Montana Medicaid

ASC Covered Surgical and Ancillary Services for CY 2011
(Including Services for Which Payment is Packaged)

Revised July 2011

*Q1003 – Valid code through February 26, 2011

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Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
10021	FNA W/O IMAGE	Y		1/1/2011	Fee Schedule	$60.84
10022	FNA W/IMAGE	Y		1/1/2011	Fee Schedule	$177.61
10040	ACNE SURGERY	Y		1/1/2011	Fee Schedule	$35.27
10060	DRAINAGE OF SKIN ABSCESS	Y		4/1/2011	Fee Schedule	$57.75
10061	DRAINAGE OF SKIN ABSCESS	Y		1/1/2011	Fee Schedule	$57.75
10080	DRAINAGE OF PILONIDAL CYST	Y		1/1/2011	Fee Schedule	$57.75
10081	DRAINAGE OF PILONIDAL CYST	Y		4/1/2011	Fee Schedule	$156.63
10120	REMOVE FOREIGN BODY	Y		4/1/2011	Fee Schedule	$86.30
10121	REMOVE FOREIGN BODY	Y		1/1/2011	Fee Schedule	$700.41
10140	DRAINAGE OF HEMATOMA/FLUID	Y		4/1/2011	Fee Schedule	$93.44
10160	PUNCTURE DRAINAGE OF LESION	Y		1/1/2011	Fee Schedule	$57.75
10180	COMPLEX DRAINAGE WOUND	Y		1/1/2011	Fee Schedule	$782.60
11000	DEBRIDE INFECTED SKIN	Y		4/1/2011	Fee Schedule	$29.90
11001	DEBRIDE INFECTED SKIN ADD-ON	Y		4/1/2011	Fee Schedule	$9.85
11010	DEBRIDE SKIN, FX	Y		1/1/2011	Fee Schedule	$197.15
11011	DEBRIDE SKIN/MUSCLE, FX	Y		1/1/2011	Fee Schedule	$197.15
11012	DEBRIDE SKIN/MUSCLE/BONE, FX	Y		1/1/2011	Fee Schedule	$197.15
11040	DEBRIDE SKIN, PARTIAL			1/1/2011	Deleted	$0.00
11041	DEBRIDE SKIN, FULL			1/1/2011	Deleted	$0.00
11042	DEBRIDE SKIN/TISSUE	Y		1/1/2011	Fee Schedule	$105.84
11043	DEBRIDE TISSUE/MUSCLE	Y		1/1/2011	Fee Schedule	$105.84
11044	DEBRIDE TISSUE/MUSCLE/BONE	Y		1/1/2011	Fee Schedule	$329.04
11045	DEB SUBQ TISSUE ADD-ON	Y		1/1/2011	Fee Schedule	$105.84
11046	DEB MUSC/FASCIA ADD-ON	Y		1/1/2011	Fee Schedule	$105.84
11047	DEB BONE ADD-ON	Y		1/1/2011	Fee Schedule	$329.04
11055	TRIM SKIN LESION	Y		4/1/2011	Fee Schedule	$32.28
11056	TRIM SKIN LESIONS 2 TO 4	Y		4/1/2011	Fee Schedule	$35.27
11057	TRIM SKIN LESIONS OVER 4	Y		4/1/2011	Fee Schedule	$35.27
11100	BIOPSY SKIN LESION	Y		4/1/2011	Fee Schedule	$58.02
11101	BIOPSY SKIN ADD-ON	Y		4/1/2011	Fee Schedule	$16.99
11200	REMOVAL OF SKIN TAGS	Y		1/1/2011	Fee Schedule	$35.27
11201	REMOVE SKIN TAGS ADD-ON	Y		4/1/2011	Fee Schedule	$7.47
11300	SHAVE SKIN LESION	Y		1/1/2011	Fee Schedule	$35.27
11301	SHAVE SKIN LESION	Y		1/1/2011	Fee Schedule	$35.27
11302	SHAVE SKIN LESION	Y		1/1/2011	Fee Schedule	$35.27
11303	SHAVE SKIN LESION	Y		1/1/2011	Fee Schedule	$58.02
11305	SHAVE SKIN LESION	Y		4/1/2011	Fee Schedule	$35.27
11306	SHAVE SKIN LESION	Y		1/1/2011	Fee Schedule	$35.27
11307	SHAVE SKIN LESION	Y		1/1/2011	Fee Schedule	$35.27
11308	SHAVE SKIN LESION	Y		1/1/2011	Fee Schedule	$35.27
11310	SHAVE SKIN LESION	Y		1/1/2011	Fee Schedule	$35.27
11311	SHAVE SKIN LESION	Y		1/1/2011	Fee Schedule	$35.27
11312	SHAVE SKIN LESION	Y		1/1/2011	Fee Schedule	$35.27
11313	SHAVE SKIN LESION	Y		1/1/2011	Fee Schedule	$35.27
11400	EXC TR-EXT B9+ 0.5 < CM	Y		4/1/2011	Fee Schedule	$82.22
11401	EXC TR-EXT B9+ 0.6-1 CM	Y		4/1/2011	Fee Schedule	$92.76
11402	EXC TR-EXT B9+ 1.1-2 CM	Y		4/1/2011	Fee Schedule	$101.93
11403	EXC TR-EXT B9+ 2.1-3 CM	Y		4/1/2011	Fee Schedule	$110.08
11404	EXC TR-EXT B9+ 3.1-4 CM	Y		1/1/2011	Fee Schedule	$700.41
11406	EXC TR-EXT B9+ > 4.0 CM	Y		1/1/2011	Fee Schedule	$700.41

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
11420	EXC H-F-NK-SP B9+ 0.5 <	Y		4/1/2011	Fee Schedule	$77.47
11421	EXC H-F-NK-SP B9+ 0.6-1	Y		4/1/2011	Fee Schedule	$94.11
11422	EXC H-F-NK-SP B9+ 1.1-2	Y		4/1/2011	Fee Schedule	$102.95
11423	EXC H-F-NK-SP B9+ 2.1-3	Y		4/1/2011	Fee Schedule	$114.50
11424	EXC H-F-NK-SP B9+ 3.1-4	Y		1/1/2011	Fee Schedule	$700.41
11426	EXC H-F-NK-SP B9+ > 4 CM	Y		1/1/2011	Fee Schedule	$925.91
11440	EXC FACE-MM B9+ 0.5 < CM	Y		4/1/2011	Fee Schedule	$87.66
11441	EXC FACE-MM B9+ 0.6-1 CM	Y		4/1/2011	Fee Schedule	$101.93
11442	EXC FACE-MM B9+ 1.1-2 CM	Y		4/1/2011	Fee Schedule	$112.80
11443	EXC FACE-MM B9+ 2.1-3 CM	Y		4/1/2011	Fee Schedule	$125.37
11444	EXC FACE-MM B9+ 3.1-4 CM	Y		1/1/2011	Fee Schedule	$329.04
11446	EXC FACE-MM B9+ > 4 CM	Y		1/1/2011	Fee Schedule	$925.91
11450	REMOVAL SWEAT GLAND LESION	Y		1/1/2011	Fee Schedule	$925.91
11451	REMOVAL SWEAT GLAND LESION	Y		1/1/2011	Fee Schedule	$925.91
11462	REMOVAL SWEAT GLAND LESION	Y		1/1/2011	Fee Schedule	$925.91
11463	REMOVAL SWEAT GLAND LESION	Y		1/1/2011	Fee Schedule	$925.91
11470	REMOVAL SWEAT GLAND LESION	Y		1/1/2011	Fee Schedule	$925.91
11471	REMOVAL SWEAT GLAND LESION	Y		1/1/2011	Fee Schedule	$925.91
11600	EXC TR-EXT MLG+ 0.5 < CM	Y		4/1/2011	Fee Schedule	$117.90
11601	EXC TR-EXT MLG+ 0.6-1 CM	Y		4/1/2011	Fee Schedule	$140.66
11602	EXC TR-EXT MLG+ 1.1-2 CM	Y		4/1/2011	Fee Schedule	$153.57
11603	EXC TR-EXT MLG+ 2.1-3 CM	Y		4/1/2011	Fee Schedule	$165.13
11604	EXC TR-EXT MLG+ 3.1-4 CM	Y		1/1/2011	Fee Schedule	$329.04
11606	EXC TR-EXT MLG+ > 4 CM	Y		1/1/2011	Fee Schedule	$700.41
11620	EXC H-F-NK-SP MLG+ 0.5 <	Y		4/1/2011	Fee Schedule	$120.96
11621	EXC H-F-NK-SP MLG+ 0.6-1	Y		4/1/2011	Fee Schedule	$142.02
11622	EXC H-F-NK-SP MLG+ 1.1-2	Y		4/1/2011	Fee Schedule	$156.97
11623	EXC H-F-NK-SP MLG+ 2.1-3	Y		4/1/2011	Fee Schedule	$171.58
11624	EXC H-F-NK-SP MLG+ 3.1-4	Y		1/1/2011	Fee Schedule	$700.41
11626	EXC H-F-NK-SP MLG+ > 4 CM	Y		1/1/2011	Fee Schedule	$925.91
11640	EXC FACE-MM MALIG+ 0.5 <	Y		4/1/2011	Fee Schedule	$127.07
11641	EXC FACE-MM MALIG+ 0.6-1	Y		4/1/2011	Fee Schedule	$148.14
11642	EXC FACE-MM MALIG+ 1.1-2	Y		4/1/2011	Fee Schedule	$164.79
11643	EXC FACE-MM MALIG+ 2.1-3	Y		4/1/2011	Fee Schedule	$180.07
11644	EXC FACE-MM MALIG+ 3.1-4	Y		1/1/2011	Fee Schedule	$700.41
11646	EXC FACE-MM MLG+ > 4 CM	Y		1/1/2011	Fee Schedule	$925.91
11719	TRIM NAIL(S)	Y		4/1/2011	Fee Schedule	$14.95
11720	DEBRIDE NAIL 1-5	Y		4/1/2011	Fee Schedule	$18.69
11721	DEBRIDE NAIL 6 OR MORE	Y		4/1/2011	Fee Schedule	$22.08
11730	REMOVAL OF NAIL PLATE	Y		1/1/2011	Fee Schedule	$35.27
11732	REMOVE NAIL PLATE ADD-ON	Y		4/1/2011	Fee Schedule	$22.08
11740	DRAIN BLOOD FROM UNDER NAIL	Y		1/1/2011	Fee Schedule	$16.76
11750	REMOVAL OF NAIL BED	Y		4/1/2011	Fee Schedule	$119.60
11752	REMOVE NAIL BED/FINGER TIP	Y		4/1/2011	Fee Schedule	$169.20
11755	BIOPSY NAIL UNIT	Y		4/1/2011	Fee Schedule	$81.20
11760	REPAIR OF NAIL BED	Y		1/1/2011	Fee Schedule	$51.64
11762	RECONSTRUCTION OF NAIL BED	Y		4/1/2011	Fee Schedule	$154.25
11765	EXCISION OF NAIL FOLD TOE	Y		1/1/2011	Fee Schedule	$35.27
11770	REMOVAL OF PILONIDAL LESION	Y		1/1/2011	Fee Schedule	$925.91
11771	REMOVAL OF PILONIDAL LESION	Y		1/1/2011	Fee Schedule	$925.91
11772	REMOVAL OF PILONIDAL LESION	Y		1/1/2011	Fee Schedule	$925.91
11900	INJECTION INTO SKIN LESIONS	Y		4/1/2011	Fee Schedule	$35.27
11901	ADDED SKIN LESIONS INJECTION	Y		4/1/2011	Fee Schedule	$35.27
11920	CORRECT SKIN COLOR DEFECTS	Y		4/1/2011	Fee Schedule	$108.72
11921	CORRECT SKIN COLOR DEFECTS	Y		4/1/2011	Fee Schedule	$122.32
11922	CORRECT SKIN COLOR DEFECTS	Y		4/1/2011	Fee Schedule	$40.77
11960	INSERT TISSUE EXPANDER(S)	Y	Y	1/1/2011	Fee Schedule	$863.28
11970	REPLACE TISSUE EXPANDER	Y	Y	1/1/2011	Fee Schedule	$1,833.38
11971	REMOVE TISSUE EXPANDER(S)	Y	Y	1/1/2011	Fee Schedule	$925.91
11976	REMOVAL OF CONTRACEPTIVE CAP	Y		4/1/2011	Fee Schedule	$73.39
11980	IMPLANT HORMONE PELLET(S)			1/1/2011	Fee Schedule	$26.01
11981	INSERT DRUG IMPLANT DEVICE			1/1/2011	Fee Schedule	$26.01

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11982	REMOVE DRUG IMPLANT DEVICE			1/1/2011	Fee Schedule	$26.01
11983	REMOVE/INSERT DRUG IMPLANT			1/1/2011	Fee Schedule	$26.01
12001	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2011	Fee Schedule	$51.64
12002	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2011	Fee Schedule	$51.64
12004	REPAIR SUPERFICIAL WOUND(S)	Y		1/1/2011	Fee Schedule	$51.64
12005	REPAIR SUPERFICIAL WOUND(S)	Y		1/1/2011	Fee Schedule	$51.64
12006	REPAIR SUPERFICIAL WOUND(S)	Y		1/1/2011	Fee Schedule	$51.64
12007	REPAIR SUPERFICIAL WOUND(S)	Y		1/1/2011	Fee Schedule	$51.64
12011	REPAIR SUPERFICIAL WOUND(S)	Y		1/1/2011	Fee Schedule	$51.64
12013	REPAIR SUPERFICIAL WOUND(S)	Y		1/1/2011	Fee Schedule	$51.64
12014	REPAIR SUPERFICIAL WOUND(S)	Y		1/1/2011	Fee Schedule	$51.64
12015	REPAIR SUPERFICIAL WOUND(S)	Y		1/1/2011	Fee Schedule	$51.64
12016	REPAIR SUPERFICIAL WOUND(S)	Y		1/1/2011	Fee Schedule	$51.64
12017	REPAIR SUPERFICIAL WOUND(S)	Y		1/1/2011	Fee Schedule	$51.64
12018	REPAIR SUPERFICIAL WOUND(S)	Y		1/1/2011	Fee Schedule	$51.64
12020	CLOSURE OF SPLIT WOUND	Y		1/1/2011	Fee Schedule	$179.86
12021	CLOSURE OF SPLIT WOUND	Y		1/1/2011	Fee Schedule	$122.50
12031	INTMD WND REPAIR S/TR/EXT	Y		1/1/2011	Fee Schedule	$51.64
12032	INTMD WND REPAIR S/TR/EXT	Y		1/1/2011	Fee Schedule	$122.50
12034	INTMD WND REPAIR S/TR/EXT	Y		1/1/2011	Fee Schedule	$51.64
12035	INTMD WND REPAIR S/TR/EXT	Y		1/1/2011	Fee Schedule	$51.64
12036	INTMD WND REPAIR S/TR/EXT	Y		1/1/2011	Fee Schedule	$122.50
12037	INTMD WND REPAIR S/TR/EXT	Y		1/1/2011	Fee Schedule	$122.50
12041	INTMD WND REPAIR N-HF/GENIT	Y		1/1/2011	Fee Schedule	$51.64
12042	INTMD WND REPAIR N-HG/GENIT	Y		1/1/2011	Fee Schedule	$51.64
12044	INTMD WND REPAIR N-HG/GENIT	Y		1/1/2011	Fee Schedule	$51.64
12045	INTMD WND REPAIR N-HG/GENIT	Y		1/1/2011	Fee Schedule	$122.50
12046	INTMD WND REPAIR N-HG/GENIT	Y		1/1/2011	Fee Schedule	$122.50
12047	INTMD WND REPAIR N-HG/GENIT	Y		1/1/2011	Fee Schedule	$122.50
12051	INTMD WND REPAIR FACE/MM	Y		1/1/2011	Fee Schedule	$122.50
12052	INTMD WND REPAIR FACE/MM	Y		1/1/2011	Fee Schedule	$51.64
12053	INTMD WND REPAIR FACE/MM	Y		1/1/2011	Fee Schedule	$51.64
12054	INTMD WND REPAIR FACE/MM	Y		1/1/2011	Fee Schedule	$51.64
12055	INTMD WND REPAIR FACE/MM	Y		1/1/2011	Fee Schedule	$122.50
12056	INTMD WND REPAIR FACE/MM	Y		1/1/2011	Fee Schedule	$122.50
12057	INTMD WND REPAIR FACE/MM	Y		1/1/2011	Fee Schedule	$122.50
13100	REPAIR OF WOUND OR LESION	Y		1/1/2011	Fee Schedule	$179.86
13101	REPAIR OF WOUND OR LESION	Y		1/1/2011	Fee Schedule	$179.86
13102	REPAIR WOUND/LESION ADD-ON	Y		1/1/2011	Fee Schedule	$179.86
13120	REPAIR OF WOUND OR LESION	Y		1/1/2011	Fee Schedule	$122.50
13121	REPAIR OF WOUND OR LESION	Y		1/1/2011	Fee Schedule	$122.50
13122	REPAIR WOUND/LESION ADD-ON	Y		1/1/2011	Fee Schedule	$51.64
13131	REPAIR OF WOUND OR LESION	Y		1/1/2011	Fee Schedule	$122.50
13132	REPAIR OF WOUND OR LESION	Y		1/1/2011	Fee Schedule	$179.86
13133	REPAIR WOUND/LESION ADD-ON	Y		1/1/2011	Fee Schedule	$122.50
13150	REPAIR OF WOUND OR LESION	Y		1/1/2011	Fee Schedule	$179.86
13151	REPAIR OF WOUND OR LESION	Y		1/1/2011	Fee Schedule	$179.86
13152	REPAIR OF WOUND OR LESION	Y		1/1/2011	Fee Schedule	$179.86
13153	REPAIR WOUND/LESION ADD-ON	Y		1/1/2011	Fee Schedule	$122.50
13160	LATE CLOSURE OF WOUND	Y		1/1/2011	Fee Schedule	$863.28
14000	SKIN TISSUE REARRANGEMENT	Y		1/1/2011	Fee Schedule	$666.84
14001	SKIN TISSUE REARRANGEMENT	Y		1/1/2011	Fee Schedule	$666.84
14020	SKIN TISSUE REARRANGEMENT	Y		1/1/2011	Fee Schedule	$666.84
14021	SKIN TISSUE REARRANGEMENT	Y		1/1/2011	Fee Schedule	$666.84
14040	SKIN TISSUE REARRANGEMENT	Y		1/1/2011	Fee Schedule	$666.84
14041	SKIN TISSUE REARRANGEMENT	Y		1/1/2011	Fee Schedule	$666.84
14060	SKIN TISSUE REARRANGEMENT	Y		1/1/2011	Fee Schedule	$666.84
14061	SKIN TISSUE REARRANGEMENT	Y		1/1/2011	Fee Schedule	$666.84
14301	SKIN TISSUE REARRANGEMENT	Y		1/1/2011	Fee Schedule	$863.28
14302	SKIN TISSUE REARRANGE ADD-ON	Y		1/1/2011	Fee Schedule	$863.28
14350	SKIN TISSUE REARRANGEMENT	Y		1/1/2011	Fee Schedule	$863.28
15002	WOUND PREP TRK/ARM/LEG	Y		1/1/2011	Fee Schedule	$179.86

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
15003	WOUND PREP ADDL 100 CM	Y		1/1/2011	Fee Schedule	$179.86
15004	WOUND PREP F/N/HF/G	Y		1/1/2011	Fee Schedule	$179.86
15005	WND PREP F/N/HF/G ADDL CM	Y		1/1/2011	Fee Schedule	$179.86
15040	HARVEST CULTURED SKIN GRAFT	Y		1/1/2011	Fee Schedule	$122.50
15050	SKIN PINCH GRAFT	Y		1/1/2011	Fee Schedule	$179.86
15100	SKIN SPLT GRFT TRNK/ARM/LEG	Y		1/1/2011	Fee Schedule	$863.28
15101	SKIN SPLT GRFT T/A/L ADD-ON	Y		1/1/2011	Fee Schedule	$863.28
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	Y		1/1/2011	Fee Schedule	$179.86
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	Y		1/1/2011	Fee Schedule	$179.86
15115	EPIDRM A-GRFT FACE/NCK/HF/G	Y		1/1/2011	Fee Schedule	$179.86
15116	EPIDRM A-GRFT F/N/HF/G ADDL	Y		1/1/2011	Fee Schedule	$179.86
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	Y		1/1/2011	Fee Schedule	$863.28
15121	SKN SPLT A-GRFT F/N/HF/G ADD	Y		1/1/2011	Fee Schedule	$863.28
15130	DERM AUTOGRAFT TRNK/ARM/LEG	Y		1/1/2011	Fee Schedule	$666.84
15131	DERM AUTOGRAFT T/A/L ADD-ON	Y		1/1/2011	Fee Schedule	$666.84
15135	DERM AUTOGRAFT FACE/NCK/HF/G	Y		1/1/2011	Fee Schedule	$666.84
15136	DERM AUTOGRAFT F/N/HF/G ADD	Y		1/1/2011	Fee Schedule	$666.84
15150	CULT EPIDERM GRFT T/ARM/LEG	Y		1/1/2011	Fee Schedule	$179.86
15151	CULT EPIDERM GRFT T/A/L ADDL	Y		1/1/2011	Fee Schedule	$179.86
15152	CULT EPIDERM GRAFT T/A/L %	Y		1/1/2011	Fee Schedule	$179.86
15155	CULT EPIDERM GRAFT F/N/HF/G	Y		1/1/2011	Fee Schedule	$179.86
15156	CULT EPIDRM GRFT F/N/HFG ADD	Y		1/1/2011	Fee Schedule	$179.86
15157	CULT EPIDERM GRFT F/N/HFG %	Y		1/1/2011	Fee Schedule	$179.86
15170	ACELL GRAFT TRUNK/ARMS/LEGS	Y		1/1/2011	Fee Schedule	$179.86
15171	ACELL GRAFT T/ARM/LEG ADD-ON	Y		1/1/2011	Fee Schedule	$122.50
15175	ACELLULAR GRAFT F/N/HF/G	Y		1/1/2011	Fee Schedule	$179.86
15176	ACELL GRAFT F/N/HF/G ADD-ON	Y		1/1/2011	Fee Schedule	$179.86
15200	SKIN FULL GRAFT TRUNK	Y		1/1/2011	Fee Schedule	$666.84
15201	SKIN FULL GRAFT TRUNK ADD-ON	Y		1/1/2011	Fee Schedule	$666.84
15220	SKIN FULL GRAFT SCLP/ARM/LEG	Y		1/1/2011	Fee Schedule	$666.84
15221	SKIN FULL GRAFT ADD-ON	Y		1/1/2011	Fee Schedule	$179.86
15240	SKIN FULL GRFT FACE/GENIT/HF	Y		1/1/2011	Fee Schedule	$666.84
15241	SKIN FULL GRAFT ADD-ON	Y		1/1/2011	Fee Schedule	$179.86
15260	SKIN FULL GRAFT EEN & LIPS	Y		1/1/2011	Fee Schedule	$666.84
15261	SKIN FULL GRAFT ADD-ON	Y		1/1/2011	Fee Schedule	$666.84
15300	APPLY SKINALLOGRFT T/ARM/LG	Y		1/1/2011	Fee Schedule	$179.86
15301	APPLY SKNALLOGRFT T/A/L ADDL	Y		1/1/2011	Fee Schedule	$179.86
15320	APPLY SKIN ALLOGRFT F/N/HF/G	Y		1/1/2011	Fee Schedule	$179.86
15321	APLY SKNALLOGRFT F/N/HFG ADD	Y		1/1/2011	Fee Schedule	$179.86
15330	APLY ACELL ALOGRFT T/ARM/LEG	Y		1/1/2011	Fee Schedule	$179.86
15331	APLY ACELL GRFT T/A/L ADD-ON	Y		1/1/2011	Fee Schedule	$179.86
15335	APPLY ACELL GRAFT F/N/HF/G	Y		1/1/2011	Fee Schedule	$179.86
15336	APLY ACELL GRFT F/N/HF/G ADD	Y		1/1/2011	Fee Schedule	$179.86
15340	APPLY CULT SKIN SUBSTITUTE	Y		1/1/2011	Fee Schedule	$122.50
15341	APPLY CULT SKIN SUB ADD-ON	Y		1/1/2011	Fee Schedule	$122.50
15360	APPLY CULT DERM SUB T/A/L	Y		1/1/2011	Fee Schedule	$122.50
15361	APLY CULT DERM SUB T/A/L ADD	Y		1/1/2011	Fee Schedule	$122.50
15365	APPLY CULT DERM SUB F/N/HF/G	Y		1/1/2011	Fee Schedule	$122.50
15366	APPLY CULT DERM F/HF/G ADD	Y		1/1/2011	Fee Schedule	$122.50
15400	APPLY SKIN XENOGRAFT T/A/L	Y		1/1/2011	Fee Schedule	$179.86
15401	APPLY SKN XENOGRFT T/A/L ADD	Y		1/1/2011	Fee Schedule	$179.86
15420	APPLY SKIN XGRAFT F/N/HF/G	Y		1/1/2011	Fee Schedule	$179.86
15421	APPLY SKN XGRFT F/N/HF/G ADD	Y		1/1/2011	Fee Schedule	$179.86
15430	APPLY ACELLULAR XENOGRAFT	Y		1/1/2011	Fee Schedule	$179.86
15431	APPLY ACELLULAR XGRAFT ADD	Y		1/1/2011	Fee Schedule	$179.86
15570	FORM SKIN PEDICLE FLAP	Y		1/1/2011	Fee Schedule	$863.28
15572	FORM SKIN PEDICLE FLAP	Y		1/1/2011	Fee Schedule	$863.28
15574	FORM SKIN PEDICLE FLAP	Y		1/1/2011	Fee Schedule	$863.28
15576	FORM SKIN PEDICLE FLAP	Y		1/1/2011	Fee Schedule	$863.28
15600	SKIN GRAFT	Y		1/1/2011	Fee Schedule	$863.28
15610	SKIN GRAFT	Y		1/1/2011	Fee Schedule	$863.28
15620	SKIN GRAFT	Y		1/1/2011	Fee Schedule	$863.28

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
15630	SKIN GRAFT	Y		1/1/2011	Fee Schedule	$863.28
15650	TRANSFER SKIN PEDICLE FLAP	Y		1/1/2011	Fee Schedule	$863.28
15731	FOREHEAD FLAP W/VASC PEDICLE	Y		1/1/2011	Fee Schedule	$863.28
15732	MUSCLE-SKIN GRAFT HEAD/NECK	Y		1/1/2011	Fee Schedule	$863.28
15734	MUSCLE-SKIN GRAFT TRUNK	Y		1/1/2011	Fee Schedule	$863.28
15736	MUSCLE-SKIN GRAFT ARM	Y		1/1/2011	Fee Schedule	$863.28
15738	MUSCLE-SKIN GRAFT LEG	Y		1/1/2011	Fee Schedule	$863.28
15740	ISLAND PEDICLE FLAP GRAFT	Y		1/1/2011	Fee Schedule	$666.84
15750	NEUROVASCULAR PEDICLE GRAFT	Y		1/1/2011	Fee Schedule	$863.28
15760	COMPOSITE SKIN GRAFT	Y		1/1/2011	Fee Schedule	$863.28
15770	DERMA-FAT-FASCIA GRAFT	Y		1/1/2011	Fee Schedule	$863.28
15820	REVISION OF LOWER EYELID	Y	Y	1/1/2011	Fee Schedule	$863.28
15821	REVISION OF LOWER EYELID	Y	Y	1/1/2011	Fee Schedule	$863.28
15822	REVISION OF UPPER EYELID	Y	Y	1/1/2011	Fee Schedule	$863.28
15823	REVISION OF UPPER EYELID	Y	Y	1/1/2011	Fee Schedule	$863.28
15830	EXC SKIN ABD	Y	Y	1/1/2011	Fee Schedule	$925.91
15832	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	1/1/2011	Fee Schedule	$925.91
15833	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	1/1/2011	Fee Schedule	$925.91
15834	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	1/1/2011	Fee Schedule	$925.91
15835	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	1/1/2011	Fee Schedule	$925.91
15836	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	1/1/2011	Fee Schedule	$700.41
15837	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	1/1/2011	Fee Schedule	$700.41
15838	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	1/1/2011	Fee Schedule	$700.41
15839	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	1/1/2011	Fee Schedule	$700.41
15840	GRAFT FOR FACE NERVE PALSY	Y		1/1/2011	Fee Schedule	$863.28
15841	GRAFT FOR FACE NERVE PALSY	Y		1/1/2011	Fee Schedule	$863.28
15842	FLAP FOR FACE NERVE PALSY	Y		1/1/2011	Fee Schedule	$863.28
15845	SKIN AND MUSCLE REPAIR FACE	Y		1/1/2011	Fee Schedule	$863.28
15847	EXC SKIN ABD ADD-ON	Y		1/1/2011	Fee Schedule	$925.91
15850	REMOVAL OF SUTURES	Y		1/1/2011	Fee Schedule	$105.84
15851	REMOVAL OF SUTURES	Y		4/1/2011	Fee Schedule	$60.14
15852	DRESSING CHANGE NOT FOR BURN			1/1/2011	Fee Schedule	$26.01
15860	TEST FOR BLOOD FLOW IN GRAFT			1/1/2011	Fee Schedule	$26.01
15920	REMOVAL OF TAIL BONE ULCER	Y		1/1/2011	Fee Schedule	$197.15
15922	REMOVAL OF TAIL BONE ULCER	Y		1/1/2011	Fee Schedule	$863.28
15931	REMOVE SACRUM PRESSURE SORE	Y		1/1/2011	Fee Schedule	$925.91
15933	REMOVE SACRUM PRESSURE SORE	Y		1/1/2011	Fee Schedule	$925.91
15934	REMOVE SACRUM PRESSURE SORE	Y		1/1/2011	Fee Schedule	$863.28
15935	REMOVE SACRUM PRESSURE SORE	Y		1/1/2011	Fee Schedule	$863.28
15936	REMOVE SACRUM PRESSURE SORE	Y		1/1/2011	Fee Schedule	$666.84
15937	REMOVE SACRUM PRESSURE SORE	Y		1/1/2011	Fee Schedule	$863.28
15940	REMOVE HIP PRESSURE SORE	Y		1/1/2011	Fee Schedule	$925.91
15941	REMOVE HIP PRESSURE SORE	Y		1/1/2011	Fee Schedule	$925.91
15944	REMOVE HIP PRESSURE SORE	Y		1/1/2011	Fee Schedule	$863.28
15945	REMOVE HIP PRESSURE SORE	Y		1/1/2011	Fee Schedule	$863.28
15946	REMOVE HIP PRESSURE SORE	Y		1/1/2011	Fee Schedule	$863.28
15950	REMOVE THIGH PRESSURE SORE	Y		1/1/2011	Fee Schedule	$925.91
15951	REMOVE THIGH PRESSURE SORE	Y		1/1/2011	Fee Schedule	$925.91
15952	REMOVE THIGH PRESSURE SORE	Y		1/1/2011	Fee Schedule	$666.84
15953	REMOVE THIGH PRESSURE SORE	Y		1/1/2011	Fee Schedule	$666.84
15956	REMOVE THIGH PRESSURE SORE	Y		1/1/2011	Fee Schedule	$666.84
15958	REMOVE THIGH PRESSURE SORE	Y		1/1/2011	Fee Schedule	$666.84
16000	INITIAL TREATMENT OF BURN(S)	Y		4/1/2011	Fee Schedule	$32.96
16020	DRESS/DEBRID P-THICK BURN S	Y		4/1/2011	Fee Schedule	$50.29
16025	DRESS/DEBRID P-THICK BURN M	Y		1/1/2011	Fee Schedule	$58.02
16030	DRESS/DEBRID P-THICK BURN L	Y		1/1/2011	Fee Schedule	$58.02
16035	INCISION OF BURN SCAB INITI	Y		1/1/2011	Fee Schedule	$58.02
17000	DESTRUCT PREMALG LESION	Y		1/1/2011	Fee Schedule	$35.27
17003	DESTRUCT PREMALG LES 2-14	Y		4/1/2011	Fee Schedule	$4.42
17004	DESTROY PREMLG LESIONS 15	Y		4/1/2011	Fee Schedule	$99.89
17106	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$105.84
17107	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$105.84

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
17108	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$105.84
17110	DESTRUCT B9 LESION 1-14	Y		1/1/2011	Fee Schedule	$35.27
17111	DESTRUCT LESION 15 OR MORE	Y		1/1/2011	Fee Schedule	$58.02
17250	CHEMICAL CAUTERY TISSUE	Y		4/1/2011	Fee Schedule	$55.38
17260	DESTRUCTION OF SKIN LESIONS	Y		4/1/2011	Fee Schedule	$57.08
17261	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$58.02
17262	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$58.02
17263	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$58.02
17264	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$58.02
17266	DESTRUCTION OF SKIN LESIONS	Y		4/1/2011	Fee Schedule	$105.84
17270	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$58.02
17271	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$58.02
17272	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$58.02
17273	DESTRUCTION OF SKIN LESIONS	Y		4/1/2011	Fee Schedule	$105.84
17274	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$105.84
17276	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$105.84
17280	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$58.02
17281	DESTRUCTION OF SKIN LESIONS	Y		4/1/2011	Fee Schedule	$105.84
17282	DESTRUCTION OF SKIN LESIONS	Y		4/1/2011	Fee Schedule	$105.84
17283	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$105.84
17284	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$105.84
17286	DESTRUCTION OF SKIN LESIONS	Y		1/1/2011	Fee Schedule	$105.84
17311	MOHS 1 STAGE H/N/HF/G	Y		1/1/2011	Fee Schedule	$207.92
17312	MOHS ADDL STAGE	Y		4/1/2011	Fee Schedule	$207.92
17313	MOHS 1 STAGE T/A/L	Y		1/1/2011	Fee Schedule	$207.92
17314	MOHS ADDL STAGE T/A/L	Y		4/1/2011	Fee Schedule	$207.92
17315	MOHS SURG ADDL BLOCK	Y		4/1/2011	Fee Schedule	$46.89
17340	CRYOTHERAPY OF SKIN	Y		4/1/2011	Fee Schedule	$19.71
17360	SKIN PEEL THERAPY	Y		1/1/2011	Fee Schedule	$35.27
19000	DRAINAGE OF BREAST LESION	Y		4/1/2011	Fee Schedule	$76.45
19001	DRAIN BREAST LESION ADD-ON	Y		4/1/2011	Fee Schedule	$10.53
19020	INCISION OF BREAST LESION	Y		1/1/2011	Fee Schedule	$782.60
19030	INJECTION FOR BREAST X-RAY			1/1/2009	No Separate Payment	$0.00
19100	BX BREAST PERCUT W/O IMAGE	Y		1/1/2011	Fee Schedule	$177.61
19101	BIOPSY OF BREAST OPEN	Y		1/1/2011	Fee Schedule	$991.48
19102	BX BREAST PERCUT W/IMAGE	Y		1/1/2011	Fee Schedule	$315.22
19103	BX BREAST PERCUT W/DEVICE	Y		1/1/2011	Fee Schedule	$608.30
19105	CRYOSURG ABLATE FA EACH	Y		1/1/2011	Fee Schedule	$1,314.38
19110	NIPPLE EXPLORATION	Y		1/1/2011	Fee Schedule	$991.48
19112	EXCISE BREAST DUCT FISTULA	Y		1/1/2011	Fee Schedule	$991.48
19120	REMOVAL OF BREAST LESION	Y		1/1/2011	Fee Schedule	$991.48
19125	EXCISION BREAST LESION	Y		1/1/2011	Fee Schedule	$991.48
19126	EXCISION ADDL BREAST LESION	Y		1/1/2011	Fee Schedule	$991.48
19290	PLACE NEEDLE WIRE BREAST			1/1/2009	No Separate Payment	$0.00
19291	PLACE NEEDLE WIRE BREAST			1/1/2009	No Separate Payment	$0.00
19295	PLACE BREAST CLIP PERCUT			1/1/2009	No Separate Payment	$0.00
19296	PLACE PO BREAST CATH FOR RAD	Y		1/1/2011	Fee Schedule	$2,479.22
19297	PLACE BREAST CATH FOR RAD	Y		1/1/2011	Fee Schedule	$2,479.22
19298	PLACE BREAST RAD TUBE/CATHS	Y		1/1/2011	Fee Schedule	$2,479.22
19300	REMOVAL OF BREAST TISSUE	Y		1/1/2011	Fee Schedule	$991.48
19301	PARTICAL MASTECTOMY	Y		1/1/2011	Fee Schedule	$991.48
19302	P-MASTECTOMY W/LN REMOVAL	Y		1/1/2011	Fee Schedule	$1,743.56
19303	MAST SIMPLE COMPLETE	Y		1/1/2011	Fee Schedule	$1,314.38
19304	MAST SUBQ	Y		1/1/2011	Fee Schedule	$1,314.38
19316	SUSPENSION OF BREAST	Y		1/1/2011	Fee Schedule	$1,314.38
19318	REDUCTION OF LARGE BREAST	Y	Y	1/1/2011	Fee Schedule	$1,743.56
19324	ENLARGE BREAST	Y	Y	1/1/2011	Fee Schedule	$1,743.56
19325	ENLARGE BREAST WITH IMPLANT	Y	Y	1/1/2011	Fee Schedule	$2,479.22
19328	REMOVAL OF BREAST IMPLANT	Y		1/1/2011	Fee Schedule	$1,314.38
19330	REMOVAL OF IMPLANT MATERIAL	Y		1/1/2011	Fee Schedule	$1,314.38
19340	IMMEDIATE BREAST PROSTHESIS	Y		1/1/2011	Fee Schedule	$1,743.56
19342	DELAYED BREAST PROSTHESIS	Y		1/1/2011	Fee Schedule	$2,479.22

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
19350	BREAST RECONSTRUCTION	Y		1/1/2011	Fee Schedule	$991.48
19357	BREAST RECONSTRUCTION	Y		1/1/2011	Fee Schedule	$2,479.22
19366	BREAST RECONSTRUCTION	Y		1/1/2011	Fee Schedule	$1,314.38
19370	SURGERY OF BREAST CAPSULE	Y		1/1/2011	Fee Schedule	$1,314.38
19371	REMOVAL OF BREAST CAPSULE	Y		1/1/2011	Fee Schedule	$1,314.38
19380	REVISE BREAST RECONSTRUCTION	Y		1/1/2011	Fee Schedule	$1,743.56
19396	DESIGN CUSTOM BREAST IMPLANT	Y		1/1/2011	Fee Schedule	$1,314.38
20000	INCISION OF ABSCESS			1/1/2011	Deleted	$0.00
20005	I&D ABSCESS SUBFASCIAL	Y		1/1/2011	Fee Schedule	$329.04
20103	EXPLORE WOUND EXTREMITY	Y		1/1/2011	Fee Schedule	$504.16
20150	EXCISE EPIPHYSEAL BAR	Y		1/1/2011	Fee Schedule	$1,833.38
20200	MUSCLE BIOPSY	Y		1/1/2011	Fee Schedule	$700.41
20205	DEEP MUSCLE BIOPSY	Y		1/1/2011	Fee Schedule	$700.41
20206	NEEDLE BIOPSY MUSCLE	Y		1/1/2011	Fee Schedule	$315.22
20220	BONE BIOPSY TROCAR/NEEDLE	Y		1/1/2011	Fee Schedule	$329.04
20225	BONE BIOPSY TROCAR/NEEDLE	Y		1/1/2011	Fee Schedule	$700.41
20240	BONE BIOPSY EXCISIONAL	Y		1/1/2011	Fee Schedule	$925.91
20245	BONE BIOPSY EXCISIONAL	Y		1/1/2011	Fee Schedule	$925.91
20250	OPEN BONE BIOPSY	Y		1/1/2011	Fee Schedule	$890.10
20251	OPEN BONE BIOPSY	Y		1/1/2011	Fee Schedule	$890.10
20500	INJECTION OF SINUS TRACT	Y		4/1/2011	Fee Schedule	$60.82
20501	INJECT SINUS TRACT FOR X-RAY			1/1/2009	No Separate Payment	$0.00
20520	REMOVAL OF FOREIGN BODY	Y		4/1/2011	Fee Schedule	$116.54
20525	REMOVAL OF FOREIGN BODY	Y		1/1/2011	Fee Schedule	$925.91
20526	THER INJECTION CARP TUNNEL	Y		4/1/2011	Fee Schedule	$37.03
20550	INJ TENDON SHEATH/LIGAMENT	Y		4/1/2011	Fee Schedule	$27.86
20551	INJ TENDON ORIGIN/INSERTION	Y		4/1/2011	Fee Schedule	$28.88
20552	INJ TRIGGER POINT 1/2 MUSCL	Y		4/1/2011	Fee Schedule	$27.52
20553	INJECT TRIGGER POINTS =/> 3	Y		4/1/2011	Fee Schedule	$31.26
20555	PLACE NDL MUSC/TIS FOR RT	Y		1/1/2011	Fee Schedule	$1,249.23
20600	DRAIN/INJECT JOINT/BURSA	Y		4/1/2011	Fee Schedule	$28.20
20605	DRAIN/INJECT JOINT/BURSA	Y		4/1/2011	Fee Schedule	$31.94
20610	DRAIN/INJECT JOINT/BURSA	Y		4/1/2011	Fee Schedule	$45.87
20612	ASPIRATE/INJ GANGLION CYST	Y		4/1/2011	Fee Schedule	$30.92
20615	TREATMENT OF BONE CYST	Y		4/1/2011	Fee Schedule	$125.03
20650	INSERT AND REMOVE BONE PIN	Y		1/1/2011	Fee Schedule	$890.10
20662	APPLICATION OF PELVIS BRACE	Y		1/1/2011	Fee Schedule	$890.10
20663	APPLICATION OF THIGH BRACE	Y		1/1/2011	Fee Schedule	$890.10
20665	REMOVAL OF FIXATION DEVICE			1/1/2011	Fee Schedule	$26.01
20670	REMOVAL OF SUPPORT IMPLANT	Y		1/1/2011	Fee Schedule	$700.41
20680	REMOVAL OF SUPPORT IMPLANT	Y		1/1/2011	Fee Schedule	$925.91
20690	APPLY BONE FIXATION DEVICE	Y		1/1/2011	Fee Schedule	$1,249.23
20692	APPLY BONE FIXATION DEVICE	Y		1/1/2011	Fee Schedule	$1,249.23
20693	ADJUST BONE FIXATION DEVICE	Y		1/1/2011	Fee Schedule	$890.10
20694	REMOVE BONE FIXATION DEVICE	Y		1/1/2011	Fee Schedule	$890.10
20696	COMP MULTIPLANE EXT FIXATION	Y		1/1/2011	Fee Schedule	$1,249.23
20697	COMP EXT FIXATE STRUT CHANGE	Y		1/1/2011	Fee Schedule	$807.24
20822	REPLANTATION DIGIT COMPLETE	Y		1/1/2011	Fee Schedule	$1,153.33
20900	REMOVAL OF BONE FOR GRAFT	Y		1/1/2011	Fee Schedule	$1,249.23
20902	REMOVAL OF BONE FOR GRAFT	Y		1/1/2011	Fee Schedule	$1,249.23
20910	REMOVE CARTILAGE FOR GRAFT	Y		1/1/2011	Fee Schedule	$863.28
20912	REMOVE CARTILAGE FOR GRAFT	Y		1/1/2011	Fee Schedule	$863.28
20920	REMOVAL OF FASCIA FOR GRAFT	Y		1/1/2011	Fee Schedule	$666.84
20922	REMOVAL OF FASCIA FOR GRAFT	Y		1/1/2011	Fee Schedule	$666.84
20924	REMOVAL OF TENDON FOR GRAFT	Y		1/1/2011	Fee Schedule	$1,249.23
20926	REMOVAL OF TISSUE FOR GRAFT	Y		1/1/2011	Fee Schedule	$179.86
20950	FLUID PRESSURE MUSCLE	Y		1/1/2011	Fee Schedule	$57.75
20972	BONE/SKIN GRAFT METATARSAL	Y		1/1/2011	Fee Schedule	$2,140.87
20973	BONE/SKIN GRAFT GREAT TOE	Y		1/1/2011	Fee Schedule	$2,140.87
20975	ELECTRICAL BONE STIMULATION			1/1/2009	No Separate Payment	$0.00
20979	US BONE STIMULATION			4/1/2011	Fee Schedule	$26.01
20982	ABLATE BONE TUMOR(S) PERQ	Y		1/1/2011	Fee Schedule	$1,833.38

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
20985	CPTR-ASST DIR MS PX			1/1/2009	No Separate Payment	$0.00
21010	INCISION OF JAW JOINT	Y		1/1/2011	Fee Schedule	$993.66
21011	EXC FACE LES SC < 2 CM	Y		4/1/2011	Fee Schedule	$211.67
21012	EXC FACE LES SBQ 2 CM	Y		1/1/2011	Fee Schedule	$329.04
21013	EXC FACE TUM DEEP < 2 CM	Y		4/1/2011	Fee Schedule	$295.59
21014	EXC FACE TUM DEEP 2 CM	Y		1/1/2011	Fee Schedule	$329.04
21015	RESECT FACE TUM < 2 CM	Y		1/1/2011	Fee Schedule	$700.41
21016	RESECT FACE TUM CM	Y		1/1/2011	Fee Schedule	$925.91
21025	EXCISION OF BONE LOWER JAW	Y		1/1/2011	Fee Schedule	$1,731.43
21026	EXCISION OF FACIAL BONE(S)	Y		1/1/2011	Fee Schedule	$1,731.43
21029	CONTOUR OF FACE BONE LESION	Y		1/1/2011	Fee Schedule	$1,731.43
21030	EXCISE MAX/ZYGOMA B9 TUMOR	Y		4/1/2011	Fee Schedule	$309.19
21031	REMOVE EXOSTOSIS MANDIBLE	Y		4/1/2011	Fee Schedule	$251.77
21032	REMOVE EXOSTOSIS MAXILLA	Y		4/1/2011	Fee Schedule	$256.52
21034	EXCISE MAX/ZYGOMA MLG TUMOR	Y		1/1/2011	Fee Schedule	$1,731.43
21040	EXCISE MANDIBLE LESION	Y		1/1/2011	Fee Schedule	$993.66
21044	REMOVAL OF JAW BONE LESION	Y		1/1/2011	Fee Schedule	$1,731.43
21046	REMOVE MANDIBLE CYST COMPLEX	Y		1/1/2011	Fee Schedule	$1,731.43
21047	EXCISE LWR JAW CYST W/REPAIR	Y		1/1/2011	Fee Schedule	$1,731.43
21048	REMOVE MAXILLA CYST COMPLEX	Y		1/1/2011	Fee Schedule	$1,731.43
21050	REMOVAL OF JAW JOINT	Y		1/1/2011	Fee Schedule	$1,731.43
21060	REMOVE JAW JOINT CARTILAGE	Y		1/1/2011	Fee Schedule	$1,731.43
21070	REMOVE CORONOID PROCESS	Y		1/1/2011	Fee Schedule	$1,731.43
21073	MNPJ OF TMJ W/ANESTH	Y		4/1/2011	Fee Schedule	$241.91
21076	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2011	Fee Schedule	$450.53
21077	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2011	Fee Schedule	$1,108.99
21079	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2011	Fee Schedule	$775.00
21080	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2011	Fee Schedule	$879.99
21081	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2011	Fee Schedule	$813.06
21082	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2011	Fee Schedule	$786.21
21083	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2011	Fee Schedule	$769.91
21084	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2011	Fee Schedule	$873.53
21085	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2011	Fee Schedule	$367.62
21086	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2011	Fee Schedule	$809.32
21087	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2011	Fee Schedule	$805.92
21088	PREPARE FACE/ORAL PROSTHESIS	Y		1/1/2011	Fee Schedule	$1,731.43
21100	MAXILLOFACIAL FIXATION	Y		1/1/2011	Fee Schedule	$1,731.43
21110	INTERDENTAL FIXATION	Y		1/1/2011	Fee Schedule	$306.82
21116	INJECTION JAW JOINT X-RAY			1/1/2009	No Separate Payment	$0.00
21120	RECONSTRUCTION OF CHIN	Y	Y	1/1/2011	Fee Schedule	$993.66
21121	RECONSTRUCTION OF CHIN	Y	Y	1/1/2011	Fee Schedule	$993.66
21122	RECONSTRUCTION OF CHIN	Y	Y	1/1/2011	Fee Schedule	$993.66
21123	RECONSTRUCTION OF CHIN	Y	Y	1/1/2011	Fee Schedule	$993.66
21125	AUGMENTATION LOWER JAW BONE	Y	Y	1/1/2011	Fee Schedule	$993.66
21127	AUGMENTATION LOWER JAW BONE	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21137	REDUCTION OF FOREHEAD	Y	Y	1/1/2011	Fee Schedule	$993.66
21138	REDUCTION OF FOREHEAD	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21139	REDUCTION OF FOREHEAD	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21150	RECONSTRUCT MIDFACE LEFORT	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21181	CONTOUR CRANIAL BONE LESION	Y	Y	1/1/2011	Fee Schedule	$993.66
21198	RECONSTR LWR JAW SEGMENT	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21199	RECONSTR LWR JAW W/ADVANCE	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21206	RECONSTRUCT UPPER JAW BONE	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21208	AUGMENTATION OF FACIAL BONES	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21209	REDUCTION OF FACIAL BONES	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21210	FACE BONE GRAFT	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21215	LOWER JAW BONE GRAFT	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21230	RIB CARTILAGE GRAFT	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21235	EAR CARTILAGE GRAFT	Y	Y	1/1/2011	Fee Schedule	$993.66
21240	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21242	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21243	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2011	Fee Schedule	$1,731.43

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
21244	RECONSTRUCTION OF LOWER JAW	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21245	RECONSTRUCTION OF JAW	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21246	RECONSTRUCTION OF JAW	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21248	RECONSTRUCTION OF JAW	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21249	RECONSTRUCTION OF JAW	Y	Y	1/1/2011	Fee Schedule	$1,731.43
21260	REVISE EYE SOCKETS	Y		1/1/2011	Fee Schedule	$1,731.43
21267	REVISE EYE SOCKETS	Y		1/1/2011	Fee Schedule	$1,731.43
21270	AUGMENTATION CHEEK BONE	Y		1/1/2011	Fee Schedule	$1,731.43
21275	REVISION ORBITOFACIAL BONES	Y		1/1/2011	Fee Schedule	$1,731.43
21280	REVISION OF EYELID	Y		1/1/2011	Fee Schedule	$1,731.43
21282	REVISION OF EYELID	Y		1/1/2011	Fee Schedule	$671.76
21295	REVISION OF JAW MUSCLE/BONE	Y		1/1/2011	Fee Schedule	$306.82
21296	REVISION OF JAW MUSCLE/BONE	Y		1/1/2011	Fee Schedule	$993.66
21310	TREATMENT OF NOSE FRACTURE	Y		1/1/2011	Fee Schedule	$43.90
21315	TREATMENT OF NOSE FRACTURE	Y		1/1/2011	Fee Schedule	$671.76
21320	TREATMENT OF NOSE FRACTURE	Y		1/1/2011	Fee Schedule	$671.76
21325	TREATMENT OF NOSE FRACTURE	Y		1/1/2011	Fee Schedule	$993.66
21330	TREATMENT OF NOSE FRACTURE	Y		1/1/2011	Fee Schedule	$993.66
21335	TREATMENT OF NOSE FRACTURE	Y		1/1/2011	Fee Schedule	$993.66
21336	TREAT NASAL SEPTAL FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
21337	TREAT NASAL SEPTAL FRACTURE	Y		1/1/2011	Fee Schedule	$671.76
21338	TREAT NASOETHMOID FRACTURE	Y		1/1/2011	Fee Schedule	$993.66
21339	TREAT NASOETHMOID FRACTURE	Y		1/1/2011	Fee Schedule	$993.66
21340	TREATMENT OF NOSE FRACTURE	Y		1/1/2011	Fee Schedule	$1,731.43
21345	TREAT NOSE/JAW FRACTURE	Y		1/1/2011	Fee Schedule	$993.66
21355	TREAT CHEEK BONE FRACTURE	Y		1/1/2011	Fee Schedule	$1,731.43
21356	TREAT CHEEK BONE FRACTURE	Y		1/1/2011	Fee Schedule	$993.66
21360	TREAT CHEEK BONE FRACTURE	Y		1/1/2011	Fee Schedule	$993.66
21390	TREAT EYE SOCKET FRACTURE	Y		1/1/2011	Fee Schedule	$1,731.43
21400	TREAT EYE SOCKET FRACTURE	Y		1/1/2011	Fee Schedule	$306.82
21401	TREAT EYE SOCKET FRACTURE	Y		1/1/2011	Fee Schedule	$671.76
21406	TREAT EYE SOCKET FRACTURE	Y		1/1/2011	Fee Schedule	$1,731.43
21407	TREAT EYE SOCKET FRACTURE	Y		1/1/2011	Fee Schedule	$1,731.43
21421	TREAT MOUTH ROOF FRACTURE	Y		1/1/2011	Fee Schedule	$993.66
21440	TREAT DENTAL RIDGE FRACTURE	Y		4/1/2011	Fee Schedule	$409.08
21445	TREAT DENTAL RIDGE FRACTURE	Y		1/1/2011	Fee Schedule	$993.66
21450	TREAT LOWER JAW FRACTURE	Y		1/1/2011	Fee Schedule	$137.69
21451	TREAT LOWER JAW FRACTURE	Y		1/1/2011	Fee Schedule	$306.82
21452	TREAT LOWER JAW FRACTURE	Y		1/1/2011	Fee Schedule	$671.76
21453	TREAT LOWER JAW FRACTURE	Y		1/1/2011	Fee Schedule	$1,731.43
21454	TREAT LOWER JAW FRACTURE	Y		1/1/2011	Fee Schedule	$993.66
21461	TREAT LOWER JAW FRACTURE	Y		1/1/2011	Fee Schedule	$1,731.43
21462	TREAT LOWER JAW FRACTURE	Y		1/1/2011	Fee Schedule	$1,731.43
21465	TREAT LOWER JAW FRACTURE	Y		1/1/2011	Fee Schedule	$1,731.43
21480	RESET DISLOCATED JAW	Y		1/1/2011	Fee Schedule	$43.90
21485	RESET DISLOCATED JAW	Y		1/1/2011	Fee Schedule	$671.76
21490	REPAIR DISLOCATED JAW	Y		1/1/2011	Fee Schedule	$1,731.43
21495	TREAT HYOID BONE FRACTURE	Y		1/1/2011	Fee Schedule	$671.76
21497	INTERDENTAL WIRING	Y		1/1/2011	Fee Schedule	$671.76
21501	DRAIN NECK/CHEST LESION	Y		1/1/2011	Fee Schedule	$782.60
21502	DRAIN CHEST LESION	Y		1/1/2011	Fee Schedule	$890.10
21550	BIOPSY OF NECK/CHEST	Y		1/1/2011	Fee Schedule	$700.41
21552	EXC NECK LES SC 3 CM	Y		1/1/2011	Fee Schedule	$925.91
21554	EXC NECK TUM DEEP 5 CM	Y		1/1/2011	Fee Schedule	$925.91
21555	EXC NECK LES SC < 3 CM	Y		4/1/2011	Fee Schedule	$245.31
21556	EXC NECK TUM DEEP < 5 CM	Y		1/1/2011	Fee Schedule	$925.91
21557	RESECT NECK TUM < 5 CM	Y		1/1/2011	Fee Schedule	$700.41
21558	RESECT NECK TUM 5 CM	Y		1/1/2011	Fee Schedule	$925.91
21600	PARTIAL REMOVAL OF RIB	Y		1/1/2011	Fee Schedule	$1,249.23
21610	PARTIAL REMOVAL OF RIB	Y		1/1/2011	Fee Schedule	$1,249.23
21685	HYOID MYOTOMY & SUSPENSION	Y		1/1/2011	Fee Schedule	$306.82
21700	REVISION OF NECK MUSCLE	Y		1/1/2011	Fee Schedule	$890.10

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
21720	REVISION OF NECK MUSCLE	Y		1/1/2011	Fee Schedule	$890.10
21725	REVISION OF NECK MUSCLE	Y		1/1/2011	Fee Schedule	$57.75
21800	TREATMENT OF RIB FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
21805	TREATMENT OF RIB FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
21820	TREAT STERNUM FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
21920	BIOPSY SOFT TISSUE OF BACK	Y		4/1/2011	Fee Schedule	$171.92
21925	BIOPSY SOFT TISSUE OF BACK	Y		1/1/2011	Fee Schedule	$925.91
21930	EXC BACK LES SC < 3 CM	Y		4/1/2011	Fee Schedule	$255.84
21931	EXC BACK LES SC 3 CM	Y		1/1/2011	Fee Schedule	$925.91
21932	EXC BACK TUM DEEP < 5 CM	Y		1/1/2011	Fee Schedule	$700.41
21933	EXC BACK TUM DEEP 5 CM	Y		1/1/2011	Fee Schedule	$925.91
21935	RESECT BACK TUM < 5 CM	Y		1/1/2011	Fee Schedule	$700.41
21936	RESECT BACK TUM 5 CM	Y		1/1/2011	Fee Schedule	$925.91
22102	REMOVE PART LUMBAR VERTEBRA	Y		1/1/2011	Fee Schedule	$1,988.98
22103	REMOVE EXTRA SPINE SEGMENT	Y		1/1/2011	Fee Schedule	$1,988.98
22305	TREAT SPINE PROCESS FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
22310	TREAT SPINE FRACTURE	Y		1/1/2011	Fee Schedule	$213.28
22315	TREAT SPINE FRACTURE	Y		1/1/2011	Fee Schedule	$807.24
22505	MANIPULATION OF SPINE	Y		1/1/2011	Fee Schedule	$602.50
22520	PERCUT VERTEBROPLASTY THOR	Y		1/1/2011	Fee Schedule	$1,249.23
22521	PERCUT VERTEBROPLASTY LUMB	Y		1/1/2011	Fee Schedule	$1,249.23
22522	PERCUT VERTEBROPLASTY ADDL	Y		1/1/2011	Fee Schedule	$1,249.23
22523	PERCUT KYPHOPLASTY THOR	Y		1/1/2011	Fee Schedule	$3,447.64
22524	PERCUT KYPHOPLASTY LUMBAR	Y		1/1/2011	Fee Schedule	$3,447.64
22525	PERCUT KYPHOPLASTY ADD-ON	Y		1/1/2011	Fee Schedule	$3,447.64
22526	IDET SINGLE LEVEL			1/1/2009	Not Allowed	$0.00
22527	IDET 1 OR MORE LEVELS			1/1/2009	Not Allowed	$0.00
22900	EXC BACK TUM DEEP < 5 CM	Y		1/1/2011	Fee Schedule	$925.91
22901	EXC BACK TUM DEEP 5 CM	Y		1/1/2011	Fee Schedule	$925.91
22902	EXC ABD LES SC < 3 CM	Y		1/1/2011	Fee Schedule	$700.41
22903	EXC ABD LES SC > 3 CM	Y		1/1/2011	Fee Schedule	$925.91
22904	RESECT ABD TUM < 5 CM	Y		1/1/2011	Fee Schedule	$700.41
22905	RESECT ABD TUM > 5 CM	Y		1/1/2011	Fee Schedule	$925.91
23000	REMOVAL OF CALCIUM DEPOSITS	Y		1/1/2011	Fee Schedule	$700.41
23020	RELEASE SHOULDER JOINT	Y		1/1/2011	Fee Schedule	$1,833.38
23030	DRAIN SHOULDER LESION	Y		1/1/2011	Fee Schedule	$782.60
23031	DRAIN SHOULDER BURSA	Y		1/1/2011	Fee Schedule	$782.60
23035	DRAIN SHOULDER BONE LESION	Y		1/1/2011	Fee Schedule	$890.10
23040	EXPLORATORY SHOULDER SURGERY	Y		1/1/2011	Fee Schedule	$1,249.23
23044	EXPLORATORY SHOULDER SURGERY	Y		1/1/2011	Fee Schedule	$1,249.23
23065	BIOPSY SHOULDER TISSUES	Y		4/1/2011	Fee Schedule	$121.64
23066	BIOPSY SHOULDER TISSUES	Y		1/1/2011	Fee Schedule	$925.91
23071	EXC SHOULDER LES SC > 3 CM	Y		1/1/2011	Fee Schedule	$925.91
23073	EXC SHOULDER TUM DEEP > 5 CM	Y		1/1/2011	Fee Schedule	$925.91
23075	EXC SHOULDER LES SC < 3 CM	Y		4/1/2011	Fee Schedule	$221.19
23076	EXC SHOULDER TUM DEEP < 5 CM	Y		1/1/2011	Fee Schedule	$700.41
23077	RESECT SHOULDER TUM < 5 CM	Y		1/1/2011	Fee Schedule	$700.41
23078	RESECT SHOULDER TUM > 5 CM	Y		1/1/2011	Fee Schedule	$925.91
23100	BIOPSY OF SHOULDER JOINT	Y		1/1/2011	Fee Schedule	$890.10
23101	SHOULDER JOINT SURGERY	Y		1/1/2011	Fee Schedule	$1,249.23
23105	REMOVE SHOULDER JOINT LINING	Y		1/1/2011	Fee Schedule	$1,249.23
23106	INCISION OF COLLARBONE JOINT	Y		1/1/2011	Fee Schedule	$1,249.23
23107	EXPLORE TREAT SHOULDER JOINT	Y		1/1/2011	Fee Schedule	$1,249.23
23120	PARTIAL REMOVAL COLLAR BONE	Y		1/1/2011	Fee Schedule	$1,249.23
23125	REMOVAL OF COLLAR BONE	Y		1/1/2011	Fee Schedule	$1,249.23
23130	REMOVE SHOULDER BONE PART	Y		1/1/2011	Fee Schedule	$1,833.38
23140	REMOVAL OF BONE LESION	Y		1/1/2011	Fee Schedule	$890.10
23145	REMOVAL OF BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
23146	REMOVAL OF BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
23150	REMOVAL OF HUMERUS LESION	Y		1/1/2011	Fee Schedule	$1,249.23
23155	REMOVAL OF HUMERUS LESION	Y		1/1/2011	Fee Schedule	$1,249.23
23156	REMOVAL OF HUMERUS LESION	Y		1/1/2011	Fee Schedule	$1,249.23

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
23170	REMOVE COLLAR BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
23172	REMOVE SHOULDER BLADE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
23174	REMOVE HUMERUS LESION	Y		1/1/2011	Fee Schedule	$1,249.23
23180	REMOVE COLLAR BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
23182	REMOVE SHOULDER BLADE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
23184	REMOVE HUMERUS LESION	Y		1/1/2011	Fee Schedule	$1,249.23
23190	PARTIAL REMOVAL OF SCAPULA	Y		1/1/2011	Fee Schedule	$1,249.23
23195	REMOVAL OF HEAD OF HUMERUS	Y		1/1/2011	Fee Schedule	$1,249.23
23330	REMOVE SHOULDER FOREIGN BODY	Y		1/1/2011	Fee Schedule	$329.04
23331	REMOVE SHOULDER FOREIGN BODY	Y		1/1/2011	Fee Schedule	$925.91
23350	INJECTION FOR SHOULDER X-RAY			1/1/2009	No Separate Payment	$0.00
23395	MUSCLE TRANSFER SHOULDER/ARM	Y		1/1/2011	Fee Schedule	$1,833.38
23397	MUSCLE TRANSFERS	Y		1/1/2011	Fee Schedule	$3,447.64
23400	FIXATION OF SHOULDER BLADE	Y		1/1/2011	Fee Schedule	$1,249.23
23405	INCISION OF TENDON & MUSCLE	Y		1/1/2011	Fee Schedule	$1,249.23
23406	INCISE TENDON(S) & MUSCLE(S)	Y		1/1/2011	Fee Schedule	$1,249.23
23410	REPAIR ROTATOR CUFF ACUTE	Y		1/1/2011	Fee Schedule	$1,833.38
23412	REPAIR ROTATOR CUFF CHRONIC	Y		1/1/2011	Fee Schedule	$1,833.38
23415	RELEASE OF SHOULDER LIGAMENT	Y		1/1/2011	Fee Schedule	$1,833.38
23420	REPAIR OF SHOULDER	Y		1/1/2011	Fee Schedule	$1,833.38
23430	REPAIR BICEPS TENDON	Y		1/1/2011	Fee Schedule	$1,833.38
23440	REMOVE/TRANSPLANT TENDON	Y		1/1/2011	Fee Schedule	$1,833.38
23450	REPAIR SHOULDER CAPSULE	Y		1/1/2011	Fee Schedule	$3,447.64
23455	REPAIR SHOULDER CAPSULE	Y		1/1/2011	Fee Schedule	$3,447.64
23460	REPAIR SHOULDER CAPSULE	Y		1/1/2011	Fee Schedule	$3,447.64
23462	REPAIR SHOULDER CAPSULE	Y		1/1/2011	Fee Schedule	$1,833.38
23465	REPAIR SHOULDER CAPSULE	Y		1/1/2011	Fee Schedule	$3,447.64
23466	REPAIR SHOULDER CAPSULE	Y		1/1/2011	Fee Schedule	$1,833.38
23480	REVISION OF COLLAR BONE	Y		1/1/2011	Fee Schedule	$1,833.38
23485	REVISION OF COLLAR BONE	Y		1/1/2011	Fee Schedule	$3,447.64
23490	REINFORCE CLAVICLE	Y		1/1/2011	Fee Schedule	$3,447.64
23491	REINFORCE SHOULDER BONES	Y		1/1/2011	Fee Schedule	$3,447.64
23500	TREAT CLAVICLE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
23505	TREAT CLAVICLE FRACTURE	Y		1/1/2011	Fee Schedule	$807.24
23515	TREAT CLAVICLE FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
23520	TREAT CLAVICLE DISLOCATION	Y		1/1/2011	Fee Schedule	$213.28
23525	TREAT CLAVICLE DISLOCATION	Y		1/1/2011	Fee Schedule	$213.28
23530	TREAT CLAVICLE DISLOCATION	Y		1/1/2011	Fee Schedule	$1,864.78
23532	TREAT CLAVICLE DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
23540	TREAT CLAVICLE DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
23545	TREAT CLAVICLE DISLOCATION	Y		1/1/2011	Fee Schedule	$213.28
23550	TREAT CLAVICLE DISLOCATION	Y		1/1/2011	Fee Schedule	$1,864.78
23552	TREAT CLAVICLE DISLOCATION	Y		1/1/2011	Fee Schedule	$1,864.78
23570	TREAT SHOULDER BLADE FX	Y		1/1/2011	Fee Schedule	$61.16
23575	TREAT SHOULDER BLADE FX	Y		1/1/2011	Fee Schedule	$213.28
23585	TREAT SCAPULA FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
23600	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
23605	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$807.24
23615	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
23616	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
23620	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
23625	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$807.24
23630	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
23650	TREAT SHOULDER DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
23655	TREAT SHOULDER DISLOCATION	Y		1/1/2011	Fee Schedule	$602.50
23660	TREAT SHOULDER DISLOCATION	Y		1/1/2011	Fee Schedule	$1,864.78
23665	TREAT DISLOCATION/FRACTURE	Y		1/1/2011	Fee Schedule	$213.28
23670	TREAT DISLOCATION/FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
23675	TREAT DISLOCATION/FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
23680	TREAT DISLOCATION/FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
23700	FIXATION OF SHOULDER	Y		1/1/2011	Fee Schedule	$602.50
23800	FUSION OF SHOULDER JOINT	Y		1/1/2011	Fee Schedule	$3,447.64

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
23802	FUSION OF SHOULDER JOINT	Y		1/1/2011	Fee Schedule	$3,447.64
23921	AMPUTATION FOLLOW-UP SURGERY	Y		1/1/2011	Fee Schedule	$666.84
23930	DRAINAGE OF ARM LESION	Y		1/1/2011	Fee Schedule	$782.60
23931	DRAINAGE OF ARM BURSA	Y		1/1/2011	Fee Schedule	$782.60
23935	DRAIN ARM/ELBOW BONE LESION	Y		1/1/2011	Fee Schedule	$890.10
24000	EXPLORATORY ELBOW SURGERY	Y		1/1/2011	Fee Schedule	$1,249.23
24006	RELEASE ELBOW JOINT	Y		1/1/2011	Fee Schedule	$1,249.23
24065	BIOPSY ARM/ELBOW SOFT TISSUE	Y		4/1/2011	Fee Schedule	$166.82
24066	BIOPSY ARM/ELBOW SOFT TISSUE	Y		1/1/2011	Fee Schedule	$700.41
24071	EXC ARM/ELBOW LES SC 3 CM	Y		1/1/2011	Fee Schedule	$925.91
24073	EX ARM/ELBOW TUM DEEP > 5 CM	Y		1/1/2011	Fee Schedule	$925.91
24075	EXC ARM/ELBOW LES SC < 3 CM	Y		4/1/2011	Fee Schedule	$304.43
24076	EX ARM/ELBOW TUM DEEP < 5 CM	Y		1/1/2011	Fee Schedule	$700.41
24077	RESECT ARM/ELBOW TUM < 5 CM	Y		1/1/2011	Fee Schedule	$700.41
24079	RESECT ARM/ELBOW TUM > 5 CM	Y		1/1/2011	Fee Schedule	$925.91
24100	BIOPSY ELBOW JOINT LINING	Y		1/1/2011	Fee Schedule	$890.10
24101	EXPLORE/TREAT ELBOW JOINT	Y		1/1/2011	Fee Schedule	$1,249.23
24102	REMOVE ELBOW JOINT LINING	Y		1/1/2011	Fee Schedule	$1,249.23
24105	REMOVAL OF ELBOW BURSA	Y		1/1/2011	Fee Schedule	$890.10
24110	REMOVE HUMERUS LESION	Y		1/1/2011	Fee Schedule	$890.10
24115	REMOVE/GRAFT BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
24116	REMOVE/GRAFT BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
24120	REMOVE ELBOW LESION	Y		1/1/2011	Fee Schedule	$890.10
24125	REMOVE/GRAFT BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
24126	REMOVE/GRAFT BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
24130	REMOVAL OF HEAD OF RADIUS	Y		1/1/2011	Fee Schedule	$1,249.23
24134	REMOVAL OF ARM BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
24136	REMOVE RADIUS BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
24138	REMOVE ELBOW BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
24140	PARTIAL REMOVAL OF ARM BONE	Y		1/1/2011	Fee Schedule	$1,249.23
24145	PARTIAL REMOVAL OF RADIUS	Y		1/1/2011	Fee Schedule	$1,249.23
24147	PARTIAL REMOVAL OF ELBOW	Y		1/1/2011	Fee Schedule	$1,249.23
24149	RADICAL RESECTION OF ELBOW	Y		1/1/2011	Fee Schedule	$1,249.23
24152	RESECT RADIUS TUMOR	Y		1/1/2011	Fee Schedule	$1,833.38
24155	REMOVAL OF ELBOW JOINT	Y		1/1/2011	Fee Schedule	$1,833.38
24160	REMOVE ELBOW JOINT IMPLANT	Y		1/1/2011	Fee Schedule	$1,249.23
24164	REMOVE RADIUS HEAD IMPLANT	Y		1/1/2011	Fee Schedule	$1,249.23
24200	REMOVAL OF ARM FOREIGN BODY	Y		4/1/2011	Fee Schedule	$124.69
24201	REMOVAL OF ARM FOREIGN BODY	Y		1/1/2011	Fee Schedule	$700.41
24220	INJECTION FOR ELBOW X-RAY			1/1/2009	No Separate Payment	$0.00
24300	MANIPULATE ELBOW W/ANESTH	Y		1/1/2011	Fee Schedule	$602.50
24301	MUSCLE/TENDON TRANSFER	Y		1/1/2011	Fee Schedule	$1,249.23
24305	ARM TENDON LENGTHENING	Y		1/1/2011	Fee Schedule	$1,249.23
24310	REVISION OF ARM TENDON	Y		1/1/2011	Fee Schedule	$890.10
24320	REPAIR OF ARM TENDON	Y		1/1/2011	Fee Schedule	$1,833.38
24330	REVISION OF ARM MUSCLES	Y		1/1/2011	Fee Schedule	$3,447.64
24331	REVISION OF ARM MUSCLES	Y		1/1/2011	Fee Schedule	$1,833.38
24332	TENOLYSIS TRICEPS	Y		1/1/2011	Fee Schedule	$890.10
24340	REPAIR OF BICEPS TENDON	Y		1/1/2011	Fee Schedule	$1,833.38
24341	REPAIR ARM TENDON/MUSCLE	Y		1/1/2011	Fee Schedule	$1,833.38
24342	REPAIR OF RUPTURED TENDON	Y		1/1/2011	Fee Schedule	$1,833.38
24343	REPR ELBOW LAT LIGMNT W/TISS	Y		1/1/2011	Fee Schedule	$1,249.23
24344	RECONSTRUCT ELBOW LAT LIGMNT	Y		1/1/2011	Fee Schedule	$3,447.64
24345	REPR ELBW MED LIGMNT W/TISSU	Y		1/1/2011	Fee Schedule	$1,249.23
24346	RECONSTRUCT ELBOW MED LIGMNT	Y		1/1/2011	Fee Schedule	$3,447.64
24357	REPAIR ELBOW PERC	Y		1/1/2011	Fee Schedule	$1,249.23
24358	REPAIR ELBOW W/DEB OPEN	Y		1/1/2011	Fee Schedule	$1,249.23
24359	REPAIR ELBOW DEB/ATTCH OPEN	Y		1/1/2011	Fee Schedule	$1,249.23
24360	RECONSTRUCT ELBOW JOINT	Y		1/1/2011	Fee Schedule	$1,522.05
24361	RECONSTRUCT ELBOW JOINT	Y		1/1/2011	Fee Schedule	$7,068.23
24362	RECONSTRUCT ELBOW JOINT	Y		1/1/2011	Fee Schedule	$2,322.92
24363	REPLACE ELBOW JOINT	Y		1/1/2011	Fee Schedule	$7,068.23

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
24365	RECONSTRUCT HEAD OF RADIUS	Y		1/1/2011	Fee Schedule	$1,522.05
24366	RECONSTRUCT HEAD OF RADIUS	Y		1/1/2011	Fee Schedule	$7,068.23
24400	REVISION OF HUMERUS	Y		1/1/2011	Fee Schedule	$3,447.64
24410	REVISION OF HUMERUS	Y		1/1/2011	Fee Schedule	$1,833.38
24420	REVISION OF HUMERUS	Y		1/1/2011	Fee Schedule	$1,833.38
24430	REPAIR OF HUMERUS	Y		1/1/2011	Fee Schedule	$3,447.64
24435	REPAIR HUMERUS WITH GRAFT	Y		1/1/2011	Fee Schedule	$3,447.64
24470	REVISION OF ELBOW JOINT	Y		1/1/2011	Fee Schedule	$1,833.38
24495	DECOMPRESSION OF FOREARM	Y		1/1/2011	Fee Schedule	$1,249.23
24498	REINFORCE HUMERUS	Y		1/1/2011	Fee Schedule	$3,447.64
24500	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
24505	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
24515	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
24516	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
24530	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
24535	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$213.28
24538	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
24545	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
24546	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
24560	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
24565	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
24566	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
24575	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
24576	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
24577	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
24579	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
24582	TREAT HUMERUS FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
24586	TREAT ELBOW FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
24587	TREAT ELBOW FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
24600	TREAT ELBOW DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
24605	TREAT ELBOW DISLOCATION	Y		1/1/2011	Fee Schedule	$602.50
24615	TREAT ELBOW DISLOCATION	Y		1/1/2011	Fee Schedule	$2,592.14
24620	TREAT ELBOW FRACTURE	Y		1/1/2011	Fee Schedule	$807.24
24635	TREAT ELBOW FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
24640	TREAT ELBOW DISLOCATION	Y		4/1/2011	Fee Schedule	$61.16
24650	TREAT RADIUS FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
24655	TREAT RADIUS FRACTURE	Y		1/1/2011	Fee Schedule	$213.28
24665	TREAT RADIUS FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
24666	TREAT RADIUS FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
24670	TREAT ULNAR FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
24675	TREAT ULNAR FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
24685	TREAT ULNAR FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
24800	FUSION OF ELBOW JOINT	Y		1/1/2011	Fee Schedule	$1,833.38
24802	FUSION/GRAFT OF ELBOW JOINT	Y		1/1/2011	Fee Schedule	$3,447.64
24925	AMPUTATION FOLLOW-UP SURGERY	Y		1/1/2011	Fee Schedule	$890.10
25000	INCISION OF TENDON SHEATH	Y		1/1/2011	Fee Schedule	$890.10
25001	INCISE FLEXOR CARPI RADIALIS	Y		1/1/2011	Fee Schedule	$890.10
25020	DECOMPRESS FOREARM 1 SPACE	Y		1/1/2011	Fee Schedule	$1,249.23
25023	DECOMPRESS FOREARM 1 SPACE	Y		1/1/2011	Fee Schedule	$1,249.23
25024	DECOMPRESS FOREARM 2 SPACES	Y		1/1/2011	Fee Schedule	$1,249.23
25025	DECOMPRESS FOREARM 2 SPACES	Y		1/1/2011	Fee Schedule	$1,249.23
25028	DRAINAGE OF FOREARM LESION	Y		1/1/2011	Fee Schedule	$890.10
25031	DRAINAGE OF FOREARM BURSA	Y		1/1/2011	Fee Schedule	$890.10
25035	TREAT FOREARM BONE LESION	Y		1/1/2011	Fee Schedule	$890.10
25040	EXPLORE/TREAT WRIST JOINT	Y		1/1/2011	Fee Schedule	$1,249.23
25065	BIOPSY FOREARM SOFT TISSUES	Y		4/1/2011	Fee Schedule	$169.20
25066	BIOPSY FOREARM SOFT TISSUES	Y		1/1/2011	Fee Schedule	$925.91
25071	EXC FOREARM LES SC > 3 CM	Y		1/1/2011	Fee Schedule	$925.91
25073	EXC FOREARM TUM DEEP 3 CM	Y		1/1/2011	Fee Schedule	$925.91
25075	EXC FOREARM LES SC < 3 CM	Y		4/1/2011	Fee Schedule	$311.22
25076	EXC FOREARM TUM DEEP < 3 CM	Y		1/1/2011	Fee Schedule	$700.41
25077	RESECT FOREARM/WRIST TUM<3CM	Y		1/1/2011	Fee Schedule	$700.41

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
25078	RESECT FOREARM/WRIST TUM3	Y		1/1/2011	Fee Schedule	$925.91
25085	INCISION OF WRIST CAPSULE	Y		1/1/2011	Fee Schedule	$890.10
25100	BIOPSY OF WRIST JOINT	Y		1/1/2011	Fee Schedule	$890.10
25101	EXPLORE/TREAT WRIST JOINT	Y		1/1/2011	Fee Schedule	$1,249.23
25105	REMOVE WRIST JOINT LINING	Y		1/1/2011	Fee Schedule	$1,249.23
25107	REMOVE WRIST JOINT CARTILAGE	Y		1/1/2011	Fee Schedule	$1,249.23
25109	EXCISE TENDON FOREARM/WRIST	Y		1/1/2011	Fee Schedule	$890.10
25110	REMOVE WRIST TENDON LESION	Y		1/1/2011	Fee Schedule	$890.10
25111	REMOVE WRIST TENDON LESION	Y		1/1/2011	Fee Schedule	$890.10
25112	REREMOVE WRIST TENDON LESION	Y		1/1/2011	Fee Schedule	$890.10
25115	REMOVE WRIST/FOREARM LESION	Y		1/1/2011	Fee Schedule	$890.10
25116	REMOVE WRIST/FOREARM LESION	Y		1/1/2011	Fee Schedule	$890.10
25118	EXCISE WRIST TENDON SHEATH	Y		1/1/2011	Fee Schedule	$1,249.23
25119	PARTIAL REMOVAL OF ULNA	Y		1/1/2011	Fee Schedule	$1,249.23
25120	REMOVAL OF FOREARM LESION	Y		1/1/2011	Fee Schedule	$1,249.23
25125	REMOVE/GRAFT FOREARM LESION	Y		1/1/2011	Fee Schedule	$1,249.23
25126	REMOVE/GRAFT FOREARM LESION	Y		1/1/2011	Fee Schedule	$1,249.23
25130	REMOVAL OF WRIST LESION	Y		1/1/2011	Fee Schedule	$1,249.23
25135	REMOVE & GRAFT WRIST LESION	Y		1/1/2011	Fee Schedule	$1,249.23
25136	REMOVE & GRAFT WRIST LESION	Y		1/1/2011	Fee Schedule	$1,249.23
25145	REMOVE FOREARM BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
25150	PARTIAL REMOVAL OF ULNA	Y		1/1/2011	Fee Schedule	$1,249.23
25151	PARTIAL REMOVAL OF RADIUS	Y		1/1/2011	Fee Schedule	$1,249.23
25210	REMOVAL OF WRIST BONE	Y		1/1/2011	Fee Schedule	$1,249.23
25215	REMOVAL OF WRIST BONES	Y		1/1/2011	Fee Schedule	$1,249.23
25230	PARTIAL REMOVAL OF RADIUS	Y		1/1/2011	Fee Schedule	$1,249.23
25240	PARTIAL REMOVAL OF ULNA	Y		1/1/2011	Fee Schedule	$1,249.23
25246	INJECTION FOR WRIST X-RAY			1/1/2009	No Separate Payment	$0.00
25248	REMOVE FOREARM FOREIGN BODY	Y		1/1/2011	Fee Schedule	$890.10
25250	REMOVAL OF WRIST PROSTHESIS	Y		1/1/2011	Fee Schedule	$1,249.23
25251	REMOVAL OF WRIST PROSTHESIS	Y		1/1/2011	Fee Schedule	$1,249.23
25259	MANIPULATE WRIST W/ANESTHES	Y		1/1/2011	Fee Schedule	$807.24
25260	REPAIR FOREARM TENDON/MUSCLE	Y		1/1/2011	Fee Schedule	$1,249.23
25263	REPAIR FOREARM TENDON/MUSCLE	Y		1/1/2011	Fee Schedule	$1,249.23
25265	REPAIR FOREARM TENDON/MUSCLE	Y		1/1/2011	Fee Schedule	$1,249.23
25270	REPAIR FOREARM TENDON/MUSCLE	Y		1/1/2011	Fee Schedule	$1,249.23
25272	REPAIR FOREARM TENDON/MUSCLE	Y		1/1/2011	Fee Schedule	$1,249.23
25274	REPAIR FOREARM TENDON/MUSCLE	Y		1/1/2011	Fee Schedule	$1,249.23
25275	REPAIR FOREARM TENDON SHEATH	Y		1/1/2011	Fee Schedule	$1,249.23
25280	REVISE WRIST/FOREARM TENDON	Y		1/1/2011	Fee Schedule	$1,249.23
25290	INCISE WRIST/FOREARM TENDON	Y		1/1/2011	Fee Schedule	$1,249.23
25295	RELEASE WRIST/FOREARM TENDON	Y		1/1/2011	Fee Schedule	$890.10
25300	FUSION OF TENDONS AT WRIST	Y		1/1/2011	Fee Schedule	$1,249.23
25301	FUSION OF TENDONS AT WRIST	Y		1/1/2011	Fee Schedule	$1,249.23
25310	TRANSPLANT FOREARM TENDON	Y		1/1/2011	Fee Schedule	$1,833.38
25312	TRANSPLANT FOREARM TENDON	Y		1/1/2011	Fee Schedule	$1,833.38
25315	REVISE PALSY HAND TENDON(S)	Y		1/1/2011	Fee Schedule	$1,833.38
25316	REVISE PALSY HAND TENDON(S)	Y		1/1/2011	Fee Schedule	$3,447.64
25320	REPAIR/REVISE WRIST JOINT	Y		1/1/2011	Fee Schedule	$1,833.38
25332	REVISE WRIST JOINT	Y		1/1/2011	Fee Schedule	$1,522.05
25335	REALIGNMENT OF HAND	Y		1/1/2011	Fee Schedule	$1,833.38
25337	RECONSTRUCT ULNA/RADIOULNAR	Y		1/1/2011	Fee Schedule	$1,833.38
25350	REVISION OF RADIUS	Y		1/1/2011	Fee Schedule	$1,833.38
25355	REVISION OF RADIUS	Y		1/1/2011	Fee Schedule	$1,833.38
25360	REVISION OF ULNA	Y		1/1/2011	Fee Schedule	$1,833.38
25365	REVISE RADIUS & ULNA	Y		1/1/2011	Fee Schedule	$3,447.64
25370	REVISE RADIUS OR ULNA	Y		1/1/2011	Fee Schedule	$1,833.38
25375	REVISE RADIUS & ULNA	Y		1/1/2011	Fee Schedule	$1,833.38
25390	SHORTEN RADIUS OR ULNA	Y		1/1/2011	Fee Schedule	$1,833.38
25391	LENGTHEN RADIUS OR ULNA	Y		1/1/2011	Fee Schedule	$3,447.64
25392	SHORTEN RADIUS & ULNA	Y		1/1/2011	Fee Schedule	$1,249.23
25393	LENGTHEN RADIUS & ULNA	Y		1/1/2011	Fee Schedule	$1,833.38

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
25394	REPAIR CARPAL BONE SHORTEN	Y		1/1/2011	Fee Schedule	$1,833.38
25400	REPAIR RADIUS OR ULNA	Y		1/1/2011	Fee Schedule	$3,447.64
25405	REPAIR/GRAFT RADIUS OR ULNA	Y		1/1/2011	Fee Schedule	$3,447.64
25415	REPAIR RADIUS & ULNA	Y		1/1/2011	Fee Schedule	$3,447.64
25420	REPAIR/GRAFT RADIUS & ULNA	Y		1/1/2011	Fee Schedule	$3,447.64
25425	REPAIR/GRAFT RADIUS OR ULNA	Y		1/1/2011	Fee Schedule	$3,447.64
25426	REPAIR/GRAFT RADIUS & ULNA	Y		1/1/2011	Fee Schedule	$1,833.38
25430	VASC GRAFT INTO CARPAL BONE	Y		1/1/2011	Fee Schedule	$1,833.38
25431	REPAIR NONUNION CARPAL BONE	Y		1/1/2011	Fee Schedule	$1,833.38
25440	REPAIR/GRAFT WRIST BONE	Y		1/1/2011	Fee Schedule	$3,447.64
25441	RECONSTRUCT WRIST JOINT	Y		1/1/2011	Fee Schedule	$7,068.23
25442	RECONSTRUCT WRIST JOINT	Y		1/1/2011	Fee Schedule	$7,068.23
25443	RECONSTRUCT WRIST JOINT	Y		1/1/2011	Fee Schedule	$2,322.92
25444	RECONSTRUCT WRIST JOINT	Y		1/1/2011	Fee Schedule	$2,322.92
25445	RECONSTRUCT WRIST JOINT	Y		1/1/2011	Fee Schedule	$2,322.92
25446	WRIST REPLACEMENT	Y		1/1/2011	Fee Schedule	$7,068.23
25447	REPAIR WRIST JOINT(S)	Y		1/1/2011	Fee Schedule	$1,522.05
25449	REMOVE WRIST JOINT IMPLANT	Y		1/1/2011	Fee Schedule	$1,522.05
25450	REVISION OF WRIST JOINT	Y		1/1/2011	Fee Schedule	$1,833.38
25455	REVISION OF WRIST JOINT	Y		1/1/2011	Fee Schedule	$1,833.38
25490	REINFORCE RADIUS	Y		1/1/2011	Fee Schedule	$1,833.38
25491	REINFORCE ULNA	Y		1/1/2011	Fee Schedule	$1,833.38
25492	REINFORCE RADIUS AND ULNA	Y		1/1/2011	Fee Schedule	$1,833.38
25500	TREAT FRACTURE OF RADIUS	Y		1/1/2011	Fee Schedule	$61.16
25505	TREAT FRACTURE OF RADIUS	Y		1/1/2011	Fee Schedule	$213.28
25515	TREAT FRACTURE OF RADIUS	Y		1/1/2011	Fee Schedule	$1,864.78
25520	TREAT FRACTURE OF RADIUS	Y		1/1/2011	Fee Schedule	$213.28
25525	TREAT FRACTURE OF RADIUS	Y		1/1/2011	Fee Schedule	$1,864.78
25526	TREAT FRACTURE OF RADIUS	Y		1/1/2011	Fee Schedule	$1,864.78
25530	TREAT FRACTURE OF ULNA	Y		1/1/2011	Fee Schedule	$61.16
25535	TREAT FRACTURE OF ULNA	Y		1/1/2011	Fee Schedule	$61.16
25545	TREAT FRACTURE OF ULNA	Y		1/1/2011	Fee Schedule	$1,864.78
25560	TREAT FRACTURE RADIUS & ULNA	Y		1/1/2011	Fee Schedule	$61.16
25565	TREAT FRACTURE RADIUS & ULNA	Y		1/1/2011	Fee Schedule	$213.28
25574	TREAT FRACTURE RADIUS & ULNA	Y		1/1/2011	Fee Schedule	$2,592.14
25575	TREAT FRACTURE RADIUS/ULNA	Y		1/1/2011	Fee Schedule	$2,592.14
25600	TREAT FRACTURE RADIUS/ULNA	Y		1/1/2011	Fee Schedule	$61.16
25605	TREAT FRACTURE RADIUS/ULNA	Y		1/1/2011	Fee Schedule	$213.28
25606	TREAT FX DISTAL RADIAL	Y		1/1/2011	Fee Schedule	$1,028.80
25607	TREAT FX RAD EXTRA-ARTICUL	Y		1/1/2011	Fee Schedule	$2,592.14
25608	TREAT FX RAD INTRA-ARTICUL	Y		1/1/2011	Fee Schedule	$2,592.14
25609	TREAT FX RADIAL 3 FRAG	Y		1/1/2011	Fee Schedule	$2,592.14
25622	TREAT WRIST BONE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
25624	TREAT WRIST BONE FRACTURE	Y		1/1/2011	Fee Schedule	$213.28
25628	TREAT WRIST BONE FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
25630	TREAT WRIST BONE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
25635	TREAT WRIST BONE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
25645	TREAT WRIST BONE FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
25650	TREAT WRIST BONE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
25651	PIN ULNAR STYLOID FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
25652	TREAT FRACTURE ULNAR STYLOID	Y		1/1/2011	Fee Schedule	$1,864.78
25660	TREAT WRIST DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
25670	TREAT WRIST DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
25671	PIN RADIOULNAR DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
25675	TREAT WRIST DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
25676	TREAT WRIST DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
25680	TREAT WRIST FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
25685	TREAT WRIST FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
25690	TREAT WRIST DISLOCATION	Y		1/1/2011	Fee Schedule	$807.24
25695	TREAT WRIST DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
25800	FUSION OF WRIST JOINT	Y		1/1/2011	Fee Schedule	$3,447.64
25805	FUSION/GRAFT OF WRIST JOINT	Y		1/1/2011	Fee Schedule	$3,447.64

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
25810	FUSION/GRAFT OF WRIST JOINT	Y		1/1/2011	Fee Schedule	$3,447.64
25820	FUSION OF HAND BONES	Y		1/1/2011	Fee Schedule	$1,833.38
25825	FUSE HAND BONES WITH GRAFT	Y		1/1/2011	Fee Schedule	$3,447.64
25830	FUSION RADIOULNAR JNT/ULNA	Y		1/1/2011	Fee Schedule	$3,447.64
25907	AMPUTATION FOLLOW-UP SURGERY	Y		1/1/2011	Fee Schedule	$890.10
25922	AMPUTATE HAND AT WRIST	Y		1/1/2011	Fee Schedule	$890.10
25929	AMPUTATION FOLLOW-UP SURGERY	Y		1/1/2011	Fee Schedule	$666.84
25931	AMPUTATION FOLLOW-UP SURGERY	Y		1/1/2011	Fee Schedule	$890.10
26010	DRAINAGE OF FINGER ABSCESS	Y		1/1/2011	Fee Schedule	$57.75
26011	DRAINAGE OF FINGER ABSCESS	Y		1/1/2011	Fee Schedule	$504.16
26020	DRAIN HAND TENDON SHEATH	Y		1/1/2011	Fee Schedule	$665.00
26025	DRAINAGE OF PALM BURSA	Y		1/1/2011	Fee Schedule	$665.00
26030	DRAINAGE OF PALM BURSA(S)	Y		1/1/2011	Fee Schedule	$665.00
26034	TREAT HAND BONE LESION	Y		1/1/2011	Fee Schedule	$665.00
26035	DECOMPRESS FINGERS/HAND	Y		1/1/2011	Fee Schedule	$665.00
26037	DECOMPRESS FINGERS/HAND	Y		1/1/2011	Fee Schedule	$665.00
26040	RELEASE PALM CONTRACTURE	Y		1/1/2011	Fee Schedule	$665.00
26045	RELEASE PALM CONTRACTURE	Y		1/1/2011	Fee Schedule	$1,153.33
26055	INCISE FINGER TENDON SHEATH	Y		1/1/2011	Fee Schedule	$665.00
26060	INCISION OF FINGER TENDON	Y		1/1/2011	Fee Schedule	$665.00
26070	EXPLORE/TREAT HAND JOINT	Y		1/1/2011	Fee Schedule	$665.00
26075	EXPLORE/TREAT FINGER JOINT	Y		1/1/2011	Fee Schedule	$665.00
26080	EXPLORE/TREAT FINGER JOINT	Y		1/1/2011	Fee Schedule	$665.00
26100	BIOPSY HAND JOINT LINING	Y		1/1/2011	Fee Schedule	$665.00
26105	BIOPSY FINGER JOINT LINING	Y		1/1/2011	Fee Schedule	$665.00
26110	BIOPSY FINGER JOINT LINING	Y		1/1/2011	Fee Schedule	$665.00
26111	EXC HAND LES SC > 1.5 CM	Y		1/1/2011	Fee Schedule	$925.91
26113	EXC HAND TUM DEEP > 1.5 CM	Y		1/1/2011	Fee Schedule	$925.91
26115	EXC HAND LES SC < 1.5 CM	Y		4/1/2011	Fee Schedule	$386.65
26116	EXC HAND TUM DEEP < 1.5 CM	Y		1/1/2011	Fee Schedule	$700.41
26117	EXC HAND TUM RA < 3 CM	Y		1/1/2011	Fee Schedule	$700.41
26118	EXC HAND TUM RA > 3 CM	Y		1/1/2011	Fee Schedule	$925.91
26121	RELEASE PALM CONTRACTURE	Y		1/1/2011	Fee Schedule	$1,153.33
26123	RELEASE PALM CONTRACTURE	Y		1/1/2011	Fee Schedule	$1,153.33
26125	RELEASE PALM CONTRACTURE	Y		1/1/2011	Fee Schedule	$665.00
26130	REMOVE WRIST JOINT LINING	Y		1/1/2011	Fee Schedule	$665.00
26135	REVISE FINGER JOINT EACH	Y		1/1/2011	Fee Schedule	$1,153.33
26140	REVISE FINGER JOINT EACH	Y		1/1/2011	Fee Schedule	$665.00
26145	TENDON EXCISION PALM/FINGER	Y		1/1/2011	Fee Schedule	$665.00
26160	REMOVE TENDON SHEATH LESION	Y		1/1/2011	Fee Schedule	$665.00
26170	REMOVAL OF PALM TENDON EACH	Y		1/1/2011	Fee Schedule	$665.00
26180	REMOVAL OF FINGER TENDON	Y		1/1/2011	Fee Schedule	$665.00
26185	REMOVE FINGER BONE	Y		1/1/2011	Fee Schedule	$665.00
26200	REMOVE HAND BONE LESION	Y		1/1/2011	Fee Schedule	$665.00
26205	REMOVE/GRAFT BONE LESION	Y		1/1/2011	Fee Schedule	$1,153.33
26210	REMOVAL OF FINGER LESION	Y		1/1/2011	Fee Schedule	$665.00
26215	REMOVE/GRAFT FINGER LESION	Y		1/1/2011	Fee Schedule	$665.00
26230	PARTIAL REMOVAL OF HAND BONE	Y		1/1/2011	Fee Schedule	$665.00
26235	PARTIAL REMOVAL FINGER BONE	Y		1/1/2011	Fee Schedule	$665.00
26236	PARTIAL REMOVAL FINGER BONE	Y		1/1/2011	Fee Schedule	$665.00
26250	EXTENSIVE HAND SURGERY	Y		1/1/2011	Fee Schedule	$665.00
26260	RESECT PROX FINGER TUMOR	Y		1/1/2011	Fee Schedule	$665.00
26262	RESECT DISTAL FINGER TUMOR	Y		1/1/2011	Fee Schedule	$665.00
26320	REMOVAL OF IMPLANT FROM HAND	Y		1/1/2011	Fee Schedule	$700.41
26340	MANIPULATE FINGER W/ANESTH	Y		1/1/2011	Fee Schedule	$213.28
26350	REPAIR FINGER/HAND TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26352	REPAIR/GRAFT HAND TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26356	REPAIR FINGER/HAND TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26357	REPAIR FINGER/HAND TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26358	REPAIR/GRAFT HAND TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26370	REPAIR FINGER/HAND TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26372	REPAIR/GRAFT HAND TENDON	Y		1/1/2011	Fee Schedule	$1,153.33

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
26373	REPAIR FINGER/HAND TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26390	REVISE HAND/FINGER TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26392	REPAIR/GRAFT HAND TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26410	REPAIR HAND TENDON	Y		1/1/2011	Fee Schedule	$665.00
26412	REPAIR/GRAFT HAND TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26415	EXCISION HAND/FINGER TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26416	GRAFT HAND OR FINGER TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26418	REPAIR FINGER TENDON	Y		1/1/2011	Fee Schedule	$665.00
26420	REPAIR/GRAFT FINGER TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26426	REPAIR FINGER/HAND TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26428	REPAIR/GRAFT FINGER TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26432	REPAIR FINGER TENDON	Y		1/1/2011	Fee Schedule	$665.00
26433	REPAIR FINGER TENDON	Y		1/1/2011	Fee Schedule	$665.00
26434	REPAIR/GRAFT FINGER TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26437	REALIGNMENT OF TENDONS	Y		1/1/2011	Fee Schedule	$665.00
26440	RELEASE PALM/FINGER TENDON	Y		1/1/2011	Fee Schedule	$665.00
26442	RELEASE PALM & FINGER TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26445	RELEASE HAND/FINGER TENDON	Y		1/1/2011	Fee Schedule	$665.00
26449	RELEASE FOREARM/HAND TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26450	INCISION OF PALM TENDON	Y		1/1/2011	Fee Schedule	$665.00
26455	INCISION OF FINGER TENDON	Y		1/1/2011	Fee Schedule	$665.00
26460	INCISE HAND/FINGER TENDON	Y		1/1/2011	Fee Schedule	$665.00
26471	FUSION OF FINGER TENDONS	Y		1/1/2011	Fee Schedule	$665.00
26474	FUSION OF FINGER TENDONS	Y		1/1/2011	Fee Schedule	$665.00
26476	TENDON LENGTHENING	Y		1/1/2011	Fee Schedule	$665.00
26477	TENDON SHORTENING	Y		1/1/2011	Fee Schedule	$665.00
26478	LENGTHENING OF HAND TENDON	Y		1/1/2011	Fee Schedule	$665.00
26479	SHORTENING OF HAND TENDON	Y		1/1/2011	Fee Schedule	$665.00
26480	TRANSPLANT HAND TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26483	TRANSPLANT/GRAFT HAND TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26485	TRANSPLANT PALM TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26489	TRANSPLANT/GRAFT PALM TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26490	REVISE THUMB TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26492	TENDON TRANSFER WITH GRAFT	Y		1/1/2011	Fee Schedule	$1,153.33
26494	HAND TENDON/MUSCLE TRANSFER	Y		1/1/2011	Fee Schedule	$1,153.33
26496	REVISE THUMB TENDON	Y		1/1/2011	Fee Schedule	$1,153.33
26497	FINGER TENDON TRANSFER	Y		1/1/2011	Fee Schedule	$1,153.33
26498	FINGER TENDON TRANSFER	Y		1/1/2011	Fee Schedule	$1,153.33
26499	REVISION OF FINGER	Y		1/1/2011	Fee Schedule	$1,153.33
26500	HAND TENDON RECONSTRUCTION	Y		1/1/2011	Fee Schedule	$665.00
26502	HAND TENDON RECONSTRUCTION	Y		1/1/2011	Fee Schedule	$1,153.33
26508	RELEASE THUMB CONTRACTURE	Y		1/1/2011	Fee Schedule	$665.00
26510	THUMB TENDON TRANSFER	Y		1/1/2011	Fee Schedule	$1,153.33
26516	FUSION OF KNUCKLE JOINT	Y		1/1/2011	Fee Schedule	$1,153.33
26517	FUSION OF KNUCKLE JOINTS	Y		1/1/2011	Fee Schedule	$1,153.33
26518	FUSION OF KNUCKLE JOINTS	Y		1/1/2011	Fee Schedule	$1,153.33
26520	RELEASE KNUCKLE CONTRACTURE	Y		1/1/2011	Fee Schedule	$665.00
26525	RELEASE FINGER CONTRACTURE	Y		1/1/2011	Fee Schedule	$665.00
26530	REVISE KNUCKLE JOINT	Y		1/1/2011	Fee Schedule	$1,522.05
26531	REVISE KNUCKLE WITH IMPLANT	Y		1/1/2011	Fee Schedule	$2,322.92
26535	REVISE FINGER JOINT	Y		1/1/2011	Fee Schedule	$1,522.05
26536	REVISE/IMPLANT FINGER JOINT	Y		1/1/2011	Fee Schedule	$2,322.92
26540	REPAIR HAND JOINT	Y		1/1/2011	Fee Schedule	$665.00
26541	REPAIR HAND JOINT WITH GRAFT	Y		1/1/2011	Fee Schedule	$1,153.33
26542	REPAIR HAND JOINT WITH GRAFT	Y		1/1/2011	Fee Schedule	$665.00
26545	RECONSTRUCT FINGER JOINT	Y		1/1/2011	Fee Schedule	$1,153.33
26546	REPAIR NONUNION HAND	Y		1/1/2011	Fee Schedule	$1,153.33
26548	RECONSTRUCT FINGER JOINT	Y		1/1/2011	Fee Schedule	$1,153.33
26550	CONSTRUCT THUMB REPLACEMENT	Y		1/1/2011	Fee Schedule	$1,153.33
26555	POSITIONAL CHANGE OF FINGER	Y		1/1/2011	Fee Schedule	$1,153.33
26560	REPAIR OF WEB FINGER	Y		1/1/2011	Fee Schedule	$665.00
26561	REPAIR OF WEB FINGER	Y		1/1/2011	Fee Schedule	$1,153.33

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
26562	REPAIR OF WEB FINGER	Y		1/1/2011	Fee Schedule	$1,153.33
26565	CORRECT METACARPAL FLAW	Y		1/1/2011	Fee Schedule	$1,153.33
26567	CORRECT FINGER DEFORMITY	Y		1/1/2011	Fee Schedule	$1,153.33
26568	LENGTHEN METACARPAL/FINGER	Y		1/1/2011	Fee Schedule	$1,153.33
26580	REPAIR HAND DEFORMITY	Y		1/1/2011	Fee Schedule	$665.00
26587	RECONSTRUCT EXTRA FINGER	Y		1/1/2011	Fee Schedule	$665.00
26590	REPAIR FINGER DEFORMITY	Y		1/1/2011	Fee Schedule	$665.00
26591	REPAIR MUSCLES OF HAND	Y		1/1/2011	Fee Schedule	$1,153.33
26593	RELEASE MUSCLES OF HAND	Y		1/1/2011	Fee Schedule	$665.00
26596	EXCISION CONSTRICTING TISSUE	Y		1/1/2011	Fee Schedule	$665.00
26600	TREAT METACARPAL FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
26605	TREAT METACARPAL FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
26607	TREAT METACARPAL FRACTURE	Y		1/1/2011	Fee Schedule	$807.24
26608	TREAT METACARPAL FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
26615	TREAT METACARPAL FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
26641	TREAT THUMB DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
26645	TREAT THUMB FRACTURE	Y		1/1/2011	Fee Schedule	$213.28
26650	TREAT THUMB FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
26665	TREAT THUMB FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
26670	TREAT HAND DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
26675	TREAT HAND DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
26676	PIN HAND DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
26685	TREAT HAND DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
26686	TREAT HAND DISLOCATION	Y		1/1/2011	Fee Schedule	$2,592.14
26700	TREAT KNUCKLE DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
26705	TREAT KNUCKLE DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
26706	PIN KNUCKLE DISLOCATION	Y		1/1/2011	Fee Schedule	$807.24
26715	TREAT KNUCKLE DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
26720	TREAT FINGER FRACTURE EACH	Y		1/1/2011	Fee Schedule	$61.16
26725	TREAT FINGER FRACTURE EACH	Y		1/1/2011	Fee Schedule	$61.16
26727	TREAT FINGER FRACTURE EACH	Y		1/1/2011	Fee Schedule	$1,028.80
26735	TREAT FINGER FRACTURE EACH	Y		1/1/2011	Fee Schedule	$1,028.80
26740	TREAT FINGER FRACTURE EACH	Y		1/1/2011	Fee Schedule	$61.16
26742	TREAT FINGER FRACTURE EACH	Y		1/1/2011	Fee Schedule	$61.16
26746	TREAT FINGER FRACTURE EACH	Y		1/1/2011	Fee Schedule	$1,028.80
26750	TREAT FINGER FRACTURE EACH	Y		1/1/2011	Fee Schedule	$61.16
26755	TREAT FINGER FRACTURE EACH	Y		1/1/2011	Fee Schedule	$61.16
26756	PIN FINGER FRACTURE EACH	Y		1/1/2011	Fee Schedule	$1,028.80
26765	TREAT FINGER FRACTURE EACH	Y		1/1/2011	Fee Schedule	$1,028.80
26770	TREAT FINGER DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
26775	TREAT FINGER DISLOCATION	Y		4/1/2011	Fee Schedule	$209.29
26776	PIN FINGER DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
26785	TREAT FINGER DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
26820	THUMB FUSION WITH GRAFT	Y		1/1/2011	Fee Schedule	$1,153.33
26841	FUSION OF THUMB	Y		1/1/2011	Fee Schedule	$1,153.33
26842	THUMB FUSION WITH GRAFT	Y		1/1/2011	Fee Schedule	$1,153.33
26843	FUSION OF HAND JOINT	Y		1/1/2011	Fee Schedule	$1,153.33
26844	FUSION/GRAFT OF HAND JOINT	Y		1/1/2011	Fee Schedule	$1,153.33
26850	FUSION OF KNUCKLE	Y		1/1/2011	Fee Schedule	$1,153.33
26852	FUSION OF KNUCKLE WITH GRAFT	Y		1/1/2011	Fee Schedule	$1,153.33
26860	FUSION OF FINGER JOINT	Y		1/1/2011	Fee Schedule	$1,153.33
26861	FUSION OF FINGER JNT ADD-ON	Y		1/1/2011	Fee Schedule	$1,153.33
26862	FUSION/GRAFT OF FINGER JOINT	Y		1/1/2011	Fee Schedule	$1,153.33
26863	FUSE/GRAFT ADDED JOINT	Y		1/1/2011	Fee Schedule	$1,153.33
26910	AMPUTATE METACARPAL BONE	Y		1/1/2011	Fee Schedule	$1,153.33
26951	AMPUTATION OF FINGER/THUMB	Y		1/1/2011	Fee Schedule	$665.00
26952	AMPUTATION OF FINGER/THUMB	Y		1/1/2011	Fee Schedule	$665.00
26990	DRAINAGE OF PELVIS LESION	Y		1/1/2011	Fee Schedule	$890.10
26991	DRAINAGE OF PELVIS BURSA	Y		1/1/2011	Fee Schedule	$890.10
27000	INCISION OF HIP TENDON	Y		1/1/2011	Fee Schedule	$890.10
27001	INCISION OF HIP TENDON	Y		1/1/2011	Fee Schedule	$1,249.23
27003	INCISION OF HIP TENDON	Y		1/1/2011	Fee Schedule	$1,249.23

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
27033	EXPLORATION OF HIP JOINT	Y		1/1/2011	Fee Schedule	$1,833.38
27035	DENERVATION OF HIP JOINT	Y		1/1/2011	Fee Schedule	$1,833.38
27040	BIOPSY OF SOFT TISSUES	Y		1/1/2011	Fee Schedule	$329.04
27041	BIOPSY OF SOFT TISSUES	Y		1/1/2011	Fee Schedule	$329.04
27043	EXC HIP PELVIS LES SC > 3 CM	Y		1/1/2011	Fee Schedule	$925.91
27045	EXC HIP/PELV TUM DEEP > 5 CM	Y		1/1/2011	Fee Schedule	$925.91
27047	EXC HIP/PELVIS LES SC < 3 CM	Y		4/1/2011	Fee Schedule	$277.25
27048	EXC HIP/PELV TUM DEEP < 5 CM	Y		1/1/2011	Fee Schedule	$700.41
27049	RESECT HIP/PELV TUM < 5 CM	Y		1/1/2011	Fee Schedule	$700.41
27050	BIOPSY OF SACROILIAC JOINT	Y		1/1/2011	Fee Schedule	$890.10
27052	BIOPSY OF HIP JOINT	Y		1/1/2011	Fee Schedule	$890.10
27059	RESECT HIP/PELV TUM > 5 CM	Y		1/1/2011	Fee Schedule	$925.91
27060	REMOVAL OF ISCHIAL BURSA	Y		1/1/2011	Fee Schedule	$890.10
27062	REMOVE FEMUR LESION/BURSA	Y		1/1/2011	Fee Schedule	$890.10
27065	REMOVAL OF HIP BONE LESION	Y		1/1/2011	Fee Schedule	$890.10
27066	REMOVAL OF HIP BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
27067	REMOVE/GRAFT HIP BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
27080	REMOVAL OF TAIL BONE	Y		1/1/2011	Fee Schedule	$1,249.23
27086	REMOVE HIP FOREIGN BODY	Y		1/1/2011	Fee Schedule	$329.04
27087	REMOVE HIP FOREIGN BODY	Y		1/1/2011	Fee Schedule	$890.10
27093	INJECTION FOR HIP X-RAY			1/1/2009	No Separate Payment	$0.00
27095	INJECTION FOR HIP X-RAY			1/1/2009	No Separate Payment	$0.00
27097	REVISION OF HIP TENDON	Y		1/1/2011	Fee Schedule	$1,249.23
27098	TRANSFER TENDON TO PELVIS	Y		1/1/2011	Fee Schedule	$1,249.23
27100	TRANSFER OF ABDOMINAL MUSCLE	Y		1/1/2011	Fee Schedule	$1,833.38
27105	TRANSFER OF SPINAL MUSCLE	Y		1/1/2011	Fee Schedule	$1,833.38
27110	TRANSFER OF ILIOPSOAS MUSCLE	Y		1/1/2011	Fee Schedule	$1,833.38
27111	TRANSFER OF ILIOPSOAS MUSCLE	Y		1/1/2011	Fee Schedule	$1,833.38
27193	TREAT PELVIC RING FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27194	TREAT PELVIC RING FRACTURE	Y		1/1/2011	Fee Schedule	$602.50
27200	TREAT TAIL BONE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27202	TREAT TAIL BONE FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
27220	TREAT HIP SOCKET FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27230	TREAT THIGH FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27238	TREAT THIGH FRACTURE	Y		1/1/2011	Fee Schedule	$213.28
27246	TREAT THIGH FRACTURE	Y		1/1/2011	Fee Schedule	$213.28
27250	TREAT HIP DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
27252	TREAT HIP DISLOCATION	Y		1/1/2011	Fee Schedule	$602.50
27256	TREAT HIP DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
27257	TREAT HIP DISLOCATION	Y		1/1/2011	Fee Schedule	$602.50
27265	TREAT HIP DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
27266	TREAT HIP DISLOCATION	Y		1/1/2011	Fee Schedule	$602.50
27267	CLTX THIGH FX	Y		1/1/2011	Fee Schedule	$61.16
27275	MANIPULATION OF HIP JOINT	Y		1/1/2011	Fee Schedule	$602.50
27301	DRAIN THIGH/KNEE LESION	Y		1/1/2011	Fee Schedule	$782.60
27305	INCISE THIGH TENDON & FASCIA	Y		1/1/2011	Fee Schedule	$890.10
27306	INCISION OF THIGH TENDON	Y		1/1/2011	Fee Schedule	$890.10
27307	INCISION OF THIGH TENDONS	Y		1/1/2011	Fee Schedule	$890.10
27310	EXPLORATION OF KNEE JOINT	Y		1/1/2011	Fee Schedule	$1,249.23
27323	BIOPSY THIGH SOFT TISSUES	Y		1/1/2011	Fee Schedule	$329.04
27324	BIOPSY THIGH SOFT TISSUES	Y		1/1/2011	Fee Schedule	$925.91
27325	NEURECTOMY HAMSTRING	Y		1/1/2011	Fee Schedule	$741.26
27326	NEURECTOMY POPLITEAL	Y		1/1/2011	Fee Schedule	$741.26
27327	EXC THIGH/KNEE LES SC < 3 CM	Y		4/1/2011	Fee Schedule	$269.09
27328	EXC THIGH/KNEE TUM DEEP <5CM	Y		1/1/2011	Fee Schedule	$700.41
27329	RESECT THIGH/KNEE TUM < 5 CM	Y		1/1/2011	Fee Schedule	$700.41
27330	BIOPSY KNEE JOINT LINING	Y		1/1/2011	Fee Schedule	$1,249.23
27331	EXPLORE/TREAT KNEE JOINT	Y		1/1/2011	Fee Schedule	$1,249.23
27332	REMOVAL OF KNEE CARTILAGE	Y		1/1/2011	Fee Schedule	$1,249.23
27333	REMOVAL OF KNEE CARTILAGE	Y		1/1/2011	Fee Schedule	$1,249.23
27334	REMOVE KNEE JOINT LINING	Y		1/1/2011	Fee Schedule	$1,249.23
27335	REMOVE KNEE JOINT LINING	Y		1/1/2011	Fee Schedule	$1,249.23

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
27337	EXC THIGH/KNEE LES SC 3 CM	Y		1/1/2011	Fee Schedule	$925.91
27339	EXC THIGH/KNEE TUM DEEP 5	Y		1/1/2011	Fee Schedule	$925.91
27340	REMOVAL OF KNEECAP BURSA	Y		1/1/2011	Fee Schedule	$890.10
27345	REMOVAL OF KNEE CYST	Y		1/1/2011	Fee Schedule	$890.10
27347	REMOVE KNEE CYST	Y		1/1/2011	Fee Schedule	$890.10
27350	REMOVAL OF KNEECAP	Y		1/1/2011	Fee Schedule	$1,249.23
27355	REMOVE FEMUR LESION	Y		1/1/2011	Fee Schedule	$1,249.23
27356	REMOVE FEMUR LESION/GRAFT	Y		1/1/2011	Fee Schedule	$1,249.23
27357	REMOVE FEMUR LESION/GRAFT	Y		1/1/2011	Fee Schedule	$1,249.23
27358	REMOVE FEMUR LESION/FIXATION	Y		1/1/2011	Fee Schedule	$1,249.23
27360	PARTIAL REMOVAL LEG BONE(S)	Y		1/1/2011	Fee Schedule	$1,249.23
27364	RESECT THIGH/KNEE TUM 5 CM	Y		1/1/2011	Fee Schedule	$925.91
27370	INJECTION FOR KNEE X-RAY			1/1/2009	No Separate Payment	$0.00
27372	REMOVAL OF FOREIGN BODY	Y		1/1/2011	Fee Schedule	$925.91
27380	REPAIR OF KNEECAP TENDON	Y		1/1/2011	Fee Schedule	$890.10
27381	REPAIR/GRAFT KNEECAP TENDON	Y		1/1/2011	Fee Schedule	$890.10
27385	REPAIR OF THIGH MUSCLE	Y		1/1/2011	Fee Schedule	$890.10
27386	REPAIR/GRAFT OF THIGH MUSCLE	Y		1/1/2011	Fee Schedule	$890.10
27390	INCISION OF THIGH TENDON	Y		1/1/2011	Fee Schedule	$890.10
27391	INCISION OF THIGH TENDONS	Y		1/1/2011	Fee Schedule	$890.10
27392	INCISION OF THIGH TENDONS	Y		1/1/2011	Fee Schedule	$890.10
27393	LENGTHENING OF THIGH TENDON	Y		1/1/2011	Fee Schedule	$1,249.23
27394	LENGTHENING OF THIGH TENDONS	Y		1/1/2011	Fee Schedule	$1,249.23
27395	LENGTHENING OF THIGH TENDONS	Y		1/1/2011	Fee Schedule	$1,833.38
27396	TRANSPLANT OF THIGH TENDON	Y		1/1/2011	Fee Schedule	$1,249.23
27397	TRANSPLANTS OF THIGH TENDONS	Y		1/1/2011	Fee Schedule	$1,833.38
27400	REVISE THIGH MUSCLES/TENDONS	Y		1/1/2011	Fee Schedule	$1,833.38
27403	REPAIR OF KNEE CARTILAGE	Y		1/1/2011	Fee Schedule	$1,249.23
27405	REPAIR OF KNEE LIGAMENT	Y		1/1/2011	Fee Schedule	$1,833.38
27407	REPAIR OF KNEE LIGAMENT	Y		1/1/2011	Fee Schedule	$3,447.64
27409	REPAIR OF KNEE LIGAMENTS	Y		1/1/2011	Fee Schedule	$3,447.64
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Y		1/1/2011	Fee Schedule	$1,833.38
27418	REPAIR DEGENERATED KNEECAP	Y		1/1/2011	Fee Schedule	$1,833.38
27420	REVISION OF UNSTABLE KNEECAP	Y		1/1/2011	Fee Schedule	$1,833.38
27422	REVISION OF UNSTABLE KNEECAP	Y		1/1/2011	Fee Schedule	$1,833.38
27424	REVISION/REMOVAL OF KNEECAP	Y		1/1/2011	Fee Schedule	$1,833.38
27425	LAT RETINACULAR RELEASE OPEN	Y		1/1/2011	Fee Schedule	$1,249.23
27427	RECONSTRUCTION KNEE	Y		1/1/2011	Fee Schedule	$3,447.64
27428	RECONSTRUCTION KNEE	Y		1/1/2011	Fee Schedule	$3,447.64
27429	RECONSTRUCTION KNEE	Y		1/1/2011	Fee Schedule	$3,447.64
27430	REVISION OF THIGH MUSCLES	Y		1/1/2011	Fee Schedule	$1,833.38
27435	INCISION OF KNEE JOINT	Y		1/1/2011	Fee Schedule	$1,833.38
27437	REVISE KNEECAP	Y		1/1/2011	Fee Schedule	$1,522.05
27438	REVISE KNEECAP WITH IMPLANT	Y		1/1/2011	Fee Schedule	$2,322.92
27440	REVISION OF KNEE JOINT	Y		1/1/2011	Fee Schedule	$1,522.05
27441	REVISION OF KNEE JOINT	Y		1/1/2011	Fee Schedule	$1,522.05
27442	REVISION OF KNEE JOINT	Y		1/1/2011	Fee Schedule	$1,522.05
27443	REVISION OF KNEE JOINT	Y		1/1/2011	Fee Schedule	$1,522.05
27446	REVISION OF KNEE JOINT	Y		1/1/2011	Fee Schedule	$7,068.23
27475	SURGERY TO STOP LEG GROWTH	Y		1/1/2011	Fee Schedule	$1,249.23
27479	SURGERY TO STOP LEG GROWTH	Y		1/1/2011	Fee Schedule	$1,249.23
27496	DECOMPRESSION OF THIGH/KNEE	Y		1/1/2011	Fee Schedule	$1,249.23
27497	DECOMPRESSION OF THIGH/KNEE	Y		1/1/2011	Fee Schedule	$890.10
27498	DECOMPRESSION OF THIGH/KNEE	Y		1/1/2011	Fee Schedule	$1,249.23
27499	DECOMPRESSION OF THIGH/KNEE	Y		1/1/2011	Fee Schedule	$1,249.23
27500	TREATMENT OF THIGH FRACTURE	Y		1/1/2011	Fee Schedule	$213.28
27501	TREATMENT OF THIGH FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27502	TREATMENT OF THIGH FRACTURE	Y		1/1/2011	Fee Schedule	$807.24
27503	TREATMENT OF THIGH FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27508	TREATMENT OF THIGH FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27509	TREATMENT OF THIGH FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
27510	TREATMENT OF THIGH FRACTURE	Y		1/1/2011	Fee Schedule	$213.28

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
27516	TREAT THIGH FX GROWTH PLATE	Y		1/1/2011	Fee Schedule	$61.16
27517	TREAT THIGH FX GROWTH PLATE	Y		1/1/2011	Fee Schedule	$61.16
27520	TREAT KNEECAP FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27530	TREAT KNEE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27532	TREAT KNEE FRACTURE	Y		1/1/2011	Fee Schedule	$807.24
27538	TREAT KNEE FRACTURE(S)	Y		1/1/2011	Fee Schedule	$61.16
27550	TREAT KNEE DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
27552	TREAT KNEE DISLOCATION	Y		1/1/2011	Fee Schedule	$602.50
27560	TREAT KNEECAP DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
27562	TREAT KNEECAP DISLOCATION	Y		1/1/2011	Fee Schedule	$602.50
27566	TREAT KNEECAP DISLOCATION	Y		1/1/2011	Fee Schedule	$1,864.78
27570	FIXATION OF KNEE JOINT	Y		1/1/2011	Fee Schedule	$602.50
27594	AMPUTATION FOLLOW-UP SURGERY	Y		1/1/2011	Fee Schedule	$890.10
27600	DECOMPRESSION OF LOWER LEG	Y		1/1/2011	Fee Schedule	$890.10
27601	DECOMPRESSION OF LOWER LEG	Y		1/1/2011	Fee Schedule	$890.10
27602	DECOMPRESSION OF LOWER LEG	Y		1/1/2011	Fee Schedule	$890.10
27603	DRAIN LOWER LEG LESION	Y		1/1/2011	Fee Schedule	$782.60
27604	DRAIN LOWER LEG BURSA	Y		1/1/2011	Fee Schedule	$890.10
27605	INCISION OF ACHILLES TENDON	Y		1/1/2011	Fee Schedule	$875.41
27606	INCISION OF ACHILLES TENDON	Y		1/1/2011	Fee Schedule	$890.10
27607	TREAT LOWER LEG BONE LESION	Y		1/1/2011	Fee Schedule	$890.10
27610	EXPLORE/TREAT ANKLE JOINT	Y		1/1/2011	Fee Schedule	$1,249.23
27612	EXPLORATION OF ANKLE JOINT	Y		1/1/2011	Fee Schedule	$1,249.23
27613	BIOPSY LOWER LEG SOFT TISSUE	Y		4/1/2011	Fee Schedule	$161.39
27614	BIOPSY LOWER LEG SOFT TISSUE	Y		1/1/2011	Fee Schedule	$925.91
27615	RESECT LEG/ANKLE TUM < 5 CM	Y		1/1/2011	Fee Schedule	$700.41
27616	RESECT LEG/ANKLE TUM 5 CM	Y		1/1/2011	Fee Schedule	$925.91
27618	EXC LEG/ANKLE TUM < 3 CM	Y		4/1/2011	Fee Schedule	$273.17
27619	EXC LEG/ANKLE TUM DEEP <5 CM	Y		1/1/2011	Fee Schedule	$700.41
27620	EXPLORE/TREAT ANKLE JOINT	Y		1/1/2011	Fee Schedule	$1,249.23
27625	REMOVE ANKLE JOINT LINING	Y		1/1/2011	Fee Schedule	$1,249.23
27626	REMOVE ANKLE JOINT LINING	Y		1/1/2011	Fee Schedule	$1,249.23
27630	REMOVAL OF TENDON LESION	Y		1/1/2011	Fee Schedule	$890.10
27632	EXC LEG/ANKLE LES SC 3 CM	Y		1/1/2011	Fee Schedule	$925.91
27634	EXC LEG/ANKLE TUM DEEP 5 CM	Y		1/1/2011	Fee Schedule	$925.91
27635	REMOVE LOWER LEG BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
27637	REMOVE/GRAFT LEG BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
27638	REMOVE/GRAFT LEG BONE LESION	Y		1/1/2011	Fee Schedule	$1,249.23
27640	PARTIAL REMOVAL OF TIBIA	Y		1/1/2011	Fee Schedule	$1,833.38
27641	PARTIAL REMOVAL OF FIBULA	Y		1/1/2011	Fee Schedule	$1,249.23
27647	RESECT TALUS/CALCANEUS TUM	Y		1/1/2011	Fee Schedule	$1,833.38
27648	INJECTION FOR ANKLE X-RAY			1/1/2009	No Separate Payment	$0.00
27650	REPAIR ACHILLES TENDON	Y		1/1/2011	Fee Schedule	$1,833.38
27652	REPAIR/GRAFT ACHILLES TENDON	Y		1/1/2011	Fee Schedule	$3,447.64
27654	REPAIR OF ACHILLES TENDON	Y		1/1/2011	Fee Schedule	$1,833.38
27656	REPAIR LEG FASCIA DEFECT	Y		1/1/2011	Fee Schedule	$890.10
27658	REPAIR OF LEG TENDON EACH	Y		1/1/2011	Fee Schedule	$890.10
27659	REPAIR OF LEG TENDON EACH	Y		1/1/2011	Fee Schedule	$890.10
27664	REPAIR OF LEG TENDON EACH	Y		1/1/2011	Fee Schedule	$1,249.23
27665	REPAIR OF LEG TENDON EACH	Y		1/1/2011	Fee Schedule	$1,249.23
27675	REPAIR LOWER LEG TENDONS	Y		1/1/2011	Fee Schedule	$890.10
27676	REPAIR LOWER LEG TENDONS	Y		1/1/2011	Fee Schedule	$1,249.23
27680	RELEASE OF LOWER LEG TENDON	Y		1/1/2011	Fee Schedule	$1,249.23
27681	RELEASE OF LOWER LEG TENDONS	Y		1/1/2011	Fee Schedule	$1,249.23
27685	REVISION OF LOWER LEG TENDON	Y		1/1/2011	Fee Schedule	$1,249.23
27686	REVISE LOWER LEG TENDONS	Y		1/1/2011	Fee Schedule	$1,249.23
27687	REVISION OF CALF TENDON	Y		1/1/2011	Fee Schedule	$1,249.23
27690	REVISE LOWER LEG TENDON	Y		1/1/2011	Fee Schedule	$1,833.38
27691	REVISE LOWER LEG TENDON	Y		1/1/2011	Fee Schedule	$1,833.38
27692	REVISE ADDITIONAL LEG TENDON	Y		1/1/2011	Fee Schedule	$1,833.38
27695	REPAIR OF ANKLE LIGAMENT	Y		1/1/2011	Fee Schedule	$1,249.23
27696	REPAIR OF ANKLE LIGAMENTS	Y		1/1/2011	Fee Schedule	$1,249.23

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
27698	REPAIR OF ANKLE LIGAMENT	Y		1/1/2011	Fee Schedule	$1,249.23
27700	REVISION OF ANKLE JOINT	Y		1/1/2011	Fee Schedule	$1,522.05
27704	REMOVAL OF ANKLE IMPLANT	Y		1/1/2011	Fee Schedule	$890.10
27705	INCISION OF TIBIA	Y		1/1/2011	Fee Schedule	$1,833.38
27707	INCISION OF FIBULA	Y		1/1/2011	Fee Schedule	$890.10
27709	INCISION OF TIBIA & FIBULA	Y		1/1/2011	Fee Schedule	$1,249.23
27720	REPAIR OF TIBIA	Y		1/1/2011	Fee Schedule	$1,864.78
27726	REPAIR FIBULA NONUNION	Y		1/1/2011	Fee Schedule	$1,864.78
27730	REPAIR OF TIBIA EPIPHYSIS	Y		1/1/2011	Fee Schedule	$1,249.23
27732	REPAIR OF FIBULA EPIPHYSIS	Y		1/1/2011	Fee Schedule	$1,249.23
27734	REPAIR LOWER LEG EPIPHYSES	Y		1/1/2011	Fee Schedule	$1,249.23
27740	REPAIR OF LEG EPIPHYSES	Y		1/1/2011	Fee Schedule	$1,249.23
27742	REPAIR OF LEG EPIPHYSES	Y		1/1/2011	Fee Schedule	$1,833.38
27745	REINFORCE TIBIA	Y		1/1/2011	Fee Schedule	$3,447.64
27750	TREATMENT OF TIBIA FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27752	TREATMENT OF TIBIA FRACTURE	Y		1/1/2011	Fee Schedule	$807.24
27756	TREATMENT OF TIBIA FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
27758	TREATMENT OF TIBIA FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
27759	TREATMENT OF TIBIA FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
27760	CLTX MEDIAL ANKLE FX	Y		1/1/2011	Fee Schedule	$61.16
27762	CLTX MED ANKLE FX W/MNPJ	Y		1/1/2011	Fee Schedule	$807.24
27766	OPTX MEDIAL ANKLE FX	Y		1/1/2011	Fee Schedule	$1,864.78
27767	CLTX POST ANKLE FX	Y		1/1/2011	Fee Schedule	$61.16
27768	CLTX POST ANKLE FX W/MNPJ	Y		1/1/2011	Fee Schedule	$61.16
27769	OPTX POST ANKLE FX	Y		1/1/2011	Fee Schedule	$1,864.78
27780	TREATMENT OF FIBULA FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27781	TREATMENT OF FIBULA FRACTURE	Y		1/1/2011	Fee Schedule	$807.24
27784	TREATMENT OF FIBULA FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
27786	TREATMENT OF ANKLE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27788	TREATMENT OF ANKLE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27792	TREATMENT OF ANKLE FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
27808	TREATMENT OF ANKLE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27810	TREATMENT OF ANKLE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27814	TREATMENT OF ANKLE FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
27816	TREATMENT OF ANKLE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27818	TREATMENT OF ANKLE FRACTURE	Y		1/1/2011	Fee Schedule	$213.28
27822	TREATMENT OF ANKLE FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
27823	TREATMENT OF ANKLE FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
27824	TREAT LOWER LEG FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
27825	TREAT LOWER LEG FRACTURE	Y		1/1/2011	Fee Schedule	$807.24
27826	TREAT LOWER LEG FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
27827	TREAT LOWER LEG FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
27828	TREAT LOWER LEG FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
27829	TREAT LOWER LEG JOINT	Y		1/1/2011	Fee Schedule	$1,864.78
27830	TREAT LOWER LEG DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
27831	TREAT LOWER LEG DISLOCATION	Y		1/1/2011	Fee Schedule	$807.24
27832	TREAT LOWER LEG DISLOCATION	Y		1/1/2011	Fee Schedule	$1,864.78
27840	TREAT ANKLE DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
27842	TREAT ANKLE DISLOCATION	Y		1/1/2011	Fee Schedule	$602.50
27846	TREAT ANKLE DISLOCATION	Y		1/1/2011	Fee Schedule	$1,864.78
27848	TREAT ANKLE DISLOCATION	Y		1/1/2011	Fee Schedule	$1,864.78
27860	FIXATION OF ANKLE JOINT	Y		1/1/2011	Fee Schedule	$602.50
27870	FUSION OF ANKLE JOINT OPEN	Y		1/1/2011	Fee Schedule	$3,447.64
27871	FUSION OF TIBIOFIBULAR JOINT	Y		1/1/2011	Fee Schedule	$3,447.64
27884	AMPUTATION FOLLOW-UP SURGERY	Y		1/1/2011	Fee Schedule	$890.10
27889	AMPUTATION OF FOOT AT ANKLE	Y		1/1/2011	Fee Schedule	$1,249.23
27892	DECOMPRESSION OF LEG	Y		1/1/2011	Fee Schedule	$1,249.23
27893	DECOMPRESSION OF LEG	Y		1/1/2011	Fee Schedule	$1,249.23
27894	DECOMPRESSION OF LEG	Y		1/1/2011	Fee Schedule	$1,249.23
28001	DRAINAGE OF BURSA OF FOOT	Y		4/1/2011	Fee Schedule	$160.71
28002	TREATMENT OF FOOT INFECTION	Y		1/1/2011	Fee Schedule	$890.10
28003	TREATMENT OF FOOT INFECTION	Y		1/1/2011	Fee Schedule	$890.10

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
28005	TREAT FOOT BONE LESION	Y		1/1/2011	Fee Schedule	$875.41
28008	INCISION OF FOOT FASCIA	Y		1/1/2011	Fee Schedule	$875.41
28010	INCISION OF TOE TENDON	Y		4/1/2011	Fee Schedule	$117.90
28011	INCISION OF TOE TENDONS	Y		1/1/2011	Fee Schedule	$875.41
28020	EXPLORATION OF FOOT JOINT	Y		1/1/2011	Fee Schedule	$875.41
28022	EXPLORATION OF FOOT JOINT	Y		1/1/2011	Fee Schedule	$875.41
28024	EXPLORATION OF TOE JOINT	Y		1/1/2011	Fee Schedule	$875.41
28035	DECOMPRESSION OF TIBIA NERVE	Y		1/1/2011	Fee Schedule	$741.26
28039	EXC FOOT/TOE TUM SC > 1.5 CM	Y		4/1/2011	Fee Schedule	$283.36
28041	EXC FOOT/TOE TUM DEEP 1.5CM	Y		1/1/2011	Fee Schedule	$925.91
28043	EXC FOOT/TOE TUM SC < 1.5 CM	Y		4/1/2011	Fee Schedule	$220.51
28045	EXC FOOT/TOE TUM DEEP <1.5CM	Y		4/1/2011	Fee Schedule	$286.08
28046	RESECT FOOT/TOE TUMOR < 3 CM	Y		1/1/2011	Fee Schedule	$700.41
28047	RESECT FOOT/TOE TUMOR > 3 CM	Y		1/1/2011	Fee Schedule	$925.91
28050	BIOPSY OF FOOT JOINT LINING	Y		1/1/2011	Fee Schedule	$875.41
28052	BIOPSY OF FOOT JOINT LINING	Y		1/1/2011	Fee Schedule	$875.41
28054	BIOPSY OF TOE JOINT LINING	Y		1/1/2011	Fee Schedule	$875.41
28055	NEURECTOMY FOOT	Y		1/1/2011	Fee Schedule	$741.26
28060	PARTIAL REMOVAL FOOT FASCIA	Y		1/1/2011	Fee Schedule	$875.41
28062	REMOVAL OF FOOT FASCIA	Y		1/1/2011	Fee Schedule	$875.41
28070	REMOVAL OF FOOT JOINT LINING	Y		1/1/2011	Fee Schedule	$875.41
28072	REMOVAL OF FOOT JOINT LINING	Y		1/1/2011	Fee Schedule	$875.41
28080	REMOVAL OF FOOT LESION	Y		1/1/2011	Fee Schedule	$875.41
28086	EXCISE FOOT TENDON SHEATH	Y		1/1/2011	Fee Schedule	$875.41
28088	EXCISE FOOT TENDON SHEATH	Y		1/1/2011	Fee Schedule	$875.41
28090	REMOVAL OF FOOT LESION	Y		1/1/2011	Fee Schedule	$875.41
28092	REMOVAL OF TOE LESIONS	Y		1/1/2011	Fee Schedule	$875.41
28100	REMOVAL OF ANKLE/HEEL LESION	Y		1/1/2011	Fee Schedule	$875.41
28102	REMOVE/GRAFT FOOT LESION	Y		1/1/2011	Fee Schedule	$2,140.87
28103	REMOVE/GRAFT FOOT LESION	Y		1/1/2011	Fee Schedule	$2,140.87
28104	REMOVAL OF FOOT LESION	Y		1/1/2011	Fee Schedule	$875.41
28106	REMOVE/GRAFT FOOT LESION	Y		1/1/2011	Fee Schedule	$2,140.87
28107	REMOVE/GRAFT FOOT LESION	Y		1/1/2011	Fee Schedule	$2,140.87
28108	REMOVAL OF TOE LESIONS	Y		1/1/2011	Fee Schedule	$875.41
28110	PART REMOVAL OF METATARSAL	Y		1/1/2011	Fee Schedule	$875.41
28111	PART REMOVAL OF METATARSAL	Y		1/1/2011	Fee Schedule	$875.41
28112	PART REMOVAL OF METATARSAL	Y		1/1/2011	Fee Schedule	$875.41
28113	PART REMOVAL OF METATARSAL	Y		1/1/2011	Fee Schedule	$875.41
28114	REMOVAL OF METATARSAL HEADS	Y		1/1/2011	Fee Schedule	$875.41
28116	REVISION OF FOOT	Y		1/1/2011	Fee Schedule	$875.41
28118	REMOVAL OF HEEL BONE	Y		1/1/2011	Fee Schedule	$875.41
28119	REMOVAL OF HEEL SPUR	Y		1/1/2011	Fee Schedule	$875.41
28120	PART REMOVAL OF ANKLE/HEEL	Y		1/1/2011	Fee Schedule	$875.41
28122	PARTIAL REMOVAL OF FOOT BONE	Y		1/1/2011	Fee Schedule	$875.41
28124	PARTIAL REMOVAL OF TOE	Y		4/1/2011	Fee Schedule	$273.85
28126	PARTIAL REMOVAL OF TOE	Y		1/1/2011	Fee Schedule	$875.41
28130	REMOVAL OF ANKLE BONE	Y		1/1/2011	Fee Schedule	$875.41
28140	REMOVAL OF METATARSAL	Y		1/1/2011	Fee Schedule	$875.41
28150	REMOVAL OF TOE	Y		1/1/2011	Fee Schedule	$875.41
28153	PARTIAL REMOVAL OF TOE	Y		1/1/2011	Fee Schedule	$875.41
28160	PARTIAL REMOVAL OF TOE	Y		1/1/2011	Fee Schedule	$875.41
28171	RESECT TARSAL TUMOR	Y		1/1/2011	Fee Schedule	$875.41
28173	RESECT METATARSAL TUMOR	Y		1/1/2011	Fee Schedule	$875.41
28175	RESECT PHALANX OF TOE TUMOR	Y		1/1/2011	Fee Schedule	$875.41
28190	REMOVAL OF FOOT FOREIGN BODY	Y		4/1/2011	Fee Schedule	$167.16
28192	REMOVAL OF FOOT FOREIGN BODY	Y		1/1/2011	Fee Schedule	$700.41
28193	REMOVAL OF FOOT FOREIGN BODY	Y		1/1/2011	Fee Schedule	$329.04
28200	REPAIR OF FOOT TENDON	Y		1/1/2011	Fee Schedule	$875.41
28202	REPAIR/GRAFT OF FOOT TENDON	Y		1/1/2011	Fee Schedule	$875.41
28208	REPAIR OF FOOT TENDON	Y		1/1/2011	Fee Schedule	$875.41
28210	REPAIR/GRAFT OF FOOT TENDON	Y		1/1/2011	Fee Schedule	$2,140.87
28220	RELEASE OF FOOT TENDON	Y		4/1/2011	Fee Schedule	$258.22

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
28222	RELEASE OF FOOT TENDONS	Y		1/1/2011	Fee Schedule	$875.41
28225	RELEASE OF FOOT TENDON	Y		1/1/2011	Fee Schedule	$875.41
28226	RELEASE OF FOOT TENDONS	Y		1/1/2011	Fee Schedule	$875.41
28230	INCISION OF FOOT TENDON(S)	Y		4/1/2011	Fee Schedule	$252.78
28232	INCISION OF TOE TENDON	Y		4/1/2011	Fee Schedule	$242.93
28234	INCISION OF FOOT TENDON	Y		1/1/2011	Fee Schedule	$875.41
28238	REVISION OF FOOT TENDON	Y		1/1/2011	Fee Schedule	$2,140.87
28240	RELEASE OF BIG TOE	Y		1/1/2011	Fee Schedule	$875.41
28250	REVISION OF FOOT FASCIA	Y		1/1/2011	Fee Schedule	$875.41
28260	RELEASE OF MIDFOOT JOINT	Y		1/1/2011	Fee Schedule	$875.41
28261	REVISION OF FOOT TENDON	Y		1/1/2011	Fee Schedule	$875.41
28262	REVISION OF FOOT AND ANKLE	Y		1/1/2011	Fee Schedule	$875.41
28264	RELEASE OF MIDFOOT JOINT	Y		1/1/2011	Fee Schedule	$2,140.87
28270	RELEASE OF FOOT CONTRACTURE	Y		1/1/2011	Fee Schedule	$875.41
28272	RELEASE OF TOE JOINT EACH	Y		4/1/2011	Fee Schedule	$233.42
28280	FUSION OF TOES	Y		1/1/2011	Fee Schedule	$875.41
28285	REPAIR OF HAMMERTOE	Y		1/1/2011	Fee Schedule	$875.41
28286	REPAIR OF HAMMERTOE	Y		1/1/2011	Fee Schedule	$875.41
28288	PARTIAL REMOVAL OF FOOT BONE	Y		1/1/2011	Fee Schedule	$875.41
28289	REPAIR HALLUX RIGIDUS	Y		1/1/2011	Fee Schedule	$875.41
28290	CORRECTION OF BUNION	Y		1/1/2011	Fee Schedule	$1,288.01
28292	CORRECTION OF BUNION	Y		1/1/2011	Fee Schedule	$1,288.01
28293	CORRECTION OF BUNION	Y		1/1/2011	Fee Schedule	$1,288.01
28294	CORRECTION OF BUNION	Y		1/1/2011	Fee Schedule	$1,288.01
28296	CORRECTION OF BUNION	Y		1/1/2011	Fee Schedule	$1,288.01
28297	CORRECTION OF BUNION	Y		1/1/2011	Fee Schedule	$1,288.01
28298	CORRECTION OF BUNION	Y		1/1/2011	Fee Schedule	$1,288.01
28299	CORRECTION OF BUNION	Y		1/1/2011	Fee Schedule	$1,288.01
28300	INCISION OF HEEL BONE	Y		1/1/2011	Fee Schedule	$2,140.87
28302	INCISION OF ANKLE BONE	Y		1/1/2011	Fee Schedule	$875.41
28304	INCISION OF MIDFOOT BONES	Y		1/1/2011	Fee Schedule	$2,140.87
28305	INCISE/GRAFT MIDFOOT BONES	Y		1/1/2011	Fee Schedule	$2,140.87
28306	INCISION OF METATARSAL	Y		1/1/2011	Fee Schedule	$875.41
28307	INCISION OF METATARSAL	Y		1/1/2011	Fee Schedule	$875.41
28308	INCISION OF METATARSAL	Y		1/1/2011	Fee Schedule	$875.41
28309	INCISION OF METATARSALS	Y		1/1/2011	Fee Schedule	$2,140.87
28310	REVISION OF BIG TOE	Y		1/1/2011	Fee Schedule	$875.41
28312	REVISION OF TOE	Y		1/1/2011	Fee Schedule	$875.41
28313	REPAIR DEFORMITY OF TOE	Y		1/1/2011	Fee Schedule	$875.41
28315	REMOVAL OF SESAMOID BONE	Y		1/1/2011	Fee Schedule	$875.41
28320	REPAIR OF FOOT BONES	Y		1/1/2011	Fee Schedule	$2,140.87
28322	REPAIR OF METATARSALS	Y		1/1/2011	Fee Schedule	$2,140.87
28340	RESECT ENLARGED TOE TISSUE	Y		1/1/2011	Fee Schedule	$875.41
28341	RESECT ENLARGED TOE	Y		1/1/2011	Fee Schedule	$875.41
28344	REPAIR EXTRA TOE(S)	Y		1/1/2011	Fee Schedule	$875.41
28345	REPAIR WEBBED TOE(S)	Y		1/1/2011	Fee Schedule	$875.41
28400	TREATMENT OF HEEL FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
28405	TREATMENT OF HEEL FRACTURE	Y		1/1/2011	Fee Schedule	$807.24
28406	TREATMENT OF HEEL FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
28415	TREAT HEEL FRACTURE	Y		1/1/2011	Fee Schedule	$2,592.14
28420	TREAT/GRAFT HEEL FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
28430	TREATMENT OF ANKLE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
28435	TREATMENT OF ANKLE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
28436	TREATMENT OF ANKLE FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
28445	TREAT ANKLE FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
28446	OSTEOCHONDRAL TALUS AUTOGRFT	Y		1/1/2011	Fee Schedule	$2,140.87
28450	TREAT MIDFOOT FRACTURE EACH	Y		1/1/2011	Fee Schedule	$61.16
28455	TREAT MIDFOOT FRACTURE EACH	Y		1/1/2011	Fee Schedule	$61.16
28456	TREAT MIDFOOT FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
28465	TREAT MIDFOOT FRACTURE EACH	Y		1/1/2011	Fee Schedule	$1,864.78
28470	TREAT METATARSAL FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
28475	TREAT METATARSAL FRACTURE	Y		1/1/2011	Fee Schedule	$61.16

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
28476	TREAT METATARSAL FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
28485	TREAT METATARSAL FRACTURE	Y		1/1/2011	Fee Schedule	$1,864.78
28490	TREAT BIG TOE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
28495	TREAT BIG TOE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
28496	TREAT BIG TOE FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
28505	TREAT BIG TOE FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
28510	TREATMENT OF TOE FRACTURE	Y		4/1/2011	Fee Schedule	$61.16
28515	TREATMENT OF TOE FRACTURE	Y		1/1/2011	Fee Schedule	$61.16
28525	TREAT TOE FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
28530	TREAT SESAMOID BONE FRACTURE	Y		4/1/2011	Fee Schedule	$61.16
28531	TREAT SESAMOID BONE FRACTURE	Y		1/1/2011	Fee Schedule	$1,028.80
28540	TREAT FOOT DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
28545	TREAT FOOT DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
28546	TREAT FOOT DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
28555	REPAIR FOOT DISLOCATION	Y		1/1/2011	Fee Schedule	$1,864.78
28570	TREAT FOOT DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
28575	TREAT FOOT DISLOCATION	Y		1/1/2011	Fee Schedule	$807.24
28576	TREAT FOOT DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
28585	REPAIR FOOT DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
28600	TREAT FOOT DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
28605	TREAT FOOT DISLOCATION	Y		1/1/2011	Fee Schedule	$61.16
28606	TREAT FOOT DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
28615	REPAIR FOOT DISLOCATION	Y		1/1/2011	Fee Schedule	$1,864.78
28630	TREAT TOE DISLOCATION	Y		4/1/2011	Fee Schedule	$61.16
28635	TREAT TOE DISLOCATION	Y		1/1/2011	Fee Schedule	$602.50
28636	TREAT TOE DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
28645	REPAIR TOE DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
28660	TREAT TOE DISLOCATION	Y		4/1/2011	Fee Schedule	$57.76
28665	TREAT TOE DISLOCATION	Y		1/1/2011	Fee Schedule	$602.50
28666	TREAT TOE DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
28675	REPAIR OF TOE DISLOCATION	Y		1/1/2011	Fee Schedule	$1,028.80
28705	FUSION OF FOOT BONES	Y		1/1/2011	Fee Schedule	$2,140.87
28715	FUSION OF FOOT BONES	Y		1/1/2011	Fee Schedule	$3,447.64
28725	FUSION OF FOOT BONES	Y		1/1/2011	Fee Schedule	$2,140.87
28730	FUSION OF FOOT BONES	Y		1/1/2011	Fee Schedule	$2,140.87
28735	FUSION OF FOOT BONES	Y		1/1/2011	Fee Schedule	$2,140.87
28737	REVISION OF FOOT BONES	Y		1/1/2011	Fee Schedule	$2,140.87
28740	FUSION OF FOOT BONES	Y		1/1/2011	Fee Schedule	$2,140.87
28750	FUSION OF BIG TOE JOINT	Y		1/1/2011	Fee Schedule	$2,140.87
28755	FUSION OF BIG TOE JOINT	Y		1/1/2011	Fee Schedule	$875.41
28760	FUSION OF BIG TOE JOINT	Y		1/1/2011	Fee Schedule	$2,140.87
28810	AMPUTATION TOE & METATARSAL	Y		1/1/2011	Fee Schedule	$875.41
28820	AMPUTATION OF TOE	Y		1/1/2011	Fee Schedule	$875.41
28825	PARTIAL AMPUTATION OF TOE	Y		1/1/2011	Fee Schedule	$875.41
28890	HIGH ENERGY ESWT PLANTAR F	Y		4/1/2011	Fee Schedule	$205.22
29000	APPLICATION OF BODY CAST			1/1/2011	Fee Schedule	$43.39
29010	APPLICATION OF BODY CAST			1/1/2011	Fee Schedule	$98.66
29015	APPLICATION OF BODY CAST			1/1/2011	Fee Schedule	$98.66
29020	APPLICATION OF BODY CAST			1/1/2011	Fee Schedule	$43.39
29025	APPLICATION OF BODY CAST			1/1/2011	Fee Schedule	$43.39
29035	APPLICATION OF BODY CAST			1/1/2011	Fee Schedule	$98.66
29040	APPLICATION OF BODY CAST			1/1/2011	Fee Schedule	$43.39
29044	APPLICATION OF BODY CAST			1/1/2011	Fee Schedule	$98.66
29046	APPLICATION OF BODY CAST			1/1/2011	Fee Schedule	$98.66
29049	APPLICATION OF FIGURE EIGHT			4/1/2011	Fee Schedule	$43.39
29055	APPLICATION OF SHOULDER CAST			1/1/2011	Fee Schedule	$98.66
29058	APPLICATION OF SHOULDER CAST			4/1/2011	Fee Schedule	$43.39
29065	APPLICATION OF LONG ARM CAST			4/1/2011	Fee Schedule	$56.40
29075	APPLICATION OF FOREARM CAST			4/1/2011	Fee Schedule	$54.36
29085	APPLY HAND/WRIST CAST			4/1/2011	Fee Schedule	$43.39
29086	APPLY FINGER CAST			4/1/2011	Fee Schedule	$43.39
29105	APPLY LONG ARM SPLINT			4/1/2011	Fee Schedule	$43.39

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
29125	APPLY FOREARM SPLINT			4/1/2011	Fee Schedule	$42.81
29126	APPLY FOREARM SPLINT			4/1/2011	Fee Schedule	$43.39
29130	APPLICATION OF FINGER SPLINT			4/1/2011	Fee Schedule	$19.71
29131	APPLICATION OF FINGER SPLINT			4/1/2011	Fee Schedule	$28.20
29200	STRAPPING OF CHEST			4/1/2011	Fee Schedule	$27.52
29240	STRAPPING OF SHOULDER			4/1/2011	Fee Schedule	$29.56
29260	STRAPPING OF ELBOW OR WRIST			4/1/2011	Fee Schedule	$29.22
29280	STRAPPING OF HAND OR FINGER			4/1/2011	Fee Schedule	$29.56
29305	APPLICATION OF HIP CAST			1/1/2011	Fee Schedule	$98.66
29325	APPLICATION OF HIP CASTS			1/1/2011	Fee Schedule	$98.66
29345	APPLICATION OF LONG LEG CAST			4/1/2011	Fee Schedule	$74.07
29355	APPLICATION OF LONG LEG CAST			4/1/2011	Fee Schedule	$74.07
29358	APPLY LONG LEG CAST BRACE			4/1/2011	Fee Schedule	$92.76
29365	APPLICATION OF LONG LEG CAST			4/1/2011	Fee Schedule	$69.99
29405	APPLY SHORT LEG CAST			4/1/2011	Fee Schedule	$51.98
29425	APPLY SHORT LEG CAST			4/1/2011	Fee Schedule	$52.66
29435	APPLY SHORT LEG CAST			4/1/2011	Fee Schedule	$66.59
29440	ADDITION OF WALKER TO CAST			4/1/2011	Fee Schedule	$24.80
29445	APPLY RIGID LEG CAST			4/1/2011	Fee Schedule	$68.63
29450	APPLICATION OF LEG CAST			1/1/2011	Fee Schedule	$43.39
29505	APPLICATION LONG LEG SPLINT			4/1/2011	Fee Schedule	$43.39
29515	APPLICATION LOWER LEG SPLINT			4/1/2011	Fee Schedule	$41.11
29520	STRAPPING OF HIP			4/1/2011	Fee Schedule	$28.20
29530	STRAPPING OF KNEE			4/1/2011	Fee Schedule	$29.22
29540	STRAPPING OF ANKLE AND/OR FT			4/1/2011	Fee Schedule	$21.07
29550	STRAPPING OF TOES			4/1/2011	Fee Schedule	$21.07
29580	APPLICATION OF PASTE BOOT			4/1/2011	Fee Schedule	$29.90
29581	APPLY MULTLAY COMPRS LWR LEG		N	1/1/2011	Fee Schedule	$43.39
29590	APPLICATION OF FOOT SPLINT			4/1/2011	Fee Schedule	$24.12
29700	REMOVAL/REVISION OF CAST			4/1/2011	Fee Schedule	$40.43
29705	REMOVAL/REVISION OF CAST			4/1/2011	Fee Schedule	$34.66
29710	REMOVAL/REVISION OF CAST			4/1/2011	Fee Schedule	$63.20
29715	REMOVAL/REVISION OF CAST			4/1/2011	Fee Schedule	$43.39
29720	REPAIR OF BODY CAST			4/1/2011	Fee Schedule	$43.39
29730	WINDOWING OF CAST			4/1/2011	Fee Schedule	$33.30
29740	WEDGING OF CAST			4/1/2011	Fee Schedule	$43.39
29750	WEDGING OF CLUBFOOT CAST			4/1/2011	Fee Schedule	$43.39
29800	JAW ARTHROSCOPY/SURGERY	Y	Y	1/1/2011	Fee Schedule	$1,161.03
29804	JAW ARTHROSCOPY/SURGERY	Y	Y	1/1/2011	Fee Schedule	$1,161.03
29805	SHOULDER ARTHROSCOPY DX	Y		1/1/2011	Fee Schedule	$1,161.03
29806	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29807	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29819	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29820	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29821	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29822	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29823	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29824	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29825	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29826	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29827	ARTHROSCOP ROTATOR CUFF REPR	Y		1/1/2011	Fee Schedule	$1,876.83
29828	ARTHROSCOPY BICEPS TENODESIS	Y		1/1/2011	Fee Schedule	$1,876.83
29830	ELBOW ARTHROSCOPY	Y		1/1/2011	Fee Schedule	$1,161.03
29834	ELBOW ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29835	ELBOW ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29836	ELBOW ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29837	ELBOW ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29838	ELBOW ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29840	WRIST ARTHROSCOPY	Y		1/1/2011	Fee Schedule	$1,161.03
29843	WRIST ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29844	WRIST ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29845	WRIST ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
29846	WRIST ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29847	WRIST ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29848	WRIST ENDOSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29850	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29851	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29855	TIBIAL ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29856	TIBIAL ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29860	HIP ARTHROSCOPY DX	Y		1/1/2011	Fee Schedule	$1,876.83
29861	HIP ARTHRO W/FB REMOVAL	Y		1/1/2011	Fee Schedule	$1,876.83
29862	HIP ARTHR0 W/DEBRIDEMENT	Y		1/1/2011	Fee Schedule	$1,876.83
29863	HIP ARTHR0 W/SYNOVECTOMY	Y		1/1/2011	Fee Schedule	$1,876.83
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Y		1/1/2011	Fee Schedule	$1,876.83
29870	KNEE ARTHROSCOPY DX	Y		1/1/2011	Fee Schedule	$1,161.03
29871	KNEE ARTHROSCOPY/DRAINAGE	Y		1/1/2011	Fee Schedule	$1,161.03
29873	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29874	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29875	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29876	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29877	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29879	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29880	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29881	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29882	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29883	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29884	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29885	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29886	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29887	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29888	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$3,447.64
29889	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$3,447.64
29891	ANKLE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29892	ANKLE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$3,447.64
29893	SCOPE PLANTAR FASCIOTOMY	Y		1/1/2011	Fee Schedule	$875.41
29894	ANKLE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29895	ANKLE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29897	ANKLE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29898	ANKLE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,161.03
29899	ANKLE ARTHROSCOPY/SURGERY	Y		1/1/2011	Fee Schedule	$1,876.83
29900	MCP JOINT ARTHROSCOPY DX	Y		1/1/2011	Fee Schedule	$1,161.03
29901	MCP JOINT ARTHROSCOPY SURG	Y		1/1/2011	Fee Schedule	$1,161.03
29902	MCP JOINT ARTHROSCOPY SURG	Y		1/1/2011	Fee Schedule	$1,161.03
29904	SUBTALAR ARTHRO W/FB RMVL	Y		1/1/2011	Fee Schedule	$1,161.03
29905	SUBTALAR ARTHRO W/EXC	Y		1/1/2011	Fee Schedule	$1,161.03
29906	SUBTALAR ARTHRO W/DEB	Y		1/1/2011	Fee Schedule	$1,161.03
29907	SUBTALAR ARTHRO W/FUSION	Y		1/1/2011	Fee Schedule	$1,876.83
29914	HIP ARTHRO W/FEMOROPLASTY	Y		1/1/2011	Fee Schedule	$1,876.83
29915	HIP ARTHRO ACETABULOPLASTY	Y		1/1/2011	Fee Schedule	$1,876.83
29916	HIP ARTHRO W/LABRAL REPAIR	Y		1/1/2011	Fee Schedule	$1,876.83
30000	DRAINAGE OF NOSE LESION	Y		4/1/2011	Fee Schedule	$137.69
30020	DRAINAGE OF NOSE LESION	Y		4/1/2011	Fee Schedule	$137.69
30100	INTRANASAL BIOPSY	Y		4/1/2011	Fee Schedule	$103.97
30110	REMOVAL OF NOSE POLYP(S)	Y		4/1/2011	Fee Schedule	$161.73
30115	REMOVAL OF NOSE POLYP(S)	Y		1/1/2011	Fee Schedule	$671.76
30117	REMOVAL OF INTRANASAL LESION	Y		1/1/2011	Fee Schedule	$671.76
30118	REMOVAL OF INTRANASAL LESION	Y		1/1/2011	Fee Schedule	$993.66
30120	REVISION OF NOSE	Y		1/1/2011	Fee Schedule	$993.66
30124	REMOVAL OF NOSE LESION	Y		1/1/2011	Fee Schedule	$306.82
30125	REMOVAL OF NOSE LESION	Y		1/1/2011	Fee Schedule	$1,731.43
30130	EXCISE INFERIOR TURBINATE	Y		1/1/2011	Fee Schedule	$671.76
30140	RESECT INFERIOR TURBINATE	Y		1/1/2011	Fee Schedule	$993.66
30150	PARTIAL REMOVAL OF NOSE	Y		1/1/2011	Fee Schedule	$1,731.43
30160	REMOVAL OF NOSE	Y		1/1/2011	Fee Schedule	$1,731.43

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
30200	INJECTION TREATMENT OF NOSE	Y		4/1/2011	Fee Schedule	$82.22
30210	NASAL SINUS THERAPY	Y		4/1/2011	Fee Schedule	$104.65
30220	INSERT NASAL SEPTAL BUTTON	Y		1/1/2011	Fee Schedule	$306.82
30300	REMOVE NASAL FOREIGN BODY			1/1/2011	Fee Schedule	$26.01
30310	REMOVE NASAL FOREIGN BODY	Y		1/1/2011	Fee Schedule	$671.76
30320	REMOVE NASAL FOREIGN BODY	Y		1/1/2011	Fee Schedule	$671.76
30400	RECONSTRUCTION OF NOSE	Y	Y	1/1/2011	Fee Schedule	$1,731.43
30410	RECONSTRUCTION OF NOSE	Y	Y	1/1/2011	Fee Schedule	$1,731.43
30420	RECONSTRUCTION OF NOSE	Y	Y	1/1/2011	Fee Schedule	$1,731.43
30430	REVISION OF NOSE	Y	Y	1/1/2011	Fee Schedule	$993.66
30435	REVISION OF NOSE	Y	Y	1/1/2011	Fee Schedule	$1,731.43
30450	REVISION OF NOSE	Y	Y	1/1/2011	Fee Schedule	$1,731.43
30460	REVISION OF NOSE	Y	Y	1/1/2011	Fee Schedule	$1,731.43
30462	REVISION OF NOSE	Y	Y	1/1/2011	Fee Schedule	$1,731.43
30465	REPAIR NASAL STENOSIS	Y	Y	1/1/2011	Fee Schedule	$1,731.43
30520	REPAIR OF NASAL SEPTUM	Y		1/1/2011	Fee Schedule	$993.66
30540	REPAIR NASAL DEFECT	Y		1/1/2011	Fee Schedule	$1,731.43
30545	REPAIR NASAL DEFECT	Y		1/1/2011	Fee Schedule	$1,731.43
30560	RELEASE OF NASAL ADHESIONS	Y		1/1/2011	Fee Schedule	$137.69
30580	REPAIR UPPER JAW FISTULA	Y		1/1/2011	Fee Schedule	$1,731.43
30600	REPAIR MOUTH/NOSE FISTULA	Y		1/1/2011	Fee Schedule	$1,731.43
30620	INTRANASAL RECONSTRUCTION	Y		1/1/2011	Fee Schedule	$1,731.43
30630	REPAIR NASAL SEPTUM DEFECT	Y		1/1/2011	Fee Schedule	$993.66
30801	ABLATE INF TURBINATE SUPERF	Y		1/1/2011	Fee Schedule	$306.82
30802	ABLATE INF TURBINATE SUBMUC	Y		1/1/2011	Fee Schedule	$671.76
30901	CONTROL OF NOSEBLEED	Y		4/1/2011	Fee Schedule	$43.90
30903	CONTROL OF NOSEBLEED	Y		1/1/2011	Fee Schedule	$43.90
30905	CONTROL OF NOSEBLEED	Y		1/1/2011	Fee Schedule	$43.90
30906	REPEAT CONTROL OF NOSEBLEED	Y		1/1/2011	Fee Schedule	$43.90
30915	LIGATION NASAL SINUS ARTERY	Y		1/1/2011	Fee Schedule	$1,063.62
30920	LIGATION UPPER JAW ARTERY	Y		1/1/2011	Fee Schedule	$1,063.62
30930	THER FX NASAL INF TURBINATE	Y		1/1/2011	Fee Schedule	$671.76
31000	IRRIGATION MAXILLARY SINUS	Y		4/1/2011	Fee Schedule	$132.85
31002	IRRIGATION SPHENOID SINUS	Y		1/1/2011	Fee Schedule	$306.82
31020	EXPLORATION MAXILLARY SINUS	Y		1/1/2011	Fee Schedule	$993.66
31030	EXPLORATION MAXILLARY SINUS	Y		1/1/2011	Fee Schedule	$1,731.43
31032	EXPLORE SINUS REMOVE POLYPS	Y		1/1/2011	Fee Schedule	$1,731.43
31040	EXPLORATION BEHIND UPPER JAW	Y		1/1/2011	Fee Schedule	$993.66
31050	EXPLORATION SPHENOID SINUS	Y		1/1/2011	Fee Schedule	$1,731.43
31051	SPHENOID SINUS SURGERY	Y		1/1/2011	Fee Schedule	$1,731.43
31070	EXPLORATION OF FRONTAL SINUS	Y		1/1/2011	Fee Schedule	$993.66
31075	EXPLORATION OF FRONTAL SINUS	Y		1/1/2011	Fee Schedule	$1,731.43
31080	REMOVAL OF FRONTAL SINUS	Y		1/1/2011	Fee Schedule	$1,731.43
31081	REMOVAL OF FRONTAL SINUS	Y		1/1/2011	Fee Schedule	$1,731.43
31084	REMOVAL OF FRONTAL SINUS	Y		1/1/2011	Fee Schedule	$1,731.43
31085	REMOVAL OF FRONTAL SINUS	Y		1/1/2011	Fee Schedule	$1,731.43
31086	REMOVAL OF FRONTAL SINUS	Y		1/1/2011	Fee Schedule	$1,731.43
31087	REMOVAL OF FRONTAL SINUS	Y		1/1/2011	Fee Schedule	$1,731.43
31090	EXPLORATION OF SINUSES	Y		1/1/2011	Fee Schedule	$1,731.43
31200	REMOVAL OF ETHMOID SINUS	Y		1/1/2011	Fee Schedule	$1,731.43
31201	REMOVAL OF ETHMOID SINUS	Y		1/1/2011	Fee Schedule	$1,731.43
31205	REMOVAL OF ETHMOID SINUS	Y		1/1/2011	Fee Schedule	$1,731.43
31231	NASAL ENDOSCOPY DX	Y		1/1/2011	Fee Schedule	$77.93
31233	NASAL/SINUS ENDOSCOPY DX	Y		1/1/2011	Fee Schedule	$77.93
31235	NASAL/SINUS ENDOSCOPY DX	Y		1/1/2011	Fee Schedule	$850.21
31237	NASAL/SINUS ENDOSCOPY SURG	Y		1/1/2011	Fee Schedule	$850.21
31238	NASAL/SINUS ENDOSCOPY SURG	Y		1/1/2011	Fee Schedule	$850.21
31239	NASAL/SINUS ENDOSCOPY SURG	Y		1/1/2011	Fee Schedule	$1,198.96
31240	NASAL/SINUS ENDOSCOPY SURG	Y		1/1/2011	Fee Schedule	$850.21
31254	REVISION OF ETHMOID SINUS	Y		1/1/2011	Fee Schedule	$1,198.96
31255	REMOVAL OF ETHMOID SINUS	Y		1/1/2011	Fee Schedule	$1,198.96
31256	EXPLORATION MAXILLARY SINUS	Y		1/1/2011	Fee Schedule	$1,198.96

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
31267	ENDOSCOPY MAXILLARY SINUS	Y		1/1/2011	Fee Schedule	$1,198.96
31276	SINUS ENDOSCOPY SURGICAL	Y		1/1/2011	Fee Schedule	$1,198.96
31287	NASAL/SINUS ENDOSCOPY SURG	Y		1/1/2011	Fee Schedule	$1,198.96
31288	NASAL/SINUS ENDOSCOPY SURG	Y		1/1/2011	Fee Schedule	$1,198.96
31295	SINUS ENDO W/BALLOON DIL	Y		1/1/2011	Fee Schedule	$1,198.96
31296	SINUS ENDO W/BALLOON DIL	Y		1/1/2011	Fee Schedule	$1,198.96
31297	SINUS ENDO W/BALLOON DIL	Y		1/1/2011	Fee Schedule	$1,198.96
31300	REMOVAL OF LARYNX LESION	Y		1/1/2011	Fee Schedule	$993.66
31320	DIAGNOSTIC INCISION LARYNX	Y		1/1/2011	Fee Schedule	$1,731.43
31400	REVISION OF LARYNX	Y		1/1/2011	Fee Schedule	$1,731.43
31420	REMOVAL OF EPIGLOTTIS	Y		1/1/2011	Fee Schedule	$1,731.43
31500	INSERT EMERGENCY AIRWAY			1/1/2011	Fee Schedule	$91.71
31502	CHANGE OF WINDPIPE AIRWAY			1/1/2011	Fee Schedule	$55.47
31505	DIAGNOSTIC LARYNGOSCOPY	Y		1/1/2011	Fee Schedule	$36.02
31510	LARYNGOSCOPY WITH BIOPSY	Y		1/1/2011	Fee Schedule	$850.21
31511	REMOVE FOREIGN BODY LARYNX	Y		1/1/2011	Fee Schedule	$77.93
31512	REMOVAL OF LARYNX LESION	Y		1/1/2011	Fee Schedule	$850.21
31513	INJECTION INTO VOCAL CORD	Y		1/1/2011	Fee Schedule	$77.93
31515	LARYNGOSCOPY FOR ASPIRATION	Y		1/1/2011	Fee Schedule	$850.21
31520	DX LARYNGOSCOPY NEWBORN	Y		1/1/2011	Fee Schedule	$77.93
31525	DX LARYNGOSCOPY EXCL NB	Y		1/1/2011	Fee Schedule	$850.21
31526	DX LARYNGOSCOPY W/OPER SCOPE	Y		1/1/2011	Fee Schedule	$850.21
31527	LARYNGOSCOPY FOR TREATMENT	Y		1/1/2011	Fee Schedule	$1,198.96
31528	LARYNGOSCOPY AND DILATION	Y		1/1/2011	Fee Schedule	$850.21
31529	LARYNGOSCOPY AND DILATION	Y		1/1/2011	Fee Schedule	$850.21
31530	LARYNGOSCOPY W/FB REMOVAL	Y		1/1/2011	Fee Schedule	$850.21
31531	LARYNGOSCOPY W/FB & OP SCOPE	Y		1/1/2011	Fee Schedule	$850.21
31535	LARYNGOSCOPY W/BIOPSY	Y		1/1/2011	Fee Schedule	$850.21
31536	LARYNGOSCOPY W/BX & OP SCOPE	Y		1/1/2011	Fee Schedule	$850.21
31540	LARYNGOSCOPY W/EXC OF TUMOR	Y		1/1/2011	Fee Schedule	$850.21
31541	LARYNSCOP W/TUMR EXC SCOPE	Y		1/1/2011	Fee Schedule	$850.21
31545	REMOVE VC LESION W/SCOPE	Y		1/1/2011	Fee Schedule	$1,198.96
31546	REMOVE VC LESION SCOPE/GRAFT	Y		1/1/2011	Fee Schedule	$1,198.96
31560	LARYNGOSCOP W/ARYTENOIDECTOM	Y		1/1/2011	Fee Schedule	$1,198.96
31561	LARYNSCOP REMVE CART SCOP	Y		1/1/2011	Fee Schedule	$1,198.96
31570	LARYNGOSCOPE W/VC INJ	Y		1/1/2011	Fee Schedule	$850.21
31571	LARYNGOSCOP W/VC INJ SCOPE	Y		1/1/2011	Fee Schedule	$1,198.96
31575	DIAGNOSTIC LARYNGOSCOPY	Y		4/1/2011	Fee Schedule	$73.73
31576	LARYNGOSCOPY WITH BIOPSY	Y		1/1/2011	Fee Schedule	$850.21
31577	REMOVE FOREIGN BODY LARYNX	Y		1/1/2011	Fee Schedule	$163.69
31578	REMOVAL OF LARYNX LESION	Y		1/1/2011	Fee Schedule	$1,198.96
31579	DIAGNOSTIC LARYNGOSCOPY	Y		4/1/2011	Fee Schedule	$129.45
31580	REVISION OF LARYNX	Y		1/1/2011	Fee Schedule	$1,731.43
31582	REVISION OF LARYNX	Y		1/1/2011	Fee Schedule	$1,731.43
31588	REVISION OF LARYNX	Y		1/1/2011	Fee Schedule	$1,731.43
31590	REINNERVATE LARYNX	Y		1/1/2011	Fee Schedule	$1,731.43
31595	LARYNX NERVE SURGERY	Y		1/1/2011	Fee Schedule	$1,731.43
31603	INCISION OF WINDPIPE	Y		1/1/2011	Fee Schedule	$306.82
31605	INCISION OF WINDPIPE	Y		1/1/2011	Fee Schedule	$306.82
31611	SURGERY/SPEECH PROSTHESIS	Y		1/1/2011	Fee Schedule	$993.66
31612	PUNCTURE/CLEAR WINDPIPE	Y		1/1/2011	Fee Schedule	$993.66
31613	REPAIR WINDPIPE OPENING	Y		1/1/2011	Fee Schedule	$993.66
31614	REPAIR WINDPIPE OPENING	Y		1/1/2011	Fee Schedule	$1,731.43
31615	VISUALIZATION OF WINDPIPE	Y		1/1/2011	Fee Schedule	$306.82
31620	ENDOBRONCHIAL US ADD-ON			1/1/2009	No Separate Payment	$0.00
31622	DX BRONCHOSCOPE/WASH	Y		1/1/2011	Fee Schedule	$406.83
31623	DX BRONCHOSCOPE/BRUSH	Y		1/1/2011	Fee Schedule	$406.83
31624	DX BRONCHOSCOPE/LAVAGE	Y		1/1/2011	Fee Schedule	$406.83
31625	BRONCHOSCOPY W/BIOPSY(S)	Y		1/1/2011	Fee Schedule	$406.83
31626	BRONCHOSCOPY W/MARKERS	Y		1/1/2011	Fee Schedule	$406.83
31627	NAVIGATIONAL BRONCHOSCOPY		N	1/1/2010	No Separate Payment	$0.00
31628	BRONCHOSCOPY/LUNG BX EACH	Y		1/1/2011	Fee Schedule	$406.83

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
31629	BRONCHOSCOPY/NEEDLE BX EACH	Y		1/1/2011	Fee Schedule	$406.83
31630	BRONCHOSCOPY DILATE/FX REPR	Y		1/1/2011	Fee Schedule	$1,109.14
31631	BRONCHOSCOPY DILATE W/STENT	Y		1/1/2011	Fee Schedule	$1,109.14
31632	BRONCHOSCOPY/LUNG BX ADDL	Y		1/1/2011	Fee Schedule	$406.83
31633	BRONCHOSCOPY/NEEDLE BX ADDL	Y		1/1/2011	Fee Schedule	$406.83
31634	BRONCH W/BALLOON OCCLUSION	Y		1/1/2011	Fee Schedule	$406.83
31635	BRONCHOSCOPY W/FB REMOVAL	Y		1/1/2011	Fee Schedule	$406.83
31636	BRONCHOSCOPY BRONCH STENTS	Y		1/1/2011	Fee Schedule	$1,109.14
31637	BRONCHOSCOPY STENT ADD-ON	Y		1/1/2011	Fee Schedule	$406.83
31638	BRONCHOSCOPY REVISE STENT	Y		1/1/2011	Fee Schedule	$1,109.14
31640	BRONCHOSCOPY W/TUMOR EXCISE	Y		1/1/2011	Fee Schedule	$1,109.14
31641	BRONCHOSCOPY TREAT BLOCKAGE	Y		1/1/2011	Fee Schedule	$1,109.14
31643	DIAG BRONCHOSCOPE/CATHETER	Y		1/1/2011	Fee Schedule	$406.83
31645	BRONCHOSCOPY CLEAR AIRWAYS	Y		1/1/2011	Fee Schedule	$406.83
31646	BRONCHOSCOPY RECLEAR AIRWAY	Y		1/1/2011	Fee Schedule	$406.83
31656	BRONCHOSCOPY INJ FOR X-RAY	Y		1/1/2011	Fee Schedule	$406.83
31715	INJECTION FOR BRONCHUS X-RAY			1/1/2009	No Separate Payment	$0.00
31717	BRONCHIAL BRUSH BIOPSY	Y		1/1/2011	Fee Schedule	$163.69
31720	CLEARANCE OF AIRWAYS			1/1/2011	Fee Schedule	$16.16
31730	INTRO WINDPIPE WIRE/TUBE	Y		1/1/2011	Fee Schedule	$163.69
31750	REPAIR OF WINDPIPE	Y		1/1/2011	Fee Schedule	$1,731.43
31755	REPAIR OF WINDPIPE	Y		1/1/2011	Fee Schedule	$1,731.43
31820	CLOSURE OF WINDPIPE LESION	Y		1/1/2011	Fee Schedule	$993.66
31825	REPAIR OF WINDPIPE DEFECT	Y		1/1/2011	Fee Schedule	$993.66
31830	REVISE WINDPIPE SCAR	Y		1/1/2011	Fee Schedule	$993.66
32400	NEEDLE BIOPSY CHEST LINING	Y		1/1/2011	Fee Schedule	$377.18
32405	BIOPSY LUNG OR MEDIASTINUM	Y		1/1/2011	Fee Schedule	$377.18
32420	PUNCTURE/CLEAR LUNG	Y		1/1/2011	Fee Schedule	$215.53
32421	THORACENTESIS FOR ASPIRATION	Y		1/1/2011	Fee Schedule	$215.53
32422	THORACENTESIS W/TUBE INSERT	Y		1/1/2011	Fee Schedule	$215.53
32550	INSERT PLEURAL CATH	Y		1/1/2011	Fee Schedule	$1,201.08
32552	REMOVE LUNG CATHETER		N	1/1/2011	Fee Schedule	$55.47
32553	INS MARK THOR FOR RT PERQ		N	1/1/2011	Fee Schedule	$521.30
32960	THERAPEUTIC PNEUMOTHORAX	Y		1/1/2011	Fee Schedule	$215.53
32998	PERQ RF ABLATE TX PUL TUMOR	Y		1/1/2011	Fee Schedule	$2,191.56
33010	DRAINAGE OF HEART SAC	Y		1/1/2011	Fee Schedule	$215.53
33011	REPEAT DRAINAGE OF HEART SAC	Y		1/1/2011	Fee Schedule	$215.53
33206	INSERTION OF HEART PACEMAKER	Y		1/1/2011	Fee Schedule	$6,816.91
33207	INSERTION OF HEART PACEMAKER	Y		1/1/2011	Fee Schedule	$6,816.91
33208	INSERTION OF HEART PACEMAKER	Y		1/1/2011	Fee Schedule	$8,393.22
33210	INSERTION OF HEART ELECTRODE	Y		1/1/2011	Fee Schedule	$2,022.94
33211	INSERTION OF HEART ELECTRODE	Y		1/1/2011	Fee Schedule	$2,022.94
33212	INSERTION OF PULSE GENERATOR	Y		1/1/2011	Fee Schedule	$5,803.96
33213	INSERTION OF PULSE GENERATOR	Y		1/1/2011	Fee Schedule	$6,597.53
33214	UPGRADE OF PACEMAKER SYSTEM	Y		1/1/2011	Fee Schedule	$8,393.22
33215	REPOSITION PACING-DEFIB LEAD	Y		1/1/2011	Fee Schedule	$880.80
33216	INSERT 1 ELECTRODE PM-DEFIB	Y		1/1/2011	Fee Schedule	$2,022.94
33217	INSERT 2 ELECTRODE PM-DEFIB	Y		1/1/2011	Fee Schedule	$2,022.94
33218	REPAIR LEAD PACE-DEFIB ONE	Y		1/1/2011	Fee Schedule	$880.80
33220	REPAIR LEAD PACE-DEFIB DUAL	Y		1/1/2011	Fee Schedule	$880.80
33222	REVISE POCKET PACEMAKER	Y		1/1/2011	Fee Schedule	$666.84
33223	REVISE POCKET FOR DEFIB	Y		1/1/2011	Fee Schedule	$666.84
33224	INSERT PACING LEAD & CONNECT	Y		1/1/2011	Fee Schedule	$9,373.10
33225	L VENTRIC PACING LEAD ADD-ON	Y		1/1/2011	Fee Schedule	$9,373.10
33226	REPOSITION L VENTRIC LEAD	Y		1/1/2011	Fee Schedule	$880.80
33233	REMOVAL OF PACEMAKER SYSTEM	Y		1/1/2011	Fee Schedule	$880.80
33234	REMOVAL OF PACEMAKER SYSTEM	Y		1/1/2011	Fee Schedule	$880.80
33235	REMOVAL PACEMAKER ELECTRODE	Y		1/1/2011	Fee Schedule	$880.80
33240	INSERT PULSE GENERATOR	Y		1/1/2011	Fee Schedule	$22,212.75
33241	REMOVE PULSE GENERATOR	Y		1/1/2011	Fee Schedule	$880.80
33249	ELTRD/INSERT PACE-DEFIB	Y		1/1/2011	Fee Schedule	$25,360.04
33282	IMPLANT PAT-ACTIVE HT RECORD			1/1/2011	Fee Schedule	$4,712.19

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
33284	REMOVE PAT-ACTIVE HT RECORD	Y		1/1/2011	Fee Schedule	$329.04
33508	ENDOSCOPIC VEIN HARVEST			1/1/2009	No Separate Payment	$0.00
34490	REMOVAL OF VEIN CLOT	Y		1/1/2011	Fee Schedule	$1,616.40
35188	REPAIR BLOOD VESSEL LESION	Y		1/1/2011	Fee Schedule	$1,616.40
35207	REPAIR BLOOD VESSEL LESION	Y		1/1/2011	Fee Schedule	$1,616.40
35460	REPAIR VENOUS BLOCKAGE	Y		1/1/2011	Fee Schedule	$2,126.38
35473	REPAIR ARTERIAL BLOCKAGE			1/1/2011	Deleted	$0.00
35475	REPAIR ARTERIAL BLOCKAGE	Y		1/1/2011	Fee Schedule	$2,126.38
35476	REPAIR VENOUS BLOCKAGE	Y		1/1/2011	Fee Schedule	$2,126.38
35492	ATHERECTOMY, PERCUTANEOUS			1/1/2011	Deleted	$0.00
35572	HARVEST FEMOROPOPLITEAL VEIN			1/1/2009	No Separate Payment	$0.00
35761	EXPLORATION OF ARTERY/VEIN	Y		1/1/2011	Fee Schedule	$1,413.62
35875	REMOVAL OF CLOT IN GRAFT	Y		1/1/2011	Fee Schedule	$1,616.40
35876	REMOVAL OF CLOT IN GRAFT	Y		1/1/2011	Fee Schedule	$1,616.40
36000	PLACE NEEDLE IN VEIN			1/1/2009	No Separate Payment	$0.00
36002	PSEUDOANEURYSM INJECTION TRT			1/1/2011	Fee Schedule	$86.05
36005	INJECTION EXT VENOGRAPHY			1/1/2009	No Separate Payment	$0.00
36010	PLACE CATHETER IN VEIN			1/1/2009	No Separate Payment	$0.00
36011	PLACE CATHETER IN VEIN			1/1/2009	No Separate Payment	$0.00
36012	PLACE CATHETER IN VEIN			1/1/2009	No Separate Payment	$0.00
36013	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36014	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36015	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36100	ESTABLISH ACCESS TO ARTERY			1/1/2009	No Separate Payment	$0.00
36120	ESTABLISH ACCESS TO ARTERY			1/1/2009	No Separate Payment	$0.00
36140	ESTABLISH ACCESS TO ARTERY			1/1/2009	No Separate Payment	$0.00
36147	ACCESS AV DIAL GRFT FOR EVAL	Y		1/1/2011	Fee Schedule	$90.94
36148	ACCESS AV DIAL GRFT FOR PROC		N	1/1/2010	No Separate Payment	$0.00
36160	ESTABLISH ACCESS TO AORTA			1/1/2009	No Separate Payment	$0.00
36200	PLACE CATHETER IN AORTA			1/1/2009	No Separate Payment	$0.00
36215	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36216	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36217	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36218	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36245	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36246	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36247	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36248	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36260	INSERTION OF INFUSION PUMP	Y		1/1/2011	Fee Schedule	$1,192.37
36261	REVISION OF INFUSION PUMP	Y		1/1/2011	Fee Schedule	$880.80
36262	REMOVAL OF INFUSION PUMP	Y		1/1/2011	Fee Schedule	$880.80
36400	BL DRAW < 3 YRS FEM/JUGULAR			1/1/2009	No Separate Payment	$0.00
36405	BL DRAW < 3 YRS SCALP VEIN			1/1/2009	No Separate Payment	$0.00
36406	BL DRAW < 3 YRS OTHER VEIN			1/1/2009	No Separate Payment	$0.00
36410	NON-ROUTINE BL DRAW > 3 YRS			1/1/2009	No Separate Payment	$0.00
36416	CAPILLARY BLOOD DRAW			1/1/2009	No Separate Payment	$0.00
36420	VEIN ACCESS CUTDOWN < 1 YR			1/1/2011	Fee Schedule	$10.36
36425	VEIN ACCESS CUTDOWN > 1 YR			1/1/2011	Fee Schedule	$10.36
36430	BLOOD TRANSFUSION SERVICE			4/1/2011	Fee Schedule	$34.66
36440	BL PUSH TRANSFUSE 2 YR OR <			1/1/2011	Fee Schedule	$131.41
36450	BL EXCHANGE/TRANSFUSE NB			1/1/2011	Fee Schedule	$131.41
36455	BL EXCHANGE/TRANSFUSE NON-NB			1/1/2011	Fee Schedule	$131.41
36470	INJECTION THERAPY OF VEIN	Y		1/1/2011	Fee Schedule	$35.27
36471	INJECTION THERAPY OF VEINS	Y		1/1/2011	Fee Schedule	$35.27
36475	ENDOVENOUS RF 1ST VEIN	Y		1/1/2011	Fee Schedule	$1,704.46
36476	ENDOVENOUS RF VEIN ADD-ON	Y		1/1/2011	Fee Schedule	$1,063.62
36478	ENDOVENOUS LASER 1ST VEIN	Y		1/1/2011	Fee Schedule	$1,063.62
36479	ENDOVENOUS LASER VEIN ADDON	Y		1/1/2011	Fee Schedule	$1,063.62
36481	INSERTION OF CATHETER VEIN			1/1/2009	No Separate Payment	$0.00
36500	INSERTION OF CATHETER VEIN			1/1/2009	No Separate Payment	$0.00
36510	INSERTION OF CATHETER VEIN			1/1/2009	No Separate Payment	$0.00
36511	APHERESIS WBC			1/1/2011	Fee Schedule	$479.92

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
36512	APHERESIS RBC			1/1/2011	Fee Schedule	$479.92
36513	APHERESIS PLATELETS			1/1/2011	Fee Schedule	$479.92
36514	APHERESIS PLASMA			1/1/2011	Fee Schedule	$479.92
36515	APHERESIS ADSORP/REINFUSE			1/1/2011	Fee Schedule	$1,218.58
36516	APHERESIS SELECTIVE			1/1/2011	Fee Schedule	$1,218.58
36555	INSERT NON-TUNNEL CV CATH	Y		1/1/2011	Fee Schedule	$440.49
36556	INSERT NON-TUNNEL CV CATH	Y		1/1/2011	Fee Schedule	$440.49
36557	INSERT TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$994.61
36558	INSERT TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$994.61
36560	INSERT TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$1,192.37
36561	INSERT TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$1,192.37
36563	INSERT TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$1,192.37
36565	INSERT TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$1,192.37
36566	INSERT TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$1,192.37
36568	INSERT PICC CATH	Y		1/1/2011	Fee Schedule	$440.49
36569	INSERT PICC CATH	Y		1/1/2011	Fee Schedule	$440.49
36570	INSERT PICVAD CATH	Y		1/1/2011	Fee Schedule	$994.61
36571	INSERT PICVAD CATH	Y		1/1/2011	Fee Schedule	$994.61
36575	REPAIR TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$245.24
36576	REPAIR TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$440.49
36578	REPLACE TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$994.61
36580	REPLACE CVAD CATH	Y		1/1/2011	Fee Schedule	$440.49
36581	REPLACE TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$994.61
36582	REPLACE TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$1,192.37
36583	REPLACE TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$1,192.37
36584	REPLACE PICC CATH	Y		1/1/2011	Fee Schedule	$440.49
36585	REPLACE PICVAD CATH	Y		1/1/2011	Fee Schedule	$994.61
36589	REMOVAL TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$245.24
36590	REMOVAL TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$440.49
36591	DRAW BLOOD OFF VENOUS DEVICE			1/1/2009	No Separate Payment	$0.00
36592	COLLECT BLOOD FROM PICC			1/1/2009	No Separate Payment	$0.00
36593	DECLOT VASCULAR DEVICE	Y		4/1/2011	Fee Schedule	$28.54
36595	MECH REMOV TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$994.61
36596	MECH REMOV TUNNELED CV CATH	Y		1/1/2011	Fee Schedule	$440.49
36597	REPOSITION VENOUS CATHETER	Y		1/1/2011	Fee Schedule	$440.49
36598	INJ W/FLUOR EVAL CV DEVICE	Y		4/1/2011	Fee Schedule	$86.64
36600	WITHDRAWAL OF ARTERIAL BLOOD			1/1/2009	No Separate Payment	$0.00
36620	INSERTION CATHETER ARTERY			1/1/2009	No Separate Payment	$0.00
36625	INSERTION CATHETER ARTERY			1/1/2009	No Separate Payment	$0.00
36640	INSERTION CATHETER ARTERY	Y		1/1/2011	Fee Schedule	$1,192.37
36680	INSERT NEEDLE BONE CAVITY	Y		1/1/2011	Fee Schedule	$60.84
36800	INSERTION OF CANNULA	Y		1/1/2011	Fee Schedule	$1,359.36
36810	INSERTION OF CANNULA	Y		1/1/2011	Fee Schedule	$1,359.36
36815	INSERTION OF CANNULA	Y		1/1/2011	Fee Schedule	$1,359.36
36818	AV FUSE UPPR ARM CEPHALIC	Y		1/1/2011	Fee Schedule	$1,616.40
36819	AV FUSE UPPR ARM BASILIC	Y		1/1/2011	Fee Schedule	$1,616.40
36820	AV FUSION/FOREARM VEIN	Y		1/1/2011	Fee Schedule	$1,616.40
36821	AV FUSION DIRECT ANY SITE	Y		1/1/2011	Fee Schedule	$1,616.40
36825	ARTERY-VEIN AUTOGRAFT	Y		1/1/2011	Fee Schedule	$1,616.40
36830	ARTERY-VEIN NONAUTOGRAFT	Y		1/1/2011	Fee Schedule	$1,616.40
36831	OPEN THROMBECT AV FISTULA	Y		1/1/2011	Fee Schedule	$1,616.40
36832	AV FISTULA REVISION OPEN	Y		1/1/2011	Fee Schedule	$1,616.40
36833	AV FISTULA REVISION	Y		1/1/2011	Fee Schedule	$1,616.40
36835	ARTERY TO VEIN SHUNT	Y		1/1/2011	Fee Schedule	$1,359.36
36860	EXTERNAL CANNULA DECLOTTING	Y		1/1/2011	Fee Schedule	$90.94
36861	CANNULA DECLOTTING	Y		1/1/2011	Fee Schedule	$1,359.36
36870	PERCUT THROMBECT AV FISTULA	Y		1/1/2011	Fee Schedule	$1,747.33
37184	PRIM ART MECH THROMBECTOMY	Y		1/1/2011	Fee Schedule	$1,616.40
37185	PRIM ART M-THROMBECT ADD-ON	Y		1/1/2011	Fee Schedule	$1,616.40
37186	SEC ART M-THROMBECT ADD-ON	Y		1/1/2011	Fee Schedule	$1,616.40
37187	VENOUS MECH THROMBECTOMY	Y		1/1/2011	Fee Schedule	$1,616.40
37188	VENOUS M-THROMBECTOMY ADD-ON	Y		1/1/2011	Fee Schedule	$1,616.40

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
37200	TRANSCATHETER BIOPSY	Y		1/1/2011	Fee Schedule	$1,192.37
37203	TRANSCATHETER RETRIEVAL	Y		1/1/2011	Fee Schedule	$1,192.37
37204	TRANSCATHETER OCCLUSION	Y		1/1/2011	Fee Schedule	$3,592.47
37205	TRANSCATH IV STENT PERCUT	Y		1/1/2011	Fee Schedule	$3,035.30
37206	TRANSCATH IV STENT/PERC ADDL	Y		1/1/2011	Fee Schedule	$1,850.07
37210	EMBOLIZATION UTERINE FIBROID	Y		1/1/2011	Fee Schedule	$4,514.26
37220	ILIAC REVASC	Y		1/1/2011	Fee Schedule	$2,126.38
37221	ILIAC REVASC W/STENT	Y		1/1/2011	Fee Schedule	$2,126.38
37222	ILIAC REVASC ADD-ON	Y		1/1/2011	Fee Schedule	$2,126.38
37223	ILIAC REVASC W/STENT ADD-ON	Y		1/1/2011	Fee Schedule	$2,126.38
37250	IV US FIRST VESSEL ADD-ON			1/1/2009	No Separate Payment	$0.00
37251	IV US EACH ADD VESSEL ADD-ON			1/1/2009	No Separate Payment	$0.00
37500	ENDOSCOPY LIGATE PERF VEINS	Y		1/1/2011	Fee Schedule	$1,704.46
37607	LIGATION OF A-V FISTULA	Y		1/1/2011	Fee Schedule	$1,063.62
37609	TEMPORAL ARTERY PROCEDURE	Y		1/1/2011	Fee Schedule	$700.41
37650	REVISION OF MAJOR VEIN	Y		1/1/2011	Fee Schedule	$1,063.62
37700	REVISE LEG VEIN	Y		1/1/2011	Fee Schedule	$1,063.62
37718	LIGATE/STRIP SHORT LEG VEIN	Y		1/1/2011	Fee Schedule	$1,063.62
37722	LIGATE/STRIP LONG LEG VEIN	Y		1/1/2011	Fee Schedule	$1,704.46
37735	REMOVAL OF LEG VEINS/LESION	Y		1/1/2011	Fee Schedule	$1,704.46
37760	LIGATE LEG VEINS RADICAL	Y		1/1/2011	Fee Schedule	$1,063.62
37761	LIGATE LEG VEINS OPEN	Y		1/1/2011	Fee Schedule	$1,063.62
37765	STAB PHLEB VEINS XTR 10-20	Y		4/1/2011	Fee Schedule	$361.51
37766	PHLEB VEINS - EXTREM 20	Y		4/1/2011	Fee Schedule	$409.76
37780	REVISION OF LEG VEIN	Y		1/1/2011	Fee Schedule	$1,063.62
37785	LIGATE/DIVIDE/EXCISE VEIN	Y		1/1/2011	Fee Schedule	$1,063.62
37790	PENILE VENOUS OCCLUSION	Y		1/1/2011	Fee Schedule	$1,392.68
38200	INJECTION FOR SPLEEN X-RAY			1/1/2009	No Separate Payment	$0.00
38204	BL DONOR SEARCH MANAGEMENT			1/1/2009	No Separate Payment	$0.00
38205	HARVEST ALLOGENIC STEM CELLS		Y	1/1/2009	Fee Schedule	$464.18
38206	HARVEST AUTO STEM CELLS		Y	1/1/2011	Fee Schedule	$479.92
38220	BONE MARROW ASPIRATION	Y		4/1/2011	Fee Schedule	$110.76
38221	BONE MARROW BIOPSY	Y		4/1/2011	Fee Schedule	$114.16
38230	BONE MARROW COLLECTION		Y	1/1/2011	Fee Schedule	$1,218.58
38241	BONE MARROW/STEM TRANSPLANT		Y	1/1/2011	Fee Schedule	$1,218.58
38242	LYMPHOCYTE INFUSE TRANSPLANT		Y	1/1/2011	Fee Schedule	$479.92
38300	DRAINAGE LYMPH NODE LESION	Y		1/1/2011	Fee Schedule	$504.16
38305	DRAINAGE LYMPH NODE LESION	Y		1/1/2011	Fee Schedule	$782.60
38308	INCISION OF LYMPH CHANNELS	Y		1/1/2011	Fee Schedule	$970.93
38500	BIOPSY/REMOVAL LYMPH NODES	Y		1/1/2011	Fee Schedule	$970.93
38505	NEEDLE BIOPSY LYMPH NODES	Y		1/1/2011	Fee Schedule	$315.22
38510	BIOPSY/REMOVAL LYMPH NODES	Y		1/1/2011	Fee Schedule	$970.93
38520	BIOPSY/REMOVAL LYMPH NODES	Y		1/1/2011	Fee Schedule	$970.93
38525	BIOPSY/REMOVAL LYMPH NODES	Y		1/1/2011	Fee Schedule	$970.93
38530	BIOPSY/REMOVAL LYMPH NODES	Y		1/1/2011	Fee Schedule	$970.93
38542	EXPLORE DEEP NODE(S) NECK	Y		1/1/2011	Fee Schedule	$1,967.44
38550	REMOVAL NECK/ARMPIT LESION	Y		1/1/2011	Fee Schedule	$970.93
38555	REMOVAL NECK/ARMPIT LESION	Y		1/1/2011	Fee Schedule	$970.93
38570	LAPAROSCOPY LYMPH NODE BIOP	Y		1/1/2011	Fee Schedule	$1,853.68
38571	LAPAROSCOPY LYMPHADENECTOMY	Y		1/1/2011	Fee Schedule	$2,754.57
38572	LAPAROSCOPY LYMPHADENECTOMY	Y		1/1/2011	Fee Schedule	$1,853.68
38700	REMOVAL OF LYMPH NODES NECK	Y		1/1/2011	Fee Schedule	$970.93
38740	REMOVE ARMPIT LYMPH NODES	Y		1/1/2011	Fee Schedule	$1,967.44
38745	REMOVE ARMPIT LYMPH NODES	Y		1/1/2011	Fee Schedule	$1,967.44
38760	REMOVE GROIN LYMPH NODES	Y		1/1/2011	Fee Schedule	$970.93
38790	INJECT FOR LYMPHATIC X-RAY			1/1/2009	No Separate Payment	$0.00
38792	IDENTIFY SENTINEL NODE			1/1/2009	No Separate Payment	$0.00
38794	ACCESS THORACIC LYMPH DUCT			1/1/2009	No Separate Payment	$0.00
38900	IO MAP OF SENT LYMPH NODE			1/1/2011	No Separate Payment	$0.00
40490	BIOPSY OF LIP	Y		4/1/2011	Fee Schedule	$81.54
40500	PARTIAL EXCISION OF LIP	Y		1/1/2011	Fee Schedule	$671.76
40510	PARTIAL EXCISION OF LIP	Y		1/1/2011	Fee Schedule	$993.66

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
40520	PARTIAL EXCISION OF LIP	Y		1/1/2011	Fee Schedule	$671.76
40525	RECONSTRUCT LIP WITH FLAP	Y		1/1/2011	Fee Schedule	$993.66
40527	RECONSTRUCT LIP WITH FLAP	Y		1/1/2011	Fee Schedule	$993.66
40530	PARTIAL REMOVAL OF LIP	Y		1/1/2011	Fee Schedule	$993.66
40650	REPAIR LIP	Y		1/1/2011	Fee Schedule	$306.82
40652	REPAIR LIP	Y		1/1/2011	Fee Schedule	$306.82
40654	REPAIR LIP	Y		1/1/2011	Fee Schedule	$306.82
40700	REPAIR CLEFT LIP/NASAL	Y		1/1/2011	Fee Schedule	$1,731.43
40701	REPAIR CLEFT LIP/NASAL	Y		1/1/2011	Fee Schedule	$1,731.43
40702	REPAIR CLEFT LIP/NASAL	Y		1/1/2011	Fee Schedule	$1,731.43
40720	REPAIR CLEFT LIP/NASAL	Y		1/1/2011	Fee Schedule	$1,731.43
40761	REPAIR CLEFT LIP/NASAL	Y		1/1/2011	Fee Schedule	$1,731.43
40800	DRAINAGE OF MOUTH LESION	Y		1/1/2011	Fee Schedule	$57.75
40801	DRAINAGE OF MOUTH LESION	Y		1/1/2011	Fee Schedule	$306.82
40804	REMOVAL FOREIGN BODY MOUTH			1/1/2011	Fee Schedule	$26.01
40805	REMOVAL FOREIGN BODY MOUTH	Y		4/1/2011	Fee Schedule	$212.69
40806	INCISION OF LIP FOLD	Y		4/1/2011	Fee Schedule	$92.76
40808	BIOPSY OF MOUTH LESION	Y		4/1/2011	Fee Schedule	$137.69
40810	EXCISION OF MOUTH LESION	Y		4/1/2011	Fee Schedule	$150.18
40812	EXCISE/REPAIR MOUTH LESION	Y		4/1/2011	Fee Schedule	$190.27
40814	EXCISE/REPAIR MOUTH LESION	Y		1/1/2011	Fee Schedule	$671.76
40816	EXCISION OF MOUTH LESION	Y		1/1/2011	Fee Schedule	$993.66
40818	EXCISE ORAL MUCOSA FOR GRAFT	Y		1/1/2011	Fee Schedule	$137.69
40819	EXCISE LIP OR CHEEK FOLD	Y		1/1/2011	Fee Schedule	$306.82
40820	TREATMENT OF MOUTH LESION	Y		4/1/2011	Fee Schedule	$210.65
40830	REPAIR MOUTH LACERATION	Y		1/1/2011	Fee Schedule	$137.69
40831	REPAIR MOUTH LACERATION	Y		1/1/2011	Fee Schedule	$306.82
40840	RECONSTRUCTION OF MOUTH	Y		1/1/2011	Fee Schedule	$993.66
40842	RECONSTRUCTION OF MOUTH	Y		1/1/2011	Fee Schedule	$993.66
40843	RECONSTRUCTION OF MOUTH	Y		1/1/2011	Fee Schedule	$993.66
40844	RECONSTRUCTION OF MOUTH	Y		1/1/2011	Fee Schedule	$1,731.43
40845	RECONSTRUCTION OF MOUTH	Y		1/1/2011	Fee Schedule	$1,731.43
41000	DRAINAGE OF MOUTH LESION	Y		4/1/2011	Fee Schedule	$108.04
41005	DRAINAGE OF MOUTH LESION	Y		1/1/2011	Fee Schedule	$137.69
41006	DRAINAGE OF MOUTH LESION	Y		1/1/2011	Fee Schedule	$993.66
41007	DRAINAGE OF MOUTH LESION	Y		1/1/2011	Fee Schedule	$671.76
41008	DRAINAGE OF MOUTH LESION	Y		1/1/2011	Fee Schedule	$671.76
41009	DRAINAGE OF MOUTH LESION	Y		1/1/2011	Fee Schedule	$137.69
41010	INCISION OF TONGUE FOLD	Y		1/1/2011	Fee Schedule	$306.82
41015	DRAINAGE OF MOUTH LESION	Y		1/1/2011	Fee Schedule	$137.69
41016	DRAINAGE OF MOUTH LESION	Y		1/1/2011	Fee Schedule	$306.82
41017	DRAINAGE OF MOUTH LESION	Y		1/1/2011	Fee Schedule	$306.82
41018	DRAINAGE OF MOUTH LESION	Y		1/1/2011	Fee Schedule	$306.82
41019	PLACE NEEDLES H&N FOR RT	Y		1/1/2011	Fee Schedule	$993.66
41100	BIOPSY OF TONGUE	Y		4/1/2011	Fee Schedule	$112.80
41105	BIOPSY OF TONGUE	Y		4/1/2011	Fee Schedule	$112.80
41108	BIOPSY OF FLOOR OF MOUTH	Y		4/1/2011	Fee Schedule	$103.97
41110	EXCISION OF TONGUE LESION	Y		4/1/2011	Fee Schedule	$150.52
41112	EXCISION OF TONGUE LESION	Y		1/1/2011	Fee Schedule	$671.76
41113	EXCISION OF TONGUE LESION	Y		1/1/2011	Fee Schedule	$671.76
41114	EXCISION OF TONGUE LESION	Y		1/1/2011	Fee Schedule	$993.66
41115	EXCISION OF TONGUE FOLD	Y		4/1/2011	Fee Schedule	$173.28
41116	EXCISION OF MOUTH LESION	Y		1/1/2011	Fee Schedule	$671.76
41120	PARTIAL REMOVAL OF TONGUE	Y		1/1/2011	Fee Schedule	$993.66
41250	REPAIR TONGUE LACERATION	Y		1/1/2011	Fee Schedule	$43.90
41251	REPAIR TONGUE LACERATION	Y		1/1/2011	Fee Schedule	$137.69
41252	REPAIR TONGUE LACERATION	Y		1/1/2011	Fee Schedule	$306.82
41500	FIXATION OF TONGUE	Y		1/1/2011	Fee Schedule	$993.66
41510	TONGUE TO LIP SURGERY	Y		1/1/2011	Fee Schedule	$671.76
41512	TONGUE SUSPENSION	Y		1/1/2011	Fee Schedule	$306.82
41520	RECONSTRUCTION TONGUE FOLD	Y		1/1/2011	Fee Schedule	$306.82
41530	TONGUE BASE VOL REDUCTION	Y		1/1/2011	Fee Schedule	$993.66

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
41800	DRAINAGE OF GUM LESION	Y		1/1/2011	Fee Schedule	$57.75
41805	REMOVAL FOREIGN BODY GUM	Y		4/1/2011	Fee Schedule	$186.53
41806	REMOVAL FOREIGN BODY JAWBONE	Y		4/1/2011	Fee Schedule	$240.89
41820	EXCISION GUM EACH QUADRANT	Y		1/1/2011	Fee Schedule	$306.82
41821	EXCISION OF GUM FLAP	Y		1/1/2011	Fee Schedule	$306.82
41822	EXCISION OF GUM LESION	Y		4/1/2011	Fee Schedule	$191.63
41823	EXCISION OF GUM LESION	Y		4/1/2011	Fee Schedule	$277.25
41825	EXCISION OF GUM LESION	Y		4/1/2011	Fee Schedule	$151.87
41826	EXCISION OF GUM LESION	Y		4/1/2011	Fee Schedule	$203.86
41827	EXCISION OF GUM LESION	Y		1/1/2011	Fee Schedule	$993.66
41828	EXCISION OF GUM LESION	Y		4/1/2011	Fee Schedule	$179.06
41830	REMOVAL OF GUM TISSUE	Y		4/1/2011	Fee Schedule	$250.75
41850	TREATMENT OF GUM LESION	Y		1/1/2011	Fee Schedule	$671.76
41870	GUM GRAFT	Y		1/1/2011	Fee Schedule	$993.66
41872	REPAIR GUM	Y		4/1/2011	Fee Schedule	$243.27
41874	REPAIR TOOTH SOCKET	Y		4/1/2011	Fee Schedule	$241.23
41899	UNLISTED PROCEDURE, DENTOALVEOLAR	Y		4/1/2008	By Report	$0.00
42000	DRAINAGE MOUTH ROOF LESION	Y		1/1/2011	Fee Schedule	$137.69
42100	BIOPSY ROOF OF MOUTH	Y		4/1/2011	Fee Schedule	$96.83
42104	EXCISION LESION MOUTH ROOF	Y		4/1/2011	Fee Schedule	$146.44
42106	EXCISION LESION MOUTH ROOF	Y		4/1/2011	Fee Schedule	$183.13
42107	EXCISION LESION MOUTH ROOF	Y		1/1/2011	Fee Schedule	$993.66
42120	REMOVE PALATE/LESION	Y		1/1/2011	Fee Schedule	$1,731.43
42140	EXCISION OF UVULA	Y		1/1/2011	Fee Schedule	$306.82
42145	REPAIR PALATE PHARYNX/UVULA	Y		1/1/2011	Fee Schedule	$993.66
42160	TREATMENT MOUTH ROOF LESION	Y		4/1/2011	Fee Schedule	$164.79
42180	REPAIR PALATE	Y		1/1/2011	Fee Schedule	$137.69
42182	REPAIR PALATE	Y		1/1/2011	Fee Schedule	$1,731.43
42200	RECONSTRUCT CLEFT PALATE	Y		1/1/2011	Fee Schedule	$1,731.43
42205	RECONSTRUCT CLEFT PALATE	Y		1/1/2011	Fee Schedule	$1,731.43
42210	RECONSTRUCT CLEFT PALATE	Y		1/1/2011	Fee Schedule	$1,731.43
42215	RECONSTRUCT CLEFT PALATE	Y		1/1/2011	Fee Schedule	$1,731.43
42220	RECONSTRUCT CLEFT PALATE	Y		1/1/2011	Fee Schedule	$1,731.43
42225	RECONSTRUCT CLEFT PALATE	Y		1/1/2011	Fee Schedule	$1,731.43
42226	LENGTHENING OF PALATE	Y		1/1/2011	Fee Schedule	$1,731.43
42227	LENGTHENING OF PALATE	Y		1/1/2011	Fee Schedule	$1,731.43
42235	REPAIR PALATE	Y		1/1/2011	Fee Schedule	$671.76
42260	REPAIR NOSE TO LIP FISTULA	Y		1/1/2011	Fee Schedule	$993.66
42280	PREPARATION PALATE MOLD	Y		4/1/2011	Fee Schedule	$97.17
42281	INSERTION PALATE PROSTHESIS	Y		1/1/2011	Fee Schedule	$671.76
42300	DRAINAGE OF SALIVARY GLAND	Y		1/1/2011	Fee Schedule	$671.76
42305	DRAINAGE OF SALIVARY GLAND	Y		1/1/2011	Fee Schedule	$671.76
42310	DRAINAGE OF SALIVARY GLAND	Y		1/1/2011	Fee Schedule	$137.69
42320	DRAINAGE OF SALIVARY GLAND	Y		1/1/2011	Fee Schedule	$137.69
42330	REMOVAL OF SALIVARY STONE	Y		4/1/2011	Fee Schedule	$146.10
42335	REMOVAL OF SALIVARY STONE	Y		4/1/2011	Fee Schedule	$243.27
42340	REMOVAL OF SALIVARY STONE	Y		1/1/2011	Fee Schedule	$671.76
42400	BIOPSY OF SALIVARY GLAND	Y		4/1/2011	Fee Schedule	$78.49
42405	BIOPSY OF SALIVARY GLAND	Y		1/1/2011	Fee Schedule	$993.66
42408	EXCISION OF SALIVARY CYST	Y		1/1/2011	Fee Schedule	$671.76
42409	DRAINAGE OF SALIVARY CYST	Y		1/1/2011	Fee Schedule	$671.76
42410	EXCISE PAROTID GLAND/LESION	Y		1/1/2011	Fee Schedule	$1,731.43
42415	EXCISE PAROTID GLAND/LESION	Y		1/1/2011	Fee Schedule	$1,731.43
42420	EXCISE PAROTID GLAND/LESION	Y		1/1/2011	Fee Schedule	$1,731.43
42425	EXCISE PAROTID GLAND/LESION	Y		1/1/2011	Fee Schedule	$1,731.43
42440	EXCISE SUBMAXILLARY GLAND	Y		1/1/2011	Fee Schedule	$1,731.43
42450	EXCISE SUBLINGUAL GLAND	Y		1/1/2011	Fee Schedule	$993.66
42500	REPAIR SALIVARY DUCT	Y		1/1/2011	Fee Schedule	$993.66
42505	REPAIR SALIVARY DUCT	Y		1/1/2011	Fee Schedule	$1,731.43
42507	PAROTID DUCT DIVERSION	Y		1/1/2011	Fee Schedule	$1,731.43
42508	PAROTID DUCT DIVERSION	Y		1/1/2011	Fee Schedule	$1,731.43
42509	PAROTID DUCT DIVERSION	Y		1/1/2011	Fee Schedule	$1,731.43

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
42510	PAROTID DUCT DIVERSION	Y		1/1/2011	Fee Schedule	$1,731.43
42550	INJECTION FOR SALIVARY X-RAY			1/1/2009	No Separate Payment	$0.00
42600	CLOSURE OF SALIVARY FISTULA	Y		1/1/2011	Fee Schedule	$671.76
42650	DILATION OF SALIVARY DUCT	Y		4/1/2011	Fee Schedule	$54.02
42660	DILATION OF SALIVARY DUCT	Y		4/1/2011	Fee Schedule	$63.54
42665	LIGATION OF SALIVARY DUCT	Y		1/1/2011	Fee Schedule	$993.66
42700	DRAINAGE OF TONSIL ABSCESS	Y		1/1/2011	Fee Schedule	$137.69
42720	DRAINAGE OF THROAT ABSCESS	Y		1/1/2011	Fee Schedule	$671.76
42725	DRAINAGE OF THROAT ABSCESS	Y		1/1/2011	Fee Schedule	$1,731.43
42800	BIOPSY OF THROAT	Y		4/1/2011	Fee Schedule	$103.97
42802	BIOPSY OF THROAT	Y		1/1/2011	Fee Schedule	$671.76
42804	BIOPSY OF UPPER NOSE/THROAT	Y		1/1/2011	Fee Schedule	$671.76
42806	BIOPSY OF UPPER NOSE/THROAT	Y		1/1/2011	Fee Schedule	$993.66
42808	EXCISE PHARYNX LESION	Y		1/1/2011	Fee Schedule	$993.66
42809	REMOVE PHARYNX FOREIGN BODY			1/1/2011	Fee Schedule	$26.01
42810	EXCISION OF NECK CYST	Y		1/1/2011	Fee Schedule	$993.66
42815	EXCISION OF NECK CYST	Y		1/1/2011	Fee Schedule	$1,731.43
42820	REMOVE TONSILS AND ADENOIDS	Y		1/1/2011	Fee Schedule	$993.66
42821	REMOVE TONSILS AND ADENOIDS	Y		1/1/2011	Fee Schedule	$993.66
42825	REMOVAL OF TONSILS	Y		1/1/2011	Fee Schedule	$993.66
42826	REMOVAL OF TONSILS	Y		1/1/2011	Fee Schedule	$993.66
42830	REMOVAL OF ADENOIDS	Y		1/1/2011	Fee Schedule	$993.66
42831	REMOVAL OF ADENOIDS	Y		1/1/2011	Fee Schedule	$993.66
42835	REMOVAL OF ADENOIDS	Y		1/1/2011	Fee Schedule	$993.66
42836	REMOVAL OF ADENOIDS	Y		1/1/2011	Fee Schedule	$993.66
42860	EXCISION OF TONSIL TAGS	Y		1/1/2011	Fee Schedule	$993.66
42870	EXCISION OF LINGUAL TONSIL	Y		1/1/2011	Fee Schedule	$993.66
42890	PARTIAL REMOVAL OF PHARYNX	Y		1/1/2011	Fee Schedule	$1,731.43
42892	REVISION OF PHARYNGEAL WALLS	Y		1/1/2011	Fee Schedule	$1,731.43
42900	REPAIR THROAT WOUND	Y		1/1/2011	Fee Schedule	$306.82
42950	RECONSTRUCTION OF THROAT	Y		1/1/2011	Fee Schedule	$993.66
42955	SURGICAL OPENING OF THROAT	Y		1/1/2011	Fee Schedule	$993.66
42960	CONTROL THROAT BLEEDING	Y		1/1/2011	Fee Schedule	$43.90
42962	CONTROL THROAT BLEEDING	Y		1/1/2011	Fee Schedule	$1,731.43
42970	CONTROL NOSE/THROAT BLEEDING	Y		1/1/2011	Fee Schedule	$43.90
42972	CONTROL NOSE/THROAT BLEEDING	Y		1/1/2011	Fee Schedule	$671.76
43030	THROAT MUSCLE SURGERY	Y		1/1/2011	Fee Schedule	$671.76
43130	REMOVAL OF ESOPHAGUS POUCH	Y		1/1/2011	Fee Schedule	$1,731.43
43200	ESOPHAGUS ENDOSCOPY	Y		1/1/2011	Fee Schedule	$344.10
43201	ESOPH SCOPE W/SUBMUCOUS INJ	Y		1/1/2011	Fee Schedule	$344.10
43202	ESOPHAGUS ENDOSCOPY BIOPSY	Y		1/1/2011	Fee Schedule	$344.10
43204	ESOPH SCOPE W/SCLEROSIS INJ	Y		1/1/2011	Fee Schedule	$344.10
43205	ESOPHAGUS ENDOSCOPY/LIGATION	Y		1/1/2011	Fee Schedule	$344.10
43215	ESOPHAGUS ENDOSCOPY	Y		1/1/2011	Fee Schedule	$344.10
43216	ESOPHAGUS ENDOSCOPY/LESION	Y		1/1/2011	Fee Schedule	$646.18
43217	ESOPHAGUS ENDOSCOPY	Y		1/1/2011	Fee Schedule	$344.10
43219	ESOPHAGUS ENDOSCOPY	Y		1/1/2011	Fee Schedule	$1,077.45
43220	ESOPH ENDOSCOPY DILATION	Y		1/1/2011	Fee Schedule	$344.10
43226	ESOPH ENDOSCOPY DILATION	Y		1/1/2011	Fee Schedule	$344.10
43227	ESOPH ENDOSCOPY REPAIR	Y		1/1/2011	Fee Schedule	$344.10
43228	ESOPH ENDOSCOPY ABLATION	Y		1/1/2011	Fee Schedule	$646.18
43231	ESOPH ENDOSCOPY W/US EXAM	Y		1/1/2011	Fee Schedule	$344.10
43232	ESOPH ENDOSCOPY W/US FN BX	Y		1/1/2011	Fee Schedule	$344.10
43234	UPPER GI ENDOSCOPY EXAM	Y		1/1/2011	Fee Schedule	$344.10
43235	UPPR GI ENDOSCOPY DIAGNOSIS	Y		1/1/2011	Fee Schedule	$344.10
43236	UPPR GI SCOPE W/SUBMUC INJ	Y		1/1/2011	Fee Schedule	$344.10
43237	ENDOSCOPIC US EXAM ESOPH	Y		1/1/2011	Fee Schedule	$344.10
43238	UPPR GI ENDOSCOPY W/US FN BX	Y		1/1/2011	Fee Schedule	$344.10
43239	UPPER GI ENDOSCOPY BIOPSY	Y		1/1/2011	Fee Schedule	$344.10
43240	ESOPH ENDOSCOPE W/DRAIN CYST	Y		1/1/2011	Fee Schedule	$344.10
43241	UPPER GI ENDOSCOPY WITH TUBE	Y		1/1/2011	Fee Schedule	$344.10
43242	UPPR GI ENDOSCOPY W/US FN BX	Y		1/1/2011	Fee Schedule	$646.18

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
43243	UPPER GI ENDOSCOPY & INJECT	Y		1/1/2011	Fee Schedule	$344.10
43244	UPPER GI ENDOSCOPY/LIGATION	Y		1/1/2011	Fee Schedule	$344.10
43245	UPPR GI SCOPE DILATE STRICTR	Y		1/1/2011	Fee Schedule	$344.10
43246	PLACE GASTROSTOMY TUBE	Y		1/1/2011	Fee Schedule	$344.10
43247	OPERATIVE UPPER GI ENDOSCOPY	Y		1/1/2011	Fee Schedule	$344.10
43248	UPPR GI ENDOSCOPY/GUIDE WIRE	Y		1/1/2011	Fee Schedule	$344.10
43249	ESOPH ENDOSCOPY DILATION	Y		1/1/2011	Fee Schedule	$344.10
43250	UPPER GI ENDOSCOPY/TUMOR	Y		1/1/2011	Fee Schedule	$344.10
43251	OPERATIVE UPPER GI ENDOSCOPY	Y		1/1/2011	Fee Schedule	$344.10
43255	OPERATIVE UPPER GI ENDOSCOPY	Y		1/1/2011	Fee Schedule	$344.10
43256	UPPR GI ENDOSCOPY W/STENT	Y		1/1/2011	Fee Schedule	$1,077.45
43257	UPPR GI SCOPE W/THRML TXMNT	Y		1/1/2011	Fee Schedule	$646.18
43258	OPERATIVE UPPER GI ENDOSCOPY	Y		1/1/2011	Fee Schedule	$344.10
43259	ENDOSCOPIC ULTRASOUND EXAM	Y		1/1/2011	Fee Schedule	$344.10
43260	ENDO CHOLANGIOPANCREATOGRAPH	Y		1/1/2011	Fee Schedule	$900.22
43261	ENDO CHOLANGIOPANCREATOGRAPH	Y		1/1/2011	Fee Schedule	$900.22
43262	ENDO CHOLANGIOPANCREATOGRAPH	Y		1/1/2011	Fee Schedule	$900.22
43263	ENDO CHOLANGIOPANCREATOGRAPH	Y		1/1/2011	Fee Schedule	$900.22
43264	ENDO CHOLANGIOPANCREATOGRAPH	Y		1/1/2011	Fee Schedule	$900.22
43265	ENDO CHOLANGIOPANCREATOGRAPH	Y		1/1/2011	Fee Schedule	$900.22
43267	ENDO CHOLANGIOPANCREATOGRAPH	Y		1/1/2011	Fee Schedule	$900.22
43268	ENDO CHOLANGIOPANCREATOGRAPH	Y		1/1/2011	Fee Schedule	$1,077.45
43269	ENDO CHOLANGIOPANCREATOGRAPH	Y		1/1/2011	Fee Schedule	$1,077.45
43271	ENDO CHOLANGIOPANCREATOGRAPH	Y		1/1/2011	Fee Schedule	$900.22
43272	ENDO CHOLANGIOPANCREATOGRAPH	Y		1/1/2011	Fee Schedule	$900.22
43273	ENDOSCOPIC PANCREATOSCOPY	Y		1/1/2011	Fee Schedule	$900.22
43450	DILATE ESOPHAGUS	Y		1/1/2011	Fee Schedule	$254.30
43453	DILATE ESOPHAGUS	Y		1/1/2011	Fee Schedule	$254.30
43456	DILATE ESOPHAGUS	Y		1/1/2011	Fee Schedule	$254.30
43458	DILATE ESOPHAGUS	Y		1/1/2011	Fee Schedule	$344.10
43600	BIOPSY OF STOMACH			1/1/2011	Deleted	$0.00
43653	LAPAROSCOPY GASTROSTOMY	Y		1/1/2011	Fee Schedule	$1,853.68
43752	NASAL/OROGASTRIC W/STENT		N	1/1/2011	Fee Schedule	$46.97
43753	TX GASTRO INTUB W/ASP			1/1/2011	Fee Schedule	$26.01
43754	DX GASTR INTUB W/ASP SPEC			1/1/2011	Fee Schedule	$26.01
43755	DX GASTR INTUB W/ASP SPECS			1/1/2011	Fee Schedule	$37.27
43756	DX DUOD INTUB W/ASP SPEC			1/1/2011	Fee Schedule	$46.97
43757	DX DUOD INTUB W/ASP SPECS			1/1/2011	Fee Schedule	$46.97
43760	CHANGE GASTROSTOMY TUBE	Y		1/1/2011	Fee Schedule	$90.94
43761	REPOSITION GASTROSTOMY TUBE	Y		1/1/2011	Fee Schedule	$344.10
43870	REPAIR STOMACH OPENING	Y		1/1/2011	Fee Schedule	$646.18
44100	BIOPSY OF BOWEL	Y		1/1/2011	Fee Schedule	$344.10
44312	REVISION OF ILEOSTOMY	Y		1/1/2011	Fee Schedule	$863.28
44340	REVISION OF COLOSTOMY	Y		1/1/2011	Fee Schedule	$863.28
44360	SMALL BOWEL ENDOSCOPY	Y		1/1/2011	Fee Schedule	$394.63
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	Y		1/1/2011	Fee Schedule	$394.63
44363	SMALL BOWEL ENDOSCOPY	Y		1/1/2011	Fee Schedule	$394.63
44364	SMALL BOWEL ENDOSCOPY	Y		1/1/2011	Fee Schedule	$394.63
44365	SMALL BOWEL ENDOSCOPY	Y		1/1/2011	Fee Schedule	$394.63
44366	SMALL BOWEL ENDOSCOPY	Y		1/1/2011	Fee Schedule	$394.63
44369	SMALL BOWEL ENDOSCOPY	Y		1/1/2011	Fee Schedule	$394.63
44370	SMALL BOWEL ENDOSCOPY/STENT	Y		1/1/2011	Fee Schedule	$1,077.45
44372	SMALL BOWEL ENDOSCOPY	Y		1/1/2011	Fee Schedule	$394.63
44373	SMALL BOWEL ENDOSCOPY	Y		1/1/2011	Fee Schedule	$394.63
44376	SMALL BOWEL ENDOSCOPY	Y		1/1/2011	Fee Schedule	$394.63
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	Y		1/1/2011	Fee Schedule	$394.63
44378	SMALL BOWEL ENDOSCOPY	Y		1/1/2011	Fee Schedule	$394.63
44379	S BOWEL ENDOSCOPE W/STENT	Y		1/1/2011	Fee Schedule	$1,077.45
44380	SMALL BOWEL ENDOSCOPY	Y		1/1/2011	Fee Schedule	$394.63
44382	SMALL BOWEL ENDOSCOPY	Y		1/1/2011	Fee Schedule	$394.63
44383	ILEOSCOPY W/STENT	Y		1/1/2011	Fee Schedule	$1,077.45
44385	ENDOSCOPY OF BOWEL POUCH	Y		1/1/2011	Fee Schedule	$361.93

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
44386	ENDOSCOPY BOWEL POUCH/BIOP	Y		1/1/2011	Fee Schedule	$361.93
44388	COLONOSCOPY	Y		1/1/2011	Fee Schedule	$361.93
44389	COLONOSCOPY WITH BIOPSY	Y		1/1/2011	Fee Schedule	$361.93
44390	COLONOSCOPY FOR FOREIGN BODY	Y		1/1/2011	Fee Schedule	$361.93
44391	COLONOSCOPY FOR BLEEDING	Y		1/1/2011	Fee Schedule	$361.93
44392	COLONOSCOPY & POLYPECTOMY	Y		1/1/2011	Fee Schedule	$361.93
44393	COLONOSCOPY LESION REMOVAL	Y		1/1/2011	Fee Schedule	$361.93
44394	COLONOSCOPY W/SNARE	Y		1/1/2011	Fee Schedule	$361.93
44397	COLONOSCOPY W/STENT	Y		1/1/2011	Fee Schedule	$1,077.45
44500	INTRO GASTROINTESTINAL TUBE	Y		1/1/2011	Fee Schedule	$245.24
44701	INTRAOP COLON LAVAGE ADD-ON			1/1/2009	No Separate Payment	$0.00
45000	DRAINAGE OF PELVIC ABSCESS	Y		1/1/2011	Fee Schedule	$624.25
45005	DRAINAGE OF RECTAL ABSCESS	Y		1/1/2011	Fee Schedule	$624.25
45020	DRAINAGE OF RECTAL ABSCESS	Y		1/1/2011	Fee Schedule	$624.25
45100	BIOPSY OF RECTUM	Y		1/1/2011	Fee Schedule	$943.20
45108	REMOVAL OF ANORECTAL LESION	Y		1/1/2011	Fee Schedule	$943.20
45150	EXCISION OF RECTAL STRICTURE	Y		1/1/2011	Fee Schedule	$943.20
45160	EXCISION OF RECTAL LESION	Y		1/1/2011	Fee Schedule	$943.20
45171	EXC RECT TUM TRANSANAL PART	Y		1/1/2011	Fee Schedule	$624.25
45172	EXC RECT TUM TRANSANAL FULL	Y		1/1/2011	Fee Schedule	$943.20
45190	DESTRUCTION RECTAL TUMOR	Y		1/1/2011	Fee Schedule	$943.20
45300	PROCTOSIGMOIDOSCOPY DX	Y		4/1/2011	Fee Schedule	$82.22
45303	PROCTOSIGMOIDOSCOPY DILATE	Y		1/1/2011	Fee Schedule	$368.23
45305	PROCTOSIGMOIDOSCOPY W/BX	Y		1/1/2011	Fee Schedule	$368.23
45307	PROCTOSIGMOIDOSCOPY FB	Y		1/1/2011	Fee Schedule	$945.50
45308	PROCTOSIGMOIDOSCOPY REMOVAL	Y		1/1/2011	Fee Schedule	$368.23
45309	PROCTOSIGMOIDOSCOPY REMOVAL	Y		1/1/2011	Fee Schedule	$368.23
45315	PROCTOSIGMOIDOSCOPY REMOVAL	Y		1/1/2011	Fee Schedule	$368.23
45317	PROCTOSIGMOIDOSCOPY BLEED	Y		1/1/2011	Fee Schedule	$368.23
45320	PROCTOSIGMOIDOSCOPY ABLATE	Y		1/1/2011	Fee Schedule	$945.50
45321	PROCTOSIGMOIDOSCOPY VOLVUL	Y		1/1/2011	Fee Schedule	$945.50
45327	PROCTOSIGMOIDOSCOPY W/STENT	Y		1/1/2011	Fee Schedule	$1,077.45
45330	DIAGNOSTIC SIGMOIDOSCOPY	Y		4/1/2011	Fee Schedule	$100.23
45331	SIGMOIDOSCOPY AND BIOPSY	Y		1/1/2011	Fee Schedule	$224.64
45332	SIGMOIDOSCOPY W/FB REMOVAL	Y		1/1/2011	Fee Schedule	$224.64
45333	SIGMOIDOSCOPY & POLYPECTOMY	Y		1/1/2011	Fee Schedule	$368.23
45334	SIGMOIDOSCOPY FOR BLEEDING	Y		1/1/2011	Fee Schedule	$368.23
45335	SIGMOIDOSCOPY W/SUBMUC INJ	Y		1/1/2011	Fee Schedule	$224.64
45337	SIGMOIDOSCOPY & DECOMPRESS	Y		1/1/2011	Fee Schedule	$224.64
45338	SIGMOIDOSCOPY W/TUMR REMOVE	Y		1/1/2011	Fee Schedule	$368.23
45339	SIGMOIDOSCOPY W/ABLATE TUMR	Y		1/1/2011	Fee Schedule	$368.23
45340	SIG W/BALLOON DILATION	Y		1/1/2011	Fee Schedule	$368.23
45341	SIGMOIDOSCOPY W/ULTRASOUND	Y		1/1/2011	Fee Schedule	$368.23
45342	SIGMOIDOSCOPY W/US GUIDE BX	Y		1/1/2011	Fee Schedule	$368.23
45345	SIGMOIDOSCOPY W/STENT	Y		1/1/2011	Fee Schedule	$1,077.45
45355	SURGICAL COLONOSCOPY	Y		1/1/2011	Fee Schedule	$361.93
45378	DIAGNOSTIC COLONOSCOPY	Y		1/1/2011	Fee Schedule	$361.93
45379	COLONOSCOPY W/FB REMOVAL	Y		1/1/2011	Fee Schedule	$361.93
45380	COLONOSCOPY AND BIOPSY	Y		1/1/2011	Fee Schedule	$361.93
45381	COLONOSCOPY SUBMUCOUS INJ	Y		1/1/2011	Fee Schedule	$361.93
45382	COLONOSCOPY/CONTROL BLEEDING	Y		1/1/2011	Fee Schedule	$361.93
45383	LESION REMOVAL COLONOSCOPY	Y		1/1/2011	Fee Schedule	$361.93
45384	LESION REMOVE COLONOSCOPY	Y		1/1/2011	Fee Schedule	$361.93
45385	LESION REMOVAL COLONOSCOPY	Y		1/1/2011	Fee Schedule	$361.93
45386	COLONOSCOPY DILATE STRICTURE	Y		1/1/2011	Fee Schedule	$361.93
45387	COLONOSCOPY W/STENT	Y		1/1/2011	Fee Schedule	$1,077.45
45391	COLONOSCOPY W/ENDOSCOPE US	Y		1/1/2011	Fee Schedule	$361.93
45392	COLONOSCOPY W/ENDOSCOPIC FNB	Y		1/1/2011	Fee Schedule	$361.93
45500	REPAIR OF RECTUM	Y		1/1/2011	Fee Schedule	$943.20
45505	REPAIR OF RECTUM	Y		1/1/2011	Fee Schedule	$1,265.33
45520	TREATMENT OF RECTAL PROLAPSE	Y		1/1/2011	Fee Schedule	$35.27
45541	CORRECT RECTAL PROLAPSE	Y		1/1/2011	Fee Schedule	$1,265.33

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
45560	REPAIR OF RECTOCELE	Y		1/1/2011	Fee Schedule	$1,265.33
45900	REDUCTION OF RECTAL PROLAPSE	Y		1/1/2011	Fee Schedule	$233.07
45905	DILATION OF ANAL SPHINCTER	Y		1/1/2011	Fee Schedule	$943.20
45910	DILATION OF RECTAL NARROWING	Y		1/1/2011	Fee Schedule	$943.20
45915	REMOVE RECTAL OBSTRUCTION	Y		1/1/2011	Fee Schedule	$624.25
45990	SURG DX EXAM ANORECTAL	Y		1/1/2011	Fee Schedule	$943.20
46020	PLACEMENT OF SETON	Y		1/1/2011	Fee Schedule	$943.20
46030	REMOVAL OF RECTAL MARKER	Y		1/1/2011	Fee Schedule	$233.07
46040	INCISION OF RECTAL ABSCESS	Y		1/1/2011	Fee Schedule	$943.20
46045	INCISION OF RECTAL ABSCESS	Y		1/1/2011	Fee Schedule	$943.20
46050	INCISION OF ANAL ABSCESS	Y		1/1/2011	Fee Schedule	$624.25
46060	INCISION OF RECTAL ABSCESS	Y		1/1/2011	Fee Schedule	$943.20
46070	INCISION OF ANAL SEPTUM	Y		1/1/2011	Fee Schedule	$624.25
46080	INCISION OF ANAL SPHINCTER	Y		1/1/2011	Fee Schedule	$943.20
46083	INCISE EXTERNAL HEMORRHOID	Y		1/1/2011	Fee Schedule	$78.92
46200	REMOVAL OF ANAL FISSURE	Y		1/1/2011	Fee Schedule	$943.20
46220	EXCISE ANAL EXT TAG/PAPILLA	Y		1/1/2011	Fee Schedule	$624.25
46221	LIGATION OF HEMORRHOID(S)	Y		4/1/2011	Fee Schedule	$156.29
46230	REMOVAL OF ANAL TAGS	Y		1/1/2011	Fee Schedule	$943.20
46250	REMOVE EXT HEM GROUPS 2	Y		1/1/2011	Fee Schedule	$943.20
46255	REMOVE INT/EXT HEM 1 GROUP	Y		1/1/2011	Fee Schedule	$943.20
46257	REMOVE IN/EX HEM GRP & FISS	Y		1/1/2011	Fee Schedule	$943.20
46258	REMOVE IN/EX HEM GRP W/FISTU	Y		1/1/2011	Fee Schedule	$943.20
46260	REMOVE IN/EX HEM GROUPS 2	Y		1/1/2011	Fee Schedule	$943.20
46261	REMOVE IN/EX HEM GRPS & FISS	Y		1/1/2011	Fee Schedule	$943.20
46262	REMOVE IN/EX HEM GRPS W/FIST	Y		1/1/2011	Fee Schedule	$943.20
46270	REMOVE ANAL FIST SUBQ	Y		1/1/2011	Fee Schedule	$943.20
46275	REMOVE ANAL FIST INTER	Y		1/1/2011	Fee Schedule	$943.20
46280	REMOVE ANAL FIST COMPLEX	Y		1/1/2011	Fee Schedule	$943.20
46285	REMOVE ANAL FIST 2 STAGE	Y		1/1/2011	Fee Schedule	$943.20
46288	REPAIR ANAL FISTULA	Y		1/1/2011	Fee Schedule	$943.20
46320	REMOVAL OF HEMORRHOID CLOT	Y		4/1/2011	Fee Schedule	$105.33
46500	INJECTION INTO HEMORRHOID(S)	Y		4/1/2011	Fee Schedule	$148.48
46505	CHEMODENERVATION ANAL MUSC	Y		1/1/2011	Fee Schedule	$943.20
46600	DIAGNOSTIC ANOSCOPY			1/1/2011	Fee Schedule	$26.01
46604	ANOSCOPY AND DILATION	Y		1/1/2011	Fee Schedule	$368.23
46606	ANOSCOPY AND BIOPSY	Y		4/1/2011	Fee Schedule	$163.77
46608	ANOSCOPY REMOVE FOR BODY	Y		1/1/2011	Fee Schedule	$368.23
46610	ANOSCOPY REMOVE LESION	Y		1/1/2011	Fee Schedule	$945.50
46611	ANOSCOPY	Y		1/1/2011	Fee Schedule	$368.23
46612	ANOSCOPY REMOVE LESIONS	Y		1/1/2011	Fee Schedule	$945.50
46614	ANOSCOPY CONTROL BLEEDING	Y		4/1/2011	Fee Schedule	$84.26
46615	ANOSCOPY	Y		1/1/2011	Fee Schedule	$945.50
46700	REPAIR OF ANAL STRICTURE	Y		1/1/2011	Fee Schedule	$943.20
46706	REPR OF ANAL FISTULA W/GLUE	Y		1/1/2011	Fee Schedule	$1,265.33
46707	REPAIR ANORECTAL FIST W/PLUG	Y		1/1/2011	Fee Schedule	$1,265.33
46750	REPAIR OF ANAL SPHINCTER	Y		1/1/2011	Fee Schedule	$1,265.33
46753	RECONSTRUCTION OF ANUS	Y		1/1/2011	Fee Schedule	$943.20
46754	REMOVAL OF SUTURE FROM ANUS	Y		1/1/2011	Fee Schedule	$943.20
46760	REPAIR OF ANAL SPHINCTER	Y		1/1/2011	Fee Schedule	$1,265.33
46761	REPAIR OF ANAL SPHINCTER	Y		1/1/2011	Fee Schedule	$1,265.33
46762	IMPLANT ARTIFICIAL SPHINCTER	Y		1/1/2011	Fee Schedule	$1,265.33
46900	DESTRUCTION ANAL LESION(S)	Y		1/1/2011	Fee Schedule	$105.84
46910	DESTRUCTION ANAL LESION(S)	Y		4/1/2011	Fee Schedule	$159.01
46916	CRYOSURGERY ANAL LESION(S)	Y		1/1/2011	Fee Schedule	$58.02
46917	LASER SURGERY ANAL LESIONS	Y		1/1/2011	Fee Schedule	$844.48
46922	EXCISION OF ANAL LESION(S)	Y		1/1/2011	Fee Schedule	$844.48
46924	DESTRUCTION ANAL LESION(S)	Y		1/1/2011	Fee Schedule	$844.48
46930	DESTROY INTERNAL HEMORRHOIDS	Y		4/1/2011	Fee Schedule	$139.98
46940	TREATMENT OF ANAL FISSURE	Y		4/1/2011	Fee Schedule	$121.30
46942	TREATMENT OF ANAL FISSURE	Y		4/1/2011	Fee Schedule	$118.24
46945	REMOVE BY LIGAT INT HEM GRP	Y		4/1/2011	Fee Schedule	$194.68

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
46946	REMOVE BY LIGAT INT HEM GRPS	Y		1/1/2011	Fee Schedule	$624.25
46947	HEMORRHOIDOPEXY BY STAPLING	Y		1/1/2011	Fee Schedule	$1,265.33
47000	NEEDLE BIOPSY OF LIVER	Y		1/1/2011	Fee Schedule	$377.18
47001	NEEDLE BIOPSY LIVER ADD-ON			1/1/2009	No Separate Payment	$0.00
47382	PERCUT ABLATE LIVER RF	Y		1/1/2011	Fee Schedule	$2,191.56
47500	INJECTION FOR LIVER X-RAYS			1/1/2009	No Separate Payment	$0.00
47505	INJECTION FOR LIVER X-RAYS			1/1/2009	No Separate Payment	$0.00
47510	INSERT CATHETER BILE DUCT	Y		1/1/2011	Fee Schedule	$1,229.54
47511	INSERT BILE DUCT DRAIN	Y		1/1/2011	Fee Schedule	$1,229.54
47525	CHANGE BILE DUCT CATHETER	Y		1/1/2011	Fee Schedule	$632.18
47530	REVISE/REINSERT BILE TUBE	Y		1/1/2011	Fee Schedule	$632.18
47552	BILIARY ENDOSCOPY THRU SKIN	Y		1/1/2011	Fee Schedule	$1,229.54
47553	BILIARY ENDOSCOPY THRU SKIN	Y		1/1/2011	Fee Schedule	$1,229.54
47554	BILIARY ENDOSCOPY THRU SKIN	Y		1/1/2011	Fee Schedule	$1,229.54
47555	BILIARY ENDOSCOPY THRU SKIN	Y		1/1/2011	Fee Schedule	$1,229.54
47556	BILIARY ENDOSCOPY THRU SKIN	Y		1/1/2011	Fee Schedule	$1,229.54
47560	LAPAROSCOPY W/CHOLANGIO	Y		1/1/2011	Fee Schedule	$1,497.48
47561	LAPARO W/CHOLANGIO/BIOPSY	Y		1/1/2011	Fee Schedule	$1,497.48
47562	LAPAROSCOPIC CHOLECYSTECTOMY	Y		1/1/2011	Fee Schedule	$1,853.68
47563	LAPARO CHOLECYSTECTOMY/GRAPH	Y		1/1/2011	Fee Schedule	$1,853.68
47564	LAPARO CHOLECYSTECTOMY/EXPLR	Y		1/1/2011	Fee Schedule	$1,853.68
47630	REMOVE BILE DUCT STONE	Y		1/1/2011	Fee Schedule	$1,229.54
48102	NEEDLE BIOPSY PANCREAS	Y		1/1/2011	Fee Schedule	$377.18
49080	PUNCTURE PERITONEAL CAVITY	Y		1/1/2011	Fee Schedule	$215.53
49081	REMOVAL OF ABDOMINAL FLUID	Y		1/1/2011	Fee Schedule	$215.53
49180	BIOPSY ABDOMINAL MASS	Y		1/1/2011	Fee Schedule	$377.18
49250	EXCISION OF UMBILICUS	Y		1/1/2011	Fee Schedule	$1,026.03
49320	DIAG LAPARO SEPARATE PROC	Y		1/1/2011	Fee Schedule	$1,497.48
49321	LAPAROSCOPY BIOPSY	Y		1/1/2011	Fee Schedule	$1,497.48
49322	LAPAROSCOPY ASPIRATION	Y		1/1/2011	Fee Schedule	$1,497.48
49324	LAP INSERTION PERM IP CATH	Y		1/1/2011	Fee Schedule	$1,497.48
49325	LAP REVISION PERM IP CATH	Y		1/1/2011	Fee Schedule	$1,497.48
49326	LAP W/OMENTOPEXY ADD-ON	Y		1/1/2011	Fee Schedule	$1,497.48
49327	LAP INS DEVICE FOR RT	Y		1/1/2011	Fee Schedule	$1,497.48
49400	AIR INJECTION INTO ABDOMEN			1/1/2009	No Separate Payment	$0.00
49402	REMOVE FOREIGN BODY ADBOMEN	Y		1/1/2011	Fee Schedule	$1,026.03
49411	INS MARK ABD/PEL FOR RT PERQ		N	4/1/2011	Fee Schedule	$380.20
49418	INSERT TUN IP CATH PERC	Y		1/1/2011	Fee Schedule	$1,201.08
49419	INSRT ABDOM CATH FOR CHEMOTX	Y		1/1/2011	Fee Schedule	$1,359.36
49420	INSERT ABDOM DRAIN, TEMP			1/1/2011	Deleted	$0.00
49421	INSERT ABDOM DRAIN, PERM	Y		1/1/2011	Fee Schedule	$1,201.08
49422	REMOVE PERM CANNULA/CATHETER	Y		1/1/2011	Fee Schedule	$880.80
49423	EXCHANGE DRAINAGE CATHETER	Y		1/1/2011	Fee Schedule	$632.18
49424	ASSESS CYST CONTRAST INJECT			1/1/2009	No Separate Payment	$0.00
49426	REVISE ABDOMEN-VENOUS SHUNT	Y		1/1/2011	Fee Schedule	$1,026.03
49427	INJECTION ABDOMINAL SHUNT			1/1/2009	No Separate Payment	$0.00
49429	REMOVAL OF SHUNT	Y		1/1/2011	Fee Schedule	$880.80
49435	INSERT SUBQ EXTEN TO IP CATH	Y		1/1/2011	Fee Schedule	$632.18
49436	EMBEDDED IP CATH EXIT-SITE	Y		1/1/2011	Fee Schedule	$632.18
49440	PLACE GASTROSTOMY TUBE PERC	Y		1/1/2011	Fee Schedule	$344.10
49441	PLACE DUOD/JEJ TUBE PERC	Y		1/1/2011	Fee Schedule	$344.10
49442	PLACE CECOSTOMY TUBE PERC	Y		1/1/2011	Fee Schedule	$624.25
49446	CHANGE G-TUBE TO G-J PERC	Y		1/1/2011	Fee Schedule	$344.10
49450	REPLACE G/C TUBE PERC	Y		1/1/2011	Fee Schedule	$245.24
49451	REPLACE DUOD/JEJ TUBE PERC	Y		1/1/2011	Fee Schedule	$245.24
49452	REPLACE G-J TUBE PERC	Y		1/1/2011	Fee Schedule	$245.24
49460	FIX G/COLON TUBE W/DEVICE	Y		1/1/2011	Fee Schedule	$245.24
49465	FLUORO EXAM OF G/COLON TUBE			1/1/2009	No Separate Payment	$0.00
49495	RPR ING HERNIA BABY REDUC	Y		1/1/2011	Fee Schedule	$1,281.59
49496	RPR ING HERNIA BABY BLOCKED	Y		1/1/2011	Fee Schedule	$1,281.59
49500	RPR ING HERNIA INIT REDUCE	Y		1/1/2011	Fee Schedule	$1,281.59
49501	RPR ING HERNIA INIT BLOCKED	Y		1/1/2011	Fee Schedule	$1,281.59

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
49505	PRP I/HERN INIT REDUC >5 YR	Y		1/1/2011	Fee Schedule	$1,281.59
49507	PRP I/HERN INIT BLOCK >5 YR	Y		1/1/2011	Fee Schedule	$1,281.59
49520	REREPAIR ING HERNIA REDUCE	Y		1/1/2011	Fee Schedule	$1,281.59
49521	REREPAIR ING HERNIA BLOCKED	Y		1/1/2011	Fee Schedule	$1,281.59
49525	REPAIR ING HERNIA SLIDING	Y		1/1/2011	Fee Schedule	$1,281.59
49540	REPAIR LUMBAR HERNIA	Y		1/1/2011	Fee Schedule	$1,281.59
49550	RPR REM HERNIA INIT REDUCE	Y		1/1/2011	Fee Schedule	$1,281.59
49553	RPR FEM HERNIA INIT BLOCKED	Y		1/1/2011	Fee Schedule	$1,281.59
49555	REREPAIR FEM HERNIA REDUCE	Y		1/1/2011	Fee Schedule	$1,281.59
49557	REREPAIR FEM HERNIA BLOCKED	Y		1/1/2011	Fee Schedule	$1,281.59
49560	RPR VENTRAL HERN INIT REDUC	Y		1/1/2011	Fee Schedule	$1,281.59
49561	RPR VENTRAL HERN INIT BLOCK	Y		1/1/2011	Fee Schedule	$1,281.59
49565	REREPAIR VENTRL HERN REDUCE	Y		1/1/2011	Fee Schedule	$1,281.59
49566	REREPAIR VENTRL HERN BLOCK	Y		1/1/2011	Fee Schedule	$1,281.59
49568	HERNIA REPAIR W/MESH	Y		1/1/2011	Fee Schedule	$1,281.59
49570	RPR EPIGASTRIC HERN REDUCE	Y		1/1/2011	Fee Schedule	$1,281.59
49572	RPR EPIGASTRIC HERN BLOCKED	Y		1/1/2011	Fee Schedule	$1,281.59
49580	RPR UMBIL HERN REDUC < 5 YR	Y		1/1/2011	Fee Schedule	$1,281.59
49582	RPR UMBIL HERN BLOCK < 5 YR	Y		1/1/2011	Fee Schedule	$1,281.59
49585	RPR UMBIL HERN REDUC > 5 YR	Y		1/1/2011	Fee Schedule	$1,281.59
49587	RPR UMBIL HERN BLOCK > 5 YR	Y		1/1/2011	Fee Schedule	$1,281.59
49590	REPAIR SPIGELIAN HERNIA	Y		1/1/2011	Fee Schedule	$1,281.59
49600	REPAIR UMBILICAL LESION	Y		1/1/2011	Fee Schedule	$1,281.59
49650	LAP ING HERNIA REPAIR INIT	Y		1/1/2011	Fee Schedule	$1,853.68
49651	LAP ING HERNIA REPAIR RECUR	Y		1/1/2011	Fee Schedule	$1,853.68
49652	LAP VENT/ABD HERNIA REPAIR	Y		1/1/2011	Fee Schedule	$2,754.57
49653	LAP VENT/ABD HERN PROC COMP	Y		1/1/2011	Fee Schedule	$2,754.57
49654	LAP INC HERNIA REPAIR	Y		1/1/2011	Fee Schedule	$2,754.57
49655	LAP INC HERN REPAIR COMP	Y		1/1/2011	Fee Schedule	$2,754.57
49656	LAP INC HERNIA REPAIR RECUR	Y		1/1/2011	Fee Schedule	$2,754.57
49657	LAP INC HERN RECUR COMP	Y		1/1/2011	Fee Schedule	$2,754.57
50080	REMOVAL OF KIDNEY STONE	Y		1/1/2011	Fee Schedule	$1,800.43
50081	REMOVAL OF KIDNEY STONE	Y		1/1/2011	Fee Schedule	$1,800.43
50200	RENAL BIOPSY PERQ	Y		1/1/2011	Fee Schedule	$377.18
50382	CHANGE URETER STENT PERCUT	Y		1/1/2011	Fee Schedule	$1,020.24
50384	REMOVE URETER STENT PERCUT	Y		1/1/2011	Fee Schedule	$680.87
50385	CHANGE STENT VIA TRANSURETH	Y		1/1/2011	Fee Schedule	$1,020.24
50386	REMOVE STENT VIA TRANSURETH	Y		1/1/2011	Fee Schedule	$288.27
50387	CHANGE EXT/INT URETER STENT	Y		1/1/2011	Fee Schedule	$632.18
50389	REMOVE RENAL TUBE W/FLUORO	Y		1/1/2011	Fee Schedule	$288.27
50390	DRAINAGE OF KIDNEY LESION	Y		1/1/2011	Fee Schedule	$377.18
50391	INSTLL RX AGNT INTO RNAL TUB	Y		4/1/2011	Fee Schedule	$43.04
50392	INSERT KIDNEY DRAIN	Y		1/1/2011	Fee Schedule	$680.87
50393	INSERT URETERAL TUBE	Y		1/1/2011	Fee Schedule	$1,020.24
50394	INJECTION FOR KIDNEY X-RAY			1/1/2009	No Separate Payment	$0.00
50395	CREATE PASSAGE TO KIDNEY	Y		1/1/2011	Fee Schedule	$1,020.24
50396	MEASURE KIDNEY PRESSURE	Y		1/1/2011	Fee Schedule	$78.92
50398	CHANGE KIDNEY TUBE	Y		1/1/2011	Fee Schedule	$632.18
50551	KIDNEY ENDOSCOPY	Y		1/1/2011	Fee Schedule	$288.27
50553	KIDNEY ENDOSCOPY	Y		1/1/2011	Fee Schedule	$1,020.24
50555	KIDNEY ENDOSCOPY & BIOPSY	Y		1/1/2011	Fee Schedule	$288.27
50557	KIDNEY ENDOSCOPY & TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
50561	KIDNEY ENDOSCOPY & TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
50562	RENAL SCOPE W/TUMOR RESECT	Y		1/1/2011	Fee Schedule	$288.27
50570	KIDNEY ENDOSCOPY	Y		1/1/2011	Fee Schedule	$288.27
50572	KIDNEY ENDOSCOPY	Y		1/1/2011	Fee Schedule	$288.27
50574	KIDNEY ENDOSCOPY & BIOPSY	Y		1/1/2011	Fee Schedule	$288.27
50575	KIDNEY ENDOSCOPY	Y		1/1/2011	Fee Schedule	$1,447.38
50576	KIDNEY ENDOSCOPY & TREATMENT	Y		1/1/2011	Fee Schedule	$680.87
50580	KIDNEY ENDOSCOPY & TREATMENT	Y		1/1/2011	Fee Schedule	$680.87
50590	FRAGMENTING OF KIDNEY STONE	Y		1/1/2011	Fee Schedule	$1,626.43
50592	PERC RF ABLATE RENAL TUMOR	Y		1/1/2011	Fee Schedule	$2,191.56

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
50593	PERC CRYO ABLATE RENAL TUM	Y		1/1/2011	Fee Schedule	$2,191.56
50684	INJECTION FOR URETER X-RAY			1/1/2009	No Separate Payment	$0.00
50686	MEASURE URETER PRESSURE	Y		1/1/2011	Fee Schedule	$43.04
50688	CHANGE OF URETER TUBE/STENT	Y		1/1/2011	Fee Schedule	$632.18
50690	INJECTION FOR URETER X-RAY			1/1/2009	No Separate Payment	$0.00
50727	REVISE URETER	Y		1/1/2011	Fee Schedule	$778.30
50947	LAPARO NEW URETER/BLADDER	Y		1/1/2011	Fee Schedule	$1,853.68
50948	LAPARO NEW URETER/BLADDER	Y		1/1/2011	Fee Schedule	$1,853.68
50951	ENDOSCOPY OF URETER	Y		1/1/2011	Fee Schedule	$288.27
50953	ENDOSCOPY OF URETER	Y		1/1/2011	Fee Schedule	$288.27
50955	URETER ENDOSCOPY & BIOPSY	Y		1/1/2011	Fee Schedule	$1,020.24
50957	URETER ENDOSCOPY & TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
50961	URETER ENDOSCOPY & TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
50970	URETER ENDOSCOPY	Y		1/1/2011	Fee Schedule	$288.27
50972	URETER ENDOSCOPY & CATHETER	Y		1/1/2011	Fee Schedule	$288.27
50974	URETER ENDOSCOPY & BIOPSY	Y		1/1/2011	Fee Schedule	$680.87
50976	URETER ENDOSCOPY & TREATMENT	Y		1/1/2011	Fee Schedule	$680.87
50980	URETER ENDOSCOPY & TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
51020	INCISE & TREAT BLADDER	Y		1/1/2011	Fee Schedule	$1,020.24
51030	INCISE & TREAT BLADDER	Y		1/1/2011	Fee Schedule	$1,020.24
51040	INCISE & DRAIN BLADDER	Y		1/1/2011	Fee Schedule	$1,020.24
51045	INCISE BLADDER/DRAIN URETER	Y		1/1/2011	Fee Schedule	$288.27
51050	REMOVAL OF BLADDER STONE	Y		1/1/2011	Fee Schedule	$1,020.24
51065	REMOVE URETER CALCULUS	Y		1/1/2011	Fee Schedule	$1,020.24
51080	DRAINAGE OF BLADDER ABSCESS	Y		1/1/2011	Fee Schedule	$782.60
51100	DRAIN BLADDER BY NEEDLE	Y		4/1/2011	Fee Schedule	$34.66
51101	DRAIN BLADDER BY TROCAR/CATH	Y		1/1/2011	Fee Schedule	$43.04
51102	DRAIN BL W/CATH INSERTION	Y		1/1/2011	Fee Schedule	$778.30
51500	REMOVAL OF BLADDER CYST	Y		1/1/2011	Fee Schedule	$1,281.59
51520	REMOVAL OF BLADDER LESION	Y		1/1/2011	Fee Schedule	$1,020.24
51535	REPAIR OF URETER LESION	Y		1/1/2011	Fee Schedule	$1,020.24
51600	INJECTION FOR BLADDER X-RAY			1/1/2009	No Separate Payment	$0.00
51605	PREPARATION FOR BLADDER XRAY			1/1/2009	No Separate Payment	$0.00
51610	INJECTION FOR BLADDER X-RAY			1/1/2009	No Separate Payment	$0.00
51700	IRRIGATION OF BLADDER	Y		4/1/2011	Fee Schedule	$55.04
51701	INSERT BLADDER CATHETER			1/1/2011	Fee Schedule	$26.01
51702	INSERT TEMP BLADDER CATH			1/1/2011	Fee Schedule	$26.01
51703	INSERT BLADDER CATH COMPLEX	Y		1/1/2011	Fee Schedule	$43.04
51705	CHANGE OF BLADDER TUBE	Y		4/1/2011	Fee Schedule	$74.41
51710	CHANGE OF BLADDER TUBE	Y		1/1/2011	Fee Schedule	$245.24
51715	ENDOSCOPIC INJECTION/IMPLANT	Y		1/1/2011	Fee Schedule	$1,265.38
51720	TREATMENT OF BLADDER LESION	Y		4/1/2011	Fee Schedule	$59.80
51725	SIMPLE CYSTOMETROGRAM	Y		4/1/2011	Fee Schedule	$124.43
51726	COMPLEX CYSTOMETROGRAM	Y		1/1/2011	Fee Schedule	$124.43
51727	CYSTOMETROGRAM W/UP	Y		1/1/2011	Fee Schedule	$124.43
51728	CYSTOMETROGRAM W/VP	Y		1/1/2011	Fee Schedule	$124.43
51729	CYSTOMETROGRAM W/VP&UP	Y		1/1/2011	Fee Schedule	$124.43
51736	URINE FLOW MEASUREMENT			4/1/2011	Fee Schedule	$22.76
51741	ELECTRO-UROFLOWMETRY FIRST	Y		4/1/2011	Fee Schedule	$26.16
51784	ANAL/URINARY MUSCLE STUDY	Y		1/1/2011	Fee Schedule	$43.04
51785	ANAL/URINARY MUSCLE STUDY	Y		1/1/2011	Fee Schedule	$78.92
51792	URINARY REFLEX STUDY	Y		1/1/2011	Fee Schedule	$43.04
51797	INTRAABDOMINAL PRESSURE TEST	Y		4/1/2011	Fee Schedule	$78.92
51798	US URINE CAPACITY MEASURE			4/1/2011	Fee Schedule	$19.37
51880	REPAIR OF BLADDER OPENING	Y		1/1/2011	Fee Schedule	$1,020.24
51992	LAPARO SLING OPERATION	Y		1/1/2011	Fee Schedule	$1,853.68
52000	CYSTOSCOPY	Y		1/1/2011	Fee Schedule	$288.27
52001	CYSTOSCOPY REMOVAL OF CLOTS	Y		1/1/2011	Fee Schedule	$680.87
52005	CYSTOSCOPY & URETER CATHETER	Y		1/1/2011	Fee Schedule	$1,020.24
52007	CYSTOSCOPY AND BIOPSY	Y		1/1/2011	Fee Schedule	$1,020.24
52010	CYSTOSCOPY & DUCT CATHETER	Y		1/1/2011	Fee Schedule	$288.27
52204	CYSTOSCOPY W/BIOPSY(S)	Y		1/1/2011	Fee Schedule	$1,020.24

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
52214	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52224	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52234	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52235	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52240	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52250	CYSTOSCOPY AND RADIOTRACER	Y		1/1/2011	Fee Schedule	$1,020.24
52260	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$680.87
52265	CYSTOSCOPY AND TREATMENT	Y		4/1/2011	Fee Schedule	$288.27
52270	CYSTOSCOPY & REVISE URETHRA	Y		1/1/2011	Fee Schedule	$680.87
52275	CYSTOSCOPY & REVISE URETHRA	Y		1/1/2011	Fee Schedule	$1,020.24
52276	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52277	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52281	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$680.87
52282	CYSTOSCOPY IMPLANT STENT	Y		1/1/2011	Fee Schedule	$1,447.38
52283	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52285	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$680.87
52290	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52300	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52301	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52305	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52310	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$680.87
52315	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52317	REMOVE BLADDER STONE	Y		1/1/2011	Fee Schedule	$1,020.24
52318	REMOVE BLADDER STONE	Y		1/1/2011	Fee Schedule	$1,020.24
52320	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52325	CYSTOSCOPY STONE REMOVAL	Y		1/1/2011	Fee Schedule	$1,020.24
52327	CYSTOSCOPY INJECT MATERIAL	Y		1/1/2011	Fee Schedule	$1,447.38
52330	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52332	CYSTOSCOPY AND TREATMENT	Y		1/1/2011	Fee Schedule	$1,020.24
52334	CREATE PASSAGE TO KIDNEY	Y		1/1/2011	Fee Schedule	$1,020.24
52341	CYSTO W/URETER STRICTURE TX	Y		1/1/2011	Fee Schedule	$1,020.24
52342	CYSTO W/UP STRICTURE TX	Y		1/1/2011	Fee Schedule	$1,020.24
52343	CYSTO W/RENAL STRICTURE TX	Y		1/1/2011	Fee Schedule	$1,020.24
52344	CYSTO/URETERO STRICTURE TX	Y		1/1/2011	Fee Schedule	$1,020.24
52345	CYSTO/URETERO W/UP STRICTURE	Y		1/1/2011	Fee Schedule	$1,020.24
52346	CYSTOURETERO W/RENAL STRICT	Y		1/1/2011	Fee Schedule	$1,020.24
52351	CYSTOURETERO & OR PYELOSCOPE	Y		1/1/2011	Fee Schedule	$1,020.24
52352	CYSTOURETERO W/STONE REMOVE	Y		1/1/2011	Fee Schedule	$1,020.24
52353	CYSTOURETERO W/LITHOTRIPSY	Y		1/1/2011	Fee Schedule	$1,447.38
52354	CYSTOURETERO W/BIOPSY	Y		1/1/2011	Fee Schedule	$1,020.24
52355	CYSTOURETERO W/EXCISE TUMOR	Y		1/1/2011	Fee Schedule	$1,020.24
52400	CYSTOURETERO W/CONGEN REPR	Y		1/1/2011	Fee Schedule	$1,020.24
52402	CYSTOURETHRO CUT EJACUL DUCT	Y		1/1/2011	Fee Schedule	$1,020.24
52450	INCISION OF PROSTATE	Y		1/1/2011	Fee Schedule	$1,020.24
52500	REVISION OF BLADDER NECK	Y		1/1/2011	Fee Schedule	$1,020.24
52601	PROSTATECTOMY (TURP)	Y		1/1/2011	Fee Schedule	$1,447.38
52630	REMOVE PROSTATE REGROWTH	Y		1/1/2011	Fee Schedule	$1,447.38
52640	RELIEVE BLADDER CONTRACTURE	Y		1/1/2011	Fee Schedule	$1,020.24
52647	LASER SURGERY OF PROSTATE	Y		1/1/2011	Fee Schedule	$1,800.43
52648	LASER SURGERY OF PROSTATE	Y		1/1/2011	Fee Schedule	$1,800.43
52649	PROSTATE LASER ENUCLEATION	Y		1/1/2011	Fee Schedule	$1,800.43
52700	DRAINAGE OF PROSTATE ABSCESS	Y		1/1/2011	Fee Schedule	$1,020.24
53000	INCISION OF URETHRA	Y		1/1/2011	Fee Schedule	$840.43
53010	INCISION OF URETHRA	Y		1/1/2011	Fee Schedule	$840.43
53020	INCISION OF URETHRA	Y		1/1/2011	Fee Schedule	$840.43
53025	INCISION OF URETHRA	Y		1/1/2011	Fee Schedule	$840.43
53040	DRAINAGE OF URETHRA ABSCESS	Y		1/1/2011	Fee Schedule	$840.43
53060	DRAINAGE OF URETHRA ABSCESS	Y		4/1/2011	Fee Schedule	$82.90
53080	DRAINAGE OF URINARY LEAKAGE	Y		1/1/2011	Fee Schedule	$840.43
53085	DRAINAGE OF URINARY LEAKAGE	Y		1/1/2011	Fee Schedule	$840.43
53200	BIOPSY OF URETHRA	Y		1/1/2011	Fee Schedule	$840.43
53210	REMOVAL OF URETHRA	Y		1/1/2011	Fee Schedule	$1,265.38

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
53215	REMOVAL OF URETHRA	Y		1/1/2011	Fee Schedule	$840.43
53220	TREATMENT OF URETHRA LESION	Y		1/1/2011	Fee Schedule	$1,265.38
53230	REMOVAL OF URETHRA LESION	Y		1/1/2011	Fee Schedule	$1,265.38
53235	REMOVAL OF URETHRA LESION	Y		1/1/2011	Fee Schedule	$840.43
53240	SURGERY FOR URETHRA POUCH	Y		1/1/2011	Fee Schedule	$1,265.38
53250	REMOVAL OF URETHRA GLAND	Y		1/1/2011	Fee Schedule	$840.43
53260	TREATMENT OF URETHRA LESION	Y		1/1/2011	Fee Schedule	$840.43
53265	TREATMENT OF URETHRA LESION	Y		1/1/2011	Fee Schedule	$840.43
53270	REMOVAL OF URETHRA GLAND	Y		1/1/2011	Fee Schedule	$840.43
53275	REPAIR OF URETHRA DEFECT	Y		1/1/2011	Fee Schedule	$840.43
53400	REVISE URETHRA STAGE 1	Y		1/1/2011	Fee Schedule	$1,265.38
53405	REVISE URETHRA STAGE 2	Y		1/1/2011	Fee Schedule	$1,265.38
53410	RECONSTRUCTION OF URETHRA	Y		1/1/2011	Fee Schedule	$1,265.38
53420	RECONSTRUCT URETHRA STAGE 1	Y		1/1/2011	Fee Schedule	$1,265.38
53425	RECONSTRUCT URETHRA STAGE 2	Y		1/1/2011	Fee Schedule	$1,265.38
53430	RECONSTRUCTION OF URETHRA	Y		1/1/2011	Fee Schedule	$1,265.38
53431	RECONSTRUCT URETHRA/BLADDER	Y		1/1/2011	Fee Schedule	$1,265.38
53440	MALE SLING PROCEDURE			1/1/2011	Fee Schedule	$5,852.95
53442	REMOVE/REVISE MALE SLING	Y		1/1/2011	Fee Schedule	$1,265.38
53444	INSERT TANDEM CUFF			1/1/2011	Fee Schedule	$5,852.95
53445	INSERT URO/VES NCK SPHINCTER			1/1/2011	Fee Schedule	$10,175.11
53446	REMOVE URO SPHINCTER	Y		1/1/2011	Fee Schedule	$1,265.38
53447	REMOVE/REPLACE UR SPHINCTER			1/1/2011	Fee Schedule	$10,175.11
53449	REPAIR URO SPHINCTER	Y		1/1/2011	Fee Schedule	$1,265.38
53450	REVISION OF URETHRA	Y		1/1/2011	Fee Schedule	$1,265.38
53460	REVISION OF URETHRA	Y		1/1/2011	Fee Schedule	$840.43
53502	REPAIR OF URETHRA INJURY	Y		1/1/2011	Fee Schedule	$840.43
53505	REPAIR OF URETHRA INJURY	Y		1/1/2011	Fee Schedule	$1,265.38
53510	REPAIR OF URETHRA INJURY	Y		1/1/2011	Fee Schedule	$840.43
53515	REPAIR OF URETHRA INJURY	Y		1/1/2011	Fee Schedule	$1,265.38
53520	REPAIR OF URETHRA DEFECT	Y		1/1/2011	Fee Schedule	$1,265.38
53600	DILATE URETHRA STRICTURE	Y		4/1/2011	Fee Schedule	$42.47
53601	DILATE URETHRA STRICTURE	Y		4/1/2011	Fee Schedule	$43.04
53605	DILATE URETHRA STRICTURE	Y		1/1/2011	Fee Schedule	$680.87
53620	DILATE URETHRA STRICTURE	Y		4/1/2011	Fee Schedule	$63.54
53621	DILATE URETHRA STRICTURE	Y		4/1/2011	Fee Schedule	$66.93
53660	DILATION OF URETHRA	Y		4/1/2011	Fee Schedule	$43.04
53661	DILATION OF URETHRA	Y		4/1/2011	Fee Schedule	$43.04
53665	DILATION OF URETHRA	Y		1/1/2011	Fee Schedule	$840.43
53850	PROSTATIC MICROWAVE THERMOTX	Y		4/1/2011	Fee Schedule	$1,800.43
53852	PROSTATIC RF THERMOTX	Y		4/1/2011	Fee Schedule	$1,800.43
53855	INSERT PROST URETHRAL STENT	Y		1/1/2011	Fee Schedule	$78.92
53860	TRANSURETHRAL RF TREATMENT	Y		1/1/2011	Fee Schedule	$778.30
54000	SLITTING OF PREPUCE	Y		1/1/2011	Fee Schedule	$840.43
54001	SLITTING OF PREPUCE	Y		1/1/2011	Fee Schedule	$840.43
54015	DRAIN PENIS LESION	Y		1/1/2011	Fee Schedule	$782.60
54050	DESTRUCTION PENIS LESION(S)	Y		1/1/2011	Fee Schedule	$35.27
54055	DESTRUCTION PENIS LESION(S)	Y		4/1/2011	Fee Schedule	$73.05
54056	CRYOSURGERY PENIS LESION(S)	Y		1/1/2011	Fee Schedule	$35.27
54057	LASER SURG PENIS LESION(S)	Y		1/1/2011	Fee Schedule	$844.48
54060	EXCISION OF PENIS LESION(S)	Y		1/1/2011	Fee Schedule	$844.48
54065	DESTRUCTION PENIS LESION(S)	Y		1/1/2011	Fee Schedule	$844.48
54100	BIOPSY OF PENIS	Y		1/1/2011	Fee Schedule	$700.41
54105	BIOPSY OF PENIS	Y		1/1/2011	Fee Schedule	$925.91
54110	TREATMENT OF PENIS LESION	Y		1/1/2011	Fee Schedule	$1,392.68
54111	TREAT PENIS LESION GRAFT	Y		1/1/2011	Fee Schedule	$1,392.68
54112	TREAT PENIS LESION GRAFT	Y		1/1/2011	Fee Schedule	$1,392.68
54115	TREATMENT OF PENIS LESION	Y		1/1/2011	Fee Schedule	$782.60
54120	PARTIAL REMOVAL OF PENIS	Y		1/1/2011	Fee Schedule	$1,392.68
54150	CIRCUMCISION W/REGIONL BLOCK	Y		1/1/2011	Fee Schedule	$919.60
54160	CIRCUMCISION NEONATE	Y		1/1/2011	Fee Schedule	$919.60
54161	CIRCUM 28 DAYS OR OLDER	Y		1/1/2011	Fee Schedule	$919.60

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
54162	LYSIS PENIL CIRCUMIC LESION	Y		1/1/2011	Fee Schedule	$919.60
54163	REPAIR OF CIRCUMCISION	Y		1/1/2011	Fee Schedule	$919.60
54164	FRENULOTOMY OF PENIS	Y		1/1/2011	Fee Schedule	$919.60
54200	TREATMENT OF PENIS LESION	Y		4/1/2011	Fee Schedule	$71.69
54205	TREATMENT OF PENIS LESION	Y		1/1/2011	Fee Schedule	$1,392.68
54220	TREATMENT OF PENIS LESION	Y		1/1/2011	Fee Schedule	$78.92
54231	DYNAMIC CAVERNOSOMETRY	Y		4/1/2011	Fee Schedule	$68.97
54235	PENILE INJECTION	Y		4/1/2011	Fee Schedule	$48.93
54250	PENIS STUDY	Y		4/1/2011	Fee Schedule	$11.55
54300	REVISION OF PENIS	Y		1/1/2011	Fee Schedule	$1,392.68
54304	REVISION OF PENIS	Y		1/1/2011	Fee Schedule	$1,392.68
54308	RECONSTRUCTION OF URETHRA	Y		1/1/2011	Fee Schedule	$1,392.68
54312	RECONSTRUCTION OF URETHRA	Y		1/1/2011	Fee Schedule	$1,392.68
54316	RECONSTRUCTION OF URETHRA	Y		1/1/2011	Fee Schedule	$1,392.68
54318	RECONSTRUCTION OF URETHRA	Y		1/1/2011	Fee Schedule	$1,392.68
54322	RECONSTRUCTION OF URETHRA	Y		1/1/2011	Fee Schedule	$1,392.68
54324	RECONSTRUCTION OF URETHRA	Y		1/1/2011	Fee Schedule	$1,392.68
54326	RECONSTRUCTION OF URETHRA	Y		1/1/2011	Fee Schedule	$1,392.68
54328	REVISE PENIS/URETHRA	Y		1/1/2011	Fee Schedule	$1,392.68
54340	SECONDARY URETHRAL SURGERY	Y		1/1/2011	Fee Schedule	$1,392.68
54344	SECONDARY URETHRAL SURGERY	Y		1/1/2011	Fee Schedule	$1,392.68
54348	SECONDARY URETHRAL SURGERY	Y		1/1/2011	Fee Schedule	$1,392.68
54352	RECONSTRUCT URETHRA/PENIS	Y		1/1/2011	Fee Schedule	$1,392.68
54360	PENIS PLASTIC SURGERY	Y		1/1/2011	Fee Schedule	$1,392.68
54380	REPAIR PENIS	Y		1/1/2011	Fee Schedule	$1,392.68
54385	REPAIR PENIS	Y		1/1/2011	Fee Schedule	$1,392.68
54400	INSERT SEMI-RIGID PROSTHESIS			1/1/2011	Fee Schedule	$5,852.95
54401	INSERT SELF-CONTD PROSTHESIS			1/1/2011	Fee Schedule	$10,175.11
54406	REMOVE MUTI-COMP PENIS PROS	Y		1/1/2011	Fee Schedule	$1,392.68
54408	REPAIR MULTI-COMP PENIS PROS	Y		1/1/2011	Fee Schedule	$1,392.68
54410	REMOVE/REPLACE PENIS PROSTH			1/1/2011	Fee Schedule	$10,175.11
54415	REMOVE SELF-CONTD PENIS PROS	Y		1/1/2011	Fee Schedule	$1,392.68
54416	REMV/REPL PENIS CONTAIN PROS			1/1/2011	Fee Schedule	$10,175.11
54420	REVISION OF PENIS	Y		1/1/2011	Fee Schedule	$1,392.68
54435	REVISION OF PENIS	Y		1/1/2011	Fee Schedule	$1,392.68
54440	REPAIR OF PENIS	Y		1/1/2011	Fee Schedule	$1,392.68
54450	PREPUTIAL STRETCHING	Y		1/1/2011	Fee Schedule	$124.43
54500	BIOPSY OF TESTIS	Y		1/1/2011	Fee Schedule	$608.30
54505	BIOPSY OF TESTIS	Y		1/1/2011	Fee Schedule	$919.60
54512	EXCISE LESION TESTIS	Y		1/1/2011	Fee Schedule	$919.60
54520	REMOVAL OF TESTIS	Y		1/1/2011	Fee Schedule	$919.60
54522	ORCHIECTOMY PARTIAL	Y		1/1/2011	Fee Schedule	$919.60
54530	REMOVAL OF TESTIS	Y		1/1/2011	Fee Schedule	$1,281.59
54550	EXPLORATION FOR TESTIS	Y		1/1/2011	Fee Schedule	$1,281.59
54560	EXPLORATION FOR TESTIS	Y		1/1/2011	Fee Schedule	$919.60
54600	REDUCE TESTIS TORSION	Y		1/1/2011	Fee Schedule	$919.60
54620	SUSPENSION OF TESTIS	Y		1/1/2011	Fee Schedule	$919.60
54640	SUSPENSION OF TESTIS	Y		1/1/2011	Fee Schedule	$1,281.59
54660	REVISION OF TESTIS	Y		1/1/2011	Fee Schedule	$919.60
54670	REPAIR TESTIS INJURY	Y		1/1/2011	Fee Schedule	$919.60
54680	RELOCATION OF TESTIS(ES)	Y		1/1/2011	Fee Schedule	$919.60
54690	LAPAROSCOPY ORCHIECTOMY	Y		1/1/2011	Fee Schedule	$1,853.68
54692	LAPAROSCOPY ORCHIOPEXY	Y		1/1/2011	Fee Schedule	$2,754.57
54700	DRAINAGE OF SCROTUM	Y		1/1/2011	Fee Schedule	$919.60
54800	BIOPSY OF EPIDIDYMIS	Y		1/1/2011	Fee Schedule	$177.61
54830	REMOVE EPIDIDYMIS LESION	Y		1/1/2011	Fee Schedule	$919.60
54840	REMOVE EPIDIDYMIS LESION	Y		1/1/2011	Fee Schedule	$919.60
54860	REMOVAL OF EPIDIDYMIS	Y		1/1/2011	Fee Schedule	$919.60
54861	REMOVAL OF EPIDIDYMIS	Y		1/1/2011	Fee Schedule	$919.60
54865	EXPLORE EPIDIDYMIS	Y		1/1/2011	Fee Schedule	$919.60
54900	FUSION OF SPERMATIC DUCTS	Y		1/1/2011	Fee Schedule	$919.60
54901	FUSION OF SPERMATIC DUCTS	Y		1/1/2011	Fee Schedule	$919.60

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
55000	DRAINAGE OF HYDROCELE	Y		4/1/2011	Fee Schedule	$69.99
55040	REMOVAL OF HYDROCELE	Y		1/1/2011	Fee Schedule	$1,281.59
55041	REMOVAL OF HYDROCELES	Y		1/1/2011	Fee Schedule	$1,281.59
55060	REPAIR OF HYDROCELE	Y		1/1/2011	Fee Schedule	$919.60
55100	DRAINAGE OF SCROTUM ABSCESS	Y		1/1/2011	Fee Schedule	$504.16
55110	EXPLORE SCROTUM	Y		1/1/2011	Fee Schedule	$919.60
55120	REMOVAL OF SCROTUM LESION	Y		1/1/2011	Fee Schedule	$919.60
55150	REMOVAL OF SCROTUM	Y		1/1/2011	Fee Schedule	$919.60
55175	REVISION OF SCROTUM	Y		1/1/2011	Fee Schedule	$919.60
55180	REVISION OF SCROTUM	Y		1/1/2011	Fee Schedule	$919.60
55200	INCISION OF SPERM DUCT	Y		1/1/2011	Fee Schedule	$919.60
55250	REMOVAL OF SPERM DUCT(S)	Y		1/1/2011	Fee Schedule	$919.60
55300	PREPARE SPERM DUCT X-RAY			1/1/2009	No Separate Payment	$0.00
55400	REPAIR OF SPERM DUCT	Y		1/1/2011	Fee Schedule	$919.60
55450	LIGATION OF SPERM DUCT	Y		4/1/2011	Fee Schedule	$218.81
55500	REMOVAL OF HYDROCELE	Y		1/1/2011	Fee Schedule	$919.60
55520	REMOVAL OF SPERM CORD LESION	Y		1/1/2011	Fee Schedule	$919.60
55530	REVISE SPERMATIC CORD VEINS	Y		1/1/2011	Fee Schedule	$919.60
55535	REVISE SPERMATIC CORD VEINS	Y		1/1/2011	Fee Schedule	$1,281.59
55540	REVISE HERNIA & SPERM VEINS	Y		1/1/2011	Fee Schedule	$1,281.59
55550	LAPARO LIGATE SPERMATIC VEIN	Y		1/1/2011	Fee Schedule	$1,853.68
55600	INCISE SPERM DUCT POUCH	Y		1/1/2011	Fee Schedule	$919.60
55680	REMOVE SPERM POUCH LESION	Y		1/1/2011	Fee Schedule	$919.60
55700	BIOPSY OF PROSTATE	Y		1/1/2011	Fee Schedule	$504.77
55705	BIOPSY OF PROSTATE	Y		1/1/2011	Fee Schedule	$504.77
55706	PROSTATE SATURATION SAMPLING	Y		1/1/2011	Fee Schedule	$504.77
55720	DRAINAGE OF PROSTATE ABSCESS	Y		1/1/2011	Fee Schedule	$1,020.24
55725	DRAINAGE OF PROSTATE ABSCESS	Y		1/1/2011	Fee Schedule	$1,020.24
55860	SURGICAL EXPOSURE PROSTATE	Y		1/1/2011	Fee Schedule	$778.30
55870	ELECTROEJACULATION	Y		4/1/2011	Fee Schedule	$84.94
55873	CRYOABLATE PROSTATE	Y		1/1/2011	Fee Schedule	$6,561.39
55875	TRANSPERI NEEDLE PLACE PROS			1/1/2011	Fee Schedule	$1,447.38
55876	PLACE RT DEVICE/MARKER, PROS			4/1/2011	Fee Schedule	$76.79
55920	PLACE NEEDLES PELVIC FOR RT	Y		1/1/2011	Fee Schedule	$1,026.03
56405	I & D OF VULVA/PERINEUM	Y		4/1/2011	Fee Schedule	$50.62
56420	DRAINAGE OF GLAND ABSCESS	Y		4/1/2011	Fee Schedule	$63.34
56440	SURGERY FOR VULVA LESION	Y		1/1/2011	Fee Schedule	$801.13
56441	LYSIS OF LABIAL LESION(S)	Y		1/1/2011	Fee Schedule	$801.13
56442	HYMENOTOMY	Y		1/1/2011	Fee Schedule	$801.13
56501	DESTROY VULVA LESIONS SIM	Y		4/1/2011	Fee Schedule	$68.63
56515	DESTROY VULVA LESION/S COMPL	Y		1/1/2011	Fee Schedule	$844.48
56605	BIOPSY OF VULVA/PERINEUM	Y		4/1/2011	Fee Schedule	$39.75
56606	BIOPSY OF VULVA/PERINEUM	Y		4/1/2011	Fee Schedule	$16.31
56620	PARTIAL REMOVAL OF VULVA	Y		1/1/2011	Fee Schedule	$801.13
56625	COMPLETE REMOVAL OF VULVA	Y		1/1/2011	Fee Schedule	$801.13
56700	PARTIAL REMOVAL OF HYMEN	Y		1/1/2011	Fee Schedule	$801.13
56740	REMOVE VAGINA GLAND LESION	Y		1/1/2011	Fee Schedule	$801.13
56800	REPAIR OF VAGINA	Y		1/1/2011	Fee Schedule	$801.13
56805	REPAIR CLITORIS	Y		1/1/2011	Fee Schedule	$801.13
56810	REPAIR OF PERINEUM	Y		1/1/2011	Fee Schedule	$801.13
56820	EXAM OF VULVA W/SCOPE	Y		4/1/2011	Fee Schedule	$51.30
56821	EXAM/BIOPSY OF VULVA W/SCOPE	Y		4/1/2011	Fee Schedule	$63.34
57000	EXPLORATION OF VAGINA	Y		1/1/2011	Fee Schedule	$801.13
57010	DRAINAGE OF PELVIC ABSCESS	Y		1/1/2011	Fee Schedule	$801.13
57020	DRAINAGE OF PELVIC FLUID	Y		1/1/2011	Fee Schedule	$254.39
57022	I & D VAGINAL HEMATOMA PP	Y		1/1/2011	Fee Schedule	$504.16
57023	I & D VAG HEMATOMA NON-OB	Y		1/1/2011	Fee Schedule	$782.60
57061	DESTROY VAG LESIONS SIMPLE	Y		4/1/2011	Fee Schedule	$62.86
57065	DESTROY VAG LESIONS COMPLEX	Y		1/1/2011	Fee Schedule	$801.13
57100	BIOPSY OF VAGINA	Y		4/1/2011	Fee Schedule	$40.77
57105	BIOPSY OF VAGINA	Y		1/1/2011	Fee Schedule	$801.13
57130	REMOVE VAGINA LESION	Y		1/1/2011	Fee Schedule	$801.13

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
57135	REMOVE VAGINA LESION	Y		1/1/2011	Fee Schedule	$801.13
57150	TREAT VAGINA INFECTION	Y		4/1/2011	Fee Schedule	$26.50
57155	INSERT UTERI TANDEMS/OVOIDS	Y		1/1/2011	Fee Schedule	$254.39
57156	INS VAG BRACHYTX DEVICE	Y		1/1/2011	Fee Schedule	$140.26
57160	INSERT PESSARY/OTHER DEVICE	Y		4/1/2011	Fee Schedule	$42.13
57170	FITTING OF DIAPHRAGM/CAP	Y		1/1/2011	Fee Schedule	$5.60
57180	TREAT VAGINAL BLEEDING	Y		1/1/2011	Fee Schedule	$63.34
57200	REPAIR OF VAGINA	Y		1/1/2011	Fee Schedule	$801.13
57210	REPAIR VAGINA/PERINEUM	Y		1/1/2011	Fee Schedule	$801.13
57220	REVISION OF URETHRA	Y		1/1/2011	Fee Schedule	$1,758.70
57230	REPAIR OF URETHRAL LESION	Y		1/1/2011	Fee Schedule	$1,382.12
57240	REPAIR BLADDER & VAGINA	Y		1/1/2011	Fee Schedule	$1,382.12
57250	REPAIR RECTUM & VAGINA	Y		1/1/2011	Fee Schedule	$1,382.12
57260	REPAIR OF VAGINA	Y		1/1/2011	Fee Schedule	$1,382.12
57265	EXTENSIVE REPAIR OF VAGINA	Y		1/1/2011	Fee Schedule	$1,758.70
57267	INSERT MESH/PELVIC FLR ADDON	Y		1/1/2011	Fee Schedule	$1,382.12
57268	REPAIR OF BOWEL BULGE	Y		1/1/2011	Fee Schedule	$1,382.12
57287	REVISE/REMOVE SLING REPAIR	Y		1/1/2011	Fee Schedule	$1,382.12
57288	REPAIR BLADDER DEFECT	Y		1/1/2011	Fee Schedule	$1,758.70
57289	REPAIR BLADDER & VAGINA	Y		1/1/2011	Fee Schedule	$1,382.12
57291	CONSTRUCTION OF VAGINA	Y		1/1/2011	Fee Schedule	$1,382.12
57295	REVISE VAG GRAFT VIA VAGINA	Y		1/1/2011	Fee Schedule	$801.13
57300	REPAIR RECTUM-VAGINA FISTULA	Y		1/1/2011	Fee Schedule	$1,382.12
57320	REPAIR BLADDER-VAGINA LESION	Y		1/1/2011	Fee Schedule	$1,382.12
57400	DILATION OF VAGINA	Y		1/1/2011	Fee Schedule	$801.13
57410	PELVIC EXAMINATION	Y		1/1/2011	Fee Schedule	$801.13
57415	REMOVE VAGINAL FOREIGN BODY	Y		1/1/2011	Fee Schedule	$801.13
57420	EXAM OF VAGINA W/SCOPE	Y		4/1/2011	Fee Schedule	$53.00
57421	EXAM/BIOPSY OF VAG W/SCOPE	Y		4/1/2011	Fee Schedule	$69.31
57426	REVISE PROSTH VAG GRAFT LAP	Y		1/1/2011	Fee Schedule	$801.13
57452	EXAM OF CERVIX W/SCOPE	Y		4/1/2011	Fee Schedule	$49.95
57454	BX/CURETT OF CERVIX W/SCOPE	Y		4/1/2011	Fee Schedule	$62.52
57455	BIOPSY OF CERVIX W/SCOPE	Y		4/1/2011	Fee Schedule	$64.89
57456	ENDOCERV CURETTAGE W/SCOPE	Y		4/1/2011	Fee Schedule	$62.52
57460	BX OF CERVIX W/SCOPE LEEP	Y		4/1/2011	Fee Schedule	$180.07
57461	CONZ OF CERVIX W/SCOPE LEEP	Y		4/1/2011	Fee Schedule	$192.65
57500	BIOPSY OF CERVIX	Y		4/1/2011	Fee Schedule	$83.24
57505	ENDOCERVICAL CURETTAGE	Y		4/1/2011	Fee Schedule	$55.04
57510	CAUTERIZATION OF CERVIX	Y		4/1/2011	Fee Schedule	$57.42
57511	CRYOCAUTERY OF CERVIX	Y		4/1/2011	Fee Schedule	$63.34
57513	LASER SURGERY OF CERVIX	Y		1/1/2011	Fee Schedule	$801.13
57520	CONIZATION OF CERVIX	Y		1/1/2011	Fee Schedule	$801.13
57522	CONIZATION OF CERVIX	Y		1/1/2011	Fee Schedule	$801.13
57530	REMOVAL OF CERVIX	Y		1/1/2011	Fee Schedule	$1,382.12
57550	REMOVAL OF RESIDUAL CERVIX	Y		1/1/2011	Fee Schedule	$1,382.12
57556	REMOVE CERVIX REPAIR BOWEL	Y		1/1/2011	Fee Schedule	$1,758.70
57558	D&C OF CERVICAL STUMP	Y		1/1/2011	Fee Schedule	$801.13
57700	REVISION OF CERVIX	Y		1/1/2011	Fee Schedule	$801.13
57720	REVISION OF CERVIX	Y		1/1/2011	Fee Schedule	$801.13
57800	DILATION OF CERVICAL CANAL	Y		4/1/2011	Fee Schedule	$29.90
58100	BIOPSY OF UTERUS LINING	Y		4/1/2011	Fee Schedule	$49.61
58110	BX DONE W/COLPOSCOPY ADD-ON			1/1/2009	No Separate Payment	$0.00
58120	DILATION AND CURETTAGE	Y		1/1/2011	Fee Schedule	$801.13
58145	MYOMECTOMY VAG METHOD	Y		1/1/2011	Fee Schedule	$1,382.12
58301	REMOVE INTRAUTERINE DEVICE	Y		4/1/2011	Fee Schedule	$45.87
58340	CATHETER FOR HYSTEROGRAPHY			1/1/2009	No Separate Payment	$0.00
58345	REOPEN FALLOPIAN TUBE	Y		1/1/2011	Fee Schedule	$801.13
58346	INSERT HEYMAN UTERI CAPSULE	Y		1/1/2011	Fee Schedule	$801.13
58350	REOPEN FALLOPIAN TUBE	Y		1/1/2011	Fee Schedule	$1,382.12
58353	ENDOMETR ABLATE THERMAL	Y		1/1/2011	Fee Schedule	$1,382.12
58356	ENDOMETRIAL CRYOABLATION	Y		4/1/2011	Fee Schedule	$1,747.41
58545	LAPAROSCOPIC MYOMECTOMY	Y		1/1/2011	Fee Schedule	$1,497.48

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
58546	LAPARO-MYOMECTOMY COMPLEX	Y		1/1/2011	Fee Schedule	$1,853.68
58550	LAPARO-ASST VAG HYSTERECTOMY	Y		1/1/2011	Fee Schedule	$2,754.57
58552	LAPARO-VAG HYST INCL T/O	Y		1/1/2011	Fee Schedule	$1,853.68
58555	HYSTEROSCOPY DX SEP PROC	Y		1/1/2011	Fee Schedule	$894.31
58558	HYSTEROSCOPY BIOPSY	Y		1/1/2011	Fee Schedule	$894.31
58559	HYSTEROSCOPY LYSIS	Y		1/1/2011	Fee Schedule	$894.31
58560	HYSTEROSCOPY RESECT SEPTUM	Y		1/1/2011	Fee Schedule	$1,491.38
58561	HYSTEROSCOPY REMOVE MYOMA	Y		1/1/2011	Fee Schedule	$1,491.38
58562	HYSTEROSCOPY REMOVE FB	Y		1/1/2011	Fee Schedule	$894.31
58563	HYSTEROSCOPY ABLATION	Y		1/1/2011	Fee Schedule	$1,491.38
58565	HYSTEROSCOPY STERILIZATION	Y		1/1/2011	Fee Schedule	$1,758.70
58600	DIVISION OF FALLOPIAN TUBE	Y		1/1/2011	Fee Schedule	$1,382.12
58615	OCCLUDE FALLOPIAN TUBE(S)	Y		1/1/2011	Fee Schedule	$801.13
58660	LAPAROSCOPY LYSIS	Y		1/1/2011	Fee Schedule	$1,853.68
58661	LAPAROSCOPY REMOVE ADNEXA	Y		1/1/2011	Fee Schedule	$1,853.68
58662	LAPAROSCOPY EXCISE LESIONS	Y		1/1/2011	Fee Schedule	$1,853.68
58670	LAPAROSCOPY TUBAL CAUTERY	Y		1/1/2011	Fee Schedule	$1,853.68
58671	LAPAROSCOPY TUBAL BLOCK	Y		1/1/2011	Fee Schedule	$1,853.68
58672	LAPAROSCOPY FIMBRIOPLASTY	Y		1/1/2011	Fee Schedule	$1,853.68
58673	LAPAROSCOPY SALPINGOSTOMY	Y		1/1/2011	Fee Schedule	$1,853.68
58800	DRAINAGE OF OVARIAN CYST(S)	Y		1/1/2011	Fee Schedule	$801.13
58805	DRAINAGE OF OVARIAN CYST(S)	Y		1/1/2011	Fee Schedule	$1,382.12
58820	DRAIN OVARY ABSCESS OPEN	Y		1/1/2011	Fee Schedule	$1,382.12
58900	BIOPSY OF OVARY(S)	Y		1/1/2011	Fee Schedule	$801.13
58970	RETRIEVAL OF OOCYTE	Y		1/1/2011	Fee Schedule	$140.26
58974	TRANSFER OF EMBRYO	Y		1/1/2011	Fee Schedule	$140.26
58976	TRANSFER OF EMBRYO	Y		1/1/2011	Fee Schedule	$140.26
59000	AMNIOCENTESIS DIAGNOSTIC	Y		4/1/2011	Fee Schedule	$72.03
59001	AMNIOCENTESIS THERAPEUTIC	Y		1/1/2011	Fee Schedule	$254.39
59012	FETAL CORD PUNCTURE PRENATAL	Y		1/1/2011	Fee Schedule	$140.26
59015	CHORION BIOPSY	Y		4/1/2011	Fee Schedule	$62.18
59020	FETAL CONTRACT STRESS TEST	Y		4/1/2011	Fee Schedule	$31.60
59025	FETAL NON-STRESS TEST	Y		4/1/2011	Fee Schedule	$16.99
59070	TRANSABDOM AMNIOINFUS W/US	Y		1/1/2011	Fee Schedule	$63.34
59072	UMBILICAL CORD OCCLUD W/US	Y		1/1/2011	Fee Schedule	$140.26
59076	FETAL SHUNT PLACEMENT W/US	Y		1/1/2011	Fee Schedule	$140.26
59100	REMOVE UTERUS LESION	Y		1/1/2011	Fee Schedule	$1,382.12
59150	TREAT ECTOPIC PREGNANCY	Y		1/1/2011	Fee Schedule	$1,853.68
59151	TREAT ECTOPIC PREGNANCY	Y		1/1/2011	Fee Schedule	$1,853.68
59160	D & C AFTER DELIVERY	Y		1/1/2011	Fee Schedule	$801.13
59200	INSERT CERVICAL DILATOR	Y		4/1/2011	Fee Schedule	$39.41
59300	EPISIOTOMY OR VAGINAL REPAIR	Y		4/1/2011	Fee Schedule	$89.70
59320	REVISION OF CERVIX	Y		1/1/2011	Fee Schedule	$801.13
59412	ANTEPARTUM MANIPULATION	Y		1/1/2011	Fee Schedule	$801.13
59414	DELIVER PLACENTA	Y		1/1/2011	Fee Schedule	$801.13
59812	TREATMENT OF MISCARRIAGE	Y		1/1/2011	Fee Schedule	$801.13
59820	CARE OF MISCARRIAGE	Y		1/1/2011	Fee Schedule	$801.13
59821	TREATMENT OF MISCARRIAGE	Y		1/1/2011	Fee Schedule	$801.13
59840	ABORTION	Y		1/1/2011	Fee Schedule	$801.13
59841	ABORTION	Y		1/1/2011	Fee Schedule	$801.13
59866	ABORTION (MPR)	Y		1/1/2011	Fee Schedule	$140.26
59870	EVACUATE MOLE OF UTERUS	Y		1/1/2011	Fee Schedule	$801.13
59871	REMOVE CERCLAGE SUTURE	Y		1/1/2011	Fee Schedule	$801.13
60000	DRAIN THYROID/TONGUE CYST	Y		1/1/2011	Fee Schedule	$306.82
60100	BIOPSY OF THYROID	Y		4/1/2011	Fee Schedule	$53.68
60200	REMOVE THYROID LESION	Y		1/1/2011	Fee Schedule	$1,967.44
60210	PARTIAL THYROID EXCISION	Y		1/1/2011	Fee Schedule	$1,967.44
60212	PARTIAL THYROID EXCISION	Y		1/1/2011	Fee Schedule	$1,967.44
60220	PARTIAL REMOVAL OF THYROID	Y		1/1/2011	Fee Schedule	$1,967.44
60225	PARTIAL REMOVAL OF THYROID	Y		1/1/2011	Fee Schedule	$1,967.44
60280	REMOVE THYROID DUCT LESION	Y		1/1/2011	Fee Schedule	$1,967.44
60281	REMOVE THYROID DUCT LESION	Y		1/1/2011	Fee Schedule	$1,967.44

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
60300	ASPIR/INJ THYROID CYST	Y		4/1/2011	Fee Schedule	$74.07
61000	REMOVE CRANIAL CAVITY FLUID	Y		1/1/2011	Fee Schedule	$294.00
61001	REMOVE CRANIAL CAVITY FLUID	Y		1/1/2011	Fee Schedule	$294.00
61020	REMOVE BRAIN CAVITY FLUID	Y		1/1/2011	Fee Schedule	$294.00
61026	INJECTION INTO BRAIN CANAL	Y		1/1/2011	Fee Schedule	$294.00
61050	REMOVE BRAIN CANAL FLUID	Y		1/1/2011	Fee Schedule	$294.00
61055	INJECTION INTO BRAIN CANAL	Y		1/1/2011	Fee Schedule	$294.00
61070	BRAIN CANAL SHUNT PROCEDURE	Y		1/1/2011	Fee Schedule	$245.24
61215	INSERT BRAIN-FLUID DEVICE	Y		1/1/2011	Fee Schedule	$1,623.99
61330	DECOMPRESS EYE SOCKET	Y		1/1/2011	Fee Schedule	$1,731.43
61334	EXPLORE ORBIT/REMOVE OBJECT	Y		1/1/2011	Fee Schedule	$1,731.43
61770	INCISE SKULL FOR TREATMENT	Y		1/1/2011	Fee Schedule	$1,444.14
61781	SCAN PROC CRANIAL INTRA			1/1/2011	No Separate Payment	$0.00
61782	SCAN PROC CRANIAL EXTRA			1/1/2011	No Separate Payment	$0.00
61783	SCAN PROC SPINAL			1/1/2011	No Separate Payment	$0.00
61790	TREAT TRIGEMINAL NERVE	Y		1/1/2011	Fee Schedule	$741.26
61791	TREAT TRIGEMINAL TRACT	Y		1/1/2011	Fee Schedule	$495.72
61795	BRAIN SURGERY USING COMPUTER			1/1/2011	Deleted	$0.00
61880	REVISE/REMOVE NEUROELECTRODE	Y		1/1/2011	Fee Schedule	$841.60
61885	INSRT/REDO NEUROSTIM 1 ARRAY			1/1/2011	Fee Schedule	$13,816.04
61886	IMPLANT NEUROSTIM ARRAYS			1/1/2011	Fee Schedule	$17,849.58
61888	REVISE/REMOVE NEURORECEIVER	Y		1/1/2011	Fee Schedule	$1,126.88
62160	NEUROENDOSCOPY ADD-ON		N	7/1/2009	No Separate Payment	$0.00
62194	REPLACE/IRRIGATE CATHETER	Y		1/1/2011	Fee Schedule	$294.00
62225	REPLACE/IRRIGATE CATHETER	Y		1/1/2011	Fee Schedule	$632.18
62230	REPLACE/REVISE BRAIN SHUNT	Y		1/1/2011	Fee Schedule	$1,623.99
62252	CSF SHUNT REPROGRAM			4/1/2011	Fee Schedule	$44.85
62263	EPIDURAL LYSIS MULT SESSIONS	Y		1/1/2011	Fee Schedule	$294.00
62264	EPIDURAL LYSIS ON SINGLE DAY	Y		1/1/2011	Fee Schedule	$495.72
62267	INTERDISCAL PERQ ASPIR DX	Y		1/1/2011	Fee Schedule	$177.61
62268	DRAIN SPINAL CORD CYST	Y		1/1/2011	Fee Schedule	$294.00
62269	NEEDLE BIOPSY SPINAL CORD	Y		1/1/2011	Fee Schedule	$377.18
62270	SPINAL FLUID TAP DIAGNOSTIC	Y		1/1/2011	Fee Schedule	$150.41
62272	DRAIN CEREBRO SPINAL FLUID	Y		1/1/2011	Fee Schedule	$150.41
62273	INJECT EPIDURAL PATCH	Y		1/1/2011	Fee Schedule	$294.00
62280	TREAT SPINAL CORD LESION	Y		1/1/2011	Fee Schedule	$294.00
62281	TREAT SPINAL CORD LESION	Y		1/1/2011	Fee Schedule	$294.00
62282	TREAT SPINAL CANAL LESION	Y		1/1/2011	Fee Schedule	$294.00
62284	INJECTION FOR MYELOGRAM			1/1/2009	No Separate Payment	$0.00
62287	PERCUTANEOUS DISKECTOMY	Y		1/1/2011	Fee Schedule	$1,444.14
62290	INJECT FOR SPINE DISK X-RAY			1/1/2009	No Separate Payment	$0.00
62291	INJECT FOR SPINE DISK X-RAY			1/1/2009	No Separate Payment	$0.00
62292	INJECTION INTO DISK LESION	Y		1/1/2011	Fee Schedule	$294.00
62294	INJECTION INTO SPINAL ARTERY	Y		1/1/2011	Fee Schedule	$294.00
62310	INJECT SPINE C/T	Y		1/1/2011	Fee Schedule	$294.00
62311	INJECT SPINE L/S (CD)	Y		1/1/2011	Fee Schedule	$294.00
62318	INJECT SPINE W/CATH C/T	Y		1/1/2011	Fee Schedule	$294.00
62319	INJECT SPINE W/CATH L/S (CD)	Y		1/1/2011	Fee Schedule	$495.72
62350	IMPLANT SPINAL CANAL CATH	Y		1/1/2011	Fee Schedule	$1,623.99
62355	REMOVE SPINAL CANAL CATHETER	Y		1/1/2011	Fee Schedule	$495.72
62360	INSERT SPINE INFUSION DEVICE	Y		1/1/2011	Fee Schedule	$1,623.99
62361	IMPLANT SPINE INFUSION PUMP	Y		1/1/2011	Fee Schedule	$12,221.29
62362	IMPLANT SPINE INFUSION PUMP	Y		1/1/2011	Fee Schedule	$12,221.29
62365	REMOVE SPINE INFUSION DEVICE	Y		1/1/2011	Fee Schedule	$1,444.14
62367	ANALYZE SPINE INFUSION PUMP			4/1/2011	Fee Schedule	$22.08
62368	ANALYZE SPINE INFUSION PUMP			4/1/2011	Fee Schedule	$29.90
63600	REMOVE SPINAL CORD LESION	Y		1/1/2011	Fee Schedule	$741.26
63610	STIMULATION OF SPINAL CORD	Y		1/1/2011	Fee Schedule	$741.26
63615	REMOVE LESION OF SPINAL CORD	Y		1/1/2011	Fee Schedule	$741.26
63650	IMPLANT NEUROELECTRODES			1/1/2011	Fee Schedule	$3,707.45
63655	IMPLANT NEUROELECTRODES			1/1/2011	Fee Schedule	$5,223.67
63661	REMOVE SPINE ELTRD PERQ ARAY	Y		1/1/2011	Fee Schedule	$841.60

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
63662	REMOVE SPINE ELTRD PLATE	Y		1/1/2011	Fee Schedule	$841.60
63663	REVISE SPINE ELTRD PERQ ARAY	Y		1/1/2011	Fee Schedule	$841.60
63664	REVISE SPINE ELTRD PLATE	Y		1/1/2011	Fee Schedule	$841.60
63685	INSRT/REDO SPINE N GENERATOR			1/1/2011	Fee Schedule	$13,816.04
63688	REVISE/REMOVE NEURORECEIVER	Y		1/1/2011	Fee Schedule	$1,126.88
63744	REVISION OF SPINAL SHUNT	Y		1/1/2011	Fee Schedule	$1,623.99
63746	REMOVAL OF SPINAL SHUNT	Y		1/1/2011	Fee Schedule	$495.72
64400	N BLOCK INJ TRIGEMINAL	Y		4/1/2011	Fee Schedule	$68.97
64402	N BLOCK INJ FACIAL	Y		4/1/2011	Fee Schedule	$63.88
64405	N BLOCK INJ OCCIPITAL	Y		4/1/2011	Fee Schedule	$58.78
64408	N BLOCK INJ VAGUS	Y		4/1/2011	Fee Schedule	$69.31
64410	N BLOCK INJ PHRENIC	Y		1/1/2011	Fee Schedule	$294.00
64412	N BLOCK INJ SPINAL ACCESSOR	Y		4/1/2011	Fee Schedule	$102.27
64413	N BLOCK INJ CERVICAL PLEXUS	Y		4/1/2011	Fee Schedule	$64.22
64415	N BLOCK INJ BRACHIAL PLEXUS	Y		1/1/2011	Fee Schedule	$150.41
64416	N BLOCK CONT INFUSE B PLEX	Y		1/1/2011	Fee Schedule	$294.00
64417	N BLOCK INJ AXILLARY	Y		1/1/2011	Fee Schedule	$150.41
64418	N BLOCK INJ SUPRASCAPULAR	Y		4/1/2011	Fee Schedule	$88.00
64420	N BLOCK INJ INTERCOST SNG	Y		1/1/2011	Fee Schedule	$150.41
64421	N BLOCK INJ INTERCOST MLT	Y		1/1/2011	Fee Schedule	$294.00
64425	N BLOCK INJ ILIO-ING/HYPOGI	Y		4/1/2011	Fee Schedule	$64.22
64430	N BLOCK INJ PUDENDAL	Y		1/1/2011	Fee Schedule	$294.00
64435	N BLOCK INJ PARACERVICAL	Y		4/1/2011	Fee Schedule	$83.58
64445	N BLOCK INJ SCIATIC SNG	Y		4/1/2011	Fee Schedule	$77.81
64446	N BLK INJ SCIATIC CONT INF	Y		1/1/2011	Fee Schedule	$294.00
64447	N BLOCK INJ FEM SINGLE	Y		4/1/2011	Fee Schedule	$64.22
64448	N BLOCK INJ FEM CONT INF	Y		1/1/2011	Fee Schedule	$294.00
64449	N BLOCK INJ LUMBAR PLEXUS	Y		1/1/2011	Fee Schedule	$294.00
64450	N BLOCK OTHER PERIPHERAL	Y		4/1/2011	Fee Schedule	$55.38
64455	N BLOCK INJ PLANTAR DIGIT	Y		4/1/2011	Fee Schedule	$20.73
64479	INJ FORAMEN EPIDURAL C/T	Y		1/1/2011	Fee Schedule	$294.00
64480	INJ FORAMEN EPIDURAL ADD-ON	Y		1/1/2011	Fee Schedule	$150.41
64483	INJ FORAMEN EPIDURAL L/S	Y		1/1/2011	Fee Schedule	$294.00
64484	INJ FORAMEN EPIDURAL ADD-ON	Y		1/1/2011	Fee Schedule	$150.41
64490	INJ PARAVERT F JNT C/T 1 LEV	Y		1/1/2011	Fee Schedule	$294.00
64491	INJ PARAVERT F JNT C/T 2 LEV	Y		1/1/2011	Fee Schedule	$103.38
64492	INJ PARAVERT F JNT C/T 3 LEV	Y		1/1/2011	Fee Schedule	$103.38
64493	INJ PARAVERT F JNT L/S 1 LEV	Y		1/1/2011	Fee Schedule	$294.00
64494	INJ PARAVERT F JNT L/S 2 LEV	Y		1/1/2011	Fee Schedule	$103.38
64495	INJ PARAVERT F JNT L/S 3 LEV	Y		1/1/2011	Fee Schedule	$103.38
64505	N BLOCK SPENOPALATINE GANGL	Y		4/1/2011	Fee Schedule	$48.25
64508	N BLOCK CAROTID SINUS S/P	Y		4/1/2011	Fee Schedule	$58.10
64510	N BLOCK STELLATE GANGLION	Y		1/1/2011	Fee Schedule	$294.00
64517	N BLOCK INJ HYPOGAS PLXS	Y		1/1/2011	Fee Schedule	$294.00
64520	N BLOCK LUMBAR/THORACIC	Y		1/1/2011	Fee Schedule	$294.00
64530	N BLOCK INJ CELIAC PELUS	Y		1/1/2011	Fee Schedule	$294.00
64553	IMPLANT NEUROELECTRODES			1/1/2011	Fee Schedule	$3,707.45
64555	IMPLANT NEUROELECTRODES			1/1/2011	Fee Schedule	$3,707.45
64560	IMPLANT NEUROELECTRODES			1/1/2011	Fee Schedule	$3,707.45
64561	IMPLANT NEUROELECTRODES			1/1/2011	Fee Schedule	$3,707.45
64565	IMPLANT NEUROELECTRODES			1/1/2011	Fee Schedule	$3,707.45
64566	NEUROELTRD STIM POST TIBIAL	Y		1/1/2011	Fee Schedule	$103.38
64568	INC FOR VAGUS N ELECT IMPL			1/1/2011	Fee Schedule	$21,333.84
64569	REVISE/REPL VAGUS N ELTRD	Y		1/1/2011	Fee Schedule	$841.60
64570	REMOVE VAGUS N ELTRD	Y		1/1/2011	Fee Schedule	$1,444.14
64573	IMPLANT NEUROELECTRODES			1/1/2011	Deleted	$0.00
64575	IMPLANT NEUROELECTRODES			1/1/2011	Fee Schedule	$5,223.67
64577	IMPLANT NEUROELECTRODES			1/1/2011	Fee Schedule	$5,223.67
64580	IMPLANT NEUROELECTRODES			1/1/2011	Fee Schedule	$5,223.67
64581	IMPLANT NEUROELECTRODES			1/1/2011	Fee Schedule	$5,223.67
64585	REVISE/REMOVE NEUROELECTRODE	Y		1/1/2011	Fee Schedule	$841.60
64590	INSRT/REDO PN/GASTR STIMUL			1/1/2011	Fee Schedule	$13,816.04

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
64595	REVISE/RMV PN/GASTR STIMUL	Y		1/1/2011	Fee Schedule	$1,126.88
64600	INJECTION TREATMENT OF NERVE	Y		1/1/2011	Fee Schedule	$495.72
64605	INJECTION TREATMENT OF NERVE	Y		1/1/2011	Fee Schedule	$741.26
64610	INJECTION TREATMENT OF NERVE	Y		1/1/2011	Fee Schedule	$741.26
64611	CHEMODENERV SALIV GLANDS	Y		4/1/2011	Fee Schedule	$55.38
64612	DESTROY NERVE FACE MUSCLE	Y		4/1/2011	Fee Schedule	$80.86
64613	DESTROY NERVE NECK MUSCLE	Y		4/1/2011	Fee Schedule	$75.77
64614	DESTROY NERVE EXTREM MUSC	Y		4/1/2011	Fee Schedule	$85.96
64620	INJECTION TREATMENT OF NERVE	Y		1/1/2011	Fee Schedule	$294.00
64622	DESTR PARAVERTEBRL NERVE L/S	Y		1/1/2011	Fee Schedule	$495.72
64623	DESTR PARAVERTEBRAL N ADD-ON	Y		1/1/2011	Fee Schedule	$294.00
64626	DESTR PARAVERTEBRL NERVE C/T	Y		1/1/2011	Fee Schedule	$294.00
64627	DESTR PARAVERTEBRAL N ADD-ON	Y		1/1/2011	Fee Schedule	$103.38
64630	INJECTION TREATMENT OF NERVE	Y		1/1/2011	Fee Schedule	$294.00
64632	N BLOCK INJ COMMON DIGIT	Y		4/1/2011	Fee Schedule	$39.75
64640	INJECTION TREATMENT OF NERVE	Y		4/1/2011	Fee Schedule	$114.16
64650	CHEMODENERV ECCRINE GLANDS	Y		4/1/2011	Fee Schedule	$64.22
64653	CHEMODENERV ECCRINE GLANDS	Y		4/1/2011	Fee Schedule	$71.69
64680	INJECTION TREATMENT OF NERVE	Y		1/1/2011	Fee Schedule	$294.00
64681	INJECTION TREATMENT OF NERVE	Y		1/1/2011	Fee Schedule	$495.72
64702	REVISE FINGER/TOE NERVE	Y		1/1/2011	Fee Schedule	$741.26
64704	REVISE HAND/FOOT NERVE	Y		1/1/2011	Fee Schedule	$741.26
64708	REVISE ARM/LEG NERVE	Y		1/1/2011	Fee Schedule	$741.26
64712	REVISION OF SCIATIC NERVE	Y		1/1/2011	Fee Schedule	$741.26
64713	REVISION OF ARM NERVE(S)	Y		1/1/2011	Fee Schedule	$741.26
64714	REVISE LOW BACK NERVE(S)	Y		1/1/2011	Fee Schedule	$741.26
64716	REVISION OF CRANIAL NERVE	Y		1/1/2011	Fee Schedule	$741.26
64718	REVISE ULNAR NERVE AT ELBOW	Y		1/1/2011	Fee Schedule	$741.26
64719	REVISE ULNAR NERVE AT WRIST	Y		1/1/2011	Fee Schedule	$741.26
64721	CARPAL TUNNEL SURGERY	Y		1/1/2011	Fee Schedule	$741.26
64722	RELIEVE PRESSURE ON NERVE(S)	Y		1/1/2011	Fee Schedule	$741.26
64726	RELEASE FOOT/TOE NERVE	Y		1/1/2011	Fee Schedule	$741.26
64727	INTERNAL NERVE REVISION	Y		1/1/2011	Fee Schedule	$741.26
64732	INCISION OF BROW NERVE	Y		1/1/2011	Fee Schedule	$741.26
64734	INCISION OF CHEEK NERVE	Y		1/1/2011	Fee Schedule	$741.26
64736	INCISION OF CHIN NERVE	Y		1/1/2011	Fee Schedule	$741.26
64738	INCISION OF JAW NERVE	Y		1/1/2011	Fee Schedule	$741.26
64740	INCISION OF TONGUE NERVE	Y		1/1/2011	Fee Schedule	$741.26
64742	INCISION OF FACIAL NERVE	Y		1/1/2011	Fee Schedule	$741.26
64744	INCISE NERVE BACK OF HEAD	Y		1/1/2011	Fee Schedule	$741.26
64746	INCISE DIAPHRAGM NERVE	Y		1/1/2011	Fee Schedule	$741.26
64761	INCISION OF PELVIS NERVE	Y		1/1/2011	Fee Schedule	$741.26
64763	INCISE HIP/THIGH NERVE	Y		1/1/2011	Fee Schedule	$741.26
64766	INCISE HIP/THIGH NERVE	Y		1/1/2011	Fee Schedule	$1,444.14
64771	SEVER CRANIAL NERVE	Y		1/1/2011	Fee Schedule	$741.26
64772	INCISION OF SPINAL NERVE	Y		1/1/2011	Fee Schedule	$741.26
64774	REMOVE SKIN NERVE LESION	Y		1/1/2011	Fee Schedule	$741.26
64776	REMOVE DIGIT NERVE LESION	Y		1/1/2011	Fee Schedule	$741.26
64778	DIGIT NERVE SURGERY ADD-ON	Y		1/1/2011	Fee Schedule	$741.26
64782	REMOVE LIMB NERVE LESION	Y		1/1/2011	Fee Schedule	$741.26
64783	LIMB NERVE SURGERY ADD-ON	Y		1/1/2011	Fee Schedule	$741.26
64784	REMOVE NERVE LESION	Y		1/1/2011	Fee Schedule	$741.26
64786	REMOVE SCIATIC NERVE LESION	Y		1/1/2011	Fee Schedule	$1,444.14
64787	IMPLANT NERVE END	Y		1/1/2011	Fee Schedule	$741.26
64788	REMOVE SKIN NERVE LESION	Y		1/1/2011	Fee Schedule	$741.26
64790	REMOVAL OF NERVE LESION	Y		1/1/2011	Fee Schedule	$741.26
64792	REMOVAL OF NERVE LESION	Y		1/1/2011	Fee Schedule	$1,444.14
64795	BIOPSY OF NERVE	Y		1/1/2011	Fee Schedule	$741.26
64802	REMOVE SYMPATHETIC NERVES	Y		1/1/2011	Fee Schedule	$741.26
64820	REMOVE SYMPATHETIC NERVES	Y		1/1/2011	Fee Schedule	$741.26
64821	REMOVE SYMPATHETIC NERVES	Y		1/1/2011	Fee Schedule	$1,153.33
64822	REMOVE SYMPATHETIC NERVES	Y		1/1/2011	Fee Schedule	$1,153.33

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
64823	REMOVE SYMPATHETIC NERVES	Y		1/1/2011	Fee Schedule	$1,153.33
64831	REPAIR OF DIGIT NERVE	Y		1/1/2011	Fee Schedule	$1,444.14
64832	REPAIR NERVE ADD-ON	Y		1/1/2011	Fee Schedule	$1,444.14
64834	REPAIR OF HAND OR FOOT NERVE	Y		1/1/2011	Fee Schedule	$1,444.14
64835	REPAIR OF HAND OR FOOT NERVE	Y		1/1/2011	Fee Schedule	$1,444.14
64836	REPAIR OF HAND OR FOOT NERVE	Y		1/1/2011	Fee Schedule	$1,444.14
64837	REPAIR NERVE ADD-ON	Y		1/1/2011	Fee Schedule	$1,444.14
64840	REPAIR OF LEG NERVE	Y		1/1/2011	Fee Schedule	$1,444.14
64856	REPAIR/TRANSPOSE NERVE	Y		1/1/2011	Fee Schedule	$1,444.14
64857	REPAIR ARM/LEG NERVE	Y		1/1/2011	Fee Schedule	$1,444.14
64858	REPAIR SCIATIC NERVE	Y		1/1/2011	Fee Schedule	$1,444.14
64859	NERVE SURGERY	Y		1/1/2011	Fee Schedule	$1,444.14
64861	REPAIR OF ARM NERVES	Y		1/1/2011	Fee Schedule	$1,444.14
64862	REPAIR OF LOW BACK NERVES	Y		1/1/2011	Fee Schedule	$1,444.14
64864	REPAIR OF FACIAL NERVE	Y		1/1/2011	Fee Schedule	$1,444.14
64865	REPAIR OF FACIAL NERVE	Y		1/1/2011	Fee Schedule	$1,444.14
64870	FUSION OF FACIAL/OTHER NERVE	Y		1/1/2011	Fee Schedule	$1,444.14
64872	SUBSEQUENT REPAIR OF NERVE	Y		1/1/2011	Fee Schedule	$1,444.14
64874	REPAIR & REVISE NERVE ADD-ON	Y		1/1/2011	Fee Schedule	$1,444.14
64876	REPAIR NERVE/SHORTEN BONE	Y		1/1/2011	Fee Schedule	$1,444.14
64885	NERVE GRAFT HEAD OR NECK	Y		1/1/2011	Fee Schedule	$1,444.14
64886	NERVE GRAFT HEAD OR NECK	Y		1/1/2011	Fee Schedule	$1,444.14
64890	NERVE GRAFT HAND OR FOOT	Y		1/1/2011	Fee Schedule	$1,444.14
64891	NERVE GRAFT HAND OR FOOT	Y		1/1/2011	Fee Schedule	$1,444.14
64892	NERVE GRAFT ARM OR LEG	Y		1/1/2011	Fee Schedule	$1,444.14
64893	NERVE GRAFT ARM OR LEG	Y		1/1/2011	Fee Schedule	$1,444.14
64895	NERVE GRAFT HAND OR FOOT	Y		1/1/2011	Fee Schedule	$1,444.14
64896	NERVE GRAFT HAND OR FOOT	Y		1/1/2011	Fee Schedule	$1,444.14
64897	NERVE GRAFT ARM OR LEG	Y		1/1/2011	Fee Schedule	$1,444.14
64898	NERVE GRAFT ARM OR LEG	Y		1/1/2011	Fee Schedule	$1,444.14
64901	NERVE GRAFT ADD-ON	Y		1/1/2011	Fee Schedule	$1,444.14
64902	NERVE GRAFT ADD-ON	Y		1/1/2011	Fee Schedule	$1,444.14
64905	NERVE PEDICLE TRANSFER	Y		1/1/2011	Fee Schedule	$1,444.14
64907	NERVE PEDICLE TRANSFER	Y		1/1/2011	Fee Schedule	$1,444.14
64910	NERVE REPAIR W/ALLOGRAFT	Y		1/1/2011	Fee Schedule	$1,444.14
65091	REVISE EYE	Y		1/1/2011	Fee Schedule	$1,504.67
65093	REVISE EYE WITH IMPLANT	Y		1/1/2011	Fee Schedule	$1,504.67
65101	REMOVAL OF EYE	Y		1/1/2011	Fee Schedule	$1,504.67
65103	REMOVE EYE/INSERT IMPLANT	Y		1/1/2011	Fee Schedule	$1,504.67
65105	REMOVE EYE/ATTACH IMPLANT	Y		1/1/2011	Fee Schedule	$1,504.67
65110	REMOVAL OF EYE	Y		1/1/2011	Fee Schedule	$1,504.67
65112	REMOVE EYE/REVISE SOCKET	Y		1/1/2011	Fee Schedule	$1,504.67
65114	REMOVE EYE/REVISE SOCKET	Y		1/1/2011	Fee Schedule	$1,504.67
65125	REVISE OCULAR IMPLANT	Y		1/1/2011	Fee Schedule	$1,030.43
65130	INSERT OCULAR IMPLANT	Y		1/1/2011	Fee Schedule	$1,030.43
65135	INSERT OCULAR IMPLANT	Y		1/1/2011	Fee Schedule	$1,030.43
65140	ATTACH OCULAR IMPLANT	Y		1/1/2011	Fee Schedule	$1,504.67
65150	REVISE OCULAR IMPLANT	Y		1/1/2011	Fee Schedule	$1,030.43
65155	REINSERT OCULAR IMPLANT	Y		1/1/2011	Fee Schedule	$1,504.67
65175	REMOVAL OF OCULAR IMPLANT	Y		1/1/2011	Fee Schedule	$775.22
65205	REMOVE FOREIGN BODY FROM EYE			4/1/2011	Fee Schedule	$26.16
65210	REMOVE FOREIGN BODY FROM EYE			4/1/2011	Fee Schedule	$33.98
65220	REMOVE FOREIGN BODY FROM EYE			1/1/2011	Fee Schedule	$37.57
65222	REMOVE FOREIGN BODY FROM EYE			4/1/2011	Fee Schedule	$37.03
65235	REMOVE FOREIGN BODY FROM EYE	Y		1/1/2011	Fee Schedule	$693.59
65260	REMOVE FOREIGN BODY FROM EYE	Y		1/1/2011	Fee Schedule	$226.46
65265	REMOVE FOREIGN BODY FROM EYE	Y		1/1/2011	Fee Schedule	$907.78
65270	REPAIR OF EYE WOUND	Y		1/1/2011	Fee Schedule	$775.22
65272	REPAIR OF EYE WOUND	Y		1/1/2011	Fee Schedule	$945.91
65275	REPAIR OF EYE WOUND	Y		1/1/2011	Fee Schedule	$945.91
65280	REPAIR OF EYE WOUND	Y		1/1/2011	Fee Schedule	$907.78
65285	REPAIR OF EYE WOUND	Y		1/1/2011	Fee Schedule	$1,586.79

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
65286	REPAIR OF EYE WOUND	Y		1/1/2011	Fee Schedule	$291.90
65290	REPAIR OF EYE SOCKET WOUND	Y		1/1/2011	Fee Schedule	$991.42
65400	REMOVAL OF EYE LESION	Y		1/1/2011	Fee Schedule	$693.59
65410	BIOPSY OF CORNEA	Y		1/1/2011	Fee Schedule	$693.59
65420	REMOVAL OF EYE LESION	Y		1/1/2011	Fee Schedule	$693.59
65426	REMOVAL OF EYE LESION	Y		1/1/2011	Fee Schedule	$945.91
65430	CORNEAL SMEAR			1/1/2011	Fee Schedule	$37.57
65435	CURETTE/TREAT CORNEA	Y		4/1/2011	Fee Schedule	$41.11
65436	CURETTE/TREAT CORNEA	Y		4/1/2011	Fee Schedule	$184.83
65450	TREATMENT OF CORNEAL LESION			1/1/2011	Fee Schedule	$89.41
65600	REVISION OF CORNEA	Y		4/1/2011	Fee Schedule	$212.35
65710	CORNEAL TRANSPLANT	Y		1/1/2011	Fee Schedule	$1,508.21
65730	CORNEAL TRANSPLANT	Y		1/1/2011	Fee Schedule	$1,508.21
65750	CORNEAL TRANSPLANT	Y		1/1/2011	Fee Schedule	$1,508.21
65755	CORNEAL TRANSPLANT	Y		1/1/2011	Fee Schedule	$1,508.21
65756	CORNEAL TRNSPL ENDOTHELIAL	Y		1/1/2011	Fee Schedule	$1,508.21
65757	PREP CORNEAL ENDO ALLOGRAFT		N	1/1/2010	No Separate Payment	$0.00
65770	REVISE CORNEA WITH IMPLANT	Y		1/1/2011	Fee Schedule	$6,118.05
65772	CORRECTION OF ASTIGMATISM	Y		1/1/2011	Fee Schedule	$693.59
65778	COVER EYE W/MEMBRANE	Y		1/1/2011	Fee Schedule	$314.70
65779	COVER EYE W/MEMBRANE STENT	Y		1/1/2011	Fee Schedule	$291.90
65780	OCULAR RECONST, TRANSPLANT	Y		1/1/2011	Fee Schedule	$1,508.21
65781	OCULAR RECONST TRANSPLANT	Y		1/1/2011	Fee Schedule	$1,508.21
65782	OCULAR RECONST TRANSPLANT	Y		1/1/2011	Fee Schedule	$1,508.21
65800	DRAINAGE OF EYE	Y		1/1/2011	Fee Schedule	$291.90
65805	DRAINAGE OF EYE	Y		1/1/2011	Fee Schedule	$693.59
65810	DRAINAGE OF EYE	Y		1/1/2011	Fee Schedule	$945.91
65815	DRAINAGE OF EYE	Y		1/1/2011	Fee Schedule	$945.91
65820	RELIEVE INNER EYE PRESSURE	Y		1/1/2011	Fee Schedule	$945.91
65850	INCISION OF EYE	Y		1/1/2011	Fee Schedule	$945.91
65855	LASER SURGERY OF EYE	Y		4/1/2011	Fee Schedule	$171.58
65860	INCISE INNER EYE ADHESIONS	Y		4/1/2011	Fee Schedule	$159.01
65865	INCISE INNER EYE ADHESIONS	Y		1/1/2011	Fee Schedule	$693.59
65870	INCISE INNER EYE ADHESIONS	Y		1/1/2011	Fee Schedule	$945.91
65875	INCISE INNER EYE ADHESIONS	Y		1/1/2011	Fee Schedule	$945.91
65880	INCISE INNER EYE ADHESIONS	Y		1/1/2011	Fee Schedule	$693.59
65900	REMOVE EYE LESION	Y		1/1/2011	Fee Schedule	$98.72
65920	REMOVE IMPLANT OF EYE	Y		1/1/2011	Fee Schedule	$945.91
65930	REMOVE BLOOD CLOT FROM EYE	Y		1/1/2011	Fee Schedule	$945.91
66020	INJECTION TREATMENT OF EYE	Y		1/1/2011	Fee Schedule	$693.59
66030	INJECTION TREATMENT OF EYE	Y		1/1/2011	Fee Schedule	$693.59
66130	REMOVE EYE LESION	Y		1/1/2011	Fee Schedule	$945.91
66150	GLAUCOMA SURGERY	Y		1/1/2011	Fee Schedule	$945.91
66155	GLAUCOMA SURGERY	Y		1/1/2011	Fee Schedule	$945.91
66160	GLAUCOMA SURGERY	Y		1/1/2011	Fee Schedule	$945.91
66165	GLAUCOMA SURGERY	Y		1/1/2011	Fee Schedule	$945.91
66170	GLAUCOMA SURGERY	Y		1/1/2011	Fee Schedule	$945.91
66172	INCISION OF EYE	Y		1/1/2011	Fee Schedule	$945.91
66174	TRANSLUM DIL EYE CANAL	Y		1/1/2011	Fee Schedule	$1,675.21
66175	TRNSLUM DIL EYE CANAL W/STNT	Y		1/1/2011	Fee Schedule	$1,675.21
66180	IMPLANT EYE SHUNT	Y		1/1/2011	Fee Schedule	$1,675.21
66185	REVISE EYE SHUNT	Y		1/1/2011	Fee Schedule	$945.91
66220	REPAIR EYE LESION	Y		1/1/2011	Fee Schedule	$1,586.79
66225	REPAIR/GRAFT EYE LESION	Y		1/1/2011	Fee Schedule	$1,675.21
66250	FOLLOW-UP SURGERY OF EYE	Y		1/1/2011	Fee Schedule	$693.59
66500	INCISION OF IRIS	Y		1/1/2011	Fee Schedule	$98.72
66505	INCISION OF IRIS	Y		1/1/2011	Fee Schedule	$291.90
66600	REMOVE IRIS AND LESION	Y		1/1/2011	Fee Schedule	$945.91
66605	REMOVAL OF IRIS	Y		1/1/2011	Fee Schedule	$945.91
66625	REMOVAL OF IRIS	Y		1/1/2011	Fee Schedule	$291.90
66630	REMOVAL OF IRIS	Y		1/1/2011	Fee Schedule	$945.91
66635	REMOVAL OF IRIS	Y		1/1/2011	Fee Schedule	$945.91

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
66680	REPAIR IRIS & CILIARY BODY	Y		1/1/2011	Fee Schedule	$945.91
66682	REPAIR IRIS & CILIARY BODY	Y		1/1/2011	Fee Schedule	$945.91
66700	DESTRUCTION CILIARY BODY	Y		1/1/2011	Fee Schedule	$693.59
66710	CILIARY TRANSSLERAL THERAPY	Y		1/1/2011	Fee Schedule	$693.59
66711	CILIARY ENDOSCOPIC ABLATION	Y		1/1/2011	Fee Schedule	$693.59
66720	DESTRUCTION CILIARY BODY	Y		1/1/2011	Fee Schedule	$693.59
66740	DESTRUCTION CILIARY BODY	Y		1/1/2011	Fee Schedule	$945.91
66761	REVISION OF IRIS	Y		4/1/2011	Fee Schedule	$197.74
66762	REVISION OF IRIS	Y		4/1/2011	Fee Schedule	$217.37
66770	REMOVAL OF INNER EYE LESION	Y		4/1/2011	Fee Schedule	$217.37
66820	INCISION SECONDARY CATARACT	Y		1/1/2011	Fee Schedule	$291.90
66821	AFTER CATARACT LASER SURGERY	Y		1/1/2011	Fee Schedule	$217.37
66825	REPOSITION INTRAOCULAR LENS	Y		1/1/2011	Fee Schedule	$945.91
66830	REMOVAL OF LENS LESION	Y		1/1/2011	Fee Schedule	$291.90
66840	REMOVAL OF LENS MATERIAL	Y		1/1/2011	Fee Schedule	$572.17
66850	REMOVAL OF LENS MATERIAL	Y		1/1/2011	Fee Schedule	$1,194.23
66852	REMOVAL OF LENS MATERIAL	Y		1/1/2011	Fee Schedule	$1,194.23
66920	EXTRACTION OF LENS	Y		1/1/2011	Fee Schedule	$1,194.23
66930	EXTRACTION OF LENS	Y		1/1/2011	Fee Schedule	$1,194.23
66940	EXTRACTION OF LENS	Y		1/1/2011	Fee Schedule	$572.17
66982	CATARACT SURGERY COMPLEX	Y		1/1/2011	Fee Schedule	$951.27
66983	CATARACT SURG W/IOL 1 STAGE	Y		1/1/2011	Fee Schedule	$951.27
66984	CATARACT SURG W/IOL 1 STAGE	Y		1/1/2011	Fee Schedule	$951.27
66985	INSERT LENS PROSTHESIS	Y		1/1/2011	Fee Schedule	$951.27
66986	EXCHANGE LENS PROSTHESIS	Y		1/1/2011	Fee Schedule	$951.27
66990	OPHTHALMIC ENDOSCOPE ADD-ON			1/1/2009	No Separate Payment	$0.00
67005	PARTIAL REMOVAL OF EYE FLUID	Y		1/1/2011	Fee Schedule	$907.78
67010	PARTIAL REMOVAL OF EYE FLUID	Y		1/1/2011	Fee Schedule	$1,586.79
67015	RELEASE OF EYE FLUID	Y		1/1/2011	Fee Schedule	$1,586.79
67025	REPLACE EYE FLUID	Y		1/1/2011	Fee Schedule	$1,586.79
67027	IMPLANT EYE DRUG SYSTEM	Y		1/1/2011	Fee Schedule	$1,586.79
67028	INJECTION EYE DRUG	Y		4/1/2011	Fee Schedule	$72.71
67030	INCISE INNER EYE STRANDS	Y		1/1/2011	Fee Schedule	$907.78
67031	LASER SURGERY EYE STRANDS	Y		1/1/2011	Fee Schedule	$217.37
67036	REMOVAL OF INNER EYE FLUID	Y		1/1/2011	Fee Schedule	$1,586.79
67039	LASER TREATMENT OF RETINA	Y		1/1/2011	Fee Schedule	$1,586.79
67040	LASER TREATMENT OF RETINA	Y		1/1/2011	Fee Schedule	$1,586.79
67041	VIT FOR MACULAR PUCKER	Y		1/1/2011	Fee Schedule	$1,586.79
67042	VIT FOR MACULAR HOLE	Y		1/1/2011	Fee Schedule	$1,586.79
67043	VIT FOR MEMBRANE DISSECT	Y		1/1/2011	Fee Schedule	$1,586.79
67101	REPAIR DETACHED RETINA	Y		4/1/2011	Fee Schedule	$406.02
67105	REPAIR DETACHED RETINA	Y		1/1/2011	Fee Schedule	$217.37
67107	REPAIR DETACHED RETINA	Y		1/1/2011	Fee Schedule	$1,586.79
67108	REPAIR DETACHED RETINA	Y		1/1/2011	Fee Schedule	$1,586.79
67110	REPAIR DETACHED RETINA	Y		4/1/2011	Fee Schedule	$435.58
67112	REREPAIR DETACHED RETINA	Y		1/1/2011	Fee Schedule	$1,586.79
67113	REPAIR RETINAL DETACH CPLX	Y		1/1/2011	Fee Schedule	$1,586.79
67115	RELEASE ENCIRCLING MATERIAL	Y		1/1/2011	Fee Schedule	$907.78
67120	REMOVE EYE IMPLANT MATERIAL	Y		1/1/2011	Fee Schedule	$907.78
67121	REMOVE EYE IMPLANT MATERIAL	Y		1/1/2011	Fee Schedule	$1,586.79
67141	TREATMENT OF RETINA	Y		1/1/2011	Fee Schedule	$226.46
67145	TREATMENT OF RETINA	Y		4/1/2011	Fee Schedule	$217.37
67208	TREATMENT OF RETINAL LESION	Y		4/1/2011	Fee Schedule	$226.46
67210	TREATMENT OF RETINAL LESION	Y		1/1/2011	Fee Schedule	$217.37
67218	TREATMENT OF RETINAL LESION	Y		1/1/2011	Fee Schedule	$907.78
67220	TREATMENT OF CHOROID LESION	Y		1/1/2011	Fee Schedule	$226.46
67221	OCULAR PHOTODYNAMIC THER	Y		4/1/2011	Fee Schedule	$147.46
67225	EYE PHOTODYNAMIC THER ADD-ON	Y		4/1/2011	Fee Schedule	$11.21
67227	TREATMENT OF RETINAL LESION	Y		1/1/2011	Fee Schedule	$907.78
67228	TREATMENT OF RETINAL LESION	Y		1/1/2011	Fee Schedule	$217.37
67229	TR RETINAL LES PRETERM INF	Y		1/1/2011	Fee Schedule	$217.37
67250	REINFORCE EYE WALL	Y		1/1/2011	Fee Schedule	$775.22

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
67255	REINFORCE/GRAFT EYE WALL	Y		1/1/2011	Fee Schedule	$907.78
67311	REVISE EYE MUSCLE	Y		1/1/2011	Fee Schedule	$991.42
67312	REVISE TWO EYE MUSCLES	Y		1/1/2011	Fee Schedule	$991.42
67314	REVISE EYE MUSCLE	Y		1/1/2011	Fee Schedule	$991.42
67316	REVISE TWO EYE MUSCLES	Y		1/1/2011	Fee Schedule	$991.42
67318	REVISE EYE MUSCLE(S)	Y		1/1/2011	Fee Schedule	$991.42
67320	REVISE EYE MUSCLE(S) ADD-ON	Y		1/1/2011	Fee Schedule	$991.42
67331	EYE SURGERY FOLLOW-UP ADD-ON	Y		1/1/2011	Fee Schedule	$991.42
67332	REREVISE EYE MUSCLES ADD-ON	Y		1/1/2011	Fee Schedule	$991.42
67334	REVISE EYE MUSCLE W/SUTURE	Y		1/1/2011	Fee Schedule	$991.42
67335	EYE SUTURE DURING SURGERY	Y		1/1/2011	Fee Schedule	$991.42
67340	REVISE EYE MUSCLE ADD-ON	Y		1/1/2011	Fee Schedule	$991.42
67343	RELEASE EYE TISSUE	Y		1/1/2011	Fee Schedule	$991.42
67345	DESTROY NERVE OF EYE MUSCLE	Y		4/1/2011	Fee Schedule	$109.06
67346	BIOPSY EYE MUSCLE	Y		1/1/2011	Fee Schedule	$650.35
67400	EXPLORE/BIOPSY EYE SOCKET	Y		1/1/2011	Fee Schedule	$775.22
67405	EXPLORE/DRAIN EYE SOCKET	Y		1/1/2011	Fee Schedule	$1,030.43
67412	EXPLORE/TREAT EYE SOCKET	Y		1/1/2011	Fee Schedule	$775.22
67413	EXPLORE/TREAT EYE SOCKET	Y		1/1/2011	Fee Schedule	$1,030.43
67414	EXPLR/DECOMPRESS EYE SOCKET	Y		1/1/2011	Fee Schedule	$1,504.67
67415	ASPIRATION ORBITAL CONTENTS	Y		1/1/2011	Fee Schedule	$775.22
67420	EXPLORE/TREAT EYE SOCKET	Y		1/1/2011	Fee Schedule	$1,504.67
67430	EXPLORE/TREAT EYE SOCKET	Y		1/1/2011	Fee Schedule	$1,504.67
67440	EXPLORE/DRAIN EYE SOCKET	Y		1/1/2011	Fee Schedule	$1,504.67
67445	EXPLR/DECOMPRESS EYE SOCKET	Y		1/1/2011	Fee Schedule	$1,504.67
67450	EXPLORE/BIOPSY EYE SOCKET	Y		1/1/2011	Fee Schedule	$1,504.67
67500	INJECT/TREAT EYE SOCKET			1/1/2011	Fee Schedule	$89.41
67505	INJECT/TREAT EYE SOCKET	Y		4/1/2011	Fee Schedule	$36.69
67515	INJECT/TREAT EYE SOCKET	Y		4/1/2011	Fee Schedule	$38.39
67550	INSERT EYE SOCKET IMPLANT	Y		1/1/2011	Fee Schedule	$1,504.67
67560	REVISE EYE SOCKET IMPLANT	Y		1/1/2011	Fee Schedule	$1,030.43
67570	DECOMPRESS OPTIC NERVE	Y		1/1/2011	Fee Schedule	$1,504.67
67700	DRAINAGE OF EYELID ABSCESS	Y		1/1/2011	Fee Schedule	$125.99
67710	INCISION OF EYELID	Y		4/1/2011	Fee Schedule	$170.22
67715	INCISION OF EYELID FOLD	Y		1/1/2011	Fee Schedule	$775.22
67800	REMOVE EYELID LESION	Y		4/1/2011	Fee Schedule	$66.93
67801	REMOVE EYELID LESIONS	Y		4/1/2011	Fee Schedule	$81.54
67805	REMOVE EYELID LESIONS	Y		4/1/2011	Fee Schedule	$105.33
67808	REMOVE EYELID LESION(S)	Y		1/1/2011	Fee Schedule	$775.22
67810	BIOPSY OF EYELID	Y		4/1/2011	Fee Schedule	$125.99
67820	REVISE EYELASHES			4/1/2011	Fee Schedule	$22.08
67825	REVISE EYELASHES	Y		4/1/2011	Fee Schedule	$67.95
67830	REVISE EYELASHES	Y		1/1/2011	Fee Schedule	$314.70
67835	REVISE EYELASHES	Y		1/1/2011	Fee Schedule	$775.22
67840	REMOVE EYELID LESION	Y		4/1/2011	Fee Schedule	$182.45
67850	TREAT EYELID LESION	Y		4/1/2011	Fee Schedule	$143.38
67875	CLOSURE OF EYELID BY SUTURE	Y		1/1/2011	Fee Schedule	$314.70
67880	REVISION OF EYELID	Y		1/1/2011	Fee Schedule	$693.59
67882	REVISION OF EYELID	Y		1/1/2011	Fee Schedule	$775.22
67900	REPAIR BROW DEFECT	Y		1/1/2011	Fee Schedule	$1,030.43
67901	REPAIR EYELID DEFECT	Y		1/1/2011	Fee Schedule	$775.22
67902	REPAIR EYELID DEFECT	Y		1/1/2011	Fee Schedule	$1,030.43
67903	REPAIR EYELID DEFECT	Y		1/1/2011	Fee Schedule	$775.22
67904	REPAIR EYELID DEFECT	Y		1/1/2011	Fee Schedule	$775.22
67906	REPAIR EYELID DEFECT	Y		1/1/2011	Fee Schedule	$775.22
67908	REPAIR EYELID DEFECT	Y		1/1/2011	Fee Schedule	$775.22
67909	REVISE EYELID DEFECT	Y		1/1/2011	Fee Schedule	$775.22
67911	REVISE EYELID DEFECT	Y		1/1/2011	Fee Schedule	$775.22
67912	CORRECTION EYELID W/IMPLANT	Y		1/1/2011	Fee Schedule	$775.22
67914	REPAIR EYELID DEFECT	Y		1/1/2011	Fee Schedule	$775.22
67915	REPAIR EYELID DEFECT	Y		4/1/2011	Fee Schedule	$205.90
67916	REPAIR EYELID DEFECT	Y		1/1/2011	Fee Schedule	$775.22

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
67917	REPAIR EYELID DEFECT	Y		1/1/2011	Fee Schedule	$775.22
67921	REPAIR EYELID DEFECT	Y		1/1/2011	Fee Schedule	$775.22
67922	REPAIR EYELID DEFECT	Y		4/1/2011	Fee Schedule	$199.78
67923	REPAIR EYELID DEFECT	Y		1/1/2011	Fee Schedule	$775.22
67924	REPAIR EYELID DEFECT	Y		1/1/2011	Fee Schedule	$775.22
67930	REPAIR EYELID WOUND	Y		4/1/2011	Fee Schedule	$208.95
67935	REPAIR EYELID WOUND	Y		1/1/2011	Fee Schedule	$775.22
67938	REMOVE EYELID FOREIGN BODY			1/1/2011	Fee Schedule	$89.41
67950	REVISION OF EYELID	Y		1/1/2011	Fee Schedule	$775.22
67961	REVISION OF EYELID	Y		1/1/2011	Fee Schedule	$775.22
67966	REVISION OF EYELID	Y		1/1/2011	Fee Schedule	$775.22
67971	RECONSTRUCTION OF EYELID	Y		1/1/2011	Fee Schedule	$775.22
67973	RECONSTRUCTION OF EYELID	Y		1/1/2011	Fee Schedule	$1,030.43
67974	RECONSTRUCTION OF EYELID	Y		1/1/2011	Fee Schedule	$775.22
67975	RECONSTRUCTION OF EYELID	Y		1/1/2011	Fee Schedule	$775.22
68020	INCISE/DRAIN EYELID LINING	Y		4/1/2011	Fee Schedule	$59.80
68040	TREATMENT OF EYELID LESIONS			4/1/2011	Fee Schedule	$29.90
68100	BIOPSY OF EYELID LINING	Y		4/1/2011	Fee Schedule	$109.74
68110	REMOVE EYELID LINING LESION	Y		4/1/2011	Fee Schedule	$143.72
68115	REMOVE EYELID LINING LESION	Y		1/1/2011	Fee Schedule	$775.22
68130	REMOVE EYELID LINING LESION	Y		1/1/2011	Fee Schedule	$693.59
68135	REMOVE EYELID LINING LESION	Y		4/1/2011	Fee Schedule	$77.13
68200	TREAT EYELID BY INJECTION			4/1/2011	Fee Schedule	$21.74
68320	REVISE/GRAFT EYELID LINING	Y		1/1/2011	Fee Schedule	$1,030.43
68325	REVISE/GRAFT EYELID LINING	Y		1/1/2011	Fee Schedule	$1,030.43
68326	REVISE/GRAFT EYELID LINING	Y		1/1/2011	Fee Schedule	$775.22
68328	REVISE/GRAFT EYELID LINING	Y		1/1/2011	Fee Schedule	$1,030.43
68330	REVISE EYELID LINING	Y		1/1/2011	Fee Schedule	$945.91
68335	REVISE/GRAFT EYELID LINING	Y		1/1/2011	Fee Schedule	$1,030.43
68340	SEPARATE EYELID ADHESIONS	Y		1/1/2011	Fee Schedule	$775.22
68360	REVISE EYELID LINING	Y		1/1/2011	Fee Schedule	$945.91
68362	REVISE EYELID LINING	Y		1/1/2011	Fee Schedule	$945.91
68371	HARVEST EYE TISSUE ALOGRAFT	Y		1/1/2011	Fee Schedule	$693.59
68400	INCISE/DRAIN TEAR GLAND	Y		1/1/2011	Fee Schedule	$125.99
68420	INCISE/DRAIN TEAR SAC	Y		4/1/2011	Fee Schedule	$213.37
68440	INCISE TEAR DUCT OPENING	Y		4/1/2011	Fee Schedule	$61.84
68500	REMOVAL OF TEAR GLAND	Y		1/1/2011	Fee Schedule	$1,030.43
68505	PARTIAL REMOVAL TEAR GLAND	Y		1/1/2011	Fee Schedule	$1,030.43
68510	BIOPSY OF TEAR GLAND	Y		1/1/2011	Fee Schedule	$775.22
68520	REMOVAL OF TEAR SAC	Y		1/1/2011	Fee Schedule	$1,030.43
68525	BIOPSY OF TEAR SAC	Y		1/1/2011	Fee Schedule	$775.22
68530	CLEARANCE OF TEAR DUCT	Y		1/1/2011	Fee Schedule	$125.99
68540	REMOVE TEAR GLAND LESION	Y		1/1/2011	Fee Schedule	$775.22
68550	REMOVE TEAR GLAND LESION	Y		1/1/2011	Fee Schedule	$1,030.43
68700	REPAIR TEAR DUCTS	Y		1/1/2011	Fee Schedule	$775.22
68705	REVISE TEAR DUCT OPENING	Y		4/1/2011	Fee Schedule	$125.99
68720	CREATE TEAR SAC DRAIN	Y		1/1/2011	Fee Schedule	$1,030.43
68745	CREATE TEAR DUCT DRAIN	Y		1/1/2011	Fee Schedule	$1,030.43
68750	CREATE TEAR DUCT DRAIN	Y		1/1/2011	Fee Schedule	$1,030.43
68760	CLOSE TEAR DUCT OPENING	Y		4/1/2011	Fee Schedule	$122.99
68761	CLOSE TEAR DUCT OPENING	Y		4/1/2011	Fee Schedule	$86.30
68770	CLOSE TEAR SYSTEM FISTULA	Y		1/1/2011	Fee Schedule	$1,030.43
68801	DILATE TEAR DUCT OPENING			1/1/2011	Fee Schedule	$37.57
68810	PROBE NASOLACRIMAL DUCT	Y		1/1/2011	Fee Schedule	$125.99
68811	PROBE NASOLACRIMAL DUCT	Y		1/1/2011	Fee Schedule	$775.22
68815	PROBE NASOLACRIMAL DUCT	Y		1/1/2011	Fee Schedule	$775.22
68816	PROBE NL DUCT W/BALLOON	Y		1/1/2011	Fee Schedule	$775.22
68840	EXPLORE/IRRIGATE TEAR DUCTS			4/1/2011	Fee Schedule	$70.67
68850	INJECTION FOR TEAR SAC X-RAY			1/1/2009	No Separate Payment	$0.00
69000	DRAIN EXTERNAL EAR LESION	Y		1/1/2011	Fee Schedule	$57.75
69005	DRAIN EXTERNAL EAR LESION	Y		4/1/2011	Fee Schedule	$130.13
69020	DRAIN OUTER EAR CANAL LESION	Y		1/1/2011	Fee Schedule	$57.75

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
69100	BIOPSY OF EXTERNAL EAR	Y		4/1/2011	Fee Schedule	$71.69
69105	BIOPSY OF EXTERNAL EAR CANAL	Y		4/1/2011	Fee Schedule	$108.04
69110	REMOVE EXTERNAL EAR PARTIAL	Y		1/1/2011	Fee Schedule	$700.41
69120	REMOVAL OF EXTERNAL EAR	Y		1/1/2011	Fee Schedule	$993.66
69140	REMOVE EAR CANAL LESION(S)	Y		1/1/2011	Fee Schedule	$993.66
69145	REMOVE EAR CANAL LESION(S)	Y		1/1/2011	Fee Schedule	$700.41
69150	EXTENSIVE EAR CANAL SURGERY	Y		1/1/2011	Fee Schedule	$306.82
69200	CLEAR OUTER EAR CANAL			1/1/2011	Fee Schedule	$26.01
69205	CLEAR OUTER EAR CANAL	Y		1/1/2011	Fee Schedule	$925.91
69210	REMOVE IMPACTED EAR WAX			4/1/2011	Fee Schedule	$26.01
69220	CLEAN OUT MASTOID CAVITY	Y		1/1/2011	Fee Schedule	$35.27
69222	CLEAN OUT MASTOID CAVITY	Y		4/1/2011	Fee Schedule	$165.47
69300	REVISE EXTERNAL EAR	Y		1/1/2011	Fee Schedule	$993.66
69310	REBUILD OUTER EAR CANAL	Y		1/1/2011	Fee Schedule	$1,731.43
69320	REBUILD OUTER EAR CANAL	Y		1/1/2011	Fee Schedule	$1,731.43
69400	INFLATE MIDDLE EAR CANAL	Y		4/1/2011	Fee Schedule	$113.48
69401	INFLATE MIDDLE EAR CANAL	Y		4/1/2011	Fee Schedule	$60.82
69405	CATHETERIZE MIDDLE EAR CANAL	Y		4/1/2011	Fee Schedule	$158.67
69420	INCISION OF EARDRUM	Y		4/1/2011	Fee Schedule	$137.69
69421	INCISION OF EARDRUM	Y		1/1/2011	Fee Schedule	$671.76
69424	REMOVE VENTILATING TUBE	Y		4/1/2011	Fee Schedule	$96.49
69433	CREATE EARDRUM OPENING	Y		4/1/2011	Fee Schedule	$139.30
69436	CREATE EARDRUM OPENING	Y		1/1/2011	Fee Schedule	$671.76
69440	EXPLORATION OF MIDDLE EAR	Y		1/1/2011	Fee Schedule	$993.66
69450	EARDRUM REVISION	Y		1/1/2011	Fee Schedule	$1,731.43
69501	MASTOIDECTOMY	Y		1/1/2011	Fee Schedule	$1,731.43
69502	MASTOIDECTOMY	Y		1/1/2011	Fee Schedule	$993.66
69505	REMOVE MASTOID STRUCTURES	Y		1/1/2011	Fee Schedule	$1,731.43
69511	EXTENSIVE MASTOID SURGERY	Y		1/1/2011	Fee Schedule	$1,731.43
69530	EXTENSIVE MASTOID SURGERY	Y		1/1/2011	Fee Schedule	$1,731.43
69540	REMOVE EAR LESION	Y		4/1/2011	Fee Schedule	$161.73
69550	REMOVE EAR LESION	Y		1/1/2011	Fee Schedule	$1,731.43
69552	REMOVE EAR LESION	Y		1/1/2011	Fee Schedule	$1,731.43
69601	MASTOID SURGERY REVISION	Y		1/1/2011	Fee Schedule	$1,731.43
69602	MASTOID SURGERY REVISION	Y		1/1/2011	Fee Schedule	$1,731.43
69603	MASTOID SURGERY REVISION	Y		1/1/2011	Fee Schedule	$1,731.43
69604	MASTOID SURGERY REVISION	Y		1/1/2011	Fee Schedule	$1,731.43
69605	MASTOID SURGERY REVISION	Y		1/1/2011	Fee Schedule	$1,731.43
69610	REPAIR OF EARDRUM	Y		4/1/2011	Fee Schedule	$219.49
69620	REPAIR OF EARDRUM	Y		1/1/2011	Fee Schedule	$993.66
69631	REPAIR EARDRUM STRUCTURES	Y		1/1/2011	Fee Schedule	$1,731.43
69632	REBUILD EARDRUM STRUCTURES	Y		1/1/2011	Fee Schedule	$1,731.43
69633	REBUILD EARDRUM STRUCTURES	Y		1/1/2011	Fee Schedule	$1,731.43
69635	REPAIR EARDRUM STRUCTURES	Y		1/1/2011	Fee Schedule	$1,731.43
69636	REBUILD EARDRUM STRUCTURES	Y		1/1/2011	Fee Schedule	$1,731.43
69637	REBUILD EARDRUM STRUCTURES	Y		1/1/2011	Fee Schedule	$1,731.43
69641	REVISE MIDDLE EAR & MASTOID	Y		1/1/2011	Fee Schedule	$1,731.43
69642	REVISE MIDDLE EAR & MASTOID	Y		1/1/2011	Fee Schedule	$1,731.43
69643	REVISE MIDDLE EAR & MASTOID	Y		1/1/2011	Fee Schedule	$1,731.43
69644	REVISE MIDDLE EAR & MASTOID	Y		1/1/2011	Fee Schedule	$1,731.43
69645	REVISE MIDDLE EAR & MASTOID	Y		1/1/2011	Fee Schedule	$1,731.43
69646	REVISE MIDDLE EAR & MASTOID	Y		1/1/2011	Fee Schedule	$1,731.43
69650	RELEASE MIDDLE EAR BONE	Y		1/1/2011	Fee Schedule	$993.66
69660	REVISE MIDDLE EAR BONE	Y		1/1/2011	Fee Schedule	$1,731.43
69661	REVISE MIDDLE EAR BONE	Y		1/1/2011	Fee Schedule	$1,731.43
69662	REVISE MIDDLE EAR BONE	Y		1/1/2011	Fee Schedule	$1,731.43
69666	REPAIR MIDDLE EAR STRUCTURES	Y		1/1/2011	Fee Schedule	$1,731.43
69667	REPAIR MIDDLE EAR STRUCTURES	Y		1/1/2011	Fee Schedule	$1,731.43
69670	REMOVE MASTOID AIR CELLS	Y		1/1/2011	Fee Schedule	$1,731.43
69676	REMOVE MIDDLE EAR NERVE	Y		1/1/2011	Fee Schedule	$1,731.43
69700	CLOSE MASTOID FISTULA	Y		1/1/2011	Fee Schedule	$1,731.43
69711	REMOVE/REPAIR HEARING AID	Y		1/1/2011	Fee Schedule	$1,731.43

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
69714	IMPLANT TEMPLE BONE W/STIMUL	Y		1/1/2011	Fee Schedule	$7,068.23
69715	TEMPLE BNE IMPLNT W/STIMULAT	Y		1/1/2011	Fee Schedule	$7,068.23
69717	TEMPLE BONE IMPLANT REVISION	Y		1/1/2011	Fee Schedule	$7,068.23
69718	REVISE TEMPLE BONE IMPLANT	Y		1/1/2011	Fee Schedule	$7,068.23
69720	RELEASE FACIAL NERVE	Y		1/1/2011	Fee Schedule	$1,731.43
69740	REPAIR FACIAL NERVE	Y		1/1/2011	Fee Schedule	$1,731.43
69745	REPAIR FACIAL NERVE	Y		1/1/2011	Fee Schedule	$1,731.43
69801	INCISE INNER EAR	Y		1/1/2011	Fee Schedule	$671.76
69802	INCISE INNER EAR	Y		1/1/2011	Fee Schedule	$993.66
69805	EXPLORE INNER EAR	Y		1/1/2011	Fee Schedule	$1,731.43
69806	EXPLORE INNER EAR	Y		1/1/2011	Fee Schedule	$1,731.43
69820	ESTABLISH INNER EAR WINDOW	Y		1/1/2011	Fee Schedule	$1,731.43
69840	REVISE INNER EAR WINDOW	Y		1/1/2011	Fee Schedule	$1,731.43
69905	REMOVE INNER EAR	Y		1/1/2011	Fee Schedule	$1,731.43
69910	REMOVE INNER EAR & MASTOID	Y		1/1/2011	Fee Schedule	$1,731.43
69915	INCISE INNER EAR NERVE	Y		1/1/2011	Fee Schedule	$1,731.43
69930	IMPLANT COCHLEAR DEVICE	Y		1/1/2011	Fee Schedule	$29,056.15
69990	MICROSURGERY ADD-ON			1/1/2009	No Separate Payment	$0.00
70010	CONTRAST X-RAY OF BRAIN			1/1/2009	No Separate Payment	$0.00
70015	CONTRAST X-RAY OF BRAIN			1/1/2009	No Separate Payment	$0.00
70030	X-RAY EYE FOR FOREIGN BODY			4/1/2011	Fee Schedule	$20.05
70100	X-RAY EXAM OF JAW			4/1/2011	Fee Schedule	$23.78
70110	X-RAY EXAM OF JAW			4/1/2011	Fee Schedule	$25.34
70120	X-RAY EXAM OF MASTOIDS			4/1/2011	Fee Schedule	$25.34
70130	X-RAY EXAM OF MASTOIDS			1/1/2011	Fee Schedule	$25.34
70134	X-RAY EXAM OF MIDDLE EAR			4/1/2011	Fee Schedule	$29.56
70140	X-RAY EXAM OF FACIAL BONES			4/1/2011	Fee Schedule	$20.39
70150	X-RAY EXAM OF FACIAL BONES			4/1/2011	Fee Schedule	$25.34
70160	X-RAY EXAM OF NASAL BONES			4/1/2011	Fee Schedule	$24.46
70170	X-RAY EXAM OF TEAR DUCT			1/1/2009	No Separate Payment	$0.00
70190	X-RAY EXAM OF EYE SOCKETS			4/1/2011	Fee Schedule	$25.14
70200	X-RAY EXAM OF EYE SOCKETS			4/1/2011	Fee Schedule	$25.34
70210	X-RAY EXAM OF SINUSES			4/1/2011	Fee Schedule	$22.08
70220	X-RAY EXAM OF SINUSES			4/1/2011	Fee Schedule	$25.34
70240	X-RAY EXAM PITUITARY SADDLE			4/1/2011	Fee Schedule	$20.05
70250	X-RAY EXAM OF SKULL			4/1/2011	Fee Schedule	$24.80
70260	X-RAY EXAM OF SKULL			4/1/2011	Fee Schedule	$30.58
70300	X-RAY EXAM OF TEETH			4/1/2011	Fee Schedule	$8.49
70310	X-RAY EXAM OF TEETH			1/1/2011	Fee Schedule	$17.15
70320	FULL MOUTH X-RAY OF TEETH			1/1/2011	Fee Schedule	$17.15
70328	X-RAY EXAM OF JAW JOINT			4/1/2011	Fee Schedule	$21.74
70330	X-RAY EXAM OF JAW JOINTS			1/1/2011	Fee Schedule	$25.34
70332	X-RAY EXAM OF JAW JOINT			1/1/2009	No Separate Payment	$0.00
70336	MAGNETIC IMAGE JAW JOINT			1/1/2011	Fee Schedule	$192.90
70350	X-RAY HEAD FOR ORTHODONTIA			4/1/2011	Fee Schedule	$11.55
70355	PANORAMIC X-RAY OF JAWS			4/1/2011	Fee Schedule	$10.87
70360	X-RAY EXAM OF NECK			4/1/2011	Fee Schedule	$19.03
70370	THROAT X-RAY & FLUOROSCOPY			1/1/2011	Fee Schedule	$46.97
70371	SPEECH EVALUATION COMPLEX			4/1/2011	Fee Schedule	$46.97
70373	CONTRAST X-RAY OF LARYNX			1/1/2009	No Separate Payment	$0.00
70380	X-RAY EXAM OF SALIVARY GLAND			4/1/2011	Fee Schedule	$25.34
70390	X-RAY EXAM OF SALIVARY DUCT			1/1/2009	No Separate Payment	$0.00
70450	CT HEAD/BRAIN W/O DYE			1/1/2011	Fee Schedule	$109.04
70460	CT HEAD/BRAIN W/DYE			4/1/2011	Fee Schedule	$168.65
70470	CT HEAD/BRAIN W/O & W/DYE			4/1/2011	Fee Schedule	$188.01
70480	CT ORBIT/EAR/FOSSA W/O DYE			1/1/2011	Fee Schedule	$109.04
70481	CT ORBIT/EAR/FOSSA W/DYE			1/1/2011	Fee Schedule	$168.65
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE			1/1/2011	Fee Schedule	$188.01
70486	CT MAXILLOFACIAL W/O DYE			1/1/2011	Fee Schedule	$109.04
70487	CT MAXILLOFACIAL W/DYE			1/1/2011	Fee Schedule	$168.65
70488	CT MAXILLOFACIAL W/O & W/DYE			1/1/2011	Fee Schedule	$188.01
70490	CT SOFT TISSUE NECK W/O DYE			1/1/2011	Fee Schedule	$109.04

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
70491	CT SOFT TISSUE NECK W/DYE			1/1/2011	Fee Schedule	$168.65
70492	CT SFT TSUE NCK W/O & W/DYE			1/1/2011	Fee Schedule	$188.01
70496	CT ANGIOGRAPHY HEAD			1/1/2011	Fee Schedule	$190.43
70498	CT ANGIOGRAPHY NECK			1/1/2011	Fee Schedule	$190.43
70540	MRI ORBIT/FACE/NECK W/O DYE			1/1/2011	Fee Schedule	$192.90
70542	MRI ORBIT/FACE/NECK W/DYE			1/1/2011	Fee Schedule	$245.80
70543	MRI ORBT/FAC/NCK W/O & W/DYE			1/1/2011	Fee Schedule	$300.15
70544	MR ANGIOGRAPHY HEAD W/O DYE			1/1/2011	Fee Schedule	$192.90
70545	MR ANGIOGRAPHY HEAD W/DYE			1/1/2011	Fee Schedule	$245.80
70546	MR ANGIOGRAPH HEAD W/O&W/DYE			1/1/2011	Fee Schedule	$300.15
70547	MR ANGIOGRAPHY NECK W/O DYE			1/1/2011	Fee Schedule	$192.90
70548	MR ANGIOGRAPHY NECK W/DYE			1/1/2011	Fee Schedule	$245.80
70549	MR ANGIOGRAPH NECK W/O&W/DYE			1/1/2011	Fee Schedule	$300.15
70551	MRI BRAIN W/O DYE			1/1/2011	Fee Schedule	$192.90
70552	MRI BRAIN W/DYE			1/1/2011	Fee Schedule	$245.80
70553	MRI BRAIN W/O & W/DYE			1/1/2011	Fee Schedule	$300.15
70554	FMRI BRAIN BY TECH			1/1/2011	Fee Schedule	$192.90
70555	FMRI BRAIN BY PHYS/PSYCH			1/1/2011	Fee Schedule	$192.90
70557	MRI BRAIN W/O DYE			1/1/2011	Fee Schedule	$192.90
70558	MRI BRAIN W/DYE			1/1/2011	Fee Schedule	$245.80
70559	MRI BRAIN W/O & W/DYE			1/1/2011	Fee Schedule	$300.15
71010	CHEST X-RAY			4/1/2011	Fee Schedule	$14.61
71015	CHEST X-RAY			4/1/2011	Fee Schedule	$19.71
71020	CHEST X-RAY			4/1/2011	Fee Schedule	$20.05
71021	CHEST X-RAY			4/1/2011	Fee Schedule	$24.80
71022	CHEST X-RAY			4/1/2011	Fee Schedule	$25.34
71023	CHEST X-RAY AND FLUOROSCOPY			4/1/2011	Fee Schedule	$46.97
71030	CHEST X-RAY			4/1/2011	Fee Schedule	$25.34
71034	CHEST X-RAY AND FLUOROSCOPY			1/1/2011	Fee Schedule	$46.97
71035	CHEST X-RAY			4/1/2011	Fee Schedule	$25.34
71040	CONTRAST X-RAY OF BRONCHI			1/1/2009	No Separate Payment	$0.00
71060	CONTRAST X-RAY OF BRONCHI			1/1/2009	No Separate Payment	$0.00
71090	X-RAY & PACEMAKER INSERTION			1/1/2009	No Separate Payment	$0.00
71100	X-RAY EXAM OF RIBS			4/1/2011	Fee Schedule	$21.41
71101	X-RAY EXAM OF RIBS/CHEST			4/1/2011	Fee Schedule	$25.34
71110	X-RAY EXAM OF RIBS			4/1/2011	Fee Schedule	$25.34
71111	X-RAY EXAM OF RIBS/CHEST			4/1/2011	Fee Schedule	$37.03
71120	X-RAY EXAM OF BREASTBONE			4/1/2011	Fee Schedule	$22.08
71130	X-RAY EXAM OF BREASTBONE			4/1/2011	Fee Schedule	$25.34
71250	CT THORAX W/O DYE			1/1/2011	Fee Schedule	$109.04
71260	CT THORAX W/DYE			1/1/2011	Fee Schedule	$168.65
71270	CT THORAX W/O & W/DYE			1/1/2011	Fee Schedule	$188.01
71275	CT ANGIOGRAPHY CHEST			1/1/2011	Fee Schedule	$190.43
71550	MRI CHEST W/O DYE			1/1/2011	Fee Schedule	$192.90
71551	MRI CHEST W/DYE			1/1/2011	Fee Schedule	$245.80
71552	MRI CHEST W/O & W/DYE			1/1/2011	Fee Schedule	$300.15
72010	X-RAY EXAM OF SPINE			4/1/2011	Fee Schedule	$42.67
72020	X-RAY EXAM OF SPINE			4/1/2011	Fee Schedule	$15.97
72040	X-RAY EXAM OF NECK SPINE			4/1/2011	Fee Schedule	$25.34
72050	X-RAY EXAM OF NECK SPINE			4/1/2011	Fee Schedule	$37.03
72052	X-RAY EXAM OF NECK SPINE			4/1/2011	Fee Schedule	$42.67
72069	X-RAY EXAM OF TRUNK SPINE			4/1/2011	Fee Schedule	$25.34
72070	X-RAY EXAM OF THORACIC SPINE			4/1/2011	Fee Schedule	$22.76
72072	X-RAY EXAM OF THORACIC SPINE			4/1/2011	Fee Schedule	$25.34
72074	X-RAY EXAM OF THORACIC SPINE			1/1/2011	Fee Schedule	$25.34
72080	X-RAY EXAM OF TRUNK SPINE			4/1/2011	Fee Schedule	$24.80
72090	X-RAY EXAM OF TRUNK SPINE			4/1/2011	Fee Schedule	$34.32
72100	X-RAY EXAM OF LOWER SPINE			4/1/2011	Fee Schedule	$25.34
72110	X-RAY EXAM OF LOWER SPINE			4/1/2011	Fee Schedule	$39.75
72114	X-RAY EXAM OF LOWER SPINE			4/1/2011	Fee Schedule	$42.67
72120	X-RAY EXAM OF LOWER SPINE			1/1/2011	Fee Schedule	$25.34
72125	CT NECK SPINE W/O DYE			1/1/2011	Fee Schedule	$109.04

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
72126	CT NECK SPINE W/DYE			1/1/2011	Fee Schedule	$168.65
72127	CT NECK SPINE W/O & W/DYE			1/1/2011	Fee Schedule	$188.01
72128	CT CHEST SPINE W/O DYE			1/1/2011	Fee Schedule	$109.04
72129	CT CHEST SPINE W/DYE			1/1/2011	Fee Schedule	$168.65
72130	CT CHEST SPINE W/O & W/DYE			1/1/2011	Fee Schedule	$188.01
72131	CT LUMBAR SPINE W/O DYE			1/1/2011	Fee Schedule	$109.04
72132	CT LUMBAR SPINE W/DYE			1/1/2011	Fee Schedule	$168.65
72133	CT LUMBAR SPINE W/O & W/DYE			1/1/2011	Fee Schedule	$188.01
72141	MRI NECK SPINE W/O DYE			1/1/2011	Fee Schedule	$192.90
72142	MRI NECK SPINE W/DYE			1/1/2011	Fee Schedule	$245.80
72146	MRI CHEST SPINE W/O DYE			1/1/2011	Fee Schedule	$192.90
72147	MRI CHEST SPINE W/DYE			1/1/2011	Fee Schedule	$245.80
72148	MRI LUMBAR SPINE W/O DYE			1/1/2011	Fee Schedule	$192.90
72149	MRI LUMBAR SPINE W/DYE			1/1/2011	Fee Schedule	$245.80
72156	MRI NECK SPINE W/O & W/DYE			1/1/2011	Fee Schedule	$300.15
72157	MRI CHEST SPINE W/O & W/DYE			1/1/2011	Fee Schedule	$300.15
72158	MRI LUMBAR SPINE W/O & W/DYE			1/1/2011	Fee Schedule	$300.15
72170	X-RAY EXAM OF PELVIS			4/1/2011	Fee Schedule	$17.67
72190	X-RAY EXAM OF PELVIS			4/1/2011	Fee Schedule	$25.34
72191	CT ANGIOGRAPH PELV W/O&W/DYE			1/1/2011	Fee Schedule	$190.43
72192	CT PELVIS W/O DYE			1/1/2011	Fee Schedule	$109.04
72193	CT PELVIS W/DYE			1/1/2011	Fee Schedule	$168.65
72194	CT PELVIS W/O & W/DYE			1/1/2011	Fee Schedule	$188.01
72195	MRI PELVIS W/O DYE			1/1/2011	Fee Schedule	$192.90
72196	MRI PELVIS W/DYE			1/1/2011	Fee Schedule	$245.80
72197	MRI PELVIS W/O & W/DYE			1/1/2011	Fee Schedule	$300.15
72200	X-RAY EXAM SACROILIAC JOINTS			4/1/2011	Fee Schedule	$21.07
72202	X-RAY EXAM SACROILIAC JOINTS			4/1/2011	Fee Schedule	$25.14
72220	X-RAY EXAM OF TAILBONE			4/1/2011	Fee Schedule	$20.73
72240	CONTRAST X-RAY OF NECK SPINE			1/1/2009	No Separate Payment	$0.00
72255	CONTRAST X-RAY THORAX SPINE			1/1/2009	No Separate Payment	$0.00
72265	CONTRAST X-RAY LOWER SPINE			1/1/2009	No Separate Payment	$0.00
72270	CONTRAST X-RAY SPINE			1/1/2009	No Separate Payment	$0.00
72275	EPIDUROGRAPHY			1/1/2009	No Separate Payment	$0.00
72285	X-RAY C/T SPINE DISK			1/1/2009	No Separate Payment	$0.00
72291	PERQ VERTE/SACROPLSTY FLUOR			1/1/2009	No Separate Payment	$0.00
72292	PERQ VERTE/SACROPLSTY CT			1/1/2009	No Separate Payment	$0.00
72295	X-RAY OF LOWER SPINE DISK			1/1/2009	No Separate Payment	$0.00
73000	X-RAY EXAM OF COLLAR BONE			4/1/2011	Fee Schedule	$20.39
73010	X-RAY EXAM OF SHOULDER BLADE			4/1/2011	Fee Schedule	$21.07
73020	X-RAY EXAM OF SHOULDER			4/1/2011	Fee Schedule	$15.97
73030	X-RAY EXAM OF SHOULDER			4/1/2011	Fee Schedule	$20.73
73040	CONTRAST X-RAY OF SHOULDER			1/1/2009	No Separate Payment	$0.00
73050	X-RAY EXAM OF SHOULDERS			4/1/2011	Fee Schedule	$25.34
73060	X-RAY EXAM OF HUMERUS			4/1/2011	Fee Schedule	$20.39
73070	X-RAY EXAM OF ELBOW			4/1/2011	Fee Schedule	$20.39
73080	X-RAY EXAM OF ELBOW			4/1/2011	Fee Schedule	$25.34
73085	CONTRAST X-RAY OF ELBOW			1/1/2009	No Separate Payment	$0.00
73090	X-RAY EXAM OF FOREARM			4/1/2011	Fee Schedule	$19.71
73092	X-RAY EXAM OF ARM INFANT			4/1/2011	Fee Schedule	$22.42
73100	X-RAY EXAM OF WRIST			4/1/2011	Fee Schedule	$21.74
73110	X-RAY EXAM OF WRIST			4/1/2011	Fee Schedule	$25.34
73115	CONTRAST X-RAY OF WRIST			1/1/2009	No Separate Payment	$0.00
73120	X-RAY EXAM OF HAND			4/1/2011	Fee Schedule	$19.37
73130	X-RAY EXAM OF HAND			4/1/2011	Fee Schedule	$23.44
73140	X-RAY EXAM OF FINGER(S)			4/1/2011	Fee Schedule	$24.46
73200	CT UPPER EXTREMITY W/O DYE			1/1/2011	Fee Schedule	$109.04
73201	CT UPPER EXTREMITY W/DYE			1/1/2011	Fee Schedule	$168.65
73202	CT UPPR EXTREMITY W/O&W/DYE			1/1/2011	Fee Schedule	$188.01
73206	CT ANGIO UPR EXTRM W/O&W/DYE			1/1/2011	Fee Schedule	$190.43
73218	MRI UPPER EXTREMITY W/O DYE			1/1/2011	Fee Schedule	$192.90
73219	MRI UPPER EXTREMITY W/DYE			1/1/2011	Fee Schedule	$245.80

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
73220	MRI UPPR EXTREMITY W/O&W/DYE			1/1/2011	Fee Schedule	$300.15
73221	MRI JOINT UPR EXTREM W/O DYE			1/1/2011	Fee Schedule	$192.90
73222	MRI JOINT UPR EXTREM W/DYE			1/1/2011	Fee Schedule	$245.80
73223	MRI JOINT UPR EXTR W/O&W/DYE			1/1/2011	Fee Schedule	$300.15
73500	X-RAY EXAM OF HIP			4/1/2011	Fee Schedule	$17.33
73510	X-RAY EXAM OF HIP			4/1/2011	Fee Schedule	$25.34
73520	X-RAY EXAM OF HIPS			4/1/2011	Fee Schedule	$25.34
73525	CONTRAST X-RAY OF HIP			1/1/2009	No Separate Payment	$0.00
73530	X-RAY EXAM OF HIP			1/1/2009	No Separate Payment	$0.00
73540	X-RAY EXAM OF PELVIS & HIPS			4/1/2011	Fee Schedule	$25.34
73542	X-RAY EXAM SACROILIAC JOINT			1/1/2009	No Separate Payment	$0.00
73550	X-RAY EXAM OF THIGH			4/1/2011	Fee Schedule	$19.37
73560	X-RAY EXAM OF KNEE 1 OR 2			4/1/2011	Fee Schedule	$21.07
73562	X-RAY EXAM OF KNEE 3			4/1/2011	Fee Schedule	$25.34
73564	X-RAY EXAM KNEE 4 OR MORE			4/1/2011	Fee Schedule	$25.34
73565	X-RAY EXAM OF KNEES			4/1/2011	Fee Schedule	$24.12
73580	CONTRAST X-RAY OF KNEE JOINT			1/1/2009	No Separate Payment	$0.00
73590	X-RAY EXAM OF LOWER LEG			4/1/2011	Fee Schedule	$19.03
73592	X-RAY EXAM OF LEG INFANT			4/1/2011	Fee Schedule	$22.76
73600	X-RAY EXAM OF ANKLE			4/1/2011	Fee Schedule	$20.05
73610	X-RAY EXAM OF ANKLE			4/1/2011	Fee Schedule	$23.78
73615	CONTRAST X-RAY OF ANKLE			1/1/2009	No Separate Payment	$0.00
73620	X-RAY EXAM OF FOOT			4/1/2011	Fee Schedule	$19.37
73630	X-RAY EXAM OF FOOT			4/1/2011	Fee Schedule	$23.10
73650	X-RAY EXAM OF HEEL			4/1/2011	Fee Schedule	$19.71
73660	X-RAY EXAM OF TOE(S)			4/1/2011	Fee Schedule	$22.76
73700	CT LOWER EXTREMITY W/O DYE			1/1/2011	Fee Schedule	$109.04
73701	CT LOWER EXTREMITY W/DYE			1/1/2011	Fee Schedule	$168.65
73702	CT LWR EXTREMITY W/O&W/DYE			1/1/2011	Fee Schedule	$188.01
73706	CT ANGIO LWR EXTR W/O&W/DYE			1/1/2011	Fee Schedule	$190.43
73718	MRI LOWER EXTREMITY W/O DYE			1/1/2011	Fee Schedule	$192.90
73719	MRI LOWER EXTREMITY W/DYE			1/1/2011	Fee Schedule	$245.80
73720	MRI LWR EXTREMITY W/O&W/DYE			1/1/2011	Fee Schedule	$300.15
73721	MRI JNT OF LWR EXTRE W/O DYE			1/1/2011	Fee Schedule	$192.90
73722	MRI JOINT OF LWR EXTR W/DYE			1/1/2011	Fee Schedule	$245.80
73723	MRI JOINT LWR EXTR W/O&W/DYE			1/1/2011	Fee Schedule	$300.15
74000	X-RAY EXAM OF ABDOMEN			4/1/2011	Fee Schedule	$15.97
74010	X-RAY EXAM OF ABDOMEN			4/1/2011	Fee Schedule	$25.34
74020	X-RAY EXAM OF ABDOMEN			4/1/2011	Fee Schedule	$25.34
74022	X-RAY EXAM SERIES ABDOMEN			4/1/2011	Fee Schedule	$32.62
74150	CT ABDOMEN W/O DYE			1/1/2011	Fee Schedule	$109.04
74160	CT ABDOMEN W/DYE			1/1/2011	Fee Schedule	$168.65
74170	CT ABDOMEN W/O & W/DYE			1/1/2011	Fee Schedule	$188.01
74175	CT ANGIO ABDOM W/O & W/DYE			1/1/2011	Fee Schedule	$190.43
74176	CT ABD & PELVIS W/O CONTRAST			4/1/2011	Fee Schedule	$109.04
74177	CT ABDOMEN&PELVIS W/CONTRAST			1/1/2011	Fee Schedule	$168.65
74178	CT ABD&PELV 1 SECTION/REGNS			1/1/2011	Fee Schedule	$188.01
74181	MRI ABDOMEN W/O DYE			1/1/2011	Fee Schedule	$192.90
74182	MRI ABDOMEN W/DYE			1/1/2011	Fee Schedule	$245.80
74183	MRI ABDOMEN W/O & W/DYE			1/1/2011	Fee Schedule	$300.15
74190	X-RAY EXAM OF PERITONEUM			1/1/2009	No Separate Payment	$0.00
74210	CONTRST X-RAY EXAM OF THROAT			4/1/2011	Fee Schedule	$48.78
74220	CONTRAST X-RAY ESOPHAGUS			1/1/2011	Fee Schedule	$48.78
74230	CINE/VID X-RAY THROAT/ESOPH			1/1/2011	Fee Schedule	$48.78
74235	REMOVE ESOPHAGUS OBSTRUCTION			1/1/2009	No Separate Payment	$0.00
74240	X-RAY EXAM UPPER GI TRACT			1/1/2011	Fee Schedule	$48.78
74241	X-RAY EXAM UPPER GI TRACT			1/1/2011	Fee Schedule	$48.78
74245	X-RAY EXAM UPPER GI TRACT			1/1/2011	Fee Schedule	$79.86
74246	CONTRST X-RAY UPPR GI TRACT			1/1/2011	Fee Schedule	$48.78
74247	CONTRST X-RAY UPPR GI TRACT			1/1/2011	Fee Schedule	$48.78
74249	CONTRST X-RAY UPPR GI TRACT			1/1/2011	Fee Schedule	$79.86
74250	X-RAY EXAM OF SMALL BOWEL			1/1/2011	Fee Schedule	$48.78

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
74251	X-RAY EXAM OF SMALL BOWEL			1/1/2011	Fee Schedule	$79.86
74260	X-RAY EXAM OF SMALL BOWEL			1/1/2011	Fee Schedule	$48.78
74261	CT COLONOGRAPHY DX		N	1/1/2011	Fee Schedule	$109.04
74262	CT COLONOGRAPHY DX W/DYE		N	1/1/2011	Fee Schedule	$168.65
74270	CONTRAST X-RAY EXAM OF COLON			1/1/2011	Fee Schedule	$48.78
74280	CONTRAST X-RAY EXAM OF COLON			1/1/2011	Fee Schedule	$79.86
74283	CONTRAST X-RAY EXAM OF COLON			1/1/2011	Fee Schedule	$48.78
74290	CONTRAST X-RAY GALLBLADDER			4/1/2011	Fee Schedule	$48.78
74291	CONTRAST X-RAYS GALLBLADDER			4/1/2011	Fee Schedule	$48.78
74300	X-RAY BILE DUCTS/PANCREAS			1/1/2009	No Separate Payment	$0.00
74301	X-RAYS AT SURGERY ADD-ON			1/1/2009	No Separate Payment	$0.00
74305	X-RAY BILE DUCTS/PANCREAS			1/1/2009	No Separate Payment	$0.00
74320	CONTRAST X-RAY OF BILE DUCTS			1/1/2009	No Separate Payment	$0.00
74327	X-RAY BILE STONE REMOVAL			1/1/2009	No Separate Payment	$0.00
74328	X-RAY BILE DUCT ENDOSCOPY			1/1/2009	No Separate Payment	$0.00
74329	X-RAY FOR PANCREAS ENDOSCOPY			1/1/2009	No Separate Payment	$0.00
74330	X-RAY BILE/PANC ENDOSCOPY			1/1/2009	No Separate Payment	$0.00
74340	X-RAY GUIDE FOR GI TUBE			1/1/2009	No Separate Payment	$0.00
74355	X-RAY GUIDE INTESTINAL TUBE			1/1/2009	No Separate Payment	$0.00
74360	X-RAY GUIDE GI DILATION			1/1/2009	No Separate Payment	$0.00
74363	X-RAY BILE DUCT DILATION			1/1/2009	No Separate Payment	$0.00
74400	CONTRST X-RAY URINARY TRACT			4/1/2011	Fee Schedule	$87.66
74410	CONTRST X-RAY URINARY TRACT			4/1/2011	Fee Schedule	$90.72
74415	CONTRST X-RAY URINARY TRACT			4/1/2011	Fee Schedule	$99.07
74420	CONTRST X-RAY URINARY TRACT			1/1/2011	Fee Schedule	$99.07
74425	CONTRST X-RAY URINARY TRACT			1/1/2009	No Separate Payment	$0.00
74430	CONTRAST X-RAY BLADDER			1/1/2009	No Separate Payment	$0.00
74440	X-RAY MALE GENITAL TRACT			1/1/2009	No Separate Payment	$0.00
74445	X-RAY EXAM OF PENIS			1/1/2009	No Separate Payment	$0.00
74450	X-RAY URETHRA/BLADDER			1/1/2009	No Separate Payment	$0.00
74455	X-RAY URETHRA/BLADDER			1/1/2009	No Separate Payment	$0.00
74470	X-RAY EXAM OF KIDNEY LESION			1/1/2009	No Separate Payment	$0.00
74475	X-RAY CONTROL CATH INSERT			1/1/2009	No Separate Payment	$0.00
74480	X-RAY CONTROL CATH INSERT			1/1/2009	No Separate Payment	$0.00
74485	X-RAY GUIDE GU DILATION			1/1/2009	No Separate Payment	$0.00
74710	X-RAY MEASUREMENT OF PELVIS			4/1/2011	Fee Schedule	$22.76
74740	X-RAY FEMALE GENITAL TRACT			1/1/2009	No Separate Payment	$0.00
74742	X-RAY FALLOPIAN TUBE			1/1/2009	No Separate Payment	$0.00
74775	X-RAY EXAM OF PERINEUM			1/1/2011	Fee Schedule	$99.07
75557	CARDIAC MRI FOR MORPH			1/1/2011	Fee Schedule	$192.90
75559	CARDIAC MRI W/STRESS IMG			1/1/2011	Fee Schedule	$192.90
75561	CARDIAC MRI FOR MORPH W/DYE			1/1/2011	Fee Schedule	$300.15
75563	CARD MRI W/STRESS IMG & DYE			1/1/2011	Fee Schedule	$300.15
75565	CARD MRI VELOC FLOW MAPPING		N	1/1/2010	No Separate Payment	$0.00
75571	CT HRT W/O DYE W/CA TEST		N	1/1/2011	Fee Schedule	$26.01
75572	CT HRT W/3D IMAGE		N	1/1/2011	Fee Schedule	$144.48
75573	CT HRT W/3D IMAGE CONGEN		N	1/1/2011	Fee Schedule	$144.48
75574	CT ANGIO HRT W/3D IMAGE		N	1/1/2011	Fee Schedule	$144.48
75600	CONTRAST X-RAY EXAM OF AORTA			1/1/2009	No Separate Payment	$0.00
75605	CONTRAST X-RAY EXAM OF AORTA			1/1/2009	No Separate Payment	$0.00
75625	CONTRAST X-RAY EXAM OF AORTA			1/1/2009	No Separate Payment	$0.00
75630	X-RAY AORTA LEG ARTERIES			1/1/2009	No Separate Payment	$0.00
75635	CT ANGIO ABDOMINAL ARTERIES			1/1/2009	No Separate Payment	$0.00
75650	ARTERY X-RAYS HEAD & NECK			1/1/2009	No Separate Payment	$0.00
75658	ARTERY X-RAYS ARM			1/1/2009	No Separate Payment	$0.00
75660	ARTERY X-RAYS HEAD & NECK			1/1/2009	No Separate Payment	$0.00
75662	ARTERY X-RAYS HEAD & NECK			1/1/2009	No Separate Payment	$0.00
75665	ARTERY X-RAYS HEAD & NECK			1/1/2009	No Separate Payment	$0.00
75671	ARTERY X-RAYS HEAD & NECK			1/1/2009	No Separate Payment	$0.00
75676	ARTERY X-RAYS NECK			1/1/2009	No Separate Payment	$0.00
75680	ARTERY X-RAYS NECK			1/1/2009	No Separate Payment	$0.00
75685	ARTERY X-RAYS SPINE			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
75705	ARTERY X-RAYS SPINE			1/1/2009	No Separate Payment	$0.00
75710	ARTERY X-RAYS ARM/LEG			1/1/2009	No Separate Payment	$0.00
75716	ARTERY X-RAYS ARMS/LEGS			1/1/2009	No Separate Payment	$0.00
75722	ARTERY X-RAYS KIDNEY			1/1/2009	No Separate Payment	$0.00
75724	ARTERY X-RAYS KIDNEYS			1/1/2009	No Separate Payment	$0.00
75726	ARTERY X-RAYS ABDOMEN			1/1/2009	No Separate Payment	$0.00
75731	ARTERY X-RAYS ADRENAL GLAND			1/1/2009	No Separate Payment	$0.00
75733	ARTERY X-RAYS ADRENALS			1/1/2009	No Separate Payment	$0.00
75736	ARTERY X-RAYS PELVIS			1/1/2009	No Separate Payment	$0.00
75741	ARTERY X-RAYS LUNG			1/1/2009	No Separate Payment	$0.00
75743	ARTERY X-RAYS LUNGS			1/1/2009	No Separate Payment	$0.00
75746	ARTERY X-RAYS LUNG			1/1/2009	No Separate Payment	$0.00
75756	ARTERY X-RAYS CHEST			1/1/2009	No Separate Payment	$0.00
75774	ARTERY X-RAY EACH VESSEL			1/1/2009	No Separate Payment	$0.00
75791	AV DIALYSIS SHUNT IMAGING		N	1/1/2010	No Separate Payment	$0.00
75801	LYMPH VESSEL X-RAY ARM/LEG			1/1/2009	No Separate Payment	$0.00
75803	LYMPH VESSEL X-RAY ARMS/LEGS			1/1/2009	No Separate Payment	$0.00
75805	LYMPH VESSEL X-RAY TRUNK			1/1/2009	No Separate Payment	$0.00
75807	LYMPH VESSEL X-RAY TRUNK			1/1/2009	No Separate Payment	$0.00
75809	NONVASCULAR SHUNT X-RAY			1/1/2009	No Separate Payment	$0.00
75810	VEIN X-RAY SPLEEN/LIVER			1/1/2009	No Separate Payment	$0.00
75820	VEIN X-RAY ARM/LEG			1/1/2009	No Separate Payment	$0.00
75822	VEIN X-RAY ARMS/LEGS			1/1/2009	No Separate Payment	$0.00
75825	VEIN X-RAY TRUNK			1/1/2009	No Separate Payment	$0.00
75827	VEIN X-RAY CHEST			1/1/2009	No Separate Payment	$0.00
75831	VEIN X-RAY KIDNEY			1/1/2009	No Separate Payment	$0.00
75833	VEIN X-RAY KIDNEYS			1/1/2009	No Separate Payment	$0.00
75840	VEIN X-RAY ADRENAL GLAND			1/1/2009	No Separate Payment	$0.00
75842	VEIN X-RAY ADRENAL GLANDS			1/1/2009	No Separate Payment	$0.00
75860	VEIN X-RAY NECK			1/1/2009	No Separate Payment	$0.00
75870	VEIN X-RAY SKULL			1/1/2009	No Separate Payment	$0.00
75872	VEIN X-RAY SKULL			1/1/2009	No Separate Payment	$0.00
75880	VEIN X-RAY EYE SOCKET			1/1/2009	No Separate Payment	$0.00
75885	VEIN X-RAY LIVER			1/1/2009	No Separate Payment	$0.00
75887	VEIN X-RAY LIVER			1/1/2009	No Separate Payment	$0.00
75889	VEIN X-RAY LIVER			1/1/2009	No Separate Payment	$0.00
75891	VEIN X-RAY LIVER			1/1/2009	No Separate Payment	$0.00
75893	VENOUS SAMPLING BY CATHETER			1/1/2009	No Separate Payment	$0.00
75894	X-RAYS TRANSCATH THERAPY			1/1/2009	No Separate Payment	$0.00
75896	X-RAYS TRANSCATH THERAPY			1/1/2009	No Separate Payment	$0.00
75898	FOLLOW-UP ANGIOGRAPHY			1/1/2009	No Separate Payment	$0.00
75901	REMOVE CVA DEVICE OBSTRUCT			1/1/2009	No Separate Payment	$0.00
75902	REMOVE CVA LUMEN OBSTRUCT			1/1/2009	No Separate Payment	$0.00
75940	X-RAY PLACEMENT VEIN FILTER			1/1/2009	No Separate Payment	$0.00
75945	INTRAVASCULAR US			1/1/2009	No Separate Payment	$0.00
75946	INTRAVASCULAR US ADD-ON			1/1/2009	No Separate Payment	$0.00
75960	TRANSCATH IV STENT RS&I			1/1/2009	No Separate Payment	$0.00
75961	RETRIEVAL BROKEN CATHETER			1/1/2009	No Separate Payment	$0.00
75962	REPAIR ARTERIAL BLOCKAGE			1/1/2009	No Separate Payment	$0.00
75964	REPAIR ARTERY BLOCKAGE, EACH			1/1/2009	No Separate Payment	$0.00
75966	REPAIR ARTERIAL BLOCKAGE			1/1/2009	No Separate Payment	$0.00
75968	REPAIR ARTERY BLOCKAGE EACH			1/1/2009	No Separate Payment	$0.00
75970	VASCULAR BIOPSY			1/1/2009	No Separate Payment	$0.00
75978	REPAIR VENOUS BLOCKAGE			1/1/2009	No Separate Payment	$0.00
75980	CONTRAST XRAY EXAM BILE DUCT			1/1/2009	No Separate Payment	$0.00
75982	CONTRAST XRAY EXAM BILE DUCT			1/1/2009	No Separate Payment	$0.00
75984	XRAY CONTROL CATHETER CHANGE			1/1/2009	No Separate Payment	$0.00
75989	ABSCESS DRAINAGE UNDER X-RAY			1/1/2009	No Separate Payment	$0.00
75992	ATHERECTOMY, X-RAY EXAM			1/1/2011	Deleted	$0.00
75993	ATHERECTOMY, X-RAY EXAM			1/1/2011	Deleted	$0.00
75994	ATHERECTOMY, X-RAY EXAM			1/1/2011	Deleted	$0.00
75995	ATHERECTOMY, X-RAY EXAM			1/1/2011	Deleted	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
75996	ATHERECTOMY, X-RAY EXAM			1/1/2011	Deleted	$0.00
76000	FLUOROSCOPE EXAMINATION			1/1/2009	No Separate Payment	$0.00
76001	FLUOROSCOPE EXAM EXTENSIVE			1/1/2009	No Separate Payment	$0.00
76010	X-RAY NOSE TO RECTUM			4/1/2011	Fee Schedule	$18.35
76080	X-RAY EXAM OF FISTULA			1/1/2009	No Separate Payment	$0.00
76098	X-RAY EXAM BREAST SPECIMEN			1/1/2010	No Separate Payment	$0.00
76100	X-RAY EXAM OF BODY SECTION			1/1/2011	Fee Schedule	$42.67
76101	COMPLEX BODY SECTION X-RAY			4/1/2011	Fee Schedule	$129.35
76102	COMPLEX BODY SECTION X-RAYS			1/1/2011	Fee Schedule	$129.35
76120	CINE/VIDEO X-RAYS			4/1/2011	Fee Schedule	$46.97
76125	CINE/VIDEO X-RAYS ADD-ON			1/1/2009	No Separate Payment	$0.00
76150	X-RAY EXAM, DRY PROCESS			1/1/2011	Deleted	$0.00
76350	SPECIAL X-RAY CONTRAST STUDY			1/1/2011	Deleted	$0.00
76376	3D RENDER W/O POSTPROCESS			1/1/2009	No Separate Payment	$0.00
76377	3D RENDERING W/POSTPROCESS			1/1/2009	No Separate Payment	$0.00
76380	CAT SCAN FOLLOW-UP STUDY			1/1/2011	Fee Schedule	$63.84
76496	FLUOROSCOPIC PROCEDURE			1/1/2011	Fee Schedule	$46.97
76497	CT PROCEDURE			1/1/2011	Fee Schedule	$63.84
76498	MRI PROCEDURE			1/1/2011	Fee Schedule	$192.90
76499	RADIOGRAPHIC PROCEDURE			1/1/2011	Fee Schedule	$25.34
76506	ECHO EXAM OF HEAD			1/1/2011	Fee Schedule	$35.01
76510	OPHTH US B & QUANT A			4/1/2011	Fee Schedule	$74.07
76511	OPHTH US QUANT A ONLY			4/1/2011	Fee Schedule	$48.25
76512	OPHTH US B W/NON-QUANT A			4/1/2011	Fee Schedule	$40.09
76513	ECHO EXAM OF EYE WATER BATH			4/1/2011	Fee Schedule	$53.68
76514	ECHO EXAM OF EYE THICKNESS			4/1/2011	Fee Schedule	$4.08
76516	ECHO EXAM OF EYE			4/1/2011	Fee Schedule	$35.01
76519	ECHO EXAM OF EYE			4/1/2011	Fee Schedule	$47.57
76529	ECHO EXAM OF EYE			4/1/2011	Fee Schedule	$35.01
76536	US EXAM OF HEAD AND NECK			1/1/2011	Fee Schedule	$54.16
76604	US EXAM CHEST			1/1/2011	Fee Schedule	$35.01
76645	US EXAM BREAST(S)			1/1/2011	Fee Schedule	$35.01
76700	US EXAM ABDOM COMPLETE			1/1/2011	Fee Schedule	$54.16
76705	ECHO EXAM OF ABDOMEN			1/1/2011	Fee Schedule	$54.16
76770	US EXAM ABDO BACK WALL COMP			1/1/2011	Fee Schedule	$54.16
76775	US EXAM ABDO BACK WALL LIM			1/1/2011	Fee Schedule	$54.16
76776	US EXAM K TRANSPL W/DOPPLER			1/1/2011	Fee Schedule	$54.16
76800	US EXAM SPINAL CANAL			1/1/2011	Fee Schedule	$54.16
76801	OB US < 14 WKS SINGLE FETUS			1/1/2011	Fee Schedule	$54.16
76802	OB US < 14 WKS ADDL FETUS			4/1/2011	Fee Schedule	$28.88
76805	OB US >/= 14 WKS SNGL FETUS			1/1/2011	Fee Schedule	$54.16
76810	OB US >/= 14 WKS ADDL FETUS			4/1/2011	Fee Schedule	$49.61
76811	OB US DETAILED SNGL FETUS			4/1/2011	Fee Schedule	$86.05
76812	OB US DETAILED ADDL FETUS			1/1/2011	Fee Schedule	$35.01
76813	OB US NUCHAL MEAS 1 GEST			1/1/2011	Fee Schedule	$35.01
76814	OB US NUCHAL MEAS ADD-ON			4/1/2011	Fee Schedule	$32.28
76815	OB US LIMITED FETUS(S)			1/1/2011	Fee Schedule	$35.01
76816	OB US FOLLOW-UP PER FETUS			1/1/2011	Fee Schedule	$35.01
76817	TRANSVAGINAL US OBSTETRIC			1/1/2011	Fee Schedule	$35.01
76818	FETAL BIOPHYS PROFILE W/NST			4/1/2011	Fee Schedule	$54.16
76819	FETAL BIOPHYS PROFIL W/O NST			4/1/2011	Fee Schedule	$53.68
76820	UMBILICAL ARTERY ECHO			4/1/2011	Fee Schedule	$22.08
76821	MIDDLE CEREBRAL ARTERY ECHO			1/1/2011	Fee Schedule	$35.01
76825	ECHO EXAM OF FETAL HEART			4/1/2011	Fee Schedule	$135.91
76826	ECHO EXAM OF FETAL HEART			4/1/2011	Fee Schedule	$84.60
76827	ECHO EXAM OF FETAL HEART			4/1/2011	Fee Schedule	$35.01
76828	ECHO EXAM OF FETAL HEART			4/1/2011	Fee Schedule	$21.07
76830	TRANSVAGINAL US NON-OB			1/1/2011	Fee Schedule	$54.16
76831	ECHO EXAM UTERUS			4/1/2011	Fee Schedule	$86.05
76856	US EXAM PELVIC COMPLETE			1/1/2011	Fee Schedule	$54.16
76857	US EXAM PELVIC LIMITED			1/1/2011	Fee Schedule	$35.01
76870	US EXAM SCROTUM			1/1/2011	Fee Schedule	$54.16

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
76872	US TRANSRECTAL			1/1/2011	Fee Schedule	$54.16
76873	ECHOGRAP TRANS R PROS STUDY			1/1/2011	Fee Schedule	$54.16
76880	US EXAM, EXTREMITY			1/1/2011	Deleted	$0.00
76881	US XTR NON-VASC COMPLETE			1/1/2011	Fee Schedule	$54.16
76882	US XTR NON-VASC LMTD			4/1/2011	Fee Schedule	$9.85
76885	US EXAM INFANT HIPS DYNAMIC			1/1/2011	Fee Schedule	$35.01
76886	US EXAM INFANT HIPS STATIC			1/1/2011	Fee Schedule	$35.01
76930	ECHO GUIDE CARDIOCENTESIS			1/1/2009	No Separate Payment	$0.00
76932	ECHO GUIDE FOR HEART BIOPSY			1/1/2009	No Separate Payment	$0.00
76936	ECHO GUIDE FOR ARTERY REPAIR			1/1/2011	Fee Schedule	$59.90
76937	US GUIDE VASCULAR ACCESS			1/1/2009	No Separate Payment	$0.00
76940	US GUIDE TISSUE ABLATION			1/1/2009	No Separate Payment	$0.00
76941	ECHO GUIDE FOR TRANSFUSION			1/1/2009	No Separate Payment	$0.00
76942	ECHO GUIDE FOR BIOPSY			1/1/2009	No Separate Payment	$0.00
76945	ECHO GUIDE VILLUS SAMPLING			1/1/2009	No Separate Payment	$0.00
76946	ECHO GUIDE FOR AMNIOCENTESIS			1/1/2009	No Separate Payment	$0.00
76948	ECHO GUIDE OVA ASPIRATION			1/1/2009	No Separate Payment	$0.00
76950	ECHO GUIDANCE RADIOTHERAPY			1/1/2009	No Separate Payment	$0.00
76965	ECHO GUIDANCE RADIOTHERAPY			1/1/2009	No Separate Payment	$0.00
76970	ULTRASOUND EXAM FOLLOW-UP			1/1/2011	Fee Schedule	$35.01
76975	GI ENDOSCOPIC ULTRASOUND			1/1/2009	No Separate Payment	$0.00
76977	US BONE DENSITY MEASURE			4/1/2011	Fee Schedule	$7.47
76998	US GUIDE INTRAOP			1/1/2009	No Separate Payment	$0.00
76999	ECHO EXAMINATION PROCEDURE			1/1/2011	Fee Schedule	$35.01
77001	FLUOROGUIDE FOR VEIN DEVICE			1/1/2009	No Separate Payment	$0.00
77002	NEEDLE LOCALIZATION BY XRAY			1/1/2009	No Separate Payment	$0.00
77003	FLUOROGUIDE FOR SPINE INJECT			1/1/2009	No Separate Payment	$0.00
77011	CT SCAN FOR LOCALIZATION			1/1/2009	No Separate Payment	$0.00
77012	CT SCAN FOR NEEDLE BIOPSY			1/1/2009	No Separate Payment	$0.00
77013	CT GUIDE FOR TISSUE ABLATION			1/1/2009	No Separate Payment	$0.00
77014	CT SCAN FOR THERAPY GUIDE			1/1/2009	No Separate Payment	$0.00
77021	MR GUIDANCE FOR NEEDLE PLACE			1/1/2009	No Separate Payment	$0.00
77022	MRI FOR TISSUE ABLATION			1/1/2009	No Separate Payment	$0.00
77031	STEREOTACT GUIDE FOR BRST BX			1/1/2009	No Separate Payment	$0.00
77032	GUIDANCE FOR NEEDLE BREAST			1/1/2009	No Separate Payment	$0.00
77053	X-RAY OF MAMMARY DUCT			1/1/2009	No Separate Payment	$0.00
77054	X-RAY OF MAMMARY DUCTS			1/1/2009	No Separate Payment	$0.00
77071	X-RAY STRESS VIEW			4/1/2011	Fee Schedule	$25.34
77072	X-RAYS FOR BONE AGE			4/1/2011	Fee Schedule	$13.93
77073	X-RAYS BONE LENGTH STUDIES			4/1/2011	Fee Schedule	$24.12
77074	X-RAYS BONE SURVEY LIMITED			4/1/2011	Fee Schedule	$42.67
77075	X-RAYS BONE SURVEY COMPLETE			1/1/2011	Fee Schedule	$42.67
77076	X-RAYS BONE SURVEY INFANT			1/1/2011	Fee Schedule	$42.67
77077	JOINT SURVEY SINGLE VIEW			4/1/2011	Fee Schedule	$25.34
77078	CT BONE DENSITY AXIAL			1/1/2011	Fee Schedule	$39.67
77079	CT BONE DENSITY PERIPHERAL			4/1/2011	Fee Schedule	$39.75
77080	DXA BONE DENSITY AXIAL			1/1/2011	Fee Schedule	$39.67
77081	DXA BONE DENSITY/PERIPHERAL			4/1/2011	Fee Schedule	$18.06
77082	DXA BONE DENSITY VERT FX			4/1/2011	Fee Schedule	$20.05
77083	RADIOGRAPHIC ABSORPTIOMETRY			4/1/2011	Fee Schedule	$14.95
77084	MAGNETIC IMAGE BONE MARROW			1/1/2011	Fee Schedule	$192.90
77280	SET RADIATION THERAPY FIELD			1/1/2011	Fee Schedule	$58.77
77285	SET RADIATION THERAPY FIELD			1/1/2011	Fee Schedule	$152.78
77290	SET RADIATION THERAPY FIELD			1/1/2011	Fee Schedule	$152.78
77295	SET RADIATION THERAPY FIELD			4/1/2011	Fee Schedule	$333.99
77299	RADIATION THERAPY PLANNING			1/1/2011	Fee Schedule	$58.77
77300	RADIATION THERAPY DOSE PLAN			4/1/2011	Fee Schedule	$38.39
77301	RADIOTHERAPY DOSE PLAN IMRT			1/1/2011	Fee Schedule	$521.30
77305	TELETX ISODOSE PLAN SIMPLE			4/1/2011	Fee Schedule	$31.26
77310	TELETX ISODOSE PLAN INTERMED			4/1/2011	Fee Schedule	$41.11
77315	TELETX ISODOSE PLAN COMPLEX			4/1/2011	Fee Schedule	$64.22
77321	SPECIAL TELETX PORT PLAN			4/1/2011	Fee Schedule	$59.46

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
77326	BRACHYTX ISODOSE CALC SIMP			1/1/2011	Fee Schedule	$58.77
77327	BRACHYTX ISODOSE CALC INTERM			4/1/2011	Fee Schedule	$134.89
77328	BRACHYTX ISODOSE PLAN COMPL			4/1/2011	Fee Schedule	$152.78
77331	SPECIAL RADIATION DOSIMETRY			4/1/2011	Fee Schedule	$19.03
77332	RADIATION TREATMENT AID(S)			4/1/2011	Fee Schedule	$51.30
77333	RADIATION TREATMENT AID(S)			4/1/2011	Fee Schedule	$17.33
77334	RADIATION TREATMENT AID(S)			4/1/2011	Fee Schedule	$91.40
77336	RADIATION PHYSICS CONSULT			4/1/2011	Fee Schedule	$51.98
77338	DESIGN MLC DEVICE FOR IMRT		N	4/1/2011	Fee Schedule	$260.26
77370	RADIATION PHYSICS CONSULT			1/1/2011	Fee Schedule	$58.77
77371	SRS MULTISOURCE			1/1/2011	Fee Schedule	$4,309.45
77399	EXTERNAL RADIATION DOSIMETRY			1/1/2011	Fee Schedule	$58.77
77401	RADIATION TREATMENT DELIVERY			4/1/2011	Fee Schedule	$25.14
77402	RADIATION TREATMENT DELIVERY			1/1/2011	Fee Schedule	$55.02
77403	RADIATION TREATMENT DELIVERY			1/1/2011	Fee Schedule	$55.02
77404	RADIATION TREATMENT DELIVERY			1/1/2011	Fee Schedule	$55.02
77406	RADIATION TREATMENT DELIVERY			1/1/2011	Fee Schedule	$55.02
77407	RADIATION TREATMENT DELIVERY			1/1/2011	Fee Schedule	$55.02
77408	RADIATION TREATMENT DELIVERY			1/1/2011	Fee Schedule	$55.02
77409	RADIATION TREATMENT DELIVERY			1/1/2011	Fee Schedule	$55.02
77411	RADIATION TREATMENT DELIVERY			1/1/2011	Fee Schedule	$90.31
77412	RADIATION TREATMENT DELIVERY			1/1/2011	Fee Schedule	$90.31
77413	RADIATION TREATMENT DELIVERY			1/1/2011	Fee Schedule	$90.31
77414	RADIATION TREATMENT DELIVERY			1/1/2011	Fee Schedule	$90.31
77416	RADIATION TREATMENT DELIVERY			1/1/2011	Fee Schedule	$90.31
77417	RADIOLOGY PORT FILM(S)			1/1/2009	No Separate Payment	$0.00
77418	RADIATION TX DELIVERY IMRT			1/1/2011	Fee Schedule	$246.50
77421	STEREOSCOPIC X-RAY GUIDANCE			1/1/2009	No Separate Payment	$0.00
77422	NEUTRON BEAM TX SIMPLE			1/1/2011	Fee Schedule	$90.31
77423	NEUTRON BEAM TX COMPLEX			1/1/2011	Fee Schedule	$90.31
77435	SBRT MANAGEMENT			1/1/2009	No Separate Payment	$0.00
77470	SPECIAL RADIATION TREATMENT			4/1/2011	Fee Schedule	$96.83
77520	PROTON TRMT SIMPLE W/O COMP			1/1/2011	Fee Schedule	$580.34
77522	PROTON TRMT SIMPLE W/COMP			1/1/2011	Fee Schedule	$580.34
77523	PROTON TRMT INTERMEDIATE			1/1/2011	Fee Schedule	$759.17
77525	PROTON TREATMENT COMPLEX			1/1/2011	Fee Schedule	$759.17
77600	HYPERTHERMIA TREATMENT			1/1/2011	Fee Schedule	$218.58
77605	HYPERTHERMIA TREATMENT			1/1/2011	Fee Schedule	$218.58
77610	HYPERTHERMIA TREATMENT			1/1/2011	Fee Schedule	$218.58
77615	HYPERTHERMIA TREATMENT			1/1/2011	Fee Schedule	$218.58
77620	HYPERTHERMIA TREATMENT			1/1/2011	Fee Schedule	$218.58
77750	INFUSE RADIOACTIVE MATERIALS			4/1/2011	Fee Schedule	$90.31
77761	APPLY INTRCAV RADIAT SIMPLE			4/1/2011	Fee Schedule	$174.64
77762	APPLY INTRCAV RADIAT INTERM			4/1/2011	Fee Schedule	$199.66
77763	APPLY INTRCAV RADIAT COMPL			1/1/2011	Fee Schedule	$199.66
77776	APPLY INTERSTIT RADIAT SIMPL			4/1/2011	Fee Schedule	$182.11
77777	APPLY INTERSTIT RADIAT INTER			4/1/2011	Fee Schedule	$199.10
77778	APPLY INTERSTIT RADIAT COMPL			4/1/2011	Fee Schedule	$270.79
77785	HDR BRACHYTX 1 CHANNEL			4/1/2011	Fee Schedule	$147.46
77786	HDR BRACHYTX 2-12 CHANNEL			4/1/2011	Fee Schedule	$393.81
77787	HDR BRACHYTX OVER 12 CHAN			1/1/2011	Fee Schedule	$393.81
77789	APPLY SURFACE RADIATION			4/1/2011	Fee Schedule	$53.34
77790	RADIATION HANDLING			1/1/2009	No Separate Payment	$0.00
77799	RADIUM/RADIOISOTOPE THERAPY			1/1/2011	Fee Schedule	$199.66
78000	THYROID SINGLE UPTAKE			1/1/2011	Fee Schedule	$56.68
78001	THYROID MULTIPLE UPTAKES			1/1/2011	Fee Schedule	$56.68
78003	THYROID SUPPRESS/STIMUL			1/1/2011	Fee Schedule	$56.68
78006	THYROID IMAGING WITH UPTAKE			1/1/2011	Fee Schedule	$123.47
78007	THYROID IMAGE MULT UPTAKES			1/1/2011	Fee Schedule	$123.47
78010	THYROID IMAGING			1/1/2011	Fee Schedule	$74.70
78011	THYROID IMAGING WITH FLOW			1/1/2011	Fee Schedule	$74.70
78015	THYROID MET IMAGING			1/1/2011	Fee Schedule	$163.19

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
78016	THYROID MET IMAGING/STUDIES			1/1/2011	Fee Schedule	$163.19
78018	THYROID MET IMAGING BODY			1/1/2011	Fee Schedule	$163.19
78020	THYROID MET UPTAKE			1/1/2009	No Separate Payment	$0.00
78070	PARATHYROID NUCLEAR IMAGING			1/1/2011	Fee Schedule	$123.47
78075	ADRENAL NUCLEAR IMAGING			1/1/2011	Fee Schedule	$464.22
78099	ENDOCRINE NUCLEAR PROCEDURE			1/1/2011	Fee Schedule	$74.70
78102	BONE MARROW IMAGING LTD			1/1/2011	Fee Schedule	$144.58
78103	BONE MARROW IMAGING MULT			1/1/2011	Fee Schedule	$144.58
78104	BONE MARROW IMAGING BODY			1/1/2011	Fee Schedule	$144.58
78110	PLASMA VOLUME SINGLE			1/1/2011	Fee Schedule	$235.34
78111	PLASMA VOLUME MULTIPLE			1/1/2011	Fee Schedule	$235.34
78120	RED CELL MASS SINGLE			1/1/2011	Fee Schedule	$235.34
78121	RED CELL MASS MULTIPLE			1/1/2011	Fee Schedule	$235.34
78122	BLOOD VOLUME			1/1/2011	Fee Schedule	$235.34
78130	RED CELL SURVIVAL STUDY			1/1/2011	Fee Schedule	$235.34
78135	RED CELL SURVIVAL KINETICS			1/1/2011	Fee Schedule	$235.34
78140	RED CELL SEQUESTRATION			1/1/2011	Fee Schedule	$235.34
78185	SPLEEN IMAGING			1/1/2011	Fee Schedule	$144.58
78190	PLATELET SURVIVAL KINETICS			1/1/2011	Fee Schedule	$97.82
78191	PLATELET SURVIVAL			1/1/2011	Fee Schedule	$97.82
78195	LYMPH SYSTEM IMAGING			1/1/2011	Fee Schedule	$144.58
78199	BLOOD/LYMPH NUCLEAR EXAM			1/1/2011	Fee Schedule	$144.58
78201	LIVER IMAGING			1/1/2011	Fee Schedule	$149.14
78202	LIVER IMAGING WITH FLOW			1/1/2011	Fee Schedule	$149.14
78205	LIVER IMAGING (3D)			1/1/2011	Fee Schedule	$149.14
78206	LIVER IMAGE (3D) WITH FLOW			1/1/2011	Fee Schedule	$149.14
78215	LIVER AND SPLEEN IMAGING			1/1/2011	Fee Schedule	$149.14
78216	LIVER & SPLEEN IMAGE/FLOW			1/1/2011	Fee Schedule	$149.14
78220	LIVER FUNCTION STUDY			1/1/2011	Fee Schedule	$149.14
78223	HEPATOBILIARY IMAGING			1/1/2011	Fee Schedule	$149.14
78230	SALIVARY GLAND IMAGING			1/1/2011	Fee Schedule	$134.61
78231	SERIAL SALIVARY IMAGING			1/1/2011	Fee Schedule	$134.61
78232	SALIVARY GLAND FUNCTION EXAM			1/1/2011	Fee Schedule	$134.61
78258	ESOPHAGEAL MOTILITY STUDY			1/1/2011	Fee Schedule	$134.61
78261	GASTRIC MUCOSA IMAGING			1/1/2011	Fee Schedule	$134.61
78262	GASTROESOPHAGEAL REFLUX EXAM			1/1/2011	Fee Schedule	$134.61
78264	GASTRIC EMPTYING STUDY			1/1/2011	Fee Schedule	$134.61
78270	VIT B-12 ABSORPTION EXAM			1/1/2011	Fee Schedule	$97.82
78271	VIT B-12 ABSRP EXAM INT FAC			1/1/2011	Fee Schedule	$97.82
78272	VIT B-12 ABSORP COMBINED			1/1/2011	Fee Schedule	$97.82
78278	ACUTE GI BLOOD LOSS IMAGING			1/1/2011	Fee Schedule	$134.61
78282	GI PROTEIN LOSS EXAM			1/1/2011	Fee Schedule	$134.61
78290	MECKELS DIVERT EXAM			1/1/2011	Fee Schedule	$134.61
78291	LEVEEN/SHUNT PATENCY EXAM			1/1/2011	Fee Schedule	$134.61
78299	GI NUCLEAR PROCEDURE			1/1/2011	Fee Schedule	$134.61
78300	BONE IMAGING LIMITED AREA			1/1/2011	Fee Schedule	$137.64
78305	BONE IMAGING MULTIPLE AREAS			1/1/2011	Fee Schedule	$137.64
78306	BONE IMAGING WHOLE BODY			1/1/2011	Fee Schedule	$137.64
78315	BONE IMAGING 3 PHASE			1/1/2011	Fee Schedule	$137.64
78320	BONE IMAGING (3D)			1/1/2011	Fee Schedule	$137.64
78399	MUSCULOSKELETAL NUCLEAR EXAM			1/1/2011	Fee Schedule	$137.64
78414	NON-IMAGING HEART FUNCTION			1/1/2011	Fee Schedule	$163.91
78428	CARDIAC SHUNT IMAGING			1/1/2011	Fee Schedule	$163.91
78445	VASCULAR FLOW IMAGING			1/1/2011	Fee Schedule	$112.70
78451	HT MUSCLE IMAGE SPECT SING		N	1/1/2011	Fee Schedule	$427.45
78452	HT MUSCLE IMAGE SPECT MULT		N	1/1/2011	Fee Schedule	$427.45
78453	HT MUSCLE IMAGE PLANAR SING		N	1/1/2011	Fee Schedule	$427.45
78454	HT MUSC IMAGE PLANAR MULT		N	1/1/2011	Fee Schedule	$427.45
78456	ACUTE VENOUS THROMBUS IMAGE			1/1/2011	Fee Schedule	$112.70
78457	VENOUS THROMBOSIS IMAGING			1/1/2011	Fee Schedule	$112.70
78458	VEN THROMBOSIS IMAGES BILAT			1/1/2011	Fee Schedule	$112.70
78459	HEART MUSCLE IMAGING (PET)			1/1/2011	Fee Schedule	$622.90

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
78466	HEART INFARCT IMAGE			1/1/2011	Fee Schedule	$163.91
78468	HEART INFARCT IMAGE (EF)			1/1/2011	Fee Schedule	$163.91
78469	HEART INFARCT IMAGE (3D)			1/1/2011	Fee Schedule	$163.91
78472	GATED HEART PLANAR SINGLE			1/1/2011	Fee Schedule	$163.91
78473	GATED HEART MULTIPLE			1/1/2011	Fee Schedule	$163.91
78481	HEART FIRST PASS SINGLE			1/1/2011	Fee Schedule	$163.91
78483	HEART FIRST PASS MULTIPLE			1/1/2011	Fee Schedule	$163.91
78491	HEART IMAGE (PET) SINGLE			1/1/2011	Fee Schedule	$622.90
78492	HEART IMAGE (PET) MULTIPLE			1/1/2011	Fee Schedule	$622.90
78494	HEART IMAGE SPECT			1/1/2011	Fee Schedule	$163.91
78496	HEART FIRST PASS ADD-ON			1/1/2009	No Separate Payment	$0.00
78499	CARDIOVASCULAR NUCLEAR EXAM			1/1/2011	Fee Schedule	$163.91
78580	LUNG PERFUSION IMAGING			1/1/2011	Fee Schedule	$110.72
78584	LUNG V/Q IMAGE SINGLE BREATH			1/1/2011	Fee Schedule	$179.96
78585	LUNG V/Q IMAGING			1/1/2011	Fee Schedule	$179.96
78586	AEROSOL LUNG IMAGE SINGLE			1/1/2011	Fee Schedule	$110.72
78587	AEROSOL LUNG IMAGE MULTIPLE			1/1/2011	Fee Schedule	$110.72
78588	PERFUSION LUNG IMAGE			1/1/2011	Fee Schedule	$179.96
78591	VENT IMAGE 1 BREATH 1 PROJ			1/1/2011	Fee Schedule	$110.72
78593	VENT IMAGE 1 PROJ GAS			1/1/2011	Fee Schedule	$110.72
78594	VENT IMAGE MULT PROJ GAS			1/1/2011	Fee Schedule	$110.72
78596	LUNG DIFFERENTIAL FUNCTION			1/1/2011	Fee Schedule	$179.96
78599	RESPIRATORY NUCLEAR EXAM			1/1/2011	Fee Schedule	$110.72
78600	BRAIN IMAGE < 4 VIEWS			1/1/2011	Fee Schedule	$135.13
78601	BRAIN IMAGE W/FLOW < 4 VIEWS			1/1/2011	Fee Schedule	$335.40
78605	BRAIN IMAGE 4 VIEWS			1/1/2011	Fee Schedule	$135.13
78606	BRAIN IMAGE W/FLOW 4 VIEWS			1/1/2011	Fee Schedule	$335.40
78607	BRAIN IMAGING (3D)			1/1/2011	Fee Schedule	$335.40
78608	BRAIN IMAGING (PET)			1/1/2011	Fee Schedule	$586.13
78610	BRAIN FLOW IMAGING ONLY			1/1/2011	Fee Schedule	$135.13
78630	CEREBROSPINAL FLUID SCAN			1/1/2011	Fee Schedule	$335.40
78635	CSF VENTRICULOGRAPHY			1/1/2011	Fee Schedule	$335.40
78645	CSF SHUNT EVALUATION			1/1/2011	Fee Schedule	$135.13
78647	CEREBROSPINAL FLUID SCAN			1/1/2011	Fee Schedule	$335.40
78650	CSF LEAKAGE IMAGING			1/1/2011	Fee Schedule	$335.40
78660	NUCLEAR EXAM OF TEAR FLOW			1/1/2011	Fee Schedule	$135.13
78699	NERVOUS SYSTEM NUCLEAR EXAM			1/1/2011	Fee Schedule	$135.13
78700	KIDNEY IMAGING MORPHOL			1/1/2011	Fee Schedule	$180.82
78701	KIDNEY IMAGING WITH FLOW			1/1/2011	Fee Schedule	$180.82
78707	K FLOW/FUNCT IMAGE W/O DRUG			1/1/2011	Fee Schedule	$180.82
78708	K FLOW/FUNCT IMAGE W/DRUG			1/1/2011	Fee Schedule	$180.82
78709	K FLOW/FUNCT IMAGE MULTIPLE			1/1/2011	Fee Schedule	$180.82
78710	KIDNEY IMAGING (3D)			1/1/2011	Fee Schedule	$180.82
78725	KIDNEY FUNCTION STUDY			1/1/2011	Fee Schedule	$97.82
78730	URINARY BLADDER RETENTION			1/1/2011	Fee Schedule	$56.68
78740	URETERAL REFLUX STUDY			1/1/2011	Fee Schedule	$180.82
78761	TESTICULAR IMAGING W/FLOW			1/1/2011	Fee Schedule	$180.82
78799	GENITOURINARY NUCLEAR EXAM			1/1/2011	Fee Schedule	$180.82
78800	TUMOR IMAGING LIMITED AREA			1/1/2011	Fee Schedule	$163.19
78801	TUMOR IMAGING MULT AREAS			1/1/2011	Fee Schedule	$267.18
78802	TUMOR IMAGING WHOLE BODY			1/1/2011	Fee Schedule	$267.18
78803	TUMOR IMAGING (3D)			1/1/2011	Fee Schedule	$267.18
78804	TUMOR IMAGING WHOLE BODY			1/1/2011	Fee Schedule	$464.22
78805	ABSCESS IMAGING LTD AREA			1/1/2011	Fee Schedule	$267.18
78806	ABSCESS IMAGING WHOLE BODY			1/1/2011	Fee Schedule	$267.18
78807	NUCLEAR LOCALIZATION/ABSCESS			1/1/2011	Fee Schedule	$267.18
78808	IV INJ RA DRUG DX STUDY			1/1/2009	No Separate Payment	$0.00
78811	PET IMAGE LTD AREA			1/1/2011	Fee Schedule	$586.13
78812	PET IMAGE SKULL-THIGH			1/1/2011	Fee Schedule	$586.13
78813	PET IMAGE FULL BODY			1/1/2011	Fee Schedule	$586.13
78814	PET IMAGE W/CT LMTD			1/1/2011	Fee Schedule	$586.13
78815	PET IMAGE W/CT SKULL-THIGH			1/1/2011	Fee Schedule	$586.13

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
78816	PET IMAGE W/CT FULL BODY			1/1/2011	Fee Schedule	$586.13
78999	NUCLEAR DIAGNOSTIC EXAM			1/1/2011	Fee Schedule	$56.68
79005	NUCLEAR RX ORAL ADMIN			4/1/2011	Fee Schedule	$54.36
79101	NUCLEAR RX IV ADMIN			4/1/2011	Fee Schedule	$59.12
79200	NUCLEAR RX INTRACAV ADMIN			4/1/2011	Fee Schedule	$67.27
79300	NUCLR RX INTERSTIT COLLOID			1/1/2011	Fee Schedule	$126.07
79403	HEMATOPOIETIC NUCLEAR TX			4/1/2011	Fee Schedule	$91.06
79440	NUCLEAR RX INTRA-ARTICULAR			4/1/2011	Fee Schedule	$56.40
79445	NUCLEAR RX INTRA-ARTERIAL			1/1/2011	Fee Schedule	$126.07
79999	NUCLEAR MEDICINE THERAPY			1/1/2011	Fee Schedule	$126.07
90296	DIPHTHERIA ANTITOXIN			10/1/2009	Fee Schedule	$349.82
90371	HEP B IG IM			7/1/2011	Fee Schedule	$115.58
90375	RABIES IG IM/SC			7/1/2011	Fee Schedule	$185.01
90376	RABIES IG HEAT TREATED			7/1/2011	Fee Schedule	$177.82
90378	RSV MAB IM 50MG			7/1/2011	Fee Schedule	$1,169.99
90385	RH IG MINIDOSE IM			1/1/2009	No Separate Payment	$0.00
90393	VACCINA IG IM			1/1/2009	No Separate Payment	$0.00
90396	VARICELLA-ZOSTER IG IM			1/1/2011	Fee Schedule	$129.48
90476	ADENOVIRUS VACCINE TYPE 4			1/1/2011	Fee Schedule	$23.24
90477	ADENOVIRUS VACCINE TYPE 7			1/1/2009	No Separate Payment	$0.00
90581	ANTHRAX VACCINE SC			1/1/2009	No Separate Payment	$0.00
90585	BCG VACCINE PERCUT			7/1/2011	Fee Schedule	$112.88
90632	HEP A VACCINE ADULT IM			1/1/2009	No Separate Payment	$0.00
90633	HEP A VACC PED/ADOL 2 DOSE			1/1/2009	No Separate Payment	$0.00
90634	HEP A VACC PED/ADOL 3 DOSE			1/1/2009	No Separate Payment	$0.00
90636	HEP A/HEP B VACC ADULT IM			1/1/2009	No Separate Payment	$0.00
90645	HIB VACCINE HBOC IM			1/1/2009	No Separate Payment	$0.00
90646	HIB VACCINE PRP-D IM			1/1/2009	No Separate Payment	$0.00
90647	HIB VACCINE PRP-OMP IM			1/1/2009	No Separate Payment	$0.00
90648	HIB VACCINE PRP-T IM			1/1/2009	No Separate Payment	$0.00
90655	FLU VACCINE NO PRESERV 6-35M			1/1/2009	No Separate Payment	$0.00
90656	FLU VACCINE NO PRESERV 3 & >			1/1/2009	No Separate Payment	$0.00
90657	FLU VACCINE 3 YRS IM			1/1/2009	No Separate Payment	$0.00
90660	FLU VACCINE NASAL			1/1/2009	No Separate Payment	$0.00
90662	FLU VACC PRSV FREE INC ANTIG		N	12/23/2009	No Separate Payment	$0.00
90665	LYME DISEASE VACCINE IM			1/1/2011	No Separate Payment	$0.00
90669	PNEUMOCOCCAL VACC 7 VAL IM			1/1/2009	No Separate Payment	$0.00
90670	PNEUMOCOCCAL VACC, 13 VAL IM		N	4/1/2010	No Separate Payment	$0.00
90675	RABIES VACCINE IM			7/1/2011	Fee Schedule	$141.88
90676	RABIES VACCINE ID			1/1/2011	Fee Schedule	$107.83
90680	ROTOVIRUS VACC 3 DOSE ORAL			1/1/2011	Fee Schedule	$73.07
90681	ROTAVIRUS VACC 2 DOSE ORAL			1/1/2011	Fee Schedule	$101.53
90690	TYPHOID VACCINE ORAL			1/1/2009	No Separate Payment	$0.00
90691	TYPHOID VACCINE IM			1/1/2009	No Separate Payment	$0.00
90692	TYPHOID VACCINE H-P SC/ID			1/1/2009	No Separate Payment	$0.00
90696	DTAP-IPV VACC 4-6 YR IM			1/1/2010	No Separate Payment	$0.00
90698	DTAP-HIB-IP VACCINE IM			1/1/2009	No Separate Payment	$0.00
90700	DTAP VACCINE < 7 YRS IM			1/1/2009	No Separate Payment	$0.00
90701	DTP VACCINE IM			1/1/2009	No Separate Payment	$0.00
90702	DT VACCINE < 7 IM			1/1/2009	No Separate Payment	$0.00
90703	TETANUS VACCINE IM			1/1/2009	No Separate Payment	$0.00
90704	MUMPS VACCINE SC			1/1/2009	No Separate Payment	$0.00
90705	MEASLES VACCINE SC			1/1/2009	No Separate Payment	$0.00
90706	RUBELLA VACCINE SC			1/1/2009	No Separate Payment	$0.00
90707	MMR VACCINE SC			1/1/2009	No Separate Payment	$0.00
90708	MEASLES-RUBELLA VACCINE SC			7/1/2009	No Separate Payment	$0.00
90710	MMRV VACCINE SC			1/1/2009	No Separate Payment	$0.00
90712	ORAL POLIOVIRUS VACCINE			1/1/2009	No Separate Payment	$0.00
90713	POLIOVIRUS IPV SC/IM			1/1/2009	No Separate Payment	$0.00
90714	TD VACCINE NO PRSRV >/= 7 IM			1/1/2009	No Separate Payment	$0.00
90715	TDAP VACCINE >7 IM			1/1/2009	No Separate Payment	$0.00
90717	YELLOW FEVER VACCINE SC			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
90718	TD VACCINE > 7 IM			1/1/2009	No Separate Payment	$0.00
90719	DIPHTHERIA VACCINE IM			1/1/2009	No Separate Payment	$0.00
90720	DTP/HIB VACCINE IM			1/1/2009	No Separate Payment	$0.00
90721	DTAP/HIB VACCINE IM			1/1/2009	No Separate Payment	$0.00
90725	CHOLERA VACCINE INJECTABLE			7/1/2010	Fee Schedule	$103.90
90727	PLAGUE VACCINE IM			1/1/2009	No Separate Payment	$0.00
90732	PNEUMOCOCCAL VACCINE			1/1/2009	No Separate Payment	$0.00
90733	MENINGOCOCCAL VACCINE SC			7/1/2011	Fee Schedule	$105.49
90734	MENINGOCOCCAL VACCINE IM			7/1/2011	Fee Schedule	$92.94
90735	ENCEPHALITIS VACCINE SC			1/1/2011	Fee Schedule	$101.12
90740	HEPB VACC ILL PAT 3 DOSE IM		N	7/1/2010	No Separate Payment	$0.00
90743	HEP B VACC ADOL 2 DOSE IM		N	7/1/2010	No Separate Payment	$0.00
90744	HEPB VACC PED/ADOL 3 DOSE IM		N	7/1/2010	No Separate Payment	$0.00
90746	HEP B VACCINE ADULT IM		N	7/1/2010	No Separate Payment	$0.00
90747	HEPB VACC ILL PAT 4 DOSE IM		N	7/1/2010	No Separate Payment	$0.00
90749	VACCINE TOXOID			1/1/2009	No Separate Payment	$0.00
92018	NEW EYE EXAM & TREATMENT		N	10/1/2008	No Separate Payment	$0.00
0016T	THERMOTX CHOROID VASC LESION			1/1/2011	Deleted	$0.00
0017T	PHOTOCOAGULAT MACULAR DRUSEN			1/1/2011	Deleted	$0.00
0027T	ENDOSCOPIC EPIDURAL LYSIS			7/1/2009	Not Allowed	$0.00
0042T	CT PERFUSION W/CONTRAST CBF			1/1/2009	No Separate Payment	$0.00
0071T	U/S LEIOMYOMATA ABLATE <200			1/1/2009	Not Allowed	$0.00
0072T	U/S LEIOMYOMATA ABLATE >200			1/1/2009	Not Allowed	$0.00
0073T	DELIVERY COMP IMRT			1/1/2011	Fee Schedule	$246.50
0099T	IMPLANT CORNEAL RING	Y		1/1/2011	Fee Schedule	$693.59
0100T	PROSTH RETINA RECEIVE&GEN	Y		1/1/2011	Fee Schedule	$1,586.79
0101T	EXTRACORP SHOCKWV TX HI ENRG	Y		1/1/2011	Fee Schedule	$1,249.23
0102T	EXTRACORP SHOCKWV TX ANESTH	Y		1/1/2011	Fee Schedule	$1,249.23
0123T	SCLERAL FISTULIZATION	Y		1/1/2011	Fee Schedule	$945.91
0124T	CONJUNCTIVAL DRUG PLACEMENT	Y		1/1/2011	Fee Schedule	$98.72
0126T	CHD RISK IMT STUDY			1/1/2009	No Separate Payment	$0.00
0159T	CAD BREAST MRI			1/1/2009	No Separate Payment	$0.00
0174T	CAD CXR WITH INTERP			1/1/2009	No Separate Payment	$0.00
0175T	CAD CXR REMOTE			1/1/2009	No Separate Payment	$0.00
0176T	AQU CANAL DILAT W/O RETENT			1/1/2011	Deleted	$0.00
0177T	AQU CANAL DILAT W RETENT			1/1/2011	Deleted	$0.00
0182T	HDR ELECT BRACHYTHERAPY			1/1/2011	Fee Schedule	$393.81
0185T	COMPTR PROBABILITY ANALYSIS			1/1/2009	No Separate Payment	$0.00
0186T	SUPRACHOROIDAL DRUG DELIVERY	Y		1/1/2011	Fee Schedule	$907.78
0190T	PLACE INTRAOC RADIATION SRC	Y		1/1/2011	Fee Schedule	$907.78
0191T	INSERT ANT SEGMENT DRAIN INT	Y		1/1/2011	Fee Schedule	$1,675.21
0192T	INSERT ANT SEGMENT DRAIN EXT	Y		1/1/2011	Fee Schedule	$1,675.21
0193T	RF BLADDER NECK MICROREMODEL		N	1/1/2011	Deleted	$0.00
0200T	PERQ SACRAL AUGMT UNILAT INJ	Y	Y	1/1/2011	Fee Schedule	$890.10
0201T	PERQ SACRAL AUGMT BILAT INJ	Y	Y	1/1/2011	Fee Schedule	$1,249.23
0213T	US FACET JT INJ CERV/T 1 LEV	Y	Y	1/1/2011	Fee Schedule	$294.00
0214T	US FACET JT INJ CERV/T 2 LEV	Y	Y	1/1/2011	Fee Schedule	$103.38
0215T	US FACET JT INJ CERV/T 3 LEV	Y	Y	1/1/2011	Fee Schedule	$103.38
0216T	US FACET JT INJ LS 1 LEVEL	Y	Y	1/1/2011	Fee Schedule	$294.00
0217T	US FACET JT INJ LS 2 LEVEL	Y	Y	1/1/2011	Fee Schedule	$103.38
0218T	US FACET JT INJ LS 3 LEVEL	Y	Y	1/1/2011	Fee Schedule	$103.38
0226T	ANOSC HIGH RESOL DX +COLL		N	1/1/2011	Fee Schedule	$26.01
0227T	ANOSC HIGH RESOL DX W/BX	Y		1/1/2011	Fee Schedule	$224.64
0228T	US TFRML EDRL INJ CRV/T 1LVL	Y		1/1/2011	Fee Schedule	$294.00
0229T	US TFRML EDRL INJ CRV/T □	Y		1/1/2011	Fee Schedule	$150.41
0230T	US TFRML EDRL INJ L/S 1LVL	Y		1/1/2011	Fee Schedule	$294.00
0231T	US TFRML EDRL INJ L/S □	Y		1/1/2011	Fee Schedule	$150.41
A4218	STERILE SALINE OR WATER			1/1/2009	No Separate Payment	$0.00
A4220	INFUSION PUMP REFILL KIT			1/1/2009	No Separate Payment	$0.00
A4248	CHLORHEXIDINE ANTISEPT			1/1/2009	No Separate Payment	$0.00
A4262	TEMPORARY TEAR DUCT PLUG			1/1/2009	No Separate Payment	$0.00
A4263	PERMANENT TEAR DUCT PLUG			1/1/2009	No Separate Payment	$0.00

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A4270	DISPOSABLE ENDOSCOPE SHEATH			1/1/2009	No Separate Payment	$0.00
A4300	CATH IMPL VASC ACCESS PORTAL			1/1/2009	No Separate Payment	$0.00
A4301	IMPLANTABLE ACCESS SYST PERC			1/1/2009	No Separate Payment	$0.00
A4305	DRUG DELIVERY SYSTEM >=50 ML			1/1/2009	No Separate Payment	$0.00
A4306	DRUG DELIVERY SYSTEM <=50 ML			1/1/2009	No Separate Payment	$0.00
A4641	RADIOPHARM DX AGENT NOC			1/1/2009	No Separate Payment	$0.00
A4642	IN111 SATUMOMAB			1/1/2009	No Separate Payment	$0.00
A4648	IMPLANTABLE TISSUE MARKER			1/1/2009	No Separate Payment	$0.00
A4650	IMPLANT RADIATION DOSIMETER			1/1/2009	No Separate Payment	$0.00
A9500	TC99M SESTAMIBI			1/1/2009	No Separate Payment	$0.00
A9501	TECHNETIUM TC-99M TEBOROXIME			1/1/2009	No Separate Payment	$0.00
A9502	TC99M TETROFOSMIN			1/1/2009	No Separate Payment	$0.00
A9503	TC99M MEDRONATE			1/1/2009	No Separate Payment	$0.00
A9504	TC99M APCITIDE			1/1/2009	No Separate Payment	$0.00
A9505	TL201 THALLIUM			1/1/2009	No Separate Payment	$0.00
A9507	IN111 CAPROMAB			1/1/2009	No Separate Payment	$0.00
A9508	I131 IODOBENGUATE, DX			1/1/2009	No Separate Payment	$0.00
A9509	IODINE I-123 SOD IODIDE MIL			1/1/2009	No Separate Payment	$0.00
A9510	TC99M DISOFENIN			1/1/2009	No Separate Payment	$0.00
A9512	TC99M PERTECHNETATE			1/1/2009	No Separate Payment	$0.00
A9516	IODINE I-123 SOD IODIDE MIC			1/1/2009	No Separate Payment	$0.00
A9521	TC99M EXAMETAZIME			1/1/2009	No Separate Payment	$0.00
A9524	I131 SERUM ALBUMIN, DX			1/1/2009	No Separate Payment	$0.00
A9526	NITROGEN N-13 AMMONIA			1/1/2009	No Separate Payment	$0.00
A9527	IODINE I-125 SODIUM IODIDE			1/1/2011	Fee Schedule	$21.65
A9528	IODINE I-131 IODIDE CAP, DX			1/1/2009	No Separate Payment	$0.00
A9529	I131 IODIDE SOL, DX			1/1/2009	No Separate Payment	$0.00
A9531	I131 MAX 100UCI			1/1/2009	No Separate Payment	$0.00
A9532	I125 SERUM ALBUMIN, DX			1/1/2009	No Separate Payment	$0.00
A9536	TC99M DEPREOTIDE			1/1/2009	No Separate Payment	$0.00
A9537	TC99M MEBROFENIN			1/1/2009	No Separate Payment	$0.00
A9538	TC99M PYROPHOSPHATE			1/1/2009	No Separate Payment	$0.00
A9539	TC99M PENTETATE			1/1/2009	No Separate Payment	$0.00
A9540	TC99M MAA			1/1/2009	No Separate Payment	$0.00
A9541	TC99M SULFUR COLLOID			1/1/2009	No Separate Payment	$0.00
A9542	IN111 IBRITUMOMAB, DX			1/1/2009	No Separate Payment	$0.00
A9544	I131 TOSITUMOMAB, DX			1/1/2009	No Separate Payment	$0.00
A9546	CO57/58			1/1/2009	No Separate Payment	$0.00
A9547	IN111 OXYQUINOLINE			1/1/2009	No Separate Payment	$0.00
A9548	IN111 PENTETATE			1/1/2009	No Separate Payment	$0.00
A9550	TC99M GLUCEPTATE			1/1/2009	No Separate Payment	$0.00
A9551	TC99M SUCCIMER			1/1/2009	No Separate Payment	$0.00
A9552	F18 FDG			1/1/2009	No Separate Payment	$0.00
A9553	CR51 CHROMATE			1/1/2009	No Separate Payment	$0.00
A9554	I125 IOTHALAMATE, DX			1/1/2009	No Separate Payment	$0.00
A9555	RB82 RUBIDIUM			1/1/2009	No Separate Payment	$0.00
A9556	GA67 GALLIUM			1/1/2009	No Separate Payment	$0.00
A9557	TC99M BICISATE			1/1/2009	No Separate Payment	$0.00
A9558	XE133 XENON 10MCI			1/1/2009	No Separate Payment	$0.00
A9559	CO57 CYANO			1/1/2009	No Separate Payment	$0.00
A9560	TC99M LABELED RBC			1/1/2009	No Separate Payment	$0.00
A9561	TC99M OXIDRONATE			1/1/2009	No Separate Payment	$0.00
A9562	TC99M MERTIATIDE			1/1/2009	No Separate Payment	$0.00
A9566	TC99M FANOLESOMAB			1/1/2009	No Separate Payment	$0.00
A9567	TECHNETIUM TC-99M AEROSOL			1/1/2009	No Separate Payment	$0.00
A9568	TECHNETIUM TC99M ARCITUMOMAB			1/1/2009	No Separate Payment	$0.00
A9569	TECHNETIUM TC-99M AUTO WBC			1/1/2009	No Separate Payment	$0.00
A9570	INDIUM IN-111 AUTO WBC			1/1/2009	No Separate Payment	$0.00
A9571	INDIUM IN-111 AUTO PLATELET			1/1/2009	No Separate Payment	$0.00
A9572	INDIUM IN-111 PENTETREOTIDE			1/1/2009	No Separate Payment	$0.00
A9576	INJ PROHANCE MULTIPACK			1/1/2009	No Separate Payment	$0.00
A9577	INJ MULTIHANCE			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
A9578	INJ MULTIHANCE MULTIPACK			1/1/2009	No Separate Payment	$0.00
A9579	GAD-BASE MR CONTRAST NOS,1ML			1/1/2009	No Separate Payment	$0.00
A9580	SODIUM FLUORIDE F-18			1/1/2009	No Separate Payment	$0.00
A9581	GADOXETATE DISODIUM INJ		N	1/1/2011	No Separate Payment	$0.00
A9582	IODINE I-123 IOBENGUANE		N	7/1/2011	Fee Schedule	$2,641.16
A9583	GADOFOSVESET TRISODIUM INJ		N	7/1/2011	Fee Schedule	$12.71
A9698	NON-RAD CONTRAST MATERIALNOC			1/1/2009	No Separate Payment	$0.00
C1713	ANCHOR/SCREW BN/BN,TIS/BN			1/1/2009	No Separate Payment	$0.00
C1714	CATH, TRANS ATHERECTOMY, DIR			1/1/2009	No Separate Payment	$0.00
C1715	BRACHYTHERAPY NEEDLE			1/1/2009	No Separate Payment	$0.00
C1716	BRACHYTX, NON-STR, GOLD-198			1/1/2011	Fee Schedule	$190.12
C1717	BRACHYTX, NON-STR,HDR IR-192			1/1/2011	Fee Schedule	$218.87
C1719	BRACHYTX, NS, NON-HDRIR-192			1/1/2011	Fee Schedule	$28.07
C1721	AICD, DUAL CHAMBER			1/1/2009	No Separate Payment	$0.00
C1722	AICD, SINGLE CHAMBER			1/1/2009	No Separate Payment	$0.00
C1724	CATH, TRANS ATHEREC,ROTATION			1/1/2009	No Separate Payment	$0.00
C1725	CATH, TRANSLUMIN NON-LASER			1/1/2009	No Separate Payment	$0.00
C1726	CATH, BAL DIL, NON-VASCULAR			1/1/2009	No Separate Payment	$0.00
C1727	CATH, BAL TIS DIS, NON-VAS			1/1/2009	No Separate Payment	$0.00
C1728	CATH, BRACHYTX SEED ADM			1/1/2009	No Separate Payment	$0.00
C1729	CATH, DRAINAGE			1/1/2009	No Separate Payment	$0.00
C1730	CATH, EP, 19 OR FEW ELECT			1/1/2009	No Separate Payment	$0.00
C1731	CATH, EP, 20 OR MORE ELEC			1/1/2009	No Separate Payment	$0.00
C1732	CATH, EP, DIAG/ABL, 3D/VECT			1/1/2009	No Separate Payment	$0.00
C1733	CATH, EP, OTHR THAN COOL-TIP			1/1/2009	No Separate Payment	$0.00
C1749	ENDO, COLON, RETRO IMAGING		N	10/1/2010	By Report	$0.00
C1750	CATH, HEMODIALYSIS,LONG-TERM			1/1/2009	No Separate Payment	$0.00
C1751	CATH, INF, PER/CENT/MIDLINE			1/1/2009	No Separate Payment	$0.00
C1752	CATH,HEMODIALYSIS,SHORT-TERM			1/1/2009	No Separate Payment	$0.00
C1753	CATH, INTRAVAS ULTRASOUND			1/1/2009	No Separate Payment	$0.00
C1754	CATHETER, INTRADISCAL			1/1/2009	No Separate Payment	$0.00
C1755	CATHETER, INTRASPINAL			1/1/2009	No Separate Payment	$0.00
C1756	CATH, PACING, TRANSESOPH			1/1/2009	No Separate Payment	$0.00
C1757	CATH, THROMBECTOMY/EMBOLECT			1/1/2009	No Separate Payment	$0.00
C1758	CATHETER, URETERAL			1/1/2009	No Separate Payment	$0.00
C1759	CATH, INTRA ECHOCARDIOGRAPHY			1/1/2009	No Separate Payment	$0.00
C1760	CLOSURE DEV, VASC			1/1/2009	No Separate Payment	$0.00
C1762	CONN TISS, HUMAN(INC FASCIA)			1/1/2009	No Separate Payment	$0.00
C1763	CONN TISS, NON-HUMAN			1/1/2009	No Separate Payment	$0.00
C1764	EVENT RECORDER, CARDIAC			1/1/2009	No Separate Payment	$0.00
C1765	ADHESION BARRIER			1/1/2009	No Separate Payment	$0.00
C1766	INTRO/SHEATH,STRBLE,NON-PEEL			1/1/2009	No Separate Payment	$0.00
C1767	GENERATOR, NEURO NON-RECHARG			1/1/2009	No Separate Payment	$0.00
C1768	GRAFT, VASCULAR			1/1/2009	No Separate Payment	$0.00
C1769	GUIDE WIRE			1/1/2009	No Separate Payment	$0.00
C1770	IMAGING COIL, MR, INSERTABLE			1/1/2009	No Separate Payment	$0.00
C1771	REP DEV, URINARY, W/SLING			1/1/2009	No Separate Payment	$0.00
C1772	INFUSION PUMP, PROGRAMMABLE			1/1/2009	No Separate Payment	$0.00
C1773	RET DEV, INSERTABLE			1/1/2009	No Separate Payment	$0.00
C1776	JOINT DEVICE (IMPLANTABLE)			1/1/2009	No Separate Payment	$0.00
C1777	LEAD, AICD, ENDO SINGLE COIL			1/1/2009	No Separate Payment	$0.00
C1778	LEAD, NEUROSTIMULATOR			1/1/2009	No Separate Payment	$0.00
C1779	LEAD, PMKR, TRANSVENOUS VDD			1/1/2009	No Separate Payment	$0.00
C1780	LENS, INTRAOCULAR (NEW TECH)			1/1/2009	No Separate Payment	$0.00
C1781	MESH (IMPLANTABLE)			1/1/2009	No Separate Payment	$0.00
C1782	MORCELLATOR			1/1/2009	No Separate Payment	$0.00
C1783	OCULAR IMP, AQUEOUS DRAIN DE			1/1/2009	No Separate Payment	$0.00
C1784	OCULAR DEV, INTRAOP, DET RET			1/1/2009	No Separate Payment	$0.00
C1785	PMKR, DUAL, RATE-RESP			1/1/2009	No Separate Payment	$0.00
C1786	PMKR, SINGLE, RATE-RESP			1/1/2009	No Separate Payment	$0.00
C1787	PATIENT PROGR, NEUROSTIM			1/1/2009	No Separate Payment	$0.00
C1788	PORT, INDWELLING, IMP			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
C1789	PROSTHESIS, BREAST, IMP			1/1/2009	No Separate Payment	$0.00
C1813	PROSTHESIS, PENILE, INFLATAB			1/1/2009	No Separate Payment	$0.00
C1814	RETINAL TAMP, SILICONE OIL			1/1/2009	No Separate Payment	$0.00
C1815	PROS, URINARY SPH, IMP			1/1/2009	No Separate Payment	$0.00
C1816	RECEIVER/TRANSMITTER, NEURO			1/1/2009	No Separate Payment	$0.00
C1817	SEPTAL DEFECT IMP SYS			1/1/2009	No Separate Payment	$0.00
C1818	INTEGRATED KERATOPROSTHESIS			1/1/2009	No Separate Payment	$0.00
C1819	TISSUE LOCALIZATION-EXCISION			1/1/2009	No Separate Payment	$0.00
C1820	GENERATOR NEURO RECHG BAT SY		N	1/1/2009	No Separate Payment	$0.00
C1821	INTERSPINOUS IMPLANT			1/1/2009	No Separate Payment	$0.00
C1874	STENT, COATED/COV W/DEL SYS			1/1/2009	No Separate Payment	$0.00
C1875	STENT, COATED/COV W/O DEL SY			1/1/2009	No Separate Payment	$0.00
C1876	STENT, NON-COA/NON-COV W/DEL			1/1/2009	No Separate Payment	$0.00
C1877	STENT, NON-COAT/COV W/O DEL			1/1/2009	No Separate Payment	$0.00
C1878	MATRL FOR VOCAL CORD			1/1/2009	No Separate Payment	$0.00
C1879	TISSUE MARKER, IMPLANTABLE			1/1/2009	No Separate Payment	$0.00
C1880	VENA CAVA FILTER			1/1/2009	No Separate Payment	$0.00
C1881	DIALYSIS ACCESS SYSTEM			1/1/2009	No Separate Payment	$0.00
C1882	AICD, OTHER THAN SING/DUAL			1/1/2009	No Separate Payment	$0.00
C1883	ADAPT/EXT, PACING/NEURO LEAD			1/1/2009	No Separate Payment	$0.00
C1884	EMBOLIZATION PROTECT SYST			1/1/2009	No Separate Payment	$0.00
C1885	CATH, TRANSLUMIN ANGIO LASER			1/1/2009	No Separate Payment	$0.00
C1887	CATHETER, GUIDING			1/1/2009	No Separate Payment	$0.00
C1888	ENDOVAS NON-CARDIAC ABL CATH			1/1/2009	No Separate Payment	$0.00
C1891	INFUSION PUMP,NON-PROG, PERM			1/1/2009	No Separate Payment	$0.00
C1892	INTRO/SHEATH,FIXED,PEEL-AWAY			1/1/2009	No Separate Payment	$0.00
C1893	INTRO/SHEATH, FIXED,NON-PEEL			1/1/2009	No Separate Payment	$0.00
C1894	INTRO/SHEATH, NON-LASER			1/1/2009	No Separate Payment	$0.00
C1895	LEAD, AICD, ENDO DUAL COIL			1/1/2009	No Separate Payment	$0.00
C1896	LEAD, AICD, NON SING/DUAL			1/1/2009	No Separate Payment	$0.00
C1897	LEAD, NEUROSTIM TEST KIT			1/1/2009	No Separate Payment	$0.00
C1898	LEAD, PMKR, OTHER THAN TRANS			1/1/2009	No Separate Payment	$0.00
C1899	LEAD, PMKR/AICD COMBINATION			1/1/2009	No Separate Payment	$0.00
C1900	LEAD, CORONARY VENOUS			1/1/2009	No Separate Payment	$0.00
C2614	PROBE, PERC LUMB DISC			1/1/2009	No Separate Payment	$0.00
C2615	SEALANT, PULMONARY, LIQUID			1/1/2009	No Separate Payment	$0.00
C2616	BRACHYTX, NON-STR,YTTRIUM-90			1/1/2011	Fee Schedule	$16,568.83
C2617	STENT, NON-COR, TEM W/O DEL			1/1/2009	No Separate Payment	$0.00
C2618	PROBE, CRYOABLATION			1/1/2009	No Separate Payment	$0.00
C2619	PMKR, DUAL, NON RATE-RESP			1/1/2009	No Separate Payment	$0.00
C2620	PMKR, SINGLE, NON RATE-RESP			1/1/2009	No Separate Payment	$0.00
C2621	PMKR, OTHER THAN SING/DUAL			1/1/2009	No Separate Payment	$0.00
C2622	PROSTHESIS, PENILE, NON-INF			1/1/2009	No Separate Payment	$0.00
C2625	STENT, NON-COR, TEM W/DEL SY			1/1/2009	No Separate Payment	$0.00
C2626	INFUSION PUMP, NON-PROG,TEMP			1/1/2009	No Separate Payment	$0.00
C2627	CATH, SUPRAPUBIC/CYSTOSCOPIC			1/1/2009	No Separate Payment	$0.00
C2628	CATHETER, OCCLUSION			1/1/2009	No Separate Payment	$0.00
C2629	INTRO/SHEATH, LASER			1/1/2009	No Separate Payment	$0.00
C2630	CATH, EP, COOL-TIP			1/1/2009	No Separate Payment	$0.00
C2631	REP DEV, URINARY, W/O SLING			1/1/2009	No Separate Payment	$0.00
C2634	BRACHYTX, NON-STR, HA, I-125			1/1/2011	Fee Schedule	$56.24
C2635	BRACHYTX, NON-STR, HA, P-103			1/1/2011	Fee Schedule	$28.65
C2636	BRACHY LINEAR, NON-STR,P-103			1/1/2011	Fee Schedule	$37.15
C2638	BRACHYTX, STRANDED, I-125			1/1/2011	Fee Schedule	$41.62
C2639	BRACHYTX, NON-STRANDED,I-125			1/1/2011	Fee Schedule	$36.55
C2640	BRACHYTX, STRANDED, P-103			1/1/2011	Fee Schedule	$72.73
C2641	BRACHYTX, NON-STRANDED,P-103			1/1/2011	Fee Schedule	$65.56
C2642	BRACHYTX, STRANDED, C-131			1/1/2011	Fee Schedule	$124.28
C2643	BRACHYTX, NON-STRANDED,C-131			1/1/2011	Fee Schedule	$66.57
C2698	BRACHYTX, STRANDED, NOS			1/1/2011	Fee Schedule	$41.62
C2699	BRACHYTX, NON-STRANDED, NOS			1/1/2011	Fee Schedule	$28.07
C8900	MRA W/CONT, ABD			1/1/2011	Fee Schedule	$245.80

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
C8901	MRA W/O CONT, ABD			1/1/2011	Fee Schedule	$192.90
C8902	MRA W/O FOL W/CONT, ABD			1/1/2011	Fee Schedule	$300.15
C8903	MRI W/CONT, BREAST, UNI			1/1/2011	Fee Schedule	$245.80
C8904	MRI W/O CONT, BREAST, UNI			1/1/2011	Fee Schedule	$192.90
C8905	MRI W/O FOL W/CONT, BRST, UN			1/1/2011	Fee Schedule	$300.15
C8906	MRI W/CONT, BREAST, BI			1/1/2011	Fee Schedule	$245.80
C8907	MRI W/O CONT, BREAST, BI			1/1/2011	Fee Schedule	$192.90
C8908	MRI W/O FOL W/CONT, BREAST,			1/1/2011	Fee Schedule	$300.15
C8909	MRA W/CONT, CHEST			1/1/2011	Fee Schedule	$245.80
C8910	MRA W/O CONT, CHEST			1/1/2011	Fee Schedule	$192.90
C8911	MRA W/O FOL W/CONT, CHEST			1/1/2011	Fee Schedule	$300.15
C8912	MRA W/CONT, LWR EXT			1/1/2011	Fee Schedule	$245.80
C8913	MRA W/O CONT, LWR EXT			1/1/2011	Fee Schedule	$192.90
C8914	MRA W/O FOL W/CONT, LWR EXT			1/1/2011	Fee Schedule	$300.15
C8918	MRA W/CONT, PELVIS			1/1/2011	Fee Schedule	$245.80
C8919	MRA W/O CONT, PELVIS			1/1/2011	Fee Schedule	$192.90
C8920	MRA W/O FOL W/CONT, PELVIS			1/1/2011	Fee Schedule	$300.15
C8931	MRA, W/DYE, SPINAL CANAL		N	1/1/2011	Fee Schedule	$245.80
C8932	MRA, W/O DYE, SPINAL CANAL		N	1/1/2011	Fee Schedule	$192.90
C8933	MRA, W/O&W/DYE, SPINAL CANAL		N	1/1/2011	Fee Schedule	$300.15
C8934	MRA, W/DYE, UPPER EXTREMITY		N	1/1/2011	Fee Schedule	$245.80
C8935	MRA, W/O DYE, UPPER EXTR		N	1/1/2011	Fee Schedule	$192.90
C8936	MRA, W/O&W/DYE, UPPER EXTR		N	1/1/2011	Fee Schedule	$300.15
C9113	INJ PANTOPRAZOLE SODIUM, VIA			1/1/2009	No Separate Payment	$0.00
C9121	INJECTION, ARGATROBAN			7/1/2011	Fee Schedule	$20.23
C9248	INJ, CLEVIDIPINE BUTYRATE			4/1/2011	Fee Schedule	$6.09
C9250	ARTISS FIBRIN SEALANT		N	7/1/2011	Fee Schedule	$123.09
C9254	INJECTION, LACOSAMIDE		N	4/1/2011	Fee Schedule	$0.16
C9255	PALIPERIDONE PALMITATE INJ		N	1/1/2011	Deleted	$0.00
C9256	DEXAMETHASONE INTRAVITREAL		N	1/1/2011	Deleted	$0.00
C9257	BEVACIZUMAB INJECTION		N	7/1/2011	Fee Schedule	$1.52
C9258	TELAVANCIN INJECTION		N	1/1/2011	Deleted	$0.00
C9259	PRALATREXATE INJECTION		N	1/1/2011	Deleted	$0.00
C9260	OFATUMUMAB INJECTION		N	1/1/2011	Deleted	$0.00
C9261	USTEKINUMAB INJECTION		N	1/1/2011	Deleted	$0.00
C9263	ECALLANTIDE INJECTION		N	1/1/2011	Deleted	$0.00
C9264	TOCILIZUMAB INJECTION		N	1/1/2011	Deleted	$0.00
C9265	ROMIDEPSIN INJECTION		N	1/1/2011	Deleted	$0.00
C9266	COLLAGENASE CLOSTRIDUM HISTO		N	1/1/2011	Deleted	$0.00
C9267	INJECTION, WILATE		N	1/1/2011	Deleted	$0.00
C9268	CAPSAICIN PATCH		N	1/1/2011	Deleted	$0.00
C9269	C-1 ESTERASE, BERINERT		N	1/1/2011	Deleted	$0.00
C9270	GAMMAPLEX IVIG		N	7/1/2011	Fee Schedule	$37.92
C9271	VELAGLUCERASE ALFA		N	1/1/2011	Deleted	$0.00
C9272	INJ, DENOSUMAB		N	7/1/2011	Fee Schedule	$14.51
C9274	CROTALIDAE POLY IMMUNE FAB			7/1/2011	Fee Schedule	$2,111.36
C9275	HEXAMINOLEVULINATE HCL			7/1/2011	Fee Schedule	$623.28
C9276	CABAZITAXEL INJECTION			7/1/2011	Fee Schedule	$135.77
C9277	LUMIZYME, 1 MG			4/1/2011	Fee Schedule	$14.83
C9279	INJECTION, IBUPROFEN			7/1/2011	Fee Schedule	$1.61
C9280	INJECTION, ERIBULIN MESYLATE		N	7/1/2011	Fee Schedule	$900.27
C9281	INJECTION, PEGLOTICASE		N	4/1/2011	Fee Schedule	$304.75
C9282	INJ, CEFTAROLINE FOSAMIL		N	4/1/2011	Fee Schedule	$0.72
C9352	NEURAGEN NERVE GUIDE, PER CM			7/1/2009	No Separate Payment	$0.00
C9353	NEURAWRAP NERVE PROTECTOR,CM			7/1/2009	No Separate Payment	$0.00
C9354	VERITAS COLLAGEN MATRIX, CM2			1/1/2010	No Separate Payment	$0.00
C9355	NEUROMATRIX NERVE CUFF, CM			1/1/2010	No Separate Payment	$0.00
C9356	TENOGLIDE TENDON PROT, CM2		N	1/1/2011	No Separate Payment	$0.00
C9358	SURGIMEND, FETAL		N	7/1/2011	Fee Schedule	$11.15
C9359	IMPLNT,BON VOID FILLER-PUTTY		N	1/1/2011	No Separate Payment	$0.00
C9360	SURGIMEND, NEONATAL		N	7/1/2011	Fee Schedule	$11.61
C9361	NEUROMEND NERVE WRAP		N	7/1/2011	Fee Schedule	$214.98

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
C9362	IMPLNT,BON VOID FILLER-STRIP		N	7/1/2011	Fee Schedule	$50.80
C9363	INTEGRA MESHED BIL WOUND MAT		N	7/1/2011	Fee Schedule	$20.74
C9364	PORCINE IMPLANT, PERMACOL		N	7/1/2011	Fee Schedule	$18.55
C9367	ENDOFORM DERMAL TEMPLATE		N	7/1/2010	Fee Schedule	$4.35
C9399	UNCLASSIFIED DRUGS OR BIOLOG			4/1/2008	By Report	$0.00
C9716	RADIOFREQUENCY ENERGY TO ANU	Y		1/1/2011	Fee Schedule	$1,265.33
C9724	EPS GAST CARDIA PLIC	Y		1/1/2011	Fee Schedule	$646.18
C9725	PLACE ENDORECTAL APP	Y		1/1/2011	Fee Schedule	$233.07
C9726	RXT BREAST APPL PLACE/REMOV	Y		1/1/2011	Fee Schedule	$991.48
C9727	INSERT PALATE IMPLANTS	Y		1/1/2011	Fee Schedule	$306.82
C9728	PLACE DEVICE/MARKER, NON PRO			1/1/2011	Fee Schedule	$521.30
C9800	DERMAL FILLER INJ PX/SUPPL	Y		1/1/2011	Fee Schedule	$179.86
E0749	ELEC OSTEOGEN STIM IMPLANTED			1/1/2009	No Separate Payment	$0.00
E0782	NON-PROGRAMBLE INFUSION PUMP			1/1/2009	No Separate Payment	$0.00
E0783	PROGRAMMABLE INFUSION PUMP			1/1/2009	No Separate Payment	$0.00
E0785	REPLACEMENT IMPL PUMP CATHET			1/1/2009	No Separate Payment	$0.00
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE			4/1/2011	Fee Schedule	$100.23
G0105	COLORECTAL SCRN; HI RISK IND	Y		1/1/2011	Fee Schedule	$320.57
G0121	COLON CA SCRN NOT HI RSK IND	Y		1/1/2011	Fee Schedule	$320.57
G0127	TRIM NAIL(S)	Y		4/1/2011	Fee Schedule	$15.29
G0130	SINGLE ENERGY X-RAY STUDY			4/1/2011	Fee Schedule	$22.08
G0173	LINEAR ACC STEREO RADSUR COM			1/1/2011	Fee Schedule	$1,917.41
G0186	DSTRY EYE LESN,FDR VSSL TECH	Y		1/1/2011	Fee Schedule	$226.46
G0247	ROUTINE FOOTCARE PT W LOPS	Y		4/1/2011	Fee Schedule	$35.27
G0251	LINEAR ACC BASED STERO RADIO			1/1/2011	Fee Schedule	$549.64
G0259	INJECT FOR SACROILIAC JOINT			1/1/2009	No Separate Payment	$0.00
G0260	INJ FOR SACROILIAC JT ANESTH	Y		1/1/2011	Fee Schedule	$294.00
G0268	REMOVAL OF IMPACTED WAX MD			1/1/2009	No Separate Payment	$0.00
G0269	OCCLUSIVE DEVICE IN VEIN ART			1/1/2009	No Separate Payment	$0.00
G0288	RECON, CTA FOR SURG PLAN			1/1/2009	No Separate Payment	$0.00
G0289	ARTHRO, LOOSE BODY CHONDRO			1/1/2009	No Separate Payment	$0.00
G0339	ROBOT LIN-RADSURG COM, FIRST			1/1/2011	Fee Schedule	$1,917.41
G0340	ROBT LIN-RADSURG FRACTX 2-5			1/1/2011	Fee Schedule	$1,408.89
G0364	BONE MARROW ASPIRATE &BIOPSY			4/1/2011	Fee Schedule	$6.46
J0120	TETRACYCLIN INJECTION			1/1/2009	No Separate Payment	$0.00
J0128	ABARELIX INJECTION			1/1/2011	Deleted	$0.00
J0129	ABATACEPT INJECTION			7/1/2011	Fee Schedule	$20.72
J0130	ABCIXIMAB INJECTION			7/1/2011	Fee Schedule	$523.82
J0132	ACETYLCYSTEINE INJECTION			7/1/2011	Fee Schedule	$2.70
J0133	ACYCLOVIR INJECTION			1/1/2009	No Separate Payment	$0.00
J0135	ADALIMUMAB INJECTION			7/1/2011	Fee Schedule	$404.24
J0150	INJECTION ADENOSINE 6 MG			1/1/2011	No Separate Payment	$0.00
J0152	ADENOSINE INJECTION			7/1/2011	Fee Schedule	$94.43
J0170	ADRENALIN EPINEPHRIN INJECT			1/1/2011	Deleted	$0.00
J0171	ADRENALIN EPINEPHRINE INJECT			1/1/2011	No Separate Payment	$0.00
J0180	AGALSIDASE BETA INJECTION			7/1/2011	Fee Schedule	$139.85
J0190	INJ BIPERIDEN LACTATE/5 MG			7/1/2009	No Separate Payment	$0.00
J0200	ALATROFLOXACIN MESYLATE			1/1/2009	No Separate Payment	$0.00
J0205	ALGLUCERASE INJECTION			4/1/2011	Fee Schedule	$41.59
J0207	AMIFOSTINE			7/1/2011	Fee Schedule	$311.24
J0210	METHYLDOPATE HCL INJECTION			7/1/2011	Fee Schedule	$39.83
J0215	ALEFACEPT			7/1/2011	Fee Schedule	$36.02
J0220	ALGLUCOSIDASE ALFA INJECTION			7/1/2011	Fee Schedule	$157.34
J0256	ALPHA 1 PROTEINASE INHIBITOR			7/1/2011	Fee Schedule	$3.83
J0278	AMIKACIN SULFATE INJECTION			1/1/2009	No Separate Payment	$0.00
J0280	AMINOPHYLLIN 250 MG INJ			1/1/2009	No Separate Payment	$0.00
J0282	AMIODARONE HCL			1/1/2009	No Separate Payment	$0.00
J0285	AMPHOTERICIN B			1/1/2009	No Separate Payment	$0.00
J0287	AMPHOTERICIN B LIPID COMPLEX			7/1/2011	Fee Schedule	$8.53
J0288	AMPHO B CHOLESTERYL SULFATE			4/1/2011	Fee Schedule	$13.87
J0289	AMPHOTERICIN B LIPOSOME INJ			7/1/2011	Fee Schedule	$15.27
J0290	AMPICILLIN 500 MG INJ			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J0295	AMPICILLIN SODIUM PER 1.5 GM			1/1/2009	No Separate Payment	$0.00
J0300	AMOBARBITAL 125 MG INJ			1/1/2009	No Separate Payment	$0.00
J0330	SUCCINYCHOLINE CHLORIDE INJ			1/1/2009	No Separate Payment	$0.00
J0348	ANIDULAFUNGIN INJECTION			7/1/2011	Fee Schedule	$1.39
J0350	INJECTION ANISTREPLASE 30 U			7/1/2009	No Separate Payment	$0.00
J0360	HYDRALAZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J0364	APOMORPHINE HYDROCHLORIDE			1/1/2009	No Separate Payment	$0.00
J0365	APROTONIN, 10,000 KIU			1/1/2011	No Separate Payment	$0.00
J0380	INJ METARAMINOL BITARTRATE			1/1/2009	No Separate Payment	$0.00
J0390	CHLOROQUINE INJECTION			1/1/2009	No Separate Payment	$0.00
J0395	ARBUTAMINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J0400	ARIPIPRAZOLE INJECTION			7/1/2009	No Separate Payment	$0.00
J0456	AZITHROMYCIN			1/1/2009	No Separate Payment	$0.00
J0461	ATROPINE SULFATE INJECTION		N	1/1/2010	No Separate Payment	$0.00
J0470	DIMECAPROL INJECTION			1/1/2011	No Separate Payment	$0.00
J0475	BACLOFEN 10 MG INJECTION			7/1/2011	Fee Schedule	$195.37
J0476	BACLOFEN INTRATHECAL TRIAL			7/1/2011	Fee Schedule	$74.30
J0480	BASILIXIMAB			7/1/2011	Fee Schedule	$2,188.63
J0500	DICYCLOMINE INJECTION			1/1/2009	No Separate Payment	$0.00
J0515	INJ BENZTROPINE MESYLATE			7/1/2011	Fee Schedule	$27.97
J0520	BETHANECHOL CHLORIDE INJECT			1/1/2009	No Separate Payment	$0.00
J0558	PENG BENZATHINE/PROCAINE INJ			1/1/2011	No Separate Payment	$0.00
J0559	PENG BENZATHINE/PROCAINE INJ		N	1/1/2011	Deleted	$0.00
J0560	PENICILLIN G BENZATHINE INJ			1/1/2011	Deleted	$0.00
J0561	PENICILLIN G BENZATHINE INJ			1/1/2011	No Separate Payment	$0.00
J0570	PENICILLIN G BENZATHINE INJ			1/1/2011	Deleted	$0.00
J0580	PENICILLIN G BENZATHINE INJ			1/1/2011	Deleted	$0.00
J0583	BIVALIRUDIN			7/1/2011	Fee Schedule	$2.74
J0585	INJECTION,ONABOTULINUMTOXIN A			4/1/2011	Fee Schedule	$5.43
J0586	ABOBOTULINUMTOXINTYPE A		N	7/1/2011	Fee Schedule	$7.41
J0587	INJ, RIMABOTULINUMTOXIN B			7/1/2011	Fee Schedule	$10.65
J0592	BUPRENORPHINE HYDROCHLORIDE			1/1/2009	No Separate Payment	$0.00
J0594	BUSULFAN INJECTION			7/1/2011	Fee Schedule	$18.81
J0595	BUTORPHANOL TARTRATE 1 MG			1/1/2009	No Separate Payment	$0.00
J0597	C-1 ESTERASE, BERINERT			7/1/2011	Fee Schedule	$30.23
J0598	C1 ESTERASE INHIBITOR INJ		N	7/1/2011	Fee Schedule	$44.20
J0600	EDETATE CALCIUM DISODIUM INJ			7/1/2011	Fee Schedule	$192.34
J0610	CALCIUM GLUCONATE INJECTION			1/1/2009	No Separate Payment	$0.00
J0620	CALCIUM GLYCER & LACT/10 ML			1/1/2009	No Separate Payment	$0.00
J0630	CALCITONIN SALMON INJECTION			7/1/2011	Fee Schedule	$56.23
J0636	INJ CALCITRIOL PER 0.1 MCG			1/1/2009	No Separate Payment	$0.00
J0637	CASPOFUNGIN ACETATE			7/1/2011	Fee Schedule	$12.27
J0638	CANAKINUMAB INJECTION			7/1/2011	Fee Schedule	$88.15
J0640	LEUCOVORIN CALCIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0641	LEVOLEUCOVORIN INJECTION			7/1/2011	Fee Schedule	$1.84
J0670	INJ MEPIVACAINE HCL/10 ML			1/1/2009	No Separate Payment	$0.00
J0690	CEFAZOLIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0692	CEFEPIME HCL FOR INJECTION			1/1/2009	No Separate Payment	$0.00
J0694	CEFOXITIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0696	CEFTRIAXONE SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0697	STERILE CEFUROXIME INJECTION			1/1/2009	No Separate Payment	$0.00
J0698	CEFOTAXIME SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0702	BETAMETHASONE ACET&SOD PHOSP			1/1/2009	No Separate Payment	$0.00
J0704	BETAMETHASONE SOD PHOSP/4 MG			1/1/2011	Deleted	$0.00
J0706	CAFFEINE CITRATE INJECTION			1/1/2009	No Separate Payment	$0.00
J0710	CEPHAPIRIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0713	INJ CEFTAZIDIME PER 500 MG			1/1/2009	No Separate Payment	$0.00
J0715	CEFTIZOXIME SODIUM / 500 MG			1/1/2009	No Separate Payment	$0.00
J0718	CERTOLIZUMAB PEGOL INJ		N	7/1/2011	Fee Schedule	$3.96
J0720	CHLORAMPHENICOL SODIUM INJEC			1/1/2009	No Separate Payment	$0.00
J0725	CHORIONIC GONADOTROPIN/1000U			1/1/2009	No Separate Payment	$0.00
J0735	CLONIDINE HYDROCHLORIDE			7/1/2011	Fee Schedule	$23.64

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J0740	CIDOFOVIR INJECTION			7/1/2011	Fee Schedule	$748.87
J0743	CILASTATIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0744	CIPROFLOXACIN IV			1/1/2009	No Separate Payment	$0.00
J0745	INJ CODEINE PHOSPHATE /30 MG			1/1/2009	No Separate Payment	$0.00
J0760	COLCHICINE INJECTION			1/1/2009	No Separate Payment	$0.00
J0770	COLISTIMETHATE SODIUM INJ			1/1/2009	No Separate Payment	$0.00
J0775	COLLAGENASE, CLOST HIST INJ			1/1/2011	Fee Schedule	$37.51
J0780	PROCHLORPERAZINE INJECTION			1/1/2009	No Separate Payment	$0.00
J0795	CORTICORELIN OVINE TRIFLUTAL			7/1/2011	Fee Schedule	$5.01
J0800	CORTICOTROPIN INJECTION			7/1/2011	Fee Schedule	$2,540.30
J0833	COSYNTROPIN INJECTION NOS		N	7/1/2011	Fee Schedule	$100.72
J0834	COSYNTROPIN CORTROSYN INJ		N	7/1/2011	Fee Schedule	$69.10
J0850	CYTOMEGALOVIRUS IMM IV /VIAL			7/1/2011	Fee Schedule	$956.43
J0878	DAPTOMYCIN INJECTION			7/1/2011	Fee Schedule	$0.48
J0881	DARBEPOETIN ALFA, NON-ESRD			7/1/2011	Fee Schedule	$3.09
J0885	EPOETIN ALFA, NON-ESRD			7/1/2011	Fee Schedule	$9.73
J0894	DECITABINE INJECTION			7/1/2011	Fee Schedule	$32.18
J0895	DEFEROXAMINE MESYLATE INJ			1/1/2009	No Separate Payment	$0.00
J0900	TESTOSTERONE ENANTHATE INJ			1/1/2009	No Separate Payment	$0.00
J0945	BROMPHENIRAMINE MALEATE INJ			1/1/2011	Fee Schedule	$7.50
J0970	ESTRADIOL VALERATE INJECTION			1/1/2011	Deleted	$0.00
J1000	DEPO-ESTRADIOL CYPIONATE INJ			1/1/2009	No Separate Payment	$0.00
J1020	METHYLPREDNISOLONE 20 MG INJ			1/1/2009	No Separate Payment	$0.00
J1030	METHYLPREDNISOLONE 40 MG INJ			1/1/2009	No Separate Payment	$0.00
J1040	METHYLPREDNISOLONE 80 MG INJ			1/1/2009	No Separate Payment	$0.00
J1051	MEDROXYPROGESTERONE INJ			1/1/2009	No Separate Payment	$0.00
J1060	TESTOSTERONE CYPIONATE 1 ML			1/1/2009	No Separate Payment	$0.00
J1070	TESTOSTERONE CYPIONAT 100 MG			1/1/2009	No Separate Payment	$0.00
J1080	TESTOSTERONE CYPIONAT 200 MG			1/1/2009	No Separate Payment	$0.00
J1094	INJ DEXAMETHASONE ACETATE			1/1/2009	No Separate Payment	$0.00
J1100	DEXAMETHASONE SODIUM PHOS			1/1/2009	No Separate Payment	$0.00
J1110	INJ DIHYDROERGOTAMINE MESYLT			1/1/2009	No Separate Payment	$0.00
J1120	ACETAZOLAMID SODIUM INJECTIO			1/1/2009	No Separate Payment	$0.00
J1160	DIGOXIN INJECTION			1/1/2009	No Separate Payment	$0.00
J1162	DIGOXIN IMMUNE FAB (OVINE)			7/1/2011	Fee Schedule	$613.79
J1165	PHENYTOIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J1170	HYDROMORPHONE INJECTION			1/1/2009	No Separate Payment	$0.00
J1180	DYPHYLLINE INJECTION			1/1/2009	No Separate Payment	$0.00
J1190	DEXRAZOXANE HCL INJECTION			7/1/2011	Fee Schedule	$246.32
J1200	DIPHENHYDRAMINE HCL INJECTIO			1/1/2009	No Separate Payment	$0.00
J1205	CHLOROTHIAZIDE SODIUM INJ			7/1/2011	Fee Schedule	$275.72
J1212	DIMETHYL SULFOXIDE 50% 50 ML			7/1/2011	Fee Schedule	$95.29
J1230	METHADONE INJECTION			1/1/2009	No Separate Payment	$0.00
J1240	DIMENHYDRINATE INJECTION			1/1/2009	No Separate Payment	$0.00
J1245	DIPYRIDAMOLE INJECTION			1/1/2009	No Separate Payment	$0.00
J1250	INJ DOBUTAMINE HCL/250 MG			1/1/2009	No Separate Payment	$0.00
J1260	DOLASETRON MESYLATE			1/1/2010	No Separate Payment	$0.00
J1265	DOPAMINE INJECTION			1/1/2009	No Separate Payment	$0.00
J1267	DORIPENEM INJECTION			1/1/2011	No Separate Payment	$0.00
J1270	INJECTION, DOXERCALCIFEROL			1/1/2009	No Separate Payment	$0.00
J1290	ECALLANTIDE INJECTION			1/1/2011	Fee Schedule	$275.28
J1300	ECULIZUMAB INJECTION			7/1/2011	Fee Schedule	$188.16
J1320	AMITRIPTYLINE INJECTION			1/1/2009	No Separate Payment	$0.00
J1324	ENFUVIRTIDE INJECTION			1/1/2011	No Separate Payment	$0.00
J1325	EPOPROSTENOL INJECTION			1/1/2009	No Separate Payment	$0.00
J1327	EPTIFIBATIDE INJECTION			7/1/2011	Fee Schedule	$22.19
J1330	ERGONOVINE MALEATE INJECTION			1/1/2009	No Separate Payment	$0.00
J1335	ERTAPENEM INJECTION			1/1/2009	No Separate Payment	$0.00
J1364	ERYTHRO LACTOBIONATE /500 MG			1/1/2009	No Separate Payment	$0.00
J1380	ESTRADIOL VALERATE 10 MG INJ			1/1/2009	No Separate Payment	$0.00
J1390	ESTRADIOL VALERATE 20 MG INJ			1/1/2011	Deleted	$0.00
J1410	INJ ESTROGEN CONJUGATE 25 MG			7/1/2011	Fee Schedule	$104.20

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J1430	ETHANOLAMINE OLEATE 100 MG			7/1/2011	Fee Schedule	$288.75
J1435	INJECTION ESTRONE PER 1 MG			1/1/2009	No Separate Payment	$0.00
J1436	ETIDRONATE DISODIUM INJ			1/1/2011	No Separate Payment	$0.00
J1438	ETANERCEPT INJECTION			7/1/2011	Fee Schedule	$206.19
J1440	FILGRASTIM 300 MCG INJECTION			7/1/2011	Fee Schedule	$247.03
J1441	FILGRASTIM 480 MCG INJECTION			7/1/2011	Fee Schedule	$389.56
J1450	FLUCONAZOLE			1/1/2009	No Separate Payment	$0.00
J1451	FOMEPIZOLE, 15 MG			7/1/2011	Fee Schedule	$7.65
J1452	INTRAOCULAR FOMIVIRSEN NA			1/1/2009	No Separate Payment	$0.00
J1453	FOSAPREPITANT INJECTION			7/1/2011	Fee Schedule	$1.76
J1455	FOSCARNET SODIUM INJECTION			1/1/2010	No Separate Payment	$0.00
J1457	GALLIUM NITRATE INJECTION			7/1/2011	Fee Schedule	$2.03
J1458	GALSULFASE INJECTION			7/1/2011	Fee Schedule	$345.37
J1459	INJ IVIG PRIVIGEN 500 MG			7/1/2011	Fee Schedule	$34.72
J1460	GAMMA GLOBULIN 1 CC INJ			7/1/2011	Fee Schedule	$19.59
J1470	GAMMA GLOBULIN 2 CC INJ			1/1/2011	Deleted	$0.00
J1480	GAMMA GLOBULIN 3 CC INJ			1/1/2011	Deleted	$0.00
J1490	GAMMA GLOBULIN 4 CC INJ			1/1/2011	Deleted	$0.00
J1500	GAMMA GLOBULIN 5 CC INJ			1/1/2011	Deleted	$0.00
J1510	GAMMA GLOBULIN 6 CC INJ			1/1/2011	Deleted	$0.00
J1520	GAMMA GLOBULIN 7 CC INJ			1/1/2011	Deleted	$0.00
J1530	GAMMA GLOBULIN 8 CC INJ			1/1/2011	Deleted	$0.00
J1540	GAMMA GLOBULIN 9 CC INJ			1/1/2011	Deleted	$0.00
J1550	GAMMA GLOBULIN 10 CC INJ			1/1/2011	Deleted	$0.00
J1559	HIZENTRA INJECTION			4/1/2011	Fee Schedule	$7.22
J1560	GAMMA GLOBULIN > 10 CC INJ			7/1/2011	Fee Schedule	$195.87
J1561	GAMUNEX INJECTION			7/1/2011	Fee Schedule	$37.32
J1562	VIVAGLOBIN, INJ			4/1/2011	Fee Schedule	$7.18
J1566	IMMUNE GLOBULIN, POWDER			7/1/2011	Fee Schedule	$30.79
J1568	OCTAGAM INJECTION			7/1/2011	Fee Schedule	$56.34
J1569	GAMMAGARD LIQUID INJECTION			7/1/2011	Fee Schedule	$37.69
J1570	GANCICLOVIR SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J1571	HEPAGAM B IM INJECTION			7/1/2011	Fee Schedule	$54.66
J1572	FLEBOGAMMA INJECTION			7/1/2011	Fee Schedule	$35.30
J1573	HEPAGAM B INTRAVENOUS, INJ			7/1/2011	Fee Schedule	$54.66
J1580	GARAMYCIN GENTAMICIN INJ			1/1/2009	No Separate Payment	$0.00
J1590	GATIFLOXACIN INJECTION			1/1/2009	No Separate Payment	$0.00
J1595	INJECTION GLATIRAMER ACETATE			7/1/2011	Fee Schedule	$109.17
J1599	IVIG NON-LYOPHILIZED, NOS			1/1/2011	No Separate Payment	$0.00
J1600	GOLD SODIUM THIOMALEATE INJ			1/1/2009	No Separate Payment	$0.00
J1610	GLUCAGON HYDROCHLORIDE/1 MG			7/1/2011	Fee Schedule	$93.26
J1620	GONADORELIN HYDROCH/ 100 MCG			1/1/2011	No Separate Payment	$0.00
J1626	GRANISETRON HCL INJECTION			1/1/2010	No Separate Payment	$0.00
J1630	HALOPERIDOL INJECTION			1/1/2009	No Separate Payment	$0.00
J1631	HALOPERIDOL DECANOATE INJ			1/1/2009	No Separate Payment	$0.00
J1640	HEMIN, 1 MG			7/1/2011	Fee Schedule	$10.27
J1642	INJ HEPARIN SODIUM PER 10 U			1/1/2009	No Separate Payment	$0.00
J1644	INJ HEPARIN SODIUM PER 1000U			1/1/2009	No Separate Payment	$0.00
J1645	DALTEPARIN SODIUM			1/1/2009	No Separate Payment	$0.00
J1650	INJ ENOXAPARIN SODIUM			1/1/2009	No Separate Payment	$0.00
J1652	FONDAPARINUX SODIUM			1/1/2011	No Separate Payment	$0.00
J1655	TINZAPARIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J1670	TETANUS IMMUNE GLOBULIN INJ			7/1/2011	Fee Schedule	$255.16
J1680	HUMAN FIBRINOGEN CONC INJ		N	7/1/2011	Fee Schedule	$72.92
J1700	HYDROCORTISONE ACETATE INJ			1/1/2009	No Separate Payment	$0.00
J1710	HYDROCORTISONE SODIUM PH INJ			1/1/2009	No Separate Payment	$0.00
J1720	HYDROCORTISONE SODIUM SUCC I			1/1/2009	No Separate Payment	$0.00
J1730	DIAZOXIDE INJECTION			1/1/2011	Fee Schedule	$1.04
J1740	IBANDRONATE SODIUM INJECTION			7/1/2011	Fee Schedule	$149.78
J1742	IBUTILIDE FUMARATE INJECTION			7/1/2011	Fee Schedule	$124.00
J1743	IDURSULFASE INJECTION			1/1/2011	Fee Schedule	$450.74
J1745	INFLIXIMAB INJECTION			7/1/2011	Fee Schedule	$60.10

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J1750	INJ IRON DEXTRAN			7/1/2011	Fee Schedule	$11.66
J1756	IRON SUCROSE INJECTION			7/1/2011	Fee Schedule	$0.38
J1785	INJECTION IMIGLUCERASE /UNIT			1/1/2011	Deleted	$0.00
J1786	IMUGLUCERASE INJECTION			4/1/2011	Fee Schedule	$41.59
J1790	DROPERIDOL INJECTION			1/1/2009	No Separate Payment	$0.00
J1800	PROPRANOLOL INJECTION			1/1/2009	No Separate Payment	$0.00
J1815	INSULIN INJECTION			1/1/2009	No Separate Payment	$0.00
J1817	INSULIN FOR INSULIN PUMP USE			1/1/2011	No Separate Payment	$0.00
J1830	INTERFERON BETA-1B / .25 MG			7/1/2011	Fee Schedule	$199.75
J1835	ITRACONAZOLE INJECTION			1/1/2010	No Separate Payment	$0.00
J1840	KANAMYCIN SULFATE 500 MG INJ			1/1/2009	No Separate Payment	$0.00
J1850	KANAMYCIN SULFATE 75 MG INJ			1/1/2009	No Separate Payment	$0.00
J1885	KETOROLAC TROMETHAMINE INJ			1/1/2009	No Separate Payment	$0.00
J1890	CEPHALOTHIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J1930	LANREOTIDE INJECTION			7/1/2011	Fee Schedule	$30.96
J1931	LARONIDASE INJECTION			7/1/2011	Fee Schedule	$26.58
J1940	FUROSEMIDE INJECTION			1/1/2009	No Separate Payment	$0.00
J1945	LEPIRUDIN			7/1/2011	Fee Schedule	$302.29
J1950	LEUPROLIDE ACETATE /3.75 MG			7/1/2011	Fee Schedule	$593.38
J1953	LEVETIRACETAM INJECTION			1/1/2011	No Separate Payment	$0.00
J1956	LEVOFLOXACIN INJECTION			1/1/2009	No Separate Payment	$0.00
J1960	LEVORPHANOL TARTRATE INJ			1/1/2009	No Separate Payment	$0.00
J1980	HYOSCYAMINE SULFATE INJ			1/1/2009	No Separate Payment	$0.00
J1990	CHLORDIAZEPOXIDE INJECTION			1/1/2009	No Separate Payment	$0.00
J2001	LIDOCAINE INJECTION			1/1/2009	No Separate Payment	$0.00
J2010	LINCOMYCIN INJECTION			1/1/2009	No Separate Payment	$0.00
J2020	LINEZOLID INJECTION			7/1/2011	Fee Schedule	$34.65
J2060	LORAZEPAM INJECTION			1/1/2009	No Separate Payment	$0.00
J2150	MANNITOL INJECTION			1/1/2009	No Separate Payment	$0.00
J2170	MECASERMIN INJECTION			7/1/2011	Fee Schedule	$22.20
J2175	MEPERIDINE HYDROCHL /100 MG			1/1/2009	No Separate Payment	$0.00
J2180	MEPERIDINE/PROMETHAZINE INJ			1/1/2009	No Separate Payment	$0.00
J2185	MEROPENEM			1/1/2009	No Separate Payment	$0.00
J2210	METHYLERGONOVIN MALEATE INJ			1/1/2009	No Separate Payment	$0.00
J2248	MICAFUNGIN SODIUM INJECTION			4/1/2011	Fee Schedule	$1.02
J2250	INJ MIDAZOLAM HYDROCHLORIDE			1/1/2009	No Separate Payment	$0.00
J2260	INJ MILRINONE LACTATE / 5 MG			1/1/2009	No Separate Payment	$0.00
J2270	MORPHINE SULFATE INJECTION			1/1/2009	No Separate Payment	$0.00
J2271	MORPHINE SO4 INJECTION 100MG			1/1/2009	No Separate Payment	$0.00
J2275	MORPHINE SULFATE INJECTION			1/1/2009	No Separate Payment	$0.00
J2278	ZICONOTIDE INJECTION			1/1/2011	Fee Schedule	$6.54
J2280	INJ, MOXIFLOXACIN 100 MG			1/1/2009	No Separate Payment	$0.00
J2300	INJ NALBUPHINE HYDROCHLORIDE			1/1/2009	No Separate Payment	$0.00
J2310	INJ NALOXONE HYDROCHLORIDE			1/1/2009	No Separate Payment	$0.00
J2315	NALTREXONE, DEPOT FORM			7/1/2011	Fee Schedule	$2.80
J2320	NANDROLONE DECANOATE 50 MG			1/1/2011	Fee Schedule	$9.27
J2321	NANDROLONE DECANOATE 100 MG			1/1/2011	Deleted	$0.00
J2322	NANDROLONE DECANOATE 200 MG			1/1/2011	Deleted	$0.00
J2323	NATALIZUMAB INJECTION			7/1/2011	Fee Schedule	$10.51
J2325	NESIRITIDE INJECTION			7/1/2011	Fee Schedule	$46.48
J2353	OCTREOTIDE INJECTION, DEPOT			7/1/2011	Fee Schedule	$117.02
J2354	OCTREOTIDE INJ, NON-DEPOT			1/1/2009	No Separate Payment	$0.00
J2355	OPRELVEKIN INJECTION			7/1/2011	Fee Schedule	$242.25
J2357	OMALIZUMAB INJECTION			7/1/2011	Fee Schedule	$20.87
J2358	OLANZAPINE LONG-ACTING INJ			1/1/2011	Fee Schedule	$2.73
J2360	ORPHENADRINE INJECTION			1/1/2009	No Separate Payment	$0.00
J2370	PHENYLEPHRINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2400	CHLOROPROCAINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2405	ONDANSETRON HCL INJECTION			1/1/2010	No Separate Payment	$0.00
J2410	OXYMORPHONE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2425	PALIFERMIN INJECTION			7/1/2011	Fee Schedule	$11.60
J2426	PALIPERIDONE PALMITATE INJ			7/1/2011	Fee Schedule	$6.69

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J2430	PAMIDRONATE DISODIUM /30 MG			1/1/2011	No Separate Payment	$0.00
J2440	PAPAVERIN HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2460	OXYTETRACYCLINE INJECTION			4/1/2009	Fee Schedule	$0.92
J2469	PALONOSETRON HCL			7/1/2011	Fee Schedule	$17.69
J2501	PARICALCITOL			1/1/2009	No Separate Payment	$0.00
J2503	PEGAPTANIB SODIUM INJECTION			7/1/2011	Fee Schedule	$1,022.26
J2504	PEGADEMASE BOVINE, 25 IU			1/1/2011	Fee Schedule	$245.00
J2505	INJECTION, PEGFILGRASTIM 6MG			7/1/2011	Fee Schedule	$2,628.28
J2510	PENICILLIN G PROCAINE INJ			7/1/2011	Fee Schedule	$12.16
J2513	PENTASTARCH 10% SOLUTION			7/1/2011	Fee Schedule	$12.85
J2515	PENTOBARBITAL SODIUM INJ			1/1/2010	No Separate Payment	$0.00
J2540	PENICILLIN G POTASSIUM INJ			1/1/2009	No Separate Payment	$0.00
J2543	PIPERACILLIN/TAZOBACTAM			1/1/2009	No Separate Payment	$0.00
J2550	PROMETHAZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2560	PHENOBARBITAL SODIUM INJ			1/1/2009	No Separate Payment	$0.00
J2562	PLERIXAFOR INJECTION		N	7/1/2011	Fee Schedule	$276.96
J2590	OXYTOCIN INJECTION			1/1/2009	No Separate Payment	$0.00
J2597	INJ DESMOPRESSIN ACETATE			1/1/2009	No Separate Payment	$0.00
J2650	PREDNISOLONE ACETATE INJ			1/1/2009	No Separate Payment	$0.00
J2670	TOTAZOLINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2675	INJ PROGESTERONE PER 50 MG			1/1/2009	No Separate Payment	$0.00
J2680	FLUPHENAZINE DECANOATE 25 MG			1/1/2009	No Separate Payment	$0.00
J2690	PROCAINAMIDE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2700	OXACILLIN SODIUM INJECITON			7/1/2011	Fee Schedule	$2.58
J2710	NEOSTIGMINE METHYLSLFTE INJ			1/1/2009	No Separate Payment	$0.00
J2720	INJ PROTAMINE SULFATE/10 MG			1/1/2009	No Separate Payment	$0.00
J2724	PROTEIN C CONCENTRATE			7/1/2011	Fee Schedule	$12.94
J2725	INJ PROTIRELIN PER 250 MCG			1/1/2009	No Separate Payment	$0.00
J2730	PRALIDOXIME CHLORIDE INJ			7/1/2011	Fee Schedule	$89.38
J2760	PHENTOLAINE MESYLATE INJ			1/1/2009	No Separate Payment	$0.00
J2765	METOCLOPRAMIDE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2770	QUINUPRISTIN/DALFOPRISTIN			7/1/2011	Fee Schedule	$171.28
J2778	RANIBIZUMAB INJECTION			7/1/2011	Fee Schedule	$400.48
J2780	RANITIDINE HYDROCHLORIDE INJ			1/1/2009	No Separate Payment	$0.00
J2783	RASBURICASE			7/1/2011	Fee Schedule	$187.00
J2785	REGADENOSON INJECTION			7/1/2011	Fee Schedule	$51.72
J2788	RHO D IMMUNE GLOBULIN 50 MCG			7/1/2011	Fee Schedule	$30.00
J2790	RHO D IMMUNE GLOBULIN INJ			7/1/2011	Fee Schedule	$85.37
J2791	RHOPHYLAC INJECTION			4/1/2011	Fee Schedule	$5.13
J2792	RHO(D) IMMUNE GLOBULIN H, SD			7/1/2011	Fee Schedule	$18.16
J2793	RILONACEPT INJECTION		N	1/1/2011	Fee Schedule	$23.86
J2794	RISPERIDONE, LONG ACTING			7/1/2011	Fee Schedule	$5.11
J2795	ROPIVACAINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2796	ROMIPLOSTIM INJECTION		N	7/1/2011	Fee Schedule	$45.69
J2800	METHOCARBAMOL INJECTION			1/1/2009	No Separate Payment	$0.00
J2805	SINCALIDE INJECTION			7/1/2011	Fee Schedule	$75.26
J2810	INJ THEOPHYLLINE PER 40 MG			1/1/2009	No Separate Payment	$0.00
J2820	SARGRAMOSTIM INJECTION			7/1/2011	Fee Schedule	$24.41
J2850	INJ SECRETIN SYNTHETIC HUMAN			1/1/2011	Fee Schedule	$27.23
J2910	AUROTHIOGLUCOSE INJECITON			1/1/2009	No Separate Payment	$0.00
J2916	NA FERRIC GLUCONATE COMPLEX			1/1/2009	No Separate Payment	$0.00
J2920	METHYLPREDNISOLONE INJECTION			1/1/2009	No Separate Payment	$0.00
J2930	METHYLPREDNISOLONE INJECTION			1/1/2009	No Separate Payment	$0.00
J2940	SOMATREM INJECTION			1/1/2011	No Separate Payment	$0.00
J2941	SOMATROPIN INJECTION			7/1/2011	Fee Schedule	$60.89
J2950	PROMAZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2993	RETEPLASE INJECTION			7/1/2011	Fee Schedule	$1,369.90
J2995	INJ STREPTOKINASE /250000 IU			1/1/2011	Fee Schedule	$47.57
J2997	ALTEPLASE RECOMBINANT			7/1/2011	Fee Schedule	$41.64
J3000	STREPTOMYCIN INJECTION			1/1/2009	No Separate Payment	$0.00
J3010	FENTANYL CITRATE INJECITON			1/1/2009	No Separate Payment	$0.00
J3030	SUMATRIPTAN SUCCINATE / 6 MG			1/1/2011	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J3070	PENTAZOCINE INJECTION			1/1/2009	No Separate Payment	$0.00
J3095	TELEVANCIN INJECTION			7/1/2011	Fee Schedule	$1.99
J3101	TENECTEPLASE INJECTION			7/1/2011	Fee Schedule	$55.95
J3105	TERBUTALINE SULFATE INJ			1/1/2009	No Separate Payment	$0.00
J3120	TESTOSTERONE ENANTHATE INJ			1/1/2009	No Separate Payment	$0.00
J3130	TESTOSTERONE ENANTHATE INJ			1/1/2009	No Separate Payment	$0.00
J3140	TESTOSTERONE SUSPENSION INJ			1/1/2009	No Separate Payment	$0.00
J3150	TESTOSTERON PROPIONATE INJ			1/1/2009	No Separate Payment	$0.00
J3230	CHLORPROMAZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J3240	THYROTROPIN INJECTION			7/1/2011	Fee Schedule	$1,043.80
J3243	TIGECYCLINE INJECTION			7/1/2011	Fee Schedule	$1.31
J3246	TIROFIBAN HCL			7/1/2011	Fee Schedule	$9.72
J3250	TRIMETHOBENZAMIDE HCL INJ			1/1/2009	No Separate Payment	$0.00
J3260	TOBRAMYCIN SULFATE INJECTION			1/1/2009	No Separate Payment	$0.00
J3262	TOCILIZUMAB INJECTION			7/1/2011	Fee Schedule	$3.47
J3265	INJECTION TORSEMIDE 10 MG/ML			1/1/2009	No Separate Payment	$0.00
J3280	THIETHYLPERAZINE MALEATE INJ			1/1/2009	No Separate Payment	$0.00
J3285	TREPROSTINIL INJECTION			4/1/2011	Fee Schedule	$60.66
J3300	TRIAMCINOLONE A INJ PRS-FREE			7/1/2011	Fee Schedule	$3.45
J3301	TRIAMCINOLONE ACET INJ NOS			1/1/2009	No Separate Payment	$0.00
J3302	TRIAMCINOLONE DIACETATE INJ			1/1/2009	No Separate Payment	$0.00
J3303	TRIAMCINOLONE HEXACETONL INJ			1/1/2009	No Separate Payment	$0.00
J3305	INJ TRIMETREXATE GLUCORONATE			1/1/2011	No Separate Payment	$0.00
J3310	PERPHENAZINE INJECITON			1/1/2011	Fee Schedule	$30.91
J3315	TRIPTORELIN PAMOATE			7/1/2011	Fee Schedule	$209.09
J3320	SPECTINOMYCN DI-HCL INJ			1/1/2009	No Separate Payment	$0.00
J3350	UREA INJECTION			1/1/2011	Fee Schedule	$82.18
J3355	UROFOLLITROPIN, 75 IU			7/1/2011	Fee Schedule	$65.39
J3357	USTEKINUMAB INJECTION			7/1/2011	Fee Schedule	$117.21
J3360	DIAZEPAM INJECTION			1/1/2009	No Separate Payment	$0.00
J3364	UROKINASE 5000 IU INJECTION			1/1/2009	No Separate Payment	$0.00
J3365	UROKINASE 250,000 IU INJ			1/1/2011	Fee Schedule	$453.41
J3370	VANCOMYCIN HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J3385	VELAGLUCERASE ALFA			7/1/2011	Fee Schedule	$349.91
J3396	VERTEPORFIN INJECTION			7/1/2011	Fee Schedule	$9.75
J3400	TRIFLUPROMAZINE HCL INJ			1/1/2010	No Separate Payment	$0.00
J3410	HYDROXYZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J3411	THIAMINE HCL 100 MG			1/1/2009	No Separate Payment	$0.00
J3415	PYRIDOXINE HCL 100 MG			1/1/2009	No Separate Payment	$0.00
J3420	VITAMIN B12 INJECTION			1/1/2009	No Separate Payment	$0.00
J3430	VITAMIN K PHYTONADIONE INJ			1/1/2009	No Separate Payment	$0.00
J3465	INJECTION, VORICONAZOLE			7/1/2011	Fee Schedule	$6.15
J3470	HYALURONIDASE INJECTION			1/1/2009	No Separate Payment	$0.00
J3471	OVINE, UP TO 999 USP UNITS			1/1/2009	No Separate Payment	$0.00
J3472	OVINE, 1000 USP UNITS			1/1/2010	No Separate Payment	$0.00
J3473	HYALURONIDASE RECOMBINANT			1/1/2010	No Separate Payment	$0.00
J3475	INJ MAGNESIUM SULFATE			1/1/2009	No Separate Payment	$0.00
J3480	INJ POTASSIUM CHLORIDE			1/1/2009	No Separate Payment	$0.00
J3485	ZIDOVUDINE			1/1/2009	No Separate Payment	$0.00
J3486	ZIPRASIDONE MESYLATE			1/1/2009	No Separate Payment	$0.00
J3487	ZOLEDRONIC ACID			7/1/2011	Fee Schedule	$222.68
J3488	RECLAST INJECTION			7/1/2011	Fee Schedule	$220.55
J3490	DRUGS UNCLASSIFIED INJECTION			1/1/2009	No Separate Payment	$0.00
J3530	NASAL VACCINE INHALATION			1/1/2009	No Separate Payment	$0.00
J3590	UNCLASSIFIED BIOLOGICS			1/1/2009	No Separate Payment	$0.00
J7030	NORMAL SALINE SOLUTION INFUS			1/1/2009	No Separate Payment	$0.00
J7040	NORMAL SALINE SOLUTION INFUS			1/1/2009	No Separate Payment	$0.00
J7042	5% DEXTROSE/NORMAL SALINE			1/1/2009	No Separate Payment	$0.00
J7050	NORMAL SALINE SOLUTION INFUS			1/1/2009	No Separate Payment	$0.00
J7060	5% DEXTROSE/WATER			1/1/2009	No Separate Payment	$0.00
J7070	D5W INFUSION			1/1/2009	No Separate Payment	$0.00
J7100	DEXTRAN 40 INFUSION			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J7110	DEXTRAN 75 INFUSION			1/1/2009	No Separate Payment	$0.00
J7120	RINGERS LACTATE INFUSION			1/1/2009	No Separate Payment	$0.00
J7130	HYPERTONIC SALINE SOLUTION			1/1/2009	No Separate Payment	$0.00
J7184	WILATE INJECTION			7/1/2011	Not Allowed	$0.00
J7185	XYNTHA INJ		N	7/1/2011	Fee Schedule	$1.05
J7186	ANTIHEMOPHILIC VIII/VWF COMP			1/1/2011	Fee Schedule	$0.91
J7187	HUMATE-P, INJ			7/1/2011	Fee Schedule	$0.87
J7189	FACTOR VIIA			7/1/2011	Fee Schedule	$1.53
J7190	FACTOR VIII			1/1/2011	Fee Schedule	$0.88
J7191	FACTOR VIII (PORCINE)			1/1/2011	Fee Schedule	$1.17
J7192	FACTOR VIII RECOMBINANT NOS			4/1/2011	Fee Schedule	$1.09
J7193	FACTOR IX NON-RECOMBINANT			7/1/2011	Fee Schedule	$0.89
J7194	FACTOR IX COMPLEX			7/1/2011	Fee Schedule	$0.92
J7195	FACTOR IX RECOMBINANT			7/1/2011	Fee Schedule	$1.15
J7196	ANTITHROMBIN RECOMBINANT			4/1/2011	Fee Schedule	$102.38
J7197	ANTITHROMBIN III INJECTION			7/1/2011	Fee Schedule	$2.66
J7198	ANTI-INHIBITOR			7/1/2011	Fee Schedule	$1.62
J7308	AMINOLEVULINIC ACID HCL TOP			7/1/2011	Fee Schedule	$149.88
J7309	METHYL AMINOLEVULINATE, TOP			7/1/2011	Fee Schedule	$73.53
J7310	GANCICLOVIR LONG ACT IMPLANT			1/1/2011	Fee Schedule	$16,800.00
J7311	FLUOCINOLONE ACETONIDE IMPLT			1/1/2011	Fee Schedule	$19,162.50
J7312	DEXAMETHASONE INTRA IMPLANT			7/1/2011	Fee Schedule	$195.99
J7321	HYALGAN/SUPARTZ INJ PER DOSE			7/1/2011	Fee Schedule	$88.49
J7323	EUFLEXXA INJ PER DOSE			7/1/2011	Fee Schedule	$135.86
J7324	ORTHOVISC INJ PER DOSE			7/1/2011	Fee Schedule	$167.40
J7325	SYNVISC OR SYNVISC-ONE		N	7/1/2011	Fee Schedule	$11.98
J7335	CAPSAICIN 8% PATCH			1/1/2011	Fee Schedule	$25.55
J7500	AZATHIOPRINE ORAL 50MG			1/1/2009	No Separate Payment	$0.00
J7501	AZATHIOPRINE PARENTERAL			7/1/2011	Fee Schedule	$107.39
J7502	CYCLOSPORINE ORAL 100 MG			1/1/2011	No Separate Payment	$0.00
J7504	LYMPHOCYTE IMMUNE GLOBULIN			7/1/2011	Fee Schedule	$565.84
J7505	MONOCLONAL ANTIBODIES			7/1/2011	Fee Schedule	$1,122.96
J7506	PREDNISONE ORAL			1/1/2009	No Separate Payment	$0.00
J7507	TACROLIMUS ORAL PER 1 MG			1/1/2011	No Separate Payment	$0.00
J7509	METHYLPREDNISOLONE ORAL			1/1/2009	No Separate Payment	$0.00
J7510	PREDNISOLONE ORAL PER 5 MG			1/1/2009	No Separate Payment	$0.00
J7511	ANTITHYMOCYTE GLOBULN RABBIT			7/1/2011	Fee Schedule	$438.23
J7513	DACLIZUMAB, PARENTERAL			1/1/2011	Fee Schedule	$521.38
J7515	CYCLOSPORINE ORAL 25 MG			1/1/2011	No Separate Payment	$0.00
J7516	CYCLOSPORIN PARENTERAL 250MG			1/1/2011	No Separate Payment	$0.00
J7517	MYCOPHENOLATE MOFETIL ORAL			1/1/2011	No Separate Payment	$0.00
J7518	MYCOPHENOLIC ACID			1/1/2010	No Separate Payment	$0.00
J7520	SIROLIMUS, ORAL			1/1/2011	No Separate Payment	$0.00
J7525	TACROLIMUS INJECTION			7/1/2011	Fee Schedule	$138.21
J7599	IMMUNOSUPPRESSIVE DRUG NOC			1/1/2009	No Separate Payment	$0.00
J7674	METHACHOLINE CHLORIDE, NEB			1/1/2009	No Separate Payment	$0.00
J7799	NON-INHALATION DRUG FOR DME			1/1/2009	No Separate Payment	$0.00
J8501	ORAL APREPITANT			7/1/2011	Fee Schedule	$5.98
J8510	ORAL BUSULFAN			7/1/2011	Fee Schedule	$3.63
J8520	CAPECITABINE, ORAL, 150 MG			7/1/2011	Fee Schedule	$7.30
J8521	CAPECITABINE, ORAL, 500 MG			7/1/2011	Fee Schedule	$24.14
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG			1/1/2009	No Separate Payment	$0.00
J8540	ORAL DEXAMETHASONE			1/1/2009	No Separate Payment	$0.00
J8560	ETOPOSIDE ORAL 50 MG			7/1/2011	Fee Schedule	$35.71
J8562	ORAL FLUDARABINE PHOSPHATE			7/1/2011	Fee Schedule	$79.56
J8597	ANTIEMETIC DRUG ORAL NOS			1/1/2009	No Separate Payment	$0.00
J8600	MELPHALAN ORAL 2 MG			7/1/2009	No Separate Payment	$0.00
J8610	METHOTREXATE ORAL 2.5 MG			1/1/2009	No Separate Payment	$0.00
J8650	NABILONE ORAL			1/1/2010	No Separate Payment	$0.00
J8700	TEMOZOLOMIDE			7/1/2011	Fee Schedule	$9.45
J8705	TOPOTECAN ORAL			7/1/2011	Fee Schedule	$77.20
J9000	DOXORUBICIN HCL INJECTION			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J9001	DOXORUBICIN HCL LIPOSOME INJ			7/1/2011	Fee Schedule	$535.82
J9010	ALEMTUZUMAB INJECTION			7/1/2011	Fee Schedule	$584.29
J9015	ALDESLEUKIN INJECTION			7/1/2011	Fee Schedule	$981.53
J9017	ARSENIC TRIOXIDE INJECTION			7/1/2011	Fee Schedule	$40.37
J9020	ASPARAGINASE INJECTION			7/1/2011	Fee Schedule	$62.67
J9025	AZACITIDINE INJECTION			7/1/2011	Fee Schedule	$5.19
J9027	CLOFARABINE INJECTION			7/1/2011	Fee Schedule	$121.16
J9031	BCG LIVE INTRAVESICAL VAC			7/1/2011	Fee Schedule	$114.23
J9033	BENDAMUSTINE INJECTION			7/1/2011	Fee Schedule	$18.43
J9035	BEVACIZUMAB INJECTION			7/1/2011	Fee Schedule	$60.62
J9040	BLEOMYCIN SULFATE INJECTION			7/1/2009	No Separate Payment	$0.00
J9041	BORTEZOMIB INJECTION			7/1/2011	Fee Schedule	$41.06
J9045	CARBOPLATIN INJECTION			7/1/2009	No Separate Payment	$0.00
J9050	CARMUSTINE INJECTION			7/1/2011	Fee Schedule	$174.45
J9055	CETUXIMAB INJECTION			7/1/2011	Fee Schedule	$50.01
J9060	CISPLATIN 10 MG INJECTION			1/1/2009	No Separate Payment	$0.00
J9062	CISPLATIN 50 MG INJECTION			1/1/2011	Deleted	$0.00
J9065	INJ CLADRIBINE PER 1 MG			7/1/2011	Fee Schedule	$24.09
J9070	CYCLOPHOSPHAMIDE 100 MG INJ			1/1/2009	No Separate Payment	$0.00
J9080	CYCLOPHOSPHAMIDE 200 MG INJ			1/1/2011	Deleted	$0.00
J9090	CYCLOPHOSPHAMIDE 500 MG INJ			1/1/2011	Deleted	$0.00
J9091	CYCLOPHOSPHAMIDE 1.0 GRM INJ			1/1/2011	Deleted	$0.00
J9092	CYCLOPHOSPHAMIDE 2.0 GRM INJ			1/1/2011	Deleted	$0.00
J9093	CYCLOPHOSPHAMIDE LYOPHILIZED			1/1/2011	Deleted	$0.00
J9094	CYCLOPHOSPHAMIDE LYOPHILIZED			1/1/2011	Deleted	$0.00
J9095	CYCLOPHOSPHAMIDE LYOPHILIZED			1/1/2011	Deleted	$0.00
J9096	CYCLOPHOSPHAMIDE LYOPHILIZED			1/1/2011	Deleted	$0.00
J9097	CYCLOPHOSPHAMIDE LYOPHILIZED			1/1/2011	Deleted	$0.00
J9098	CYTARABINE LIPOSOME INJ			7/1/2011	Fee Schedule	$485.77
J9100	CYTARABINE HCL 100 MG INJ			1/1/2009	No Separate Payment	$0.00
J9110	CYTARABINE HCL 500 MG INJ			1/1/2011	Deleted	$0.00
J9120	DACTINOMYCIN INJECTION			7/1/2011	Fee Schedule	$567.02
J9130	DACARBAZINE 100 MG INJ			1/1/2009	No Separate Payment	$0.00
J9140	DACARBAZINE 200 MG INJ			1/1/2011	Deleted	$0.00
J9150	DAUNORUBICIN INJECTION			7/1/2011	Fee Schedule	$13.73
J9151	DAUNORUBICIN CITRATE INJ			1/1/2011	Fee Schedule	$57.12
J9155	DEGARELIX INJECTION		N	7/1/2011	Fee Schedule	$2.65
J9160	DENILEUKIN DIFTITOX INJ			7/1/2011	Fee Schedule	$1,601.12
J9165	DIETHYLSTILBESTROL INJECTION			1/1/2011	No Separate Payment	$0.00
J9171	DOCETAXEL INJECTION		N	7/1/2011	Fee Schedule	$19.43
J9175	ELLIOTTS B SOLUTION PER ML			1/1/2009	No Separate Payment	$0.00
J9178	INJ, EPIRUBICIN HCL, 2 MG			7/1/2011	Fee Schedule	$2.02
J9181	ETOPOSIDE INJECTION			1/1/2009	No Separate Payment	$0.00
J9185	FLUDARABINE PHOSPHATE INJ			7/1/2011	Fee Schedule	$104.93
J9190	FLUOROURACIL INJECTION			1/1/2009	No Separate Payment	$0.00
J9200	FLOXURIDINE INJECTION			7/1/2011	Fee Schedule	$60.29
J9201	GEMCITABINE HCL INJECTION			7/1/2011	Fee Schedule	$95.02
J9202	GOSERELIN ACETATE IMPLANT			7/1/2011	Fee Schedule	$209.33
J9206	IRINOTECAN INJECTION			7/1/2011	Fee Schedule	$8.65
J9207	IXABEPILONE INJECTION			7/1/2011	Fee Schedule	$63.61
J9208	IFOSFOMIDE INJECTION			7/1/2011	Fee Schedule	$32.91
J9209	MESNA INJECTION			1/1/2011	No Separate Payment	$0.00
J9211	IDARUBICIN HCL INJECTION			7/1/2011	Fee Schedule	$51.63
J9212	INTERFERON ALFACON-1 INJ			7/1/2011	Fee Schedule	$16.90
J9213	INTERFERON ALFA-2A INJ			1/1/2011	No Separate Payment	$0.00
J9214	INTERFERON ALFA-2B INJ			7/1/2011	Fee Schedule	$16.98
J9215	INTERFERON ALFA-N3 INJ			4/1/2011	Fee Schedule	$21.07
J9216	INTERFERON GAMMA 1-B INJ			7/1/2011	Fee Schedule	$554.90
J9217	LEUPROLIDE ACETATE SUSPNSION			7/1/2011	Fee Schedule	$199.95
J9218	LEUPROLIDE ACETATE INJECITON			7/1/2011	Fee Schedule	$3.76
J9219	LEUPROLIDE ACETATE IMPLANT			1/1/2011	Fee Schedule	$4,774.35
J9225	VANTAS IMPLANT			7/1/2011	Fee Schedule	$3,803.51

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J9226	SUPPRELIN LA IMPLANT			7/1/2011	Fee Schedule	$15,339.46
J9230	MECHLORETHAMINE HCL INJ			7/1/2011	Fee Schedule	$156.37
J9245	INJ MELPHALAN HYDROCHL 50 MG			7/1/2011	Fee Schedule	$1,390.53
J9250	METHOTREXATE SODIUM INJ			1/1/2009	No Separate Payment	$0.00
J9260	METHOTREXATE SODIUM INJ			1/1/2009	No Separate Payment	$0.00
J9261	NELARABINE INJECTION			7/1/2011	Fee Schedule	$111.78
J9263	OXALIPLATIN			7/1/2011	Fee Schedule	$9.71
J9264	PACLITAXEL PROTEIN BOUND			7/1/2011	Fee Schedule	$9.38
J9265	PACLITAXEL INJECTION			7/1/2011	Fee Schedule	$5.50
J9266	PEGASPARGASE INJECTION			7/1/2011	Fee Schedule	$2,701.13
J9268	PENTOSTATIN INJECTION			7/1/2011	Fee Schedule	$1,105.48
J9270	PLICAMYCIN (MITHRAMYCIN) INJ			1/1/2010	No Separate Payment	$0.00
J9280	MITOMYCIN 5 MG INJ			7/1/2011	Fee Schedule	$19.74
J9290	MITOMYCIN 20 MG INJ			1/1/2011	Deleted	$0.00
J9291	MITOMYCIN 40 MG INJ			1/1/2011	Deleted	$0.00
J9293	MITOXANTRONE HYDROCHL / 5 MG			7/1/2011	Fee Schedule	$41.31
J9300	GEMTUZUMAB OZOGAMICIN INJ			7/1/2011	Fee Schedule	$2,716.72
J9302	OFATUMUMAB INJECTION			7/1/2011	Fee Schedule	$45.40
J9303	PANITUMUMAB INJECTION			7/1/2011	Fee Schedule	$86.49
J9305	PEMETREXED INJECTION			7/1/2011	Fee Schedule	$52.93
J9307	PRALATREXATE INJECTION			1/1/2011	Fee Schedule	$165.63
J9310	RITUXIMAB INJECTION			7/1/2011	Fee Schedule	$605.27
J9315	ROMIDEPSIN INJECTION			7/1/2011	Fee Schedule	$224.76
J9320	STREPTOZOCIN INJECTION			7/1/2011	Fee Schedule	$266.49
J9328	TEMOZOLOMIDE INJECTION		N	7/1/2011	Fee Schedule	$4.88
J9330	TEMSIROLIMUS INJECTION			7/1/2011	Fee Schedule	$51.28
J9340	THIOTEPA INJECTION			7/1/2011	Fee Schedule	$115.48
J9350	TOPOTECAN INJECTION			1/1/2011	Deleted	$0.00
J9351	TOPOTECAN INJECTION			7/1/2011	Fee Schedule	$9.29
J9355	TRASTUZUMAB INJECTION			7/1/2011	Fee Schedule	$69.75
J9357	VALRUBICIN INJECTION			7/1/2011	Fee Schedule	$963.30
J9360	VINBLASTINE SULFATE INJ			1/1/2009	No Separate Payment	$0.00
J9370	VINCRISTINE SULFATE 1 MG INJ			1/1/2009	No Separate Payment	$0.00
J9375	VINCRISTINE SULFATE 2 MG INJ			1/1/2011	Deleted	$0.00
J9380	VINCRISTINE SULFATE 5 MG INJ			1/1/2011	Deleted	$0.00
J9390	VINORELBINE TARTRATE INJ			1/1/2010	No Separate Payment	$0.00
J9395	INJECTION, FULVESTRANT			7/1/2011	Fee Schedule	$84.64
J9600	PORFIMER SODIUM INJECTION			7/1/2011	Fee Schedule	$2,976.39
J9999	CHEMOTHERAPY DRUG			1/1/2009	No Separate Payment	$0.00
L8600	IMPLANT BREAST SILICONE/EQ			1/1/2009	No Separate Payment	$0.00
L8603	COLLAGEN IMP URINARY 2.5 ML			1/1/2009	No Separate Payment	$0.00
L8604	DEXTRANOMER/HYALURONIC ACID			1/1/2009	No Separate Payment	$0.00
L8609	ARTIFICIAL CORNEA			1/1/2009	No Separate Payment	$0.00
L8610	OCULAR IMPLANT			1/1/2009	No Separate Payment	$0.00
L8612	AQUEOUS SHUNT PROSTHESIS			1/1/2009	No Separate Payment	$0.00
L8613	OSSICULAR IMPLANT			1/1/2009	No Separate Payment	$0.00
L8614	COCHLEAR DEVICE			1/1/2009	No Separate Payment	$0.00
L8630	METACARPOPHALANGEAL IMPLANT			1/1/2009	No Separate Payment	$0.00
L8631	MCP JOINT REPL 2 PC OR MORE			1/1/2009	No Separate Payment	$0.00
L8641	METATARSAL JOINT IMPLANT			1/1/2009	No Separate Payment	$0.00
L8642	HALLUX IMPLANT			1/1/2009	No Separate Payment	$0.00
L8658	INTERPHALANGEAL JOINT SPACER			1/1/2009	No Separate Payment	$0.00
L8659	INTERPHALANGEAL JOINT REPL			1/1/2009	No Separate Payment	$0.00
L8670	VASCULAR GRAFT, SYNTHETIC			1/1/2009	No Separate Payment	$0.00
L8682	IMPLT NEUROSTIM RADIOFQ REC			1/1/2009	No Separate Payment	$0.00
L8690	AUD OSSEO DEV, INT/EXT COMP			1/1/2009	No Separate Payment	$0.00
L8699	PROSTHETIC IMPLANT NOS			1/1/2009	No Separate Payment	$0.00
P9041	ALBUMIN (HUMAN),5%, 50ML			1/1/2011	Fee Schedule	$20.37
P9045	ALBUMIN (HUMAN), 5%, 250 ML			1/1/2011	Fee Schedule	$67.07
P9046	ALBUMIN (HUMAN), 25%, 20 ML			1/1/2011	Fee Schedule	$29.16
P9047	ALBUMIN (HUMAN), 25%, 50ML			1/1/2011	Fee Schedule	$70.39
Q0138	FERUMOXYTOL, NON-ESRD		N	7/1/2011	Fee Schedule	$0.68

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
Q0163	DIPHENHYDRAMINE HCL 50MG			1/1/2009	No Separate Payment	$0.00
Q0164	PROCHLORPERAZINE MALEATE 5MG			1/1/2009	No Separate Payment	$0.00
Q0166	GRANISETRON HCL 1 MG ORAL			1/1/2010	No Separate Payment	$0.00
Q0167	DRONABINOL 2.5MG ORAL			1/1/2009	No Separate Payment	$0.00
Q0169	PROMETHAZINE HCL 12.5MG ORAL			1/1/2009	No Separate Payment	$0.00
Q0171	CHLORPROMAZINE HCL 10MG ORAL			1/1/2009	No Separate Payment	$0.00
Q0173	TRIMETHOBENZAMIDE HCL 250MG			1/1/2009	No Separate Payment	$0.00
Q0174	THIETHYLPERAZINE MALEATE10MG			1/1/2009	No Separate Payment	$0.00
Q0175	PERPHENAZINE 4MG ORAL			1/1/2009	No Separate Payment	$0.00
Q0177	HYDROXYZINE PAMOATE 25MG			1/1/2009	No Separate Payment	$0.00
Q0179	ONDANSETRON HCL 8 MG ORAL			1/1/2010	No Separate Payment	$0.00
Q0180	DOLASETRON MESYLATE ORAL			1/1/2010	No Separate Payment	$0.00
Q0515	SERMORELIN ACETATE INJECTION			1/1/2011	Fee Schedule	$1.78
Q1003	NTIOL CATEGORY 3			4/1/2011	Deleted	$0.00
Q2004	BLADDER CALCULI IRRIG SOL			1/1/2011	No Separate Payment	$0.00
Q2009	FOSPHENYTOIN INJ PE			7/1/2009	No Separate Payment	$0.00
Q2017	TENIPOSIDE, 50 MG			7/1/2011	Fee Schedule	$320.06
Q2025	ORAL FLUDARABINE PHOSPHATE		N	1/1/2011	Deleted	$0.00
Q2035	AFLURIA VACC, 3 YRS & >, IM			10/1/2010	By Report	$0.00
Q2036	FLULAVAL VACC, 3 YRS & >, IM			4/1/2011	No Separate Payment	$0.00
Q2037	FLUVIRIN VACC, 3 YRS & >, IM			4/1/2011	No Separate Payment	$0.00
Q2038	FLUZONE VACC, 3 YRS & >, IM			4/1/2011	No Separate Payment	$0.00
Q2039	NOS FLU VACC, 3 YRS & >, IM			10/1/2010	By Report	$0.00
Q3025	IM INJ INTERFERON BETA 1-A			7/1/2011	Fee Schedule	$235.49
Q4100	SKIN SUBSTITUTE, NOS			1/1/2009	No Separate Payment	$0.00
Q4101	APLIGRAF SKIN SUB			7/1/2011	Fee Schedule	$36.19
Q4102	OASIS WOUND MATRIX SKIN SUB			7/1/2011	Fee Schedule	$4.63
Q4103	OASIS BURN MATRIX SKIN SUB			7/1/2011	Fee Schedule	$4.63
Q4104	INTEGRA BMWD SKIN SUB			7/1/2011	Fee Schedule	$17.29
Q4105	INTEGRA DRT SKIN SUB			7/1/2011	Fee Schedule	$10.46
Q4106	DERMAGRAFT SKIN SUB			7/1/2011	Fee Schedule	$40.88
Q4107	GRAFTJACKET SKIN SUB			7/1/2011	Fee Schedule	$95.24
Q4108	INTEGRA MATRIX SKIN SUB			7/1/2011	Fee Schedule	$19.92
Q4109	TISSUEMEND SKIN SUB			1/1/2011	Deleted	$0.00
Q4110	PRIMATRIX SKIN SUB			7/1/2011	Fee Schedule	$30.93
Q4111	GAMMAGRAFT SKIN SUB		N	7/1/2011	Fee Schedule	$6.96
Q4112	CYMETRA ALLOGRAFT			7/1/2011	Fee Schedule	$351.37
Q4113	GRAFTJACKET EXPRESS ALLOGRAF			7/1/2011	Fee Schedule	$351.37
Q4114	INTEGRA FLOWABLE WOUND MATRI			7/1/2011	Fee Schedule	$1,024.45
Q4115	ALLOSKIN SKIN SUB		N	7/1/2011	Fee Schedule	$7.83
Q4116	ALLODERM SKIN SUB		N	7/1/2011	Fee Schedule	$32.43
Q4118	MATRISTEM MICROMATRIX			7/1/2011	Fee Schedule	$2.97
Q4119	MATRISTEM WOUND MATRIX		N	7/1/2011	Fee Schedule	$5.61
Q4121	THERASKIN			7/1/2011	Fee Schedule	$20.94
Q9951	LOCM >= 400 MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9953	INJ FE-BASED MR CONTRAST,1ML			1/1/2009	No Separate Payment	$0.00
Q9954	ORAL MR CONTRAST, 100 ML			1/1/2009	No Separate Payment	$0.00
Q9955	INJ PERFLEXANE LIP MICROS,ML			1/1/2009	No Separate Payment	$0.00
Q9956	INJ OCTAFLUOROPROPANE MIC,ML			1/1/2009	No Separate Payment	$0.00
Q9957	INJ PERFLUTREN LIP MICROS,ML			1/1/2009	No Separate Payment	$0.00
Q9958	HOCM <=149 MG/ML IODINE, 1ML			1/1/2009	No Separate Payment	$0.00
Q9959	HOCM 150-199MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9960	HOCM 200-249MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9961	HOCM 250-299MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9962	HOCM 300-349MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9963	HOCM 350-399MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9964	HOCM>= 400MG/ML IODINE, 1ML			1/1/2009	No Separate Payment	$0.00
Q9965	LOCM 100-199MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9966	LOCM 200-299MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9967	LOCM 300-399MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9968	VISUALIZATION ADJUNCT		N	7/1/2011	Fee Schedule	$0.49
V2630	ANTER CHAMBER INTRAOCUL LENS			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
V2631	IRIS SUPPORT INTRAOCLR LENS			1/1/2009	No Separate Payment	$0.00
V2632	POST CHMBR INTRAOCULAR LENS			1/1/2009	No Separate Payment	$0.00
V2785	CORNEAL TISSUE PROCESSING			4/1/2008	By Report	$0.00
V2790	AMNIOTIC MEMBRANE			1/1/2009	No Separate Payment	$0.00