UNKNOWN				Not Allowed	$0.00			
G9090	E	ONC DX RECTAL T1-2 NO PROGR				Not Allowed	$0.00			
G9091	E	ONC DX RECTAL T3 N0 NO PROG				Not Allowed	$0.00			
G9092	E	ONC DX RECTAL T1-3 N1-2NOPRG				Not Allowed	$0.00			
G9093	E	ONC DX RECTAL T4 N M0 NO PRG				Not Allowed	$0.00			
G9094	E	ONC DX RECTAL M1 W/METS PROG				Not Allowed	$0.00			
G9095	E	ONC DX RECTAL EXTENT UNKNWN				Not Allowed	$0.00			
G9096	E	ONC DX ESOPHAG T1-T3 NOPROG				Not Allowed	$0.00			
G9097	E	ONC DX ESOPHAGEAL T4 NO PROG				Not Allowed	$0.00			
G9098	E	ONC DX ESOPHAGEAL METS RECUR				Not Allowed	$0.00			
G9099	E	ONC DX ESOPHAGEAL UNKNOWN				Not Allowed	$0.00			
G9100	E	ONC DX GASTRIC NO RECURRENCE				Not Allowed	$0.00			
G9101	E	ONC DX GASTRIC P R1-R2NOPROG				Not Allowed	$0.00			
G9102	E	ONC DX GASTRIC UNRESECTABLE				Not Allowed	$0.00			
G9103	E	ONC DX GASTRIC RECURRENT				Not Allowed	$0.00			

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G9104	E	ONC DX GASTRIC UNKNOWN NOS				Not Allowed	$0.00			
G9105	E	ONC DX PANCREATC P R0 RES NO				Not Allowed	$0.00			
G9106	E	ONC DX PANCREATC P R1/R2 NO				Not Allowed	$0.00			
G9107	E	ONC DX PANCREATIC UNRESECTAB				Not Allowed	$0.00			
G9108	E	ONC DX PANCREATIC UNKNWN NOS				Not Allowed	$0.00			
G9109	E	ONC DX HEAD/NECK T1-T2NO PRG				Not Allowed	$0.00			
G9110	E	ONC DX HEAD/NECK T3-4 NOPROG				Not Allowed	$0.00			
G9111	E	ONC DX HEAD/NECK M1 METS REC				Not Allowed	$0.00			
G9112	E	ONC DX HEAD/NECK EXT UNKNOWN				Not Allowed	$0.00			
G9113	E	ONC DX OVARIAN STG1A-B NO PR				Not Allowed	$0.00			
G9114	E	ONC DX OVARIAN STG1A-B OR 2				Not Allowed	$0.00			
G9115	E	ONC DX OVARIAN STG3/4 NOPROG				Not Allowed	$0.00			
G9116	E	ONC DX OVARIAN RECURRENCE				Not Allowed	$0.00			
G9117	E	ONC DX OVARIAN UNKNOWN NOS				Not Allowed	$0.00			
G9123	E	ONC DX NHL LGE BCELL RELAP				Not Allowed	$0.00			
G9124	E	ONC DX NHL RELAPSE/REFRACTOR				Not Allowed	$0.00			
G9125	E	ONC DX NHL STG UNKNOWN				Not Allowed	$0.00			
G9126	E	ONC DX OVARIAN STG IA/B				Not Allowed	$0.00			
G9128	E	ONC DX MULT MYELOMA STG2 HIG				Not Allowed	$0.00			
G9129	E	ONC DX MULT MYELOMA UNKWN OP				Not Allowed	$0.00			
G9130	E	ONC DX MULTI MYELOMA UNKNOWN				Not Allowed	$0.00			
G9131	E	ONC DX BRST UNKNOWN NOS				Not Allowed	$0.00			
G9132	E	ONC DX PROSTATE METS NO CAST				Not Allowed	$0.00			
G9133	E	ONC DX PROSTATE CLINICAL MET				Not Allowed	$0.00			
G9134	E	ONC NHLSTG 1-2 NO RELAP NO				Not Allowed	$0.00			
G9135	E	ONC DX NHL STG 3-4 NOT RELAP				Not Allowed	$0.00			
G9136	E	ONC DX NHL TRANS TO LG BCELL				Not Allowed	$0.00			
G9137	E	ONC DX NHL RELAPSE/REFRACTOR				Not Allowed	$0.00			
G9138	E	ONC DX NHL STG UNKNOWN				Not Allowed	$0.00			
G9139	E	ONC DX CML DX STATUS UNKNOWN				Not Allowed	$0.00			
G9140	E	FRONTIER EXTENDED STAY DEMO				Not Allowed	$0.00			
G9141	E	INFLUENZA A H1N1, ADMIN W CO	0350	0.3768		Not Allowed	$0.00			
G9142	E	INFLUENZA A H1N1, VACCINE				Not Allowed	$0.00			
H0001	E	ALCOHOL AND/OR DRUG ASSESS				Not Allowed	$0.00			N
H0002	E	ALCOHOL AND/OR DRUG SCREENIN				Not Allowed	$0.00			N
H0003	E	ALCOHOL AND/OR DRUG SCREENIN				Not Allowed	$0.00			N
H0004	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0005	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0006	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0007	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0008	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N

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H0009	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0010	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0011	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0012	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0013	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0014	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0015	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0016	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0017	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0018	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0019	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0020	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			N
H0021	E	ALCOHOL AND/OR DRUG TRAINING				Not Allowed	$0.00			N
H0022	E	ALCOHOL AND/OR DRUG INTERVEN				Not Allowed	$0.00			N
H0023	E	ALCOHOL AND/OR DRUG OUTREACH				Not Allowed	$0.00			N
H0024	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			N
H0025	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			N
H0026	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			N
H0027	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			N
H0028	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			N
H0029	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			N
H0030	E	ALCOHOL AND/OR DRUG HOTLINE				Not Allowed	$0.00			N
H0031	E	MH HEALTH ASSESS BY NON-MD				Not Allowed	$0.00			
H0032	E	MH SVC PLAN DEV BY NON-MD				Not Allowed	$0.00			
H0033	E	ORAL MED ADM DIRECT OBSERVE				Not Allowed	$0.00			
H0034	E	MED TRNG & SUPPORT PER 15MIN				Not Allowed	$0.00			
H0035	M	MH PARTIAL HOSP TX UNDER 24H				Fee Schedule	$77.14			Y
H0036	E	COMM PSY FACE-FACE PER 15MIN				Not Allowed	$0.00			
H0037	E	COMM PSY SUP TX PGM PER DIEM				Not Allowed	$0.00			N
H0038	E	SELF-HELP/PEER SVC PER 15MIN				Not Allowed	$0.00			
H0039	E	ASSER COM TX FACE-FACE/15MIN				Not Allowed	$0.00			
H0040	E	ASSERT COMM TX PGM PER DIEM				Not Allowed	$0.00			
H0041	E	FOS C CHLD NON-THER PER DIEM				Not Allowed	$0.00			
H0042	E	FOS C CHLD NON-THER PER MON				Not Allowed	$0.00			
H0043	E	SUPPORTED HOUSING PER DIEM				Not Allowed	$0.00			
H0044	E	SUPPORTED HOUSING PER MONTH				Not Allowed	$0.00			
H0045	E	RESPITE NOT-IN-HOME PER DIEM				Not Allowed	$0.00			
H0046	E	MENTAL HEALTH SERVICE NOS				Not Allowed	$0.00			
H0047	E	ALCOHOL/DRUG ABUSE SVC NOS				Not Allowed	$0.00			
H0048	E	SPEC COLL NON-BLOOD:A/D TEST				Not Allowed	$0.00			
H0049	E	ALCOHOL/DRUG SCREENING				Not Allowed	$0.00			

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H0050	E	ALCOHOL/DRUG SERVICE 15 MIN				Not Allowed	$0.00			
H1000	E	PRENATAL CARE ATRISK ASSESSM				Not Allowed	$0.00			
H1001	E	ANTEPARTUM MANAGEMENT				Not Allowed	$0.00			N
H1002	E	CARECOORDINATION PRENATAL				Not Allowed	$0.00			
H1003	E	PRENATAL AT RISK EDUCATION				Not Allowed	$0.00			N
H1004	E	FOLLOW UP HOME VISIT/PRENTAL				Not Allowed	$0.00			
H1005	E	PRENATALCARE ENHANCED SRV PK				Not Allowed	$0.00			N
H1010	E	NONMED FAMILY PLANNING ED				Not Allowed	$0.00			
H1011	E	FAMILY ASSESSMENT				Not Allowed	$0.00			
H2000	E	COMP MULTIDISIPLN EVALUATION				Not Allowed	$0.00			
H2001	E	REHABILITATION PROGRAM 1/2 D				Not Allowed	$0.00			
H2010	E	COMPREHENSIVE MED SVC 15 MIN				Not Allowed	$0.00			
H2011	M	CRISIS INTERVEN SVC, 15 MIN				Fee Schedule	$12.24			
H2012	E	BEHAV HLTH DAY TREAT, PER HR				Not Allowed	$0.00			
H2013	E	PSYCH HLTH FAC SVC, PER DIEM				Not Allowed	$0.00			
H2014	E	SKILLS TRAIN AND DEV, 15 MIN				Not Allowed	$0.00			
H2015	E	COMP COMM SUPP SVC, 15 MIN				Not Allowed	$0.00			
H2016	E	COMP COMM SUPP SVC, PER DIEM				Not Allowed	$0.00			
H2017	E	PSYSOC REHAB SVC, PER 15 MIN				Not Allowed	$0.00			
H2018	E	PSYSOC REHAB SVC, PER DIEM				Not Allowed	$0.00			
H2019	E	THER BEHAV SVC, PER 15 MIN				Not Allowed	$0.00			
H2020	E	THER BEHAV SVC, PER DIEM				Not Allowed	$0.00			
H2021	E	COM WRAP-AROUND SV, 15 MIN				Not Allowed	$0.00			
H2022	E	COM WRAP-AROUND SV, PER DIEM				Not Allowed	$0.00			
H2023	E	SUPPORTED EMPLOY, PER 15 MIN				Not Allowed	$0.00			
H2024	E	SUPPORTED EMPLOY, PER DIEM				Not Allowed	$0.00			
H2025	E	SUPP MAINT EMPLOY, 15 MIN				Not Allowed	$0.00			
H2026	E	SUPP MAINT EMPLOY, PER DIEM				Not Allowed	$0.00			
H2027	E	PSYCHOED SVC, PER 15 MIN				Not Allowed	$0.00			
H2028	E	SEX OFFEND TX SVC, 15 MIN				Not Allowed	$0.00			
H2029	E	SEX OFFEND TX SVC, PER DIEM				Not Allowed	$0.00			
H2030	E	MH CLUBHOUSE SVC, PER 15 MIN				Not Allowed	$0.00			
H2031	E	MH CLUBHOUSE SVC, PER DIEM				Not Allowed	$0.00			
H2032	E	ACTIVITY THERAPY, PER 15 MIN				Not Allowed	$0.00			
H2033	E	MULTISYS THER/JUVENILE 15MIN				Not Allowed	$0.00			
H2034	E	A/D HALFWAY HOUSE, PER DIEM				Not Allowed	$0.00			
H2035	E	A/D TX PROGRAM, PER HOUR				Not Allowed	$0.00			
H2036	E	A/D TX PROGRAM, PER DIEM				Not Allowed	$0.00			
H2037	E	DEV DELAY PREV DP CH, 15 MIN				Not Allowed	$0.00			
J0120	N	TETRACYCLIN INJECTION				Bundled	$0.00			
J0128	K	ABARELIX INJECTION	9216			APC	$67.33			

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J0129	K	ABATACEPT INJECTION	9230			APC	$18.98			
J0130	K	ABCIXIMAB INJECTION	1605			APC	$459.36			
J0132	K	ACETYLCYSTEINE INJECTION	1186			APC	$2.29			
J0133	N	ACYCLOVIR INJECTION				Bundled	$0.00			
J0135	K	ADALIMUMAB INJECTION	1083			APC	$357.53			
J0150	K	INJECTION ADENOSINE 6 MG	0379			APC	$9.50			
J0152	K	ADENOSINE INJECTION	0917			APC	$76.42			
J0170	N	ADRENALIN EPINEPHRIN INJECT				Bundled	$0.00			
J0180	K	AGALSIDASE BETA INJECTION	9208			APC	$133.69			
J0190	N	INJ BIPERIDEN LACTATE/5 MG				Bundled	$0.00			
J0200	N	ALATROFLOXACIN MESYLATE				Bundled	$0.00			
J0205	K	ALGLUCERASE INJECTION	0900			APC	$41.19			N
J0207	K	AMIFOSTINE	7000			APC	$350.07			N
J0210	K	METHYLDOPATE HCL INJECTION	2210			APC	$27.64			
J0215	K	ALEFACEPT	1633			APC	$30.02			
J0220	K	ALGLUCOSIDASE ALFA INJECTION	9234			APC	$124.69			
J0256	K	ALPHA 1 PROTEINASE INHIBITOR	0901			APC	$3.63			N
J0270	E	ALPROSTADIL FOR INJECTION				Not Allowed	$0.00			
J0275	E	ALPROSTADIL URETHRAL SUPPOS				Not Allowed	$0.00			N
J0278	N	AMIKACIN SULFATE INJECTION				Bundled	$0.00			
J0280	N	AMINOPHYLLIN 250 MG INJ				Bundled	$0.00			
J0282	N	AMIODARONE HCL				Bundled	$0.00			N
J0285	N	AMPHOTERICIN B				Bundled	$0.00			N
J0287	K	AMPHOTERICIN B LIPID COMPLEX	9024			APC	$9.66			
J0288	K	AMPHO B CHOLESTERYL SULFATE	0735			APC	$13.74			
J0289	K	AMPHOTERICIN B LIPOSOME INJ	0736			APC	$14.96			
J0290	N	AMPICILLIN 500 MG INJ				Bundled	$0.00			
J0295	N	AMPICILLIN SODIUM PER 1.5 GM				Bundled	$0.00			N
J0300	N	AMOBARBITAL 125 MG INJ				Bundled	$0.00			
J0330	N	SUCCINYCHOLINE CHLORIDE INJ				Bundled	$0.00			
J0348	K	ANADULAFUNGIN INJECTION	0760			APC	$1.21			
J0350	N	INJECTION ANISTREPLASE 30 U				Bundled	$0.00			
J0360	N	HYDRALAZINE HCL INJECTION				Bundled	$0.00			
J0364	N	APOMORPHINE HYDROCHLORIDE				Bundled	$0.00			
J0365	K	APROTONIN 10 000 KIU	1682			APC	$2.60			
J0380	N	INJ METARAMINOL BITARTRATE				Bundled	$0.00			
J0390	N	CHLOROQUINE INJECTION				Bundled	$0.00			
J0395	N	ARBUTAMINE HCL INJECTION				Bundled	$0.00			N
J0400	N	ARIPIPRAZOLE INJECTION				Bundled	$0.00			
J0456	N	AZITHROMYCIN				Bundled	$0.00			N
J0460	N	ATROPINE SULFATE INJECTION				Bundled	$0.00			

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J0470	K	DIMECAPROL INJECTION	1206			APC	$26.81			
J0475	K	BACLOFEN 10 MG INJECTION	9032			APC	$195.31			N
J0476	K	BACLOFEN INTRATHECAL TRIAL	1631			APC	$71.24			N
J0480	K	BASILIXIMAB	1683			APC	$1,624.44			N
J0500	N	DICYCLOMINE INJECTION				Bundled	$0.00			
J0515	N	INJ BENZTROPINE MESYLATE				Bundled	$0.00			
J0520	N	BETHANECHOL CHLORIDE INJECT				Bundled	$0.00			
J0530	N	PENICILLIN G BENZATHINE INJ				Bundled	$0.00			
J0540	N	PENICILLIN G BENZATHINE INJ				Bundled	$0.00			
J0550	K	PENICILLIN G BENZATHINE INJ	1217			APC	$34.79			
J0560	N	PENICILLIN G BENZATHINE INJ				Bundled	$0.00			
J0570	N	PENICILLIN G BENZATHINE INJ				Bundled	$0.00			
J0580	N	PENICILLIN G BENZATHINE INJ				Bundled	$0.00			
J0583	K	BIVALIRUDIN	3041			APC	$2.40			
J0585	K	BOTULINUM TOXIN A PER UNIT	0902			APC	$5.40			Y
J0587	K	BOTULINUM TOXIN TYPE B	9018			APC	$10.38			Y
J0592	N	BUPRENORPHINE HYDROCHLORIDE				Bundled	$0.00			
J0594	K	BUSULFAN INJECTION	1178			APC	$14.18			
J0595	N	BUTORPHANOL TARTRATE 1 MG				Bundled	$0.00			
J0600	K	EDETATE CALCIUM DISODIUM INJ	0999			APC	$78.86			
J0610	N	CALCIUM GLUCONATE INJECTION				Bundled	$0.00			
J0620	N	CALCIUM GLYCER & LACT/10 ML				Bundled	$0.00			
J0630	K	CALCITONIN SALMON INJECTION	1220			APC	$48.37			
J0636	N	INJ CALCITRIOL PER 0.1 MCG				Bundled	$0.00			
J0637	K	CASPOFUNGIN ACETATE	9019			APC	$11.52			
J0640	N	LEUCOVORIN CALCIUM INJECTION				Bundled	$0.00			
J0641	G	LEVOLEUCOVORIN INJECTION	1236			APC	$0.99			
J0670	N	INJ MEPIVACAINE HCL/10 ML				Bundled	$0.00			
J0690	N	CEFAZOLIN SODIUM INJECTION				Bundled	$0.00			
J0692	N	CEFEPIME HCL FOR INJECTION				Bundled	$0.00			
J0694	N	CEFOXITIN SODIUM INJECTION				Bundled	$0.00			N
J0696	N	CEFTRIAXONE SODIUM INJECTION				Bundled	$0.00			N
J0697	N	STERILE CEFUROXIME INJECTION				Bundled	$0.00			N
J0698	N	CEFOTAXIME SODIUM INJECTION				Bundled	$0.00			N
J0702	N	BETAMETHASONE ACET&SOD PHOSP				Bundled	$0.00			N
J0704	N	BETAMETHASONE SOD PHOSP/4 MG				Bundled	$0.00			N
J0706	N	CAFFEINE CITRATE INJECTION				Bundled	$0.00			
J0710	N	CEPHAPIRIN SODIUM INJECTION				Bundled	$0.00			
J0713	N	INJ CEFTAZIDIME PER 500 MG				Bundled	$0.00			N
J0715	N	CEFTIZOXIME SODIUM / 500 MG				Bundled	$0.00			N
J0720	N	CHLORAMPHENICOL SODIUM INJEC				Bundled	$0.00			

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J0725	N	CHORIONIC GONADOTROPIN/1000U				Bundled	$0.00			
J0735	K	CLONIDINE HYDROCHLORIDE	0935			APC	$109.75			N
J0740	K	CIDOFOVIR INJECTION	9033			APC	$746.46			
J0743	N	CILASTATIN SODIUM INJECTION				Bundled	$0.00			N
J0744	N	CIPROFLOXACIN IV				Bundled	$0.00			
J0745	N	INJ CODEINE PHOSPHATE /30 MG				Bundled	$0.00			
J0760	N	COLCHICINE INJECTION				Bundled	$0.00			
J0770	N	COLISTIMETHATE SODIUM INJ				Bundled	$0.00			
J0780	N	PROCHLORPERAZINE INJECTION				Bundled	$0.00			
J0795	K	CORTICORELIN OVINE TRIFLUTAL	1684			APC	$4.24			
J0800	K	CORTICOTROPIN INJECTION	1280			APC	$2,394.93			
J0835	K	INJ COSYNTROPIN PER 0.25 MG	0835			APC	$91.84			N
J0850	K	CYTOMEGALOVIRUS IMM IV /VIAL	0903			APC	$862.24			
J0878	K	DAPTOMYCIN INJECTION	9124			APC	$0.40			
J0881	K	DARBEPOETIN ALFA NON-ESRD	1685			APC	$2.76			
J0882	M	DARBEPOETIN ALFA ESRD USE				Fee Schedule	$2.81			
J0885	K	EPOETIN ALFA NON-ESRD	1686			APC	$9.40			
J0886	E	EPOETIN ALFA ESRD				Not Allowed	$0.00			
J0894	K	DECITABINE INJECTION	9231			APC	$28.42			
J0895	N	DEFEROXAMINE MESYLATE INJ				Bundled	$0.00			N
J0900	N	TESTOSTERONE ENANTHATE INJ				Bundled	$0.00			
J0945	N	BROMPHENIRAMINE MALEATE INJ				Bundled	$0.00			
J0970	N	ESTRADIOL VALERATE INJECTION				Bundled	$0.00			
J1000	N	DEPO-ESTRADIOL CYPIONATE INJ				Bundled	$0.00			
J1020	N	METHYLPREDNISOLONE 20 MG INJ				Bundled	$0.00			
J1030	N	METHYLPREDNISOLONE 40 MG INJ				Bundled	$0.00			
J1040	N	METHYLPREDNISOLONE 80 MG INJ				Bundled	$0.00			
J1051	N	MEDROXYPROGESTERONE INJ				Bundled	$0.00			
J1055	M	MEDRXYPROGESTER ACETATE INJ				Fee Schedule	$69.85			N
J1056	M	MA/EC CONTRACEPTIVEINJECTION				Fee Schedule	$22.89			
J1060	N	TESTOSTERONE CYPIONATE 1 ML				Bundled	$0.00			
J1070	N	TESTOSTERONE CYPIONAT 100 MG				Bundled	$0.00			
J1080	N	TESTOSTERONE CYPIONAT 200 MG				Bundled	$0.00			
J1094	N	INJ DEXAMETHASONE ACETATE				Bundled	$0.00			
J1100	N	DEXAMETHASONE SODIUM PHOS				Bundled	$0.00			
J1110	N	INJ DIHYDROERGOTAMINE MESYLT				Bundled	$0.00			
J1120	N	ACETAZOLAMID SODIUM INJECTIO				Bundled	$0.00			
J1160	N	DIGOXIN INJECTION				Bundled	$0.00			
J1162	K	DIGOXIN IMMUNE FAB (OVINE)	1687			APC	$474.73			
J1165	N	PHENYTOIN SODIUM INJECTION				Bundled	$0.00			
J1170	N	HYDROMORPHONE INJECTION				Bundled	$0.00			

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J1180	N	DYPHYLLINE INJECTION				Bundled	$0.00			
J1190	K	DEXRAZOXANE HCL INJECTION	0726			APC	$340.03			
J1200	N	DIPHENHYDRAMINE HCL INJECTIO				Bundled	$0.00			
J1205	K	CHLOROTHIAZIDE SODIUM INJ	0747			APC	$292.02			
J1212	K	DIMETHYL SULFOXIDE 50% 50 ML	1221			APC	$67.46			
J1230	N	METHADONE INJECTION				Bundled	$0.00			
J1240	N	DIMENHYDRINATE INJECTION				Bundled	$0.00			
J1245	N	DIPYRIDAMOLE INJECTION				Bundled	$0.00			N
J1250	N	INJ DOBUTAMINE HCL/250 MG				Bundled	$0.00			
J1260	K	DOLASETRON MESYLATE	0750			APC	$4.32			
J1265	N	DOPAMINE INJECTION				Bundled	$0.00			
J1267	G	DORIPENEM INJECTION	9241			APC	$0.57			
J1270	N	INJECTION, DOXERCALCIFEROL				Bundled	$0.00			
J1300	G	ECULIZUMAB INJECTION	9236			APC	$180.98			
J1320	N	AMITRIPTYLINE INJECTION				Bundled	$0.00			
J1324	N	ENFUVIRTIDE INJECTION				Bundled	$0.00			
J1325	N	EPOPROSTENOL INJECTION				Bundled	$0.00			N
J1327	K	EPTIFIBATIDE INJECTION	1607			APC	$18.57			N
J1330	N	ERGONOVINE MALEATE INJECTION				Bundled	$0.00			
J1335	N	ERTAPENEM INJECTION				Bundled	$0.00			
J1364	N	ERYTHRO LACTOBIONATE /500 MG				Bundled	$0.00			N
J1380	N	ESTRADIOL VALERATE 10 MG INJ				Bundled	$0.00			
J1390	N	ESTRADIOL VALERATE 20 MG INJ				Bundled	$0.00			
J1410	K	INJ ESTROGEN CONJUGATE 25 MG	9038			APC	$83.21			
J1430	K	ETHANOLAMINE OLEATE 100 MG	1688			APC	$147.14			
J1435	N	INJECTION ESTRONE PER 1 MG				Bundled	$0.00			
J1436	K	ETIDRONATE DISODIUM INJ	1436			APC	$70.06			N
J1438	K	ETANERCEPT INJECTION	1608			APC	$183.61			N
J1440	K	FILGRASTIM 300 MCG INJECITON	0728			APC	$208.54			
J1441	K	FILGRASTIM 480 MCG INJECTION	7049			APC	$324.44			N
J1450	N	FLUCONAZOLE				Bundled	$0.00			
J1451	K	FOMEPIZOLE 15 MG	1689			APC	$7.99			
J1452	N	INTRAOCULAR FOMIVIRSEN NA				Bundled	$0.00			N
J1453	G	FOSAPREPITANT INJECTION	9242			APC	$1.58			
J1455	K	FOSCARNET SODIUM INJECTION	1189			APC	$9.86			N
J1457	K	GALLIUM NITRATE INJECTION	0878			APC	$1.71			
J1458	K	GALSULFASE INJECTION	9224			APC	$339.04			
J1459	G	INJ IVIG PRIVIGEN 500 MG	1214			APC	$35.05			
J1460	K	GAMMA GLOBULIN 1 CC INJ	3043			APC	$15.05			
J1470	K	GAMMA GLOBULIN 2 CC INJ	0898			APC	$30.10			
J1480	K	GAMMA GLOBULIN 3 CC INJ	0899			APC	$45.14			

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J1490	K	GAMMA GLOBULIN 4 CC INJ	0904			APC	$60.20			
J1500	K	GAMMA GLOBULIN 5 CC INJ	0919			APC	$75.26			
J1510	K	GAMMA GLOBULIN 6 CC INJ	0920			APC	$90.35			
J1520	K	GAMMA GLOBULIN 7 CC INJ	0921			APC	$105.27			
J1530	K	GAMMA GLOBULIN 8 CC INJ	0922			APC	$120.40			
J1540	K	GAMMA GLOBULIN 9 CC INJ	0923			APC	$150.50			
J1550	K	GAMMA GLOBULIN 10 CC INJ	0924			APC	$150.50			
J1560	K	GAMMA GLOBULIN > 10 CC INJ	0933			APC	$150.50			
J1561	K	GAMUNEX INJECTION	0948			APC	$36.71			
J1562	K	IMMUNE GLOBULIN SUBCUTANEOUS	0804			APC	$7.05			
J1565	K	RSV-IVIG	0906			APC	$15.87			N
J1566	K	IMMUNE GLOBULIN POWDER	2731			APC	$29.83			
J1568	K	OCTAGAM INJECTION	0943			APC	$37.03			
J1569	K	GAMMAGARD LIQUID INJECTION	0944			APC	$37.85			
J1570	N	GANCICLOVIR SODIUM INJECTION				Bundled	$0.00			
J1571	G	HEPAGAM B IM INJECTION	0946			APC	$50.04			
J1572	K	FLEBOGAMMA INJECTION	0947			APC	$36.51			
J1573	G	HEPAGAM B INTRAVENOUS, INJ	1138			APC	$50.04			
J1580	N	GARAMYCIN GENTAMICIN INJ				Bundled	$0.00			
J1590	N	GATIFLOXACIN INJECTION				Bundled	$0.00			
J1595	K	INJECTION GLATIRAMER ACETATE	1015			APC	$81.23			
J1600	N	GOLD SODIUM THIOMALEATE INJ				Bundled	$0.00			
J1610	K	GLUCAGON HYDROCHLORIDE/1 MG	9042			APC	$79.20			
J1620	K	GONADORELIN HYDROCH/ 100 MCG	7005			APC	$176.89			
J1626	K	GRANISETRON HCL INJECTION	0764			APC	$1.97			N
J1630	N	HALOPERIDOL INJECTION				Bundled	$0.00			
J1631	N	HALOPERIDOL DECANOATE INJ				Bundled	$0.00			N
J1640	K	HEMIN, 1 MG	1690			APC	$7.73			
J1642	N	INJ HEPARIN SODIUM PER 10 U				Bundled	$0.00			N
J1644	N	INJ HEPARIN SODIUM PER 1000U				Bundled	$0.00			N
J1645	N	DALTEPARIN SODIUM				Bundled	$0.00			N
J1650	N	INJ ENOXAPARIN SODIUM				Bundled	$0.00			
J1652	K	FONDAPARINUX SODIUM	0883			APC	$5.98			
J1655	N	TINZAPARIN SODIUM INJECTION				Bundled	$0.00			
J1670	K	TETANUS IMMUNE GLOBULIN INJ	1670			APC	$199.91			
J1675	E	HISTRELIN ACETATE				Not Allowed	$0.00			
J1700	N	HYDROCORTISONE ACETATE INJ				Bundled	$0.00			
J1710	N	HYDROCORTISONE SODIUM PH INJ				Bundled	$0.00			
J1720	N	HYDROCORTISONE SODIUM SUCC I				Bundled	$0.00			
J1730	K	DIAZOXIDE INJECTION	1740			APC	$112.16			
J1740	K	IBANDRONATE SODIUM INJECTION	9229			APC	$139.22			

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J1742	K	IBUTILIDE FUMARATE INJECTION	9044			APC	$404.01			N
J1743	K	IDURSULFASE INJECTION	9232			APC	$446.44			
J1745	K	INFLIXIMAB INJECTION	7043			APC	$57.60			N
J1750	K	INJ IRON DEXTRAN	1237			APC	$14.11			
J1756	K	IRON SUCROSE INJECTION	9046			APC	$0.37			
J1785	K	INJECTION IMIGLUCERASE /UNIT	0916			APC	$4.12			N
J1790	N	DROPERIDOL INJECTION				Bundled	$0.00			
J1800	N	PROPRANOLOL INJECTION				Bundled	$0.00			
J1810	M	DROPERIDOL/FENTANYL INJ				Fee Schedule	$5.58			
J1815	N	INSULIN INJECTION				Bundled	$0.00			
J1817	N	INSULIN FOR INSULIN PUMP USE				Bundled	$0.00			
J1825	E	INTERFERON BETA-1A				Not Allowed	$0.00			N
J1830	K	INTERFERON BETA-1B / .25 MG	0910			APC	$168.90			
J1835	K	INTRACONAZOLE INJECTION	9047			APC	$41.48			
J1840	N	KANAMYCIN SULFATE 500 MG INJ				Bundled	$0.00			
J1850	N	KANAMYCIN SULFATE 75 MG INJ				Bundled	$0.00			
J1885	N	KETOROLAC TROMETHAMINE INJ				Bundled	$0.00			N
J1890	N	CEPHALOTHIN SODIUM INJECTION				Bundled	$0.00			
J1930	K	LANREOTIDE INJECTION	9237			APC	$28.65			
J1931	K	LARONIDASE INJECTION	9209			APC	$25.08			
J1940	N	FUROSEMIDE INJECTION				Bundled	$0.00			
J1945	K	LEPIRIDIN	1693			APC	$174.51			
J1950	K	LEUPROLIDE ACETATE /3.75 MG	0800			APC	$480.20			
J1953	G	LEVETIRACETAM INJECTION	9238			APC	$0.75			
J1955	M	INJ LEVOCARNITINE PER 1 GM				Fee Schedule	$6.48			N
J1956	N	LEVOFLOXACIN INJECTION				Bundled	$0.00			N
J1960	N	LEVORPHANOL TARTRATE INJ				Bundled	$0.00			
J1980	N	HYOSCYAMINE SULFATE INJ				Bundled	$0.00			
J1990	N	CHLORDIAZEPOXIDE INJECTION				Bundled	$0.00			
J2001	N	LIDOCAINE INJECTION				Bundled	$0.00			
J2010	N	LINCOMYCIN INJECTION				Bundled	$0.00			
J2020	K	LINEZOLID INJECTION	9001			APC	$29.37			
J2060	N	LORAZEPAM INJECTION				Bundled	$0.00			
J2150	N	MANNITOL INJECTION				Bundled	$0.00			
J2170	N	MECASERMIN INJECTION				Bundled	$0.00			
J2175	N	MEPERIDINE HYDROCHL /100 MG				Bundled	$0.00			
J2180	N	MEPERIDINE/PROMETHAZINE INJ				Bundled	$0.00			
J2185	N	MEROPENEM				Bundled	$0.00			
J2210	N	METHYLERGONOVIN MALEATE INJ				Bundled	$0.00			
J2248	K	MICAFUNGIN SODIUM INJECTION	9227			APC	$1.08			
J2250	N	INJ MIDAZOLAM HYDROCHLORIDE				Bundled	$0.00			

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J2260	N	INJ MILRINONE LACTATE / 5 MG				Bundled	$0.00			
J2270	N	MORPHINE SULFATE INJECTION				Bundled	$0.00			
J2271	N	MORPHINE SO4 INJECTION 100MG				Bundled	$0.00			N
J2275	N	MORPHINE SULFATE INJECTION				Bundled	$0.00			N
J2278	K	ZICONOTIDE INJECTION	1694			APC	$6.65			
J2280	N	INJ, MOXIFLOXACIN 100 MG				Bundled	$0.00			
J2300	N	INJ NALBUPHINE HYDROCHLORIDE				Bundled	$0.00			
J2310	N	INJ NALOXONE HYDROCHLORIDE				Bundled	$0.00			
J2315	K	NALTREXONE, DEPOT FORM	0759			APC	$2.14			
J2320	N	NANDROLONE DECANOATE 50 MG				Bundled	$0.00			
J2321	N	NANDROLONE DECANOATE 100 MG				Bundled	$0.00			N
J2322	N	NANDROLONE DECANOATE 200 MG				Bundled	$0.00			N
J2323	K	NATALIZUMAB INJECTION	9126			APC	$8.32			
J2325	K	NESIRITIDE INJECTION	1695			APC	$36.07			
J2353	K	OCTREOTIDE INJECTION DEPOT	1207			APC	$105.27			
J2354	N	OCTREOTIDE INJ NON-DEPOT				Bundled	$0.00			
J2355	K	OPRELVEKIN INJECTION	7011			APC	$242.16			N
J2357	K	OMALIZUMAB INJECTION	9300			APC	$18.86			
J2360	N	ORPHENADRINE INJECTION				Bundled	$0.00			
J2370	N	PHENYLEPHRINE HCL INJECTION				Bundled	$0.00			
J2400	N	CHLOROPROCAINE HCL INJECTION				Bundled	$0.00			
J2405	K	ONDANSETRON HCL INJECTION	0768			APC	$0.24			N
J2410	N	OXYMORPHONE HCL INJECTION				Bundled	$0.00			
J2425	K	PALIFERMIN INJECTION	1696			APC	$11.06			
J2430	K	PAMIDRONATE DISODIUM /30 MG	0730			APC	$18.42			
J2440	N	PAPAVERIN HCL INJECTION				Bundled	$0.00			
J2460	K	OXYTETRACYCLINE INJECTION	1211			APC	$0.92			
J2469	K	PALONOSETRON HCL	9210			APC	$17.19			
J2501	N	PARICALCITOL				Bundled	$0.00			
J2503	K	PEGAPTANIB SODIUM INJECTION	1697			APC	$1,014.11			
J2504	K	PEGADEMASE BOVINE 25 IU	1739			APC	$242.67			
J2505	K	INJECTION PEGFILGRASTIM 6MG	9119			APC	$2,222.07			
J2510	N	PENICILLIN G PROCAINE INJ				Bundled	$0.00			
J2513	K	PENTASTARCH 10% SOLUTION	1222			APC	$1,270.88			
J2515	K	PENTOBARBITAL SODIUM INJ	1223			APC	$11.73			
J2540	N	PENICILLIN G POTASSIUM INJ				Bundled	$0.00			
J2543	N	PIPERACILLIN/TAZOBACTAM				Bundled	$0.00			N
J2545	M	PENTAMIDINE ISETHIONTE/300MG				Fee Schedule	$45.41			N
J2550	N	PROMETHAZINE HCL INJECTION				Bundled	$0.00			
J2560	N	PHENOBARBITAL SODIUM INJ				Bundled	$0.00			
J2590	N	OXYTOCIN INJECTION				Bundled	$0.00			

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J2597	N	INJ DESMOPRESSIN ACETATE				Bundled	$0.00			N
J2650	N	PREDNISOLONE ACETATE INJ				Bundled	$0.00			
J2670	N	TOTAZOLINE HCL INJECTION				Bundled	$0.00			
J2675	N	INJ PROGESTERONE PER 50 MG				Bundled	$0.00			N
J2680	N	FLUPHENAZINE DECANOATE 25 MG				Bundled	$0.00			
J2690	N	PROCAINAMIDE HCL INJECTION				Bundled	$0.00			
J2700	N	OXACILLIN SODIUM INJECITON				Bundled	$0.00			
J2710	N	NEOSTIGMINE METHYLSLFTE INJ				Bundled	$0.00			
J2720	N	INJ PROTAMINE SULFATE/10 MG				Bundled	$0.00			
J2724	K	PROTEIN C CONCENTRATE	1139			APC	$11.96			
J2725	N	INJ PROTIRELIN PER 250 MCG				Bundled	$0.00			N
J2730	K	PRALIDOXIME CHLORIDE INJ	1023			APC	$85.83			
J2760	N	PHENTOLAINE MESYLATE INJ				Bundled	$0.00			
J2765	N	METOCLOPRAMIDE HCL INJECTION				Bundled	$0.00			N
J2770	K	QUINUPRISTIN/DALFOPRISTIN	2770			APC	$144.08			
J2778	K	RANIBIZUMAB INJECTION	9233			APC	$398.11			
J2780	N	RANITIDINE HYDROCHLORIDE INJ				Bundled	$0.00			
J2783	K	RASBURICASE	0738			APC	$164.00			
J2785	G	REGADENOSON INJECTION	9244			APC	$50.78			
J2788	K	RHO D IMMUNE GLOBULIN 50 MCG	9023			APC	$25.76			
J2790	K	RHO D IMMUNE GLOBULIN INJ	0884			APC	$84.39			
J2791	K	RHOPHYLAC INJECTION	0945			APC	$5.13			
J2792	K	RHO(D) IMMUNE GLOBULIN H, SD	1609			APC	$18.39			N
J2794	K	RISPERIDONE LONG ACTING	9125			APC	$4.90			
J2795	N	ROPIVACAINE HCL INJECTION				Bundled	$0.00			N
J2800	N	METHOCARBAMOL INJECTION				Bundled	$0.00			
J2805	K	SINCALIDE INJECTION	1224			APC	$66.78			
J2810	N	INJ THEOPHYLLINE PER 40 MG				Bundled	$0.00			
J2820	K	SARGRAMOSTIM INJECTION	0731			APC	$23.31			
J2850	K	INJ SECRETIN SYNTHETIC HUMAN	1700			APC	$19.93			
J2910	N	AUROTHIOGLUCOSE INJECITON				Bundled	$0.00			
J2916	N	NA FERRIC GLUCONATE COMPLEX				Bundled	$0.00			
J2920	N	METHYLPREDNISOLONE INJECTION				Bundled	$0.00			
J2930	N	METHYLPREDNISOLONE INJECTION				Bundled	$0.00			
J2940	K	SOMATREM INJECTION	1225			APC	$43.99			
J2941	K	SOMATROPIN INJECTION	7034			APC	$53.47			N
J2950	N	PROMAZINE HCL INJECITON				Bundled	$0.00			
J2993	K	RETEPLASE INJECTION	9005			APC	$1,230.80			N
J2995	K	INJ STREPTOKINASE /250000 IU	1226			APC	$78.00			
J2997	K	ALTEPLASE RECOMBINANT	7048			APC	$35.03			N
J3000	N	STREPTOMYCIN INJECTION				Bundled	$0.00			

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J3010	N	FENTANYL CITRATE INJECITON				Bundled	$0.00			
J3030	K	SUMATRIPTAN SUCCINATE / 6 MG	3030			APC	$55.49			
J3070	N	PENTAZOCINE INJECTION				Bundled	$0.00			
J3101	K	TENECTEPLASE INJECTION	9002			APC	$40.10			
J3105	N	TERBUTALINE SULFATE INJ				Bundled	$0.00			N
J3110	M	TERIPARATIDE INJECTION				Fee Schedule	$6.99			
J3120	N	TESTOSTERONE ENANTHATE INJ				Bundled	$0.00			
J3130	N	TESTOSTERONE ENANTHATE INJ				Bundled	$0.00			
J3140	N	TESTOSTERONE SUSPENSION INJ				Bundled	$0.00			
J3150	N	TESTOSTERON PROPIONATE INJ				Bundled	$0.00			
J3230	N	CHLORPROMAZINE HCL INJECTION				Bundled	$0.00			
J3240	K	THYROTROPIN INJECTION	9108			APC	$948.38			
J3243	K	TIGECYCLINE INJECTION	9228			APC	$1.15			
J3246	K	TIROFIBAN HCL	7041			APC	$7.83			
J3250	N	TRIMETHOBENZAMIDE HCL INJ				Bundled	$0.00			
J3260	N	TOBRAMYCIN SULFATE INJECTION				Bundled	$0.00			
J3265	N	INJECTION TORSEMIDE 10 MG/ML				Bundled	$0.00			N
J3280	N	THIETHYLPERAZINE MALEATE INJ				Bundled	$0.00			
J3285	K	TREPROSTINIL INJECTION	1701			APC	$54.83			
J3300	K	TRIAMCINOLONE A INJ PRS-FREE	1253.000			APC	$3.20			
J3301	N	TRIAMCINOLONE ACETONIDE INJ				Bundled	$0.00			N
J3302	N	TRIAMCINOLONE DIACETATE INJ				Bundled	$0.00			N
J3303	N	TRIAMCINOLONE HEXACETONL INJ				Bundled	$0.00			N
J3305	K	INJ TRIMETREXATE GLUCORONATE	7045			APC	$124.80			N
J3310	N	PERPHENAZINE INJECITON				Bundled	$0.00			
J3315	K	TRIPTORELIN PAMOATE	9122			APC	$160.83			
J3320	N	SPECTINOMYCN DI-HCL INJ				Bundled	$0.00			
J3350	K	UREA INJECTION	1227			APC	$12.05			
J3355	K	UROFOLLITROPIN, 75 IU	1741			APC	$59.26			
J3360	N	DIAZEPAM INJECTION				Bundled	$0.00			
J3364	N	UROKINASE 5000 IU INJECTION				Bundled	$0.00			N
J3365	K	UROKINASE 250,000 IU INJ	7036			APC	$449.09			N
J3370	N	VANCOMYCIN HCL INJECITON				Bundled	$0.00			
J3396	K	VERTEPORFIN INJECTION	1203			APC	$9.31			
J3400	K	TRIFLUPROMAZINE HCL INJ	1218			APC	$20.51			
J3410	N	HYDROXYZINE HCL INJECITON				Bundled	$0.00			
J3411	N	THIAMINE HCL 100 MG				Bundled	$0.00			
J3415	N	PYRIDOXINE HCL 100 MG				Bundled	$0.00			
J3420	N	VITAMIN B12 INJECTION				Bundled	$0.00			
J3430	N	VITAMIN K PHYTONADIONE INJ				Bundled	$0.00			
J3465	K	INJECTION VORICONAZOLE	1052			APC	$5.26			

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J3470	N	HYALURONIDASE INJECTION				Bundled	$0.00			
J3471	N	OVINE UP TO 999 USP UNITS				Bundled	$0.00			
J3472	K	OVINE 1000 USP UNITS	1703			APC	$127.86			
J3473	K	HYALURONIDASE RECOMBINANT	1228			APC	$0.58			
J3475	N	INJ MAGNESIUM SULFATE				Bundled	$0.00			N
J3480	N	INJ POTASSIUM CHLORIDE				Bundled	$0.00			
J3485	N	ZIDOVUDINE				Bundled	$0.00			N
J3486	N	ZIPRASIDONE MESYLATE				Bundled	$0.00			
J3487	K	ZOLEDRONIC ACID	9115			APC	$214.94			
J3488	G	RECLAST INJECTION	0951			APC	$222.79			
J3490	N	DRUGS UNCLASSIFIED INJECTION				Bundled	$0.00			
J3520	E	EDETATE DISODIUM PER 150 MG				Not Allowed	$0.00			
J3530	N	NASAL VACCINE INHALATION				Bundled	$0.00			
J3535	E	METERED DOSE INHALER DRUG				Not Allowed	$0.00			N
J3570	E	LAETRILE AMYGDALIN VIT B17				Not Allowed	$0.00			
J3590	N	UNCLASSIFIED BIOLOGICS				Bundled	$0.00			
J7030	N	NORMAL SALINE SOLUTION INFUS				Bundled	$0.00			
J7040	N	NORMAL SALINE SOLUTION INFUS				Bundled	$0.00			
J7042	N	5% DEXTROSE/NORMAL SALINE				Bundled	$0.00			
J7050	N	NORMAL SALINE SOLUTION INFUS				Bundled	$0.00			
J7060	N	5% DEXTROSE/WATER				Bundled	$0.00			
J7070	N	D5W INFUSION				Bundled	$0.00			
J7100	N	DEXTRAN 40 INFUSION				Bundled	$0.00			
J7110	N	DEXTRAN 75 INFUSION				Bundled	$0.00			
J7120	N	RINGERS LACTATE INFUSION				Bundled	$0.00			
J7130	N	HYPERTONIC SALINE SOLUTION				Bundled	$0.00			
J7186	K	ANTIHEMOPHILIC VIII/VWF COMP	1213			APC	$0.84			
J7187	K	INJ VONWILLEBRAND FACTOR IU	1704			APC	$0.87			
J7189	K	FACTOR VIIA	1705			APC	$1.29			
J7190	K	FACTOR VIII	0925			APC	$0.84			
J7191	K	FACTOR VIII (PORCINE)	1208			APC	$2.00			
J7192	K	FACTOR VIII RECOMBINANT	0927			APC	$1.08			N
J7193	K	FACTOR IX NON-RECOMBINANT	0931			APC	$0.88			
J7194	K	FACTOR IX COMPLEX	0928			APC	$0.85			
J7195	K	FACTOR IX RECOMBINANT	0932			APC	$1.06			
J7197	N	ANTITHROMBIN III INJECTION				Bundled	$0.00			N
J7198	K	ANTI-INHIBITOR	0929			APC	$1.53			N
J7199	M	HEMOPHILIA CLOT FACTOR NOC				By Report	$0.00			N
J7300	M	INTRAUT COPPER CONTRACEPTIVE				Fee Schedule	$400.72			
J7302	M	LEVONORGESTREL IU CONTRACEPT				Fee Schedule	$498.01			
J7303	M	CONTRACEPTIVE VAGINAL RING				Fee Schedule	$59.21			

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J7304	M	CONTRACEPTIVE HORMONE PATCH				Fee Schedule	$19.20			
J7306	E	LEVONORGESTREL IMPLANT SYS				Not Allowed	$0.00			
J7307	M	ETONOGESTREL IMPLANT SYSTEM				Fee Schedule	$632.49			
J7308	K	AMINOLEVULINIC ACID HCL TOP	7308			APC	$127.60			N
J7310	K	GANCICLOVIR LONG ACT IMPLANT	0913			APC	$16,640.00			
J7311	K	FLUOCINOLONE ACETONIDE IMPLT	9225			APC	$18,980.00			
J7321	K	HYALGAN/SUPARTZ INJ PER DOSE	0873			APC	$91.87			
J7322	K	SYNVISC INJ PER DOSE	0874			APC	$239.03			
J7323	K	EUFLEXXA INJ PER DOSE	0875			APC	$113.96			
J7324	K	ORTHOVISC INJ PER DOSE	0877			APC	$177.68			
J7330	E	CULTURED CHONDROCYTES IMPLNT				Not Allowed	$0.00			
J7500	N	AZATHIOPRINE ORAL 50MG				Bundled	$0.00			N
J7501	K	AZATHIOPRINE PARENTERAL	0887			APC	$90.64			N
J7502	K	CYCLOSPORINE ORAL 100 MG	0888			APC	$3.22			N
J7504	K	LYMPHOCYTE IMMUNE GLOBULIN	0890			APC	$453.67			N
J7505	K	MONOCLONAL ANTIBODIES	7038			APC	$1,109.45			N
J7506	N	PREDNISONE ORAL				Bundled	$0.00			N
J7507	K	TACROLIMUS ORAL PER 1 MG	0891			APC	$3.96			N
J7509	N	METHYLPREDNISOLONE ORAL				Bundled	$0.00			N
J7510	N	PREDNISOLONE ORAL PER 5 MG				Bundled	$0.00			N
J7511	K	ANTITHYMOCYTE GLOBULN RABBIT	9104			APC	$414.44			
J7513	K	DACLIZUMAB, PARENTERAL	1612			APC	$378.20			N
J7515	N	CYCLOSPORINE ORAL 25 MG				Bundled	$0.00			N
J7516	K	CYCLOSPORIN PARENTERAL 250MG	1204			APC	$21.24			N
J7517	K	MYCOPHENOLATE MOFETIL ORAL	9015			APC	$2.45			N
J7518	K	MYCOPHENOLIC ACID	9219			APC	$2.92			
J7520	K	SIROLIMUS, ORAL	9020			APC	$9.44			N
J7525	K	TACROLIMUS INJECTION	9006			APC	$136.82			N
J7599	N	IMMUNOSUPPRESSIVE DRUG NOC				Bundled	$0.00			N
J7604	E	ACETYLCYSTEINE COMP UNIT				Not Allowed	$0.00			
J7605	E	ARFORMOTEROL NON-COMP UNIT				Not Allowed	$0.00			
J7606	E	FORMOTEROL FUMARATE, INH				Not Allowed	$0.00			
J7607	E	LEVALBUTEROL COMP CON				Not Allowed	$0.00			
J7608	E	ACETYLCYSTEINE INH SOL U D				Not Allowed	$0.00			N
J7609	E	ALBUTEROL COMP UNIT				Not Allowed	$0.00			
J7610	E	ALBUTEROL COMP CON				Not Allowed	$0.00			
J7611	M	ALBUTEROL NON-COMP CON				Fee Schedule	$0.08			
J7612	M	LEVALBUTEROL NON-COMP CON				Fee Schedule	$0.17			
J7613	M	ALBUTEROL NON-COMP UNIT				Fee Schedule	$0.05			
J7614	M	LEVALBUTEROL NON-COMP UNIT				Fee Schedule	$0.21			
J7615	E	LEVALBUTEROL COMP UNIT				Not Allowed	$0.00			

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J7620	E	ALBUTEROL NON-COMPOUNDED				Not Allowed	$0.00			N
J7622	E	BECLOMETHASONE COMP UNIT				Not Allowed	$0.00			
J7624	E	BETAMETHASONE COMP UNIT				Not Allowed	$0.00			N
J7626	E	BUDESONIDE NON-COMP UNIT				Not Allowed	$0.00			
J7627	E	BUDESONIDE COMP UNIT				Not Allowed	$0.00			N
J7628	E	BITOLTEROL MES INHAL SOL CON				Not Allowed	$0.00			N
J7629	E	BITOLTEROL MES INH SOL U D				Not Allowed	$0.00			N
J7631	E	CROMOLYN SODIUM INH SOL U D				Not Allowed	$0.00			N
J7632	E	CROMOLYN SODIUM COMP UNIT				Not Allowed	$0.00			
J7633	E	BUDESONIDE NON-COMP CON				Not Allowed	$0.00			
J7634	E	BUDESONIDE COMP CON				Not Allowed	$0.00			
J7635	E	ATROPINE INHAL SOL CON				Not Allowed	$0.00			N
J7636	E	ATROPINE INHAL SOL UNIT DOSE				Not Allowed	$0.00			N
J7637	E	DEXAMETHASONE INHAL SOL CON				Not Allowed	$0.00			N
J7638	E	DEXAMETHASONE INHAL SOL U D				Not Allowed	$0.00			N
J7639	E	DORNASE ALPHA INHAL SOL U D				Not Allowed	$0.00			N
J7640	E	FORMOTEROL COMP UNIT				Not Allowed	$0.00			N
J7641	E	FLUNISOLIDE COMP UNIT				Not Allowed	$0.00			
J7642	E	GLYCOPYRROLATE INHAL SOL CON				Not Allowed	$0.00			N
J7643	E	GLYCOPYRROLATE INHAL SOL U D				Not Allowed	$0.00			N
J7644	E	IPRATROPIUM BROM INH SOL U D				Not Allowed	$0.00			N
J7645	E	IPRATROPIUM BROMIDE COMP				Not Allowed	$0.00			
J7647	E	ISOETHARINE COMP CON				Not Allowed	$0.00			
J7648	E	ISOETHARINE HCL INH SOL CON				Not Allowed	$0.00			N
J7649	E	ISOETHARINE HCL INH SOL U D				Not Allowed	$0.00			N
J7650	E	ISOETHARINE COMP UNIT				Not Allowed	$0.00			
J7657	E	ISOPROTERENOL COMP CON				Not Allowed	$0.00			
J7658	E	ISOPROTERENOLHCL INH SOL CON				Not Allowed	$0.00			N
J7659	E	ISOPROTERENOL HCL INH SOL UD				Not Allowed	$0.00			N
J7660	E	ISOPROTERENOL COMP UNIT				Not Allowed	$0.00			
J7667	E	METAPROTERENOL COMP CON				Not Allowed	$0.00			
J7668	E	METAPROTERENOL INH SOL CON				Not Allowed	$0.00			N
J7669	E	METAPROTERENOL INH SOL U D				Not Allowed	$0.00			N
J7670	E	METAPROTERENOL COMP UNIT				Not Allowed	$0.00			
J7674	N	METHACHOLINE CHLORIDE NEB				Bundled	$0.00			
J7676	E	PENTAMIDINE COMP UNIT DOSE				Not Allowed	$0.00			
J7680	M	TERBUTALINE SO4 INH SOL CON				Fee Schedule	$0.01			N
J7681	M	TERBUTALINE SO4 INH SOL U D				Fee Schedule	$0.01			N
J7682	M	TOBRAMYCIN INHALATION SOL				Fee Schedule	$67.42			N
J7683	M	TRIAMCINOLONE INH SOL CON				Fee Schedule	$0.56			N
J7684	M	TRIAMCINOLONE INH SOL U D				Fee Schedule	$0.56			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
J7685	M	TOBRAMYCIN COMP UNIT				By Report	$0.00			
J7699	M	INHALATION SOLUTION FOR DME				By Report	$0.00			N
J7799	N	NON-INHALATION DRUG FOR DME				Bundled	$0.00			N
J8498	E	ANTIEMETIC RECTAL/SUPP NOS				Not Allowed	$0.00			
J8499	E	ORAL PRESCRIP DRUG NON CHEMO				Not Allowed	$0.00			N
J8501	K	ORAL APREPITANT	0868			APC	$5.42			
J8510	K	ORAL BUSULFAN	7015			APC	$3.15			N
J8515	M	CABERGOLINE ORAL 0.25MG				Fee Schedule	$4.95			
J8520	K	CAPECITABINE, ORAL, 150 MG	7042			APC	$5.68			N
J8521	K	CAPECITABINE, ORAL, 500 MG	0934			APC	$18.73			N
J8530	N	CYCLOPHOSPHAMIDE ORAL 25 MG				Bundled	$0.00			N
J8540	N	ORAL DEXAMETHASONE				Bundled	$0.00			
J8560	K	ETOPOSIDE ORAL 50 MG	0802			APC	$0.45			N
J8565	E	GEFITINIB ORAL				Not Allowed	$0.00			
J8597	N	ANTIEMETIC DRUG ORAL NOS				Bundled	$0.00			
J8600	N	MELPHALAN ORAL 2 MG				Bundled	$0.00			N
J8610	N	METHOTREXATE ORAL 2.5 MG				Bundled	$0.00			N
J8650	K	NABILONE ORAL	1230			APC	$16.64			
J8700	K	TEMOZOLMIDE	1086			APC	$8.59			N
J8705	G	TOPOTECAN ORAL	1238			APC	$71.35			
J8999	M	ORAL PRESCRIPTION DRUG CHEMO				By Report	$0.00			N
J9000	N	DOXORUBIC HCL 10 MG VL CHEMO				Bundled	$0.00			
J9001	K	DOXORUBICIN HCL LIPOSOME INJ	7046			APC	$450.51			N
J9010	K	ALEMTUZUMAB 10 MG	9110			APC	$559.46			
J9015	K	ALDESLEUKIN/SINGLE USE VIAL	0807			APC	$831.49			N
J9017	K	ARSENIC TRIOXIDE	9012			APC	$36.73			
J9020	K	ASPARAGINASE INJECTION	0814			APC	$56.92			
J9025	K	AZACITIDINE INJECTION	1709			APC	$4.78			
J9027	K	CLOFARABINE INJECTION	1710			APC	$114.21			
J9031	K	BCG LIVE INTRAVESICAL VAC	0809			APC	$111.08			N
J9033	G	BENDAMUSTINE INJECTION	9243			APC	$18.53			
J9035	K	BEVACIZUMAB INJECTION	9214			APC	$56.39			
J9040	N	BLEOMYCIN SULFATE INJECTION				Bundled	$0.00			
J9041	K	BORTEZOMIB INJECTION	9207			APC	$36.54			
J9045	N	CARBOPLATIN INJECTION				Bundled	$0.00			N
J9050	K	CARMUS BISCHL NITRO INJ	0812			APC	$173.73			
J9055	K	CETUXIMAB INJECTION	9215			APC	$48.79			
J9060	N	CISPLATIN 10 MG INJECITON				Bundled	$0.00			
J9062	N	CISPLATIN 50 MG INJECITON				Bundled	$0.00			
J9065	K	INJ CLADRIBINE PER 1 MG	0858			APC	$25.15			N
J9070	N	CYCLOPHOSPHAMIDE 100 MG INJ				Bundled	$0.00			

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J9080	N	CYCLOPHOSPHAMIDE 200 MG INJ				Bundled	$0.00			
J9090	N	CYCLOPHOSPHAMIDE 500 MG INJ				Bundled	$0.00			
J9091	N	CYCLOPHOSPHAMIDE 1.0 GRM INJ				Bundled	$0.00			N
J9092	N	CYCLOPHOSPHAMIDE 2.0 GRM INJ				Bundled	$0.00			N
J9093	N	CYCLOPHOSPHAMIDE LYOPHILIZED				Bundled	$0.00			N
J9094	N	CYCLOPHOSPHAMIDE LYOPHILIZED				Bundled	$0.00			N
J9095	N	CYCLOPHOSPHAMIDE LYOPHILIZED				Bundled	$0.00			N
J9096	N	CYCLOPHOSPHAMIDE LYOPHILIZED				Bundled	$0.00			N
J9097	N	CYCLOPHOSPHAMIDE LYOPHILIZED				Bundled	$0.00			N
J9098	K	CYTARABINE LIPOSOME	1166			APC	$480.19			
J9100	N	CYTARABINE HCL 100 MG INJ				Bundled	$0.00			N
J9110	N	CYTARABINE HCL 500 MG INJ				Bundled	$0.00			
J9120	K	DACTINOMYCIN ACTINOMYCIN D	0752			APC	$533.21			
J9130	N	DACARBAZINE 100 MG INJ				Bundled	$0.00			
J9140	N	DACARBAZINE 200 MG INJ				Bundled	$0.00			N
J9150	K	DAUNORUBICIN	0820			APC	$14.95			
J9151	K	DAUNORUBICIN CITRATE LIPOSOM	0821			APC	$55.27			N
J9160	K	DENILEUKIN DIFTITOX, 300 MCG	1084			APC	$1,448.32			
J9165	K	DIETHYLSTILBESTROL INJECTION	1209			APC	$1,257.36			N
J9170	K	DOCETAXEL 20MG	0823			APC	$339.02			N
J9175	N	ELLIOTTS B SOLUTION PER ML				Bundled	$0.00			
J9178	K	INJ EPIRUBICIN HCL 2 MG	1167			APC	$2.55			
J9181	N	ETOPOSIDE 10 MG INJ				Bundled	$0.00			N
J9185	K	FLUDARABINE PHOSPHATE INJ	0842			APC	$151.36			N
J9190	N	FLUOROURACIL INJECTION				Bundled	$0.00			
J9200	K	FLOXURIDINE INJECTION	0827			APC	$46.60			
J9201	K	GEMCITABINE HCL, 200 MG	0828			APC	$139.10			N
J9202	K	GOSERELIN ACETATE IMPLANT	0810			APC	$193.02			N
J9206	K	IRINOTECAN 20 MG	0830			APC	$13.18			N
J9207	G	IXABEPILONE INJECTION	9240			APC	$63.74			
J9208	K	IFOSFOMIDE INJECTION	0831			APC	$29.39			N
J9209	K	MESNA INJECTION	0732			APC	$4.34			N
J9211	K	IDARUBICIN HCL INJECITON	0832			APC	$96.70			N
J9212	N	INTERFERON ALFACON-1				Bundled	$0.00			N
J9213	K	INTERFERON ALFA-2A INJ	0834			APC	$10.60			N
J9214	K	INTERFERON ALFA-2B INJ	0836			APC	$15.54			N
J9215	K	INTERFERON ALFA-N3 INJ	0865			APC	$17.89			N
J9216	K	INTERFERON GAMMA 1-B INJ	0838			APC	$294.03			N
J9217	K	LEUPROLIDE ACETATE SUSPNSION	9217			APC	$210.52			N
J9218	K	LEUPROLIDE ACETATE INJECITON	0861			APC	$5.29			N
J9219	K	LEUPROLIDE ACETATE IMPLANT	7051			APC	$4,728.88			

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J9225	G	HISTRELIN IMPLANT	1711			APC	$1,473.60			
J9226	G	SUPPRELIN LA IMPLANT	1142			APC	$14,875.43			
J9230	K	MECHLORETHAMINE HCL INJ	0751			APC	$144.56			
J9245	K	INJ MELPHALAN HYDROCHL 50 MG	0840			APC	$1,622.81			N
J9250	N	METHOTREXATE SODIUM INJ				Bundled	$0.00			
J9260	N	METHOTREXATE SODIUM INJ				Bundled	$0.00			
J9261	G	NELARABINE INJECTION	0825			APC	$103.23			
J9263	K	OXALIPLATIN	1738			APC	$9.55			
J9264	K	PACLITAXEL INJECTION	1712			APC	$9.09			
J9265	K	PACLITAXEL INJECTION	0863			APC	$8.94			N
J9266	K	PEGASPARGASE/SINGL DOSE VIAL	0843			APC	$2,695.67			N
J9268	K	PENTOSTATIN INJECTION	0844			APC	$1,399.56			N
J9270	K	PLICAMYCIN (MITHRAMYCIN) INJ	1231			APC	$92.03			
J9280	K	MITOMYCIN 5 MG INJ	1232			APC	$17.74			
J9290	K	MITOMYCIN 20 MG INJ	1233			APC	$70.98			
J9291	K	MITOMYCIN 40 MG INJ	1234			APC	$141.95			N
J9293	K	MITOXANTRONE HYDROCHL / 5 MG	0864			APC	$65.51			N
J9300	K	GEMTUZUMAB OZOGAMICIN	9004			APC	$2,572.82			
J9303	K	PANITUMUMAB INJECTION	9235			APC	$85.21			
J9305	K	PEMETREXED INJECTION	9213			APC	$48.50			
J9310	K	RITUXIMAB CANCER TREATMENT	0849			APC	$552.70			
J9320	K	STREPTOZOCIN INJECTION	0850			APC	$278.35			
J9330	G	TEMSIROLIMUS INJECTION	1168			APC	$48.85			
J9340	K	THIOTEPA INJECTION	0851			APC	$97.69			
J9350	K	TOPOTECAN	0852			APC	$988.88			N
J9355	K	TRASTUZUMAB	1613			APC	$63.51			N
J9357	K	VALRUBICIN, 200 MG	1235			APC	$953.16			N
J9360	N	VINBLASTINE SULFATE INJ				Bundled	$0.00			
J9370	N	VINCRISTINE SULFATE 1 MG INJ				Bundled	$0.00			
J9375	N	VINCRISTINE SULFATE 2 MG INJ				Bundled	$0.00			N
J9380	N	VINCRISTINE SULFATE 5 MG INJ				Bundled	$0.00			
J9390	K	VINORELBINE TARTRATE/10 MG	0855			APC	$11.95			N
J9395	K	INJECTION FULVESTRANT	9120			APC	$80.63			
J9600	K	PORFIMER SODIUM	0856			APC	$2,745.46			N
J9999	N	CHEMOTHERAPY DRUG				Bundled	$0.00			
K0001	E	STANDARD WHEELCHAIR				Not Allowed	$0.00			Y
K0002	E	STANDARD HEMI (LOW SEAT) WHEELCHAIR				Not Allowed	$0.00			Y
K0003	E	LIGHTWEIGHT WHEELCHAIR				Not Allowed	$0.00			Y
K0004	E	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR				Not Allowed	$0.00			Y
K0005	E	ULTRALIGHTWEIGHT WHEELCHAIR				Not Allowed	$0.00			Y
K0006	E	HEAVY DUTY WHEELCHAIR				Not Allowed	$0.00			Y

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K0007	E	EXTRA HEAVY DUTY WHEELCHAIR				Not Allowed	$0.00			Y
K0009	E	OTHER MANUAL WHEELCHAIR/BASE				Not Allowed	$0.00			Y
K0010	E	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR				Not Allowed	$0.00			Y
K0011	E	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHAIR WITH PROG				Not Allowed	$0.00			Y
K0012	E	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR				Not Allowed	$0.00			Y
K0014	E	OTHER MOTORIZED/POWER WHEELCHAIR BASE				Not Allowed	$0.00			Y
K0015	E	DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH				Not Allowed	$0.00			N
K0017	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH				Not Allowed	$0.00			N
K0018	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTION EACH				Not Allowed	$0.00			N
K0019	E	ARM PAD EACH				Not Allowed	$0.00			N
K0020	E	FIXED ADJUSTABLE HEIGHT ARMREST PAIR				Not Allowed	$0.00			N
K0037	E	HIGH MOUNT FLIP-UP FOOTREST EACH				Not Allowed	$0.00			N
K0038	E	LEG STRAP EACH				Not Allowed	$0.00			N
K0039	E	LEG STRAP H STYLE EACH				Not Allowed	$0.00			N
K0040	E	ADJUSTABLE ANGLE FOOTPLATE EACH				Not Allowed	$0.00			N
K0041	E	LARGE SIZE FOOTPLATE EACH				Not Allowed	$0.00			N
K0042	E	STANDARD SIZE FOOTPLATE EACH				Not Allowed	$0.00			N
K0043	E	FOOTREST LOWER EXTENSION TUBE EACH				Not Allowed	$0.00			N
K0044	E	FOOTREST UPPER HANGER BRACKET EACH				Not Allowed	$0.00			N
K0045	E	FOOTREST COMPLETE ASSEMBLY				Not Allowed	$0.00			N
K0046	E	ELEVATING LEGREST LOWER EXTENSION TUBE EACH				Not Allowed	$0.00			N
K0047	E	ELEVATING LEGREST UPPER HANGER BRACKET EACH				Not Allowed	$0.00			N
K0050	E	RATCHET ASSEMBLY				Not Allowed	$0.00			N
K0051	E	CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH				Not Allowed	$0.00			N
K0052	E	SWINGAWAY DETACHABLE FOOTRESTS EACH				Not Allowed	$0.00			N
K0053	E	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EACH				Not Allowed	$0.00			N
K0056	E	SEAT HEIGHT < 17" OR <= 21" HIGH STRENGTH LTWT WHEELCHAIR				Not Allowed	$0.00			N
K0065	E	SPOKE PROTECTORS EACH				Not Allowed	$0.00			N
K0069	E	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOKES OR MO				Not Allowed	$0.00			N
K0070	E	REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE SPOKES O				Not Allowed	$0.00			N
K0071	E	FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIRE EACH				Not Allowed	$0.00			N
K0072	E	FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMATIC TIRE E				Not Allowed	$0.00			N
K0073	E	CASTER PIN LOCK EACH				Not Allowed	$0.00			N

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K0077	E	FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EACH				Not Allowed	$0.00			N
K0098	E	DRIVE BELT FOR POWER WHEELCHAIR				Not Allowed	$0.00			N
K0105	E	IV HANGER EACH				Not Allowed	$0.00			N
K0108	E	WHEELCHAIR COMPONENT OR ACCESSORY NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			N
K0195	E	ELEVATING LEG RESTS PAIR (WHEELCHAIR)				Not Allowed	$0.00			N
K0455	E	PUMP UNINTERRUPTED INFUSION				Not Allowed	$0.00			N
K0462	E	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIP.BEING REPAIRED				Not Allowed	$0.00			N
K0552	E	SUPPY/EXT INF PUMP SYR TYPE				Not Allowed	$0.00			N
K0601	E	REPL BATT SILVER OXIDE 1.5V				Not Allowed	$0.00			N
K0602	E	REPL BATT SILVER OXIDE 3 V				Not Allowed	$0.00			N
K0603	E	REPL BATT ALKALINE 1.5 V				Not Allowed	$0.00			N
K0604	E	REPL BATT LITHIUM 3.6 V				Not Allowed	$0.00			N
K0605	E	REPL BATT LITHIUM 4.5 V				Not Allowed	$0.00			N
K0606	E	AED GARMENT W ELEC ANALYSIS				Not Allowed	$0.00			N
K0607	E	REPL BATT FOR AED				Not Allowed	$0.00			N
K0608	E	REPL GARMENT FOR AED				Not Allowed	$0.00			N
K0609	E	REPL ELECTRODE FOR AED				Not Allowed	$0.00			N
K0669	E	SEAT/BACK CUS NO SADMERC VER				Not Allowed	$0.00			
K0672	E	REMOVE SOFT INTERFACE, REPL				Not Allowed	$0.00			N
K0730	E	CTRL DOSE INH DRUG DELIV SYS				Not Allowed	$0.00			N
K0733	E	12-24HR SEALED LEAD ACID				Not Allowed	$0.00			
K0734	E	ADJ SKIN PRO W/C CUS WD<22IN				Not Allowed	$0.00			
K0735	E	ADJ SKIN PRO WC CUS WD>=22IN				Not Allowed	$0.00			
K0736	E	ADJ SKIN PRO/POS WC CUS<22IN				Not Allowed	$0.00			
K0737	E	ADJ SKIN PRO/POS WC CUS>=22"				Not Allowed	$0.00			
K0738	E	PORTABLE GAS OXYGEN SYSTEM				Not Allowed	$0.00			N
K0739	E	REPAIR/SVC DME NON-OXYGEN EQ				Not Allowed	$0.00			
K0740	E	REPAIR/SVC OXYGEN EQUIPMENT				Not Allowed	$0.00			
K0800	E	POV GROUP 1 STD UP TO 300 LBS				Not Allowed	$0.00			N
K0801	E	POV GROUP 1 HD 301-450 LBS				Not Allowed	$0.00			N
K0802	E	POV GROUP 1 VHD 451-600 LBS				Not Allowed	$0.00			N
K0806	E	POV GROUP 2 STD UP TO 300LBS				Not Allowed	$0.00			N
K0807	E	POV GROUP 2 HD 301-450 LBS				Not Allowed	$0.00			N
K0808	E	POV GROUP 2 VHD 451-600 LBS				Not Allowed	$0.00			N
K0812	E	POWER OPERATED VEHICLE NOC				Not Allowed	$0.00			N
K0813	E	PWC GP 1 STD PORT SEAT/BACK				Not Allowed	$0.00			N
K0814	E	PWC GP 1 STD PORT CAP CHAIR				Not Allowed	$0.00			N
K0815	E	PWC GP 1 STD SEAT/BACK				Not Allowed	$0.00			N
K0816	E	PWC GP 1 STD CAP CHAIR				Not Allowed	$0.00			N

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K0820	E	PWC GP 2 STD PORT SEAT/BACK				Not Allowed	$0.00			N
K0821	E	PWC GP 2 STD PORT CAP CHAIR				Not Allowed	$0.00			N
K0822	E	PWC GP 2 STD SEAT/BACK				Not Allowed	$0.00			N
K0823	E	PWC GP 2 STD CAP CHAIR				Not Allowed	$0.00			N
K0824	E	PWC GP 2 HD SEAT/BACK				Not Allowed	$0.00			N
K0825	E	PWC GP 2 HD CAP CHAIR				Not Allowed	$0.00			N
K0826	E	PWC GP2 VHD SEAT/BACK				Not Allowed	$0.00			N
K0827	E	PWC GP 2 VHD CAP CHAIR				Not Allowed	$0.00			N
K0828	E	PWC GP 2 XTRA HD SEAT/BACK				Not Allowed	$0.00			N
K0829	E	PWC GP 2 XTRA HD CAP CHAIR				Not Allowed	$0.00			N
K0830	E	PWC GP2 STD SEAT ELEVATE S/B				Not Allowed	$0.00			N
K0831	E	PWC GP2 STD SEAT ELEVATE CAP				Not Allowed	$0.00			N
K0835	E	PWC GP2 STD SING POW OPT S/B				Not Allowed	$0.00			N
K0836	E	PWC GP2 STD SING POW OPT CAP				Not Allowed	$0.00			N
K0837	E	PWC GP 2 HD SING POW OPT S/B				Not Allowed	$0.00			N
K0838	E	PWC GP 2 HD SING POW OPT CAP				Not Allowed	$0.00			N
K0839	E	PWC GP2 VHD SING POW OPT S/B				Not Allowed	$0.00			N
K0840	E	PWC GP2 XHD SING POW OPT S/B				Not Allowed	$0.00			N
K0841	E	PWC GP2 STD MULT POW OPT S/B				Not Allowed	$0.00			N
K0842	E	PWC GP2 STD MULT POW OPT CAP				Not Allowed	$0.00			N
K0843	E	PWC GP2 HD MULT POW OPT S/B				Not Allowed	$0.00			N
K0848	E	PWC GP 3 STD SEAT/BACK				Not Allowed	$0.00			N
K0849	E	PWC GP 3 STD CAP CHAIR				Not Allowed	$0.00			N
K0850	E	PWC GP 3 HD SEAT/BACK				Not Allowed	$0.00			N
K0851	E	PWC GP 3 HD CAP CHAIR				Not Allowed	$0.00			N
K0852	E	PWC GP 3 VHD SEAT/BACK				Not Allowed	$0.00			N
K0853	E	PWC GP 3 VHD CAP CHAIR				Not Allowed	$0.00			N
K0854	E	PWC GP 3 XHD SEAT/BACK				Not Allowed	$0.00			N
K0855	E	PWC GP 3 XHD CAP CHAIR				Not Allowed	$0.00			N
K0856	E	PWC GP3 STD SING POW OPT S/B				Not Allowed	$0.00			N
K0857	E	PWC GP3 STD SING POW OPT CAP				Not Allowed	$0.00			N
K0858	E	PWC GP3 HD SING POW OPT S/B				Not Allowed	$0.00			N
K0859	E	PWC GP3 HD SING POW OPT CAP				Not Allowed	$0.00			N
K0860	E	PWC GP3 VHD SING POW OPT S/B				Not Allowed	$0.00			N
K0861	E	PWC GP3 STD MULT POW OPT S/B				Not Allowed	$0.00			N
K0862	E	PWC GP3 HD MULT POW OPT S/B				Not Allowed	$0.00			N
K0863	E	PWC GP3 VHD MULT POW OPT S/B				Not Allowed	$0.00			N
K0864	E	PWC GP3 XHD MULT POW OPT S/B				Not Allowed	$0.00			N
K0868	E	PWC GP 4 STD SEAT/BACK				Not Allowed	$0.00			N
K0869	E	PWC GP 4 STD CAP CHAIR				Not Allowed	$0.00			N
K0870	E	PWC GP 4 HD SEAT/BACK				Not Allowed	$0.00			N

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K0871	E	PWC GP 4 VHD SEAT/BACK				Not Allowed	$0.00			N
K0877	E	PWC GP4 STD SING POW OPT S/B				Not Allowed	$0.00			N
K0878	E	PWC GP4 STD SING POW OPT CAP				Not Allowed	$0.00			N
K0879	E	PWC GP4 HD SING POW OPT S/B				Not Allowed	$0.00			N
K0880	E	PWC GP4 VHD SING POW OPT S/B				Not Allowed	$0.00			N
K0884	E	PWC GP4 STD MULT POW OPT S/B				Not Allowed	$0.00			N
K0885	E	PWC GP4 STD MULT POW OPT CAP				Not Allowed	$0.00			N
K0886	E	PWC GP4 HD MULT POW S/B				Not Allowed	$0.00			N
K0890	E	PWC GP5 PED SING POW OPT S/B				Not Allowed	$0.00			N
K0891	E	PWC GP5 PED MULT POW OPT S/B				Not Allowed	$0.00			N
K0898	E	POWER WHEELCHAIR NOC				Not Allowed	$0.00			N
K0899	E	POW MOBILITY DEV NO SADMERC				Not Allowed	$0.00			N
L0112	E	CRANIAL CERVICAL ORTHOSIS				Not Allowed	$0.00			
L0113	E	CRANIAL CERVICAL TORTICOLLIS				Not Allowed	$0.00			
L0120	E	CERVICAL FLEXIBLE NON-ADJUSTABLE (FOAM COLLAR)				Not Allowed	$0.00			N
L0130	E	CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO PATIENT				Not Allowed	$0.00			N
L0140	E	CERVICAL SEMI-RIGID ADJUSTABLE (PLASTIC COLLAR)				Not Allowed	$0.00			N
L0150	E	CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP (PLASTIC CO				Not Allowed	$0.00			N
L0160	E	CERVICAL SEMI-RIGID WIRE FRAME OCCIPITAL/MANDIB. SUPPORT				Not Allowed	$0.00			N
L0170	E	CERVICAL COLLAR MOLDED TO PATIENT MODEL				Not Allowed	$0.00			N
L0172	E	CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE				Not Allowed	$0.00			N
L0174	E	CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO PIECE				Not Allowed	$0.00			N
L0180	E	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS				Not Allowed	$0.00			N
L0190	E	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS				Not Allowed	$0.00			N
L0200	E	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUPPORTS				Not Allowed	$0.00			N
L0210	E	THORACIC RIB BELT				Not Allowed	$0.00			N
L0220	E	THORACIC RIB BELT CUSTOM FABRICATED				Not Allowed	$0.00			N
L0430	E	DEWALL POSTURE PROTECTOR				Not Allowed	$0.00			N
L0450	E	TLSO FLEX PREFAB THORACIC				Not Allowed	$0.00			
L0452	E	TLSO FLEX CUSTOM FAB THORACI				Not Allowed	$0.00			
L0454	E	TLSO FLEX PREFAB SACROCOC-T9				Not Allowed	$0.00			
L0456	E	TLSO FLEX PREFAB				Not Allowed	$0.00			
L0458	E	TLSO 2MOD SYMPHIS-XIPHO PRE				Not Allowed	$0.00			
L0460	E	TLSO2MOD SYMPHYSIS-STERN PRE				Not Allowed	$0.00			
L0462	E	TLSO 3MOD SACRO-SCAP PRE				Not Allowed	$0.00			

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L0464	E	TLSO 4MOD SACRO-SCAP PRE				Not Allowed	$0.00			
L0466	E	TLSO RIGID FRAME PRE SOFT AP				Not Allowed	$0.00			
L0468	E	TLSO RIGID FRAME PREFAB PELV				Not Allowed	$0.00			
L0470	E	TLSO RIGID FRAME PRE SUBCLAV				Not Allowed	$0.00			
L0472	E	TLSO RIGID FRAME HYPEREX PRE				Not Allowed	$0.00			
L0480	E	TLSO RIGID PLASTIC CUSTOM FA				Not Allowed	$0.00			Y
L0482	E	TLSO RIGID LINED CUSTOM FAB				Not Allowed	$0.00			Y
L0484	E	TLSO RIGID PLASTIC CUST FAB				Not Allowed	$0.00			Y
L0486	E	TLSO RIGIDLINED CUST FAB TWO				Not Allowed	$0.00			Y
L0488	E	TLSO RIGID LINED PRE ONE PIE				Not Allowed	$0.00			Y
L0490	E	TLSO RIGID PLASTIC PRE ONE				Not Allowed	$0.00			
L0491	E	TLSO 2 PIECE RIGID SHELL				Not Allowed	$0.00			
L0492	E	TLSO 3 PIECE RIGID SHELL				Not Allowed	$0.00			
L0621	E	SIO FLEX PELVISACRAL PREFAB				Not Allowed	$0.00			
L0622	E	SIO FLEX PELVISACRAL CUSTOM				Not Allowed	$0.00			
L0623	E	SIO PANEL PREFAB				Not Allowed	$0.00			
L0624	E	SIO PANEL CUSTOM				Not Allowed	$0.00			
L0625	E	LO FLEXIBL L1-BELOW L5 PRE				Not Allowed	$0.00			
L0626	E	LO SAG STAYS/PANELS PRE-FAB				Not Allowed	$0.00			
L0627	E	LO SAGITT RIGID PANEL PREFAB				Not Allowed	$0.00			
L0628	E	LO FLEX W/O RIGID STAYS PRE				Not Allowed	$0.00			
L0629	E	LSO FLEX W/RIGID STAYS CUST				Not Allowed	$0.00			
L0630	E	LSO POST RIGID PANEL PRE				Not Allowed	$0.00			
L0631	E	LSO SAG-CORO RIGID FRAME PRE				Not Allowed	$0.00			
L0632	E	LSO SAG RIGID FRAME CUST				Not Allowed	$0.00			
L0633	E	LSO FLEXION CONTROL PREFAB				Not Allowed	$0.00			
L0634	E	LSO FLEXION CONTROL CUSTOM				Not Allowed	$0.00			
L0635	E	LSO SAGIT RIGID PANEL PREFAB				Not Allowed	$0.00			
L0636	E	LSO SAGITTAL RIGID PANEL CUS				Not Allowed	$0.00			
L0637	E	LSO SAG-CORONAL PANEL PREFAB				Not Allowed	$0.00			
L0638	E	LSO SAG-CORONAL PANEL CUSTOM				Not Allowed	$0.00			
L0639	E	LSO S/C SHELL/PANEL PREFAB				Not Allowed	$0.00			
L0640	E	LSO S/C SHELL/PANEL CUSTOM				Not Allowed	$0.00			
L0700	E	CTLSO ANT.-POST.-LAT. CONTROL MOLDED TO PATIENT MODEL				Not Allowed	$0.00			N
L0710	E	CTLSO ANT.-POST.-LAT. CTRL. MOLDED TO PT. MODEL W/INTERFACE				Not Allowed	$0.00			N
L0810	E	HALO PROCEDURE CERVICAL HALO INCORPORATED INTO JACKET VEST				Not Allowed	$0.00			N
L0820	E	HALO PROCEDURE CERV. HALO INCORP. INTO PLASTER BODY JACKET				Not Allowed	$0.00			N

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L0830	E	HALO PROCEDURE CERV. HALO INCORP. INTO MILWAUKEE ORTHOSIS				Not Allowed	$0.00			N
L0859	E	MRI COMPATIBLE SYSTEM				Not Allowed	$0.00			
L0861	E	HALO REPL LINER/INTERFACE				Not Allowed	$0.00			
L0970	E	TLSO CORSET FRONT				Not Allowed	$0.00			N
L0972	E	LSO CORSET FRONT				Not Allowed	$0.00			N
L0974	E	TLSO FULL CORSET				Not Allowed	$0.00			N
L0976	E	LSO FULL CORSET				Not Allowed	$0.00			N
L0978	E	AXILLARY CRUTCH EXTENSION				Not Allowed	$0.00			N
L0980	E	PERONEAL STRAPS PAIR				Not Allowed	$0.00			N
L0982	E	STOCKING SUPPORTER GRIPS SET OF FOUR (4)				Not Allowed	$0.00			N
L0984	E	PROTECTIVE BODY SOCK EACH				Not Allowed	$0.00			N
L0999	E	ADDITION TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			N
L1000	E	CTLSO (MILWAUKEE) INCLUS. OF INITIAL ORTHOSIS INCL. MODEL				Not Allowed	$0.00			N
L1001	E	CTLSO INFANT IMMOBILIZER				Not Allowed	$0.00			
L1005	E	TENSION BASED SCOLIOSIS ORTH				Not Allowed	$0.00			Y
L1010	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS AXILLA SLING				Not Allowed	$0.00			N
L1020	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PAD				Not Allowed	$0.00			N
L1025	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPH. PAD FLOATING				Not Allowed	$0.00			N
L1030	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR BOLSTER PAD				Not Allowed	$0.00			N
L1040	E	ADD'N TO CTLSO OR SCOLIOSIS ORTHO. LUMBAR OR LUMBAR RIB PAD				Not Allowed	$0.00			N
L1050	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS STERNAL PAD				Not Allowed	$0.00			N
L1060	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS THORACIC PAD				Not Allowed	$0.00			N
L1070	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS TRAPEZIUS SLING				Not Allowed	$0.00			N
L1080	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER				Not Allowed	$0.00			N
L1085	E	ADD'N TO CTLSO OR SCOLIOSIS ORTHO. OUTRIGGER BILAT. W/EXTE				Not Allowed	$0.00			N
L1090	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR SLING				Not Allowed	$0.00			N
L1100	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE				Not Allowed	$0.00			N
L1110	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE MOLDED				Not Allowed	$0.00			N
L1120	E	ADD'N TO CTLSO SCOLIOSIS ORTHO. COVER FOR UPRIGHT EACH				Not Allowed	$0.00			N
L1200	E	TLSO INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY				Not Allowed	$0.00			N
L1210	E	ADDITION TO TLSO (LOW PROFILE) LATERAL THORACIC EXTENSION				Not Allowed	$0.00			N
L1220	E	ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC EXTENSION				Not Allowed	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L1230	E	ADDITION TO TLSO (LOW PROFILE) MILWAUKEE TYPE SUPERSTRUC.				Not Allowed	$0.00			N
L1240	E	ADDITION TO TLSO (LOW PROFILE) LUMBAR DEROTATION PAD				Not Allowed	$0.00			N
L1250	E	ADDITION TO TLSO (LOW PROFILE) ANTERIOR ASIS PAD				Not Allowed	$0.00			N
L1260	E	ADDITION TO TLSO (LOW PROFILE) ANT. THOR. DEROTATION PAD				Not Allowed	$0.00			N
L1270	E	ADDITION TO TLSO (LOW PROFILE) ABDOMINAL PAD				Not Allowed	$0.00			N
L1280	E	ADDITION TO TLSO (LOW PROFILE) RIB GUSSET (ELASTIC) EACH				Not Allowed	$0.00			N
L1290	E	ADDITION TO TLSO (LOW PROFILE) LATERAL TROCHANTERIC PAD				Not Allowed	$0.00			N
L1300	E	OTHER SCOLIOSIS PROCEDURE BODY JACKET MOLDED TO PATIENT				Not Allowed	$0.00			N
L1310	E	OTHER SCOLIOSIS PROCEDURE POSTOPERATIVE BODY JACKET				Not Allowed	$0.00			N
L1499	E	SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			N
L1500	E	THKAO MOBILITY FRAME (NEWINGTON PARAPODIUM TYPES)				Not Allowed	$0.00			N
L1510	E	THKAO STANDING FRAME				Not Allowed	$0.00			N
L1520	E	THKAO SWIVEL WALKER				Not Allowed	$0.00			N
L1600	E	HO ABDUCTION CONTROL OF HIP JOINTS FLEX. FREJKA TYPE W/COV				Not Allowed	$0.00			N
L1610	E	HO ABDUCTION CONTROL OF HIP JOINTS FLEX.(FREJKA COVER ONLY)				Not Allowed	$0.00			N
L1620	E	HO ABDUCTION CONTROL OF HIP JOINTS FLEX. (PAVLIK HARNESS)				Not Allowed	$0.00			N
L1630	E	HO ABDUCTION CONTROL OF HIP JOINTS SEMI-FLEX. (VON ROSEN)				Not Allowed	$0.00			N
L1640	E	HO ABDUCTION CONTROL OF HIP JOINTS STATIC PELVIC				Not Allowed	$0.00			N
L1650	E	HO ABDUCTION CONTROL OF HIP JOINTS STATIC ADJUSTABLE				Not Allowed	$0.00			N
L1652	E	HO BI THIGHCUFFS W SPRDR BAR				Not Allowed	$0.00			
L1660	E	HO ABDUCTION CONTROL OF HIP JOINTS STATIC PLASTIC				Not Allowed	$0.00			N
L1680	E	HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC PELVIC				Not Allowed	$0.00			N
L1685	E	HO ABDUC. CTRL. OF HIP JOINT POSTOP HIP ABDUC. CUSTOM FAB				Not Allowed	$0.00			N
L1686	E	HO ABDUCTION CONTROL OF HIP JOINT POSTOP HIP ABDUC. TYPE				Not Allowed	$0.00			N
L1690	E	COMBO BILAT/L-S/HIP/FEMUR ORTHOSIS ADDUC/INT ROTATION CTRL				Not Allowed	$0.00			N
L1700	E	LEGG PERTHES ORTHOSIS (TORONTO TYPE) CUSTOM-FABRICATED				Not Allowed	$0.00			N
L1710	E	LEGG PERTHES ORTHOSIS (NEWINGTON TYPE) CUSTOM-FABRICATED				Not Allowed	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L1720	E	LEGG PERTHES ORTHOSIS TRILATERAL (TACHDIJAN TYPE) CUSTOM				Not Allowed	$0.00			N
L1730	E	LEGG PERTHES ORTHOSIS (SCOTTISH RITE TYPE) CUSTOM FABRICA				Not Allowed	$0.00			N
L1755	E	LEGG PERTHES ORTHOSIS (PATTEN BOTTOM TYPE) CUSTOM-FABRICA				Not Allowed	$0.00			N
L1800	E	KNEE ORTHOSIS (KO) ELASTIC WITH STAYS PREFAB W/ FITTING				Not Allowed	$0.00			N
L1810	E	KO ELASTIC WITH JOINTS PREFABRICATED INCL FITTING/ADJUST				Not Allowed	$0.00			N
L1815	E	KO ELASTIC OR OTHER ELASTIC TYPE MAT. W/CONDYLAR PAD(S)				Not Allowed	$0.00			N
L1820	E	KO ELASTIC WITH CONDYLAR PADS AND JOINTS PREFABRICATED				Not Allowed	$0.00			N
L1825	E	KO ELASTIC KNEE CAP PREFABRICATED INCL FIT AND ADJUST				Not Allowed	$0.00			N
L1830	E	KO IMMOBILIZER CANVAS LONGITUDINAL PREFAB INCL FITTING				Not Allowed	$0.00			N
L1831	E	KNEE ORTH POS LOCKING JOINT				Not Allowed	$0.00			
L1832	E	KO ADJ JNT POS RIGID SUPPORT				Not Allowed	$0.00			N
L1834	E	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED				Not Allowed	$0.00			N
L1836	E	RIGID KO WO JOINTS				Not Allowed	$0.00			
L1840	E	KO DEROTATION MED.-LAT. AC LIGAMENT CUSTOM FABRICATED				Not Allowed	$0.00			N
L1843	E	KO SINGLE UPRIGHT CUSTOM FIT				Not Allowed	$0.00			N
L1844	E	KO W/ADJ JT ROT CNTRL MOLDED				Not Allowed	$0.00			N
L1845	E	KO W/ ADJ FLEX/EXT ROTAT CUS				Not Allowed	$0.00			N
L1846	E	KO W ADJ FLEX/EXT ROTAT MOLD				Not Allowed	$0.00			N
L1847	E	KNEE ORTHOSIS DOUBLE UPRIGHT W/ADJ JOINT INFL. AIR CHAMBER				Not Allowed	$0.00			N
L1850	E	KO SWEDISH TYPE PREFABRICATED INCL FITTING AND ADJUSTMNT				Not Allowed	$0.00			N
L1860	E	KO MODIF. OF SUPRACONDYLAR PROSTHETIC SOCKET CUSTOM FABR				Not Allowed	$0.00			N
L1900	E	AFO SPRING WIRE DORSIFLEXION ASSIST CALF BAND CUSTOM FAB				Not Allowed	$0.00			N
L1901	E	PREFAB ANKLE ORTHOSIS				Not Allowed	$0.00			
L1902	E	AFO ANKLE GAUNTLET PREFABRICATED INCL FIT AND ADJUST				Not Allowed	$0.00			N
L1904	E	AFO MOLDED ANKLE GAUNTLET CUSTOM FABRICATED				Not Allowed	$0.00			N
L1906	E	AFO MULTILIGAMENTUS ANKLE SUPPORT PREFAB INCL FIT & ADJU				Not Allowed	$0.00			N
L1907	E	AFO SUPRAMALLEOLAR CUSTOM				Not Allowed	$0.00			
L1910	E	AFO POSTERIOR SINGLE BAR CLASP ATTACHMENT TO SHOE COUNTER				Not Allowed	$0.00			N

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L1920	E	AFO SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP CUSTOM				Not Allowed	$0.00			N
L1930	E	AFO PLASTIC				Not Allowed	$0.00			N
L1932	E	AFO RIG ANT TIB PREFAB TCF/=				Not Allowed	$0.00			
L1940	E	AFO MOLDED TO PATIENT MODEL PLASTIC CUSTOM FABRICATED				Not Allowed	$0.00			N
L1945	E	AFO PLASTIC RIGID ANTERIOR TIBIAL SEC CUSTOM FABRICATED				Not Allowed	$0.00			N
L1950	E	AFO SPIRAL MOLDED TO PT PLAS				Not Allowed	$0.00			N
L1951	E	AFO SPIRAL PREFABRICATED				Not Allowed	$0.00			
L1960	E	AFO POSTERIOR SOLID ANKLE PLASTIC CUSTOM FABRICATED				Not Allowed	$0.00			N
L1970	E	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED				Not Allowed	$0.00			N
L1971	E	AFO W/ANKLE JOINT PREFAB				Not Allowed	$0.00			
L1980	E	AFO SNGL. UPRIGHT FREE PLANTAR DORSIFLEX. (SNGL BAR "BK")				Not Allowed	$0.00			N
L1990	E	AFO DBL. UPRIGHT FREE PLANTAR DORSIFLEX. (DBL. BAR "BK")				Not Allowed	$0.00			N
L2000	E	KAFO SINGLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM FAB				Not Allowed	$0.00			N
L2005	E	KAFO SNG/DBL MECHANICAL ACT				Not Allowed	$0.00			
L2010	E	KAFO SINGLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JOINT				Not Allowed	$0.00			N
L2020	E	KAFO DOUBLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM FAB				Not Allowed	$0.00			N
L2030	E	KAFO DOUBLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JOINT				Not Allowed	$0.00			N
L2034	E	KAFO PLA SIN UP W/WO K/A CUS				Not Allowed	$0.00			
L2035	E	KAFO FULL PLASTIC STATIC PREFABRICATED (PEDIATRIC SIZE)				Not Allowed	$0.00			N
L2036	E	KAFO PLAS DOUB FREE KNEE MOL				Not Allowed	$0.00			N
L2037	E	KAFO PLAS SING FREE KNEE MOL				Not Allowed	$0.00			N
L2038	E	KAFO W/O JOINT MULTI-AXIS AN				Not Allowed	$0.00			N
L2040	E	HKAFO TORSION CTRL. BILAT. ROTATION STRAPS PELVIC BAND/BELT				Not Allowed	$0.00			N
L2050	E	HKAFO TORSION CTRL. BILAT. TORSION CABLES HIP JT. PELVIC				Not Allowed	$0.00			N
L2060	E	HKAFO TORSION CTRL. BILAT. TORSION CABLES BALL BEAR HIP JT.				Not Allowed	$0.00			N
L2070	E	HKAFO TORSION CTRL. UNILAT. ROTATION STRAPS PELVIC BAND/BELT				Not Allowed	$0.00			N
L2080	E	HKAFO TORSION CTRL. UNILAT. TORSION CABLES HIP JT. PELVIC				Not Allowed	$0.00			N
L2090	E	HKAFO TORSION CTRL. UNILAT. TORSION CABLES BALL BEAR HIP JT				Not Allowed	$0.00			N

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L2106	E	AFO FX ORTHO. TIBIAL FX CAST ORTHOSIS THERMOPLAS CUSTOM				Not Allowed	$0.00			N
L2108	E	AFO FX ORTHOSIS TIBIAL FX CAST ORTHOSIS CUSTOM FABRICATED				Not Allowed	$0.00			N
L2112	E	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SOFT PREFABRICATED				Not Allowed	$0.00			N
L2114	E	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SEMI-RIGID PREFAB				Not Allowed	$0.00			N
L2116	E	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS RIGID PREFABRICATED				Not Allowed	$0.00			N
L2126	E	KAFO FX ORTHO. FEMORAL FX CAST ORTHO. THERMOPLASTIC CUSTOM				Not Allowed	$0.00			N
L2128	E	KAFO FX ORTHO. FEMORAL FX CAST ORTHOSIS CUSTOM FABRICATED				Not Allowed	$0.00			N
L2132	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SOFT PREFABRIC				Not Allowed	$0.00			N
L2134	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SEMI-RIGID				Not Allowed	$0.00			N
L2136	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS RIGID PREFABRI				Not Allowed	$0.00			N
L2180	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS PLASTIC SHOE INSERT				Not Allowed	$0.00			N
L2182	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS DROP LOCK KNEE JOINT				Not Allowed	$0.00			N
L2184	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS LMTD MOTION KNEE JOINT				Not Allowed	$0.00			N
L2186	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS ADJUS. MOTION KNEE JT.				Not Allowed	$0.00			N
L2188	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS QUADRILATERAL BRIM				Not Allowed	$0.00			N
L2190	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS WAIST BELT				Not Allowed	$0.00			N
L2192	E	ADD'N TO LOWER EXTREM. FX ORTHO. HIP JT./PELVIC BAND/THIGH				Not Allowed	$0.00			N
L2200	E	ADD'N TO LOWER EXTREMITY LIMITED ANKLE MOTION EACH JOINT				Not Allowed	$0.00			N
L2210	E	ADD'N TO LOWER EXTREMITY DORSIFLEXION ASSIST EACH JOINT				Not Allowed	$0.00			N
L2220	E	ADD'N TO LOWER EXTREMITY DORSIFLEX/PLANTAR FLEX EACH JOINT				Not Allowed	$0.00			N
L2230	E	ADD'N TO LOWER EXTREM. SPLIT FLAT CALIPER STIRRUPS/PLATE AT				Not Allowed	$0.00			N
L2232	E	ROCKER BOTTOM CONTACT AFO				Not Allowed	$0.00			
L2240	E	ADD'N TO LOWER EXTREMITY ROUND CALIPER AND PLATE ATTACHMENT				Not Allowed	$0.00			N
L2250	E	ADD'N TO LOWER EXTREMITY FOOT PLATE MOLDED STIRRUP ATTACH				Not Allowed	$0.00			N
L2260	E	ADD'N TO LOWER EXTREMITY REINFORCED SOLID STIRRUP				Not Allowed	$0.00			N

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L2265	E	ADD'N TO LOWER EXTREMITY LONG TONGUE STIRRUP				Not Allowed	$0.00			N
L2270	E	ADD'N TO LOWER EXTREMITY "T" STRAP PADDED/LINED OR MALLEOL				Not Allowed	$0.00			N
L2275	E	ADD'N TO LOWER EXTREMITY VARUS/VALGUS CORREC. PLASTIC MODIF				Not Allowed	$0.00			N
L2280	E	ADD'N TO LOWER EXTREMITY MOLDED INNER BOOT				Not Allowed	$0.00			N
L2300	E	ADD'N TO LOWER EXTREMITY ABDUC. BAR JOINTED ADJUSTABLE				Not Allowed	$0.00			N
L2310	E	ADD'N TO LOWER EXTREMITY ABDUCTION BAR STRAIGHT				Not Allowed	$0.00			N
L2320	E	ADD'N TO LOWER EXTREMITY NONMOLDED LACER				Not Allowed	$0.00			N
L2330	E	ADD'N TO LOWER EXTREMITY LACER MOLDED TO PATIENT MODEL				Not Allowed	$0.00			N
L2335	E	ADD'N TO LOWER EXTREMITY ANTERIOR SWING BAND				Not Allowed	$0.00			N
L2340	E	ADD'N TO LOWER EXTREMITY PRETIBIAL SHELL MOLDED TO PT. MOD				Not Allowed	$0.00			N
L2350	E	ADD'N TO LOWER EXTREMITY PROSTHETIC TYPE (BK) SOCKET MOLDED				Not Allowed	$0.00			N
L2360	E	ADD'N TO LOWER EXTREMITY EXTENDED STEEL SHANK				Not Allowed	$0.00			N
L2370	E	ADD'N TO LOWER EXTREMITY PATTEN BOTTOM				Not Allowed	$0.00			N
L2375	E	ADD'N TO LOWER EXTREM. TORSION CTRL. ANKLE JT.& HALF SOLID				Not Allowed	$0.00			N
L2380	E	ADD'N TO LOWER EXTREM. TORSION CTRL. STRAIGHT KNEE JT. EA JT				Not Allowed	$0.00			N
L2385	E	ADD'N TO LOWER EXTREM. STRAIGHT KNEE JT. HEAVY DUTY EA JT.				Not Allowed	$0.00			N
L2387	E	ADD LE POLY KNEE CUSTOM KAFO				Not Allowed	$0.00			
L2390	E	ADD'N TO LOWER EXTREMITY OFFSET KNEE JOINT EACH JOINT				Not Allowed	$0.00			N
L2395	E	ADD'N TO LOWER EXTREMITY OFFSET KNEE JT. HEAVY DUTY EA JT.				Not Allowed	$0.00			N
L2397	E	ADD'N TO LOWER EXTREMITY ORTHOSIS SUSPENSION SLEEVE				Not Allowed	$0.00			N
L2405	E	KNEE JOINT DROP LOCK EA JNT				Not Allowed	$0.00			N
L2415	E	KNEE JOINT CAM LOCK EACH JOI				Not Allowed	$0.00			N
L2425	E	ADD'N TO KNEE JT. DISC OR DIAL LOCK FOR ADJ. KNEE FLEX EA JT				Not Allowed	$0.00			N
L2430	E	ADD'N TO KNEE JOINT RATCHET LOCK FOR KNEE EXTENSION EA. JT.				Not Allowed	$0.00			
L2492	E	ADD'N TO KNEE JOINT LIFT LOOP FOR DROP LOCK RING				Not Allowed	$0.00			N
L2500	E	ADD'N TO LOWER EXTREM. THIGH/WEIGHT BEARING GLUT/ISCH RING				Not Allowed	$0.00			N
L2510	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT BRIM MOLD				Not Allowed	$0.00			N
L2520	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT BRIM CUST				Not Allowed	$0.00			N

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L2525	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BRIM MOLD				Not Allowed	$0.00			N
L2526	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BRIM CUST				Not Allowed	$0.00			N
L2530	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER NONMOLDED				Not Allowed	$0.00			N
L2540	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER MOLDED				Not Allowed	$0.00			N
L2550	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING HIGH ROLL CUFF				Not Allowed	$0.00			N
L2570	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT 2 POSITION EA.				Not Allowed	$0.00			N
L2580	E	ADD'N TO LOWER EXTREMITY PELVIC CONTROL PELVIC SLING				Not Allowed	$0.00			N
L2600	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT FREE EACH				Not Allowed	$0.00			N
L2610	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT LOCK EACH				Not Allowed	$0.00			N
L2620	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT HEAVY-DUTY EA.				Not Allowed	$0.00			N
L2622	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT ADJUS FLEX EA.				Not Allowed	$0.00			N
L2624	E	ADD'N TO LOWER EXTREM. PELVIC CTRL. HIP JT ADJUS F/E/A EA.				Not Allowed	$0.00			N
L2627	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL PLASTIC MOLDED				Not Allowed	$0.00			N
L2628	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL METAL FRAME				Not Allowed	$0.00			N
L2630	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BELT UNILAT				Not Allowed	$0.00			N
L2640	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BELT BILAT.				Not Allowed	$0.00			N
L2650	E	ADD'N TO LOWER EXTREM. PELV.&THORACIC CTRL. GLUTEAL PAD EA.				Not Allowed	$0.00			N
L2660	E	ADD'N TO LOWER EXTREM. THORACIC CONTROL THORACIC BAND				Not Allowed	$0.00			N
L2670	E	ADD'N TO LOWER EXTREM. THORACIC CONTROL PARASPINAL UPRIGHTS				Not Allowed	$0.00			N
L2680	E	ADD'N TO LOWER EXTREM. THORACIC CTRL. LATERAL SUPPORT UPRIG				Not Allowed	$0.00			N
L2750	E	ADD'N TO LOWER EXTREM. ORTHO. PLATING CHROME/NICKEL PER BAR				Not Allowed	$0.00			N
L2755	E	CARBON GRAPHITE LAMINATION				Not Allowed	$0.00			N
L2760	E	ADD'N TO LOWER EXTREM. ORTHO. EXTENSION PER EXTEN. PER BAR				Not Allowed	$0.00			N
L2768	E	ORTHO SIDEBAR DISCONNECT				Not Allowed	$0.00			

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L2770	E	ADD'N TO LOWER EXTREM. ORTHO. ANY MATERIAL PER BAR OR JOINT				Not Allowed	$0.00			N
L2780	E	ADD'N TO LOWER EXTREM. ORTHO. NONCORROSIVE FINISH PER BAR				Not Allowed	$0.00			N
L2785	E	ADD'N TO LOWER EXTREM. ORTHOSIS DROP LOCK RETAINER EACH				Not Allowed	$0.00			N
L2795	E	ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL FULL KNEECAP				Not Allowed	$0.00			N
L2800	E	ADD'N TO LOWER EXTREM. ORTHO. KNEE CTRL. KNEECAP MED OR LAT				Not Allowed	$0.00			N
L2810	E	ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL CONDYLAR PAD				Not Allowed	$0.00			N
L2820	E	ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED BELOW KNEE				Not Allowed	$0.00			N
L2830	E	ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED ABOVE KNEE				Not Allowed	$0.00			N
L2840	E	ADD'N TO LOWER EXTREM. ORTHO. TIBIAL LENGTH SOCK FX OR = EA				Not Allowed	$0.00			N
L2850	E	ADD'N TO LOWER EXTREM. ORTHO. FEM. LENGTH SOCK FX OR = EACH				Not Allowed	$0.00			N
L2999	E	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			N
L3000	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL "UCB" TYPE EACH				Not Allowed	$0.00			N
L3001	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SPENCO EACH				Not Allowed	$0.00			N
L3002	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL PLASTAZOTE EAC				Not Allowed	$0.00			N
L3003	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SILICONE GEL EA				Not Allowed	$0.00			N
L3010	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL ARCH SUPPORT EA				Not Allowed	$0.00			N
L3020	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL MT SUPPORT EAC				Not Allowed	$0.00			N
L3030	E	FOOT INSERT REMOVABLE FORMED TO PATIENT FOOT EACH				Not Allowed	$0.00			N
L3031	E	FOOT LAMIN/PREPREG COMPOSITE				Not Allowed	$0.00			
L3040	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUDINAL EACH				Not Allowed	$0.00			N
L3050	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED METATARSAL EACH				Not Allowed	$0.00			N
L3060	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUD./METARS. EA				Not Allowed	$0.00			N
L3070	E	FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE LONGI. EAC				Not Allowed	$0.00			N
L3080	E	FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE MT EACH				Not Allowed	$0.00			N

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L3090	E	FOOT ARCH SUPPORT NONREMOV. ATTACHED TO SHOE LONG/MT EAC				Not Allowed	$0.00			N
L3100	E	HALLUS-VALGUS NIGHT DYNAMIC SPLINT				Not Allowed	$0.00			N
L3140	E	FOOT ABDUCTION ROTATION BAR INCLUDING SHOES				Not Allowed	$0.00			N
L3150	E	FOOT ABDUCTION ROTATION BAR WITHOUT SHOES				Not Allowed	$0.00			N
L3160	E	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE				Not Allowed	$0.00			N
L3170	E	FOOT PLASTIC HEEL STABILIZER				Not Allowed	$0.00			N
L3201	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR INFANT				Not Allowed	$0.00			N
L3202	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR CHILD				Not Allowed	$0.00			N
L3203	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATOR JUNIOR				Not Allowed	$0.00			N
L3204	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR INFANT				Not Allowed	$0.00			N
L3206	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR CHILD				Not Allowed	$0.00			N
L3207	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONATOR JUNIOR				Not Allowed	$0.00			N
L3208	E	SURGICAL BOOT EACH INFANT				Not Allowed	$0.00			N
L3209	E	SURGICAL BOOT EACH CHILD				Not Allowed	$0.00			N
L3211	M	SURGICAL BOOT EACH JUNIOR				By Report	$0.00			N
L3212	E	BENESCH BOOT PAIR INFANT				Not Allowed	$0.00			N
L3213	E	BENESCH BOOT PAIR CHILD				Not Allowed	$0.00			N
L3214	E	BENESCH BOOT PAIR JUNIOR				Not Allowed	$0.00			N
L3215	E	ORTHOPEDIC FTWEAR LADIES OXF				Not Allowed	$0.00			N
L3216	E	ORTHOPED LADIES SHOES DPTH I				Not Allowed	$0.00			N
L3217	E	LADIES SHOES HIGHTOP DEPTH I				Not Allowed	$0.00			N
L3219	E	ORTHOPEDIC MENS SHOES OXFORD				Not Allowed	$0.00			N
L3221	E	ORTHOPEDIC MENS SHOES DPTH I				Not Allowed	$0.00			N
L3222	E	MENS SHOES HIGHTOP DEPTH INL				Not Allowed	$0.00			N
L3224	E	ORTH FOOTWEAR WOMAN'S OXFORD SHOE AS INTEGRAL PART OF BRACE				Not Allowed	$0.00			N
L3225	E	ORTH FOOTWEAR MAN'S OXFORD SHOE AS INTEGRAL PART OF BRACE				Not Allowed	$0.00			N
L3230	E	CUSTOM SHOES DEPTH INLAY				Not Allowed	$0.00			N
L3250	M	ORTHOPEDIC FOOTWEAR CUSTOM MOLDED SHOE EACH				By Report	$0.00			N
L3251	E	FOOT SHOE MOLDED TO PATIENT MODEL SILICONE SHOE EACH				Not Allowed	$0.00			N
L3252	E	FOOT SHOE MOLDED TO PT. MODEL PLASTAZOTE CUSTOM FAB EACH				Not Allowed	$0.00			N
L3253	E	FOOT MOLDED SHOE PLASTAZOTE(OR SIMILAR) CUSTOM FITTED EACH				Not Allowed	$0.00			N
L3254	E	ORTHOPEDIC FOOTWEAR NONSTANDARD SIZE OR WIDTH				Not Allowed	$0.00			N

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L3255	E	ORTHOPEDIC FOOTWEAR NONSTANDARD SIZE OR LENGTH				Not Allowed	$0.00			N
L3257	E	ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE FOR SPLIT SIZE				Not Allowed	$0.00			N
L3260	E	AMBULATORY SURGICAL BOOT EAC				Not Allowed	$0.00			N
L3265	M	PLASTAZOTE SANDAL EACH				By Report	$0.00			N
L3300	E	LIFT ELEVATION HEEL TAPERED TO METATARSALS PER INCH				Not Allowed	$0.00			N
L3310	E	LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH				Not Allowed	$0.00			N
L3320	E	LIFT ELEVATION HEEL AND SOLE CORK PER INCH				Not Allowed	$0.00			N
L3330	E	LIFT ELEVATION METAL EXTENSION (SKATE)				Not Allowed	$0.00			N
L3332	E	LIFT ELEVATION INSIDE SHOE TAPERED UP TO ONE-HALF INCH				Not Allowed	$0.00			N
L3334	E	LIFT ELEVATION HEEL PER INCH				Not Allowed	$0.00			N
L3340	E	HEEL WEDGE SACH				Not Allowed	$0.00			N
L3350	E	HEEL WEDGE				Not Allowed	$0.00			N
L3360	E	SOLE WEDGE OUTSIDE SOLE				Not Allowed	$0.00			N
L3370	E	SOLE WEDGE BETWEEN SOLE				Not Allowed	$0.00			N
L3380	E	CLUBFOOT WEDGE				Not Allowed	$0.00			N
L3390	E	OUTFLARE WEDGE				Not Allowed	$0.00			N
L3400	E	METATARSAL BAR WEDGE ROCKER				Not Allowed	$0.00			N
L3410	E	METATARSAL BAR WEDGE BETWEEN SOLE				Not Allowed	$0.00			N
L3420	E	FULL SOLE AND HEEL WEDGE BETWEEN SOLE				Not Allowed	$0.00			N
L3430	E	HEEL COUNTER PLASTIC REINFORCED				Not Allowed	$0.00			N
L3440	E	HEEL COUNTER LEATHER REINFORCED				Not Allowed	$0.00			N
L3450	E	HEEL SACH CUSHION TYPE				Not Allowed	$0.00			N
L3455	E	HEEL NEW LEATHER STANDARD				Not Allowed	$0.00			N
L3460	E	HEEL NEW RUBBER STANDARD				Not Allowed	$0.00			N
L3465	E	HEEL THOMAS WITH WEDGE				Not Allowed	$0.00			N
L3470	E	HEEL THOMAS EXTENDED TO BALL				Not Allowed	$0.00			N
L3480	E	HEEL PAD AND DEPRESSION FOR SPUR				Not Allowed	$0.00			N
L3485	M	HEEL PAD REMOVABLE FOR SPUR				By Report	$0.00			N
L3500	E	ORTHOPEDIC SHOE ADDITION INSOLE LEATHER				Not Allowed	$0.00			N
L3510	E	ORTHOPEDIC SHOE ADDITION INSOLE RUBBER				Not Allowed	$0.00			N
L3520	E	ORTHOPEDIC SHOE ADDITION INSOLE FELT COVERED WITH LEATHER				Not Allowed	$0.00			N
L3530	E	ORTHOPEDIC SHOE ADDITION SOLE HALF				Not Allowed	$0.00			N
L3540	E	ORTHOPEDIC SHOE ADDITION SOLE FULL				Not Allowed	$0.00			N
L3550	E	ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD				Not Allowed	$0.00			N
L3560	E	ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE				Not Allowed	$0.00			N
L3570	E	ORTHOPEDIC SHOE ADDITION SPECIAL EXTENSION TO INSTEP				Not Allowed	$0.00			N

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L3580	E	ORTHOPEDIC SHOE ADDITION CONVERT INSTEP TO VELCRO CLOSURE				Not Allowed	$0.00			N
L3590	E	ORTHOPEDIC SHOE ADDITION CONVERT FIRM TO SOFT SHOE COUNTER				Not Allowed	$0.00			N
L3595	E	ORTHOPEDIC SHOE ADDITION MARCH BAR				Not Allowed	$0.00			N
L3600	E	TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE EXISTING				Not Allowed	$0.00			N
L3610	E	TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE NEW				Not Allowed	$0.00			N
L3620	E	TRANSFER ORTHOSIS TO ANOTHER SHOE SOLID STIRRUP EXISTING				Not Allowed	$0.00			N
L3630	E	TRANSFER ORTHOSIS TO ANOTHER SHOE SOLIC STIRRUP NEW				Not Allowed	$0.00			N
L3640	E	TRANS. ORTHO. TO ANOTHER SHOE DENNIS BROWNE SPLINT BOTH SH				Not Allowed	$0.00			N
L3649	M	ORTHOPEDIC SHOE MODIFICATION ADDITION OR TRANSFER NOS				By Report	$0.00			N
L3650	E	SO FIGURE EIGHT DESIGN ABDUCTION RESTRAINER PREFABRICATE				Not Allowed	$0.00			N
L3651	E	PREFAB SHOULDER ORTHOSIS				Not Allowed	$0.00			
L3652	E	PREFAB DBL SHOULDER ORTHOSIS				Not Allowed	$0.00			
L3660	E	SO FIGURE OF 8 DESIGN ABDUCTION RESTRAINER CANVAS & WEBBING				Not Allowed	$0.00			N
L3670	E	SO ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE) PREFAB				Not Allowed	$0.00			N
L3671	E	SO CAP DESIGN W/O JNTS CF				Not Allowed	$0.00			
L3672	E	SO AIRPLANE W/O JNTS CF				Not Allowed	$0.00			
L3673	E	SO AIRPLANE W/JOINT CF				Not Allowed	$0.00			
L3675	E	SO VEST TYPE ABDUCTION RESTRAINER CANVAS WEBBING TYPE				Not Allowed	$0.00			N
L3677	E	SO HARD PLASTIC STABILIZER				Not Allowed	$0.00			
L3700	E	EO ELASTIC WITH STAYS PREFABRICATED INCL FIT AND ADJUST				Not Allowed	$0.00			N
L3701	E	PREFAB ELBOW ORTHOSIS				Not Allowed	$0.00			
L3702	E	EO W/O JOINTS CF				Not Allowed	$0.00			
L3710	E	EO ELASTIC WITH METAL JOINTS PREFABRICATED				Not Allowed	$0.00			N
L3720	E	EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS FREE MOTION CUSTM				Not Allowed	$0.00			N
L3730	E	EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS EXT./FLEX ASSIST				Not Allowed	$0.00			N
L3740	E	EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS ADJUSTABLE POS. LOCK				Not Allowed	$0.00			N
L3760	E	ELBOW ORTHOSIS ADJUSTABLE POSITIONLOCKING JOINT PREFABRI				Not Allowed	$0.00			N
L3762	E	RIGID EO WO JOINTS				Not Allowed	$0.00			

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L3763	E	EWHO RIGID W/O JNTS CF				Not Allowed	$0.00			
L3764	E	EWHO W/JOINT(S) CF				Not Allowed	$0.00			
L3765	E	EWHFO RIGID W/O JNTS CF				Not Allowed	$0.00			
L3766	E	EWHFO W/JOINT(S) CF				Not Allowed	$0.00			
L3806	E	WHFO W/JOINT(S) CUSTOM FAB				Not Allowed	$0.00			
L3807	E	WHFO WITHOUT JOINT(S) PREFABRICATED INCL FIT AND ADJUST				Not Allowed	$0.00			N
L3808	E	WHFO, RIGID W/O JOINTS				Not Allowed	$0.00			
L3900	E	WHFO DYNAMIC FLEXOR HINGE WRIST OR FINGER DRIVEN CUSTOM				Not Allowed	$0.00			N
L3901	E	WHFO DYNAMIC FLEXOR HINGE CABLE DRIVEN CUSTOM FABRICATED				Not Allowed	$0.00			N
L3904	E	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATED				Not Allowed	$0.00			N
L3905	E	WHO W/NONTORSION JNT(S) CF				Not Allowed	$0.00			
L3906	E	WHO W/O JOINTS CF				Not Allowed	$0.00			N
L3908	E	WHO WRIST EXTENSION CONTROL COCK-UP NON MOLDED PREFABRIC				Not Allowed	$0.00			N
L3909	E	PREFAB WRIST ORTHOSIS				Not Allowed	$0.00			
L3911	E	PREFAB HAND FINGER ORTHOSIS				Not Allowed	$0.00			
L3912	E	HFO FLEXION GLOVE WITH ELASTIC FINGER CONTROL PREFABRICATE				Not Allowed	$0.00			N
L3913	E	HFO W/O JOINTS CF				Not Allowed	$0.00			
L3915	E	WHO W NONTOR JNT(S) PREFAB				Not Allowed	$0.00			
L3917	E	PREFAB METACARPL FX ORTHOSIS				Not Allowed	$0.00			
L3919	E	HO W/O JOINTS CF				Not Allowed	$0.00			
L3921	E	HFO W/JOINT(S) CF				Not Allowed	$0.00			
L3923	E	HFO W/O JOINTS PF				Not Allowed	$0.00			N
L3925	E	FO PIP/DIP WITH JOINT/SPRING				Not Allowed	$0.00			
L3927	E	FO PIP/DIP W/O JOINT/SPRING				Not Allowed	$0.00			
L3929	E	HFO NONTORSION JOINT, PREFAB				Not Allowed	$0.00			
L3931	E	WHFO NONTORSION JOINT PREFAB				Not Allowed	$0.00			
L3933	E	FO W/O JOINTS CF				Not Allowed	$0.00			
L3935	E	FO NONTORSION JOINT CF				Not Allowed	$0.00			
L3956	E	ADD'N JOINT TO UPPER EXTREM. ORTHOSIS ANY MATERIAL; PER JT.				Not Allowed	$0.00			N
L3960	E	SEWHO ABDUCTION POSITIONING AIRPLANE DESIGN PREFABRICATED				Not Allowed	$0.00			N
L3961	E	SEWHO CAP DESIGN W/O JNTS CF				Not Allowed	$0.00			
L3962	E	SEWHO ABDUCTION POSITIONING ERBS PALSEY DESIGN PREFABRIC				Not Allowed	$0.00			N
L3964	E	SEO MOBILE ARM SUPPORT ATTACHED TO WC BALANCED ADJUSTABLE				Not Allowed	$0.00			N

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

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

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L5311	E	KNEE DISART SACH FT ENDO				Not Allowed	$0.00			Y
L5321	E	AK OPEN END SACH				Not Allowed	$0.00			Y
L5331	E	HIP DISART CANADIAN SACH FT				Not Allowed	$0.00			Y
L5341	E	HEMIPELVECTOMY CANADIAN SACH				Not Allowed	$0.00			Y
L5400	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BELOW KNEE				Not Allowed	$0.00			N
L5410	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BK EA. ADD'L				Not Allowed	$0.00			N
L5420	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. "AK" OR KNEE				Not Allowed	$0.00			N
L5430	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. AK EA. ADD'L				Not Allowed	$0.00			N
L5450	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWEIGHT BK				Not Allowed	$0.00			N
L5460	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWEIGHT AK				Not Allowed	$0.00			N
L5500	E	INITIAL BELOW KNEE "PTB" TYPE SOCKET				Not Allowed	$0.00			N
L5505	E	INITIAL ABOVE KNEE - KNEE DISARTIC. ISCHIAL LEVEL SOCKET				Not Allowed	$0.00			N
L5510	E	PREP. BELOW KNEE "PTB" TYPE SOCKET PLASTER SOCKET MOLDED				Not Allowed	$0.00			N
L5520	E	PREPARATORY BELOW KNEE "PTB" TYPE SOCKET DIRECT FORMED				Not Allowed	$0.00			N
L5530	E	PREP. BELOW KNEE "PTB" TYPE SOCKET THERMOPLASTIC MOLDED				Not Allowed	$0.00			N
L5535	E	PREP. BELOW KNEE "PTB" TYPE SOCKET PREFABRICATED ADJUSTABL				Not Allowed	$0.00			N
L5540	E	PREP. BELOW KNEE "PTB" TYPE SOCKET LAMINATED SOCK. MOLDED				Not Allowed	$0.00			N
L5560	E	PREP. ABOVE KNEE - PLASTER SOCKET MOLDED TO MODEL				Not Allowed	$0.00			N
L5570	E	PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL DIRECT FORMED				Not Allowed	$0.00			N
L5580	E	PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL MOLDED TO MODEL				Not Allowed	$0.00			N
L5585	E	PREP. ABOVE KNEE - PREFABRICATED ADJUSTABLE OPEN END SOCKET				Not Allowed	$0.00			N
L5590	E	PREP. ABOVE KNEE - LAMINATED SOCKET MOLDED TO MODEL				Not Allowed	$0.00			N
L5595	E	PREP. HIP DISARTIC. - HEMIPELVECTOMY THERMOPLASTIC MOLDED				Not Allowed	$0.00			N
L5600	E	PREP. HIP DISARTIC. - HEMIPELVECTOMY LAMINATED SOCK. MOLDED				Not Allowed	$0.00			N
L5610	E	ADD'N TO LOWER EXTREMITY ENDOSKEL ABOVE KNEE HYDRACADENCE				Not Allowed	$0.00			N
L5611	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/FRICTION CTRL.				Not Allowed	$0.00			N

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L5613	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/HYDRAUL. CTRL.				Not Allowed	$0.00			N
L5614	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/PNEUMATIC CTRL				Not Allowed	$0.00			
L5616	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK UNIVERS. FRICTION CTRL				Not Allowed	$0.00			N
L5617	E	ADD'N TO LOWER EXTREM. QUICK CHANGE SELF-ALIGN AK OR BK EA				Not Allowed	$0.00			N
L5618	E	ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES				Not Allowed	$0.00			N
L5620	E	ADDITION TO LOWER EXTREMITY TEST SOCKET BELOW KNEE				Not Allowed	$0.00			N
L5622	E	ADD'N TO LOWER EXTREMITY TEST SOCKET KNEE DISARTICULATION				Not Allowed	$0.00			N
L5624	E	ADDITION TO LOWER EXTREMITY TEST SOCKET ABOVE KNEE				Not Allowed	$0.00			N
L5626	E	ADD'N TO LOWER EXTREMITY TEST SOCKET HIP DISARTICULATION				Not Allowed	$0.00			N
L5628	E	ADDITION TO LOWER EXTREMITY TEST SOCKET HEMIPELVECTOMY				Not Allowed	$0.00			N
L5629	E	ADDITION TO LOWER EXTREMITY BELOW KNEE ACRYLIC SOCKET				Not Allowed	$0.00			N
L5630	E	ADD'N TO LOWER EXTREMITY SYMES TYPE EXPANDABLE WALL SOCKET				Not Allowed	$0.00			N
L5631	E	ADD'N TO LOWER EXTREMITY AK OR KNEE DISARTIC. ACRYLIC SOCK				Not Allowed	$0.00			N
L5632	E	ADD'N TO LOWER EXTREM. SYMES TYPE "PTB" BRIM DESIGN SOCKET				Not Allowed	$0.00			N
L5634	E	ADD'N TO LOWER EXTREM. SYMES TYPE POSTERIOR OPENINGSOCKET				Not Allowed	$0.00			N
L5636	E	ADD'N TO LOWER EXTREMITY SYMES TYPE MEDIAL OPENING SOCKET				Not Allowed	$0.00			N
L5637	E	ADDITION TO LOWER EXTREMITY BELOW KNEE TOTAL CONTACT				Not Allowed	$0.00			N
L5638	E	ADDITION TO LOWER EXTREMITY BELOW KNEE LEATHER SOCKET				Not Allowed	$0.00			N
L5639	E	ADDITION TO LOWER EXTREMITY BELOW KNEE WOOD SOCKET				Not Allowed	$0.00			N
L5640	E	ADD'N TO LOWER EXTREMITY KNEE DISARTIC. LEATHER SOCKET				Not Allowed	$0.00			N
L5642	E	ADDITION TO LOWER EXTREMITY ABOVE KNEE LEATHER SOCKET				Not Allowed	$0.00			N
L5643	E	ADD'N TO LOWER EXTREM. HIP DISARTIC. FLEX. INNER/EXT FRAME				Not Allowed	$0.00			N
L5644	E	ADDITION TO LOWER EXTREMITY ABOVE KNEE WOOD SOCKET				Not Allowed	$0.00			N
L5645	E	ADD'N TO LOWER EXTREM. BELOW KNEE FLEX. INNER / EXT. FRAME				Not Allowed	$0.00			N

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L5646	E	BELOW KNEE CUSHION SOCKET				Not Allowed	$0.00			N
L5647	E	ADDITION TO LOWER EXTREMITY BELOW KNEE SUCTION SOCKET				Not Allowed	$0.00			N
L5648	E	ABOVE KNEE CUSHION SOCKET				Not Allowed	$0.00			N
L5649	E	ADD'N TO LOWER EXTREM. ISCHIAL CONTAINMENT/NARROW M-L SOCK				Not Allowed	$0.00			N
L5650	E	ADD'N TO LOWER EXTREM. TOTAL CONTACT AK OR KNEE DISARTIC.				Not Allowed	$0.00			N
L5651	E	ADD'N TO LOWER EXTREM. ABOVE KNEE FLEX. INNER /EXT. FRAME				Not Allowed	$0.00			N
L5652	E	ADD'N TO LOWER EXTREM. SUCTION SUSPENSION AK OR KNEE DISAR				Not Allowed	$0.00			N
L5653	E	ADD'N TO LOWER EXTREMITY KNEE DISARTICULATION EXP. WALL				Not Allowed	$0.00			N
L5654	E	ADD'N TO LOWER EXTREM. SOCKET INSERT SYMES				Not Allowed	$0.00			N
L5655	E	ADD'N TO LOWER EXTREMITY SOCKET INSERT BELOW KNEE				Not Allowed	$0.00			N
L5656	E	ADD'N TO LOWER EXTREM. SOCKET INSERT KNEE DISARTICULION				Not Allowed	$0.00			N
L5658	E	ADD'N TO LOWER EXTREM. SOCKET INSERT ABOVE KNEE				Not Allowed	$0.00			N
L5661	E	ADD'N TO LOWER EXTREM. SOCKET INSERT MULTIDUROMETER SYMES				Not Allowed	$0.00			N
L5665	E	ADD'N TO LOWER EXTREM. SOCKET INSERT MULTIDUROMETER BK				Not Allowed	$0.00			N
L5666	E	ADDITION TO LOWER EXTREMITY BELOW KNEE CUFF SUSPENSION				Not Allowed	$0.00			N
L5668	E	ADD'N TO LOWER EXTREMITY BELOW KNEE MOLDED DISTAL CUSHION				Not Allowed	$0.00			N
L5670	E	ADD'N TO LOWER EXTREM. BELOW KNEE MOLDED SUPRACONDYLAR SUS				Not Allowed	$0.00			N
L5671	E	BK/AK LOCKING MECHANISM				Not Allowed	$0.00			
L5672	E	ADD'N TO LOWER EXTREM. BELOW KNEE REMOV. MEDIAL BRIM SUSPE				Not Allowed	$0.00			N
L5673	E	SOCKET INSERT W LOCK MECH				Not Allowed	$0.00			
L5676	E	ADD'N TO LOWER EXTREM. BELOW KNEE KNEE JTS. SINGLE AXIS PR				Not Allowed	$0.00			N
L5677	E	ADD'N TO LOWER EXTREM. BELOW KNEE KNEE JTS. POLYCENTRIC PR				Not Allowed	$0.00			N
L5678	E	ADD'N TO LOWER EXTREM. BELOW KNEE JOINT COVERS PAIR				Not Allowed	$0.00			N
L5679	E	SOCKET INSERT W/O LOCK MECH				Not Allowed	$0.00			
L5680	E	ADD'N TO LOWER EXTREM. BELOW KNEE THIGH LACER NONMOLDED				Not Allowed	$0.00			N
L5681	E	INTL CUSTM CONG/LATYP INSERT				Not Allowed	$0.00			
L5682	E	ADD'N TO LOWER EXTREM. BK THIGH LACER GLUTEAL/ISCHIAL MOLD				Not Allowed	$0.00			N

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L5683	E	INITIAL CUSTOM SOCKET INSERT				Not Allowed	$0.00			
L5684	E	ADD'N TO LOWER EXTREM. BELOW KNEE FORK STRAP				Not Allowed	$0.00			N
L5685	E	BELOW KNEE SUS/SEAL SLEEVE				Not Allowed	$0.00			
L5686	E	ADD'N TO LOWER EXTREM. BELOW KNEE BACK CHECK (EXT. CTRL.)				Not Allowed	$0.00			N
L5688	E	ADD'N TO LOWER EXTREM. BELOW KNEE WAIST BELT WEBBING				Not Allowed	$0.00			N
L5690	E	ADD'N TO LOWER EXTREM. BELOW KNEE WAIST BELT PADDED/LINED				Not Allowed	$0.00			N
L5692	E	ADD'N TO LOWER EXTREM. ABOVE KNEE PELVIC CONTROL BELT LIGHT				Not Allowed	$0.00			N
L5694	E	ADD'N TO LOWER EXREM. ABOVE KNEE PELVIC CTRL. PADDED/LINED				Not Allowed	$0.00			N
L5695	E	ADD'N TO LOWER EXTREM. AK PELVIC CTRL. SLEEVESUSP. EACH				Not Allowed	$0.00			N
L5696	E	ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. PELVIC JOINT				Not Allowed	$0.00			N
L5697	E	ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. PELVIC BAND				Not Allowed	$0.00			N
L5698	E	ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. SILESIAN BNDG.				Not Allowed	$0.00			N
L5699	E	ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS				Not Allowed	$0.00			N
L5700	E	REPLACEMENT SOCKET BELOW KNEE MOLDED TO PATIENT MODEL				Not Allowed	$0.00			
L5701	E	REPLACEMENT SOCKET AK/KNEE DISARTIC. INCL ATTACHMENT MOLDED				Not Allowed	$0.00			N
L5702	E	REPLACEMENT SOCKET HIP DISARTIC. INC. HIP JOINT MOLDED				Not Allowed	$0.00			
L5703	E	SYMES ANKLE W/O (SACH) FOOT				Not Allowed	$0.00			
L5704	E	CUSTOM SHAPE COVER BK				Not Allowed	$0.00			
L5705	E	REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER ABOVE KNEE				Not Allowed	$0.00			N
L5706	E	CUSTOM SHAPE CVR KNEE DISART				Not Allowed	$0.00			
L5707	E	REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER HIP DISARTIC.				Not Allowed	$0.00			N
L5710	E	ADD'N EXOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MANUAL LOCK				Not Allowed	$0.00			N
L5711	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL LOCK U/L				Not Allowed	$0.00			N
L5712	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION SWING				Not Allowed	$0.00			N
L5714	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS VARIAB FRICTI				Not Allowed	$0.00			N
L5716	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECHAN. LOCK				Not Allowed	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L5718	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT. SWING				Not Allowed	$0.00			N
L5722	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI				Not Allowed	$0.00			N
L5724	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING				Not Allowed	$0.00			N
L5726	E	ADD'N EXOSKEL. KNEE-SHIN SYS. SNGL. AXIS EXT. JTS. FLUID				Not Allowed	$0.00			N
L5728	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING				Not Allowed	$0.00			N
L5780	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMAT./HYDR				Not Allowed	$0.00			N
L5781	E	LOWER LIMB PROS VACUUM PUMP				Not Allowed	$0.00			Y
L5782	E	HD LOW LIMB PROS VACUUM PUMP				Not Allowed	$0.00			
L5785	E	ADD'N EXOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERIAL				Not Allowed	$0.00			N
L5790	E	ADD'N EXOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERIAL				Not Allowed	$0.00			N
L5795	E	ADD'N EXOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT MATERI				Not Allowed	$0.00			N
L5810	E	ADD'N ENDOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MANUAL LOCK				Not Allowed	$0.00			N
L5811	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL LOCK U/L				Not Allowed	$0.00			N
L5812	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION SWING				Not Allowed	$0.00			N
L5814	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC HYDRAULIC				Not Allowed	$0.00			N
L5816	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECHAN. LOCK				Not Allowed	$0.00			N
L5818	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT. SWING				Not Allowed	$0.00			N
L5822	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI				Not Allowed	$0.00			N
L5824	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING				Not Allowed	$0.00			N
L5826	E	ADD'N ENDOSKEL. KNEE-SHIN SYS. SNGL. AXIS HYDRAULIC HIGH				Not Allowed	$0.00			N
L5828	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SWING				Not Allowed	$0.00			N
L5830	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMATIC SWI				Not Allowed	$0.00			N
L5840	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. 4-BAR OR MULTIAXIAL PNEU				Not Allowed	$0.00			N
L5845	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. STANCE FLEXION ADJUSTABL				Not Allowed	$0.00			N

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L5848	E	KNEE-SHIN SYS HYDRAUL STANCE				Not Allowed	$0.00			
L5850	E	ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. EXT. ASSIST				Not Allowed	$0.00			N
L5855	E	ADD'N ENDOSKELETAL SYS. HIP DISARTIC. MECHAN. HIP EXT. ASSI				Not Allowed	$0.00			N
L5856	E	ELEC KNEE-SHIN SWING/STANCE				Not Allowed	$0.00			
L5857	E	ELEC KNEE-SHIN SWING ONLY				Not Allowed	$0.00			
L5858	E	STANCE PHASE ONLY				Not Allowed	$0.00			
L5910	E	ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ALIGNABLE SYSTEM				Not Allowed	$0.00			N
L5920	E	ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. ALIGNABLE				Not Allowed	$0.00			N
L5925	E	ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISARTIC. MAN.				Not Allowed	$0.00			N
L5930	E	ADD'N ENDOSKELETAL SYSTEM HIGH ACTIVITY KNEE CONTROL FRAME				Not Allowed	$0.00			N
L5940	E	ADD'N ENDOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT MATERIAL				Not Allowed	$0.00			N
L5950	E	ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT MATERIAL				Not Allowed	$0.00			N
L5960	E	ADD'N ENDOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT MATERI				Not Allowed	$0.00			N
L5962	E	ADD'N ENDOSKELETAL SYSTEM BK FLEX. PROTEC OUTER SURF COVER				Not Allowed	$0.00			N
L5964	E	ADD'N ENDOSKELETAL SYSTEM AK FLEX. PROTEC OUTER SURF COVER				Not Allowed	$0.00			N
L5966	E	ADD'N ENDOSKELETAL SYSTEM HIP DISAR. PRTEC OUTER SURF COV				Not Allowed	$0.00			N
L5968	E	ADD'N TO LOWER LIMB PROSTHESIS MULTIAXIAL ANKLE W/SWING				Not Allowed	$0.00			Y
L5970	E	ALL LOWER EXTREM. PROS. FOOT EXTERNAL KEEL SACH FOOT				Not Allowed	$0.00			N
L5971	E	SACH FOOT REPLACEMENT				Not Allowed	$0.00			
L5972	E	ALL LOWER EXTREM. PROS. FLEXIBLE KEEL FOOT				Not Allowed	$0.00			N
L5974	E	ALL LOWER EXTREM. PROS. FOOT SINGLE AXIS ANKLE/FOOT				Not Allowed	$0.00			N
L5975	E	ALL LOWER EXTREM. PROS. COMBO SNGL. AXIS ANKLE/FLEX KEEL FT				Not Allowed	$0.00			N
L5976	E	ALL LOWER EXTREM. PROS. ENERGY STORING FOOT				Not Allowed	$0.00			N
L5978	E	ALL LOWER EXTREM. PROS. FOOT MULTIAXIAL ANKLE/FOOT				Not Allowed	$0.00			N
L5979	E	ALL LOWER EXTREM. PROS. MULTIAXIAL ANKLE/DYNAMIC RESPFOOT				Not Allowed	$0.00			N
L5980	E	ALL LOWER EXTREM. PROS. FLEX FOOT SYSTEM				Not Allowed	$0.00			N
L5981	E	ALL LOWER EXTREM. PROS. FLEX-WALK SYSTEM OR EQUAL				Not Allowed	$0.00			N

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L5982	E	ALL LOWER EXTREM. PROS. AXIAL ROTATION UNIT				Not Allowed	$0.00			N
L5984	E	ENDOSKELETAL AXIAL ROTATION				Not Allowed	$0.00			N
L5985	E	ALL LOWER EXTREM. PROS. DYNAMIC PROSTHETIC PYLON				Not Allowed	$0.00			N
L5986	E	ALL LOWER EXTREM. PROS. MULTIAXIAL ROTATION UNIT				Not Allowed	$0.00			N
L5987	E	ALL LOWER EXTREM. PROS. SHANK FOOT SYSTEM W/VERT. LOAD PYLON				Not Allowed	$0.00			N
L5988	E	ADD'N TO LOWER LIMB PROSTHESIS VERTICAL SHOCK REDUCING PYLO				Not Allowed	$0.00			Y
L5990	E	USER ADJUSTABLE HEEL HEIGHT				Not Allowed	$0.00			N
L5999	E	LOWER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			N
L6000	E	PARTIAL HAND ROBIN-AIDS THUMB REMAINING (OR EQUAL)				Not Allowed	$0.00			N
L6010	E	PARTIAL HAND ROBIN-AIDS LITTLE &/OR RING FINGER REMAINING				Not Allowed	$0.00			N
L6020	E	PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING (OR EQUAL)				Not Allowed	$0.00			N
L6025	E	PART HAND DISART MYOELECTRIC				Not Allowed	$0.00			Y
L6050	E	WRIST DISARTIC. MOLDED SOCK. FLEX. ELBOW HINGES TRICEPS PA				Not Allowed	$0.00			N
L6055	E	WRIST DISARTIC. MOLDED SOCK. W/ EXPANDABLE INTERFACE				Not Allowed	$0.00			N
L6100	E	BELOW ELBOW MOLDED SOCKET FLEX. ELBOW HINGE TRICEPS PAD				Not Allowed	$0.00			N
L6110	E	BELOW ELBOW MOLDED SOCKET (MUENSTER OR NW SUSPENSION TYPE)				Not Allowed	$0.00			N
L6120	E	BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STEP-UP HINGES				Not Allowed	$0.00			N
L6130	E	BELOW ELBOW MOLDED DBL. WALL SPLIT SOCK. STUMP ACTIV. HINGE				Not Allowed	$0.00			N
L6200	E	ELBOW DISARTIC. MOLDED SOCK. OUTSIDE LOCKING HINGE FOREARM				Not Allowed	$0.00			N
L6205	E	ELBOW DISARTIC. MOLDED SOCK. EXP. INTFACE LOCKING FOREARM				Not Allowed	$0.00			N
L6250	E	ABOVE ELBOW MOLDED DBL. WALL SOCK. INT.LOCK ELBOW FOREARM				Not Allowed	$0.00			N
L6300	E	SHOULDER DISARTIC. MOLDED SOCK. SHLDR BULKHEAD HUMERAL				Not Allowed	$0.00			N
L6310	E	SHOULDER DISARTIC. PASSIVE RESTORATION(COMPLETE PROSTHESIS)				Not Allowed	$0.00			N
L6320	E	SHOULDER DISARTIC. PASSIVE RESTORATION (SHOULDER CAP ONLY)				Not Allowed	$0.00			N
L6350	E	INTERSCAP. THORACIC MOLDED SOCKET SHOULDER BULKHEADHUMER				Not Allowed	$0.00			N
L6360	E	INTERSCAP. THORACIC PASSIVE RESTORATION(COMPLETE PROSTHESIS)				Not Allowed	$0.00			N
L6370	E	INTERSCAP. THORACIC PASSIVE RESTORATION (SHOULDER CAP ONLY)				Not Allowed	$0.00			N

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L6380	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. WRIST OR BE				Not Allowed	$0.00			N
L6382	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. ELBOW OR AE				Not Allowed	$0.00			N
L6384	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. SHLDR. OR I/T				Not Allowed	$0.00			N
L6386	E	IMMED. POSTSURG. OR EARLY FIT EA ADD'L CAST CHANGE/REALIGNM				Not Allowed	$0.00			N
L6388	E	IMMED. POSTSURG. OR EARLY FIT APPLIC. RIGID DRESSING ONLY				Not Allowed	$0.00			N
L6400	E	BELOW ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE SHAPING				Not Allowed	$0.00			N
L6450	E	ELBOW DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISSUE SHAP				Not Allowed	$0.00			N
L6500	E	ABOVE ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE SHAPING				Not Allowed	$0.00			N
L6550	E	SHLDR. DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISSUE SHAP				Not Allowed	$0.00			N
L6570	E	INTERSCAPULAR THORACIC MOLDED SOCKET ENDOSKELETAL SYSTEM				Not Allowed	$0.00			
L6580	E	PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA				Not Allowed	$0.00			N
L6582	E	PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW SINGLE WA				Not Allowed	$0.00			N
L6584	E	PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA				Not Allowed	$0.00			N
L6586	E	PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW SINGLE WA				Not Allowed	$0.00			N
L6588	E	PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA				Not Allowed	$0.00			N
L6590	E	PREPARATORY SHOULDER DISARTICULATION OR INTERSCAPULAR THORA				Not Allowed	$0.00			N
L6600	E	UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR				Not Allowed	$0.00			
L6605	E	UPPER EXTREMITY ADDITIONS SINGLE PIVOT HINGE PAIR				Not Allowed	$0.00			
L6610	E	UPPER EXTREMITY ADDITIONS FLEXIBLE METAL HINGE PAIR				Not Allowed	$0.00			
L6611	E	ADDITIONAL SWITCH, EXT POWER				Not Allowed	$0.00			
L6615	E	UPPER EXTREMITY ADDITIONS DISCONNECT LOCKING WRIST UNIT				Not Allowed	$0.00			
L6616	E	UPPER EXTREMITY ADDITION ADDITIONAL DISCONNECT INSERT FOR L				Not Allowed	$0.00			N
L6620	E	FLEXION/EXTENSION WRIST UNIT				Not Allowed	$0.00			
L6621	E	FLEX/EXT WRIST W/WO FRICTION				Not Allowed	$0.00			
L6623	E	UPPER EXTREMITY ADDITION SPRING ASSISTED ROTATIONAL WRIST				Not Allowed	$0.00			N
L6624	E	FLEX/EXT/ROTATION WRIST UNIT				Not Allowed	$0.00			

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L6625	E	UPPER EXTREMITY ADDITIONS ROTATION WRIST UNIT WITH CABLE				Not Allowed	$0.00			
L6628	E	UPPER EXTREMITY ADDITION QUICK DISCONNECT HOOK ADAPTER OT				Not Allowed	$0.00			N
L6629	E	UPPER EXTREMITY ADDITION QUICK DISCONNECT LAMINATION COLLA				Not Allowed	$0.00			N
L6630	E	UPPER EXTREMITY ADDITIONS STAINLESS STEEL ANY WRIST				Not Allowed	$0.00			
L6632	E	UPPER EXTREMITY ADDITION LATEX SUSPENSION SLEEVE EACH				Not Allowed	$0.00			N
L6635	E	UPPER EXTREMITY ADDITIONS LIFT ASSIST FOR ELBOW				Not Allowed	$0.00			
L6637	E	UPPER EXTREMITY ADDITION NUDGE CONTROL ELBOW LOCK				Not Allowed	$0.00			N
L6638	E	ELEC LOCK ON MANUAL PW ELBOW				Not Allowed	$0.00			Y
L6639	E	HEAVY DUTY ELBOW FEATURE				Not Allowed	$0.00			
L6640	E	UPPER EXTREMITY ADDITIONS SHOULDER ABDUCTION JOINT PAIR				Not Allowed	$0.00			
L6641	E	UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER PULLEY TYPE				Not Allowed	$0.00			N
L6642	E	UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER LEVER TYPE				Not Allowed	$0.00			N
L6645	E	UPPER EXTREMITY ADDITIONS SHOULDER FLEXION-ABDUCTION				Not Allowed	$0.00			
L6646	E	MULTIPO LOCKING SHOULDER JNT				Not Allowed	$0.00			Y
L6647	E	SHOULDER LOCK ACTUATOR				Not Allowed	$0.00			
L6648	E	EXT PWRD SHLDER LOCK/UNLOCK				Not Allowed	$0.00			Y
L6650	E	UPPER EXTREMITY ADDITIONS SHOULDER UNIVERSAL JOINT EACH				Not Allowed	$0.00			
L6655	E	UPPER EXTREMITY ADDITIONS STANDARD CONTROL CABLE EXTRA				Not Allowed	$0.00			
L6660	E	UPPER EXTREMITY ADDITIONS HEAVY DUTY CONTROL CABLE				Not Allowed	$0.00			
L6665	E	UPPER EXTREMITY ADDITIONS TEFLON OR EQUAL CABLE LINING				Not Allowed	$0.00			
L6670	E	UPPER EXTREMITY ADDITIONS HOOK TO HAND CABLE ADAPTER				Not Allowed	$0.00			
L6672	E	UPPER EXTREMITY ADDITIONS HARNESS CHEST OR				Not Allowed	$0.00			
L6675	E	HARNESS FIGURE OF 8 SING CON				Not Allowed	$0.00			
L6676	E	HARNESS FIGURE OF 8 DUAL CON				Not Allowed	$0.00			
L6677	E	UE TRIPLE CONTROL HARNESS				Not Allowed	$0.00			
L6680	E	UPPER EXTREMITY ADDITIONS TEST SOCKET WRIST DISARTICULAT-				Not Allowed	$0.00			
L6682	E	UPPER EXTREMITY ADDITIONS TEST SOCKET ELBOW DISARTICULAT-				Not Allowed	$0.00			

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L6684	E	UPPER EXTREMITY ADDITIONS TEST SOCKET SHOULDER DIS-				Not Allowed	$0.00			
L6686	E	UPPER EXTREMITY ADDITION SUCTION SOCKET				Not Allowed	$0.00			N
L6687	E	UPPER EXTREMITY FRAME TYPE SOCKET BELOW ELBOW				Not Allowed	$0.00			N
L6688	E	UPPER EXTREMITY FRAME TYPE SOCKET ABOVE ELBOW				Not Allowed	$0.00			N
L6689	E	UPPER EXTREMITY ADDITION FRAME TYPE SOCKET SHOULDER DISAR				Not Allowed	$0.00			N
L6690	E	UPPER EXTREMITY ADDITION FRAME TYPE SOCKET INTERSCAPULAR-				Not Allowed	$0.00			N
L6691	E	UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH				Not Allowed	$0.00			N
L6692	E	UPPER EXTREMITY ADDITION SILICONE GEL INSERT OR EQUAL EACH				Not Allowed	$0.00			N
L6693	E	UPPER EXTREM ADD'N EXT LOCKING ELBOW/FOREARM COUNTERBALANCE				Not Allowed	$0.00			Y
L6694	E	ELBOW SOCKET INS USE W/LOCK				Not Allowed	$0.00			
L6695	E	ELBOW SOCKET INS USE W/O LCK				Not Allowed	$0.00			
L6696	E	CUS ELBO SKT IN FOR CON/ATYP				Not Allowed	$0.00			
L6697	E	CUS ELBO SKT IN NOT CON/ATYP				Not Allowed	$0.00			
L6698	E	BELOW/ABOVE ELBOW LOCK MECH				Not Allowed	$0.00			
L6703	E	TERM DEV, PASSIVE HAND MITT				Not Allowed	$0.00			
L6704	E	TERM DEV, SPORT/REC/WORK ATT				Not Allowed	$0.00			
L6706	E	TERM DEV MECH HOOK VOL OPEN				Not Allowed	$0.00			
L6707	E	TERM DEV MECH HOOK VOL CLOSE				Not Allowed	$0.00			
L6708	E	TERM DEV MECH HAND VOL OPEN				Not Allowed	$0.00			
L6709	E	TERM DEV MECH HAND VOL CLOSE				Not Allowed	$0.00			
L6711	E	PED TERM DEV, HOOK, VOL OPEN				Not Allowed	$0.00			
L6712	E	PED TERM DEV, HOOK, VOL CLOS				Not Allowed	$0.00			
L6713	E	PED TERM DEV, HAND, VOL OPEN				Not Allowed	$0.00			
L6714	E	PED TERM DEV, HAND, VOL CLOS				Not Allowed	$0.00			
L6721	E	HOOK/HAND, HVY DTY, VOL OPEN				Not Allowed	$0.00			
L6722	E	HOOK/HAND, HVY DTY, VOL CLOS				Not Allowed	$0.00			
L6805	E	TERM DEV MODIFIER WRIST UNIT				Not Allowed	$0.00			
L6810	E	TERM DEV PRECISION PINCH DEV				Not Allowed	$0.00			N
L6881	E	TERM DEV AUTO GRASP FEATURE				Not Allowed	$0.00			
L6882	E	MICROPROCESSOR CONTROL UPLMB				Not Allowed	$0.00			N
L6883	E	REPLC SOCKT BELOW E/W DISA				Not Allowed	$0.00			
L6884	E	REPLC SOCKT ABOVE ELBOW DISA				Not Allowed	$0.00			
L6885	E	REPLC SOCKT SHLDR DIS/INTERC				Not Allowed	$0.00			
L6890	E	TERMINAL DEVICE GLOVES FOR ABOVE HANDS PRODUCTION GLOVE				Not Allowed	$0.00			
L6895	E	TERMINAL DEVICES GLOVES FOR ABOVE HANDS CUSTOM GLOVE				Not Allowed	$0.00			

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L6900	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)				Not Allowed	$0.00			
L6905	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)				Not Allowed	$0.00			
L6910	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS INCLUDED)				Not Allowed	$0.00			
L6915	E	HAND RESTORATION (SHADING AND MEASUREMENTS INCLUDED)				Not Allowed	$0.00			
L6920	E	WRIST DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			N
L6925	E	WRIST DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			N
L6930	E	BELOW ELBOW SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			N
L6935	E	BELOW ELBOW MYOELECTRONIC CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			N
L6940	E	ELBOW DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			N
L6945	E	ELBOW DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			N
L6950	E	ABOVE ELBOW SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			N
L6955	E	ABOVE ELBOW MYOELECTRONIC CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			N
L6960	E	SHLDR DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			N
L6965	E	SHLDR DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			N
L6970	E	INTERSCAP-THOR. SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			N
L6975	E	INTERSCAP-THOR. MYOELECTRONIC CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			N
L7007	E	ADULT ELECTRIC HAND				Not Allowed	$0.00			
L7008	E	PEDIATRIC ELECTRIC HAND				Not Allowed	$0.00			
L7009	E	ADULT ELECTRIC HOOK				Not Allowed	$0.00			
L7040	E	PREHENSILE ACTUATOR				Not Allowed	$0.00			N
L7045	E	PEDIATRIC ELECTRIC HOOK				Not Allowed	$0.00			N
L7170	E	ELECTRONIC ELBOW HOSMER OR EQUAL SWITCH CONTROLLED				Not Allowed	$0.00			N
L7180	E	ELECTRONIC ELBOW UTAH OR EQUAL MYOELECTRONICALLY CONTROLLE				Not Allowed	$0.00			N
L7181	E	ELECTRONIC ELBO SIMULTANEOUS				Not Allowed	$0.00			
L7185	E	ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL SWITCH CONTROL				Not Allowed	$0.00			N
L7186	E	ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL SWITCH CO				Not Allowed	$0.00			N
L7190	E	ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL MYOELECTRONIC				Not Allowed	$0.00			N
L7191	E	ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL MYOELECTR				Not Allowed	$0.00			N
L7260	E	ELECTRONIC WRIST ROTATOR OTTO BOCK OR EQUAL				Not Allowed	$0.00			N

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L7261	E	ELECTRONIC WRIST ROTATOR FOR UTAH ARM				Not Allowed	$0.00			N
L7266	E	SERVO CONTROL STEEPER OR EQUAL				Not Allowed	$0.00			N
L7272	E	ANALOGUE CONTROL UNB OR EQUAL				Not Allowed	$0.00			N
L7274	E	PROPORTIONAL CONTROL 12 VOLT UTAH OR EQUAL				Not Allowed	$0.00			N
L7360	E	SIX VOLT BATTERY OTTO BOCK OR EQUAL EACH				Not Allowed	$0.00			N
L7362	E	BATTERY CHARGER SIX VOLT OTTO BOCK OR EQUAL				Not Allowed	$0.00			N
L7364	E	TWELVE VOLT BATTERY UTAH OR EQUAL EACH				Not Allowed	$0.00			N
L7366	E	BATTERY CHARGER TWELVE VOLT UTAH OR EQUAL				Not Allowed	$0.00			N
L7367	E	REPLACEMNT LITHIUM IONBATTER				Not Allowed	$0.00			
L7368	E	3ITHIUM ION BATTERY CHARGER				Not Allowed	$0.00			
L7400	E	ADD UE PROST BE/WD ULTLITE				Not Allowed	$0.00			
L7401	E	ADD UE PROST A/E ULTLITE MAT				Not Allowed	$0.00			
L7402	E	ADD UE PROST S/D ULTLITE MAT				Not Allowed	$0.00			
L7403	E	ADD UE PROST B/E ACRYLIC				Not Allowed	$0.00			
L7404	E	ADD UE PROST A/E ACRYLIC				Not Allowed	$0.00			
L7405	E	ADD UE PROST S/D ACRYLIC				Not Allowed	$0.00			
L7499	E	UPPER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			
L7500	E	REPAIR OF PROSTHETIC DEVICE HOURLY RATE				Not Allowed	$0.00			
L7510	E	PROSTHETIC DEVICE REPAIR REP				Not Allowed	$0.00			
L7520	E	REPAIR PROSTHETIC DEVICE LABOR COMPONENT PER 15 MINUTES				Not Allowed	$0.00			
L7600	E	PROSTHETIC DONNING SLEEVE				Not Allowed	$0.00			
L7900	E	MALE VACUUM ERECTION SYSTEM				Not Allowed	$0.00			N
L8000	E	BREAST PROSTHESIS MASTECTOMY BRA				Not Allowed	$0.00			N
L8001	E	BREAST PROSTHESIS BRA & FORM				Not Allowed	$0.00			
L8002	E	BRST PRSTH BRA & BILAT FORM				Not Allowed	$0.00			N
L8010	M	MASTECTOMY SLEEVE				By Report	$0.00			N
L8015	E	EXT BREAST PROSTHESIS GARMENT W/MASTECTOMY FORM POST-MASTEC				Not Allowed	$0.00			N
L8020	E	BREAST PROSTHESIS MASTECTOMY FORM				Not Allowed	$0.00			N
L8030	E	BREAST PROSTHESIS SILICONE OR EQUAL				Not Allowed	$0.00			N
L8035	E	CUSTOM BREAST PROSTH. POST MASTECTOMY MOLDED TO PT. MODEL				Not Allowed	$0.00			Y
L8039	E	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			N
L8040	E	NASAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			Y
L8041	E	MIDFACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			Y
L8042	E	ORBITAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			Y
L8043	E	UPPER FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			Y
L8044	E	HEMI-FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			Y
L8045	E	AURICULAR PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			Y
L8046	E	PARTIAL FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			Y

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L8047	E	NASAL SEPTAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			N
L8048	E	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY A NON PHYSICIAN				Not Allowed	$0.00			N
L8049	E	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS LABOR				Not Allowed	$0.00			N
L8300	E	TRUSSES SINGLE WITH STANDARD PAD				Not Allowed	$0.00			
L8310	E	TRUSSES DOUBLE WITH STANDARD PADS				Not Allowed	$0.00			
L8320	E	TRUSSES ADDITION TO STANDARD PADS WATER PAD				Not Allowed	$0.00			
L8330	E	TRUSSES ADDITION TO STANDARD PADS SCROTAL PAD				Not Allowed	$0.00			
L8400	E	PROSTHETIC SHEATH BELOW KNEE EACH				Not Allowed	$0.00			
L8410	E	PROSTHETIC SHEATH ABOVE KNEE EACH				Not Allowed	$0.00			
L8415	E	PROSTHETIC SHEATH UPPER LIMB EACH				Not Allowed	$0.00			N
L8417	E	PROS SHEATH/SOCK GEL CUSHION BELOW OR ABOVE KNEE EACH				Not Allowed	$0.00			N
L8420	E	PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH				Not Allowed	$0.00			
L8430	E	PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH				Not Allowed	$0.00			
L8435	E	PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH				Not Allowed	$0.00			N
L8440	E	PROSTHETIC SHRINKER BELOW KNEE EACH				Not Allowed	$0.00			
L8460	E	PROSTHETIC SHRINKER ABOVE KNEE EACH				Not Allowed	$0.00			
L8465	E	PROSTHETIC SHRINKER UPPER LIMB EACH				Not Allowed	$0.00			N
L8470	E	PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EACH				Not Allowed	$0.00			
L8480	E	PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EACH				Not Allowed	$0.00			
L8485	E	PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EACH				Not Allowed	$0.00			N
L8499	E	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC				Not Allowed	$0.00			
L8500	E	ARTIFICIAL LARYNX ANY TYPE				Not Allowed	$0.00			N
L8501	E	TRACHEOSTOMY SPEAKING VALVE				Not Allowed	$0.00			N
L8505	E	ARTIFICIAL LARYNX ACCESSORY				Not Allowed	$0.00			
L8507	E	TRACH-ESOPH VOICE PROS PT IN				Not Allowed	$0.00			Y
L8509	E	TRACH-ESOPH VOICE PROS MD IN				Not Allowed	$0.00			Y
L8510	E	VOICE AMPLIFIER				Not Allowed	$0.00			Y
L8511	E	INDWELLING TRACH INSERT				Not Allowed	$0.00			
L8512	E	GEL CAP FOR TRACH VOICE PROS				Not Allowed	$0.00			
L8513	E	TRACH PROS CLEANING DEVICE				Not Allowed	$0.00			
L8514	E	REPL TRACH PUNCTURE DILATOR				Not Allowed	$0.00			
L8515	E	GEL CAP APP DEVICE FOR TRACH				Not Allowed	$0.00			
L8600	N	IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL				Bundled	$0.00			N
L8603	N	COLLAGEN IMPLANT URINARY TRACT PER 2.5 ML SYRINGE INC SHIP				Bundled	$0.00			N
L8604	N	DEXTRANOMER/HYALURONIC ACID				Bundled	$0.00			
L8606	N	INJECTABLE BULKING AGENT SYNTHETIC IMPLANT URINARY TRACT				Bundled	$0.00			N

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L8609	N	ARTIFICIAL CORNEA				Bundled	$0.00			
L8610	N	OCULAR IMPLANT				Bundled	$0.00			N
L8612	N	AQUEOUS SHUNT				Bundled	$0.00			N
L8613	N	OSSICULAR IMPLANT				Bundled	$0.00			N
L8614	N	COCHLEAR DEVICE				Bundled	$0.00			N
L8615	E	COCH IMPLANT HEADSET REPLACE				Not Allowed	$0.00			
L8616	E	COCH IMPLANT MICROPHONE REPL				Not Allowed	$0.00			
L8617	E	COCH IMPLANT TRANS COIL REPL				Not Allowed	$0.00			
L8618	E	COCH IMPLANT TRAN CABLE REPL				Not Allowed	$0.00			
L8619	E	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR REPLACEMENT				Not Allowed	$0.00			N
L8621	E	REPL ZINC AIR BATTERY				Not Allowed	$0.00			
L8622	E	REPL ALKALINE BATTERY				Not Allowed	$0.00			
L8623	E	LITH ION BATT CID,NON-EARLVL				Not Allowed	$0.00			
L8624	E	LITH ION BATT CID, EAR LEVEL				Not Allowed	$0.00			
L8630	N	METACARPOPHALANGEAL JOINT IMPLANT				Bundled	$0.00			N
L8631	E	MCP JOINT REPL 2 PC OR MORE				Not Allowed	$0.00			
L8641	N	METATARSAL JOINT IMPLANT				Bundled	$0.00			N
L8642	N	HALLUX IMPLANT				Bundled	$0.00			N
L8658	N	INTERPHALANGEAL JOINT SPACER				Bundled	$0.00			N
L8659	E	INTERPHALANGEAL JOINT REPL				Not Allowed	$0.00			
L8670	N	VASCULAR GRAFT MATERIAL SYNTHETIC IMPLANT				Bundled	$0.00			N
L8680	E	IMPLT NEUROSTIM ELCTR EACH				Not Allowed	$0.00			
L8681	E	PT PRGRM FOR IMPLT NEUROSTIM				Not Allowed	$0.00			
L8682	N	IMPLT NEUROSTIM RADIOFQ REC				Bundled	$0.00			
L8683	E	RADIOFQ TRSMTR FOR IMPLT NEU				Not Allowed	$0.00			
L8684	E	RADIOF TRSMTR IMPLT SCRL NEU				Not Allowed	$0.00			
L8685	N	IMPLT NROSTM PLS GEN SNG REC				Bundled	$0.00			
L8686	N	IMPLT NROSTM PLS GEN SNG NON				Bundled	$0.00			
L8687	N	IMPLT NROSTM PLS GEN DUA REC				Bundled	$0.00			
L8688	N	IMPLT NROSTM PLS GEN DUA NON				Bundled	$0.00			
L8689	E	EXTERNAL RECHARG SYS INTERN				Not Allowed	$0.00			
L8690	N	AUD OSSEO DEV, INT/EXT COMP				Bundled	$0.00			
L8691	E	AUD OSSEO DEV EXT SND PROCES				Not Allowed	$0.00			
L8695	E	EXTERNAL RECHARG SYS EXTERN				Not Allowed	$0.00			
L8699	N	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED				Bundled	$0.00			N
L9900	E	ORTHO/PROSTHETIC SUPP ACCESS &/OR SRVC COMPONT OF ANTHR CODE				Not Allowed	$0.00			N
M0064	N	VISIT FOR DRUG MONITORING	0606	1.3585		Bundled, may be payable i	$0.00			N
M0075	E	CELLULAR THERAPY				Not Allowed	$0.00			
M0076	E	PROLOTHERAPY				Not Allowed	$0.00			

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M0100	E	INTRAGASTRIC HYPOTHERMIA				Not Allowed	$0.00			
M0300	E	IV CHELATIONTHERAPY				Not Allowed	$0.00			
M0301	E	FABRIC WRAPPING OF ANEURYSM				Not Allowed	$0.00			
P2028	Q	CEPHALIN FLOCULATION BLOOD				By Report	$0.00			N
P2029	Q	CONGO RED BLOOD				By Report	$0.00			N
P2031	E	HAIR ANALYSIS (EXCLUDING ARSENIC)				Not Allowed	$0.00			N
P2033	Q	THYMOL TURBIDITY BLOOD				By Report	$0.00			N
P2038	Q	MUCOPROTEIN BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE				Medicare	$12.23	$7.58	$7.34	N
P3000	Q	SCREENING PAPANICOLAOU SMEAR CERVICAL OR VAGINAL UP TO THR				Medicare	$25.70	$15.93	$15.42	N
P3001	M	SCREENING PAP SMEAR BY PHYS				Fee Schedule	$0.00			N
P7001	E	CULTURE BACTERIAL URINE; QUANTITATIVE SENSITIVITY STUDY				Not Allowed	$0.00			N
P9010	K	WHOLE BLOOD FOR TRANSFUSION	0950	3.4878		APC	$176.52			N
P9011	K	BLOOD, SPLIT UNIT	0967	0.4711		APC	$23.84			N
P9012	K	CRYOPRECIPITATE EACH UNIT	0952	0.6428		APC	$32.53			N
P9016	K	RBC LEUKOCYTES REDUCED	0954	2.8598		APC	$144.73			N
P9017	K	PLASMA 1 DONOR FRZ W/IN 8 HR	9508	1.1615		APC	$58.78			N
P9019	K	PLATELETS, EACH UNIT	0957	1.1088		APC	$56.12			N
P9020	K	PLATELET RICH PLASMA EACH UNIT	0958	5.9788		APC	$302.59			N
P9021	K	RED BLOOD CELLS UNIT	0959	2.0712		APC	$104.82			N
P9022	K	WASHED RED BLOOD CELLS EACH UNIT	0960	3.9607		APC	$200.45			N
P9023	K	FROZEN PLASMA, POOLED, SD	0949	0.8906		APC	$45.07			N
P9031	K	PLATELETS LEUKOCYTES REDUCED EACH UNIT	1013	1.6904		APC	$85.55			N
P9032	K	PLATELETS, IRRADIATED	9500	2.4890		APC	$125.97			N
P9033	K	PLATELETS LEUKOCYTES REDUCED IRRADIATED EACH UNIT	0968	1.9405		APC	$98.21			N
P9034	K	PLATELETS, PHERESIS	9507	7.0946		APC	$359.06			N
P9035	K	PLATELETS PHERESIS LEUKOCYTES REDUCED EACH UNIT	9501	7.7934		APC	$394.42			N
P9036	K	PLATELET PHERESIS IRRADIATED	9502	7.1078		APC	$359.73			N
P9037	K	PLATELETS PHERESIS LEUKOCYTES REDUCED IRRADIATED EACH UNIT	1019	9.8927		APC	$500.67			N
P9038	K	RBC IRRADIATED	9505	3.7950		APC	$192.06			N
P9039	K	RED BLOOD CELLS DEGLYCEROLIZED EACH UNIT	9504	5.1685		APC	$261.58			N
P9040	K	RBC LEUKOREDUCED IRRADIATED	0969	3.8046		APC	$192.55			N
P9041	K	INFUSION ALBUMIN(HUMAN) 5% 50ML	0961			APC	$19.12			N
P9043	K	INFUSION PLASMA PROTEIN FRACTION(HUMAN) 5% 50 ML	0956	0.2365		APC	$11.97			N
P9044	K	CRYOPRECIPITATEREDUCEDPLASMA	1009	1.2892		APC	$65.25			N
P9045	K	INFUSION ALBUMIN (HUMAN) 5% 250 ML	0963			APC	$70.02			N
P9046	K	ALBUMIN (HUMAN) 25% 20 ML	0964			APC	$24.67			
P9047	K	INFUSION ALBUMIN (HUMAN) 25% 50 ML	0965			APC	$69.22			N
P9048	K	PLASMAPROTEIN FRACT 5% 250ML	0966	2.9712		APC	$150.37			
P9050	K	GRANULOCYTES PHERESIS EACH UNIT	9506	25.2803		APC	$1,279.44			N

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P9051	K	BLOOD L/R CMV-NEG	1010	2.1819		APC	$110.43			
P9052	K	PLATELETS HLA-M L/R UNIT	1011	10.7766		APC	$545.40			
P9053	K	PLT PHER L/R CMV-NEG IRR	1020	9.8282		APC	$497.41			
P9054	K	BLOOD L/R FROZ/DEGLY/WASH	1016	1.5392		APC	$77.90			
P9055	K	PLT APH/PHER L/R CMV-NEG	1017	7.2725		APC	$368.06			
P9056	K	BLOOD L/R IRRADIATED	1018	3.4259		APC	$173.38			
P9057	K	RBC FRZ/DEG/WSH L/R IRRAD	1021	6.4286		APC	$325.35			
P9058	K	RBC L/R CMV-NEG IRRAD	1022	4.5631		APC	$230.94			
P9059	K	PLASMA FRZ BETWEEN 8-24HOUR	0955	1.1447		APC	$57.93			
P9060	K	FR FRZ PLASMA DONOR RETESTED	9503	0.9726		APC	$49.22			
P9603	E	ONE-WAY TRAVEL ALLOWANCE PRORATED MILES				Not Allowed	$0.00			N
P9604	E	ONE-WAY TRAVEL ALLOWANCE PRORATED TRIP				Not Allowed	$0.00			N
P9612	N	CATHETERIZATION FOR SPECIMEN COLLECTION SINGLE PT. ALL POS				Bundled	$0.00			N
P9615	N	CATHETERIZATION FOR COLLECTION OF SPECIMEN(S)				Bundled	$0.00			N
Q0035	X	CARDIOKYMOGRAPHY	0100	2.5884		APC	$131.00			N
Q0081	E	INFUSION THERAPY USING OTHER THAN CHEMOTHERAPEUTIC DRUGS P				Not Allowed	$0.00			N
Q0083	E	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE				Not Allowed	$0.00			N
Q0084	E	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY PER				Not Allowed	$0.00			N
Q0085	E	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND O				Not Allowed	$0.00			N
Q0091	T	SCREENING PAPANICOLAOU SMEAR; OBTAINING PREPARING AND CONV	0191	0.1524		APC	$7.71			N
Q0092	N	SET UP PORTABLE X-RAY EQUIPMENT				Bundled	$0.00			N
Q0111	Q	WET MOUNTS INCL PREP OF VAGINAL CERVICAL OR SKIN SPECIMENS				Medicare	$10.38	$6.44	$6.23	N
Q0112	Q	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS				Medicare	$10.38	$6.44	$6.23	N
Q0113	Q	PINWORM EXAMINATIONS				Medicare	$11.10	$6.88	$6.66	N
Q0114	Q	FERN TEST				Medicare	$17.40	$10.79	$10.44	N
Q0115	Q	POST COITAL DIRECT QUALITATIVE EXAM OF VAG OR CERV MUCOUS				Medicare	$24.08	$14.93	$14.45	N
Q0144	N	AZITHROMYCIN DIHYDRATE, ORAL				Bundled	$0.00			N
Q0163	N	DIPHENHYDRAMINE HCL 50MG				Bundled	$0.00			N
Q0164	N	PROCHLORPERAZINE MALEATE 5MG				Bundled	$0.00			N
Q0165	N	PROCHLORPERAZINE MALEATE10MG				Bundled	$0.00			N
Q0166	K	GRANISETRON HCL 1 MG ORAL	0765			APC	$6.95			N
Q0167	N	DRONABINOL 2.5MG ORAL				Bundled	$0.00			N
Q0168	N	DRONABINOL 5MG ORAL				Bundled	$0.00			N
Q0169	N	PROMETHAZINE HCL 12.5MG ORAL				Bundled	$0.00			N
Q0170	N	PROMETHAZINE HCL 25 MG ORAL				Bundled	$0.00			N
Q0171	N	CHLORPROMAZINE HCL 10MG ORAL				Bundled	$0.00			N

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Q0172	N	CHLORPROMAZINE HCL 25MG ORAL				Bundled	$0.00			N
Q0173	N	TRIMETHOBENZAMIDE HCL 250MG				Bundled	$0.00			N
Q0174	N	THIETHYLPERAZINE MALEATE10MG				Bundled	$0.00			N
Q0175	N	PERPHENAZINE 4MG ORAL				Bundled	$0.00			N
Q0176	N	PERPHENAZINE 8MG ORAL				Bundled	$0.00			N
Q0177	N	HYDROXYZINE PAMOATE 25MG				Bundled	$0.00			N
Q0178	N	HYDROXYZINE PAMOATE 50MG				Bundled	$0.00			N
Q0179	K	ONDANSETRON HCL 8 MG ORAL	0769			APC	$10.22			N
Q0180	K	DOLASETRON MESYLATE ORAL	0763			APC	$57.30			N
Q0181	N	UNSPECIFIED ORAL ANTI-EMETIC				Bundled	$0.00			N
Q0480	E	DRIVER PNEUMATIC VAD, REP				Not Allowed	$0.00			N
Q0481	E	MICROPRCSR CU ELEC VAD, REP				Not Allowed	$0.00			N
Q0482	E	MICROPRCSR CU COMBO VAD, REP				Not Allowed	$0.00			N
Q0483	E	MONITOR ELEC VAD, REP				Not Allowed	$0.00			N
Q0484	E	MONITOR ELEC OR COMB VAD REP				Not Allowed	$0.00			N
Q0485	E	MONITOR CABLE ELEC VAD, REP				Not Allowed	$0.00			N
Q0486	E	MON CABLE ELEC/PNEUM VAD REP				Not Allowed	$0.00			N
Q0487	E	LEADS ANY TYPE VAD, REP ONLY				Not Allowed	$0.00			N
Q0488	E	PWR PACK BASE ELEC VAD, REP				Not Allowed	$0.00			N
Q0489	E	PWR PCK BASE COMBO VAD, REP				Not Allowed	$0.00			N
Q0490	E	EMR PWR SOURCE ELEC VAD, REP				Not Allowed	$0.00			N
Q0491	E	EMR PWR SOURCE COMBO VAD REP				Not Allowed	$0.00			N
Q0492	E	EMR PWR CBL ELEC VAD, REP				Not Allowed	$0.00			N
Q0493	E	EMR PWR CBL COMBO VAD, REP				Not Allowed	$0.00			N
Q0494	E	EMR HD PMP ELEC/COMBO, REP				Not Allowed	$0.00			N
Q0495	E	CHARGER ELEC/COMBO VAD REP				Not Allowed	$0.00			
Q0496	E	BATTERY ELEC/COMBO VAD REP				Not Allowed	$0.00			
Q0497	E	BAT CLPS ELEC/COMB VAD REP				Not Allowed	$0.00			
Q0498	E	HOLSTER ELEC/COMBO VAD REP				Not Allowed	$0.00			
Q0499	E	BELT/VEST ELEC/COMBO VAD REP				Not Allowed	$0.00			
Q0500	E	FILTERS ELEC/COMBO VAD, REP				Not Allowed	$0.00			N
Q0501	E	SHWR COV ELEC/COMBO VAD, REP				Not Allowed	$0.00			N
Q0502	E	MOBILITY CART PNEUM VAD, REP				Not Allowed	$0.00			N
Q0503	E	BATTERY PNEUM VAD REPLACEMNT				Not Allowed	$0.00			N
Q0504	E	PWR ADPT PNEUM VAD, REP VEH				Not Allowed	$0.00			N
Q0505	E	MISCL SUPPLY/ACCESSORY VAD				Not Allowed	$0.00			N
Q0510	E	DISPENS FEE IMMUNOSUPRESSIVE				Not Allowed	$0.00			
Q0511	E	SUP FEE ANTIEM ANTICA IMMUNO				Not Allowed	$0.00			
Q0512	E	PX SUP FEE ANTI-CAN SUB PRES				Not Allowed	$0.00			
Q0513	E	DISP FEE INHAL DRUGS/30 DAYS				Not Allowed	$0.00			
Q0514	E	DISP FEE INHAL DRUGS/90 DAYS				Not Allowed	$0.00			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
Q0515	K	SERMORELIN ACETATE INJECTION	3050			APC	$1.77			
Q1003	N	NTIOL CATEGORY 3				Bundled	$0.00			N
Q1004	E	NTIOL CATEGORY 4				Not Allowed	$0.00			N
Q1005	E	NTIOL CATEGORY 5				Not Allowed	$0.00			N
Q2004	N	BLADDER CALCULI IRRIG SOL				Bundled	$0.00			N
Q2009	N	FOSPHENYTOIN, 50 MG				Bundled	$0.00			N
Q2017	K	TENIPOSIDE, 50 MG	7035			APC	$319.43			N
Q2023	K	XYNTHA, INJ	1268			APC	$1.06			
Q2024	K	BEVACIZUMAB INJECTION	1281			APC	$1.41			
Q3001	E	BRACHYTHERAPY RADIOELEMENTS				Not Allowed	$0.00			N
Q3014	E	TELEHEALTH FACILITY FEE				Not Allowed	$0.00			N
Q3025	K	IM INJ INTERFERON BETA 1-A	9022			APC	$187.24			
Q3026	E	SUBC INJ INTERFERON BETA-1A				Not Allowed	$0.00			
Q3031	N	COLLAGEN SKIN TEST				Bundled	$0.00			N
Q4001	N	CAST SUP BODY CAST PLASTER				Bundled	$0.00			N
Q4002	N	CAST SUP BODY CAST FIBERGLAS				Bundled	$0.00			N
Q4003	N	CAST SUP SHOULDER CAST PLSTR				Bundled	$0.00			N
Q4004	N	CAST SUP SHOULDER CAST FBRGL				Bundled	$0.00			N
Q4005	N	CAST SUP LONG ARM ADULT PLST				Bundled	$0.00			N
Q4006	N	CAST SUP LONG ARM ADULT FBRG				Bundled	$0.00			N
Q4007	N	CAST SUP LONG ARM PED PLSTER				Bundled	$0.00			N
Q4008	N	CAST SUP LONG ARM PED FBRGLS				Bundled	$0.00			N
Q4009	N	CAST SUP SHT ARM ADULT PLSTR				Bundled	$0.00			N
Q4010	N	CAST SUP SHT ARM ADULT FBRGL				Bundled	$0.00			N
Q4011	N	CAST SUP SHT ARM PED PLASTER				Bundled	$0.00			N
Q4012	N	CAST SUP SHT ARM PED FBRGLAS				Bundled	$0.00			N
Q4013	N	CAST SUP GAUNTLET PLASTER				Bundled	$0.00			N
Q4014	N	CAST SUP GAUNTLET FIBERGLASS				Bundled	$0.00			N
Q4015	N	CAST SUP GAUNTLET PED PLSTER				Bundled	$0.00			N
Q4016	N	CAST SUP GAUNTLET PED FBRGLS				Bundled	$0.00			N
Q4017	N	CAST SUP LNG ARM SPLINT PLST				Bundled	$0.00			N
Q4018	N	CAST SUP LNG ARM SPLINT FBRG				Bundled	$0.00			N
Q4019	N	CAST SUP LNG ARM SPLNT PED P				Bundled	$0.00			N
Q4020	N	CAST SUP LNG ARM SPLNT PED F				Bundled	$0.00			N
Q4021	N	CAST SUP SHT ARM SPLINT PLST				Bundled	$0.00			N
Q4022	N	CAST SUP SHT ARM SPLINT FBRG				Bundled	$0.00			N
Q4023	N	CAST SUP SHT ARM SPLNT PED P				Bundled	$0.00			N
Q4024	N	CAST SUP SHT ARM SPLNT PED F				Bundled	$0.00			N
Q4025	N	CAST SUP HIP SPICA PLASTER				Bundled	$0.00			N
Q4026	N	CAST SUP HIP SPICA FIBERGLAS				Bundled	$0.00			N
Q4027	N	CAST SUP HIP SPICA PED PLSTR				Bundled	$0.00			N

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Q4028	N	CAST SUP HIP SPICA PED FBRGL				Bundled	$0.00			N
Q4029	N	CAST SUP LONG LEG PLASTER				Bundled	$0.00			N
Q4030	N	CAST SUP LONG LEG FIBERGLASS				Bundled	$0.00			N
Q4031	N	CAST SUP LNG LEG PED PLASTER				Bundled	$0.00			N
Q4032	N	CAST SUP LNG LEG PED FBRGLS				Bundled	$0.00			N
Q4033	N	CAST SUP LNG LEG CYLINDER PL				Bundled	$0.00			N
Q4034	N	CAST SUP LNG LEG CYLINDER FB				Bundled	$0.00			N
Q4035	N	CAST SUP LNGLEG CYLNDR PED P				Bundled	$0.00			N
Q4036	N	CAST SUP LNGLEG CYLNDR PED F				Bundled	$0.00			N
Q4037	N	CAST SUP SHRT LEG PLASTER				Bundled	$0.00			N
Q4038	N	CAST SUP SHRT LEG FIBERGLASS				Bundled	$0.00			N
Q4039	N	CAST SUP SHRT LEG PED PLSTER				Bundled	$0.00			N
Q4040	N	CAST SUP SHRT LEG PED FBRGLS				Bundled	$0.00			N
Q4041	N	CAST SUP LNG LEG SPLNT PLSTR				Bundled	$0.00			N
Q4042	N	CAST SUP LNG LEG SPLNT FBRGL				Bundled	$0.00			N
Q4043	N	CAST SUP LNG LEG SPLNT PED P				Bundled	$0.00			N
Q4044	N	CAST SUP LNG LEG SPLNT PED F				Bundled	$0.00			N
Q4045	N	CAST SUP SHT LEG SPLNT PLSTR				Bundled	$0.00			N
Q4046	N	CAST SUP SHT LEG SPLNT FBRGL				Bundled	$0.00			N
Q4047	N	CAST SUP SHT LEG SPLNT PED P				Bundled	$0.00			N
Q4048	N	CAST SUP SHT LEG SPLNT PED F				Bundled	$0.00			N
Q4049	N	FINGER SPLINT, STATIC				Bundled	$0.00			N
Q4050	N	CAST SUPPLIES UNLISTED				Bundled	$0.00			N
Q4051	N	SPLINT SUPPLIES MISC				Bundled	$0.00			N
Q4080	E	ILOPROST INHALATION SOLUTION				Not Allowed	$0.00			N
Q4081	E	EPOETIN ALFA, 100 UNITS ESRD				Not Allowed	$0.00			
Q4082	E	DRUG/BIO NOC PART B DRUG CAP				Not Allowed	$0.00			
Q4100	N	SKIN SUBSTITUTE, NOS				Bundled	$0.00			
Q4101	K	APLIGRAF SKIN SUB	1240			APC	$32.16			
Q4102	K	OASIS WOUND MATRIX SKIN SUB	1241			APC	$4.12			
Q4103	K	OASIS BURN MATRIX SKIN SUB	1242			APC	$4.12			
Q4104	K	INTEGRA BMWD SKIN SUB	1243			APC	$11.77			
Q4105	K	INTEGRA DRT SKIN SUB	1244			APC	$11.77			
Q4106	K	DERMAGRAFT SKIN SUB	1245			APC	$39.25			
Q4107	K	GRAFTJACKET SKIN SUB	1246			APC	$89.23			
Q4108	K	INTEGRA MATRIX SKIN SUB	1247			APC	$17.98			
Q4109	N	TISSUEMEND SKIN SUB				Bundled	$0.00			
Q4110	K	PRIMATRIX SKIN SUB	1248			APC	$33.99			
Q4111	K	GAMMAGRAFT SKIN SUB	1252			APC	$7.13			
Q4112	K	CYMETRA ALLOGRAFT	1249			APC	$327.47			
Q4113	K	GRAFTJACKET EXPRESS ALLOGRAF	1250			APC	$327.47			

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Q4114	G	INTEGRA FLOWABLE WOUND MATRI	1251			APC	$907.36			
Q4115	K	ALLOSKIN SKIN SUB	1287			APC	$9.36			
Q4116	K	ALLODERM SKIN SUB	1270			APC	$31.72			
Q5001	E	HOSPICE IN PATIENT HOME				Not Allowed	$0.00			
Q5002	E	HOSPICE IN ASSISTED LIVING				Not Allowed	$0.00			
Q5003	E	HOSPICE IN LT/NON-SKILLED NF				Not Allowed	$0.00			
Q5004	E	HOSPICE IN SNF				Not Allowed	$0.00			
Q5005	E	HOSPICE, INPATIENT HOSPITAL				Not Allowed	$0.00			
Q5006	E	HOSPICE IN HOSPICE FACILITY				Not Allowed	$0.00			
Q5007	E	HOSPICE IN LTCH				Not Allowed	$0.00			
Q5008	E	HOSPICE IN INPATIENT PSYCH				Not Allowed	$0.00			
Q5009	E	HOSPICE CARE, NOS				Not Allowed	$0.00			
Q9951	N	LOCM >=400MG/ML IODINE, 1ML				Bundled	$0.00			N
Q9953	N	INJ FE-BASED MR CONTRAST, ML				Bundled	$0.00			N
Q9954	N	ORAL MR CONTRAST, 100ML				Bundled	$0.00			N
Q9955	N	INJ PERFLEXANE LIP MICROS, ML				Bundled	$0.00			N
Q9956	N	INJ OCTAFLUOROPROPANE MIC, ML				Bundled	$0.00			N
Q9957	N	INJ PERFLUTREN LIP MICROS, ML				Bundled	$0.00			N
Q9958	N	HOCM <= 149 MG/ML IODINE, 1ML				Bundled	$0.00			N
Q9959	N	HOCM 150-199MG/ML IODINE, 1ML				Bundled	$0.00			N
Q9960	N	HOCM 200-249 MG/ML IODINE, 1ML				Bundled	$0.00			N
Q9961	N	HOCM 250-299 MG/ML IODINE, 1ML				Bundled	$0.00			N
Q9962	N	HOCM 300-349 MG/ML IODINE, 1ML				Bundled	$0.00			N
Q9963	N	HOCM 350-399 MG/ML IODINE, 1ML				Bundled	$0.00			N
Q9964	N	HOCM >= 400 MG/ML IODINE, 1ML				Bundled	$0.00			N
Q9965	N	LOCM 100-199MG/ML IODINE,1ML				Bundled	$0.00			
Q9966	N	LOCM 200-299MG/ML IODINE,1ML				Bundled	$0.00			
Q9967	N	LOCM 300-399MG/ML IODINE,1ML				Bundled	$0.00			
R0070	E	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO				Not Allowed	$0.00			N
R0075	E	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO				Not Allowed	$0.00			N
R0076	E	TRANSPORT PORTABLE EKG				Not Allowed	$0.00			N
S0073	E	INJECTION, AZTREONAM, 500 MG				Not Allowed	$0.00			N
S0074	E	INJECTION, CEFOTETAN DISODIU				Not Allowed	$0.00			N
S0078	E	INJECTION, FOSPHENYTOIN SODI				Not Allowed	$0.00			N
S0080	E	INJECTION, PENTAMIDINE ISETH				Not Allowed	$0.00			N
S0081	E	INJECTION, PIPERACILLIN SODI				Not Allowed	$0.00			N
S0086	E	INJECTION, VERTEPORFIN, 15MG				Not Allowed	$0.00			N
S0088	E	IMATINIB 100 MG				Not Allowed	$0.00			
S0090	E	SILDENAFIL CITRATE, 25 MG				Not Allowed	$0.00			N

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S0106	E	BUPROPION HCL SR 60 TABLETS				Not Allowed	$0.00			N
S0108	E	MERCAPTOPURINE ORAL 50 MG				Not Allowed	$0.00			N
S0117	E	TRETINOIN TOPICAL 5 G				Not Allowed	$0.00			
S0122	E	INJECTION MENOTROPINS 75 IU				Not Allowed	$0.00			N
S0126	E	INJECTION FOLLITROPIN ALFA 75 IU				Not Allowed	$0.00			N
S0128	E	INJECTION FOLLITROPIN BETA 75 IU				Not Allowed	$0.00			N
S0132	E	INJECTION GANIRELIX ACETATE 250 MCG				Not Allowed	$0.00			N
S0145	E	PEG INTERFERON ALFA-2A/180				Not Allowed	$0.00			N
S0146	E	PEG INTERFERON ALFA-2B/10				Not Allowed	$0.00			N
S0155	E	EPOPROSTENOL DILUTANT				Not Allowed	$0.00			
S0156	E	EXEMESTANE, 25 MG				Not Allowed	$0.00			N
S0157	E	BECAPLERMIN GEL 1%, 0.5 GM				Not Allowed	$0.00			N
S0160	E	DEXTROAMPHETAMINE				Not Allowed	$0.00			
S0161	E	CALCITROL				Not Allowed	$0.00			
S0162	E	INJECTION EFALIZUMAB				Not Allowed	$0.00			
S0164	E	INJECTION PANTROPRAZOLE				Not Allowed	$0.00			
S0170	E	ANASTROZOLE 1 MG				Not Allowed	$0.00			
S0171	E	BUMETANIDE 0.5 MG				Not Allowed	$0.00			N
S0172	E	CHLORAMBUCIL 2 MG				Not Allowed	$0.00			
S0174	E	DOLASETRON 50 MG				Not Allowed	$0.00			
S0175	E	FLUTAMIDE 125 MG				Not Allowed	$0.00			N
S0176	E	HYDROXYUREA 500 MG				Not Allowed	$0.00			
S0177	E	LEVAMISOLE 50 MG				Not Allowed	$0.00			N
S0178	E	LOMUSTINE 10 MG				Not Allowed	$0.00			
S0179	E	MEGESTROL 20 MG				Not Allowed	$0.00			N
S0181	E	ONDANSETRON 4 MG				Not Allowed	$0.00			
S0182	E	PROCARBAZINE 5 MG				Not Allowed	$0.00			N
S0183	E	PROCHLORPERAZINE 5 MG				Not Allowed	$0.00			
S0187	E	TAMOXIFEN 10 MG				Not Allowed	$0.00			N
S0189	E	TESTOSTERONE PELLET 75 MG				Not Allowed	$0.00			
S0190	M	MITEPRISTONE, ORAL, 200MG				Fee Schedule	$76.50			N
S0191	M	MISOPROSTOL, ORAL, 200 MCG				Fee Schedule	$1.02			N
S0194	E	VITAMIN SUPPL 100 CAPS				Not Allowed	$0.00			
S0195	E	PNEUMOCOCCAL CONJUGATE VAC				Not Allowed	$0.00			
S0196	E	POLY-L-LACTIC ACID 1ML FACE				Not Allowed	$0.00			
S0208	E	PARAMED INTRCEPT NONVOL				Not Allowed	$0.00			N
S0209	E	WC VAN MILEAGE PER MI				Not Allowed	$0.00			
S0215	E	NONEMERG TRANSP MILEAGE				Not Allowed	$0.00			N
S0220	E	MEDICAL CONFERENCE BY PHYSIC				Not Allowed	$0.00			N
S0221	E	MEDICAL CONFERENCE, 60 MIN				Not Allowed	$0.00			N
S0250	E	COMP GERIATR ASSMT TEAM				Not Allowed	$0.00			

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S0255	E	HOSPICE REFER VISIT NONMD				Not Allowed	$0.00			N
S0257	E	END OF LIFE COUNSELING				Not Allowed	$0.00			
S0260	E	H&P FOR SURGERY				Not Allowed	$0.00			
S0265	E	GENETIC COUNSEL 15 MINS				Not Allowed	$0.00			N
S0302	E	COMPLETED EPSDT				Not Allowed	$0.00			N
S0310	E	HOSPITALIST VISIT				Not Allowed	$0.00			
S0340	E	LIFESTYLE MOD 1ST STAGE				Not Allowed	$0.00			N
S0341	E	LIFESTYLE MOD 2 OR 3 STAGE				Not Allowed	$0.00			
S0342	E	LIFESTYLE MOD 4TH STAGE				Not Allowed	$0.00			N
S0390	E	ROUTINE FOOT CARE PER VISIT				Not Allowed	$0.00			N
S0395	E	IMPRESSION CASTING FT				Not Allowed	$0.00			
S0400	E	GLOBAL ESWL KIDNEY				Not Allowed	$0.00			N
S0500	E	DISPOS CONT LENS				Not Allowed	$0.00			
S0504	E	SINGL PRSCRP LENS				Not Allowed	$0.00			N
S0506	E	BIFOC PRSCP LENS				Not Allowed	$0.00			
S0508	E	TRIFOC PRSCRP LENS				Not Allowed	$0.00			N
S0510	E	NON-PRSCRP LENS				Not Allowed	$0.00			
S0512	E	DAILY CONT LENS				Not Allowed	$0.00			N
S0514	E	COLOR CONT LENS				Not Allowed	$0.00			
S0516	E	SAFETY FRAMES				Not Allowed	$0.00			N
S0518	E	SUNGLASS FRAMES				Not Allowed	$0.00			
S0580	E	POLYCARB LENS				Not Allowed	$0.00			Y
S0581	E	NONSTND LENS				Not Allowed	$0.00			
S0590	E	MISC INTEGRAL LENS SERV				Not Allowed	$0.00			N
S0592	E	COMP CONT LENS EVAL				Not Allowed	$0.00			
S0601	E	SCREENING PROCTOSCOPY				Not Allowed	$0.00			N
S0605	E	DIGITAL RECTAL EXAMINATION,				Not Allowed	$0.00			N
S0610	E	ANNUAL GYNECOLOGICAL EXAMINA				Not Allowed	$0.00			N
S0612	E	ANNUAL GYNECOLOGICAL EXAMINA				Not Allowed	$0.00			N
S0613	M	ANN BREAST EXAM				By Report	$0.00			N
S0618	E	AUDIOMETRY FOR HEARING AID				Not Allowed	$0.00			
S0620	E	ROUTINE OPHTHALMOLOGICAL EXA				Not Allowed	$0.00			N
S0621	E	ROUTINE OPHTHALMOLOGICAL EXA				Not Allowed	$0.00			N
S0622	E	PHYS EXAM FOR COLLEGE				Not Allowed	$0.00			
S0630	E	REMOVAL OF SUTURES				Not Allowed	$0.00			N
S0800	E	LASER IN SITU KERATOMILEUSIS				Not Allowed	$0.00			N
S0810	E	PHOTOREFRACTIVE KERATECTOMY				Not Allowed	$0.00			N
S0812	E	PHOTOTHERAP KERATECT				Not Allowed	$0.00			
S1001	E	DELUXE ITEM				Not Allowed	$0.00			
S1002	E	CUSTOM ITEM				Not Allowed	$0.00			N
S1015	E	IV TUBING EXTENSION SET				Not Allowed	$0.00			N

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S1016	E	NON-PVC INTRAVENOUS ADMINIST				Not Allowed	$0.00			N
S1030	E	GLUC MONITOR PURCHASE				Not Allowed	$0.00			N
S1031	E	GLUC MONITOR RENTAL				Not Allowed	$0.00			
S2053	E	TRANSPLANTATION OF SMALL INT				Not Allowed	$0.00			N
S2054	E	TRANSPLANTATION OF MULTIVISC				Not Allowed	$0.00			N
S2055	E	HARVESTING OF DONOR MULTIVIS				Not Allowed	$0.00			N
S2060	E	LOBAR LUNG TRANSPLANTATION				Not Allowed	$0.00			N
S2061	E	DONOR LOBECTOMY (LUNG)				Not Allowed	$0.00			N
S2065	E	SIMULT PANC KIDN TRANS				Not Allowed	$0.00			N
S2068	E	BREAST DIEP FLAP RECONSTRUCT				Not Allowed	$0.00			
S2070	E	CYSTO LASER TX URETERAL CALC				Not Allowed	$0.00			
S2079	E	LAP ESOPHAGOMYOTOMY				Not Allowed	$0.00			
S2080	E	LAUP				Not Allowed	$0.00			N
S2083	E	ADJUSTMENT GASTRIC BAND				Not Allowed	$0.00			
S2095	E	TRANSCATH EMBOLIZ MICROSPHER				Not Allowed	$0.00			
S2102	E	ISLET CELL TISSUE TRANSPLANT				Not Allowed	$0.00			N
S2103	E	ADRENAL TISSUE TRANSPLANT				Not Allowed	$0.00			N
S2107	E	ADOPTIVE IMMUNOTHERAPY				Not Allowed	$0.00			N
S2109	E	AUTOLOGOUS CHONDROCYTE TRANSPLANTATION				Not Allowed	$0.00			N
S2112	E	KNEE ARTHROSCP HARV				Not Allowed	$0.00			
S2115	E	PERIACETABULAR OSTEOTOMY				Not Allowed	$0.00			N
S2120	E	LOW DENSITY LIPOPROTEIN(LDL)				Not Allowed	$0.00			N
S2140	E	CORD BLOOD HARVESTING				Not Allowed	$0.00			N
S2142	E	CORD BLOOD-DERIVED STEM-CELL				Not Allowed	$0.00			N
S2150	E	BMT HARV/TRANSPL 28D PKG				Not Allowed	$0.00			
S2152	E	SOLID ORGAN TRANSPL PKG				Not Allowed	$0.00			
S2202	E	ECHOSCLEROTHERAPY				Not Allowed	$0.00			N
S2205	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			N
S2206	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			N
S2207	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			N
S2208	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			N
S2209	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			N
S2225	E	MYRINGOTOMY LASER-ASSIST				Not Allowed	$0.00			
S2230	E	IMPLANT SEMI-IMP HEAR				Not Allowed	$0.00			
S2235	E	IMPLANT AUDITORY BRAIN IMP				Not Allowed	$0.00			
S2260	E	INDUCED ABORTION 17-24 WEEKS				Not Allowed	$0.00			N
S2300	E	ARTHROSCOPY, SHOULDER, SURGI				Not Allowed	$0.00			N
S2340	E	CHEMODENERVATION OF ABDUCTOR				Not Allowed	$0.00			N
S2341	E	CHEMODENERV ADDUCT VOCAL				Not Allowed	$0.00			
S2342	E	NASAL ENDOSCOP PO DEBRID				Not Allowed	$0.00			N
S2348	E	DECOMPRESS DISC RF LUMBAR				Not Allowed	$0.00			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
S2350	E	DISKECTOMY, ANTERIOR, WITH D				Not Allowed	$0.00			N
S2351	E	DISKECTOMY, ANTERIOR, WITH D				Not Allowed	$0.00			N
S2360	E	VERTEBROPLAST CERV 1ST				Not Allowed	$0.00			
S2361	E	VERTEBROPLAST CERV ADDL				Not Allowed	$0.00			N
S2400	E	FETAL SURG CONGEN HERNIA				Not Allowed	$0.00			
S2401	E	FETAL SURG URIN TRAC OBSTR				Not Allowed	$0.00			N
S2402	E	FETAL SURG CONG CYST MALF				Not Allowed	$0.00			
S2403	E	FETAL SURG PULMON SEQUEST				Not Allowed	$0.00			N
S2404	E	FETAL SURG MYELOMENINGO				Not Allowed	$0.00			
S2405	E	FETAL SURG SACROCOC TERATOMA				Not Allowed	$0.00			N
S2409	E	FETAL SURG NOC				Not Allowed	$0.00			N
S2411	E	FETOSCOP LASER THER TTTS				Not Allowed	$0.00			
S2900	E	ROBOTIC SURGICAL SYSTEM				Not Allowed	$0.00			N
S3600	E	STAT LAB				Not Allowed	$0.00			N
S3601	E	STAT LAB HOME/NF				Not Allowed	$0.00			
S3620	E	NEWBORN METABOLIC SCREENING				Not Allowed	$0.00			N
S3630	E	EOSINOPHIL BLOOD COUNT				Not Allowed	$0.00			
S3645	E	HIV-1 ANTIBODY TESTING OF OR				Not Allowed	$0.00			N
S3650	E	SALIVA TEST, HORMONE LEVEL;				Not Allowed	$0.00			N
S3652	E	SALIVA TEST, HORMONE LEVEL;				Not Allowed	$0.00			N
S3708	E	GASTROINTESTINAL FAT ABSORPT				Not Allowed	$0.00			N
S3713	E	KRAS MUTATION ANALYSIS				Not Allowed	$0.00			
S3818	E	BRCA1 GENE ANAL				Not Allowed	$0.00			
S3819	E	BRCA2 GENE ANAL				Not Allowed	$0.00			N
S3830	E	GENE TEST HNPCC COMP				Not Allowed	$0.00			
S3831	E	GENE TEST HNPCC SINGLE				Not Allowed	$0.00			N
S3835	E	GENE TEST CYSTIC FIBROSIS				Not Allowed	$0.00			
S3837	E	GENE TEST HEMOCHROMATO				Not Allowed	$0.00			N
S3853	E	GENE TEST MYO MUSCLR DYST				Not Allowed	$0.00			
S3854	E	GENE PROFILE PANEL BREAST				Not Allowed	$0.00			
S3890	E	FECAL DNA ANALYSIS				Not Allowed	$0.00			
S3900	E	SURFACE EMG				Not Allowed	$0.00			
S3902	E	BALLISTOCARDIOGRAM				Not Allowed	$0.00			N
S3904	E	MASTERS TWO STEP				Not Allowed	$0.00			N
S4005	E	INTERIM LABOR FACILITY GLOBAL				Not Allowed	$0.00			N
S4011	E	IVF PACKAGE				Not Allowed	$0.00			N
S4013	E	COMPLETE GIFT CASE RATE				Not Allowed	$0.00			N
S4014	E	COMPLETE ZIFT CASE RATE				Not Allowed	$0.00			N
S4015	E	COMPLETE IVF NOS CASE RATE				Not Allowed	$0.00			
S4016	E	FROZEN IVF CASE RATE				Not Allowed	$0.00			N
S4017	E	IVF CANC A STIM CASE RATE				Not Allowed	$0.00			N

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S4018	E	F EMB TRNS CANC CASE RATE				Not Allowed	$0.00			
S4020	E	IVF CANC A ASPIR CASE RATE				Not Allowed	$0.00			N
S4021	E	IVF CANC P ASPIR CASE RATE				Not Allowed	$0.00			
S4022	E	ASST OOCYTE FERT CASE RATE				Not Allowed	$0.00			N
S4023	E	DONOR EGG CYCLE INCOMPLETE CASE RATE				Not Allowed	$0.00			N
S4025	E	DONOR SERV IVF CASE RATE				Not Allowed	$0.00			
S4026	E	PROCURE DONOR SPERM				Not Allowed	$0.00			N
S4027	E	STORE PREV FROZ EMBRYOS				Not Allowed	$0.00			
S4028	E	MICROSURG EPI SPERM ASP				Not Allowed	$0.00			N
S4030	E	SPERM PROCURE INIT VISIT				Not Allowed	$0.00			
S4031	E	SPERM PROCURE SUBS VISIT				Not Allowed	$0.00			N
S4035	E	STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE RATE				Not Allowed	$0.00			N
S4037	E	CRYOPRESERVED EMBRYO TRANSFER CASE RATE				Not Allowed	$0.00			N
S4040	E	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS PER 30 DAYS				Not Allowed	$0.00			N
S4042	E	OVULATION MGMT PER CYCLE				Not Allowed	$0.00			
S4980	E	LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EACH				Not Allowed	$0.00			N
S4981	E	INSERT LEVONORGESTREL IUS				Not Allowed	$0.00			N
S4989	E	CONTRACEPT IUD				Not Allowed	$0.00			
S4990	E	NICOTINE PATCH LEGEND				Not Allowed	$0.00			N
S4991	E	NICOTINE PATCH NONLEGEND				Not Allowed	$0.00			
S4993	N	CONTRACEPTIVE PILLS FOR BIRTH CONTROL				Bundled	$0.00			N
S4995	E	SMOKING CESSATION GUM				Not Allowed	$0.00			N
S5000	E	PRESCRIPTION DRUG, GENERIC				Not Allowed	$0.00			N
S5001	E	PRESCRIPTION DRUG,BRAND NAME				Not Allowed	$0.00			N
S5010	E	5% DEXTROSE AND 0.45% SALINE				Not Allowed	$0.00			N
S5011	E	5% DEXTROSE IN LACTATED RING				Not Allowed	$0.00			N
S5012	E	5% DEXTROSE WITH POTASSIUM				Not Allowed	$0.00			N
S5014	E	D5W/0.45NS W KCL AND MGS04				Not Allowed	$0.00			N
S5016	E	ANTIBIOTIC ADMIN SUPPLIES W/				Not Allowed	$0.00			N
S5017	E	ANTIBIOTIC ADMINSUPPLIES W/O				Not Allowed	$0.00			N
S5018	E	PAIN THERAPY ADMIN SUPPLIES				Not Allowed	$0.00			N
S5020	E	CHEMOTHERAPY ADMIN SUPPLIES				Not Allowed	$0.00			N
S5021	E	HYDRATION THERAPY ADMIN SUPP				Not Allowed	$0.00			N
S5022	E	GROWTH HORMONE THERAPY				Not Allowed	$0.00			N
S5025	E	INFUSION PUMP RENTAL,PERDIEM				Not Allowed	$0.00			N
S5035	E	HIT ROUTINE DEVICE MAINT				Not Allowed	$0.00			N
S5497	E	HIT CATH CARE NOC				Not Allowed	$0.00			N
S5498	E	HIT SIMPLE CATH CARE				Not Allowed	$0.00			
S5501	E	HIT COMPLEX CATH CARE				Not Allowed	$0.00			N
S5502	E	HIT INTERIM CATH CARE				Not Allowed	$0.00			
S5517	E	HIT DECLOTTING KIT				Not Allowed	$0.00			

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S5518	E	HIT CATH REPAIR KIT				Not Allowed	$0.00			N
S5520	E	HIT PICC INSERT KIT				Not Allowed	$0.00			
S5521	E	HIT MIDLINE CATH INSERT KIT				Not Allowed	$0.00			N
S5522	E	HIT PICC INSERT NO SUPP				Not Allowed	$0.00			
S5523	E	HIP MIDLINE CATH INSERT KIT				Not Allowed	$0.00			N
S5550	E	INSULIN RAPID 5 U				Not Allowed	$0.00			
S5551	E	INSULIN MOST RAPID 5 U				Not Allowed	$0.00			
S5552	E	INSULIN INTERMED 5 U				Not Allowed	$0.00			
S5553	E	INSULIN LONG ACTING 5 U				Not Allowed	$0.00			
S5560	E	INSULIN REUSE PEN 1.5 ML				Not Allowed	$0.00			
S5561	E	INSULIN REUSE PEN 3 ML				Not Allowed	$0.00			
S5565	E	INSULIN CARTRIDGE 150 U				Not Allowed	$0.00			
S5566	E	INSULIN CARTRIDGE 300 U				Not Allowed	$0.00			
S5570	E	INSULIN DISPOS PEN 1.5 ML				Not Allowed	$0.00			
S5571	E	INSULIN DISPOS PEN 3 ML				Not Allowed	$0.00			
S8030	E	TANTALUM RING APPLICATION				Not Allowed	$0.00			N
S8035	E	MAGNETIC SOURCE IMAGING				Not Allowed	$0.00			N
S8037	E	MRCP				Not Allowed	$0.00			
S8040	E	TOPOGRAPHIC BRAIN MAPPING				Not Allowed	$0.00			N
S8042	E	MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD				Not Allowed	$0.00			N
S8049	E	INTRAOPERATIVE RADIATION THE				Not Allowed	$0.00			N
S8055	E	US GUIDANCE FETAL REDUCT				Not Allowed	$0.00			
S8080	E	SCINTIMAMMOGRAPHY				Not Allowed	$0.00			N
S8085	E	FLUORINE-18 FLUORODEOXYGLUCO				Not Allowed	$0.00			N
S8092	E	ELECTRON BEAM COMPUTED TOMOG				Not Allowed	$0.00			N
S8096	E	PORTABLE PEAK FLOW METER				Not Allowed	$0.00			N
S8097	E	ASTHMA KIT				Not Allowed	$0.00			
S8100	E	SPACER WITHOUT MASK				Not Allowed	$0.00			N
S8101	E	SPACER WITH MASK				Not Allowed	$0.00			
S8110	E	PEAK EXPIRATORY FLOW RATE (P				Not Allowed	$0.00			N
S8120	E	O2 CONTENTS GAS CUBIC FT				Not Allowed	$0.00			
S8121	E	O2 CONTENTS LIQUID LB				Not Allowed	$0.00			
S8185	E	FLUTTER DEVICE				Not Allowed	$0.00			
S8186	E	SWIVEL ADAPTOR				Not Allowed	$0.00			N
S8189	E	TRACH SUPPLY NOC				Not Allowed	$0.00			
S8190	E	ELECTRONIC SPIROMETER				Not Allowed	$0.00			N
S8205	E	CHEST COMPRESSION SYSTEM GEN				Not Allowed	$0.00			N
S8210	E	MUCUS TRAP				Not Allowed	$0.00			N
S8262	E	MANDIBULAR ORTHOPEDIC REPOSITIONING DEVICE EACH				Not Allowed	$0.00			N
S8265	E	HABERMAN FEEDER FOR CLEFT LIP/PALATE				Not Allowed	$0.00			N
S8270	E	ENURESIS ALARM				Not Allowed	$0.00			N

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S8300	E	SACRAL NERVE STIMULATION TEST LEAD KIT				Not Allowed	$0.00			N
S8301	E	INFECT CONTROL SUPPLIES NOS				Not Allowed	$0.00			
S8400	E	INCONTINENCE PANTS, EACH				Not Allowed	$0.00			N
S8402	E	DIAPERS, EACH				Not Allowed	$0.00			N
S8415	E	SUPPLIES FOR HOME DELIVERY				Not Allowed	$0.00			
S8420	E	CUSTOM GRADIENT SLEEV/GLOV				Not Allowed	$0.00			N
S8421	E	READY GRADIENT SLEEV/GLOV				Not Allowed	$0.00			
S8422	E	CUSTOM GRAD SLEEVE MED				Not Allowed	$0.00			N
S8423	E	CUSTOM GRAD SLEEVE HEAVY				Not Allowed	$0.00			
S8424	E	READY GRADIENT SLEEVE				Not Allowed	$0.00			N
S8425	E	CUSTOM GRAD GLOVE MED				Not Allowed	$0.00			
S8426	E	CUSTOM GRAD GLOVE HEAVY				Not Allowed	$0.00			N
S8427	E	READY GRADIENT GLOVE				Not Allowed	$0.00			
S8428	E	READY GRADIENT GAUNTLET				Not Allowed	$0.00			N
S8429	E	GRADIENT PRESSURE WRAP				Not Allowed	$0.00			
S8430	E	PADDING FOR COMPRSSN BDG				Not Allowed	$0.00			N
S8431	E	COMPRESSION BANDAGE				Not Allowed	$0.00			
S8450	E	SPLINT DIGIT				Not Allowed	$0.00			N
S8451	E	SPLINT WRIST OR ANKLE				Not Allowed	$0.00			
S8452	E	SPLINT ELBOW				Not Allowed	$0.00			N
S8490	E	100 INSULIN SYRINGES				Not Allowed	$0.00			
S8948	E	LOW-LEVEL LASER TRMT 15 MIN				Not Allowed	$0.00			
S8950	E	COMPLEX LYMPHEDEMA THERAPY,				Not Allowed	$0.00			N
S8999	E	RESUSCITATION BAG				Not Allowed	$0.00			N
S9001	E	HOME UTERINE MONITOR WITH OR				Not Allowed	$0.00			N
S9007	E	ULTRAFILTRATION MONITOR				Not Allowed	$0.00			N
S9015	E	AUTOMATED EEG MONITORING				Not Allowed	$0.00			N
S9024	E	PARANASAL SINUS ULTRASOUND				Not Allowed	$0.00			N
S9025	E	OMNICARDIOGRAM/CARDIOINTEGRA				Not Allowed	$0.00			N
S9034	E	ESWL FOR GALLSTONES				Not Allowed	$0.00			N
S9055	E	PROCUREN OR OTHER GROWTH FAC				Not Allowed	$0.00			N
S9056	E	COMA STIMULATION PER DIEM				Not Allowed	$0.00			N
S9061	E	MEDICAL SUPPLIES AND EQUIPME				Not Allowed	$0.00			N
S9075	E	SMOKING CESSATION TREATMENT				Not Allowed	$0.00			N
S9083	E	URGENT CARE CENTER GLOBAL				Not Allowed	$0.00			
S9088	E	SERVICES PROVIDED IN URGENT				Not Allowed	$0.00			N
S9090	E	VERTEBRAL AXIAL DECOMPRESSIO				Not Allowed	$0.00			N
S9098	E	HOME PHOTOTHERAPY VISIT				Not Allowed	$0.00			
S9109	E	CHF TELEMONITORING MONTH				Not Allowed	$0.00			N
S9117	E	BACK SCHOOL VISIT				Not Allowed	$0.00			
S9122	E	HOME HEALTH AIDE OR CERTIFIE				Not Allowed	$0.00			N

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S9123	E	NURSING CARE IN HOME RN				Not Allowed	$0.00			N
S9124	E	NURSING CARE, IN THE HOME; B				Not Allowed	$0.00			N
S9125	E	RESPITE CARE, IN THE HOME, P				Not Allowed	$0.00			N
S9126	E	HOSPICE CARE, IN THE HOME, P				Not Allowed	$0.00			N
S9127	E	SOCIAL WORK VISIT, IN THE HO				Not Allowed	$0.00			N
S9128	E	SPEECH THERAPY, IN THE HOME,				Not Allowed	$0.00			N
S9129	E	OCCUPATIONAL THERAPY, IN THE				Not Allowed	$0.00			N
S9131	E	PT IN THE HOME PER DIEM				Not Allowed	$0.00			
S9140	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed	$0.00			N
S9141	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed	$0.00			N
S9145	E	INSULIN PUMP INITIATION				Not Allowed	$0.00			N
S9208	E	HOME MGMT PRETERM LABOR				Not Allowed	$0.00			N
S9209	E	HOME MGMT PPROM				Not Allowed	$0.00			
S9211	E	HOME MGMT GEST HYPERTENSION				Not Allowed	$0.00			
S9212	E	HM POSTPAR HYPER PER DIEM				Not Allowed	$0.00			N
S9213	E	HM PREECLAMP PER DIEM				Not Allowed	$0.00			
S9214	E	HM GEST DM PER DIEM				Not Allowed	$0.00			N
S9325	E	HIT PAIN MGMT PER DIEM				Not Allowed	$0.00			N
S9326	E	HIT CONT PAIN PER DIEM				Not Allowed	$0.00			
S9327	E	HIT INT PAIN PER DIEM				Not Allowed	$0.00			N
S9328	E	HIT PAIN IMP PUMP DIEM				Not Allowed	$0.00			
S9329	E	HIT CHEMO PER DIEM				Not Allowed	$0.00			N
S9330	E	HIT CONT CHEM DIEM				Not Allowed	$0.00			
S9331	E	HIT INTERMIT CHEMO DIEM				Not Allowed	$0.00			N
S9336	E	HIT CONT ANTICOAG DIEM				Not Allowed	$0.00			
S9338	E	HIT IMMUNOTHERAPY DIEM				Not Allowed	$0.00			N
S9339	E	HIT PERITON DIALYSIS DIEM				Not Allowed	$0.00			
S9340	E	HIT ENTERAL PER DIEM				Not Allowed	$0.00			N
S9341	E	HIT ENTERAL GRAV DIEM				Not Allowed	$0.00			
S9342	E	HIT ENTERAL PUMP DIEM				Not Allowed	$0.00			N
S9343	E	HIT ENTERAL BOLUS NURS				Not Allowed	$0.00			
S9345	E	HIT ANTI-HEMOPHIL DIEM				Not Allowed	$0.00			N
S9346	E	HIT ALPHA-1-PROTEINAS DIEM				Not Allowed	$0.00			
S9347	E	HIT LONGTERM INFUSION DIEM				Not Allowed	$0.00			N
S9348	E	HIT SYMPATHOMIM DIEM				Not Allowed	$0.00			
S9349	E	HIT TOCOLYSIS DIEM				Not Allowed	$0.00			N
S9351	E	HIT CONT ANTIEMETIC DIEM				Not Allowed	$0.00			
S9353	E	HIT CONT INSULIN DIEM				Not Allowed	$0.00			N
S9355	E	HIT CHELATION DIEM				Not Allowed	$0.00			
S9357	E	HIT ENZYME REPLACE DIEM				Not Allowed	$0.00			N
S9359	E	HIT ANTI-TNF PER DIEM				Not Allowed	$0.00			

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S9361	E	HIT DIURETIC INFUS DIEM				Not Allowed	$0.00			N
S9363	E	HIT ANTI-SPASMOTIC DIEM				Not Allowed	$0.00			
S9364	E	HIT TPN TOTAL DIEM				Not Allowed	$0.00			N
S9365	E	HIT TPN 1 LITER DIEM				Not Allowed	$0.00			
S9366	E	HIT TPN 2 LITER DIEM				Not Allowed	$0.00			N
S9367	E	HIT TPN 3 LITER DIEM				Not Allowed	$0.00			
S9368	E	HIT TPN OVER 3L DIEM				Not Allowed	$0.00			N
S9370	E	HT INJ ANTIEMETIC DIEM				Not Allowed	$0.00			
S9372	E	HT INJ ANTICOAG DIEM				Not Allowed	$0.00			N
S9373	E	HIT HYDRA TOTAL DIEM				Not Allowed	$0.00			
S9374	E	HIT HYDRA 1 LITER DIEM				Not Allowed	$0.00			N
S9375	E	HIT HYDRA 2 LITER DIEM				Not Allowed	$0.00			
S9376	E	HIT HYDRA 3 LITER DIEM				Not Allowed	$0.00			N
S9377	E	HIT HYDRA OVER 3L DIEM				Not Allowed	$0.00			
S9379	E	HIT NOC PER DIEM				Not Allowed	$0.00			N
S9381	E	HIT HIGH RISK/ESCORT				Not Allowed	$0.00			
S9401	E	ANTICOAGULATION CLINIC PER SESSION				Not Allowed	$0.00			N
S9430	E	PHARMACY COMPOUNDING AND DISPENSING SERVICES				Not Allowed	$0.00			N
S9435	E	MEDICAL FOODS FOR INBORN ERR				Not Allowed	$0.00			N
S9436	E	LAMAZE CLASS PER SESSION				Not Allowed	$0.00			N
S9437	E	CHILDBIRTH REFRESHER CLASSES PER SESSION				Not Allowed	$0.00			N
S9438	E	CESAREAN BIRTH CLASS PER SESSION				Not Allowed	$0.00			N
S9439	E	VBAC CLASS PER SESSION				Not Allowed	$0.00			N
S9441	E	ASTHMA EDUCATION				Not Allowed	$0.00			
S9442	E	BIRTHING CLASS				Not Allowed	$0.00			N
S9443	E	LACTATION CLASS				Not Allowed	$0.00			
S9444	E	PARENTING CLASSES NON-PHYSICIAN PROVIDER PER SESSION				Not Allowed	$0.00			N
S9445	E	PT EDUCATION NOC INDIVID				Not Allowed	$0.00			N
S9446	E	PT EDUCATION NOC GROUP				Not Allowed	$0.00			
S9447	E	INFANT SAFETY CLASS PER SESSION				Not Allowed	$0.00			N
S9449	E	WEIGHT MANAGEMENT CLASSES PER SESSION				Not Allowed	$0.00			N
S9451	E	EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SESSION				Not Allowed	$0.00			N
S9452	E	NUTRITION CLASSES NON-PHYSICIAN PROVIDER PER SESSION				Not Allowed	$0.00			N
S9453	E	SMOKING CESSATION CLASS PER SESSION				Not Allowed	$0.00			N
S9454	E	STRESS MANAGEMENT CLASS PER SESSION				Not Allowed	$0.00			N
S9455	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed	$0.00			N
S9460	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed	$0.00			N
S9465	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed	$0.00			N
S9470	E	NUTRITIONAL COUNSELING, DIET				Not Allowed	$0.00			N
S9472	E	CARDIAC REHABILITATION PROGR				Not Allowed	$0.00			N
S9473	E	PULMONARY REHABILITATION PRO				Not Allowed	$0.00			N

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S9474	E	ENTEROSTOMAL THERAPY BY A RE				Not Allowed	$0.00			N
S9475	E	AMBULATORY SETTING SUBSTANCE				Not Allowed	$0.00			N
S9476	E	VESTIBULAR REHAB PER DIEM				Not Allowed	$0.00			
S9480	E	INTENSIVE OUTPATIENT PSYCHIA				Not Allowed	$0.00			N
S9482	E	FAMILY STABILIZATION 15 MIN				Not Allowed	$0.00			
S9484	E	CRISIS INTERVENTION PER HOUR				Not Allowed	$0.00			N
S9484 U1	M	CRISIS INTERVENTION MH SRVS PER HOUR			U1	Fee Schedule	$25.50			
S9484 U2	M	CRISIS INTERVENTION MH PER HOUR			U2	Fee Schedule	$12.75			
S9484 U3	M	CRISIS INTERVENTION MH SERVICES PER HOUR			U3	Fee Schedule	$8.50			
S9485	E	CRISIS INTERVENTION PER DIEM				Not Allowed	$0.00			N
S9494	E	HIT ANTIBIOTIC TOTAL DIEM				Not Allowed	$0.00			
S9497	E	HIT ANTIBIOTIC Q3H DIEM				Not Allowed	$0.00			N
S9500	E	HIT ANTIBIOTIC Q24H DIEM				Not Allowed	$0.00			
S9501	E	HIT ANTIBIOTIC Q12H DIEM				Not Allowed	$0.00			N
S9502	E	HIT ANTIBIOTIC Q8H DIEM				Not Allowed	$0.00			
S9503	E	HIT ANTIBIOTIC Q6H DIEM				Not Allowed	$0.00			N
S9504	E	HIT ANTIBIOTIC Q4H DIEM				Not Allowed	$0.00			
S9529	E	VENIPUNCTURE HOME/SNF				Not Allowed	$0.00			N
S9537	E	HT HEM HORM INJ DIEM				Not Allowed	$0.00			
S9538	E	HIT BLOOD PRODUCTS DIEM				Not Allowed	$0.00			N
S9542	E	HT INJ NOC PER DIEM				Not Allowed	$0.00			N
S9558	E	HT INJ GROWTH HORM DIEM				Not Allowed	$0.00			N
S9559	E	HIT INJ INTERFERON DIEM				Not Allowed	$0.00			
S9560	E	HT INJ HORMONE DIEM				Not Allowed	$0.00			N
S9562	E	PALIVIZUMAB HOME INJ PERDIEM				Not Allowed	$0.00			
S9590	E	IN HOME IRRIGATION THERAPY				Not Allowed	$0.00			
S9810	E	HT PHARM PER HOUR				Not Allowed	$0.00			N
S9970	E	HEALTH CLUB MEMBERSHIP ANNUAL				Not Allowed	$0.00			N
S9975	E	TRANSPLANT RELATED PER DIEM				Not Allowed	$0.00			N
S9976	E	LODGING PER DIEM				Not Allowed	$0.00			
S9977	E	MEALS PER DIEM				Not Allowed	$0.00			
S9981	E	MED RECORD COPY ADMIN				Not Allowed	$0.00			
S9982	E	MED RECORD COPY PER PAGE				Not Allowed	$0.00			N
S9986	E	NOT MEDICALLY NECESSARY SVC				Not Allowed	$0.00			
S9988	E	SERV PART OF PHASE I TRIAL				Not Allowed	$0.00			
S9989	E	SERVICES OUTSIDE US				Not Allowed	$0.00			N
S9990	E	SERVICES PROVIDED AS PART OF				Not Allowed	$0.00			N
S9991	E	SERVICES PROVIDED AS PART OF				Not Allowed	$0.00			N
S9992	E	TRANSPORTATION COSTS TO AND				Not Allowed	$0.00			N
T1000	E	PRIVATE DUTY/INDEPENDENT NSG				Not Allowed	$0.00			
T1001	E	NURSING ASSESSMENT/EVALUATN				Not Allowed	$0.00			N

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T1002	E	RN SERVICES UP TO 15 MINUTES				Not Allowed	$0.00			
T1003	E	LPN/LVN SERVICES UP TO 15MIN				Not Allowed	$0.00			N
T1004	E	NSG AIDE SERVICE UP TO 15MIN				Not Allowed	$0.00			
T1005	E	RESPITE CARE SERVICE 15 MIN				Not Allowed	$0.00			
T1006	E	FAMILY/COUPLE COUNSELING				Not Allowed	$0.00			
T1007	E	TREATMENT PLAN DEVELOPMENT				Not Allowed	$0.00			N
T1009	E	CHILD SITTING SERVICES				Not Allowed	$0.00			
T1010	E	MEALS WHEN RECEIVE SERVICES				Not Allowed	$0.00			
T1012	E	ALCOHOL/SUBSTANCE ABUSE SKIL				Not Allowed	$0.00			
T1013	E	SIGN LANG/ORAL INTERPRETER				Not Allowed	$0.00			N
T1014	E	TELEHEALTH TRANSMIT, PER MIN				Not Allowed	$0.00			
T1015	E	CLINIC SERVICE				Not Allowed	$0.00			N
T1016	M	CASE MANAGEMENT				Fee Schedule	$0.00			N
T1016 HD	M	CASE MANAGEMENT, EACH 15 MINUTES			HD	Fee Schedule	$0.00			
T1017	E	TARGETED CASE MANAGEMENT				Not Allowed	$0.00			
T1018	E	SCHOOL-BASED IEP SER BUNDLED				Not Allowed	$0.00			
T1019	E	PERSONAL CARE SER PER 15 MIN				Not Allowed	$0.00			
T1020	E	EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE				Not Allowed	$0.00			
T1021	E	HH AIDE OR CN AIDE PER VISIT				Not Allowed	$0.00			
T1022	E	CONTRACTED SERVICES PER DAY				Not Allowed	$0.00			
T1023	E	PROGRAM INTAKE ASSESSMENT				Not Allowed	$0.00			
T1024	M	TEAM EVALUATION & MANAGEMENT				Fee Schedule	$100.00			N
T1025	M	PED COMPR CARE PKG PER DIEM				Fee Schedule	$1,000.00			N
T1026	E	PED COMPR CARE PKG PER HOUR				Not Allowed	$0.00			
T1027	E	FAMILY TRAINING & COUNSELING				Not Allowed	$0.00			
T1028	E	HOME ENVIRONMENT ASSESSMENT				Not Allowed	$0.00			
T1029	E	NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND AREOLAR TISS				Not Allowed	$0.00			
T1030	E	REMOVAL OF SUTURES BY ANOTHER PHYSICIAN				Not Allowed	$0.00			
T1031	E	LPN HOME CARE PER DIEM				Not Allowed	$0.00			
T1502	E	MEDICATION ADMIN VISIT				Not Allowed	$0.00			
T1999	E	NOC RETAIL ITEMS AND SUPPLIES				Not Allowed	$0.00			
T2001	E	N-ET; PATIENT ATTEND/ESCORT				Not Allowed	$0.00			
T2002	E	N-ET; PER DIEM				Not Allowed	$0.00			
T2003	E	N-ET; ENCOUNTER/TRIP				Not Allowed	$0.00			
T2004	E	N-ET; COMMERC CARRIER PASS				Not Allowed	$0.00			
T2005	E	N-ET; STRETCHER VAN				Not Allowed	$0.00			
T2007	E	NON-EMER TRANSPORT WAIT TIME				Not Allowed	$0.00			
T2010	E	PASRR LEVEL I				Not Allowed	$0.00			
T2011	E	PASRR LEVEL II				Not Allowed	$0.00			
T2012	E	HABIL ED WAIVER, PER DIEM				Not Allowed	$0.00			
T2013	E	HABIL ED WAIVER PER HOUR				Not Allowed	$0.00			

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T2014	E	HABIL PREVOC WAIVER, PER D				Not Allowed	$0.00			
T2015	E	HABIL PREVOC WAIVER PER HR				Not Allowed	$0.00			
T2016	E	HABIL RES WAIVER PER DIEM				Not Allowed	$0.00			
T2017	E	HABIL RES WAIVER 15 MIN				Not Allowed	$0.00			
T2018	E	HABIL SUP EMPL WAIVER/DIEM				Not Allowed	$0.00			
T2019	E	HABIL SUP EMPL WAIVER 15MIN				Not Allowed	$0.00			
T2020	E	DAY HABIL WAIVER PER DIEM				Not Allowed	$0.00			
T2021	E	DAY HABIL WAIVER PER 15 MIN				Not Allowed	$0.00			
T2022	E	CASE MANAGEMENT, PER MONTH				Not Allowed	$0.00			
T2023	E	TARGETED CASE MGMT PER MONTH				Not Allowed	$0.00			
T2024	E	SERV ASMNT/CARE PLAN WAIVER				Not Allowed	$0.00			
T2025	E	WAIVER SERVICE, NOS				Not Allowed	$0.00			
T2026	E	SPECIAL CHILDCARE WAIVER/D				Not Allowed	$0.00			
T2027	E	SPEC CHILDCARE WAIVER 15 MIN				Not Allowed	$0.00			
T2028	E	SPECIAL SUPPLY, NOS WAIVER				Not Allowed	$0.00			
T2029	E	SPECIAL MED EQUIP, NOSWAIVER				Not Allowed	$0.00			
T2030	E	ASSIST LIVING WAIVER/MONTH				Not Allowed	$0.00			
T2031	E	ASSIST LIVING WAIVER/DIEM				Not Allowed	$0.00			
T2032	E	RES CARE, NOS WAIVER/MONTH				Not Allowed	$0.00			
T2033	E	RES, NOS WAIVER PER DIEM				Not Allowed	$0.00			
T2034	E	CRISIS INTERVEN WAIVER/DIEM				Not Allowed	$0.00			
T2035	E	UTILITY SERVICES WAIVER				Not Allowed	$0.00			
T2036	E	CAMP OVERNITE WAIVER/SESSION				Not Allowed	$0.00			
T2037	E	CAMP DAY WAIVER/SESSION				Not Allowed	$0.00			
T2038	E	COMM TRANS WAIVER/SERVICE				Not Allowed	$0.00			
T2039	E	VEHICLE MOD WAIVER/SERVICE				Not Allowed	$0.00			
T2040	E	FINANCIAL MGT WAIVER/15MIN				Not Allowed	$0.00			
T2041	E	SUPPORT BROKER WAIVER/15 MIN				Not Allowed	$0.00			
T2042	E	HOSPICE ROUTINE HOME CARE				Not Allowed	$0.00			
T2043	E	HOSPICE CONTINUOUS HOME CARE				Not Allowed	$0.00			
T2044	E	HOSPICE RESPITE CARE				Not Allowed	$0.00			
T2045	E	HOSPICE GENERAL CARE				Not Allowed	$0.00			
T2046	E	HOSPICE LONG TERM CARE R&B				Not Allowed	$0.00			
T2048	E	BH LTC RES R&B, PER DIEM				Not Allowed	$0.00			
T2049	E	N-ET; STRETCHER VAN MILEAGE				Not Allowed	$0.00			
T2101	E	BREAST MILK PROC/STORE/DIST				Not Allowed	$0.00			
T4521	E	ADULT SIZE BRIEF/DIAPER SM				Not Allowed	$0.00			
T4522	E	ADULT SIZE BRIEF/DIAPER MED				Not Allowed	$0.00			
T4523	E	ADULT SIZE BRIEF/DIAPER LG				Not Allowed	$0.00			
T4524	E	ADULT SIZE BRIEF/DIAPER XL				Not Allowed	$0.00			
T4525	E	ADULT SIZE PULL-ON SM				Not Allowed	$0.00			

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T4526	E	ADULT SIZE PULL-ON MED				Not Allowed	$0.00			
T4527	E	ADULT SIZE PULL-ON LG				Not Allowed	$0.00			
T4528	E	ADULT SIZE PULL-ON XL				Not Allowed	$0.00			
T4529	E	PED SIZE BRIEF/DIAPER SM/MED				Not Allowed	$0.00			
T4530	E	PED SIZE BRIEF/DIAPER LG				Not Allowed	$0.00			
T4531	E	PED SIZE PULL-ON SM/MED				Not Allowed	$0.00			
T4532	E	PED SIZE PULL-ON LG				Not Allowed	$0.00			
T4533	E	YOUTH SIZE BRIEF/DIAPER				Not Allowed	$0.00			
T4534	E	YOUTH SIZE PULL-ON				Not Allowed	$0.00			
T4535	E	DISPOSABLE LINER/SHIELD/PAD				Not Allowed	$0.00			
T4536	E	REUSABLE PULL-ON ANY SIZE				Not Allowed	$0.00			
T4537	E	REUSABLE UNDERPAD BED SIZE				Not Allowed	$0.00			
T4538	E	DIAPER SERV REUSABLE DIAPER				Not Allowed	$0.00			
T4539	E	REUSE DIAPER/BRIEF ANY SIZE				Not Allowed	$0.00			
T4540	E	REUSABLE UNDERPAD CHAIR SIZE				Not Allowed	$0.00			
T4541	E	LARGE DISPOSABLE UNDERPAD				Not Allowed	$0.00			
T4542	E	SMALL DISPOSABLE UNDERPAD				Not Allowed	$0.00			
T5001	E	SPECIAL POSITION SEAT/VEHICL				Not Allowed	$0.00			
T5999	E	SUPPLY, NOS				Not Allowed	$0.00			
V2020	E	VISION SVCS FRAMES PURCHASES				Not Allowed	$0.00			
V2025	E	EYEGLASSES DELUX FRAMES				Not Allowed	$0.00			Y
V2100	E	LENS SPHER SINGLE PLANO 4.00				Not Allowed	$0.00			N
V2101	E	SINGLE VISN SPHERE 4.12-7.00				Not Allowed	$0.00			N
V2102	E	SINGL VISN SPHERE 7.12-20.00				Not Allowed	$0.00			N
V2103	E	SPHEROCYLINDR 4.00D/12-2.00D				Not Allowed	$0.00			N
V2104	E	SPHEROCYLINDR 4.00D/2.12-4D				Not Allowed	$0.00			N
V2105	E	SPHEROCYLINDER 4.00D/4.25-6D				Not Allowed	$0.00			N
V2106	E	SPHEROCYLINDER 4.00D/>6.00D				Not Allowed	$0.00			N
V2107	E	SPHEROCYLINDER 4.25D/12-2D				Not Allowed	$0.00			N
V2108	E	SPHEROCYLINDER 4.25D/2.12-4D				Not Allowed	$0.00			N
V2109	E	SPHEROCYLINDER 4.25D/4.25-6D				Not Allowed	$0.00			N
V2110	E	SPHEROCYLINDER 4.25D/OVER 6D				Not Allowed	$0.00			N
V2111	E	SPHEROCYLINDR 7.25D/.25-2.25				Not Allowed	$0.00			N
V2112	E	SPHEROCYLINDR 7.25D/2.25-4D				Not Allowed	$0.00			N
V2113	E	SPHEROCYLINDR 7.25D/4.25-6D				Not Allowed	$0.00			N
V2114	E	SPHEROCYLINDER OVER 12.00D				Not Allowed	$0.00			
V2115	E	LENS LENTICULAR BIFOCAL				Not Allowed	$0.00			
V2118	E	LENS ANISEIKONIC SINGLE				Not Allowed	$0.00			
V2121	E	LENTICULAR LENS SINGLE				Not Allowed	$0.00			
V2199	E	LENS SINGLE VISION NOT OTH C				Not Allowed	$0.00			
V2200	E	LENS SPHER BIFOC PLANO 4.00D				Not Allowed	$0.00			N

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V2201	E	LENS SPHERE BIFOCAL 4.12-7.0				Not Allowed	$0.00			N
V2202	E	LENS SPHERE BIFOCAL 7.12-20.				Not Allowed	$0.00			N
V2203	E	LENS SPHCYL BIFOCAL 4.00D/.1				Not Allowed	$0.00			N
V2204	E	LENS SPHCY BIFOCAL 4.00D/2.1				Not Allowed	$0.00			N
V2205	E	LENS SPHCY BIFOCAL 4.00D/4.2				Not Allowed	$0.00			
V2206	E	LENS SPHCY BIFOCAL 4.00D/OVE				Not Allowed	$0.00			N
V2207	E	LENS SPHCY BIFOCAL 4.25-7D/.				Not Allowed	$0.00			N
V2208	E	LENS SPHCY BIFOCAL 4.25-7/2.				Not Allowed	$0.00			N
V2209	E	LENS SPHCY BIFOCAL 4.25-7/4.				Not Allowed	$0.00			N
V2210	E	LENS SPHCY BIFOCAL 4.25-7/OV				Not Allowed	$0.00			N
V2211	E	LENS SPHCY BIFO 7.25-12/.25-				Not Allowed	$0.00			N
V2212	E	LENS SPHCYL BIFO 7.25-12/2.2				Not Allowed	$0.00			N
V2213	E	LENS SPHCYL BIFO 7.25-12/4.2				Not Allowed	$0.00			N
V2214	E	LENS SPHCYL BIFOCAL OVER 12.				Not Allowed	$0.00			
V2215	E	LENS LENTICULAR BIFOCAL				Not Allowed	$0.00			
V2218	E	LENS ANISEIKONIC BIFOCAL				Not Allowed	$0.00			
V2219	E	LENS BIFOCAL SEG WIDTH OVER				Not Allowed	$0.00			
V2220	E	LENS BIFOCAL ADD OVER 3.25D				Not Allowed	$0.00			
V2221	E	LENTICULAR LENS BIFOCAL				Not Allowed	$0.00			
V2299	E	LENS BIFOCAL SPECIALITY				Not Allowed	$0.00			
V2300	E	LENS SPHERE TRIFOCAL 4.00D				Not Allowed	$0.00			N
V2301	E	LENS SPHERE TRIFOCAL 4.12-7.				Not Allowed	$0.00			N
V2302	E	LENS SPHERE TRIFOCAL 7.12-20				Not Allowed	$0.00			N
V2303	E	LENS SPHCY TRIFOCAL 4.0/.12-				Not Allowed	$0.00			N
V2304	E	LENS SPHCY TRIFOCAL 4.0/2.25				Not Allowed	$0.00			N
V2305	E	LENS SPHCY TRIFOCAL 4.0/4.25				Not Allowed	$0.00			N
V2306	E	LENS SPHCYL TRIFOCAL 4.00/>6				Not Allowed	$0.00			
V2307	E	LENS SPHCY TRIFOCAL 4.25-7/.				Not Allowed	$0.00			N
V2308	E	LENS SPHC TRIFOCAL 4.25-7/2.				Not Allowed	$0.00			N
V2309	E	LENS SPHC TRIFOCAL 4.25-7/4.				Not Allowed	$0.00			N
V2310	E	LENS SPHC TRIFOCAL 4.25-7/>6				Not Allowed	$0.00			
V2311	E	LENS SPHC TRIFO 7.25-12/.25-				Not Allowed	$0.00			N
V2312	E	LENS SPHC TRIFO 7.25-12/2.25				Not Allowed	$0.00			N
V2313	E	LENS SPHC TRIFO 7.25-12/4.25				Not Allowed	$0.00			N
V2314	E	LENS SPHCYL TRIFOCAL OVER 12				Not Allowed	$0.00			
V2315	E	LENS LENTICULAR TRIFOCAL				Not Allowed	$0.00			
V2318	E	LENS ANISEIKONIC TRIFOCAL				Not Allowed	$0.00			
V2319	E	LENS TRIFOCAL SEG WIDTH > 28				Not Allowed	$0.00			
V2320	E	LENS TRIFOCAL ADD OVER 3.25D				Not Allowed	$0.00			
V2321	E	LENTICULAR LENS TRIFOCAL				Not Allowed	$0.00			
V2399	E	LENS TRIFOCAL SPECIALITY				Not Allowed	$0.00			

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V2410	E	LENS VARIAB ASPHERICITY SING				Not Allowed	$0.00			
V2430	E	LENS VARIABLE ASPHERICITY BI				Not Allowed	$0.00			
V2499	E	VARIABLE ASPHERICITY LENS				Not Allowed	$0.00			
V2500	E	CONTACT LENS PMMA SPHERICAL				Not Allowed	$0.00			Y
V2501	E	CNTCT LENS PMMA-TORIC/PRISM				Not Allowed	$0.00			Y
V2502	E	CONTACT LENS PMMA BIFOCAL				Not Allowed	$0.00			Y
V2503	E	CNTCT LENS PMMA COLOR VISION				Not Allowed	$0.00			Y
V2510	E	CNTCT GAS PERMEABLE SPHERICL				Not Allowed	$0.00			Y
V2511	E	CNTCT TORIC PRISM BALLAST				Not Allowed	$0.00			Y
V2512	E	CNTCT LENS GAS PERMBL BIFOCL				Not Allowed	$0.00			Y
V2513	E	CONTACT LENS EXTENDED WEAR				Not Allowed	$0.00			Y
V2520	E	CONTACT LENS HYDROPHILIC				Not Allowed	$0.00			Y
V2521	E	CNTCT LENS HYDROPHILIC TORIC				Not Allowed	$0.00			Y
V2522	E	CNTCT LENS HYDROPHIL BIFOCL				Not Allowed	$0.00			Y
V2523	E	CNTCT LENS HYDROPHIL EXTEND				Not Allowed	$0.00			Y
V2530	E	CONTACT LENS GAS IMPERMEABLE				Not Allowed	$0.00			
V2531	E	CONTACT LENS GAS IMPERMEABLE				Not Allowed	$0.00			
V2599	E	CONTACT LENS/ES OTHER TYPE				Not Allowed	$0.00			
V2600	E	HAND HELD LOW VISION AIDS				Not Allowed	$0.00			
V2610	E	SINGLE LENS SPECTACLE MOUNT				Not Allowed	$0.00			
V2615	E	TELESCOP/OTHR COMPOUND LENS				Not Allowed	$0.00			
V2623	E	PLASTIC EYE PROSTH CUSTOM				Not Allowed	$0.00			Y
V2624	E	POLISHING ARTIFICAL EYE				Not Allowed	$0.00			N
V2625	E	ENLARGEMNT OF EYE PROSTHESIS				Not Allowed	$0.00			Y
V2626	E	REDUCTION OF EYE PROSTHESIS				Not Allowed	$0.00			Y
V2627	E	SCLERAL COVER SHELL				Not Allowed	$0.00			Y
V2628	E	FABRICATION & FITTING				Not Allowed	$0.00			Y
V2629	E	PROSTHETIC EYE OTHER TYPE				Not Allowed	$0.00			Y
V2630	N	ANTER CHAMBER INTRAOCUL LENS				Bundled	$0.00			
V2631	N	IRIS SUPPORT INTRAOCLR LENS				Bundled	$0.00			
V2632	N	POST CHMBR INTRAOCULAR LENS				Bundled	$0.00			
V2700	E	BALANCE LENS				Not Allowed	$0.00			
V2702	E	DELUXE LENS FEATURE				Not Allowed	$0.00			
V2710	E	GLASS/PLASTIC SLAB OFF PRISM				Not Allowed	$0.00			N
V2715	E	PRISM LENS/ES				Not Allowed	$0.00			
V2718	E	FRESNELL PRISM PRESS-ON LENS				Not Allowed	$0.00			N
V2730	E	SPECIAL BASE CURVE				Not Allowed	$0.00			
V2744	E	TINT PHOTOCHROMATIC LENS/ES				Not Allowed	$0.00			Y
V2745	E	TINT ANY COLOR/SOLID/GRAD				Not Allowed	$0.00			
V2750	E	ANTI-REFLECTIVE COATING				Not Allowed	$0.00			
V2755	E	UV LENS/ES				Not Allowed	$0.00			Y

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V2756	E	EYE GLASS CASE				Not Allowed	$0.00			
V2760	E	SCRATCH RESISTANT COATING				Not Allowed	$0.00			Y
V2761	E	MIRROR COATING				Not Allowed	$0.00			
V2762	E	POLARIZATION ANY LENS				Not Allowed	$0.00			
V2770	E	OCCLUDER LENS/ES				Not Allowed	$0.00			
V2780	E	OVERSIZE LENS/ES				Not Allowed	$0.00			
V2781	E	PROGRESSIVE LENS PER LENS				Not Allowed	$0.00			N
V2782	E	LENS 1.54-1.65 P/1.60-1.79G				Not Allowed	$0.00			
V2783	E	LENS >= 1.66 P/>=1.80 G				Not Allowed	$0.00			
V2784	E	LENS POLYCARB OR EQUAL				Not Allowed	$0.00			
V2785	M	CORNEAL TISSUE PROCESSING				Fee Schedule	$1,100.00			N
V2786	E	OCCUPATIONAL MULTIFOCAL LENS				Not Allowed	$0.00			
V2787	E	ASTIGMATISM-CORRECT FUNCTION				Not Allowed	$0.00			
V2788	E	PRESBYOPIA-CORRECT FUNCTION				Not Allowed	$0.00			
V2790	N	AMNIOTIC MEMBRANE				Bundled	$0.00			N
V2797	E	VIS ITEM/SVC IN OTHER CODE				Not Allowed	$0.00			
V2799	E	MISCELLANEOUS VISION SERVICE				Not Allowed	$0.00			
V5008	E	HEARING SCREENING				Not Allowed	$0.00			N
V5010	E	ASSESSMENT FOR HEARING AID				Not Allowed	$0.00			
V5011	E	HEARING AID FITTING/CHECKING				Not Allowed	$0.00			N
V5014	E	HEARING AID REPAIR/MODIFYING				Not Allowed	$0.00			N
V5020	E	CONFORMITY EVALUATION				Not Allowed	$0.00			
V5030	E	BODY-WORN HEARING AID AIR				Not Allowed	$0.00			Y
V5040	E	BODY-WORN HEARING AID BONE				Not Allowed	$0.00			Y
V5050	E	HEARING AID MONAURAL IN EAR				Not Allowed	$0.00			Y
V5060	E	BEHIND EAR HEARING AID				Not Allowed	$0.00			Y
V5070	E	GLASSES AIR CONDUCTION				Not Allowed	$0.00			Y
V5080	E	GLASSES BONE CONDUCTION				Not Allowed	$0.00			Y
V5090	E	HEARING AID DISPENSING FEE				Not Allowed	$0.00			Y
V5095	E	IMPLANT MID EAR HEARING PROS				Not Allowed	$0.00			
V5100	E	BODY-WORN BILAT HEARING AID				Not Allowed	$0.00			Y
V5110	E	HEARING AID DISPENSING FEE				Not Allowed	$0.00			
V5120	E	BODY-WORN BINAUR HEARING AID				Not Allowed	$0.00			Y
V5130	E	IN EAR BINAURAL HEARING AID				Not Allowed	$0.00			Y
V5140	E	BEHIND EAR BINAUR HEARING AI				Not Allowed	$0.00			Y
V5150	E	GLASSES BINAURAL HEARING AID				Not Allowed	$0.00			Y
V5160	E	DISPENSING FEE BINAURAL				Not Allowed	$0.00			Y
V5170	E	WITHIN EAR CROS HEARING AID				Not Allowed	$0.00			Y
V5180	E	BEHIND EAR CROS HEARING AID				Not Allowed	$0.00			Y
V5190	E	GLASSES CROS HEARING AID				Not Allowed	$0.00			Y
V5200	E	CROS HEARING AID DISPENS FEE				Not Allowed	$0.00			

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
V5210	E	IN EAR BICROS HEARING AID				Not Allowed	$0.00			Y
V5220	E	BEHIND EAR BICROS HEARING AI				Not Allowed	$0.00			Y
V5230	E	GLASSES BICROS HEARING AID				Not Allowed	$0.00			Y
V5240	E	DISPENSING FEE BICROS				Not Allowed	$0.00			
V5241	E	DISPENSING FEE, MONAURAL				Not Allowed	$0.00			Y
V5242	E	HEARING AID, MONAURAL, CIC				Not Allowed	$0.00			Y
V5243	E	HEARING AID, MONAURAL, ITC				Not Allowed	$0.00			Y
V5244	E	HEARING AID, PROG, MON, CIC				Not Allowed	$0.00			Y
V5245	E	HEARING AID, PROG, MON, ITC				Not Allowed	$0.00			Y
V5246	E	HEARING AID, PROG, MON, ITE				Not Allowed	$0.00			Y
V5247	E	HEARING AID, PROG, MON, BTE				Not Allowed	$0.00			Y
V5248	E	HEARING AID, BINAURAL, CIC				Not Allowed	$0.00			Y
V5249	E	HEARING AID, BINAURAL, ITC				Not Allowed	$0.00			Y
V5250	E	HEARING AID, PROG, BIN, CIC				Not Allowed	$0.00			Y
V5251	E	HEARING AID, PROG, BIN, ITC				Not Allowed	$0.00			Y
V5252	E	HEARING AID, PROG, BIN, ITE				Not Allowed	$0.00			Y
V5253	E	HEARING AID, PROG, BIN, BTE				Not Allowed	$0.00			Y
V5254	E	HEARING ID, DIGIT, MON, CIC				Not Allowed	$0.00			Y
V5255	E	HEARING AID, DIGIT, MON, ITC				Not Allowed	$0.00			Y
V5256	E	HEARING AID, DIGIT, MON, ITE				Not Allowed	$0.00			Y
V5257	E	HEARING AID, DIGIT, MON, BTE				Not Allowed	$0.00			Y
V5258	E	HEARING AID, DIGIT, BIN, CIC				Not Allowed	$0.00			Y
V5259	E	HEARING AID, DIGIT, BIN, ITC				Not Allowed	$0.00			Y
V5260	E	HEARING AID, DIGIT, BIN, ITE				Not Allowed	$0.00			Y
V5261	E	HEARING AID, DIGIT, BIN, BTE				Not Allowed	$0.00			Y
V5262	E	HEARING AID, DISP, MONAURAL				Not Allowed	$0.00			
V5263	E	HEARING AID, DISP, BINAURAL				Not Allowed	$0.00			
V5264	E	EAR MOLD/INSERT				Not Allowed	$0.00			N
V5265	E	EAR MOLD/INSERT, DISP				Not Allowed	$0.00			
V5266	E	BATTERY FOR HEARING DEVICE				Not Allowed	$0.00			N
V5267	E	HEARING AID SUPPLY/ACCESSORY				Not Allowed	$0.00			N
V5268	E	ALD TELEPHONE AMPLIFIER				Not Allowed	$0.00			N
V5269	E	ALERTING DEVICE, ANY TYPE				Not Allowed	$0.00			
V5270	E	ALD, TV AMPLIFIER, ANY TYPE				Not Allowed	$0.00			N
V5271	E	ALD, TV CAPTION DECODER				Not Allowed	$0.00			
V5272	E	TDD				Not Allowed	$0.00			N
V5273	E	ALD FOR COCHLEAR IMPLANT				Not Allowed	$0.00			
V5274	E	ALD UNSPECIFIED				Not Allowed	$0.00			N
V5275	E	EAR IMPRESSION				Not Allowed	$0.00			
V5298	E	HEARING AID NOC				Not Allowed	$0.00			
V5299	E	HEARING SERVICE				Not Allowed	$0.00			Y

Proc Cd	APC Status Ind	Proc Desc	APC	APC Weight	2009 APC Payment	Method	2009 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
V5336	E	REPAIR COMMUNICATION DEVICE				Not Allowed	$0.00			
V5362	E	SPEECH SCREENING				Not Allowed	$0.00			
V5363	E	LANGUAGE SCREENING				Not Allowed	$0.00			
V5364	E	DYSPHAGIA SCREENING				Not Allowed	$0.00			