Montana Medicaid Outpatient Procedure Fee Schedule

Outpatient Hospital Services

Effective 7/1/2012

Montana Medicaid Conversion Factor = **$ 50.61**

Definitions:

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

Method – Source of fee determination

APC: Based on APC assigned weight x Montana's conversion factor. Pricing is affected by modifiers as listed in the provider manual.

Procedures paid by APC method that have a zero fee are either bundled or not covered services. (See the Status Indicator)

APC/By Report: Based on APC designation as pass-through. Paid at the provider specific Medicaid cost to charge ratio for outpatient services.

Fee Sched: Medicaid fee for listed code. Codes noted as "not allowed" will cause the claim line to deny.

Medicare: Medicare-prevailing fee for listed code. Laboratory services are paid at 62% of listed fee for sole community hospitals and at 60% for others.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply. For outpatient hospital services, providers are paid their current Medicaid cost to charge ratio for outpatient services.

Inpatient Only: These services are not payable in an outpatient setting

Not Allowed: These services are not payable

Bundled/subject to separate payment criteria: Services may be packaged in ceratin instances. These services will have a fee listed but may only be payable if specific criteria are met.

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

Status Indicators:

C Inpatient services that are not payable under OPPS

E Not allowed under Oupatient

G Pass through drugs and biologicals

H Pass through devices that are paid by report

K Drugs and biologicals paid by APC

M Montana Medicaid specific fee

N Services for which payment is packaged into another service or APC

Q Montana Medicaid Laboratory service

R Blood and blood products

S Significant procedures that are paid under OPPS but to which the multiple surgery reduction does not apply

T Significant services that are paid under the OPPS and to which the multiple procedure payment discount under OPPS applies

U Brachytherapy Sources

V Medical visits (including clinic or emergency department visits) that are paid under OPPS

X Ancillary services that are paid under OPPS

Y Montana Medicaid fee for Physical Therapy, Occupational Therapy or Speech and Language Therapy services

Some procedures may have a variable status dependant on if they are provided with another billable services.

These codes are listed on the fee schedule as status N (bundled) but will have an APC and price shown.

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

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Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
00100	N	ANESTH SALIVARY GLAND				Bundled	$0.00			
00102	N	ANESTH REPAIR OF CLEFT LIP				Bundled	$0.00			
00103	N	ANESTH BLEPHAROPLASTY				Bundled	$0.00			
00104	N	ANESTH ELECTROSHOCK				Bundled	$0.00			
00120	N	ANESTH EAR SURGERY				Bundled	$0.00			
00124	N	ANESTH EAR EXAM				Bundled	$0.00			
00126	N	ANESTH TYMPANOTOMY				Bundled	$0.00			
00140	N	ANESTH PROCEDURES ON EYE				Bundled	$0.00			
00142	N	ANESTH LENS SURGERY				Bundled	$0.00			
00144	N	ANESTH CORNEAL TRANSPLANT				Bundled	$0.00			
00145	N	ANESTH VITREORETINAL SURG				Bundled	$0.00			
00147	N	ANESTH IRIDECTOMY				Bundled	$0.00			
00148	N	ANESTH EYE EXAM				Bundled	$0.00			
00160	N	ANESTH NOSE/SINUS SURGERY				Bundled	$0.00			
00162	N	ANESTH NOSE/SINUS SURGERY				Bundled	$0.00			
00164	N	ANESTH BIOPSY OF NOSE				Bundled	$0.00			
00170	N	ANESTH PROCEDURE ON MOUTH				Bundled	$0.00			
00172	N	ANESTH CLEFT PALATE REPAIR				Bundled	$0.00			
00174	N	ANESTH PHARYNGEAL SURGERY				Bundled	$0.00			
00176	C	ANESTH PHARYNGEAL SURGERY				Inpatient Only	$0.00			
00190	N	ANESTH FACE/SKULL BONE SURG				Bundled	$0.00			
00192	C	ANESTH FACIAL BONE SURGERY				Inpatient Only	$0.00			
00210	N	ANESTH CRANIAL SURG NOS				Bundled	$0.00			
00211	C	ANESTH CRAN SURG HEMOTOMA				Inpatient Only	$0.00			
00212	N	ANESTH SKULL DRAINAGE				Bundled	$0.00			
00214	C	ANESTH SKULL DRAINAGE				Inpatient Only	$0.00			
00215	C	ANESTH SKULL REPAIR/FRACT				Inpatient Only	$0.00			
00216	N	ANESTH HEAD VESSEL SURGERY				Bundled	$0.00			
00218	N	ANESTH SPECIAL HEAD SURGERY				Bundled	$0.00			
00220	N	ANESTH INTRCRN NERVE				Bundled	$0.00			
00222	N	ANESTH HEAD NERVE SURGERY				Bundled	$0.00			
00300	N	ANESTH HEAD/NECK/PTRUNK				Bundled	$0.00			
00320	N	ANESTH NECK ORGAN 1YR/>				Bundled	$0.00			
00322	N	ANESTH BIOPSY OF THYROID				Bundled	$0.00			
00326	N	ANESTH LARYNX/TRACH < 1 YR				Bundled	$0.00			
00350	N	ANESTH NECK VESSEL SURGERY				Bundled	$0.00			
00352	N	ANESTH NECK VESSEL SURGERY				Bundled	$0.00			
00400	N	ANESTH SKIN EXT/PER/ATRUNK				Bundled	$0.00			
00402	N	ANESTH SURGERY OF BREAST				Bundled	$0.00			
00404	N	ANESTH SURGERY OF BREAST				Bundled	$0.00			
00406	N	ANESTH SURGERY OF BREAST				Bundled	$0.00			
00410	N	ANESTH CORRECT HEART RHYTHM				Bundled	$0.00			
00450	N	ANESTH SURGERY OF SHOULDER				Bundled	$0.00			
00452	C	ANESTH SURGERY OF SHOULDER				Inpatient Only	$0.00			
00454	N	ANESTH COLLAR BONE BIOPSY				Bundled	$0.00			
00470	N	ANESTH REMOVAL OF RIB				Bundled	$0.00			
00472	N	ANESTH CHEST WALL REPAIR				Bundled	$0.00			
00474	C	ANESTH SURGERY OF RIB				Inpatient Only	$0.00			
00500	N	ANESTH ESOPHAGEAL SURGERY				Bundled	$0.00			
00520	N	ANESTH CHEST PROCEDURE				Bundled	$0.00			
00522	N	ANESTH CHEST LINING BIOPSY				Bundled	$0.00			
00524	C	ANESTH CHEST DRAINAGE				Inpatient Only	$0.00			
00528	N	ANES MEDIASCPY & DX THORSCPY				Bundled	$0.00			
00529	N	ANES MEDSCPY&THORSCPY 1 LUNG				Bundled	$0.00			
00530	N	ANESTH PACEMAKER INSERTION				Bundled	$0.00			
00532	N	ANESTH VASCULAR ACCESS				Bundled	$0.00			

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00534	N	ANESTH CARDIOVERTER/DEFIB				Bundled	$0.00			
00537	N	ANESTH CARDIAC ELECTROPHYS				Bundled	$0.00			
00539	N	ANESTH TRACH-BRONCH RECONST				Bundled	$0.00			
00540	C	ANESTH CHEST SURGERY				Inpatient Only	$0.00			
00541	N	ANESTH ONE LUNG VENTILATION				Bundled	$0.00			
00542	C	ANESTH REMVL PLEURA				Inpatient Only	$0.00			
00546	C	ANESTH LUNG CHEST WALL SURG				Inpatient Only	$0.00			
00548	N	ANESTH TRACHEA BRONCHI SURG				Bundled	$0.00			
00550	N	ANESTH STERNAL DEBRIDEMENT				Bundled	$0.00			
00560	C	ANESTH HEART SURG W/O PUMP				Inpatient Only	$0.00			
00561	C	ANESTH HEART SURG < 1 YR				Inpatient Only	$0.00			
00562	C	ANESTHESIA FOR PROCEDURES ON HEART PERICARDIUM A				Inpatient Only	$0.00			
00563	N	ANESTH HEART SURG W/ARREST				Bundled	$0.00			
00566	N	ANESTH CABG W/O PUMP				Bundled	$0.00			
00567	C	ANESTH CABG W/PUMP				Inpatient Only	$0.00			
00580	C	ANESTH HEART/LUNG TRANSPLNT				Inpatient Only	$0.00			
00600	N	ANESTH SPINE CORD SURGERY				Bundled	$0.00			
00604	C	ANESTH SITTING PROCEDURE				Inpatient Only	$0.00			
00620	N	ANESTH SPINE CORD SURGERY				Bundled	$0.00			
00622	C	ANESTH REMOVAL OF NERVES				Inpatient Only	$0.00			
00625	N	ANES SPINE TRANTHOR W/O VENT				Bundled	$0.00			
00626	N	ANES SPINE TRANSTHOR W/VENT				Bundled	$0.00			
00630	N	ANESTH SPINE CORD SURGERY				Bundled	$0.00			
00632	C	ANESTH REMOVAL OF NERVES				Inpatient Only	$0.00			
00634	N	ANESTHESIA FOR CHEMONUCLEOLYSIS				Bundled	$0.00			
00635	N	ANESTH LUMBAR PUNCTURE				Bundled	$0.00			
00640	N	ANESTH SPINE MANIPULATION				Bundled	$0.00			
00670	C	ANESTH SPINE CORD SURGERY				Inpatient Only	$0.00			
00700	N	ANESTH ABDOMINAL WALL SURG				Bundled	$0.00			
00702	N	ANESTH FOR LIVER BIOPSY				Bundled	$0.00			
00730	N	ANESTH ABDOMINAL WALL SURG				Bundled	$0.00			
00740	N	ANESTH UPPER GI VISUALIZE				Bundled	$0.00			
00750	N	ANESTH REPAIR OF HERNIA				Bundled	$0.00			
00752	N	ANESTH REPAIR OF HERNIA				Bundled	$0.00			
00754	N	ANESTH REPAIR OF HERNIA				Bundled	$0.00			
00756	N	ANESTH REPAIR OF HERNIA				Bundled	$0.00			
00770	N	ANESTH BLOOD VESSEL REPAIR				Bundled	$0.00			
00790	N	ANESTH SURG UPPER ABDOMEN				Bundled	$0.00			
00792	C	ANESTH HEMORR/EXCISE LIVER				Inpatient Only	$0.00			
00794	C	ANESTH PANCREAS REMOVAL				Inpatient Only	$0.00			
00796	C	ANESTH FOR LIVER TRANSPLANT				Inpatient Only	$0.00			
00797	N	ANESTH SURGERY FOR OBESITY				Bundled	$0.00			
00800	N	ANESTH ABDOMINAL WALL SURG				Bundled	$0.00			
00802	C	ANESTH FAT LAYER REMOVAL				Inpatient Only	$0.00			
00810	N	ANESTH LOW INTESTINE SCOPE				Bundled	$0.00			
00820	N	ANESTH ABDOMINAL WALL SURG				Bundled	$0.00			
00830	N	ANESTH REPAIR OF HERNIA				Bundled	$0.00			
00832	N	ANESTH REPAIR OF HERNIA				Bundled	$0.00			
00834	N	ANESTH HERNIA REPAIR < 1 YR				Bundled	$0.00			
00836	N	ANESTH HERNIA REPAIR PREEMIE				Bundled	$0.00			
00840	N	ANESTH SURG LOWER ABDOMEN				Bundled	$0.00			
00842	N	ANESTH AMNIOCENTESIS				Bundled	$0.00			
00844	C	ANESTH PELVIS SURGERY				Inpatient Only	$0.00			
00846	C	ANESTH HYSTERECTOMY				Inpatient Only	$0.00			
00848	C	ANESTH PELVIC ORGAN SURG				Inpatient Only	$0.00			
00851	N	ANESTH TUBAL LIGATION				Bundled	$0.00			

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00860	N	ANESTH SURGERY OF ABDOMEN				Bundled	$0.00			
00862	N	ANESTH KIDNEY/URETER SURG				Bundled	$0.00			
00864	C	ANESTH REMOVAL OF BLADDER				Inpatient Only	$0.00			
00865	C	ANESTH REMOVAL OF PROSTATE				Inpatient Only	$0.00			
00866	C	ANESTH REMOVAL OF ADRENAL				Inpatient Only	$0.00			
00868	C	ANESTH KIDNEY TRANSPLANT				Inpatient Only	$0.00			
00870	N	ANESTH BLADDER STONE SURG				Bundled	$0.00			
00872	N	ANESTHESIA FOR LITHOTRIPSY EXTRACORPOREAL SHOCK W				Bundled	$0.00			
00873	N	ANESTHESIA FOR LITHOTRIPSY EXTRACORPOREAL SHOCK W				Bundled	$0.00			
00880	N	ANESTH ABDOMEN VESSEL SURG				Bundled	$0.00			
00882	C	ANESTH MAJOR VEIN LIGATION				Inpatient Only	$0.00			
00902	N	ANESTH ANORECTAL SURGERY				Bundled	$0.00			
00904	C	ANESTH PERINEAL SURGERY				Inpatient Only	$0.00			
00906	N	ANESTH REMOVAL OF VULVA				Bundled	$0.00			
00908	C	ANESTH REMOVAL OF PROSTATE				Inpatient Only	$0.00			
00910	N	ANESTH BLADDER SURGERY				Bundled	$0.00			
00912	N	ANESTH BLADDER TUMOR SURG				Bundled	$0.00			
00914	N	ANESTH REMOVAL OF PROSTATE				Bundled	$0.00			
00916	N	ANESTH BLEEDING CONTROL				Bundled	$0.00			
00918	N	ANESTH STONE REMOVAL				Bundled	$0.00			
00920	N	ANESTH GENITALIA SURGERY				Bundled	$0.00			
00921	N	ANESTH VASECTOMY				Bundled	$0.00			
00922	N	ANESTH SPERM DUCT SURGERY				Bundled	$0.00			
00924	N	ANESTH TESTIS EXPLORATION				Bundled	$0.00			
00926	N	ANESTH REMOVAL OF TESTIS				Bundled	$0.00			
00928	N	ANESTH REMOVAL OF TESTIS				Bundled	$0.00			
00930	N	ANESTH TESTIS SUSPENSION				Bundled	$0.00			
00932	C	ANESTH AMPUTATION OF PENIS				Inpatient Only	$0.00			
00934	C	ANESTH PENIS NODES REMOVAL				Inpatient Only	$0.00			
00936	C	ANESTH PENIS NODES REMOVAL				Inpatient Only	$0.00			
00938	N	ANESTH INSERT PENIS DEVICE				Bundled	$0.00			
00940	N	ANESTH VAGINAL PROCEDURES				Bundled	$0.00			
00942	N	ANESTH SURG ON VAG/URETHRAL				Bundled	$0.00			
00944	C	ANESTH VAGINAL HYSTERECTOMY				Inpatient Only	$0.00			
00948	N	ANESTH REPAIR OF CERVIX				Bundled	$0.00			
00950	N	ANESTH VAGINAL ENDOSCOPY				Bundled	$0.00			
00952	N	ANESTH HYSTEROSCOPE/GRAPH				Bundled	$0.00			
01112	N	ANESTH BONE ASPIRATE/BX				Bundled	$0.00			
01120	N	ANESTH PELVIS SURGERY				Bundled	$0.00			
01130	N	ANESTH BODY CAST PROCEDURE				Bundled	$0.00			
01140	C	ANESTH AMPUTATION AT PELVIS				Inpatient Only	$0.00			
01150	C	ANESTH PELVIC TUMOR SURGERY				Inpatient Only	$0.00			
01160	N	ANESTH PELVIS PROCEDURE				Bundled	$0.00			
01170	N	ANESTH PELVIS SURGERY				Bundled	$0.00			
01173	N	ANESTH FX REPAIR PELVIS				Bundled	$0.00			
01180	N	ANESTH PELVIS NERVE REMOVAL				Bundled	$0.00			
01190	N	ANESTH PELVIS NERVE REMOVAL				Bundled	$0.00			
01200	N	ANESTH HIP JOINT PROCEDURE				Bundled	$0.00			
01202	N	ANESTH ARTHROSCOPY OF HIP				Bundled	$0.00			
01210	N	ANESTH HIP JOINT SURGERY				Bundled	$0.00			
01212	C	ANESTH HIP DISARTICULATION				Inpatient Only	$0.00			
01214	C	ANESTH HIP ARTHROPLASTY				Inpatient Only	$0.00			
01215	N	ANESTH REVISE HIP REPAIR				Bundled	$0.00			
01220	N	ANESTH PROCEDURE ON FEMUR				Bundled	$0.00			
01230	N	ANESTH SURGERY OF FEMUR				Bundled	$0.00			
01232	C	ANESTH AMPUTATION OF FEMUR				Inpatient Only	$0.00			

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01234	C	ANESTH RADICAL FEMUR SURG				Inpatient Only	$0.00			
01250	N	ANESTH UPPER LEG SURGERY				Bundled	$0.00			
01260	N	ANESTH UPPER LEG VEINS SURG				Bundled	$0.00			
01270	N	ANESTH THIGH ARTERIES SURG				Bundled	$0.00			
01272	C	ANESTH FEMORAL ARTERY SURG				Inpatient Only	$0.00			
01274	C	ANESTH FEMORAL EMBOLECTOMY				Inpatient Only	$0.00			
01320	N	ANESTH KNEE AREA SURGERY				Bundled	$0.00			
01340	N	ANESTH KNEE AREA PROCEDURE				Bundled	$0.00			
01360	N	ANESTH KNEE AREA SURGERY				Bundled	$0.00			
01380	N	ANESTH KNEE JOINT PROCEDURE				Bundled	$0.00			
01382	N	ANESTH DX KNEE ARTHROSCOPY				Bundled	$0.00			
01390	N	ANESTH KNEE AREA PROCEDURE				Bundled	$0.00			
01392	N	ANESTH KNEE AREA SURGERY				Bundled	$0.00			
01400	N	ANESTH KNEE JOINT SURGERY				Bundled	$0.00			
01402	C	ANESTH KNEE ARTHROPLASTY				Inpatient Only	$0.00			
01404	C	ANESTH AMPUTATION AT KNEE				Inpatient Only	$0.00			
01420	N	ANESTH KNEE JOINT CASTING				Bundled	$0.00			
01430	N	ANESTH KNEE VEINS SURGERY				Bundled	$0.00			
01432	N	ANESTH KNEE VESSEL SURG				Bundled	$0.00			
01440	N	ANESTH KNEE ARTERIES SURG				Bundled	$0.00			
01442	C	ANESTH KNEE ARTERY SURG				Inpatient Only	$0.00			
01444	C	ANESTH KNEE ARTERY REPAIR				Inpatient Only	$0.00			
01462	N	ANESTH LOWER LEG PROCEDURE				Bundled	$0.00			
01464	N	ANESTH ANKLE/FT ARTHROSCOPY				Bundled	$0.00			
01470	N	ANESTH LOWER LEG SURGERY				Bundled	$0.00			
01472	N	ANESTH ACHILLES TENDON SURG				Bundled	$0.00			
01474	N	ANESTH LOWER LEG SURGERY				Bundled	$0.00			
01480	N	ANESTH LOWER LEG BONE SURG				Bundled	$0.00			
01482	N	ANESTH RADICAL LEG SURGERY				Bundled	$0.00			
01484	N	ANESTH LOWER LEG REVISION				Bundled	$0.00			
01486	C	ANESTH ANKLE REPLACEMENT				Inpatient Only	$0.00			
01490	N	ANESTH LOWER LEG CASTING				Bundled	$0.00			
01500	N	ANESTH LEG ARTERIES SURG				Bundled	$0.00			
01502	C	ANESTH LWR LEG EMBOLECTOMY				Inpatient Only	$0.00			
01520	N	ANESTH LOWER LEG VEIN SURG				Bundled	$0.00			
01522	N	ANESTH LOWER LEG VEIN SURG				Bundled	$0.00			
01610	N	ANESTH SURGERY OF SHOULDER				Bundled	$0.00			
01620	N	ANESTH SHOULDER PROCEDURE				Bundled	$0.00			
01622	N	ANES DX SHOULDER ARTHROSCOPY				Bundled	$0.00			
01630	N	ANESTH SURGERY OF SHOULDER				Bundled	$0.00			
01634	C	ANESTH SHOULDER JOINT AMPUT				Inpatient Only	$0.00			
01636	C	ANESTH FOREQUARTER AMPUT				Inpatient Only	$0.00			
01638	C	ANESTH SHOULDER REPLACEMENT				Inpatient Only	$0.00			
01650	N	ANESTH SHOULDER ARTERY SURG				Bundled	$0.00			
01652	C	ANESTH SHOULDER VESSEL SURG				Inpatient Only	$0.00			
01654	C	ANESTH SHOULDER VESSEL SURG				Inpatient Only	$0.00			
01656	C	ANESTH ARM-LEG VESSEL SURG				Inpatient Only	$0.00			
01670	N	ANESTH SHOULDER VEIN SURG				Bundled	$0.00			
01680	N	ANESTH SHOULDER CASTING				Bundled	$0.00			
01682	N	ANESTH AIRPLANE CAST				Bundled	$0.00			
01710	N	ANESTH ELBOW AREA SURGERY				Bundled	$0.00			
01712	N	ANESTH UPPR ARM TENDON SURG				Bundled	$0.00			
01714	N	ANESTH UPPR ARM TENDON SURG				Bundled	$0.00			
01716	N	ANESTH BICEPS TENDON REPAIR				Bundled	$0.00			
01730	N	ANESTH UPPR ARM PROCEDURE				Bundled	$0.00			
01732	N	ANESTH DX ELBOW ARTHROSCOPY				Bundled	$0.00			

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01740	N	ANESTH UPPER ARM SURGERY				Bundled	$0.00			
01742	N	ANESTH HUMERUS SURGERY				Bundled	$0.00			
01744	N	ANESTH HUMERUS REPAIR				Bundled	$0.00			
01756	C	ANESTH RADICAL HUMERUS SURG				Inpatient Only	$0.00			
01758	N	ANESTH HUMERAL LESION SURG				Bundled	$0.00			
01760	N	ANESTH ELBOW REPLACEMENT				Bundled	$0.00			
01770	N	ANESTH UPPR ARM ARTERY SURG				Bundled	$0.00			
01772	N	ANESTH UPPR ARM EMBOLECTOMY				Bundled	$0.00			
01780	N	ANESTH UPPER ARM VEIN SURG				Bundled	$0.00			
01782	N	ANESTH UPPR ARM VEIN REPAIR				Bundled	$0.00			
01810	N	ANESTH LOWER ARM SURGERY				Bundled	$0.00			
01820	N	ANESTH LOWER ARM PROCEDURE				Bundled	$0.00			
01829	N	ANESTH DX WRIST ARTHROSCOPY				Bundled	$0.00			
01830	N	ANESTH LOWER ARM SURGERY				Bundled	$0.00			
01832	N	ANESTH WRIST REPLACEMENT				Bundled	$0.00			
01840	N	ANESTH LWR ARM ARTERY SURG				Bundled	$0.00			
01842	N	ANESTH LWR ARM EMBOLECTOMY				Bundled	$0.00			
01844	N	ANESTH VASCULAR SHUNT SURG				Bundled	$0.00			
01850	N	ANESTH LOWER ARM VEIN SURG				Bundled	$0.00			
01852	N	ANESTH LWR ARM VEIN REPAIR				Bundled	$0.00			
01860	N	ANESTH LOWER ARM CASTING				Bundled	$0.00			
01916	N	ANESTH DX ARTERIOGRAPHY				Bundled	$0.00			
01920	N	ANESTH CATHETERIZE HEART				Bundled	$0.00			
01922	N	ANESTH CAT OR MRI SCAN				Bundled	$0.00			
01924	N	ANES THER INTERVEN RAD ART				Bundled	$0.00			
01925	N	ANES THER INTERVEN RAD CAR				Bundled	$0.00			
01926	N	ANES TX INTERV RAD HRT/CRAN				Bundled	$0.00			
01930	N	ANES THER INTERVEN RAD VEI				Bundled	$0.00			
01931	N	ANES THER INTERVEN RAD TIP				Bundled	$0.00			
01932	N	ANES TX INTERV RAD TH VEIN				Bundled	$0.00			
01933	N	ANES TX INTERV RAD CRAN VEIN				Bundled	$0.00			
01935	N	ANESTH PERC IMG DX SP PROC				Bundled	$0.00			
01936	N	ANESTH PERC IMG TX SP PROC				Bundled	$0.00			
01951	N	ANESTH BURN LESS 4 PERCENT				Bundled	$0.00			
01952	N	ANESTH BURN 4-9 PERCENT				Bundled	$0.00			
01953	N	ANESTH BURN EACH 9 PERCENT				Bundled	$0.00			
01958	N	ANESTH ANTEPARTUM MANIPUL				Bundled	$0.00			
01960	N	ANESTH VAGINAL DELIVERY				Bundled	$0.00			
01961	N	ANESTH CS DELIVERY				Bundled	$0.00			
01962	N	ANESTH EMER HYSTERECTOMY				Bundled	$0.00			
01963	N	ANESTH CS HYSTERECTOMY				Bundled	$0.00			
01965	N	ANESTH INC/MISSED AB PROC				Bundled	$0.00			
01966	N	ANESTH INDUCED AB PROCEDURE				Bundled	$0.00			
01967	N	ANESTH/ANALG VAG DELIVERY				Bundled	$0.00			
01968	N	ANES/ANALG CS DELIVER ADD-ON				Bundled	$0.00			
01969	N	ANESTH/ANALG CS HYST ADD-ON				Bundled	$0.00			
01990	C	PHYSIOLOGICAL SUPPORT FOR HARVESTING OF ORGAN(S) F				Inpatient Only	$0.00			
01991	N	ANESTH NERVE BLOCK/INJ				Bundled	$0.00			
01992	N	ANESTH N BLOCK/INJ PRONE				Bundled	$0.00			
01996	N	HOSP MANAGE CONT DRUG ADMIN				Bundled	$0.00			
01999	N	UNLISTED ANESTHESIA PROCEDURE(S)				Bundled	$0.00			
10021	T	FNA W/O IMAGE		0002	1.6115	APC	$81.56			
10022	T	FNA W/IMAGE		0004	4.5746	APC	$231.52			
10040	T	ACNE SURGERY		0013	0.8785	APC	$44.46			
10060	T	DRAINAGE OF SKIN ABSCESS		0006	1.4206	APC	$71.90			
10061	T	DRAINAGE OF SKIN ABSCESS		0006	1.4206	APC	$71.90			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
10080	T	DRAINAGE OF PILONIDAL CYST		0006	1.4206	APC	$71.90			
10081	T	DRAINAGE OF PILONIDAL CYST		0007	13.1250	APC	$664.26			
10120	T	REMOVE FOREIGN BODY		0016	2.7592	APC	$139.64			
10121	T	REMOVE FOREIGN BODY		0021	17.0074	APC	$860.74			
10140	T	DRAINAGE OF HEMATOMA/FLUID		0007	13.1250	APC	$664.26			
10160	T	PUNCTURE DRAINAGE OF LESION		0006	1.4206	APC	$71.90			
10180	T	COMPLEX DRAINAGE WOUND		0008	20.5648	APC	$1,040.78			
11000	T	DEBRIDE INFECTED SKIN		0016	2.7592	APC	$139.64			
11001	T	DEBRIDE INFECTED SKIN ADD-ON		0013	0.8785	APC	$44.46			
11004	C	DEBRIDE GENITALIA & PERINEUM				Inpatient Only	$0.00			
11005	C	DEBRIDE ABDOM WALL				Inpatient Only	$0.00			
11006	C	DEBRIDE GENIT/PER/ABDOM WALL				Inpatient Only	$0.00			
11008	C	REMOVE MESH FROM ABD WALL				Inpatient Only	$0.00			
11010	T	DEBRIDE SKIN AT FX SITE		0019	4.4238	APC	$223.89			
11011	T	DEBRIDE SKIN MUSC AT FX SITE		0019	4.4238	APC	$223.89			
11012	T	DEB SKIN BONE AT FX SITE		0019	4.4238	APC	$223.89			
11042	T	DEB SUBQ TISSUE 20 SQ CM/<		0016	2.7592	APC	$139.64			
11043	T	DEB MUSC/FASCIA 20 SQ CM/<		0016	2.7592	APC	$139.64			
11044	T	DEB BONE 20 SQ CM/<		0020	8.2746	APC	$418.78			
11045	T	DEB SUBQ TISSUE ADD-ON		0016	2.7592	APC	$139.64			
11046	T	DEB MUSC/FASCIA ADD-ON		0016	2.7592	APC	$139.64			
11047	T	DEB BONE ADD-ON		0020	8.2746	APC	$418.78			
11055	T	TRIM SKIN LESION		0013	0.8785	APC	$44.46			
11056	T	TRIM SKIN LESIONS 2 TO 4		0013	0.8785	APC	$44.46			
11057	T	TRIM SKIN LESIONS OVER 4		0015	1.4989	APC	$75.86			
11100	T	BIOPSY SKIN LESION		0015	1.4989	APC	$75.86			
11101	T	BIOPSY SKIN ADD-ON		0013	0.8785	APC	$44.46			
11200	T	REMOVAL OF SKIN TAGS		0013	0.8785	APC	$44.46			
11201	T	REMOVE SKIN TAGS ADD-ON		0013	0.8785	APC	$44.46			
11300	T	SHAVE SKIN LESION		0013	0.8785	APC	$44.46			
11301	T	SHAVE SKIN LESION		0013	0.8785	APC	$44.46			
11302	T	SHAVE SKIN LESION		0013	0.8785	APC	$44.46			
11303	T	SHAVE SKIN LESION		0015	1.4989	APC	$75.86			
11305	T	SHAVE SKIN LESION		0013	0.8785	APC	$44.46			
11306	T	SHAVE SKIN LESION		0013	0.8785	APC	$44.46			
11307	T	SHAVE SKIN LESION		0013	0.8785	APC	$44.46			
11308	T	SHAVE SKIN LESION		0015	1.4989	APC	$75.86			
11310	T	SHAVE SKIN LESION		0013	0.8785	APC	$44.46			
11311	T	SHAVE SKIN LESION		0013	0.8785	APC	$44.46			
11312	T	SHAVE SKIN LESION		0015	1.4989	APC	$75.86			
11313	T	SHAVE SKIN LESION		0015	1.4989	APC	$75.86			
11400	T	EXC TR-EXT B9+MARG 0.5 < CM		0019	4.4238	APC	$223.89			
11401	T	EXC TR-EXT B9+MARG 0.6-1 CM		0019	4.4238	APC	$223.89			
11402	T	EXC TR-EXT B9+MARG 1.1-2 CM		0019	4.4238	APC	$223.89			
11403	T	EXC TR-EXT B9+MARG 2.1-3 CM		0020	8.2746	APC	$418.78			
11404	T	EXC TR-EXT B9+MARG 3.1-4 CM		0021	17.0074	APC	$860.74			
11406	T	EXC TR-EXT B9+MARG > 4.0 CM		0021	17.0074	APC	$860.74			
11420	T	EXC H-F-NK-SP B9+MARG 0.5 <		0020	8.2746	APC	$418.78			
11421	T	EXC H-F-NK-SP B9+MARG 0.6-1		0020	8.2746	APC	$418.78			
11422	T	EXC H-F-NK-SP B9+MARG 1.1-2		0020	8.2746	APC	$418.78			
11423	T	EXC H-F-NK-SP B9+MARG 2.1-3		0021	17.0074	APC	$860.74			
11424	T	EXC H-F-NK-SP B9+MARG 3.1-4		0021	17.0074	APC	$860.74			
11426	T	EXC H-F-NK-SP B9+MARG > 4 CM		0022	23.2662	APC	$1,177.50			
11440	T	EXC FACE-MM B9+MARG 0.5 < CM		0019	4.4238	APC	$223.89			
11441	T	EXC FACE-MM B9+MARG 0.6-1 CM		0019	4.4238	APC	$223.89			
11442	T	EXC FACE-MM B9+MARG 1.1-2 CM		0020	8.2746	APC	$418.78			

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11443	T	EXC FACE-MM B9+MARG 2.1-3 CM		0020	8.2746	APC	$418.78			
11444	T	EXC FACE-MM B9+MARG 3.1-4 CM		0020	8.2746	APC	$418.78			
11446	T	EXC FACE-MM B9+MARG > 4 CM		0022	23.2662	APC	$1,177.50			
11450	T	REMOVAL SWEAT GLAND LESION		0022	23.2662	APC	$1,177.50			
11451	T	REMOVAL SWEAT GLAND LESION		0022	23.2662	APC	$1,177.50			
11462	T	REMOVAL SWEAT GLAND LESION		0022	23.2662	APC	$1,177.50			
11463	T	REMOVAL SWEAT GLAND LESION		0022	23.2662	APC	$1,177.50			
11470	T	REMOVAL SWEAT GLAND LESION		0022	23.2662	APC	$1,177.50			
11471	T	REMOVAL SWEAT GLAND LESION		0022	23.2662	APC	$1,177.50			
11600	T	EXC TR-EXT MAL+MARG 0.5 < CM		0020	8.2746	APC	$418.78			
11601	T	EXC TR-EXT MAL+MARG 0.6-1 CM		0019	4.4238	APC	$223.89			
11602	T	EXC TR-EXT MAL+MARG 1.1-2 CM		0019	4.4238	APC	$223.89			
11603	T	EXC TR-EXT MAL+MARG 2.1-3 CM		0020	8.2746	APC	$418.78			
11604	T	EXC TR-EXT MAL+MARG 3.1-4 CM		0020	8.2746	APC	$418.78			
11606	T	EXC TR-EXT MAL+MARG > 4 CM		0021	17.0074	APC	$860.74			
11620	T	EXC H-F-NK-SP MAL+MARG 0.5 <		0020	8.2746	APC	$418.78			
11621	T	EXC S/N/H/F/G MAL+MRG 0.6-1		0019	4.4238	APC	$223.89			
11622	T	EXC S/N/H/F/G MAL+MRG 1.1-2		0020	8.2746	APC	$418.78			
11623	T	EXC S/N/H/F/G MAL+MRG 2.1-3		0021	17.0074	APC	$860.74			
11624	T	EXC S/N/H/F/G MAL+MRG 3.1-4		0021	17.0074	APC	$860.74			
11626	T	EXC S/N/H/F/G MAL+MRG > 4 CM		0022	23.2662	APC	$1,177.50			
11640	T	EXC F/E/E/N/L MAL+MRG 0.5CM<		0019	4.4238	APC	$223.89			
11641	T	EXC F/E/E/N/L MAL+MRG 0.6-1		0019	4.4238	APC	$223.89			
11642	T	EXC F/E/E/N/L MAL+MRG 1.1-2		0019	4.4238	APC	$223.89			
11643	T	EXC F/E/E/N/L MAL+MRG 2.1-3		0020	8.2746	APC	$418.78			
11644	T	EXC F/E/E/N/L MAL+MRG 3.1-4		0021	17.0074	APC	$860.74			
11646	T	EXC F/E/E/N/L MAL+MRG > 4 CM		0022	23.2662	APC	$1,177.50			
11719	T	TRIM NAIL(S)		0012	0.3878	APC	$19.63			
11720	T	DEBRIDE NAIL 1-5		0013	0.8785	APC	$44.46			
11721	T	DEBRIDE NAIL 6 OR MORE		0013	0.8785	APC	$44.46			
11730	T	REMOVAL OF NAIL PLATE		0013	0.8785	APC	$44.46			
11732	T	REMOVE NAIL PLATE ADD-ON		0013	0.8785	APC	$44.46			
11740	T	DRAIN BLOOD FROM UNDER NAIL		0012	0.3878	APC	$19.63			
11750	T	REMOVAL OF NAIL BED		0019	4.4238	APC	$223.89			
11752	T	REMOVE NAIL BED/FINGER TIP		0022	23.2662	APC	$1,177.50			
11755	T	BIOPSY NAIL UNIT		0019	4.4238	APC	$223.89			
11760	T	REPAIR OF NAIL BED		0133	1.1944	APC	$60.45			
11762	T	RECONSTRUCTION OF NAIL BED		0136	16.7455	APC	$847.49			
11765	T	EXCISION OF NAIL FOLD TOE		0013	0.8785	APC	$44.46			
11770	T	REMOVAL OF PILONIDAL LESION		0022	23.2662	APC	$1,177.50			
11771	T	REMOVAL OF PILONIDAL LESION		0022	23.2662	APC	$1,177.50			
11772	T	REMOVAL OF PILONIDAL LESION		0022	23.2662	APC	$1,177.50			
11900	T	INJECTION INTO SKIN LESIONS		0013	0.8785	APC	$44.46			
11901	T	ADDED SKIN LESIONS INJECTION		0013	0.8785	APC	$44.46			
11920	T	CORRECT SKIN COLOR DEFECTS		0134	3.2563	APC	$164.80			
11921	T	CORRECT SKIN COLOR DEFECTS		0134	3.2563	APC	$164.80			
11922	T	CORRECT SKIN COLOR DEFECTS		0134	3.2563	APC	$164.80			
11950	E	THERAPY FOR CONTOUR DEFECTS				Not Allowed	$0.00			
11951	E	THERAPY FOR CONTOUR DEFECTS				Not Allowed	$0.00			
11952	E	THERAPY FOR CONTOUR DEFECTS				Not Allowed	$0.00			
11954	E	THERAPY FOR CONTOUR DEFECTS				Not Allowed	$0.00			
11960	T	INSERT TISSUE EXPANDER(S)		0137	21.3314	APC	$1,079.58			Y
11970	T	REPLACE TISSUE EXPANDER		0051	47.4682	APC	$2,402.37			Y
11971	T	REMOVE TISSUE EXPANDER(S)		0022	23.2662	APC	$1,177.50			Y
11976	T	REMOVAL OF CONTRACEPTIVE CAP		0019	4.4238	APC	$223.89			
11980	X	IMPLANT HORMONE PELLET(S)		0340	0.6525	APC	$33.02			

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11981	X	INSERT DRUG IMPLANT DEVICE		0340	0.6525	APC	$33.02			
11982	X	REMOVE DRUG IMPLANT DEVICE		0340	0.6525	APC	$33.02			
11983	X	REMOVE/INSERT DRUG IMPLANT		0340	0.6525	APC	$33.02			
12001	T	REPAIR SUPERFICIAL WOUND(S)		0133	1.1944	APC	$60.45			
12002	T	REPAIR SUPERFICIAL WOUND(S)		0133	1.1944	APC	$60.45			
12004	T	REPAIR SUPERFICIAL WOUND(S)		0133	1.1944	APC	$60.45			
12005	T	REPAIR SUPERFICIAL WOUND(S)		0133	1.1944	APC	$60.45			
12006	T	REPAIR SUPERFICIAL WOUND(S)		0133	1.1944	APC	$60.45			
12007	T	REPAIR SUPERFICIAL WOUND(S)		0133	1.1944	APC	$60.45			
12011	T	REPAIR SUPERFICIAL WOUND(S)		0133	1.1944	APC	$60.45			
12013	T	REPAIR SUPERFICIAL WOUND(S)		0133	1.1944	APC	$60.45			
12014	T	REPAIR SUPERFICIAL WOUND(S)		0133	1.1944	APC	$60.45			
12015	T	REPAIR SUPERFICIAL WOUND(S)		0133	1.1944	APC	$60.45			
12016	T	REPAIR SUPERFICIAL WOUND(S)		0133	1.1944	APC	$60.45			
12017	T	REPAIR SUPERFICIAL WOUND(S)		0133	1.1944	APC	$60.45			
12018	T	REPAIR SUPERFICIAL WOUND(S)		0134	3.2563	APC	$164.80			
12020	T	CLOSURE OF SPLIT WOUND		0135	4.9694	APC	$251.50			
12021	T	CLOSURE OF SPLIT WOUND		0134	3.2563	APC	$164.80			
12031	T	INTMD WND REPAIR S/A/T/EXT		0134	3.2563	APC	$164.80			
12032	T	INTMD WND REPAIR S/A/T/EXT		0134	3.2563	APC	$164.80			
12034	T	LAYER CLOSURE OF WOUND(S)		0134	3.2563	APC	$164.80			
12035	T	INTMD WND REPAIR S/A/T/EXT		0134	3.2563	APC	$164.80			
12036	T	INTMD WND REPAIR S/A/T/EXT		0134	3.2563	APC	$164.80			
12037	T	LAYER CLOSURE OF WOUND(S)		0134	3.2563	APC	$164.80			
12041	T	LAYER CLOSURE OF WOUND(S)		0133	1.1944	APC	$60.45			
12042	T	INTMD WND REPAIR N-HF/GENIT		0134	3.2563	APC	$164.80			
12044	T	INTMD WND REPAIR N-HF/GENIT		0134	3.2563	APC	$164.80			
12045	T	INTMD WND REPAIR N-HF/GENIT		0134	3.2563	APC	$164.80			
12046	T	INTMD WND REPAIR N-HF/GENIT		0134	3.2563	APC	$164.80			
12047	T	INTMD WND REPAIR N-HF/GENIT		0134	3.2563	APC	$164.80			
12051	T	LAYER CLOSURE OF WOUND(S)		0134	3.2563	APC	$164.80			
12052	T	LAYER CLOSURE OF WOUND(S)		0134	3.2563	APC	$164.80			
12053	T	LAYER CLOSURE OF WOUND(S)		0134	3.2563	APC	$164.80			
12054	T	INTMD WND REPAIR FACE/MM		0133	1.1944	APC	$60.45			
12055	T	LAYER CLOSURE OF WOUND(S)		0134	3.2563	APC	$164.80			
12056	T	LAYER CLOSURE OF WOUND(S)		0134	3.2563	APC	$164.80			
12057	T	LAYER CLOSURE OF WOUND(S)		0134	3.2563	APC	$164.80			
13100	T	REPAIR OF WOUND OR LESION		0135	4.9694	APC	$251.50			
13101	T	REPAIR OF WOUND OR LESION		0135	4.9694	APC	$251.50			
13102	T	REPAIR WOUND/LESION ADD-ON		0134	3.2563	APC	$164.80			
13120	T	REPAIR OF WOUND OR LESION		0134	3.2563	APC	$164.80			
13121	T	REPAIR OF WOUND OR LESION		0134	3.2563	APC	$164.80			
13122	T	REPAIR WOUND/LESION ADD-ON		0133	1.1944	APC	$60.45			
13131	T	REPAIR OF WOUND OR LESION		0134	3.2563	APC	$164.80			
13132	T	REPAIR OF WOUND OR LESION		0135	4.9694	APC	$251.50			
13133	T	REPAIR WOUND/LESION ADD-ON		0134	3.2563	APC	$164.80			
13150	T	REPAIR OF WOUND OR LESION		0135	4.9694	APC	$251.50			
13151	T	REPAIR OF WOUND OR LESION		0135	4.9694	APC	$251.50			
13152	T	REPAIR OF WOUND OR LESION		0135	4.9694	APC	$251.50			
13153	T	REPAIR WOUND/LESION ADD-ON		0134	3.2563	APC	$164.80			
13160	T	LATE CLOSURE OF WOUND		0137	21.3314	APC	$1,079.58			
14000	T	SKIN TISSUE REARRANGEMENT		0136	16.7455	APC	$847.49			
14001	T	SKIN TISSUE REARRANGEMENT		0136	16.7455	APC	$847.49			
14020	T	SKIN TISSUE REARRANGEMENT		0136	16.7455	APC	$847.49			
14021	T	SKIN TISSUE REARRANGEMENT		0136	16.7455	APC	$847.49			
14040	T	SKIN TISSUE REARRANGEMENT		0136	16.7455	APC	$847.49			

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14041	T	SKIN TISSUE REARRANGEMENT		0136	16.7455	APC	$847.49			
14060	T	SKIN TISSUE REARRANGEMENT		0136	16.7455	APC	$847.49			
14061	T	SKIN TISSUE REARRANGEMENT		0136	16.7455	APC	$847.49			
14301	T	SKIN TISSUE REARRANGEMENT		0137	21.3314	APC	$1,079.58			
14302	T	SKIN TISSUE REARRANGE ADD-ON		0137	21.3314	APC	$1,079.58			
14350	T	SKIN TISSUE REARRANGEMENT		0137	21.3314	APC	$1,079.58			
15002	T	WOUND PREP TRK/ARM/LEG		0135	4.9694	APC	$251.50			
15003	T	WOUND PREP ADDL 100 CM		0135	4.9694	APC	$251.50			
15004	T	WOUND PREP F/N/HF/G		0134	3.2563	APC	$164.80			
15005	T	WND PREP F/N/HF/G ADDL CM		0135	4.9694	APC	$251.50			
15040	T	HARVEST CULTURED SKIN GRAFT		0134	3.2563	APC	$164.80			
15050	T	SKIN PINCH GRAFT		0134	3.2563	APC	$164.80			
15100	T	SKIN SPLT GRFT TRNK/ARM/LEG		0137	21.3314	APC	$1,079.58			
15101	T	SKIN SPLT GRFT T/A/L ADD-ON		0137	21.3314	APC	$1,079.58			
15110	T	EPIDRM AUTOGRFT TRNK/ARM/LEG		0135	4.9694	APC	$251.50			
15111	T	EPIDRM AUTOGRFT T/A/L ADD-ON		0135	4.9694	APC	$251.50			
15115	T	EPIDRM A-GRFT FACE/NCK/HF/G		0135	4.9694	APC	$251.50			
15116	T	EPIDRM A-GRFT F/N/HF/G ADDL		0134	3.2563	APC	$164.80			
15120	T	SKN SPLT A-GRFT FAC/NCK/HF/G		0137	21.3314	APC	$1,079.58			
15121	T	SKN SPLT A-GRFT F/N/HF/G ADD		0137	21.3314	APC	$1,079.58			
15130	T	DERM AUTOGRAFT TRNK/ARM/LEG		0136	16.7455	APC	$847.49			
15131	T	DERM AUTOGRAFT T/A/L ADD-ON		0136	16.7455	APC	$847.49			
15135	T	DERM AUTOGRAFT FACE/NCK/HF/G		0136	16.7455	APC	$847.49			
15136	T	DERM AUTOGRAFT F/N/HF/G ADD		0136	16.7455	APC	$847.49			
15150	T	CULT SKIN GRFT T/ARM/LEG		0134	3.2563	APC	$164.80			
15151	T	CULT SKIN GRFT T/A/L ADDL		0134	3.2563	APC	$164.80			
15152	T	CULT SKIN GRAFT T/A/L +%		0134	3.2563	APC	$164.80			
15155	T	CULT SKIN GRAFT F/N/HF/G		0134	3.2563	APC	$164.80			
15156	T	CULT SKIN GRFT F/N/HFG ADD		0134	3.2563	APC	$164.80			
15157	T	CULT EPIDERM GRFT F/N/HFG +%		0134	3.2563	APC	$164.80			
15200	T	SKIN FULL GRAFT TRUNK		0136	16.7455	APC	$847.49			
15201	T	SKIN FULL GRAFT TRUNK ADD-ON		0136	16.7455	APC	$847.49			
15220	T	SKIN FULL GRAFT SCLP/ARM/LEG		0136	16.7455	APC	$847.49			
15221	T	SKIN FULL GRAFT ADD-ON		0135	4.9694	APC	$251.50			
15240	T	SKIN FULL GRFT FACE/GENIT/HF		0136	16.7455	APC	$847.49			
15241	T	SKIN FULL GRAFT ADD-ON		0134	3.2563	APC	$164.80			
15260	T	SKIN FULL GRAFT EEN & LIPS		0136	16.7455	APC	$847.49			
15261	T	SKIN FULL GRAFT ADD-ON		0136	16.7455	APC	$847.49			
15271	T	SKIN SUB GRAFT TRNK/ARM/LEG		0134	3.2563	APC	$164.80			
15272	T	SKIN SUB GRAFT T/A/L ADD-ON		0133	1.1944	APC	$60.45			
15273	T	SKIN SUB GRFT T/ARM/LG CHILD		0135	4.9694	APC	$251.50			
15274	T	SKN SUB GRFT T/A/L CHILD ADD		0134	3.2563	APC	$164.80			
15275	T	SKIN SUB GRAFT FACE/NK/HF/G		0134	3.2563	APC	$164.80			
15276	T	SKIN SUB GRAFT F/N/HF/G ADDL		0133	1.1944	APC	$60.45			
15277	T	SKN SUB GRFT F/N/HF/G CHILD		0135	4.9694	APC	$251.50			
15278	T	SKN SUB GRFT F/N/HF/G CH ADD		0134	3.2563	APC	$164.80			
15570	T	FORM SKIN PEDICLE FLAP		0137	21.3314	APC	$1,079.58			
15572	T	FORM SKIN PEDICLE FLAP		0137	21.3314	APC	$1,079.58			
15574	T	FORM SKIN PEDICLE FLAP		0137	21.3314	APC	$1,079.58			
15576	T	FORM SKIN PEDICLE FLAP		0137	21.3314	APC	$1,079.58			
15600	T	SKIN GRAFT		0137	21.3314	APC	$1,079.58			
15610	T	SKIN GRAFT		0137	21.3314	APC	$1,079.58			
15620	T	SKIN GRAFT		0137	21.3314	APC	$1,079.58			
15630	T	SKIN GRAFT		0137	21.3314	APC	$1,079.58			
15650	T	TRANSFER SKIN PEDICLE FLAP		0137	21.3314	APC	$1,079.58			
15731	T	FOREHEAD FLAP W/VASC PEDICLE		0137	21.3314	APC	$1,079.58			

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15732	T	MUSCLE-SKIN GRAFT HEAD/NECK		0137	21.3314	APC	$1,079.58			
15734	T	MUSCLE-SKIN GRAFT TRUNK		0137	21.3314	APC	$1,079.58			
15736	T	MUSCLE-SKIN GRAFT ARM		0137	21.3314	APC	$1,079.58			
15738	T	MUSCLE-SKIN GRAFT LEG		0137	21.3314	APC	$1,079.58			
15740	T	ISLAND PEDICLE FLAP GRAFT		0136	16.7455	APC	$847.49			
15750	T	NEUROVASCULAR PEDICLE GRAFT		0137	21.3314	APC	$1,079.58			
15756	C	FREE MYO/SKIN FLAP MICROVASC				Inpatient Only	$0.00			
15757	C	FREE SKIN FLAP MICROVASC				Inpatient Only	$0.00			
15758	C	FREE FASCIAL FLAP MICROVASC				Inpatient Only	$0.00			
15760	T	COMPOSITE SKIN GRAFT		0137	21.3314	APC	$1,079.58			
15770	T	DERMA-FAT-FASCIA GRAFT		0137	21.3314	APC	$1,079.58			
15775	E	HAIR TRANSPLANT PUNCH GRAFTS				Not Allowed	$0.00			
15776	E	HAIR TRANSPLANT PUNCH GRAFTS				Not Allowed	$0.00			
15777	T	ACELLULAR DERM MATRIX IMPLT		0136	16.7455	APC	$847.49			
15780	E	ABRASION TREATMENT OF SKIN				Not Allowed	$0.00			
15781	E	ABRASION TREATMENT OF SKIN				Not Allowed	$0.00			
15782	E	ABRASION TREATMENT OF SKIN				Not Allowed	$0.00			
15783	E	ABRASION TREATMENT OF SKIN				Not Allowed	$0.00			
15786	E	ABRASION LESION SINGLE				Not Allowed	$0.00			
15787	E	ABRASION LESIONS ADD-ON				Not Allowed	$0.00			
15788	E	CHEMICAL PEEL FACE EPIDERM				Not Allowed	$0.00			
15789	E	CHEMICAL PEEL FACE DERMAL				Not Allowed	$0.00			
15792	E	CHEMICAL PEEL NONFACIAL				Not Allowed	$0.00			
15793	E	CHEMICAL PEEL NONFACIAL				Not Allowed	$0.00			
15819	E	PLASTIC SURGERY NECK				Not Allowed	$0.00			
15820	T	REVISION OF LOWER EYELID		0137	21.3314	APC	$1,079.58			Y
15821	T	REVISION OF LOWER EYELID		0137	21.3314	APC	$1,079.58			Y
15822	T	REVISION OF UPPER EYELID		0137	21.3314	APC	$1,079.58			Y
15823	T	REVISION OF UPPER EYELID		0137	21.3314	APC	$1,079.58			Y
15824	E	REMOVAL OF FOREHEAD WRINKLES				Not Allowed	$0.00			
15825	E	REMOVAL OF NECK WRINKLES				Not Allowed	$0.00			
15826	E	REMOVAL OF BROW WRINKLES				Not Allowed	$0.00			
15828	E	REMOVAL OF FACE WRINKLES				Not Allowed	$0.00			
15829	E	REMOVAL OF SKIN WRINKLES				Not Allowed	$0.00			
15830	T	EXC SKIN ABD		0022	23.2662	APC	$1,177.50			Y
15832	T	EXCISE EXCESSIVE SKIN TISSUE		0022	23.2662	APC	$1,177.50			Y
15833	T	EXCISE EXCESSIVE SKIN TISSUE		0022	23.2662	APC	$1,177.50			Y
15834	T	EXCISE EXCESSIVE SKIN TISSUE		0022	23.2662	APC	$1,177.50			Y
15835	T	EXCISE EXCESSIVE SKIN TISSUE		0022	23.2662	APC	$1,177.50			Y
15836	T	EXCISE EXCESSIVE SKIN TISSUE		0021	17.0074	APC	$860.74			Y
15837	T	EXCISE EXCESSIVE SKIN TISSUE		0021	17.0074	APC	$860.74			Y
15838	T	EXCISE EXCESSIVE SKIN TISSUE		0021	17.0074	APC	$860.74			Y
15839	T	EXCISE EXCESSIVE SKIN TISSUE		0021	17.0074	APC	$860.74			Y
15840	T	GRAFT FOR FACE NERVE PALSY		0137	21.3314	APC	$1,079.58			
15841	T	GRAFT FOR FACE NERVE PALSY		0137	21.3314	APC	$1,079.58			
15842	T	FLAP FOR FACE NERVE PALSY		0137	21.3314	APC	$1,079.58			
15845	T	SKIN AND MUSCLE REPAIR FACE		0137	21.3314	APC	$1,079.58			
15847	T	EXC SKIN ABD ADD-ON		0022	23.2662	APC	$1,177.50			
15850	T	REMOVAL OF SUTURES		0016	2.7592	APC	$139.64			
15851	T	REMOVAL OF SUTURES		0016	2.7592	APC	$139.64			
15852	X	DRESSING CHANGE NOT FOR BURN		0340	0.6525	APC	$33.02			
15860	X	TEST FOR BLOOD FLOW IN GRAFT		0340	0.6525	APC	$33.02			
15876	E	SUCTION ASSISTED LIPECTOMY				Not Allowed	$0.00			
15877	E	SUCTION ASSISTED LIPECTOMY				Not Allowed	$0.00			
15878	E	SUCTION ASSISTED LIPECTOMY				Not Allowed	$0.00			
15879	E	SUCTION ASSISTED LIPECTOMY				Not Allowed	$0.00			

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15920	T	REMOVAL OF TAIL BONE ULCER		0019	4.4238	APC	$223.89			
15922	T	REMOVAL OF TAIL BONE ULCER		0137	21.3314	APC	$1,079.58			
15931	T	REMOVE SACRUM PRESSURE SORE		0022	23.2662	APC	$1,177.50			
15933	T	REMOVE SACRUM PRESSURE SORE		0022	23.2662	APC	$1,177.50			
15934	T	REMOVE SACRUM PRESSURE SORE		0137	21.3314	APC	$1,079.58			
15935	T	REMOVE SACRUM PRESSURE SORE		0137	21.3314	APC	$1,079.58			
15936	T	REMOVE SACRUM PRESSURE SORE		0136	16.7455	APC	$847.49			
15937	T	REMOVE SACRUM PRESSURE SORE		0137	21.3314	APC	$1,079.58			
15940	T	REMOVE HIP PRESSURE SORE		0022	23.2662	APC	$1,177.50			
15941	T	REMOVE HIP PRESSURE SORE		0022	23.2662	APC	$1,177.50			
15944	T	REMOVE HIP PRESSURE SORE		0137	21.3314	APC	$1,079.58			
15945	T	REMOVE HIP PRESSURE SORE		0137	21.3314	APC	$1,079.58			
15946	T	REMOVE HIP PRESSURE SORE		0137	21.3314	APC	$1,079.58			
15950	T	REMOVE THIGH PRESSURE SORE		0022	23.2662	APC	$1,177.50			
15951	T	REMOVE THIGH PRESSURE SORE		0022	23.2662	APC	$1,177.50			
15952	T	REMOVE THIGH PRESSURE SORE		0136	16.7455	APC	$847.49			
15953	T	REMOVE THIGH PRESSURE SORE		0136	16.7455	APC	$847.49			
15956	T	REMOVE THIGH PRESSURE SORE		0136	16.7455	APC	$847.49			
15958	T	REMOVE THIGH PRESSURE SORE		0136	16.7455	APC	$847.49			
15999	T	REMOVAL OF PRESSURE SORE		0019	4.4238	APC	$223.89			
16000	T	INITIAL TREATMENT OF BURN(S)		0013	0.8785	APC	$44.46			
16020	T	DRESS/DEBRID P-THICK BURN S		0015	1.4989	APC	$75.86			
16025	T	DRESS/DEBRID P-THICK BURN M		0015	1.4989	APC	$75.86			
16030	T	DRESS/DEBRID P-THICK BURN L		0015	1.4989	APC	$75.86			
16035	T	INCISION OF BURN SCAB INITI		0015	1.4989	APC	$75.86			
16036	C	ESCHAROTOMY ADDL INCISION				Inpatient Only	$0.00			
17000	T	DESTROY BENIGN/PREMLG LESION		0013	0.8785	APC	$44.46			
17003	T	DESTRUCT PREMALG LES 2-14		0012	0.3878	APC	$19.63			
17004	T	DESTROY PREMAL LESIONS 15/>		0016	2.7592	APC	$139.64			
17106	T	DESTRUCTION OF SKIN LESIONS		0016	2.7592	APC	$139.64			
17107	T	DESTRUCTION OF SKIN LESIONS		0016	2.7592	APC	$139.64			
17108	T	DESTRUCTION OF SKIN LESIONS		0016	2.7592	APC	$139.64			
17110	T	DESTRUCT B9 LESION 1-14		0013	0.8785	APC	$44.46			
17111	T	DESTRUCT LESION 15 OR MORE		0015	1.4989	APC	$75.86			
17250	T	CHEMICAL CAUTERY TISSUE		0015	1.4989	APC	$75.86			
17260	T	DESTRUCTION OF SKIN LESIONS		0015	1.4989	APC	$75.86			
17261	T	DESTRUCTION OF SKIN LESIONS		0015	1.4989	APC	$75.86			
17262	T	DESTRUCTION OF SKIN LESIONS		0015	1.4989	APC	$75.86			
17263	T	DESTRUCTION OF SKIN LESIONS		0015	1.4989	APC	$75.86			
17264	T	DESTRUCTION OF SKIN LESIONS		0015	1.4989	APC	$75.86			
17266	T	DESTRUCTION OF SKIN LESIONS		0016	2.7592	APC	$139.64			
17270	T	DESTRUCTION OF SKIN LESIONS		0015	1.4989	APC	$75.86			
17271	T	DESTRUCTION OF SKIN LESIONS		0015	1.4989	APC	$75.86			
17272	T	DESTRUCTION OF SKIN LESIONS		0015	1.4989	APC	$75.86			
17273	T	DESTRUCTION OF SKIN LESIONS		0016	2.7592	APC	$139.64			
17274	T	DESTRUCTION OF SKIN LESIONS		0016	2.7592	APC	$139.64			
17276	T	DESTRUCTION OF SKIN LESIONS		0016	2.7592	APC	$139.64			
17280	T	DESTRUCTION OF SKIN LESIONS		0015	1.4989	APC	$75.86			
17281	T	DESTRUCTION OF SKIN LESIONS		0016	2.7592	APC	$139.64			
17282	T	DESTRUCTION OF SKIN LESIONS		0016	2.7592	APC	$139.64			
17283	T	DESTRUCTION OF SKIN LESIONS		0016	2.7592	APC	$139.64			
17284	T	DESTRUCTION OF SKIN LESIONS		0016	2.7592	APC	$139.64			
17286	T	DESTRUCTION OF SKIN LESIONS		0016	2.7592	APC	$139.64			
17311	T	MOHS 1 STAGE H/N/HF/G		0694	5.0706	APC	$256.62			
17312	T	MOHS ADDL STAGE		0694	5.0706	APC	$256.62			
17313	T	MOHS 1 STAGE T/A/L		0694	5.0706	APC	$256.62			

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17314	T	MOHS ADDL STAGE T/A/L		0694	5.0706	APC	$256.62			
17315	T	MOHS SURG ADDL BLOCK		0694	5.0706	APC	$256.62			
17340	T	CRYOTHERAPY OF SKIN		0013	0.8785	APC	$44.46			
17360	T	SKIN PEEL THERAPY		0015	1.4989	APC	$75.86			
17380	E	HAIR REMOVAL BY ELECTROLYSIS				Not Allowed	$0.00			
17999	T	SKIN TISSUE PROCEDURE		0012	0.3878	APC	$19.63			
19000	T	DRAINAGE OF BREAST LESION		0004	4.5746	APC	$231.52			
19001	T	DRAIN BREAST LESION ADD-ON		0002	1.6115	APC	$81.56			
19020	T	INCISION OF BREAST LESION		0008	20.5648	APC	$1,040.78			
19030	N	INJECTION FOR BREAST X-RAY				Bundled	$0.00			
19100	T	BX BREAST PERCUT W/O IMAGE		0004	4.5746	APC	$231.52			
19101	T	BIOPSY OF BREAST OPEN		0028	25.5054	APC	$1,290.83			
19102	T	BX BREAST PERCUT W/IMAGE		0005	8.1566	APC	$412.81			
19103	T	BX BREAST PERCUT W/DEVICE		0037	15.3499	APC	$776.86			
19105	T	CRYOSURG ABLATE FA EACH		0029	33.4070	APC	$1,690.73			
19110	T	NIPPLE EXPLORATION		0028	25.5054	APC	$1,290.83			
19112	T	EXCISE BREAST DUCT FISTULA		0028	25.5054	APC	$1,290.83			
19120	T	REMOVAL OF BREAST LESION		0028	25.5054	APC	$1,290.83			
19125	T	EXCISION BREAST LESION		0028	25.5054	APC	$1,290.83			
19126	T	EXCISION ADDL BREAST LESION		0028	25.5054	APC	$1,290.83			
19260	T	REMOVAL OF CHEST WALL LESION		0021	17.0074	APC	$860.74			
19271	C	REVISION OF CHEST WALL				Inpatient Only	$0.00			
19272	C	EXTENSIVE CHEST WALL SURGERY				Inpatient Only	$0.00			
19290	N	PLACE NEEDLE WIRE BREAST				Bundled	$0.00			
19291	N	PLACE NEEDLE WIRE BREAST				Bundled	$0.00			
19295	N	PLACE BREAST CLIP PERCUT		0340	0.6525	ed, may be payable in some circumst	$33.02			
19296	T	PLACE PO BREAST CATH FOR RAD		0648	62.7590	APC	$3,176.23			
19297	T	PLACE BREAST CATH FOR RAD		0648	62.7590	APC	$3,176.23			
19298	T	PLACE BREAST RAD TUBE/CATHS		0648	62.7590	APC	$3,176.23			
19300	T	REMOVAL OF BREAST TISSUE		0028	25.5054	APC	$1,290.83			
19301	T	PARTICAL MASTECTOMY		0028	25.5054	APC	$1,290.83			
19302	T	P-MASTECTOMY W/LN REMOVAL		0030	44.8999	APC	$2,272.38			
19303	T	MAST SIMPLE COMPLETE		0029	33.4070	APC	$1,690.73			
19304	T	MAST SUBQ		0029	33.4070	APC	$1,690.73			
19305	C	MAST RADICAL				Inpatient Only	$0.00			
19306	C	MAST RAD URBAN TYPE				Inpatient Only	$0.00			
19307	T	MAST MOD RAD		0030	44.8999	APC	$2,272.38			
19316	T	SUSPENSION OF BREAST		0029	33.4070	APC	$1,690.73			
19318	T	REDUCTION OF LARGE BREAST		0030	44.8999	APC	$2,272.38			Y
19324	T	ENLARGE BREAST		0030	44.8999	APC	$2,272.38			Y
19325	T	ENLARGE BREAST WITH IMPLANT		0648	62.7590	APC	$3,176.23			Y
19328	T	REMOVAL OF BREAST IMPLANT		0029	33.4070	APC	$1,690.73			
19330	T	REMOVAL OF IMPLANT MATERIAL		0029	33.4070	APC	$1,690.73			
19340	T	IMMEDIATE BREAST PROSTHESIS		0030	44.8999	APC	$2,272.38			
19342	T	DELAYED BREAST PROSTHESIS		0648	62.7590	APC	$3,176.23			
19350	T	BREAST RECONSTRUCTION		0028	25.5054	APC	$1,290.83			
19355	E	CORRECT INVERTED NIPPLE(S)				Not Allowed	$0.00			
19357	T	BREAST RECONSTRUCTION		0648	62.7590	APC	$3,176.23			
19361	C	BREAST RECONSTRUCTION				Inpatient Only	$0.00			
19364	C	BREAST RECONSTRUCTION				Inpatient Only	$0.00			
19366	T	BREAST RECONSTRUCTION		0029	33.4070	APC	$1,690.73			
19367	C	BREAST RECONSTRUCTION				Inpatient Only	$0.00			
19368	C	BREAST RECONSTRUCTION				Inpatient Only	$0.00			
19369	C	BREAST RECONSTRUCTION				Inpatient Only	$0.00			
19370	T	SURGERY OF BREAST CAPSULE		0029	33.4070	APC	$1,690.73			
19371	T	REMOVAL OF BREAST CAPSULE		0029	33.4070	APC	$1,690.73			

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19380	T	REVISE BREAST RECONSTRUCTION		0030	44.8999	APC	$2,272.38			
19396	T	DESIGN CUSTOM BREAST IMPLANT		0029	33.4070	APC	$1,690.73			
19499	T	BREAST SURGERY PROCEDURE		0028	25.5054	APC	$1,290.83			
20005	T	INCISION OF DEEP ABSCESS		0020	8.2746	APC	$418.78			
20100	T	EXPLORE WOUND NECK		0252	7.4604	APC	$377.57			
20101	T	EXPLORE WOUND CHEST		0137	21.3314	APC	$1,079.58			
20102	T	EXPLORE WOUND ABDOMEN		0137	21.3314	APC	$1,079.58			
20103	T	EXPLORE WOUND EXTREMITY		0007	13.1250	APC	$664.26			
20150	T	EXCISE EPIPHYSEAL BAR		0051	47.4682	APC	$2,402.37			
20200	T	MUSCLE BIOPSY		0021	17.0074	APC	$860.74			
20205	T	DEEP MUSCLE BIOPSY		0021	17.0074	APC	$860.74			
20206	T	NEEDLE BIOPSY MUSCLE		0005	8.1566	APC	$412.81			
20220	T	BONE BIOPSY TROCAR/NEEDLE		0020	8.2746	APC	$418.78			
20225	T	BONE BIOPSY TROCAR/NEEDLE		0021	17.0074	APC	$860.74			
20240	T	BONE BIOPSY EXCISIONAL		0022	23.2662	APC	$1,177.50			
20245	T	BONE BIOPSY EXCISIONAL		0022	23.2662	APC	$1,177.50			
20250	T	OPEN BONE BIOPSY		0050	32.4068	APC	$1,640.11			
20251	T	OPEN BONE BIOPSY		0050	32.4068	APC	$1,640.11			
20500	T	INJECTION OF SINUS TRACT		0252	7.4604	APC	$377.57			
20501	N	INJECT SINUS TRACT FOR X-RAY				Bundled	$0.00			
20520	T	REMOVAL OF FOREIGN BODY		0019	4.4238	APC	$223.89			
20525	T	REMOVAL OF FOREIGN BODY		0022	23.2662	APC	$1,177.50			
20526	T	THER INJECTION CARP TUNNEL		0204	2.6121	APC	$132.20			
20527	T	INJ DUPUYTREN CORD W/ENZYME		0204	2.6121	APC	$132.20			
20550	T	INJ TENDON SHEATH/LIGAMENT		0204	2.6121	APC	$132.20			
20551	T	INJ TENDON ORIGIN/INSERTION		0204	2.6121	APC	$132.20			
20552	T	INJ TRIGGER POINT 1/2 MUSCL		0204	2.6121	APC	$132.20			
20553	T	INJECT TRIGGER POINTS =/> 3		0204	2.6121	APC	$132.20			
20555	T	PLACE NDL MUSC/TIS FOR RT		0050	32.4068	APC	$1,640.11			
20600	T	DRAIN/INJECT JOINT/BURSA		0204	2.6121	APC	$132.20			
20605	T	DRAIN/INJECT JOINT/BURSA		0204	2.6121	APC	$132.20			
20610	T	DRAIN/INJECT JOINT/BURSA		0204	2.6121	APC	$132.20			
20612	T	ASPIRATE/INJ GANGLION CYST		0204	2.6121	APC	$132.20			
20615	T	TREATMENT OF BONE CYST		0004	4.5746	APC	$231.52			
20650	T	INSERT AND REMOVE BONE PIN		0050	32.4068	APC	$1,640.11			
20660	T	APPLY REM FIXATION DEVICE		0138	5.0918	APC	$257.70			
20661	C	APPLICATION OF HEAD BRACE				Inpatient Only	$0.00			
20662	T	APPLICATION OF PELVIS BRACE		0049	22.0777	APC	$1,117.35			
20663	T	APPLICATION OF THIGH BRACE		0050	32.4068	APC	$1,640.11			
20664	C	HALO BRACE APPLICATION				Inpatient Only	$0.00			
20665	X	REMOVAL OF FIXATION DEVICE		0340	0.6525	APC	$33.02			
20670	T	REMOVAL OF SUPPORT IMPLANT		0021	17.0074	APC	$860.74			
20680	T	REMOVAL OF SUPPORT IMPLANT		0022	23.2662	APC	$1,177.50			
20690	T	APPLY BONE FIXATION DEVICE		0050	32.4068	APC	$1,640.11			
20692	T	APPLY BONE FIXATION DEVICE		0050	32.4068	APC	$1,640.11			
20693	T	ADJUST BONE FIXATION DEVICE		0050	32.4068	APC	$1,640.11			
20694	T	REMOVE BONE FIXATION DEVICE		0049	22.0777	APC	$1,117.35			
20696	T	COMP MULTIPLANE EXT FIXATION		0050	32.4068	APC	$1,640.11			
20697	T	COMP EXT FIXATE STRUT CHANGE		0139	19.1606	APC	$969.72			
20802	C	REPLANTATION ARM COMPLETE				Inpatient Only	$0.00			
20805	C	REPLANT FOREARM COMPLETE				Inpatient Only	$0.00			
20808	C	REPLANTATION HAND COMPLETE				Inpatient Only	$0.00			
20816	C	REPLANTATION DIGIT COMPLETE				Inpatient Only	$0.00			
20822	T	REPLANTATION DIGIT COMPLETE		0054	28.8534	APC	$1,460.27			
20824	C	REPLANTATION THUMB COMPLETE				Inpatient Only	$0.00			
20827	C	REPLANTATION THUMB COMPLETE				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
20838	C	REPLANTATION FOOT COMPLETE				Inpatient Only	$0.00			
20900	T	REMOVAL OF BONE FOR GRAFT		0050	32.4068	APC	$1,640.11			
20902	T	REMOVAL OF BONE FOR GRAFT		0050	32.4068	APC	$1,640.11			
20910	T	REMOVE CARTILAGE FOR GRAFT		0137	21.3314	APC	$1,079.58			
20912	T	REMOVE CARTILAGE FOR GRAFT		0137	21.3314	APC	$1,079.58			
20920	T	REMOVAL OF FASCIA FOR GRAFT		0136	16.7455	APC	$847.49			
20922	T	REMOVAL OF FASCIA FOR GRAFT		0136	16.7455	APC	$847.49			
20924	T	REMOVAL OF TENDON FOR GRAFT		0050	32.4068	APC	$1,640.11			
20926	T	REMOVAL OF TISSUE FOR GRAFT		0135	4.9694	APC	$251.50			
20930	N	SPINAL BONE ALLOGRAFT				Bundled	$0.00			
20931	N	SPINAL BONE ALLOGRAFT				Bundled	$0.00			
20936	C	SPINAL BONE AUTOGRAFT				Inpatient Only	$0.00			
20937	C	SPINAL BONE AUTOGRAFT				Inpatient Only	$0.00			
20938	C	SPINAL BONE AUTOGRAFT				Inpatient Only	$0.00			
20950	T	FLUID PRESSURE MUSCLE		0006	1.4206	APC	$71.90			
20955	C	FIBULA BONE GRAFT MICROVASC				Inpatient Only	$0.00			
20956	C	ILIAC BONE GRAFT MICROVASC				Inpatient Only	$0.00			
20957	C	MT BONE GRAFT MICROVASC				Inpatient Only	$0.00			
20962	C	OTHER BONE GRAFT MICROVASC				Inpatient Only	$0.00			
20969	C	BONE/SKIN GRAFT MICROVASC				Inpatient Only	$0.00			
20970	C	BONE/SKIN GRAFT ILIAC CREST				Inpatient Only	$0.00			
20972	T	BONE/SKIN GRAFT METATARSAL		0056	58.3595	APC	$2,953.57			
20973	T	BONE/SKIN GRAFT GREAT TOE		0056	58.3595	APC	$2,953.57			
20974	M	ELECTRICAL BONE STIMULATION				Fee Schedule	$46.58			
20975	N	ELECTRICAL BONE STIMULATION				Bundled	$0.00			
20979	X	US BONE STIMULATION		0340	0.6525	APC	$33.02			
20982	T	ABLATE BONE TUMOR(S) PERQ		0051	47.4682	APC	$2,402.37			
20985	N	CPTR-ASST DIR MS PX				Bundled	$0.00			
20999	T	MUSCULOSKELETAL SURGERY		0049	22.0777	APC	$1,117.35			
21010	T	INCISION OF JAW JOINT		0254	24.9111	APC	$1,260.75			
21011	T	EXC FACE LES SC < 2 CM		0020	8.2746	APC	$418.78			
21012	T	EXC FACE LES SBQ 2 CM/>		0020	8.2746	APC	$418.78			
21013	T	EXC FACE TUM DEEP < 2 CM		0020	8.2746	APC	$418.78			
21014	T	EXC FACE TUM DEEP 2 CM/>		0020	8.2746	APC	$418.78			
21015	T	RESECTION OF FACIAL TUMOR		0021	17.0074	APC	$860.74			
21016	T	RESECT FACE TUM 2 CM/>		0022	23.2662	APC	$1,177.50			
21025	T	EXCISION OF BONE LOWER JAW		0256	45.1991	APC	$2,287.53			
21026	T	EXCISION OF FACIAL BONE(S)		0256	45.1991	APC	$2,287.53			
21029	T	CONTOUR OF FACE BONE LESION		0256	45.1991	APC	$2,287.53			
21030	T	EXCISE MAX/ZYGOMA B9 TUMOR		0254	24.9111	APC	$1,260.75			
21031	T	REMOVE EXOSTOSIS MANDIBLE		0254	24.9111	APC	$1,260.75			
21032	T	REMOVE EXOSTOSIS MAXILLA		0254	24.9111	APC	$1,260.75			
21034	T	EXCISE MAX/ZYGOMA MAL TUMOR		0256	45.1991	APC	$2,287.53			
21040	T	EXCISE MANDIBLE LESION		0254	24.9111	APC	$1,260.75			
21044	T	REMOVAL OF JAW BONE LESION		0256	45.1991	APC	$2,287.53			
21045	C	EXTENSIVE JAW SURGERY				Inpatient Only	$0.00			
21046	T	REMOVE MANDIBLE CYST COMPLEX		0256	45.1991	APC	$2,287.53			
21047	T	EXCISE LWR JAW CYST W/REPAIR		0256	45.1991	APC	$2,287.53			
21048	T	REMOVE MAXILLA CYST COMPLEX		0256	45.1991	APC	$2,287.53			
21049	T	EXCIS UPPR JAW CYST W/REPAIR		0256	45.1991	APC	$2,287.53			
21050	T	REMOVAL OF JAW JOINT		0256	45.1991	APC	$2,287.53			
21060	T	REMOVE JAW JOINT CARTILAGE		0256	45.1991	APC	$2,287.53			
21070	T	REMOVE CORONOID PROCESS		0256	45.1991	APC	$2,287.53			
21073	T	MNPJ OF TMJ W/ANESTH		0252	7.4604	APC	$377.57			
21076	T	PREPARE FACE/ORAL PROSTHESIS		0254	24.9111	APC	$1,260.75			
21077	T	PREPARE FACE/ORAL PROSTHESIS		0256	45.1991	APC	$2,287.53			

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21079	T	PREPARE FACE/ORAL PROSTHESIS		0256	45.1991	APC	$2,287.53			
21080	T	PREPARE FACE/ORAL PROSTHESIS		0256	45.1991	APC	$2,287.53			
21081	T	PREPARE FACE/ORAL PROSTHESIS		0256	45.1991	APC	$2,287.53			
21082	T	PREPARE FACE/ORAL PROSTHESIS		0256	45.1991	APC	$2,287.53			
21083	T	PREPARE FACE/ORAL PROSTHESIS		0256	45.1991	APC	$2,287.53			
21084	T	PREPARE FACE/ORAL PROSTHESIS		0256	45.1991	APC	$2,287.53			
21085	T	PREPARE FACE/ORAL PROSTHESIS		0253	16.8771	APC	$854.15			
21086	T	PREPARE FACE/ORAL PROSTHESIS		0256	45.1991	APC	$2,287.53			
21087	T	PREPARE FACE/ORAL PROSTHESIS		0256	45.1991	APC	$2,287.53			
21088	T	PREPARE FACE/ORAL PROSTHESIS		0256	45.1991	APC	$2,287.53			
21089	T	PREPARE FACE/ORAL PROSTHESIS		0250	1.0708	APC	$54.19			
21100	T	MAXILLOFACIAL FIXATION		0256	45.1991	APC	$2,287.53			
21110	T	INTERDENTAL FIXATION		0252	7.4604	APC	$377.57			
21116	N	INJECTION JAW JOINT X-RAY				Bundled	$0.00			
21120	T	RECONSTRUCTION OF CHIN		0254	24.9111	APC	$1,260.75			Y
21121	T	RECONSTRUCTION OF CHIN		0254	24.9111	APC	$1,260.75			Y
21122	T	RECONSTRUCTION OF CHIN		0254	24.9111	APC	$1,260.75			Y
21123	T	RECONSTRUCTION OF CHIN		0254	24.9111	APC	$1,260.75			Y
21125	T	AUGMENTATION LOWER JAW BONE		0254	24.9111	APC	$1,260.75			Y
21127	T	AUGMENTATION LOWER JAW BONE		0256	45.1991	APC	$2,287.53			Y
21137	T	REDUCTION OF FOREHEAD		0254	24.9111	APC	$1,260.75			Y
21138	T	REDUCTION OF FOREHEAD		0256	45.1991	APC	$2,287.53			Y
21139	T	REDUCTION OF FOREHEAD		0256	45.1991	APC	$2,287.53			Y
21141	C	RECONSTRUCT MIDFACE LEFORT				Inpatient Only	$0.00			
21142	C	RECONSTRUCT MIDFACE LEFORT				Inpatient Only	$0.00			
21143	C	RECONSTRUCT MIDFACE LEFORT				Inpatient Only	$0.00			
21145	C	RECONSTRUCT MIDFACE LEFORT				Inpatient Only	$0.00			
21146	C	RECONSTRUCT MIDFACE LEFORT				Inpatient Only	$0.00			
21147	C	RECONSTRUCT MIDFACE LEFORT				Inpatient Only	$0.00			
21150	T	RECONSTRUCT MIDFACE LEFORT		0256	45.1991	APC	$2,287.53			Y
21151	C	RECONSTRUCT MIDFACE LEFORT				Inpatient Only	$0.00			
21154	C	RECONSTRUCT MIDFACE LEFORT				Inpatient Only	$0.00			
21155	C	RECONSTRUCT MIDFACE LEFORT				Inpatient Only	$0.00			
21159	C	RECONSTRUCT MIDFACE LEFORT				Inpatient Only	$0.00			
21160	C	RECONSTRUCT MIDFACE LEFORT				Inpatient Only	$0.00			
21172	T	RECONSTRUCT ORBIT/FOREHEAD		0256	45.1991	APC	$2,287.53			Y
21175	T	RECONSTRUCT ORBIT/FOREHEAD		0256	45.1991	APC	$2,287.53			Y
21179	C	RECONSTRUCT ENTIRE FOREHEAD				Inpatient Only	$0.00			
21180	C	RECONSTRUCT ENTIRE FOREHEAD				Inpatient Only	$0.00			
21181	T	CONTOUR CRANIAL BONE LESION		0254	24.9111	APC	$1,260.75			Y
21182	C	RECONSTRUCT CRANIAL BONE				Inpatient Only	$0.00			
21183	C	RECONSTRUCT CRANIAL BONE				Inpatient Only	$0.00			
21184	C	RECONSTRUCT CRANIAL BONE				Inpatient Only	$0.00			
21188	C	RECONSTRUCTION OF MIDFACE				Inpatient Only	$0.00			
21193	T	RECONST LWR JAW W/O GRAFT		0256	45.1991	APC	$2,287.53			
21194	C	RECONST LWR JAW W/GRAFT				Inpatient Only	$0.00			
21195	T	RECONST LWR JAW W/O FIXATION		0256	45.1991	APC	$2,287.53			Y
21196	C	RECONST LWR JAW W/FIXATION				Inpatient Only	$0.00			
21198	T	RECONSTR LWR JAW SEGMENT		0256	45.1991	APC	$2,287.53			Y
21199	T	RECONSTR LWR JAW W/ADVANCE		0256	45.1991	APC	$2,287.53			Y
21206	T	RECONSTRUCT UPPER JAW BONE		0256	45.1991	APC	$2,287.53			Y
21208	T	AUGMENTATION OF FACIAL BONES		0256	45.1991	APC	$2,287.53			Y
21209	T	REDUCTION OF FACIAL BONES		0256	45.1991	APC	$2,287.53			Y
21210	T	FACE BONE GRAFT		0256	45.1991	APC	$2,287.53			Y
21215	T	LOWER JAW BONE GRAFT		0256	45.1991	APC	$2,287.53			Y
21230	T	RIB CARTILAGE GRAFT		0256	45.1991	APC	$2,287.53			Y

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21235	T	EAR CARTILAGE GRAFT		0254	24.9111	APC	$1,260.75			Y
21240	T	RECONSTRUCTION OF JAW JOINT		0256	45.1991	APC	$2,287.53			Y
21242	T	RECONSTRUCTION OF JAW JOINT		0256	45.1991	APC	$2,287.53			Y
21243	T	RECONSTRUCTION OF JAW JOINT		0256	45.1991	APC	$2,287.53			Y
21244	T	RECONSTRUCTION OF LOWER JAW		0256	45.1991	APC	$2,287.53			Y
21245	T	RECONSTRUCTION OF JAW		0256	45.1991	APC	$2,287.53			Y
21246	T	RECONSTRUCTION OF JAW		0256	45.1991	APC	$2,287.53			Y
21247	C	RECONSTRUCT LOWER JAW BONE				Inpatient Only	$0.00			
21248	T	RECONSTRUCTION OF JAW		0256	45.1991	APC	$2,287.53			Y
21249	T	RECONSTRUCTION OF JAW		0256	45.1991	APC	$2,287.53			Y
21255	C	RECONSTRUCT LOWER JAW BONE				Inpatient Only	$0.00			
21256	T	RECONSTRUCTION OF ORBIT		0256	45.1991	APC	$2,287.53			Y
21260	T	REVISE EYE SOCKETS		0256	45.1991	APC	$2,287.53			
21261	T	REVISE EYE SOCKETS		0256	45.1991	APC	$2,287.53			
21263	T	REVISE EYE SOCKETS		0256	45.1991	APC	$2,287.53			
21267	T	REVISE EYE SOCKETS		0256	45.1991	APC	$2,287.53			
21268	C	REVISE EYE SOCKETS				Inpatient Only	$0.00			
21270	T	AUGMENTATION CHEEK BONE		0256	45.1991	APC	$2,287.53			
21275	T	REVISION ORBITOFACIAL BONES		0256	45.1991	APC	$2,287.53			
21280	T	REVISION OF EYELID		0256	45.1991	APC	$2,287.53			
21282	T	REVISION OF EYELID		0253	16.8771	APC	$854.15			
21295	T	REVISION OF JAW MUSCLE/BONE		0252	7.4604	APC	$377.57			
21296	T	REVISION OF JAW MUSCLE/BONE		0254	24.9111	APC	$1,260.75			
21299	T	CRANIO/MAXILLOFACIAL SURGERY		0250	1.0708	APC	$54.19			
21310	T	TREATMENT OF NOSE FRACTURE		0250	1.0708	APC	$54.19			
21315	T	TREATMENT OF NOSE FRACTURE		0253	16.8771	APC	$854.15			
21320	T	TREATMENT OF NOSE FRACTURE		0253	16.8771	APC	$854.15			
21325	T	TREATMENT OF NOSE FRACTURE		0254	24.9111	APC	$1,260.75			
21330	T	TREATMENT OF NOSE FRACTURE		0254	24.9111	APC	$1,260.75			
21335	T	TREATMENT OF NOSE FRACTURE		0254	24.9111	APC	$1,260.75			
21336	T	TREAT NASAL SEPTAL FRACTURE		0062	26.1699	APC	$1,324.46			
21337	T	TREAT NASAL SEPTAL FRACTURE		0253	16.8771	APC	$854.15			
21338	T	TREAT NASOETHMOID FRACTURE		0254	24.9111	APC	$1,260.75			
21339	T	TREAT NASOETHMOID FRACTURE		0254	24.9111	APC	$1,260.75			
21340	T	TREATMENT OF NOSE FRACTURE		0256	45.1991	APC	$2,287.53			
21343	C	TREATMENT OF SINUS FRACTURE				Inpatient Only	$0.00			
21344	C	TREATMENT OF SINUS FRACTURE				Inpatient Only	$0.00			
21345	T	TREAT NOSE/JAW FRACTURE		0254	24.9111	APC	$1,260.75			
21346	T	TREAT NOSE/JAW FRACTURE		0254	24.9111	APC	$1,260.75			
21347	C	TREAT NOSE/JAW FRACTURE				Inpatient Only	$0.00			
21348	C	TREAT NOSE/JAW FRACTURE				Inpatient Only	$0.00			
21355	T	TREAT CHEEK BONE FRACTURE		0256	45.1991	APC	$2,287.53			
21356	T	TREAT CHEEK BONE FRACTURE		0254	24.9111	APC	$1,260.75			
21360	T	TREAT CHEEK BONE FRACTURE		0254	24.9111	APC	$1,260.75			
21365	T	TREAT CHEEK BONE FRACTURE		0256	45.1991	APC	$2,287.53			
21366	C	TREAT CHEEK BONE FRACTURE				Inpatient Only	$0.00			
21385	T	TREAT EYE SOCKET FRACTURE		0256	45.1991	APC	$2,287.53			
21386	T	TREAT EYE SOCKET FRACTURE		0256	45.1991	APC	$2,287.53			
21387	T	TREAT EYE SOCKET FRACTURE		0256	45.1991	APC	$2,287.53			
21390	T	TREAT EYE SOCKET FRACTURE		0256	45.1991	APC	$2,287.53			
21395	T	TREAT EYE SOCKET FRACTURE		0256	45.1991	APC	$2,287.53			
21400	T	TREAT EYE SOCKET FRACTURE		0252	7.4604	APC	$377.57			
21401	T	TREAT EYE SOCKET FRACTURE		0253	16.8771	APC	$854.15			
21406	T	TREAT EYE SOCKET FRACTURE		0256	45.1991	APC	$2,287.53			
21407	T	TREAT EYE SOCKET FRACTURE		0256	45.1991	APC	$2,287.53			
21408	T	TREAT EYE SOCKET FRACTURE		0256	45.1991	APC	$2,287.53			

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21421	T	TREAT MOUTH ROOF FRACTURE		0254	24.9111	APC	$1,260.75			
21422	C	TREAT MOUTH ROOF FRACTURE				Inpatient Only	$0.00			
21423	C	TREAT MOUTH ROOF FRACTURE				Inpatient Only	$0.00			
21431	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			
21432	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			
21433	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			
21435	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			
21436	C	TREAT CRANIOFACIAL FRACTURE				Inpatient Only	$0.00			
21440	T	TREAT DENTAL RIDGE FRACTURE		0254	24.9111	APC	$1,260.75			
21445	T	TREAT DENTAL RIDGE FRACTURE		0254	24.9111	APC	$1,260.75			
21450	T	TREAT LOWER JAW FRACTURE		0251	3.1145	APC	$157.62			
21451	T	TREAT LOWER JAW FRACTURE		0252	7.4604	APC	$377.57			
21452	T	TREAT LOWER JAW FRACTURE		0253	16.8771	APC	$854.15			
21453	T	TREAT LOWER JAW FRACTURE		0256	45.1991	APC	$2,287.53			
21454	T	TREAT LOWER JAW FRACTURE		0254	24.9111	APC	$1,260.75			
21461	T	TREAT LOWER JAW FRACTURE		0256	45.1991	APC	$2,287.53			
21462	T	TREAT LOWER JAW FRACTURE		0256	45.1991	APC	$2,287.53			
21465	T	TREAT LOWER JAW FRACTURE		0256	45.1991	APC	$2,287.53			
21470	T	TREAT LOWER JAW FRACTURE		0256	45.1991	APC	$2,287.53			
21480	T	RESET DISLOCATED JAW		0250	1.0708	APC	$54.19			
21485	T	RESET DISLOCATED JAW		0253	16.8771	APC	$854.15			
21490	T	REPAIR DISLOCATED JAW		0256	45.1991	APC	$2,287.53			
21495	T	TREAT HYOID BONE FRACTURE		0253	16.8771	APC	$854.15			
21497	T	INTERDENTAL WIRING		0253	16.8771	APC	$854.15			
21499	T	HEAD SURGERY PROCEDURE		0250	1.0708	APC	$54.19			
21501	T	DRAIN NECK/CHEST LESION		0008	20.5648	APC	$1,040.78			
21502	T	DRAIN CHEST LESION		0049	22.0777	APC	$1,117.35			
21510	C	DRAINAGE OF BONE LESION				Inpatient Only	$0.00			
21550	T	BIOPSY OF NECK/CHEST		0021	17.0074	APC	$860.74			
21552	T	EXC NECK LES SC 3 CM/>		0022	23.2662	APC	$1,177.50			
21554	T	EXC NECK TUM DEEP 5 CM/>		0022	23.2662	APC	$1,177.50			
21555	T	REMOVE LESION, NECK/CHEST		0021	17.0074	APC	$860.74			
21556	T	REMOVE LESION, NECK/CHEST		0022	23.2662	APC	$1,177.50			
21557	T	REMOVE TUMOR, NECK/CHEST		0021	17.0074	APC	$860.74			
21558	T	RESECT NECK TUM 5 CM/>		0022	23.2662	APC	$1,177.50			
21600	T	PARTIAL REMOVAL OF RIB		0050	32.4068	APC	$1,640.11			
21610	T	PARTIAL REMOVAL OF RIB		0050	32.4068	APC	$1,640.11			
21615	C	REMOVAL OF RIB				Inpatient Only	$0.00			
21616	C	REMOVAL OF RIB AND NERVES				Inpatient Only	$0.00			
21620	C	PARTIAL REMOVAL OF STERNUM				Inpatient Only	$0.00			
21627	C	STERNAL DEBRIDEMENT				Inpatient Only	$0.00			
21630	C	EXTENSIVE STERNUM SURGERY				Inpatient Only	$0.00			
21632	C	EXTENSIVE STERNUM SURGERY				Inpatient Only	$0.00			
21685	T	HYOID MYOTOMY & SUSPENSION		0252	7.4604	APC	$377.57			
21700	T	REVISION OF NECK MUSCLE		0049	22.0777	APC	$1,117.35			
21705	C	REVISION OF NECK MUSCLE/RIB				Inpatient Only	$0.00			
21720	T	REVISION OF NECK MUSCLE		0049	22.0777	APC	$1,117.35			
21725	T	REVISION OF NECK MUSCLE		0006	1.4206	APC	$71.90			
21740	C	RECONSTRUCTION OF STERNUM				Inpatient Only	$0.00			
21742	T	REPAIR STERN/NUSS W/O SCOPE		0051	47.4682	APC	$2,402.37			
21743	T	REPAIR STERNUM/NUSS W/SCOPE		0051	47.4682	APC	$2,402.37			
21750	C	REPAIR OF STERNUM SEPARATION				Inpatient Only	$0.00			
21800	T	TREATMENT OF RIB FRACTURE		0129	1.5023	APC	$76.03			
21805	T	TREATMENT OF RIB FRACTURE		0062	26.1699	APC	$1,324.46			
21810	C	TREATMENT OF RIB FRACTURE(S)				Inpatient Only	$0.00			
21820	T	TREAT STERNUM FRACTURE		0129	1.5023	APC	$76.03			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
21825	C	TREAT STERNUM FRACTURE				Inpatient Only	$0.00			
21899	T	NECK/CHEST SURGERY PROCEDURE		0250	1.0708	APC	$54.19			
21920	T	BIOPSY SOFT TISSUE OF BACK		0020	8.2746	APC	$418.78			
21925	T	BIOPSY SOFT TISSUE OF BACK		0022	23.2662	APC	$1,177.50			
21930	T	REMOVE LESION, BACK OR FLANK		0021	17.0074	APC	$860.74			
21931	T	EXC BACK LES SC 3 CM/>		0022	23.2662	APC	$1,177.50			
21932	T	EXC BACK TUM DEEP < 5 CM		0021	17.0074	APC	$860.74			
21933	T	EXC BACK TUM DEEP 5 CM/>		0022	23.2662	APC	$1,177.50			
21935	T	REMOVE TUMOR, BACK		0021	17.0074	APC	$860.74			
21936	T	RESECT BACK TUM 5 CM/>		0022	23.2662	APC	$1,177.50			
22010	C	I&D P-SPINE C/T/CERV-THOR				Inpatient Only	$0.00			
22015	C	I&D P-SPINE L/S/LS				Inpatient Only	$0.00			
22100	T	REMOVE PART OF NECK VERTEBRA		0208	50.8933	APC	$2,575.71			
22101	T	REMOVE PART THORAX VERTEBRA		0208	50.8933	APC	$2,575.71			
22102	T	REMOVE PART LUMBAR VERTEBRA		0208	50.8933	APC	$2,575.71			
22103	T	REMOVE EXTRA SPINE SEGMENT		0208	50.8933	APC	$2,575.71			
22110	C	REMOVE PART OF NECK VERTEBRA				Inpatient Only	$0.00			
22112	C	REMOVE PART THORAX VERTEBRA				Inpatient Only	$0.00			
22114	C	REMOVE PART LUMBAR VERTEBRA				Inpatient Only	$0.00			
22116	C	REMOVE EXTRA SPINE SEGMENT				Inpatient Only	$0.00			
22206	C	CUT SPINE 3 COL THOR				Inpatient Only	$0.00			
22207	C	CUT SPINE 3 COL LUMB				Inpatient Only	$0.00			
22208	C	CUT SPINE 3 COL ADDL SEG				Inpatient Only	$0.00			
22210	C	REVISION OF NECK SPINE				Inpatient Only	$0.00			
22212	C	REVISION OF THORAX SPINE				Inpatient Only	$0.00			
22214	C	REVISION OF LUMBAR SPINE				Inpatient Only	$0.00			
22216	C	REVISE EXTRA SPINE SEGMENT				Inpatient Only	$0.00			
22220	C	REVISION OF NECK SPINE				Inpatient Only	$0.00			
22222	T	REVISION OF THORAX SPINE		0208	50.8933	APC	$2,575.71			
22224	C	REVISION OF LUMBAR SPINE				Inpatient Only	$0.00			
22226	C	REVISE EXTRA SPINE SEGMENT				Inpatient Only	$0.00			
22305	T	TREAT SPINE PROCESS FRACTURE		0129	1.5023	APC	$76.03			
22310	T	TREAT SPINE FRACTURE		0138	5.0918	APC	$257.70			
22315	T	TREAT SPINE FRACTURE		0139	19.1606	APC	$969.72			
22318	C	TREAT ODONTOID FX W/O GRAFT				Inpatient Only	$0.00			
22319	C	TREAT ODONTOID FX W/GRAFT				Inpatient Only	$0.00			
22325	C	TREAT SPINE FRACTURE				Inpatient Only	$0.00			
22326	C	TREAT NECK SPINE FRACTURE				Inpatient Only	$0.00			
22327	C	TREAT THORAX SPINE FRACTURE				Inpatient Only	$0.00			
22328	C	TREAT EACH ADD SPINE FX				Inpatient Only	$0.00			
22505	T	MANIPULATION OF SPINE		0045	15.4592	APC	$782.39			
22520	T	PERCUT VERTEBROPLASTY THOR		0050	32.4068	APC	$1,640.11			
22521	T	PERCUT VERTEBROPLASTY LUMB		0050	32.4068	APC	$1,640.11			
22522	T	PERCUT VERTEBROPLASTY ADDL		0050	32.4068	APC	$1,640.11			
22523	T	PERCUT KYPHOPLASTY THOR		0052	88.7314	APC	$4,490.70			
22524	T	PERCUT KYPHOPLASTY LUMBAR		0052	88.7314	APC	$4,490.70			
22525	T	PERCUT KYPHOPLASTY ADD-ON		0052	88.7314	APC	$4,490.70			
22526	E	IDET SINGLE LEVEL				Not Allowed	$0.00			
22527	E	IDET 1 OR MORE LEVELS				Not Allowed	$0.00			
22532	C	LAT THORAX SPINE FUSION				Inpatient Only	$0.00			
22533	C	LAT LUMBAR SPINE FUSION				Inpatient Only	$0.00			
22534	C	LAT THOR/LUMB ADDL SEG				Inpatient Only	$0.00			
22548	C	NECK SPINE FUSION				Inpatient Only	$0.00			
22551	T	NECK SPINE FUSE&REMOV BEL C2		0208	50.8933	APC	$2,575.71			
22552	C	ADDL NECK SPINE FUSION				Inpatient Only	$0.00			
22554	T	NECK SPINE FUSION		0208	50.8933	APC	$2,575.71			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
22556	C	THORAX SPINE FUSION				Inpatient Only	$0.00			
22558	C	LUMBAR SPINE FUSION				Inpatient Only	$0.00			
22585	C	ADDITIONAL SPINAL FUSION				Inpatient Only	$0.00			
22590	C	SPINE & SKULL SPINAL FUSION				Inpatient Only	$0.00			
22595	C	NECK SPINAL FUSION				Inpatient Only	$0.00			
22600	C	NECK SPINE FUSION				Inpatient Only	$0.00			
22610	C	THORAX SPINE FUSION				Inpatient Only	$0.00			
22612	T	LUMBAR SPINE FUSION		0208	50.8933	APC	$2,575.71			
22614	T	SPINE FUSION EXTRA SEGMENT		0208	50.8933	APC	$2,575.71			
22630	C	LUMBAR SPINE FUSION				Inpatient Only	$0.00			
22632	C	SPINE FUSION EXTRA SEGMENT				Inpatient Only	$0.00			
22633	C	LUMBAR SPINE FUSION COMBINED				Inpatient Only	$0.00			
22634	C	SPINE FUSION EXTRA SEGMENT				Inpatient Only	$0.00			
22800	C	FUSION OF SPINE				Inpatient Only	$0.00			
22802	C	FUSION OF SPINE				Inpatient Only	$0.00			
22804	C	FUSION OF SPINE				Inpatient Only	$0.00			
22808	C	FUSION OF SPINE				Inpatient Only	$0.00			
22810	C	FUSION OF SPINE				Inpatient Only	$0.00			
22812	C	FUSION OF SPINE				Inpatient Only	$0.00			
22818	C	KYPHECTOMY 1-2 SEGMENTS				Inpatient Only	$0.00			
22819	C	KYPHECTOMY 3 OR MORE				Inpatient Only	$0.00			
22830	C	EXPLORATION OF SPINAL FUSION				Inpatient Only	$0.00			
22840	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22841	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22842	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22843	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22844	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22845	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22846	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22847	C	INSERT SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22848	C	INSERT PELV FIXATION DEVICE				Inpatient Only	$0.00			
22849	C	REINSERT SPINAL FIXATION				Inpatient Only	$0.00			
22850	C	REMOVE SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22851	T	APPLY SPINE PROSTH DEVICE		0050	32.4068	APC	$1,640.11			
22852	C	REMOVE SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22855	C	REMOVE SPINE FIXATION DEVICE				Inpatient Only	$0.00			
22856	C	CERV ARTIFIC DISKECTOMY				Inpatient Only	$0.00			
22857	C	LUMBAR ARTIF DISKECTOMY				Inpatient Only	$0.00			
22861	C	REVISE CERV ARTIFIC DISC				Inpatient Only	$0.00			
22862	C	REVISE LUMBAR ARTIF DISC				Inpatient Only	$0.00			
22864	C	REMOVE CERV ARTIF DISC				Inpatient Only	$0.00			
22865	C	REMOVE LUMB ARTIF DISC				Inpatient Only	$0.00			
22899	T	SPINE SURGERY PROCEDURE		0050	32.4068	APC	$1,640.11			
22900	T	EXC ABDL TUM DEEP < 5 CM		0022	23.2662	APC	$1,177.50			
22901	T	EXC ABDL TUM DEEP 5 CM/>		0022	23.2662	APC	$1,177.50			
22902	T	EXC ABD LES SC < 3 CM		0021	17.0074	APC	$860.74			
22903	T	EXC ABD LES SC 3 CM/>		0022	23.2662	APC	$1,177.50			
22904	T	RESECT ABD TUM < 5 CM		0021	17.0074	APC	$860.74			
22905	T	RESECT ABD TUM 5 CM/>		0022	23.2662	APC	$1,177.50			
22999	T	ABDOMEN SURGERY PROCEDURE		0049	22.0777	APC	$1,117.35			
23000	T	REMOVAL OF CALCIUM DEPOSITS		0021	17.0074	APC	$860.74			
23020	T	RELEASE SHOULDER JOINT		0050	32.4068	APC	$1,640.11			
23030	T	DRAIN SHOULDER LESION		0008	20.5648	APC	$1,040.78			
23031	T	DRAIN SHOULDER BURSA		0008	20.5648	APC	$1,040.78			
23035	T	DRAIN SHOULDER BONE LESION		0049	22.0777	APC	$1,117.35			
23040	T	EXPLORATORY SHOULDER SURGERY		0050	32.4068	APC	$1,640.11			

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23044	T	EXPLORATORY SHOULDER SURGERY		0050	32.4068	APC	$1,640.11			
23065	T	BIOPSY SHOULDER TISSUES		0020	8.2746	APC	$418.78			
23066	T	BIOPSY SHOULDER TISSUES		0022	23.2662	APC	$1,177.50			
23071	T	EXC SHOULDER LES SC 3 CM/>		0022	23.2662	APC	$1,177.50			
23073	T	EXC SHOULDER TUM DEEP 5 CM/>		0022	23.2662	APC	$1,177.50			
23075	T	REMOVAL OF SHOULDER LESION		0021	17.0074	APC	$860.74			
23076	T	REMOVAL OF SHOULDER LESION		0021	17.0074	APC	$860.74			
23077	T	REMOVE TUMOR OF SHOULDER		0021	17.0074	APC	$860.74			
23078	T	RESECT SHOULDER TUM 5 CM/>		0022	23.2662	APC	$1,177.50			
23100	T	BIOPSY OF SHOULDER JOINT		0049	22.0777	APC	$1,117.35			
23101	T	SHOULDER JOINT SURGERY		0050	32.4068	APC	$1,640.11			
23105	T	REMOVE SHOULDER JOINT LINING		0050	32.4068	APC	$1,640.11			
23106	T	INCISION OF COLLARBONE JOINT		0050	32.4068	APC	$1,640.11			
23107	T	EXPLORE TREAT SHOULDER JOINT		0050	32.4068	APC	$1,640.11			
23120	T	PARTIAL REMOVAL COLLAR BONE		0050	32.4068	APC	$1,640.11			
23125	T	REMOVAL OF COLLAR BONE		0050	32.4068	APC	$1,640.11			
23130	T	REMOVE SHOULDER BONE PART		0051	47.4682	APC	$2,402.37			
23140	T	REMOVAL OF BONE LESION		0049	22.0777	APC	$1,117.35			
23145	T	REMOVAL OF BONE LESION		0050	32.4068	APC	$1,640.11			
23146	T	REMOVAL OF BONE LESION		0050	32.4068	APC	$1,640.11			
23150	T	REMOVAL OF HUMERUS LESION		0050	32.4068	APC	$1,640.11			
23155	T	REMOVAL OF HUMERUS LESION		0050	32.4068	APC	$1,640.11			
23156	T	REMOVAL OF HUMERUS LESION		0050	32.4068	APC	$1,640.11			
23170	T	REMOVE COLLAR BONE LESION		0050	32.4068	APC	$1,640.11			
23172	T	REMOVE SHOULDER BLADE LESION		0050	32.4068	APC	$1,640.11			
23174	T	REMOVE HUMERUS LESION		0050	32.4068	APC	$1,640.11			
23180	T	REMOVE COLLAR BONE LESION		0050	32.4068	APC	$1,640.11			
23182	T	REMOVE SHOULDER BLADE LESION		0050	32.4068	APC	$1,640.11			
23184	T	REMOVE HUMERUS LESION		0050	32.4068	APC	$1,640.11			
23190	T	PARTIAL REMOVAL OF SCAPULA		0050	32.4068	APC	$1,640.11			
23195	T	REMOVAL OF HEAD OF HUMERUS		0050	32.4068	APC	$1,640.11			
23200	C	REMOVAL OF COLLAR BONE				Inpatient Only	$0.00			
23210	C	REMOVAL OF SHOULDER BLADE				Inpatient Only	$0.00			
23220	C	PARTIAL REMOVAL OF HUMERUS				Inpatient Only	$0.00			
23330	T	REMOVE SHOULDER FOREIGN BODY		0020	8.2746	APC	$418.78			
23331	T	REMOVE SHOULDER FOREIGN BODY		0022	23.2662	APC	$1,177.50			
23332	C	REMOVE SHOULDER FOREIGN BODY				Inpatient Only	$0.00			
23350	N	INJECTION FOR SHOULDER X-RAY				Bundled	$0.00			
23395	T	MUSCLE TRANSFER SHOULDER/ARM		0051	47.4682	APC	$2,402.37			
23397	T	MUSCLE TRANSFERS		0052	88.7314	APC	$4,490.70			
23400	T	FIXATION OF SHOULDER BLADE		0050	32.4068	APC	$1,640.11			
23405	T	INCISION OF TENDON & MUSCLE		0050	32.4068	APC	$1,640.11			
23406	T	INCISE TENDON(S) & MUSCLE(S)		0050	32.4068	APC	$1,640.11			
23410	T	REPAIR ROTATOR CUFF ACUTE		0051	47.4682	APC	$2,402.37			
23412	T	REPAIR ROTATOR CUFF CHRONIC		0051	47.4682	APC	$2,402.37			
23415	T	RELEASE OF SHOULDER LIGAMENT		0051	47.4682	APC	$2,402.37			
23420	T	REPAIR OF SHOULDER		0051	47.4682	APC	$2,402.37			
23430	T	REPAIR BICEPS TENDON		0051	47.4682	APC	$2,402.37			
23440	T	REMOVE/TRANSPLANT TENDON		0050	32.4068	APC	$1,640.11			
23450	T	REPAIR SHOULDER CAPSULE		0052	88.7314	APC	$4,490.70			
23455	T	REPAIR SHOULDER CAPSULE		0052	88.7314	APC	$4,490.70			
23460	T	REPAIR SHOULDER CAPSULE		0052	88.7314	APC	$4,490.70			
23462	T	REPAIR SHOULDER CAPSULE		0051	47.4682	APC	$2,402.37			
23465	T	REPAIR SHOULDER CAPSULE		0052	88.7314	APC	$4,490.70			
23466	T	REPAIR SHOULDER CAPSULE		0051	47.4682	APC	$2,402.37			
23470	T	RECONSTRUCT SHOULDER JOINT		0425	132.8589	APC	$6,723.99			

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23472	C	RECONSTRUCT SHOULDER JOINT				Inpatient Only	$0.00			
23480	T	REVISION OF COLLAR BONE		0051	47.4682	APC	$2,402.37			
23485	T	REVISION OF COLLAR BONE		0052	88.7314	APC	$4,490.70			
23490	T	REINFORCE CLAVICLE		0052	88.7314	APC	$4,490.70			
23491	T	REINFORCE SHOULDER BONES		0052	88.7314	APC	$4,490.70			
23500	T	TREAT CLAVICLE FRACTURE		0129	1.5023	APC	$76.03			
23505	T	TREAT CLAVICLE FRACTURE		0139	19.1606	APC	$969.72			
23515	T	TREAT CLAVICLE FRACTURE		0064	68.1442	APC	$3,448.78			
23520	T	TREAT CLAVICLE DISLOCATION		0138	5.0918	APC	$257.70			
23525	T	TREAT CLAVICLE DISLOCATION		0138	5.0918	APC	$257.70			
23530	T	TREAT CLAVICLE DISLOCATION		0063	49.9153	APC	$2,526.21			
23532	T	TREAT CLAVICLE DISLOCATION		0062	26.1699	APC	$1,324.46			
23540	T	TREAT CLAVICLE DISLOCATION		0129	1.5023	APC	$76.03			
23545	T	TREAT CLAVICLE DISLOCATION		0138	5.0918	APC	$257.70			
23550	T	TREAT CLAVICLE DISLOCATION		0063	49.9153	APC	$2,526.21			
23552	T	TREAT CLAVICLE DISLOCATION		0063	49.9153	APC	$2,526.21			
23570	T	TREAT SHOULDER BLADE FX		0129	1.5023	APC	$76.03			
23575	T	TREAT SHOULDER BLADE FX		0138	5.0918	APC	$257.70			
23585	T	TREAT SCAPULA FRACTURE		0064	68.1442	APC	$3,448.78			
23600	T	TREAT HUMERUS FRACTURE		0129	1.5023	APC	$76.03			
23605	T	TREAT HUMERUS FRACTURE		0139	19.1606	APC	$969.72			
23615	T	TREAT HUMERUS FRACTURE		0064	68.1442	APC	$3,448.78			
23616	T	TREAT HUMERUS FRACTURE		0064	68.1442	APC	$3,448.78			
23620	T	TREAT HUMERUS FRACTURE		0129	1.5023	APC	$76.03			
23625	T	TREAT HUMERUS FRACTURE		0139	19.1606	APC	$969.72			
23630	T	TREAT HUMERUS FRACTURE		0064	68.1442	APC	$3,448.78			
23650	T	TREAT SHOULDER DISLOCATION		0129	1.5023	APC	$76.03			
23655	T	TREAT SHOULDER DISLOCATION		0045	15.4592	APC	$782.39			
23660	T	TREAT SHOULDER DISLOCATION		0063	49.9153	APC	$2,526.21			
23665	T	TREAT DISLOCATION/FRACTURE		0138	5.0918	APC	$257.70			
23670	T	TREAT DISLOCATION/FRACTURE		0064	68.1442	APC	$3,448.78			
23675	T	TREAT DISLOCATION/FRACTURE		0129	1.5023	APC	$76.03			
23680	T	TREAT DISLOCATION/FRACTURE		0063	49.9153	APC	$2,526.21			
23700	T	FIXATION OF SHOULDER		0045	15.4592	APC	$782.39			
23800	T	FUSION OF SHOULDER JOINT		0052	88.7314	APC	$4,490.70			
23802	T	FUSION OF SHOULDER JOINT		0052	88.7314	APC	$4,490.70			
23900	C	AMPUTATION OF ARM & GIRDLE				Inpatient Only	$0.00			
23920	C	AMPUTATION AT SHOULDER JOINT				Inpatient Only	$0.00			
23921	T	AMPUTATION FOLLOW-UP SURGERY		0136	16.7455	APC	$847.49			
23929	T	SHOULDER SURGERY PROCEDURE		0129	1.5023	APC	$76.03			
23930	T	DRAINAGE OF ARM LESION		0008	20.5648	APC	$1,040.78			
23931	T	DRAINAGE OF ARM BURSA		0008	20.5648	APC	$1,040.78			
23935	T	DRAIN ARM/ELBOW BONE LESION		0049	22.0777	APC	$1,117.35			
24000	T	EXPLORATORY ELBOW SURGERY		0050	32.4068	APC	$1,640.11			
24006	T	RELEASE ELBOW JOINT		0050	32.4068	APC	$1,640.11			
24065	T	BIOPSY ARM/ELBOW SOFT TISSUE		0021	17.0074	APC	$860.74			
24066	T	BIOPSY ARM/ELBOW SOFT TISSUE		0021	17.0074	APC	$860.74			
24071	T	EXC ARM/ELBOW LES SC 3 CM/>		0022	23.2662	APC	$1,177.50			
24073	T	EX ARM/ELBOW TUM DEEP 5 CM/>		0022	23.2662	APC	$1,177.50			
24075	T	REMOVE ARM/ELBOW LESION		0021	17.0074	APC	$860.74			
24076	T	REMOVE ARM/ELBOW LESION		0021	17.0074	APC	$860.74			
24077	T	REMOVE TUMOR OF ARM/ELBOW		0021	17.0074	APC	$860.74			
24079	T	RESECT ARM/ELBOW TUM 5 CM/>		0022	23.2662	APC	$1,177.50			
24100	T	BIOPSY ELBOW JOINT LINING		0049	22.0777	APC	$1,117.35			
24101	T	EXPLORE/TREAT ELBOW JOINT		0050	32.4068	APC	$1,640.11			
24102	T	REMOVE ELBOW JOINT LINING		0050	32.4068	APC	$1,640.11			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
24105	T	REMOVAL OF ELBOW BURSA		0049	22.0777	APC	$1,117.35			
24110	T	REMOVE HUMERUS LESION		0049	22.0777	APC	$1,117.35			
24115	T	REMOVE/GRAFT BONE LESION		0050	32.4068	APC	$1,640.11			
24116	T	REMOVE/GRAFT BONE LESION		0050	32.4068	APC	$1,640.11			
24120	T	REMOVE ELBOW LESION		0049	22.0777	APC	$1,117.35			
24125	T	REMOVE/GRAFT BONE LESION		0050	32.4068	APC	$1,640.11			
24126	T	REMOVE/GRAFT BONE LESION		0050	32.4068	APC	$1,640.11			
24130	T	REMOVAL OF HEAD OF RADIUS		0050	32.4068	APC	$1,640.11			
24134	T	REMOVAL OF ARM BONE LESION		0050	32.4068	APC	$1,640.11			
24136	T	REMOVE RADIUS BONE LESION		0050	32.4068	APC	$1,640.11			
24138	T	REMOVE ELBOW BONE LESION		0050	32.4068	APC	$1,640.11			
24140	T	PARTIAL REMOVAL OF ARM BONE		0050	32.4068	APC	$1,640.11			
24145	T	PARTIAL REMOVAL OF RADIUS		0050	32.4068	APC	$1,640.11			
24147	T	PARTIAL REMOVAL OF ELBOW		0050	32.4068	APC	$1,640.11			
24149	T	RADICAL RESECTION OF ELBOW		0050	32.4068	APC	$1,640.11			
24150	T	EXTENSIVE HUMERUS SURGERY		0051	47.4682	APC	$2,402.37			
24152	T	EXTENSIVE RADIUS SURGERY		0051	47.4682	APC	$2,402.37			
24155	T	REMOVAL OF ELBOW JOINT		0050	32.4068	APC	$1,640.11			
24160	T	REMOVE ELBOW JOINT IMPLANT		0050	32.4068	APC	$1,640.11			
24164	T	REMOVE RADIUS HEAD IMPLANT		0050	32.4068	APC	$1,640.11			
24200	T	REMOVAL OF ARM FOREIGN BODY		0019	4.4238	APC	$223.89			
24201	T	REMOVAL OF ARM FOREIGN BODY		0021	17.0074	APC	$860.74			
24220	N	INJECTION FOR ELBOW X-RAY				Bundled	$0.00			
24300	T	MANIPULATE ELBOW W/ANESTH		0045	15.4592	APC	$782.39			
24301	T	MUSCLE/TENDON TRANSFER		0050	32.4068	APC	$1,640.11			
24305	T	ARM TENDON LENGTHENING		0050	32.4068	APC	$1,640.11			
24310	T	REVISION OF ARM TENDON		0049	22.0777	APC	$1,117.35			
24320	T	REPAIR OF ARM TENDON		0050	32.4068	APC	$1,640.11			
24330	T	REVISION OF ARM MUSCLES		0052	88.7314	APC	$4,490.70			
24331	T	REVISION OF ARM MUSCLES		0051	47.4682	APC	$2,402.37			
24332	T	TENOLYSIS TRICEPS		0050	32.4068	APC	$1,640.11			
24340	T	REPAIR OF BICEPS TENDON		0051	47.4682	APC	$2,402.37			
24341	T	REPAIR ARM TENDON/MUSCLE		0051	47.4682	APC	$2,402.37			
24342	T	REPAIR OF RUPTURED TENDON		0051	47.4682	APC	$2,402.37			
24343	T	REPR ELBOW LAT LIGMNT W/TISS		0050	32.4068	APC	$1,640.11			
24344	T	RECONSTRUCT ELBOW LAT LIGMNT		0052	88.7314	APC	$4,490.70			
24345	T	REPR ELBW MED LIGMNT W/TISSU		0050	32.4068	APC	$1,640.11			
24346	T	RECONSTRUCT ELBOW MED LIGMNT		0052	88.7314	APC	$4,490.70			
24357	T	REPAIR ELBOW PERC		0050	32.4068	APC	$1,640.11			
24358	T	REPAIR ELBOW W/DEB OPEN		0050	32.4068	APC	$1,640.11			
24359	T	REPAIR ELBOW DEB/ATTCH OPEN		0050	32.4068	APC	$1,640.11			
24360	T	RECONSTRUCT ELBOW JOINT		0047	41.2275	APC	$2,086.52			
24361	T	RECONSTRUCT ELBOW JOINT		0425	132.8589	APC	$6,723.99			
24362	T	RECONSTRUCT ELBOW JOINT		0048	60.6542	APC	$3,069.71			
24363	T	REPLACE ELBOW JOINT		0425	132.8589	APC	$6,723.99			
24365	T	RECONSTRUCT HEAD OF RADIUS		0047	41.2275	APC	$2,086.52			
24366	T	RECONSTRUCT HEAD OF RADIUS		0425	132.8589	APC	$6,723.99			
24400	T	REVISION OF HUMERUS		0052	88.7314	APC	$4,490.70			
24410	T	REVISION OF HUMERUS		0051	47.4682	APC	$2,402.37			
24420	T	REVISION OF HUMERUS		0051	47.4682	APC	$2,402.37			
24430	T	REPAIR OF HUMERUS		0052	88.7314	APC	$4,490.70			
24435	T	REPAIR HUMERUS WITH GRAFT		0052	88.7314	APC	$4,490.70			
24470	T	REVISION OF ELBOW JOINT		0051	47.4682	APC	$2,402.37			
24495	T	DECOMPRESSION OF FOREARM		0050	32.4068	APC	$1,640.11			
24498	T	REINFORCE HUMERUS		0052	88.7314	APC	$4,490.70			
24500	T	TREAT HUMERUS FRACTURE		0129	1.5023	APC	$76.03			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
24505	T	TREAT HUMERUS FRACTURE		0129	1.5023	APC	$76.03			
24515	T	TREAT HUMERUS FRACTURE		0064	68.1442	APC	$3,448.78			
24516	T	TREAT HUMERUS FRACTURE		0064	68.1442	APC	$3,448.78			
24530	T	TREAT HUMERUS FRACTURE		0129	1.5023	APC	$76.03			
24535	T	TREAT HUMERUS FRACTURE		0138	5.0918	APC	$257.70			
24538	T	TREAT HUMERUS FRACTURE		0062	26.1699	APC	$1,324.46			
24545	T	TREAT HUMERUS FRACTURE		0064	68.1442	APC	$3,448.78			
24546	T	TREAT HUMERUS FRACTURE		0064	68.1442	APC	$3,448.78			
24560	T	TREAT HUMERUS FRACTURE		0129	1.5023	APC	$76.03			
24565	T	TREAT HUMERUS FRACTURE		0129	1.5023	APC	$76.03			
24566	T	TREAT HUMERUS FRACTURE		0062	26.1699	APC	$1,324.46			
24575	T	TREAT HUMERUS FRACTURE		0064	68.1442	APC	$3,448.78			
24576	T	TREAT HUMERUS FRACTURE		0129	1.5023	APC	$76.03			
24577	T	TREAT HUMERUS FRACTURE		0129	1.5023	APC	$76.03			
24579	T	TREAT HUMERUS FRACTURE		0064	68.1442	APC	$3,448.78			
24582	T	TREAT HUMERUS FRACTURE		0062	26.1699	APC	$1,324.46			
24586	T	TREAT ELBOW FRACTURE		0064	68.1442	APC	$3,448.78			
24587	T	TREAT ELBOW FRACTURE		0064	68.1442	APC	$3,448.78			
24600	T	TREAT ELBOW DISLOCATION		0129	1.5023	APC	$76.03			
24605	T	TREAT ELBOW DISLOCATION		0045	15.4592	APC	$782.39			
24615	T	TREAT ELBOW DISLOCATION		0064	68.1442	APC	$3,448.78			
24620	T	TREAT ELBOW FRACTURE		0139	19.1606	APC	$969.72			
24635	T	TREAT ELBOW FRACTURE		0064	68.1442	APC	$3,448.78			
24640	T	TREAT ELBOW DISLOCATION		0129	1.5023	APC	$76.03			
24650	T	TREAT RADIUS FRACTURE		0129	1.5023	APC	$76.03			
24655	T	TREAT RADIUS FRACTURE		0138	5.0918	APC	$257.70			
24665	T	TREAT RADIUS FRACTURE		0063	49.9153	APC	$2,526.21			
24666	T	TREAT RADIUS FRACTURE		0064	68.1442	APC	$3,448.78			
24670	T	TREAT ULNAR FRACTURE		0129	1.5023	APC	$76.03			
24675	T	TREAT ULNAR FRACTURE		0129	1.5023	APC	$76.03			
24685	T	TREAT ULNAR FRACTURE		0063	49.9153	APC	$2,526.21			
24800	T	FUSION OF ELBOW JOINT		0051	47.4682	APC	$2,402.37			
24802	T	FUSION/GRAFT OF ELBOW JOINT		0052	88.7314	APC	$4,490.70			
24900	C	AMPUTATION OF UPPER ARM				Inpatient Only	$0.00			
24920	C	AMPUTATION OF UPPER ARM				Inpatient Only	$0.00			
24925	T	AMPUTATION FOLLOW-UP SURGERY		0049	22.0777	APC	$1,117.35			
24930	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only	$0.00			
24931	C	AMPUTATE UPPER ARM & IMPLANT				Inpatient Only	$0.00			
24935	T	REVISION OF AMPUTATION		0052	88.7314	APC	$4,490.70			
24940	C	REVISION OF UPPER ARM				Inpatient Only	$0.00			
24999	T	UPPER ARM/ELBOW SURGERY		0129	1.5023	APC	$76.03			
25000	T	INCISION OF TENDON SHEATH		0049	22.0777	APC	$1,117.35			
25001	T	INCISE FLEXOR CARPI RADIALIS		0049	22.0777	APC	$1,117.35			
25020	T	DECOMPRESS FOREARM 1 SPACE		0050	32.4068	APC	$1,640.11			
25023	T	DECOMPRESS FOREARM 1 SPACE		0050	32.4068	APC	$1,640.11			
25024	T	DECOMPRESS FOREARM 2 SPACES		0050	32.4068	APC	$1,640.11			
25025	T	DECOMPRESS FOREARM 2 SPACES		0050	32.4068	APC	$1,640.11			
25028	T	DRAINAGE OF FOREARM LESION		0049	22.0777	APC	$1,117.35			
25031	T	DRAINAGE OF FOREARM BURSA		0049	22.0777	APC	$1,117.35			
25035	T	TREAT FOREARM BONE LESION		0049	22.0777	APC	$1,117.35			
25040	T	EXPLORE/TREAT WRIST JOINT		0050	32.4068	APC	$1,640.11			
25065	T	BIOPSY FOREARM SOFT TISSUES		0020	8.2746	APC	$418.78			
25066	T	BIOPSY FOREARM SOFT TISSUES		0022	23.2662	APC	$1,177.50			
25071	T	EXC FOREARM LES SC 3 CM/>		0022	23.2662	APC	$1,177.50			
25073	T	EXC FOREARM TUM DEEP 3 CM/>		0022	23.2662	APC	$1,177.50			
25075	T	REMOVAL FOREARM LESION SUBCU		0021	17.0074	APC	$860.74			

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25076	T	REMOVAL FOREARM LESION DEEP		0021	17.0074	APC	$860.74			
25077	T	REMOVE TUMOR, FOREARM/WRIST		0021	17.0074	APC	$860.74			
25078	T	RESECT FORARM/WRIST TUM 3CM>		0022	23.2662	APC	$1,177.50			
25085	T	INCISION OF WRIST CAPSULE		0049	22.0777	APC	$1,117.35			
25100	T	BIOPSY OF WRIST JOINT		0049	22.0777	APC	$1,117.35			
25101	T	EXPLORE/TREAT WRIST JOINT		0050	32.4068	APC	$1,640.11			
25105	T	REMOVE WRIST JOINT LINING		0050	32.4068	APC	$1,640.11			
25107	T	REMOVE WRIST JOINT CARTILAGE		0050	32.4068	APC	$1,640.11			
25109	T	EXCISE TENDON FOREARM/WRIST		0049	22.0777	APC	$1,117.35			
25110	T	REMOVE WRIST TENDON LESION		0049	22.0777	APC	$1,117.35			
25111	T	REMOVE WRIST TENDON LESION		0049	22.0777	APC	$1,117.35			
25112	T	REREMOVE WRIST TENDON LESION		0049	22.0777	APC	$1,117.35			
25115	T	REMOVE WRIST/FOREARM LESION		0049	22.0777	APC	$1,117.35			
25116	T	REMOVE WRIST/FOREARM LESION		0049	22.0777	APC	$1,117.35			
25118	T	EXCISE WRIST TENDON SHEATH		0050	32.4068	APC	$1,640.11			
25119	T	PARTIAL REMOVAL OF ULNA		0050	32.4068	APC	$1,640.11			
25120	T	REMOVAL OF FOREARM LESION		0050	32.4068	APC	$1,640.11			
25125	T	REMOVE/GRAFT FOREARM LESION		0050	32.4068	APC	$1,640.11			
25126	T	REMOVE/GRAFT FOREARM LESION		0050	32.4068	APC	$1,640.11			
25130	T	REMOVAL OF WRIST LESION		0050	32.4068	APC	$1,640.11			
25135	T	REMOVE & GRAFT WRIST LESION		0050	32.4068	APC	$1,640.11			
25136	T	REMOVE & GRAFT WRIST LESION		0050	32.4068	APC	$1,640.11			
25145	T	REMOVE FOREARM BONE LESION		0050	32.4068	APC	$1,640.11			
25150	T	PARTIAL REMOVAL OF ULNA		0050	32.4068	APC	$1,640.11			
25151	T	PARTIAL REMOVAL OF RADIUS		0050	32.4068	APC	$1,640.11			
25170	T	EXTENSIVE FOREARM SURGERY		0050	32.4068	APC	$1,640.11			
25210	T	REMOVAL OF WRIST BONE		0050	32.4068	APC	$1,640.11			
25215	T	REMOVAL OF WRIST BONES		0050	32.4068	APC	$1,640.11			
25230	T	PARTIAL REMOVAL OF RADIUS		0050	32.4068	APC	$1,640.11			
25240	T	PARTIAL REMOVAL OF ULNA		0050	32.4068	APC	$1,640.11			
25246	N	INJECTION FOR WRIST X-RAY				Bundled	$0.00			
25248	T	REMOVE FOREARM FOREIGN BODY		0049	22.0777	APC	$1,117.35			
25250	T	REMOVAL OF WRIST PROSTHESIS		0050	32.4068	APC	$1,640.11			
25251	T	REMOVAL OF WRIST PROSTHESIS		0050	32.4068	APC	$1,640.11			
25259	T	MANIPULATE WRIST W/ANESTHES		0139	19.1606	APC	$969.72			
25260	T	REPAIR FOREARM TENDON/MUSCLE		0050	32.4068	APC	$1,640.11			
25263	T	REPAIR FOREARM TENDON/MUSCLE		0050	32.4068	APC	$1,640.11			
25265	T	REPAIR FOREARM TENDON/MUSCLE		0050	32.4068	APC	$1,640.11			
25270	T	REPAIR FOREARM TENDON/MUSCLE		0050	32.4068	APC	$1,640.11			
25272	T	REPAIR FOREARM TENDON/MUSCLE		0050	32.4068	APC	$1,640.11			
25274	T	REPAIR FOREARM TENDON/MUSCLE		0050	32.4068	APC	$1,640.11			
25275	T	REPAIR FOREARM TENDON SHEATH		0050	32.4068	APC	$1,640.11			
25280	T	REVISE WRIST/FOREARM TENDON		0050	32.4068	APC	$1,640.11			
25290	T	INCISE WRIST/FOREARM TENDON		0050	32.4068	APC	$1,640.11			
25295	T	RELEASE WRIST/FOREARM TENDON		0049	22.0777	APC	$1,117.35			
25300	T	FUSION OF TENDONS AT WRIST		0050	32.4068	APC	$1,640.11			
25301	T	FUSION OF TENDONS AT WRIST		0050	32.4068	APC	$1,640.11			
25310	T	TRANSPLANT FOREARM TENDON		0050	32.4068	APC	$1,640.11			
25312	T	TRANSPLANT FOREARM TENDON		0051	47.4682	APC	$2,402.37			
25315	T	REVISE PALSY HAND TENDON(S)		0050	32.4068	APC	$1,640.11			
25316	T	REVISE PALSY HAND TENDON(S)		0052	88.7314	APC	$4,490.70			
25320	T	REPAIR/REVISE WRIST JOINT		0051	47.4682	APC	$2,402.37			
25332	T	REVISE WRIST JOINT		0047	41.2275	APC	$2,086.52			
25335	T	REALIGNMENT OF HAND		0051	47.4682	APC	$2,402.37			
25337	T	RECONSTRUCT ULNA/RADIOULNAR		0051	47.4682	APC	$2,402.37			
25350	T	REVISION OF RADIUS		0051	47.4682	APC	$2,402.37			

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25355	T	REVISION OF RADIUS		0051	47.4682	APC	$2,402.37			
25360	T	REVISION OF ULNA		0051	47.4682	APC	$2,402.37			
25365	T	REVISE RADIUS & ULNA		0052	88.7314	APC	$4,490.70			
25370	T	REVISE RADIUS OR ULNA		0051	47.4682	APC	$2,402.37			
25375	T	REVISE RADIUS & ULNA		0051	47.4682	APC	$2,402.37			
25390	T	SHORTEN RADIUS OR ULNA		0051	47.4682	APC	$2,402.37			
25391	T	LENGTHEN RADIUS OR ULNA		0052	88.7314	APC	$4,490.70			
25392	T	SHORTEN RADIUS & ULNA		0050	32.4068	APC	$1,640.11			
25393	T	LENGTHEN RADIUS & ULNA		0051	47.4682	APC	$2,402.37			
25394	T	REPAIR CARPAL BONE SHORTEN		0051	47.4682	APC	$2,402.37			
25400	T	REPAIR RADIUS OR ULNA		0052	88.7314	APC	$4,490.70			
25405	T	REPAIR/GRAFT RADIUS OR ULNA		0052	88.7314	APC	$4,490.70			
25415	T	REPAIR RADIUS & ULNA		0052	88.7314	APC	$4,490.70			
25420	T	REPAIR/GRAFT RADIUS & ULNA		0052	88.7314	APC	$4,490.70			
25425	T	REPAIR/GRAFT RADIUS OR ULNA		0052	88.7314	APC	$4,490.70			
25426	T	REPAIR/GRAFT RADIUS & ULNA		0051	47.4682	APC	$2,402.37			
25430	T	VASC GRAFT INTO CARPAL BONE		0051	47.4682	APC	$2,402.37			
25431	T	REPAIR NONUNION CARPAL BONE		0051	47.4682	APC	$2,402.37			
25440	T	REPAIR/GRAFT WRIST BONE		0052	88.7314	APC	$4,490.70			
25441	T	RECONSTRUCT WRIST JOINT		0425	132.8589	APC	$6,723.99			
25442	T	RECONSTRUCT WRIST JOINT		0425	132.8589	APC	$6,723.99			
25443	T	RECONSTRUCT WRIST JOINT		0048	60.6542	APC	$3,069.71			
25444	T	RECONSTRUCT WRIST JOINT		0048	60.6542	APC	$3,069.71			
25445	T	RECONSTRUCT WRIST JOINT		0048	60.6542	APC	$3,069.71			
25446	T	WRIST REPLACEMENT		0425	132.8589	APC	$6,723.99			
25447	T	REPAIR WRIST JOINTS		0047	41.2275	APC	$2,086.52			
25449	T	REMOVE WRIST JOINT IMPLANT		0047	41.2275	APC	$2,086.52			
25450	T	REVISION OF WRIST JOINT		0051	47.4682	APC	$2,402.37			
25455	T	REVISION OF WRIST JOINT		0051	47.4682	APC	$2,402.37			
25490	T	REINFORCE RADIUS		0051	47.4682	APC	$2,402.37			
25491	T	REINFORCE ULNA		0051	47.4682	APC	$2,402.37			
25492	T	REINFORCE RADIUS AND ULNA		0051	47.4682	APC	$2,402.37			
25500	T	TREAT FRACTURE OF RADIUS		0129	1.5023	APC	$76.03			
25505	T	TREAT FRACTURE OF RADIUS		0138	5.0918	APC	$257.70			
25515	T	TREAT FRACTURE OF RADIUS		0063	49.9153	APC	$2,526.21			
25520	T	TREAT FRACTURE OF RADIUS		0138	5.0918	APC	$257.70			
25525	T	TREAT FRACTURE OF RADIUS		0063	49.9153	APC	$2,526.21			
25526	T	TREAT FRACTURE OF RADIUS		0063	49.9153	APC	$2,526.21			
25530	T	TREAT FRACTURE OF ULNA		0129	1.5023	APC	$76.03			
25535	T	TREAT FRACTURE OF ULNA		0129	1.5023	APC	$76.03			
25545	T	TREAT FRACTURE OF ULNA		0063	49.9153	APC	$2,526.21			
25560	T	TREAT FRACTURE RADIUS & ULNA		0129	1.5023	APC	$76.03			
25565	T	TREAT FRACTURE RADIUS & ULNA		0138	5.0918	APC	$257.70			
25574	T	TREAT FRACTURE RADIUS & ULNA		0064	68.1442	APC	$3,448.78			
25575	T	TREAT FRACTURE RADIUS/ULNA		0064	68.1442	APC	$3,448.78			
25600	T	TREAT FRACTURE RADIUS/ULNA		0129	1.5023	APC	$76.03			
25605	T	TREAT FRACTURE RADIUS/ULNA		0138	5.0918	APC	$257.70			
25606	T	TREAT FX DISTAL RADIAL		0062	26.1699	APC	$1,324.46			
25607	T	TREAT FX RAD EXTRA-ARTICUL		0064	68.1442	APC	$3,448.78			
25608	T	TREAT FX RAD INTRA-ARTICUL		0064	68.1442	APC	$3,448.78			
25609	T	TREAT FX RADIAL 3+ FRAG		0064	68.1442	APC	$3,448.78			
25622	T	TREAT WRIST BONE FRACTURE		0129	1.5023	APC	$76.03			
25624	T	TREAT WRIST BONE FRACTURE		0138	5.0918	APC	$257.70			
25628	T	TREAT WRIST BONE FRACTURE		0063	49.9153	APC	$2,526.21			
25630	T	TREAT WRIST BONE FRACTURE		0129	1.5023	APC	$76.03			
25635	T	TREAT WRIST BONE FRACTURE		0129	1.5023	APC	$76.03			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
25645	T	TREAT WRIST BONE FRACTURE		0063	49.9153	APC	$2,526.21			
25650	T	TREAT WRIST BONE FRACTURE		0129	1.5023	APC	$76.03			
25651	T	PIN ULNAR STYLOID FRACTURE		0062	26.1699	APC	$1,324.46			
25652	T	TREAT FRACTURE ULNAR STYLOID		0063	49.9153	APC	$2,526.21			
25660	T	TREAT WRIST DISLOCATION		0129	1.5023	APC	$76.03			
25670	T	TREAT WRIST DISLOCATION		0062	26.1699	APC	$1,324.46			
25671	T	PIN RADIOULNAR DISLOCATION		0062	26.1699	APC	$1,324.46			
25675	T	TREAT WRIST DISLOCATION		0129	1.5023	APC	$76.03			
25676	T	TREAT WRIST DISLOCATION		0062	26.1699	APC	$1,324.46			
25680	T	TREAT WRIST FRACTURE		0129	1.5023	APC	$76.03			
25685	T	TREAT WRIST FRACTURE		0062	26.1699	APC	$1,324.46			
25690	T	TREAT WRIST DISLOCATION		0139	19.1606	APC	$969.72			
25695	T	TREAT WRIST DISLOCATION		0062	26.1699	APC	$1,324.46			
25800	T	FUSION OF WRIST JOINT		0052	88.7314	APC	$4,490.70			
25805	T	FUSION/GRAFT OF WRIST JOINT		0052	88.7314	APC	$4,490.70			
25810	T	FUSION/GRAFT OF WRIST JOINT		0052	88.7314	APC	$4,490.70			
25820	T	FUSION OF HAND BONES		0051	47.4682	APC	$2,402.37			
25825	T	FUSE HAND BONES WITH GRAFT		0052	88.7314	APC	$4,490.70			
25830	T	FUSION RADIOULNAR JNT/ULNA		0052	88.7314	APC	$4,490.70			
25900	C	AMPUTATION OF FOREARM				Inpatient Only	$0.00			
25905	C	AMPUTATION OF FOREARM				Inpatient Only	$0.00			
25907	T	AMPUTATION FOLLOW-UP SURGERY		0049	22.0777	APC	$1,117.35			
25909	T	AMPUTATION FOLLOW-UP SURGERY		0049	22.0777	APC	$1,117.35			
25915	C	AMPUTATION OF FOREARM				Inpatient Only	$0.00			
25920	C	AMPUTATE HAND AT WRIST				Inpatient Only	$0.00			
25922	T	AMPUTATE HAND AT WRIST		0049	22.0777	APC	$1,117.35			
25924	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only	$0.00			
25927	C	AMPUTATION OF HAND				Inpatient Only	$0.00			
25929	T	AMPUTATION FOLLOW-UP SURGERY		0136	16.7455	APC	$847.49			
25931	T	AMPUTATION FOLLOW-UP SURGERY		0049	22.0777	APC	$1,117.35			
25999	T	FOREARM OR WRIST SURGERY		0129	1.5023	APC	$76.03			
26010	T	DRAINAGE OF FINGER ABSCESS		0006	1.4206	APC	$71.90			
26011	T	DRAINAGE OF FINGER ABSCESS		0007	13.1250	APC	$664.26			
26020	T	DRAIN HAND TENDON SHEATH		0053	17.1918	APC	$870.08			
26025	T	DRAINAGE OF PALM BURSA		0053	17.1918	APC	$870.08			
26030	T	DRAINAGE OF PALM BURSAS		0053	17.1918	APC	$870.08			
26034	T	TREAT HAND BONE LESION		0053	17.1918	APC	$870.08			
26035	T	DECOMPRESS FINGERS/HAND		0053	17.1918	APC	$870.08			
26037	T	DECOMPRESS FINGERS/HAND		0053	17.1918	APC	$870.08			
26040	T	RELEASE PALM CONTRACTURE		0053	17.1918	APC	$870.08			
26045	T	RELEASE PALM CONTRACTURE		0054	28.8534	APC	$1,460.27			
26055	T	INCISE FINGER TENDON SHEATH		0053	17.1918	APC	$870.08			
26060	T	INCISION OF FINGER TENDON		0053	17.1918	APC	$870.08			
26070	T	EXPLORE/TREAT HAND JOINT		0053	17.1918	APC	$870.08			
26075	T	EXPLORE/TREAT FINGER JOINT		0053	17.1918	APC	$870.08			
26080	T	EXPLORE/TREAT FINGER JOINT		0053	17.1918	APC	$870.08			
26100	T	BIOPSY HAND JOINT LINING		0053	17.1918	APC	$870.08			
26105	T	BIOPSY FINGER JOINT LINING		0053	17.1918	APC	$870.08			
26110	T	BIOPSY FINGER JOINT LINING		0053	17.1918	APC	$870.08			
26111	T	EXC HAND LES SC 1.5 CM/>		0022	23.2662	APC	$1,177.50			
26113	T	EXC HAND TUM DEEP 1.5 CM/>		0022	23.2662	APC	$1,177.50			
26115	T	REMOVAL HAND LESION SUBCUT		0021	17.0074	APC	$860.74			
26116	T	REMOVAL HAND LESION, DEEP		0021	17.0074	APC	$860.74			
26117	T	REMOVE TUMOR, HAND/FINGER		0021	17.0074	APC	$860.74			
26118	T	EXC HAND TUM RA 3 CM/>		0022	23.2662	APC	$1,177.50			
26121	T	RELEASE PALM CONTRACTURE		0054	28.8534	APC	$1,460.27			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
26123	T	RELEASE PALM CONTRACTURE		0054	28.8534	APC	$1,460.27			
26125	T	RELEASE PALM CONTRACTURE		0053	17.1918	APC	$870.08			
26130	T	REMOVE WRIST JOINT LINING		0053	17.1918	APC	$870.08			
26135	T	REVISE FINGER JOINT EACH		0054	28.8534	APC	$1,460.27			
26140	T	REVISE FINGER JOINT EACH		0053	17.1918	APC	$870.08			
26145	T	TENDON EXCISION PALM/FINGER		0053	17.1918	APC	$870.08			
26160	T	REMOVE TENDON SHEATH LESION		0053	17.1918	APC	$870.08			
26170	T	REMOVAL OF PALM TENDON EACH		0053	17.1918	APC	$870.08			
26180	T	REMOVAL OF FINGER TENDON		0053	17.1918	APC	$870.08			
26185	T	REMOVE FINGER BONE		0053	17.1918	APC	$870.08			
26200	T	REMOVE HAND BONE LESION		0053	17.1918	APC	$870.08			
26205	T	REMOVE/GRAFT BONE LESION		0054	28.8534	APC	$1,460.27			
26210	T	REMOVAL OF FINGER LESION		0053	17.1918	APC	$870.08			
26215	T	REMOVE/GRAFT FINGER LESION		0053	17.1918	APC	$870.08			
26230	T	PARTIAL REMOVAL OF HAND BONE		0053	17.1918	APC	$870.08			
26235	T	PARTIAL REMOVAL FINGER BONE		0053	17.1918	APC	$870.08			
26236	T	PARTIAL REMOVAL FINGER BONE		0053	17.1918	APC	$870.08			
26250	T	EXTENSIVE HAND SURGERY		0053	17.1918	APC	$870.08			
26260	T	EXTENSIVE FINGER SURGERY		0053	17.1918	APC	$870.08			
26262	T	PARTIAL REMOVAL OF FINGER		0053	17.1918	APC	$870.08			
26320	T	REMOVAL OF IMPLANT FROM HAND		0021	17.0074	APC	$860.74			
26340	T	MANIPULATE FINGER W/ANESTH		0138	5.0918	APC	$257.70			
26341	T	MANIPULAT PALM CORD POST INJ		0138	5.0918	APC	$257.70			
26350	T	REPAIR FINGER/HAND TENDON		0054	28.8534	APC	$1,460.27			
26352	T	REPAIR/GRAFT HAND TENDON		0054	28.8534	APC	$1,460.27			
26356	T	REPAIR FINGER/HAND TENDON		0054	28.8534	APC	$1,460.27			
26357	T	REPAIR FINGER/HAND TENDON		0054	28.8534	APC	$1,460.27			
26358	T	REPAIR/GRAFT HAND TENDON		0054	28.8534	APC	$1,460.27			
26370	T	REPAIR FINGER/HAND TENDON		0054	28.8534	APC	$1,460.27			
26372	T	REPAIR/GRAFT HAND TENDON		0054	28.8534	APC	$1,460.27			
26373	T	REPAIR FINGER/HAND TENDON		0054	28.8534	APC	$1,460.27			
26390	T	REVISE HAND/FINGER TENDON		0054	28.8534	APC	$1,460.27			
26392	T	REPAIR/GRAFT HAND TENDON		0054	28.8534	APC	$1,460.27			
26410	T	REPAIR HAND TENDON		0053	17.1918	APC	$870.08			
26412	T	REPAIR/GRAFT HAND TENDON		0054	28.8534	APC	$1,460.27			
26415	T	EXCISION HAND/FINGER TENDON		0054	28.8534	APC	$1,460.27			
26416	T	GRAFT HAND OR FINGER TENDON		0054	28.8534	APC	$1,460.27			
26418	T	REPAIR FINGER TENDON		0053	17.1918	APC	$870.08			
26420	T	REPAIR/GRAFT FINGER TENDON		0054	28.8534	APC	$1,460.27			
26426	T	REPAIR FINGER/HAND TENDON		0054	28.8534	APC	$1,460.27			
26428	T	REPAIR/GRAFT FINGER TENDON		0054	28.8534	APC	$1,460.27			
26432	T	REPAIR FINGER TENDON		0053	17.1918	APC	$870.08			
26433	T	REPAIR FINGER TENDON		0053	17.1918	APC	$870.08			
26434	T	REPAIR/GRAFT FINGER TENDON		0054	28.8534	APC	$1,460.27			
26437	T	REALIGNMENT OF TENDONS		0053	17.1918	APC	$870.08			
26440	T	RELEASE PALM/FINGER TENDON		0053	17.1918	APC	$870.08			
26442	T	RELEASE PALM & FINGER TENDON		0054	28.8534	APC	$1,460.27			
26445	T	RELEASE HAND/FINGER TENDON		0053	17.1918	APC	$870.08			
26449	T	RELEASE FOREARM/HAND TENDON		0054	28.8534	APC	$1,460.27			
26450	T	INCISION OF PALM TENDON		0053	17.1918	APC	$870.08			
26455	T	INCISION OF FINGER TENDON		0053	17.1918	APC	$870.08			
26460	T	INCISE HAND/FINGER TENDON		0053	17.1918	APC	$870.08			
26471	T	FUSION OF FINGER TENDONS		0053	17.1918	APC	$870.08			
26474	T	FUSION OF FINGER TENDONS		0053	17.1918	APC	$870.08			
26476	T	TENDON LENGTHENING		0053	17.1918	APC	$870.08			
26477	T	TENDON SHORTENING		0053	17.1918	APC	$870.08			

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26478	T	LENGTHENING OF HAND TENDON		0053	17.1918	APC	$870.08			
26479	T	SHORTENING OF HAND TENDON		0053	17.1918	APC	$870.08			
26480	T	TRANSPLANT HAND TENDON		0054	28.8534	APC	$1,460.27			
26483	T	TRANSPLANT/GRAFT HAND TENDON		0054	28.8534	APC	$1,460.27			
26485	T	TRANSPLANT PALM TENDON		0054	28.8534	APC	$1,460.27			
26489	T	TRANSPLANT/GRAFT PALM TENDON		0054	28.8534	APC	$1,460.27			
26490	T	REVISE THUMB TENDON		0054	28.8534	APC	$1,460.27			
26492	T	TENDON TRANSFER WITH GRAFT		0054	28.8534	APC	$1,460.27			
26494	T	HAND TENDON/MUSCLE TRANSFER		0054	28.8534	APC	$1,460.27			
26496	T	REVISE THUMB TENDON		0054	28.8534	APC	$1,460.27			
26497	T	FINGER TENDON TRANSFER		0054	28.8534	APC	$1,460.27			
26498	T	FINGER TENDON TRANSFER		0054	28.8534	APC	$1,460.27			
26499	T	REVISION OF FINGER		0054	28.8534	APC	$1,460.27			
26500	T	HAND TENDON RECONSTRUCTION		0053	17.1918	APC	$870.08			
26502	T	HAND TENDON RECONSTRUCTION		0054	28.8534	APC	$1,460.27			
26508	T	RELEASE THUMB CONTRACTURE		0053	17.1918	APC	$870.08			
26510	T	THUMB TENDON TRANSFER		0054	28.8534	APC	$1,460.27			
26516	T	FUSION OF KNUCKLE JOINT		0054	28.8534	APC	$1,460.27			
26517	T	FUSION OF KNUCKLE JOINTS		0054	28.8534	APC	$1,460.27			
26518	T	FUSION OF KNUCKLE JOINTS		0054	28.8534	APC	$1,460.27			
26520	T	RELEASE KNUCKLE CONTRACTURE		0053	17.1918	APC	$870.08			
26525	T	RELEASE FINGER CONTRACTURE		0053	17.1918	APC	$870.08			
26530	T	REVISE KNUCKLE JOINT		0047	41.2275	APC	$2,086.52			
26531	T	REVISE KNUCKLE WITH IMPLANT		0048	60.6542	APC	$3,069.71			
26535	T	REVISE FINGER JOINT		0047	41.2275	APC	$2,086.52			
26536	T	REVISE/IMPLANT FINGER JOINT		0048	60.6542	APC	$3,069.71			
26540	T	REPAIR HAND JOINT		0053	17.1918	APC	$870.08			
26541	T	REPAIR HAND JOINT WITH GRAFT		0054	28.8534	APC	$1,460.27			
26542	T	REPAIR HAND JOINT WITH GRAFT		0053	17.1918	APC	$870.08			
26545	T	RECONSTRUCT FINGER JOINT		0054	28.8534	APC	$1,460.27			
26546	T	REPAIR NONUNION HAND		0054	28.8534	APC	$1,460.27			
26548	T	RECONSTRUCT FINGER JOINT		0054	28.8534	APC	$1,460.27			
26550	T	CONSTRUCT THUMB REPLACEMENT		0054	28.8534	APC	$1,460.27			
26551	C	GREAT TOE-HAND TRANSFER				Inpatient Only	$0.00			
26553	C	SINGLE TRANSFER TOE-HAND				Inpatient Only	$0.00			
26554	C	DOUBLE TRANSFER TOE-HAND				Inpatient Only	$0.00			
26555	T	POSITIONAL CHANGE OF FINGER		0054	28.8534	APC	$1,460.27			
26556	C	TOE JOINT TRANSFER				Inpatient Only	$0.00			
26560	T	REPAIR OF WEB FINGER		0053	17.1918	APC	$870.08			
26561	T	REPAIR OF WEB FINGER		0054	28.8534	APC	$1,460.27			
26562	T	REPAIR OF WEB FINGER		0054	28.8534	APC	$1,460.27			
26565	T	CORRECT METACARPAL FLAW		0054	28.8534	APC	$1,460.27			
26567	T	CORRECT FINGER DEFORMITY		0054	28.8534	APC	$1,460.27			
26568	T	LENGTHEN METACARPAL/FINGER		0054	28.8534	APC	$1,460.27			
26580	T	REPAIR HAND DEFORMITY		0053	17.1918	APC	$870.08			
26587	T	RECONSTRUCT EXTRA FINGER		0053	17.1918	APC	$870.08			
26590	T	REPAIR FINGER DEFORMITY		0053	17.1918	APC	$870.08			
26591	T	REPAIR MUSCLES OF HAND		0054	28.8534	APC	$1,460.27			
26593	T	RELEASE MUSCLES OF HAND		0053	17.1918	APC	$870.08			
26596	T	EXCISION CONSTRICTING TISSUE		0053	17.1918	APC	$870.08			
26600	T	TREAT METACARPAL FRACTURE		0129	1.5023	APC	$76.03			
26605	T	TREAT METACARPAL FRACTURE		0129	1.5023	APC	$76.03			
26607	T	TREAT METACARPAL FRACTURE		0139	19.1606	APC	$969.72			
26608	T	TREAT METACARPAL FRACTURE		0062	26.1699	APC	$1,324.46			
26615	T	TREAT METACARPAL FRACTURE		0063	49.9153	APC	$2,526.21			
26641	T	TREAT THUMB DISLOCATION		0129	1.5023	APC	$76.03			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
26645	T	TREAT THUMB FRACTURE		0138	5.0918	APC	$257.70			
26650	T	TREAT THUMB FRACTURE		0062	26.1699	APC	$1,324.46			
26665	T	TREAT THUMB FRACTURE		0063	49.9153	APC	$2,526.21			
26670	T	TREAT HAND DISLOCATION		0129	1.5023	APC	$76.03			
26675	T	TREAT HAND DISLOCATION		0129	1.5023	APC	$76.03			
26676	T	PIN HAND DISLOCATION		0062	26.1699	APC	$1,324.46			
26685	T	TREAT HAND DISLOCATION		0062	26.1699	APC	$1,324.46			
26686	T	TREAT HAND DISLOCATION		0064	68.1442	APC	$3,448.78			
26700	T	TREAT KNUCKLE DISLOCATION		0129	1.5023	APC	$76.03			
26705	T	TREAT KNUCKLE DISLOCATION		0129	1.5023	APC	$76.03			
26706	T	PIN KNUCKLE DISLOCATION		0139	19.1606	APC	$969.72			
26715	T	TREAT KNUCKLE DISLOCATION		0062	26.1699	APC	$1,324.46			
26720	T	TREAT FINGER FRACTURE EACH		0129	1.5023	APC	$76.03			
26725	T	TREAT FINGER FRACTURE EACH		0129	1.5023	APC	$76.03			
26727	T	TREAT FINGER FRACTURE EACH		0062	26.1699	APC	$1,324.46			
26735	T	TREAT FINGER FRACTURE EACH		0062	26.1699	APC	$1,324.46			
26740	T	TREAT FINGER FRACTURE EACH		0129	1.5023	APC	$76.03			
26742	T	TREAT FINGER FRACTURE EACH		0129	1.5023	APC	$76.03			
26746	T	TREAT FINGER FRACTURE EACH		0062	26.1699	APC	$1,324.46			
26750	T	TREAT FINGER FRACTURE EACH		0129	1.5023	APC	$76.03			
26755	T	TREAT FINGER FRACTURE EACH		0129	1.5023	APC	$76.03			
26756	T	PIN FINGER FRACTURE EACH		0062	26.1699	APC	$1,324.46			
26765	T	TREAT FINGER FRACTURE EACH		0062	26.1699	APC	$1,324.46			
26770	T	TREAT FINGER DISLOCATION		0129	1.5023	APC	$76.03			
26775	T	TREAT FINGER DISLOCATION		0045	15.4592	APC	$782.39			
26776	T	PIN FINGER DISLOCATION		0062	26.1699	APC	$1,324.46			
26785	T	TREAT FINGER DISLOCATION		0062	26.1699	APC	$1,324.46			
26820	T	THUMB FUSION WITH GRAFT		0054	28.8534	APC	$1,460.27			
26841	T	FUSION OF THUMB		0054	28.8534	APC	$1,460.27			
26842	T	THUMB FUSION WITH GRAFT		0054	28.8534	APC	$1,460.27			
26843	T	FUSION OF HAND JOINT		0054	28.8534	APC	$1,460.27			
26844	T	FUSION/GRAFT OF HAND JOINT		0054	28.8534	APC	$1,460.27			
26850	T	FUSION OF KNUCKLE		0054	28.8534	APC	$1,460.27			
26852	T	FUSION OF KNUCKLE WITH GRAFT		0054	28.8534	APC	$1,460.27			
26860	T	FUSION OF FINGER JOINT		0054	28.8534	APC	$1,460.27			
26861	T	FUSION OF FINGER JNT ADD-ON		0054	28.8534	APC	$1,460.27			
26862	T	FUSION/GRAFT OF FINGER JOINT		0054	28.8534	APC	$1,460.27			
26863	T	FUSE/GRAFT ADDED JOINT		0054	28.8534	APC	$1,460.27			
26910	T	AMPUTATE METACARPAL BONE		0054	28.8534	APC	$1,460.27			
26951	T	AMPUTATION OF FINGER/THUMB		0053	17.1918	APC	$870.08			
26952	T	AMPUTATION OF FINGER/THUMB		0053	17.1918	APC	$870.08			
26989	T	HAND/FINGER SURGERY		0129	1.5023	APC	$76.03			
26990	T	DRAINAGE OF PELVIS LESION		0049	22.0777	APC	$1,117.35			
26991	T	DRAINAGE OF PELVIS BURSA		0049	22.0777	APC	$1,117.35			
26992	C	DRAINAGE OF BONE LESION				Inpatient Only	$0.00			
27000	T	INCISION OF HIP TENDON		0049	22.0777	APC	$1,117.35			
27001	T	INCISION OF HIP TENDON		0050	32.4068	APC	$1,640.11			
27003	T	INCISION OF HIP TENDON		0050	32.4068	APC	$1,640.11			
27005	C	INCISION OF HIP TENDON				Inpatient Only	$0.00			
27006	T	INCISION OF HIP TENDONS		0050	32.4068	APC	$1,640.11			
27025	C	INCISION OF HIP/THIGH FASCIA				Inpatient Only	$0.00			
27027	T	BUTTOCK FASCIOTOMY		0050	32.4068	APC	$1,640.11			
27030	C	DRAINAGE OF HIP JOINT				Inpatient Only	$0.00			
27033	T	EXPLORATION OF HIP JOINT		0051	47.4682	APC	$2,402.37			
27035	T	DENERVATION OF HIP JOINT		0050	32.4068	APC	$1,640.11			
27036	C	EXCISION OF HIP JOINT/MUSCLE				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
27040	T	BIOPSY OF SOFT TISSUES		0020	8.2746	APC	$418.78			
27041	T	BIOPSY OF SOFT TISSUES		0020	8.2746	APC	$418.78			
27043	T	EXC HIP PELVIS LES SC 3 CM/>		0022	23.2662	APC	$1,177.50			
27045	T	EXC HIP/PELV TUM DEEP 5 CM/>		0022	23.2662	APC	$1,177.50			
27047	T	REMOVE HIP/PELVIS LESION		0021	17.0074	APC	$860.74			
27048	T	REMOVE HIP/PELVIS LESION		0021	17.0074	APC	$860.74			
27049	T	RESECT HIP/PELV TUM < 5 CM		0021	17.0074	APC	$860.74			
27050	T	BIOPSY OF SACROILIAC JOINT		0049	22.0777	APC	$1,117.35			
27052	T	BIOPSY OF HIP JOINT		0049	22.0777	APC	$1,117.35			
27054	C	REMOVAL OF HIP JOINT LINING				Inpatient Only	$0.00			
27057	T	BUTTOCK FASCIOTOMY W/DBRDMT		0049	22.0777	APC	$1,117.35			
27059	T	RESECT HIP/PELV TUM 5 CM/>		0022	23.2662	APC	$1,177.50			
27060	T	REMOVAL OF ISCHIAL BURSA		0049	22.0777	APC	$1,117.35			
27062	T	REMOVE FEMUR LESION/BURSA		0049	22.0777	APC	$1,117.35			
27065	T	REMOVE HIP BONE LES SUPER		0049	22.0777	APC	$1,117.35			
27066	T	REMOVE HIP BONE LES DEEP		0050	32.4068	APC	$1,640.11			
27067	T	REMOVE/GRAFT HIP BONE LESION		0050	32.4068	APC	$1,640.11			
27070	C	PARTIAL REMOVAL OF HIP BONE				Inpatient Only	$0.00			
27071	C	PARTIAL REMOVAL OF HIP BONE				Inpatient Only	$0.00			
27075	C	EXTENSIVE HIP SURGERY				Inpatient Only	$0.00			
27076	C	EXTENSIVE HIP SURGERY				Inpatient Only	$0.00			
27077	C	EXTENSIVE HIP SURGERY				Inpatient Only	$0.00			
27078	C	EXTENSIVE HIP SURGERY				Inpatient Only	$0.00			
27080	T	REMOVAL OF TAIL BONE		0050	32.4068	APC	$1,640.11			
27086	T	REMOVE HIP FOREIGN BODY		0020	8.2746	APC	$418.78			
27087	T	REMOVE HIP FOREIGN BODY		0049	22.0777	APC	$1,117.35			
27090	C	REMOVAL OF HIP PROSTHESIS				Inpatient Only	$0.00			
27091	C	REMOVAL OF HIP PROSTHESIS				Inpatient Only	$0.00			
27093	N	INJECTION FOR HIP X-RAY				Bundled	$0.00			
27095	N	INJECTION FOR HIP X-RAY				Bundled	$0.00			
27096	E	INJECT SACROILIAC JOINT				Not Allowed	$0.00			
27097	T	REVISION OF HIP TENDON		0050	32.4068	APC	$1,640.11			
27098	T	TRANSFER TENDON TO PELVIS		0050	32.4068	APC	$1,640.11			
27100	T	TRANSFER OF ABDOMINAL MUSCLE		0051	47.4682	APC	$2,402.37			
27105	T	TRANSFER OF SPINAL MUSCLE		0051	47.4682	APC	$2,402.37			
27110	T	TRANSFER OF ILIOPSOAS MUSCLE		0051	47.4682	APC	$2,402.37			
27111	T	TRANSFER OF ILIOPSOAS MUSCLE		0051	47.4682	APC	$2,402.37			
27120	C	RECONSTRUCTION OF HIP SOCKET				Inpatient Only	$0.00			
27122	C	RECONSTRUCTION OF HIP SOCKET				Inpatient Only	$0.00			
27125	C	PARTIAL HIP REPLACEMENT				Inpatient Only	$0.00			
27130	C	TOTAL HIP ARTHROPLASTY				Inpatient Only	$0.00			
27132	C	TOTAL HIP ARTHROPLASTY				Inpatient Only	$0.00			
27134	C	REVISE HIP JOINT REPLACEMENT				Inpatient Only	$0.00			
27137	C	REVISE HIP JOINT REPLACEMENT				Inpatient Only	$0.00			
27138	C	REVISE HIP JOINT REPLACEMENT				Inpatient Only	$0.00			
27140	C	TRANSPLANT FEMUR RIDGE				Inpatient Only	$0.00			
27146	C	INCISION OF HIP BONE				Inpatient Only	$0.00			
27147	C	REVISION OF HIP BONE				Inpatient Only	$0.00			
27151	C	INCISION OF HIP BONES				Inpatient Only	$0.00			
27156	C	REVISION OF HIP BONES				Inpatient Only	$0.00			
27158	C	REVISION OF PELVIS				Inpatient Only	$0.00			
27161	C	INCISION OF NECK OF FEMUR				Inpatient Only	$0.00			
27165	C	INCISION/FIXATION OF FEMUR				Inpatient Only	$0.00			
27170	C	REPAIR/GRAFT FEMUR HEAD/NECK				Inpatient Only	$0.00			
27175	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			
27176	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
27177	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			
27178	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			
27179	T	REVISE HEAD/NECK OF FEMUR		0052	88.7314	APC	$4,490.70			
27181	C	TREAT SLIPPED EPIPHYSIS				Inpatient Only	$0.00			
27185	C	REVISION OF FEMUR EPIPHYSIS				Inpatient Only	$0.00			
27187	C	REINFORCE HIP BONES				Inpatient Only	$0.00			
27193	T	TREAT PELVIC RING FRACTURE		0129	1.5023	APC	$76.03			
27194	T	TREAT PELVIC RING FRACTURE		0045	15.4592	APC	$782.39			
27200	T	TREAT TAIL BONE FRACTURE		0129	1.5023	APC	$76.03			
27202	T	TREAT TAIL BONE FRACTURE		0063	49.9153	APC	$2,526.21			
27215	E	TREAT PELVIC FRACTURE(S)				Not Allowed	$0.00			
27216	E	TREAT PELVIC RING FRACTURE				Not Allowed	$0.00			
27217	E	TREAT PELVIC RING FRACTURE				Not Allowed	$0.00			
27218	E	TREAT PELVIC RING FRACTURE				Not Allowed	$0.00			
27220	T	TREAT HIP SOCKET FRACTURE		0129	1.5023	APC	$76.03			
27222	C	TREAT HIP SOCKET FRACTURE				Inpatient Only	$0.00			
27226	C	TREAT HIP WALL FRACTURE				Inpatient Only	$0.00			
27227	C	TREAT HIP FRACTURE(S)				Inpatient Only	$0.00			
27228	C	TREAT HIP FRACTURE(S)				Inpatient Only	$0.00			
27230	T	TREAT THIGH FRACTURE		0129	1.5023	APC	$76.03			
27232	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			
27235	T	TREAT THIGH FRACTURE		0050	32.4068	APC	$1,640.11			
27236	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			
27238	T	TREAT THIGH FRACTURE		0138	5.0918	APC	$257.70			
27240	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			
27244	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			
27245	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			
27246	T	TREAT THIGH FRACTURE		0138	5.0918	APC	$257.70			
27248	C	TREAT THIGH FRACTURE				Inpatient Only	$0.00			
27250	T	TREAT HIP DISLOCATION		0129	1.5023	APC	$76.03			
27252	T	TREAT HIP DISLOCATION		0045	15.4592	APC	$782.39			
27253	C	TREAT HIP DISLOCATION				Inpatient Only	$0.00			
27254	C	TREAT HIP DISLOCATION				Inpatient Only	$0.00			
27256	T	TREAT HIP DISLOCATION		0129	1.5023	APC	$76.03			
27257	T	TREAT HIP DISLOCATION		0045	15.4592	APC	$782.39			
27258	C	TREAT HIP DISLOCATION				Inpatient Only	$0.00			
27259	C	TREAT HIP DISLOCATION				Inpatient Only	$0.00			
27265	T	TREAT HIP DISLOCATION		0129	1.5023	APC	$76.03			
27266	T	TREAT HIP DISLOCATION		0045	15.4592	APC	$782.39			
27267	T	CLTX THIGH FX		0129	1.5023	APC	$76.03			
27268	C	CLTX THIGH FX W/MNPJ				Inpatient Only	$0.00			
27269	C	OPTX THIGH FX				Inpatient Only	$0.00			
27275	T	MANIPULATION OF HIP JOINT		0045	15.4592	APC	$782.39			
27280	C	FUSION OF SACROILIAC JOINT				Inpatient Only	$0.00			
27282	C	FUSION OF PUBIC BONES				Inpatient Only	$0.00			
27284	C	FUSION OF HIP JOINT				Inpatient Only	$0.00			
27286	C	FUSION OF HIP JOINT				Inpatient Only	$0.00			
27290	C	AMPUTATION OF LEG AT HIP				Inpatient Only	$0.00			
27295	C	AMPUTATION OF LEG AT HIP				Inpatient Only	$0.00			
27299	T	PELVIS/HIP JOINT SURGERY		0129	1.5023	APC	$76.03			
27301	T	DRAIN THIGH/KNEE LESION		0008	20.5648	APC	$1,040.78			
27303	C	DRAINAGE OF BONE LESION				Inpatient Only	$0.00			
27305	T	INCISE THIGH TENDON & FASCIA		0049	22.0777	APC	$1,117.35			
27306	T	INCISION OF THIGH TENDON		0049	22.0777	APC	$1,117.35			
27307	T	INCISION OF THIGH TENDONS		0050	32.4068	APC	$1,640.11			
27310	T	EXPLORATION OF KNEE JOINT		0050	32.4068	APC	$1,640.11			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
27323	T	BIOPSY THIGH SOFT TISSUES		0020	8.2746	APC	$418.78			
27324	T	BIOPSY THIGH SOFT TISSUES		0022	23.2662	APC	$1,177.50			
27325	T	NEURECTOMY HAMSTRING		0220	18.8841	APC	$955.72			
27326	T	NEURECTOMY POPLITEAL		0220	18.8841	APC	$955.72			
27327	T	REMOVAL OF THIGH LESION		0022	23.2662	APC	$1,177.50			
27328	T	REMOVAL OF THIGH LESION		0021	17.0074	APC	$860.74			
27329	T	REMOVE TUMOR THIGH/KNEE		0021	17.0074	APC	$860.74			
27330	T	BIOPSY KNEE JOINT LINING		0050	32.4068	APC	$1,640.11			
27331	T	EXPLORE/TREAT KNEE JOINT		0050	32.4068	APC	$1,640.11			
27332	T	REMOVAL OF KNEE CARTILAGE		0050	32.4068	APC	$1,640.11			
27333	T	REMOVAL OF KNEE CARTILAGE		0050	32.4068	APC	$1,640.11			
27334	T	REMOVE KNEE JOINT LINING		0050	32.4068	APC	$1,640.11			
27335	T	REMOVE KNEE JOINT LINING		0050	32.4068	APC	$1,640.11			
27337	T	EXC THIGH/KNEE LES SC 3 CM/>		0022	23.2662	APC	$1,177.50			
27339	T	EXC THIGH/KNEE TUM DEP 5CM/>		0022	23.2662	APC	$1,177.50			
27340	T	REMOVAL OF KNEECAP BURSA		0049	22.0777	APC	$1,117.35			
27345	T	REMOVAL OF KNEE CYST		0049	22.0777	APC	$1,117.35			
27347	T	REMOVE KNEE CYST		0049	22.0777	APC	$1,117.35			
27350	T	REMOVAL OF KNEECAP		0050	32.4068	APC	$1,640.11			
27355	T	REMOVE FEMUR LESION		0050	32.4068	APC	$1,640.11			
27356	T	REMOVE FEMUR LESION/GRAFT		0050	32.4068	APC	$1,640.11			
27357	T	REMOVE FEMUR LESION/GRAFT		0050	32.4068	APC	$1,640.11			
27358	T	REMOVE FEMUR LESION/FIXATION		0050	32.4068	APC	$1,640.11			
27360	T	PARTIAL REMOVAL LEG BONE(S)		0050	32.4068	APC	$1,640.11			
27364	T	RESECT THIGH/KNEE TUM 5 CM/>		0022	23.2662	APC	$1,177.50			
27365	C	EXTENSIVE LEG SURGERY				Inpatient Only	$0.00			
27370	N	INJECTION FOR KNEE X-RAY				Bundled	$0.00			
27372	T	REMOVAL OF FOREIGN BODY		0022	23.2662	APC	$1,177.50			
27380	T	REPAIR OF KNEECAP TENDON		0050	32.4068	APC	$1,640.11			
27381	T	REPAIR/GRAFT KNEECAP TENDON		0050	32.4068	APC	$1,640.11			
27385	T	REPAIR OF THIGH MUSCLE		0050	32.4068	APC	$1,640.11			
27386	T	REPAIR/GRAFT OF THIGH MUSCLE		0050	32.4068	APC	$1,640.11			
27390	T	INCISION OF THIGH TENDON		0049	22.0777	APC	$1,117.35			
27391	T	INCISION OF THIGH TENDONS		0049	22.0777	APC	$1,117.35			
27392	T	INCISION OF THIGH TENDONS		0050	32.4068	APC	$1,640.11			
27393	T	LENGTHENING OF THIGH TENDON		0050	32.4068	APC	$1,640.11			
27394	T	LENGTHENING OF THIGH TENDONS		0050	32.4068	APC	$1,640.11			
27395	T	LENGTHENING OF THIGH TENDONS		0051	47.4682	APC	$2,402.37			
27396	T	TRANSPLANT OF THIGH TENDON		0050	32.4068	APC	$1,640.11			
27397	T	TRANSPLANTS OF THIGH TENDONS		0051	47.4682	APC	$2,402.37			
27400	T	REVISE THIGH MUSCLES/TENDONS		0051	47.4682	APC	$2,402.37			
27403	T	REPAIR OF KNEE CARTILAGE		0050	32.4068	APC	$1,640.11			
27405	T	REPAIR OF KNEE LIGAMENT		0051	47.4682	APC	$2,402.37			
27407	T	REPAIR OF KNEE LIGAMENT		0052	88.7314	APC	$4,490.70			
27409	T	REPAIR OF KNEE LIGAMENTS		0052	88.7314	APC	$4,490.70			
27412	T	AUTOCHONDROCYTE IMPLANT KNEE		0052	88.7314	APC	$4,490.70			
27415	T	OSTEOCHONDRAL KNEE ALLOGRAFT		0052	88.7314	APC	$4,490.70			
27416	T	OSTEOCHONDRAL KNEE AUTOGRAFT		0051	47.4682	APC	$2,402.37			
27418	T	REPAIR DEGENERATED KNEECAP		0051	47.4682	APC	$2,402.37			
27420	T	REVISION OF UNSTABLE KNEECAP		0051	47.4682	APC	$2,402.37			
27422	T	REVISION OF UNSTABLE KNEECAP		0051	47.4682	APC	$2,402.37			
27424	T	REVISION/REMOVAL OF KNEECAP		0051	47.4682	APC	$2,402.37			
27425	T	LAT RETINACULAR RELEASE OPEN		0050	32.4068	APC	$1,640.11			
27427	T	RECONSTRUCTION KNEE		0052	88.7314	APC	$4,490.70			
27428	T	RECONSTRUCTION KNEE		0052	88.7314	APC	$4,490.70			
27429	T	RECONSTRUCTION KNEE		0052	88.7314	APC	$4,490.70			

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27430	T	REVISION OF THIGH MUSCLES		0051	47.4682	APC	$2,402.37			
27435	T	INCISION OF KNEE JOINT		0050	32.4068	APC	$1,640.11			
27437	T	REVISE KNEECAP		0047	41.2275	APC	$2,086.52			
27438	T	REVISE KNEECAP WITH IMPLANT		0048	60.6542	APC	$3,069.71			
27440	T	REVISION OF KNEE JOINT		0047	41.2275	APC	$2,086.52			
27441	T	REVISION OF KNEE JOINT		0047	41.2275	APC	$2,086.52			
27442	T	REVISION OF KNEE JOINT		0047	41.2275	APC	$2,086.52			
27443	T	REVISION OF KNEE JOINT		0047	41.2275	APC	$2,086.52			
27445	C	REVISION OF KNEE JOINT				Inpatient Only	$0.00			
27446	T	REVISION OF KNEE JOINT		0425	132.8589	APC	$6,723.99			
27447	C	TOTAL KNEE ARTHROPLASTY				Inpatient Only	$0.00			
27448	C	INCISION OF THIGH				Inpatient Only	$0.00			
27450	C	INCISION OF THIGH				Inpatient Only	$0.00			
27454	C	REALIGNMENT OF THIGH BONE				Inpatient Only	$0.00			
27455	C	REALIGNMENT OF KNEE				Inpatient Only	$0.00			
27457	C	REALIGNMENT OF KNEE				Inpatient Only	$0.00			
27465	C	SHORTENING OF THIGH BONE				Inpatient Only	$0.00			
27466	C	LENGTHENING OF THIGH BONE				Inpatient Only	$0.00			
27468	C	SHORTEN/LENGTHEN THIGHS				Inpatient Only	$0.00			
27470	C	REPAIR OF THIGH				Inpatient Only	$0.00			
27472	C	REPAIR/GRAFT OF THIGH				Inpatient Only	$0.00			
27475	T	SURGERY TO STOP LEG GROWTH		0050	32.4068	APC	$1,640.11			
27477	C	SURGERY TO STOP LEG GROWTH				Inpatient Only	$0.00			
27479	T	SURGERY TO STOP LEG GROWTH		0050	32.4068	APC	$1,640.11			
27485	C	SURGERY TO STOP LEG GROWTH				Inpatient Only	$0.00			
27486	C	REVISE/REPLACE KNEE JOINT				Inpatient Only	$0.00			
27487	C	REVISE/REPLACE KNEE JOINT				Inpatient Only	$0.00			
27488	C	REMOVAL OF KNEE PROSTHESIS				Inpatient Only	$0.00			
27495	C	REINFORCE THIGH				Inpatient Only	$0.00			
27496	T	DECOMPRESSION OF THIGH/KNEE		0050	32.4068	APC	$1,640.11			
27497	T	DECOMPRESSION OF THIGH/KNEE		0049	22.0777	APC	$1,117.35			
27498	T	DECOMPRESSION OF THIGH/KNEE		0050	32.4068	APC	$1,640.11			
27499	T	DECOMPRESSION OF THIGH/KNEE		0050	32.4068	APC	$1,640.11			
27500	T	TREATMENT OF THIGH FRACTURE		0138	5.0918	APC	$257.70			
27501	T	TREATMENT OF THIGH FRACTURE		0129	1.5023	APC	$76.03			
27502	T	TREATMENT OF THIGH FRACTURE		0139	19.1606	APC	$969.72			
27503	T	TREATMENT OF THIGH FRACTURE		0129	1.5023	APC	$76.03			
27506	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			
27507	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			
27508	T	TREATMENT OF THIGH FRACTURE		0129	1.5023	APC	$76.03			
27509	T	TREATMENT OF THIGH FRACTURE		0062	26.1699	APC	$1,324.46			
27510	T	TREATMENT OF THIGH FRACTURE		0138	5.0918	APC	$257.70			
27511	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			
27513	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			
27514	C	TREATMENT OF THIGH FRACTURE				Inpatient Only	$0.00			
27516	T	TREAT THIGH FX GROWTH PLATE		0129	1.5023	APC	$76.03			
27517	T	TREAT THIGH FX GROWTH PLATE		0129	1.5023	APC	$76.03			
27519	C	TREAT THIGH FX GROWTH PLATE				Inpatient Only	$0.00			
27520	T	TREAT KNEECAP FRACTURE		0129	1.5023	APC	$76.03			
27524	T	TREAT KNEECAP FRACTURE		0063	49.9153	APC	$2,526.21			
27530	T	TREAT KNEE FRACTURE		0129	1.5023	APC	$76.03			
27532	T	TREAT KNEE FRACTURE		0139	19.1606	APC	$969.72			
27535	C	TREAT KNEE FRACTURE				Inpatient Only	$0.00			
27536	C	TREAT KNEE FRACTURE				Inpatient Only	$0.00			
27538	T	TREAT KNEE FRACTURE(S)		0129	1.5023	APC	$76.03			
27540	C	TREAT KNEE FRACTURE				Inpatient Only	$0.00			

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27550	T	TREAT KNEE DISLOCATION		0129	1.5023	APC	$76.03			
27552	T	TREAT KNEE DISLOCATION		0045	15.4592	APC	$782.39			
27556	C	TREAT KNEE DISLOCATION				Inpatient Only	$0.00			
27557	C	TREAT KNEE DISLOCATION				Inpatient Only	$0.00			
27558	C	TREAT KNEE DISLOCATION				Inpatient Only	$0.00			
27560	T	TREAT KNEECAP DISLOCATION		0129	1.5023	APC	$76.03			
27562	T	TREAT KNEECAP DISLOCATION		0045	15.4592	APC	$782.39			
27566	T	TREAT KNEECAP DISLOCATION		0063	49.9153	APC	$2,526.21			
27570	T	FIXATION OF KNEE JOINT		0045	15.4592	APC	$782.39			
27580	C	FUSION OF KNEE				Inpatient Only	$0.00			
27590	C	AMPUTATE LEG AT THIGH				Inpatient Only	$0.00			
27591	C	AMPUTATE LEG AT THIGH				Inpatient Only	$0.00			
27592	C	AMPUTATE LEG AT THIGH				Inpatient Only	$0.00			
27594	T	AMPUTATION FOLLOW-UP SURGERY		0049	22.0777	APC	$1,117.35			
27596	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only	$0.00			
27598	C	AMPUTATE LOWER LEG AT KNEE				Inpatient Only	$0.00			
27599	T	LEG SURGERY PROCEDURE		0129	1.5023	APC	$76.03			
27600	T	DECOMPRESSION OF LOWER LEG		0049	22.0777	APC	$1,117.35			
27601	T	DECOMPRESSION OF LOWER LEG		0049	22.0777	APC	$1,117.35			
27602	T	DECOMPRESSION OF LOWER LEG		0050	32.4068	APC	$1,640.11			
27603	T	DRAIN LOWER LEG LESION		0008	20.5648	APC	$1,040.78			
27604	T	DRAIN LOWER LEG BURSA		0050	32.4068	APC	$1,640.11			
27605	T	INCISION OF ACHILLES TENDON		0055	22.1041	APC	$1,118.69			
27606	T	INCISION OF ACHILLES TENDON		0049	22.0777	APC	$1,117.35			
27607	T	TREAT LOWER LEG BONE LESION		0049	22.0777	APC	$1,117.35			
27610	T	EXPLORE/TREAT ANKLE JOINT		0050	32.4068	APC	$1,640.11			
27612	T	EXPLORATION OF ANKLE JOINT		0050	32.4068	APC	$1,640.11			
27613	T	BIOPSY LOWER LEG SOFT TISSUE		0020	8.2746	APC	$418.78			
27614	T	BIOPSY LOWER LEG SOFT TISSUE		0022	23.2662	APC	$1,177.50			
27615	T	REMOVE TUMOR, LOWER LEG		0021	17.0074	APC	$860.74			
27616	T	RESECT LEG/ANKLE TUM 5 CM/>		0022	23.2662	APC	$1,177.50			
27618	T	REMOVE LOWER LEG LESION		0021	17.0074	APC	$860.74			
27619	T	REMOVE LOWER LEG LESION		0021	17.0074	APC	$860.74			
27620	T	EXPLORE/TREAT ANKLE JOINT		0050	32.4068	APC	$1,640.11			
27625	T	REMOVE ANKLE JOINT LINING		0050	32.4068	APC	$1,640.11			
27626	T	REMOVE ANKLE JOINT LINING		0050	32.4068	APC	$1,640.11			
27630	T	REMOVAL OF TENDON LESION		0049	22.0777	APC	$1,117.35			
27632	T	EXC LEG/ANKLE LES SC 3 CM/>		0022	23.2662	APC	$1,177.50			
27634	T	EXC LEG/ANKLE TUM DEP 5 CM/>		0022	23.2662	APC	$1,177.50			
27635	T	REMOVE LOWER LEG BONE LESION		0050	32.4068	APC	$1,640.11			
27637	T	REMOVE/GRAFT LEG BONE LESION		0050	32.4068	APC	$1,640.11			
27638	T	REMOVE/GRAFT LEG BONE LESION		0050	32.4068	APC	$1,640.11			
27640	T	PARTIAL REMOVAL OF TIBIA		0050	32.4068	APC	$1,640.11			
27641	T	PARTIAL REMOVAL OF FIBULA		0050	32.4068	APC	$1,640.11			
27645	C	EXTENSIVE LOWER LEG SURGERY				Inpatient Only	$0.00			
27646	C	EXTENSIVE LOWER LEG SURGERY				Inpatient Only	$0.00			
27647	T	EXTENSIVE ANKLE/HEEL SURGERY		0050	32.4068	APC	$1,640.11			
27648	N	INJECTION FOR ANKLE X-RAY				Bundled	$0.00			
27650	T	REPAIR ACHILLES TENDON		0051	47.4682	APC	$2,402.37			
27652	T	REPAIR/GRAFT ACHILLES TENDON		0052	88.7314	APC	$4,490.70			
27654	T	REPAIR OF ACHILLES TENDON		0051	47.4682	APC	$2,402.37			
27656	T	REPAIR LEG FASCIA DEFECT		0049	22.0777	APC	$1,117.35			
27658	T	REPAIR OF LEG TENDON EACH		0049	22.0777	APC	$1,117.35			
27659	T	REPAIR OF LEG TENDON EACH		0049	22.0777	APC	$1,117.35			
27664	T	REPAIR OF LEG TENDON EACH		0050	32.4068	APC	$1,640.11			
27665	T	REPAIR OF LEG TENDON EACH		0050	32.4068	APC	$1,640.11			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
27675	T	REPAIR LOWER LEG TENDONS		0049	22.0777	APC	$1,117.35			
27676	T	REPAIR LOWER LEG TENDONS		0050	32.4068	APC	$1,640.11			
27680	T	RELEASE OF LOWER LEG TENDON		0050	32.4068	APC	$1,640.11			
27681	T	RELEASE OF LOWER LEG TENDONS		0050	32.4068	APC	$1,640.11			
27685	T	REVISION OF LOWER LEG TENDON		0050	32.4068	APC	$1,640.11			
27686	T	REVISE LOWER LEG TENDONS		0050	32.4068	APC	$1,640.11			
27687	T	REVISION OF CALF TENDON		0050	32.4068	APC	$1,640.11			
27690	T	REVISE LOWER LEG TENDON		0051	47.4682	APC	$2,402.37			
27691	T	REVISE LOWER LEG TENDON		0051	47.4682	APC	$2,402.37			
27692	T	REVISE ADDITIONAL LEG TENDON		0051	47.4682	APC	$2,402.37			
27695	T	REPAIR OF ANKLE LIGAMENT		0050	32.4068	APC	$1,640.11			
27696	T	REPAIR OF ANKLE LIGAMENTS		0050	32.4068	APC	$1,640.11			
27698	T	REPAIR OF ANKLE LIGAMENT		0050	32.4068	APC	$1,640.11			
27700	T	REVISION OF ANKLE JOINT		0047	41.2275	APC	$2,086.52			
27702	C	RECONSTRUCT ANKLE JOINT				Inpatient Only	$0.00			
27703	C	RECONSTRUCTION ANKLE JOINT				Inpatient Only	$0.00			
27704	T	REMOVAL OF ANKLE IMPLANT		0049	22.0777	APC	$1,117.35			
27705	T	INCISION OF TIBIA		0051	47.4682	APC	$2,402.37			
27707	T	INCISION OF FIBULA		0050	32.4068	APC	$1,640.11			
27709	T	INCISION OF TIBIA & FIBULA		0050	32.4068	APC	$1,640.11			
27712	C	REALIGNMENT OF LOWER LEG				Inpatient Only	$0.00			
27715	C	REVISION OF LOWER LEG				Inpatient Only	$0.00			
27720	T	REPAIR OF TIBIA		0063	49.9153	APC	$2,526.21			
27722	T	REPAIR/GRAFT OF TIBIA		0064	68.1442	APC	$3,448.78			
27724	C	REPAIR/GRAFT OF TIBIA				Inpatient Only	$0.00			
27725	C	REPAIR OF LOWER LEG				Inpatient Only	$0.00			
27726	T	REPAIR FIBULA NONUNION		0063	49.9153	APC	$2,526.21			
27727	C	REPAIR OF LOWER LEG				Inpatient Only	$0.00			
27730	T	REPAIR OF TIBIA EPIPHYSIS		0050	32.4068	APC	$1,640.11			
27732	T	REPAIR OF FIBULA EPIPHYSIS		0050	32.4068	APC	$1,640.11			
27734	T	REPAIR LOWER LEG EPIPHYSES		0050	32.4068	APC	$1,640.11			
27740	T	REPAIR OF LEG EPIPHYSES		0050	32.4068	APC	$1,640.11			
27742	T	REPAIR OF LEG EPIPHYSES		0051	47.4682	APC	$2,402.37			
27745	T	REINFORCE TIBIA		0052	88.7314	APC	$4,490.70			
27750	T	TREATMENT OF TIBIA FRACTURE		0129	1.5023	APC	$76.03			
27752	T	TREATMENT OF TIBIA FRACTURE		0139	19.1606	APC	$969.72			
27756	T	TREATMENT OF TIBIA FRACTURE		0062	26.1699	APC	$1,324.46			
27758	T	TREATMENT OF TIBIA FRACTURE		0063	49.9153	APC	$2,526.21			
27759	T	TREATMENT OF TIBIA FRACTURE		0064	68.1442	APC	$3,448.78			
27760	T	CLTX MEDIAL ANKLE FX		0129	1.5023	APC	$76.03			
27762	T	CLTX MED ANKLE FX W/MNPJ		0139	19.1606	APC	$969.72			
27766	T	TREATMENT OF ANKLE FRACTURE		0063	49.9153	APC	$2,526.21			
27767	T	CLTX POST ANKLE FX		0129	1.5023	APC	$76.03			
27768	T	CLTX POST ANKLE FX W/MNPJ		0129	1.5023	APC	$76.03			
27769	T	OPTX POST ANKLE FX		0063	49.9153	APC	$2,526.21			
27780	T	TREATMENT OF FIBULA FRACTURE		0129	1.5023	APC	$76.03			
27781	T	TREATMENT OF FIBULA FRACTURE		0139	19.1606	APC	$969.72			
27784	T	TREATMENT OF FIBULA FRACTURE		0063	49.9153	APC	$2,526.21			
27786	T	TREATMENT OF ANKLE FRACTURE		0129	1.5023	APC	$76.03			
27788	T	TREATMENT OF ANKLE FRACTURE		0129	1.5023	APC	$76.03			
27792	T	TREATMENT OF ANKLE FRACTURE		0063	49.9153	APC	$2,526.21			
27808	T	TREATMENT OF ANKLE FRACTURE		0129	1.5023	APC	$76.03			
27810	T	TREATMENT OF ANKLE FRACTURE		0129	1.5023	APC	$76.03			
27814	T	TREATMENT OF ANKLE FRACTURE		0063	49.9153	APC	$2,526.21			
27816	T	TREATMENT OF ANKLE FRACTURE		0129	1.5023	APC	$76.03			
27818	T	TREATMENT OF ANKLE FRACTURE		0138	5.0918	APC	$257.70			

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27822	T	TREATMENT OF ANKLE FRACTURE		0063	49.9153	APC	$2,526.21			
27823	T	TREATMENT OF ANKLE FRACTURE		0064	68.1442	APC	$3,448.78			
27824	T	TREAT LOWER LEG FRACTURE		0129	1.5023	APC	$76.03			
27825	T	TREAT LOWER LEG FRACTURE		0139	19.1606	APC	$969.72			
27826	T	TREAT LOWER LEG FRACTURE		0063	49.9153	APC	$2,526.21			
27827	T	TREAT LOWER LEG FRACTURE		0064	68.1442	APC	$3,448.78			
27828	T	TREAT LOWER LEG FRACTURE		0064	68.1442	APC	$3,448.78			
27829	T	TREAT LOWER LEG JOINT		0063	49.9153	APC	$2,526.21			
27830	T	TREAT LOWER LEG DISLOCATION		0129	1.5023	APC	$76.03			
27831	T	TREAT LOWER LEG DISLOCATION		0139	19.1606	APC	$969.72			
27832	T	TREAT LOWER LEG DISLOCATION		0063	49.9153	APC	$2,526.21			
27840	T	TREAT ANKLE DISLOCATION		0129	1.5023	APC	$76.03			
27842	T	TREAT ANKLE DISLOCATION		0045	15.4592	APC	$782.39			
27846	T	TREAT ANKLE DISLOCATION		0063	49.9153	APC	$2,526.21			
27848	T	TREAT ANKLE DISLOCATION		0063	49.9153	APC	$2,526.21			
27860	T	FIXATION OF ANKLE JOINT		0045	15.4592	APC	$782.39			
27870	T	FUSION OF ANKLE JOINT OPEN		0052	88.7314	APC	$4,490.70			
27871	T	FUSION OF TIBIOFIBULAR JOINT		0052	88.7314	APC	$4,490.70			
27880	C	AMPUTATION OF LOWER LEG				Inpatient Only	$0.00			
27881	C	AMPUTATION OF LOWER LEG				Inpatient Only	$0.00			
27882	C	AMPUTATION OF LOWER LEG				Inpatient Only	$0.00			
27884	T	AMPUTATION FOLLOW-UP SURGERY		0049	22.0777	APC	$1,117.35			
27886	C	AMPUTATION FOLLOW-UP SURGERY				Inpatient Only	$0.00			
27888	C	AMPUTATION OF FOOT AT ANKLE				Inpatient Only	$0.00			
27889	T	AMPUTATION OF FOOT AT ANKLE		0050	32.4068	APC	$1,640.11			
27892	T	DECOMPRESSION OF LEG		0050	32.4068	APC	$1,640.11			
27893	T	DECOMPRESSION OF LEG		0050	32.4068	APC	$1,640.11			
27894	T	DECOMPRESSION OF LEG		0050	32.4068	APC	$1,640.11			
27899	T	LEG/ANKLE SURGERY PROCEDURE		0129	1.5023	APC	$76.03			
28001	T	DRAINAGE OF BURSA OF FOOT		0007	13.1250	APC	$664.26			
28002	T	TREATMENT OF FOOT INFECTION		0049	22.0777	APC	$1,117.35			
28003	T	TREATMENT OF FOOT INFECTION		0049	22.0777	APC	$1,117.35			
28005	T	TREAT FOOT BONE LESION		0055	22.1041	APC	$1,118.69			
28008	T	INCISION OF FOOT FASCIA		0055	22.1041	APC	$1,118.69			
28010	T	INCISION OF TOE TENDON		0055	22.1041	APC	$1,118.69			
28011	T	INCISION OF TOE TENDONS		0055	22.1041	APC	$1,118.69			
28020	T	EXPLORATION OF FOOT JOINT		0055	22.1041	APC	$1,118.69			
28022	T	EXPLORATION OF FOOT JOINT		0055	22.1041	APC	$1,118.69			
28024	T	EXPLORATION OF TOE JOINT		0055	22.1041	APC	$1,118.69			
28035	T	DECOMPRESSION OF TIBIA NERVE		0220	18.8841	APC	$955.72			
28039	T	EXC FOOT/TOE TUM SC 1.5 CM/>		0022	23.2662	APC	$1,177.50			
28041	T	EXC FOOT/TOE TUM DEP 1.5CM/>		0022	23.2662	APC	$1,177.50			
28043	T	EXCISION OF FOOT LESION		0021	17.0074	APC	$860.74			
28045	T	EXCISION OF FOOT LESION		0021	17.0074	APC	$860.74			
28046	T	RESECTION OF TUMOR, FOOT		0021	17.0074	APC	$860.74			
28047	T	RESECT FOOT/TOE TUMOR 3 CM/>		0022	23.2662	APC	$1,177.50			
28050	T	BIOPSY OF FOOT JOINT LINING		0055	22.1041	APC	$1,118.69			
28052	T	BIOPSY OF FOOT JOINT LINING		0055	22.1041	APC	$1,118.69			
28054	T	BIOPSY OF TOE JOINT LINING		0055	22.1041	APC	$1,118.69			
28055	T	NEURECTOMY FOOT		0220	18.8841	APC	$955.72			
28060	T	PARTIAL REMOVAL FOOT FASCIA		0055	22.1041	APC	$1,118.69			
28062	T	REMOVAL OF FOOT FASCIA		0055	22.1041	APC	$1,118.69			
28070	T	REMOVAL OF FOOT JOINT LINING		0055	22.1041	APC	$1,118.69			
28072	T	REMOVAL OF FOOT JOINT LINING		0055	22.1041	APC	$1,118.69			
28080	T	REMOVAL OF FOOT LESION		0055	22.1041	APC	$1,118.69			
28086	T	EXCISE FOOT TENDON SHEATH		0055	22.1041	APC	$1,118.69			

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28088	T	EXCISE FOOT TENDON SHEATH		0055	22.1041	APC	$1,118.69			
28090	T	REMOVAL OF FOOT LESION		0055	22.1041	APC	$1,118.69			
28092	T	REMOVAL OF TOE LESIONS		0055	22.1041	APC	$1,118.69			
28100	T	REMOVAL OF ANKLE/HEEL LESION		0055	22.1041	APC	$1,118.69			
28102	T	REMOVE/GRAFT FOOT LESION		0056	58.3595	APC	$2,953.57			
28103	T	REMOVE/GRAFT FOOT LESION		0056	58.3595	APC	$2,953.57			
28104	T	REMOVAL OF FOOT LESION		0055	22.1041	APC	$1,118.69			
28106	T	REMOVE/GRAFT FOOT LESION		0056	58.3595	APC	$2,953.57			
28107	T	REMOVE/GRAFT FOOT LESION		0056	58.3595	APC	$2,953.57			
28108	T	REMOVAL OF TOE LESIONS		0055	22.1041	APC	$1,118.69			
28110	T	PART REMOVAL OF METATARSAL		0055	22.1041	APC	$1,118.69			
28111	T	PART REMOVAL OF METATARSAL		0055	22.1041	APC	$1,118.69			
28112	T	PART REMOVAL OF METATARSAL		0055	22.1041	APC	$1,118.69			
28113	T	PART REMOVAL OF METATARSAL		0055	22.1041	APC	$1,118.69			
28114	T	REMOVAL OF METATARSAL HEADS		0055	22.1041	APC	$1,118.69			
28116	T	REVISION OF FOOT		0055	22.1041	APC	$1,118.69			
28118	T	REMOVAL OF HEEL BONE		0055	22.1041	APC	$1,118.69			
28119	T	REMOVAL OF HEEL SPUR		0055	22.1041	APC	$1,118.69			
28120	T	PART REMOVAL OF ANKLE/HEEL		0055	22.1041	APC	$1,118.69			
28122	T	PARTIAL REMOVAL OF FOOT BONE		0055	22.1041	APC	$1,118.69			
28124	T	PARTIAL REMOVAL OF TOE		0055	22.1041	APC	$1,118.69			
28126	T	PARTIAL REMOVAL OF TOE		0055	22.1041	APC	$1,118.69			
28130	T	REMOVAL OF ANKLE BONE		0055	22.1041	APC	$1,118.69			
28140	T	REMOVAL OF METATARSAL		0055	22.1041	APC	$1,118.69			
28150	T	REMOVAL OF TOE		0055	22.1041	APC	$1,118.69			
28153	T	PARTIAL REMOVAL OF TOE		0055	22.1041	APC	$1,118.69			
28160	T	PARTIAL REMOVAL OF TOE		0055	22.1041	APC	$1,118.69			
28171	T	EXTENSIVE FOOT SURGERY		0055	22.1041	APC	$1,118.69			
28173	T	EXTENSIVE FOOT SURGERY		0055	22.1041	APC	$1,118.69			
28175	T	EXTENSIVE FOOT SURGERY		0055	22.1041	APC	$1,118.69			
28190	T	REMOVAL OF FOOT FOREIGN BODY		0020	8.2746	APC	$418.78			
28192	T	REMOVAL OF FOOT FOREIGN BODY		0021	17.0074	APC	$860.74			
28193	T	REMOVAL OF FOOT FOREIGN BODY		0020	8.2746	APC	$418.78			
28200	T	REPAIR OF FOOT TENDON		0055	22.1041	APC	$1,118.69			
28202	T	REPAIR/GRAFT OF FOOT TENDON		0055	22.1041	APC	$1,118.69			
28208	T	REPAIR OF FOOT TENDON		0055	22.1041	APC	$1,118.69			
28210	T	REPAIR/GRAFT OF FOOT TENDON		0056	58.3595	APC	$2,953.57			
28220	T	RELEASE OF FOOT TENDON		0055	22.1041	APC	$1,118.69			
28222	T	RELEASE OF FOOT TENDONS		0055	22.1041	APC	$1,118.69			
28225	T	RELEASE OF FOOT TENDON		0055	22.1041	APC	$1,118.69			
28226	T	RELEASE OF FOOT TENDONS		0055	22.1041	APC	$1,118.69			
28230	T	INCISION OF FOOT TENDON(S)		0055	22.1041	APC	$1,118.69			
28232	T	INCISION OF TOE TENDON		0055	22.1041	APC	$1,118.69			
28234	T	INCISION OF FOOT TENDON		0055	22.1041	APC	$1,118.69			
28238	T	REVISION OF FOOT TENDON		0056	58.3595	APC	$2,953.57			
28240	T	RELEASE OF BIG TOE		0055	22.1041	APC	$1,118.69			
28250	T	REVISION OF FOOT FASCIA		0055	22.1041	APC	$1,118.69			
28260	T	RELEASE OF MIDFOOT JOINT		0055	22.1041	APC	$1,118.69			
28261	T	REVISION OF FOOT TENDON		0055	22.1041	APC	$1,118.69			
28262	T	REVISION OF FOOT AND ANKLE		0055	22.1041	APC	$1,118.69			
28264	T	RELEASE OF MIDFOOT JOINT		0056	58.3595	APC	$2,953.57			
28270	T	RELEASE OF FOOT CONTRACTURE		0055	22.1041	APC	$1,118.69			
28272	T	RELEASE OF TOE JOINT EACH		0055	22.1041	APC	$1,118.69			
28280	T	FUSION OF TOES		0055	22.1041	APC	$1,118.69			
28285	T	REPAIR OF HAMMERTOE		0055	22.1041	APC	$1,118.69			
28286	T	REPAIR OF HAMMERTOE		0055	22.1041	APC	$1,118.69			

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28288	T	PARTIAL REMOVAL OF FOOT BONE		0055	22.1041	APC	$1,118.69			
28289	T	REPAIR HALLUX RIGIDUS		0055	22.1041	APC	$1,118.69			
28290	T	CORRECTION OF BUNION		0057	32.7118	APC	$1,655.54			
28292	T	CORRECTION OF BUNION		0057	32.7118	APC	$1,655.54			
28293	T	CORRECTION OF BUNION		0057	32.7118	APC	$1,655.54			
28294	T	CORRECTION OF BUNION		0057	32.7118	APC	$1,655.54			
28296	T	CORRECTION OF BUNION		0057	32.7118	APC	$1,655.54			
28297	T	CORRECTION OF BUNION		0057	32.7118	APC	$1,655.54			
28298	T	CORRECTION OF BUNION		0057	32.7118	APC	$1,655.54			
28299	T	CORRECTION OF BUNION		0057	32.7118	APC	$1,655.54			
28300	T	INCISION OF HEEL BONE		0056	58.3595	APC	$2,953.57			
28302	T	INCISION OF ANKLE BONE		0055	22.1041	APC	$1,118.69			
28304	T	INCISION OF MIDFOOT BONES		0056	58.3595	APC	$2,953.57			
28305	T	INCISE/GRAFT MIDFOOT BONES		0056	58.3595	APC	$2,953.57			
28306	T	INCISION OF METATARSAL		0055	22.1041	APC	$1,118.69			
28307	T	INCISION OF METATARSAL		0055	22.1041	APC	$1,118.69			
28308	T	INCISION OF METATARSAL		0055	22.1041	APC	$1,118.69			
28309	T	INCISION OF METATARSALS		0056	58.3595	APC	$2,953.57			
28310	T	REVISION OF BIG TOE		0055	22.1041	APC	$1,118.69			
28312	T	REVISION OF TOE		0055	22.1041	APC	$1,118.69			
28313	T	REPAIR DEFORMITY OF TOE		0055	22.1041	APC	$1,118.69			
28315	T	REMOVAL OF SESAMOID BONE		0055	22.1041	APC	$1,118.69			
28320	T	REPAIR OF FOOT BONES		0056	58.3595	APC	$2,953.57			
28322	T	REPAIR OF METATARSALS		0056	58.3595	APC	$2,953.57			
28340	T	RESECT ENLARGED TOE TISSUE		0055	22.1041	APC	$1,118.69			
28341	T	RESECT ENLARGED TOE		0055	22.1041	APC	$1,118.69			
28344	T	REPAIR EXTRA TOE(S)		0055	22.1041	APC	$1,118.69			
28345	T	REPAIR WEBBED TOE(S)		0055	22.1041	APC	$1,118.69			
28360	T	RECONSTRUCT CLEFT FOOT		0056	58.3595	APC	$2,953.57			
28400	T	TREATMENT OF HEEL FRACTURE		0129	1.5023	APC	$76.03			
28405	T	TREATMENT OF HEEL FRACTURE		0139	19.1606	APC	$969.72			
28406	T	TREATMENT OF HEEL FRACTURE		0062	26.1699	APC	$1,324.46			
28415	T	TREAT HEEL FRACTURE		0064	68.1442	APC	$3,448.78			
28420	T	TREAT/GRAFT HEEL FRACTURE		0063	49.9153	APC	$2,526.21			
28430	T	TREATMENT OF ANKLE FRACTURE		0129	1.5023	APC	$76.03			
28435	T	TREATMENT OF ANKLE FRACTURE		0129	1.5023	APC	$76.03			
28436	T	TREATMENT OF ANKLE FRACTURE		0062	26.1699	APC	$1,324.46			
28445	T	TREAT ANKLE FRACTURE		0063	49.9153	APC	$2,526.21			
28446	T	OSTEOCHONDRAL TALUS AUTOGRFT		0056	58.3595	APC	$2,953.57			
28450	T	TREAT MIDFOOT FRACTURE EACH		0129	1.5023	APC	$76.03			
28455	T	TREAT MIDFOOT FRACTURE EACH		0129	1.5023	APC	$76.03			
28456	T	TREAT MIDFOOT FRACTURE		0062	26.1699	APC	$1,324.46			
28465	T	TREAT MIDFOOT FRACTURE EACH		0063	49.9153	APC	$2,526.21			
28470	T	TREAT METATARSAL FRACTURE		0129	1.5023	APC	$76.03			
28475	T	TREAT METATARSAL FRACTURE		0129	1.5023	APC	$76.03			
28476	T	TREAT METATARSAL FRACTURE		0062	26.1699	APC	$1,324.46			
28485	T	TREAT METATARSAL FRACTURE		0063	49.9153	APC	$2,526.21			
28490	T	TREAT BIG TOE FRACTURE		0129	1.5023	APC	$76.03			
28495	T	TREAT BIG TOE FRACTURE		0129	1.5023	APC	$76.03			
28496	T	TREAT BIG TOE FRACTURE		0062	26.1699	APC	$1,324.46			
28505	T	TREAT BIG TOE FRACTURE		0062	26.1699	APC	$1,324.46			
28510	T	TREATMENT OF TOE FRACTURE		0129	1.5023	APC	$76.03			
28515	T	TREATMENT OF TOE FRACTURE		0129	1.5023	APC	$76.03			
28525	T	TREAT TOE FRACTURE		0062	26.1699	APC	$1,324.46			
28530	T	TREAT SESAMOID BONE FRACTURE		0129	1.5023	APC	$76.03			
28531	T	TREAT SESAMOID BONE FRACTURE		0062	26.1699	APC	$1,324.46			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
28540	T	TREAT FOOT DISLOCATION		0129	1.5023	APC	$76.03			
28545	T	TREAT FOOT DISLOCATION		0062	26.1699	APC	$1,324.46			
28546	T	TREAT FOOT DISLOCATION		0062	26.1699	APC	$1,324.46			
28555	T	REPAIR FOOT DISLOCATION		0063	49.9153	APC	$2,526.21			
28570	T	TREAT FOOT DISLOCATION		0129	1.5023	APC	$76.03			
28575	T	TREAT FOOT DISLOCATION		0139	19.1606	APC	$969.72			
28576	T	TREAT FOOT DISLOCATION		0062	26.1699	APC	$1,324.46			
28585	T	REPAIR FOOT DISLOCATION		0062	26.1699	APC	$1,324.46			
28600	T	TREAT FOOT DISLOCATION		0129	1.5023	APC	$76.03			
28605	T	TREAT FOOT DISLOCATION		0129	1.5023	APC	$76.03			
28606	T	TREAT FOOT DISLOCATION		0062	26.1699	APC	$1,324.46			
28615	T	REPAIR FOOT DISLOCATION		0063	49.9153	APC	$2,526.21			
28630	T	TREAT TOE DISLOCATION		0129	1.5023	APC	$76.03			
28635	T	TREAT TOE DISLOCATION		0045	15.4592	APC	$782.39			
28636	T	TREAT TOE DISLOCATION		0062	26.1699	APC	$1,324.46			
28645	T	REPAIR TOE DISLOCATION		0062	26.1699	APC	$1,324.46			
28660	T	TREAT TOE DISLOCATION		0129	1.5023	APC	$76.03			
28665	T	TREAT TOE DISLOCATION		0045	15.4592	APC	$782.39			
28666	T	TREAT TOE DISLOCATION		0062	26.1699	APC	$1,324.46			
28675	T	REPAIR OF TOE DISLOCATION		0062	26.1699	APC	$1,324.46			
28705	T	FUSION OF FOOT BONES		0056	58.3595	APC	$2,953.57			
28715	T	FUSION OF FOOT BONES		0052	88.7314	APC	$4,490.70			
28725	T	FUSION OF FOOT BONES		0056	58.3595	APC	$2,953.57			
28730	T	FUSION OF FOOT BONES		0056	58.3595	APC	$2,953.57			
28735	T	FUSION OF FOOT BONES		0056	58.3595	APC	$2,953.57			
28737	T	REVISION OF FOOT BONES		0056	58.3595	APC	$2,953.57			
28740	T	FUSION OF FOOT BONES		0056	58.3595	APC	$2,953.57			
28750	T	FUSION OF BIG TOE JOINT		0056	58.3595	APC	$2,953.57			
28755	T	FUSION OF BIG TOE JOINT		0055	22.1041	APC	$1,118.69			
28760	T	FUSION OF BIG TOE JOINT		0056	58.3595	APC	$2,953.57			
28800	C	AMPUTATION OF MIDFOOT				Inpatient Only	$0.00			
28805	T	AMPUTATION THRU METATARSAL		0055	22.1041	APC	$1,118.69			
28810	T	AMPUTATION TOE & METATARSAL		0055	22.1041	APC	$1,118.69			
28820	T	AMPUTATION OF TOE		0055	22.1041	APC	$1,118.69			
28825	T	PARTIAL AMPUTATION OF TOE		0055	22.1041	APC	$1,118.69			
28890	T	HIGH ENERGY ESWT PLANTAR F		0050	32.4068	APC	$1,640.11			
28899	T	FOOT/TOES SURGERY PROCEDURE		0129	1.5023	APC	$76.03			
29000	S	APPLICATION OF BODY CAST		0058	1.1276	APC	$57.07			
29010	S	APPLICATION OF BODY CAST		0426	2.5667	APC	$129.90			
29015	S	APPLICATION OF BODY CAST		0426	2.5667	APC	$129.90			
29020	S	APPLICATION OF BODY CAST		0058	1.1276	APC	$57.07			
29025	S	APPLICATION OF BODY CAST		0058	1.1276	APC	$57.07			
29035	S	APPLICATION OF BODY CAST		0426	2.5667	APC	$129.90			
29040	S	APPLICATION OF BODY CAST		0058	1.1276	APC	$57.07			
29044	S	APPLICATION OF BODY CAST		0426	2.5667	APC	$129.90			
29046	S	APPLICATION OF BODY CAST		0426	2.5667	APC	$129.90			
29049	S	APPLICATION OF FIGURE EIGHT		0058	1.1276	APC	$57.07			
29055	S	APPLICATION OF SHOULDER CAST		0426	2.5667	APC	$129.90			
29058	S	APPLICATION OF SHOULDER CAST		0058	1.1276	APC	$57.07			
29065	S	APPLICATION OF LONG ARM CAST		0426	2.5667	APC	$129.90			
29075	S	APPLICATION OF FOREARM CAST		0426	2.5667	APC	$129.90			
29085	S	APPLY HAND/WRIST CAST		0058	1.1276	APC	$57.07			
29086	S	APPLY FINGER CAST		0058	1.1276	APC	$57.07			
29105	S	APPLY LONG ARM SPLINT		0058	1.1276	APC	$57.07			
29125	S	APPLY FOREARM SPLINT		0058	1.1276	APC	$57.07			
29126	S	APPLY FOREARM SPLINT		0058	1.1276	APC	$57.07			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
29130	S	APPLICATION OF FINGER SPLINT		0058	1.1276	APC	$57.07			
29131	S	APPLICATION OF FINGER SPLINT		0058	1.1276	APC	$57.07			
29200	S	STRAPPING OF CHEST		0058	1.1276	APC	$57.07			
29240	S	STRAPPING OF SHOULDER		0058	1.1276	APC	$57.07			
29260	S	STRAPPING OF ELBOW OR WRIST		0058	1.1276	APC	$57.07			
29280	S	STRAPPING OF HAND OR FINGER		0058	1.1276	APC	$57.07			
29305	S	APPLICATION OF HIP CAST		0426	2.5667	APC	$129.90			
29325	S	APPLICATION OF HIP CASTS		0426	2.5667	APC	$129.90			
29345	S	APPLICATION OF LONG LEG CAST		0426	2.5667	APC	$129.90			
29355	S	APPLICATION OF LONG LEG CAST		0426	2.5667	APC	$129.90			
29358	S	APPLY LONG LEG CAST BRACE		0426	2.5667	APC	$129.90			
29365	S	APPLICATION OF LONG LEG CAST		0426	2.5667	APC	$129.90			
29405	S	APPLY SHORT LEG CAST		0426	2.5667	APC	$129.90			
29425	S	APPLY SHORT LEG CAST		0426	2.5667	APC	$129.90			
29435	S	APPLY SHORT LEG CAST		0426	2.5667	APC	$129.90			
29440	S	ADDITION OF WALKER TO CAST		0058	1.1276	APC	$57.07			
29445	S	APPLY RIGID LEG CAST		0426	2.5667	APC	$129.90			
29450	S	APPLICATION OF LEG CAST		0058	1.1276	APC	$57.07			
29505	S	APPLICATION LONG LEG SPLINT		0058	1.1276	APC	$57.07			
29515	S	APPLICATION LOWER LEG SPLINT		0058	1.1276	APC	$57.07			
29520	S	STRAPPING OF HIP		0058	1.1276	APC	$57.07			
29530	S	STRAPPING OF KNEE		0058	1.1276	APC	$57.07			
29540	S	STRAPPING OF ANKLE AND/OR FT		0058	1.1276	APC	$57.07			
29550	S	STRAPPING OF TOES		0058	1.1276	APC	$57.07			
29580	S	APPLICATION OF PASTE BOOT		0058	1.1276	APC	$57.07			
29581	S	APPLY MULTLAY COMPRS LWR LEG		0058	1.1276	APC	$57.07			
29582	S	APPLY MULTLAY COMPRS UPR LEG		0058	1.1276	APC	$57.07			
29583	S	APPLY MULTLAY COMPRS UPR ARM		0058	1.1276	APC	$57.07			
29584	S	APPL MULTLAY COMPRS ARM/HAND		0058	1.1276	APC	$57.07			
29590	S	APPLICATION OF FOOT SPLINT		0058	1.1276	APC	$57.07			
29700	S	REMOVAL/REVISION OF CAST		0058	1.1276	APC	$57.07			
29705	S	REMOVAL/REVISION OF CAST		0058	1.1276	APC	$57.07			
29710	S	REMOVAL/REVISION OF CAST		0426	2.5667	APC	$129.90			
29715	S	REMOVAL/REVISION OF CAST		0058	1.1276	APC	$57.07			
29720	S	REPAIR OF BODY CAST		0058	1.1276	APC	$57.07			
29730	S	WINDOWING OF CAST		0058	1.1276	APC	$57.07			
29740	S	WEDGING OF CAST		0058	1.1276	APC	$57.07			
29750	S	WEDGING OF CLUBFOOT CAST		0058	1.1276	APC	$57.07			
29799	S	CASTING/STRAPPING PROCEDURE		0058	1.1276	APC	$57.07			
29800	T	JAW ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			Y
29804	T	JAW ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			Y
29805	T	SHOULDER ARTHROSCOPY DX		0041	29.6568	APC	$1,500.93			
29806	T	SHOULDER ARTHROSCOPY/SURGERY		0042	57.0137	APC	$2,885.46			
29807	T	SHOULDER ARTHROSCOPY/SURGERY		0042	57.0137	APC	$2,885.46			
29819	T	SHOULDER ARTHROSCOPY/SURGERY		0042	57.0137	APC	$2,885.46			
29820	T	SHOULDER ARTHROSCOPY/SURGERY		0042	57.0137	APC	$2,885.46			
29821	T	SHOULDER ARTHROSCOPY/SURGERY		0042	57.0137	APC	$2,885.46			
29822	T	SHOULDER ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29823	T	SHOULDER ARTHROSCOPY/SURGERY		0042	57.0137	APC	$2,885.46			
29824	T	SHOULDER ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29825	T	SHOULDER ARTHROSCOPY/SURGERY		0042	57.0137	APC	$2,885.46			
29826	T	SHOULDER ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29827	T	ARTHROSCOP ROTATOR CUFF REPR		0042	57.0137	APC	$2,885.46			
29828	T	ARTHROSCOPY BICEPS TENODESIS		0042	57.0137	APC	$2,885.46			
29830	T	ELBOW ARTHROSCOPY		0041	29.6568	APC	$1,500.93			
29834	T	ELBOW ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			

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29835	T	ELBOW ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29836	T	ELBOW ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29837	T	ELBOW ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29838	T	ELBOW ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29840	T	WRIST ARTHROSCOPY		0041	29.6568	APC	$1,500.93			
29843	T	WRIST ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29844	T	WRIST ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29845	T	WRIST ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29846	T	WRIST ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29847	T	WRIST ARTHROSCOPY/SURGERY		0042	57.0137	APC	$2,885.46			
29848	T	WRIST ENDOSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29850	T	KNEE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29851	T	KNEE ARTHROSCOPY/SURGERY		0042	57.0137	APC	$2,885.46			
29855	T	TIBIAL ARTHROSCOPY/SURGERY		0042	57.0137	APC	$2,885.46			
29856	T	TIBIAL ARTHROSCOPY/SURGERY		0042	57.0137	APC	$2,885.46			
29860	T	HIP ARTHROSCOPY DX		0042	57.0137	APC	$2,885.46			
29861	T	HIP ARTHRO W/FB REMOVAL		0042	57.0137	APC	$2,885.46			
29862	T	HIP ARTHR0 W/DEBRIDEMENT		0042	57.0137	APC	$2,885.46			
29863	T	HIP ARTHR0 W/SYNOVECTOMY		0042	57.0137	APC	$2,885.46			
29866	T	AUTGRFT IMPLNT KNEE W/SCOPE		0042	57.0137	APC	$2,885.46			
29867	T	ALLGRFT IMPLNT KNEE W/SCOPE		0042	57.0137	APC	$2,885.46			
29868	T	MENISCAL TRNSPL KNEE W/SCPE		0042	57.0137	APC	$2,885.46			
29870	T	KNEE ARTHROSCOPY DX		0041	29.6568	APC	$1,500.93			
29871	T	KNEE ARTHROSCOPY/DRAINAGE		0041	29.6568	APC	$1,500.93			
29873	T	KNEE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29874	T	KNEE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29875	T	KNEE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29876	T	KNEE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29877	T	KNEE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29879	T	KNEE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29880	T	KNEE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29881	T	KNEE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29882	T	KNEE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29883	T	KNEE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29884	T	KNEE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29885	T	KNEE ARTHROSCOPY/SURGERY		0042	57.0137	APC	$2,885.46			
29886	T	KNEE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29887	T	KNEE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29888	T	KNEE ARTHROSCOPY/SURGERY		0052	88.7314	APC	$4,490.70			
29889	T	KNEE ARTHROSCOPY/SURGERY		0052	88.7314	APC	$4,490.70			
29891	T	ANKLE ARTHROSCOPY/SURGERY		0042	57.0137	APC	$2,885.46			
29892	T	ANKLE ARTHROSCOPY/SURGERY		0052	88.7314	APC	$4,490.70			
29893	T	SCOPE PLANTAR FASCIOTOMY		0055	22.1041	APC	$1,118.69			
29894	T	ANKLE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29895	T	ANKLE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29897	T	ANKLE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29898	T	ANKLE ARTHROSCOPY/SURGERY		0041	29.6568	APC	$1,500.93			
29899	T	ANKLE ARTHROSCOPY/SURGERY		0042	57.0137	APC	$2,885.46			
29900	T	MCP JOINT ARTHROSCOPY DX		0041	29.6568	APC	$1,500.93			
29901	T	MCP JOINT ARTHROSCOPY SURG		0041	29.6568	APC	$1,500.93			
29902	T	MCP JOINT ARTHROSCOPY SURG		0041	29.6568	APC	$1,500.93			
29904	T	SUBTALAR ARTHRO W/FB RMVL		0041	29.6568	APC	$1,500.93			
29905	T	SUBTALAR ARTHRO W/EXC		0041	29.6568	APC	$1,500.93			
29906	T	SUBTALAR ARTHRO W/DEB		0041	29.6568	APC	$1,500.93			
29907	T	SUBTALAR ARTHRO W/FUSION		0042	57.0137	APC	$2,885.46			
29914	T	HIP ARTHRO W/FEMOROPLASTY		0042	57.0137	APC	$2,885.46			

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29915	T	HIP ARTHRO ACETABULOPLASTY		0042	57.0137	APC	$2,885.46			
29916	T	HIP ARTHRO W/LABRAL REPAIR		0042	57.0137	APC	$2,885.46			
29999	T	ARTHROSCOPY OF JOINT		0041	29.6568	APC	$1,500.93			
30000	T	DRAINAGE OF NOSE LESION		0251	3.1145	APC	$157.62			
30020	T	DRAINAGE OF NOSE LESION		0251	3.1145	APC	$157.62			
30100	T	INTRANASAL BIOPSY		0252	7.4604	APC	$377.57			
30110	T	REMOVAL OF NOSE POLYP(S)		0253	16.8771	APC	$854.15			
30115	T	REMOVAL OF NOSE POLYP(S)		0253	16.8771	APC	$854.15			
30117	T	REMOVAL OF INTRANASAL LESION		0253	16.8771	APC	$854.15			
30118	T	REMOVAL OF INTRANASAL LESION		0254	24.9111	APC	$1,260.75			
30120	T	REVISION OF NOSE		0254	24.9111	APC	$1,260.75			
30124	T	REMOVAL OF NOSE LESION		0252	7.4604	APC	$377.57			
30125	T	REMOVAL OF NOSE LESION		0256	45.1991	APC	$2,287.53			
30130	T	EXCISE INFERIOR TURBINATE		0253	16.8771	APC	$854.15			
30140	T	RESECT INFERIOR TURBINATE		0254	24.9111	APC	$1,260.75			
30150	T	PARTIAL REMOVAL OF NOSE		0256	45.1991	APC	$2,287.53			
30160	T	REMOVAL OF NOSE		0256	45.1991	APC	$2,287.53			
30200	T	INJECTION TREATMENT OF NOSE		0252	7.4604	APC	$377.57			
30210	T	NASAL SINUS THERAPY		0252	7.4604	APC	$377.57			
30220	T	INSERT NASAL SEPTAL BUTTON		0252	7.4604	APC	$377.57			
30300	X	REMOVE NASAL FOREIGN BODY		0340	0.6525	APC	$33.02			
30310	T	REMOVE NASAL FOREIGN BODY		0253	16.8771	APC	$854.15			
30320	T	REMOVE NASAL FOREIGN BODY		0253	16.8771	APC	$854.15			
30400	T	RECONSTRUCTION OF NOSE		0256	45.1991	APC	$2,287.53			Y
30410	T	RECONSTRUCTION OF NOSE		0256	45.1991	APC	$2,287.53			Y
30420	T	RECONSTRUCTION OF NOSE		0256	45.1991	APC	$2,287.53			Y
30430	T	REVISION OF NOSE		0254	24.9111	APC	$1,260.75			Y
30435	T	REVISION OF NOSE		0256	45.1991	APC	$2,287.53			Y
30450	T	REVISION OF NOSE		0256	45.1991	APC	$2,287.53			Y
30460	T	REVISION OF NOSE		0256	45.1991	APC	$2,287.53			Y
30462	T	REVISION OF NOSE		0256	45.1991	APC	$2,287.53			Y
30465	T	REPAIR NASAL STENOSIS		0256	45.1991	APC	$2,287.53			Y
30520	T	REPAIR OF NASAL SEPTUM		0254	24.9111	APC	$1,260.75			
30540	T	REPAIR NASAL DEFECT		0256	45.1991	APC	$2,287.53			
30545	T	REPAIR NASAL DEFECT		0256	45.1991	APC	$2,287.53			
30560	T	RELEASE OF NASAL ADHESIONS		0251	3.1145	APC	$157.62			
30580	T	REPAIR UPPER JAW FISTULA		0256	45.1991	APC	$2,287.53			
30600	T	REPAIR MOUTH/NOSE FISTULA		0256	45.1991	APC	$2,287.53			
30620	T	INTRANASAL RECONSTRUCTION		0256	45.1991	APC	$2,287.53			
30630	T	REPAIR NASAL SEPTUM DEFECT		0254	24.9111	APC	$1,260.75			
30801	T	ABLATE INF TURBINATE SUPERF		0252	7.4604	APC	$377.57			
30802	T	CAUTERIZATION, INNER NOSE		0253	16.8771	APC	$854.15			
30901	T	CONTROL OF NOSEBLEED		0250	1.0708	APC	$54.19			
30903	T	CONTROL OF NOSEBLEED		0250	1.0708	APC	$54.19			
30905	T	CONTROL OF NOSEBLEED		0250	1.0708	APC	$54.19			
30906	T	REPEAT CONTROL OF NOSEBLEED		0250	1.0708	APC	$54.19			
30915	T	LIGATION NASAL SINUS ARTERY		0092	26.8758	APC	$1,360.18			
30920	T	LIGATION UPPER JAW ARTERY		0092	26.8758	APC	$1,360.18			
30930	T	THER FX NASAL INF TURBINATE		0253	16.8771	APC	$854.15			
30999	T	NASAL SURGERY PROCEDURE		0250	1.0708	APC	$54.19			
31000	T	IRRIGATION MAXILLARY SINUS		0251	3.1145	APC	$157.62			
31002	T	IRRIGATION SPHENOID SINUS		0252	7.4604	APC	$377.57			
31020	T	EXPLORATION MAXILLARY SINUS		0254	24.9111	APC	$1,260.75			
31030	T	EXPLORATION MAXILLARY SINUS		0256	45.1991	APC	$2,287.53			
31032	T	EXPLORE SINUS REMOVE POLYPS		0256	45.1991	APC	$2,287.53			
31040	T	EXPLORATION BEHIND UPPER JAW		0254	24.9111	APC	$1,260.75			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
31050	T	EXPLORATION SPHENOID SINUS		0256	45.1991	APC	$2,287.53			
31051	T	SPHENOID SINUS SURGERY		0256	45.1991	APC	$2,287.53			
31070	T	EXPLORATION OF FRONTAL SINUS		0254	24.9111	APC	$1,260.75			
31075	T	EXPLORATION OF FRONTAL SINUS		0256	45.1991	APC	$2,287.53			
31080	T	REMOVAL OF FRONTAL SINUS		0256	45.1991	APC	$2,287.53			
31081	T	REMOVAL OF FRONTAL SINUS		0256	45.1991	APC	$2,287.53			
31084	T	REMOVAL OF FRONTAL SINUS		0256	45.1991	APC	$2,287.53			
31085	T	REMOVAL OF FRONTAL SINUS		0256	45.1991	APC	$2,287.53			
31086	T	REMOVAL OF FRONTAL SINUS		0256	45.1991	APC	$2,287.53			
31087	T	REMOVAL OF FRONTAL SINUS		0256	45.1991	APC	$2,287.53			
31090	T	EXPLORATION OF SINUSES		0256	45.1991	APC	$2,287.53			
31200	T	REMOVAL OF ETHMOID SINUS		0256	45.1991	APC	$2,287.53			
31201	T	REMOVAL OF ETHMOID SINUS		0256	45.1991	APC	$2,287.53			
31205	T	REMOVAL OF ETHMOID SINUS		0256	45.1991	APC	$2,287.53			
31225	C	REMOVAL OF UPPER JAW				Inpatient Only	$0.00			
31230	C	REMOVAL OF UPPER JAW				Inpatient Only	$0.00			
31231	T	NASAL ENDOSCOPY DX		0072	1.8640	APC	$94.34			
31233	T	NASAL/SINUS ENDOSCOPY DX		0072	1.8640	APC	$94.34			
31235	T	NASAL/SINUS ENDOSCOPY DX		0074	21.3453	APC	$1,080.29			
31237	T	NASAL/SINUS ENDOSCOPY SURG		0074	21.3453	APC	$1,080.29			
31238	T	NASAL/SINUS ENDOSCOPY SURG		0074	21.3453	APC	$1,080.29			
31239	T	NASAL/SINUS ENDOSCOPY SURG		0075	30.4202	APC	$1,539.57			
31240	T	NASAL/SINUS ENDOSCOPY SURG		0074	21.3453	APC	$1,080.29			
31254	T	REVISION OF ETHMOID SINUS		0075	30.4202	APC	$1,539.57			
31255	T	REMOVAL OF ETHMOID SINUS		0075	30.4202	APC	$1,539.57			
31256	T	EXPLORATION MAXILLARY SINUS		0075	30.4202	APC	$1,539.57			
31267	T	ENDOSCOPY MAXILLARY SINUS		0075	30.4202	APC	$1,539.57			
31276	T	SINUS ENDOSCOPY SURGICAL		0075	30.4202	APC	$1,539.57			
31287	T	NASAL/SINUS ENDOSCOPY SURG		0075	30.4202	APC	$1,539.57			
31288	T	NASAL/SINUS ENDOSCOPY SURG		0075	30.4202	APC	$1,539.57			
31290	C	NASAL/SINUS ENDOSCOPY SURG				Inpatient Only	$0.00			
31291	C	NASAL/SINUS ENDOSCOPY SURG				Inpatient Only	$0.00			
31292	T	NASAL/SINUS ENDOSCOPY SURG		0075	30.4202	APC	$1,539.57			
31293	T	NASAL/SINUS ENDOSCOPY SURG		0075	30.4202	APC	$1,539.57			
31294	T	NASAL/SINUS ENDOSCOPY SURG		0075	30.4202	APC	$1,539.57			
31295	T	SINUS ENDO W/BALLOON DIL		0075	30.4202	APC	$1,539.57			
31296	T	SINUS ENDO W/BALLOON DIL		0075	30.4202	APC	$1,539.57			
31297	T	SINUS ENDO W/BALLOON DIL		0075	30.4202	APC	$1,539.57			
31299	T	SINUS SURGERY PROCEDURE		0250	1.0708	APC	$54.19			
31300	T	REMOVAL OF LARYNX LESION		0254	24.9111	APC	$1,260.75			
31320	T	DIAGNOSTIC INCISION LARYNX		0256	45.1991	APC	$2,287.53			
31360	C	REMOVAL OF LARYNX				Inpatient Only	$0.00			
31365	C	REMOVAL OF LARYNX				Inpatient Only	$0.00			
31367	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			
31368	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			
31370	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			
31375	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			
31380	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			
31382	C	PARTIAL REMOVAL OF LARYNX				Inpatient Only	$0.00			
31390	C	REMOVAL OF LARYNX & PHARYNX				Inpatient Only	$0.00			
31395	C	RECONSTRUCT LARYNX & PHARYNX				Inpatient Only	$0.00			
31400	T	REVISION OF LARYNX		0256	45.1991	APC	$2,287.53			
31420	T	REMOVAL OF EPIGLOTTIS		0256	45.1991	APC	$2,287.53			
31500	S	INSERT EMERGENCY AIRWAY		0094	2.2313	APC	$112.93			
31502	S	CHANGE OF WINDPIPE AIRWAY		0078	1.4123	APC	$71.48			
31505	T	DIAGNOSTIC LARYNGOSCOPY		0071	1.0751	APC	$54.41			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
31510	T	LARYNGOSCOPY WITH BIOPSY		0074	21.3453	APC	$1,080.29			
31511	T	REMOVE FOREIGN BODY LARYNX		0072	1.8640	APC	$94.34			
31512	T	REMOVAL OF LARYNX LESION		0074	21.3453	APC	$1,080.29			
31513	T	INJECTION INTO VOCAL CORD		0072	1.8640	APC	$94.34			
31515	T	LARYNGOSCOPY FOR ASPIRATION		0074	21.3453	APC	$1,080.29			
31520	T	DX LARYNGOSCOPY NEWBORN		0072	1.8640	APC	$94.34			
31525	T	DX LARYNGOSCOPY EXCL NB		0074	21.3453	APC	$1,080.29			
31526	T	DX LARYNGOSCOPY W/OPER SCOPE		0074	21.3453	APC	$1,080.29			
31527	T	LARYNGOSCOPY FOR TREATMENT		0075	30.4202	APC	$1,539.57			
31528	T	LARYNGOSCOPY AND DILATION		0074	21.3453	APC	$1,080.29			
31529	T	LARYNGOSCOPY AND DILATION		0074	21.3453	APC	$1,080.29			
31530	T	LARYNGOSCOPY W/FB REMOVAL		0074	21.3453	APC	$1,080.29			
31531	T	LARYNGOSCOPY W/FB & OP SCOPE		0074	21.3453	APC	$1,080.29			
31535	T	LARYNGOSCOPY W/BIOPSY		0074	21.3453	APC	$1,080.29			
31536	T	LARYNGOSCOPY W/BX & OP SCOPE		0074	21.3453	APC	$1,080.29			
31540	T	LARYNGOSCOPY W/EXC OF TUMOR		0074	21.3453	APC	$1,080.29			
31541	T	LARYNSCOP W/TUMR EXC + SCOPE		0074	21.3453	APC	$1,080.29			
31545	T	REMOVE VC LESION W/SCOPE		0075	30.4202	APC	$1,539.57			
31546	T	REMOVE VC LESION SCOPE/GRAFT		0075	30.4202	APC	$1,539.57			
31560	T	LARYNGOSCOP W/ARYTENOIDECTOM		0075	30.4202	APC	$1,539.57			
31561	T	LARYNSCOP REMVE CART + SCOP		0075	30.4202	APC	$1,539.57			
31570	T	LARYNGOSCOPE W/VC INJ		0074	21.3453	APC	$1,080.29			
31571	T	LARYNGOSCOP W/VC INJ + SCOPE		0075	30.4202	APC	$1,539.57			
31575	T	DIAGNOSTIC LARYNGOSCOPY		0072	1.8640	APC	$94.34			
31576	T	LARYNGOSCOPY WITH BIOPSY		0074	21.3453	APC	$1,080.29			
31577	T	REMOVE FOREIGN BODY LARYNX		0073	4.4183	APC	$223.61			
31578	T	REMOVAL OF LARYNX LESION		0075	30.4202	APC	$1,539.57			
31579	T	DIAGNOSTIC LARYNGOSCOPY		0073	4.4183	APC	$223.61			
31580	T	REVISION OF LARYNX		0256	45.1991	APC	$2,287.53			
31582	T	REVISION OF LARYNX		0256	45.1991	APC	$2,287.53			
31584	C	TREAT LARYNX FRACTURE				Inpatient Only	$0.00			
31587	C	REVISION OF LARYNX				Inpatient Only	$0.00			
31588	T	REVISION OF LARYNX		0256	45.1991	APC	$2,287.53			
31590	T	REINNERVATE LARYNX		0256	45.1991	APC	$2,287.53			
31595	T	LARYNX NERVE SURGERY		0256	45.1991	APC	$2,287.53			
31599	T	LARYNX SURGERY PROCEDURE		0250	1.0708	APC	$54.19			
31600	T	INCISION OF WINDPIPE		0254	24.9111	APC	$1,260.75			
31601	T	INCISION OF WINDPIPE		0254	24.9111	APC	$1,260.75			
31603	T	INCISION OF WINDPIPE		0252	7.4604	APC	$377.57			
31605	T	INCISION OF WINDPIPE		0252	7.4604	APC	$377.57			
31610	T	INCISION OF WINDPIPE		0254	24.9111	APC	$1,260.75			
31611	T	SURGERY/SPEECH PROSTHESIS		0254	24.9111	APC	$1,260.75			
31612	T	PUNCTURE/CLEAR WINDPIPE		0254	24.9111	APC	$1,260.75			
31613	T	REPAIR WINDPIPE OPENING		0254	24.9111	APC	$1,260.75			
31614	T	REPAIR WINDPIPE OPENING		0256	45.1991	APC	$2,287.53			
31615	T	VISUALIZATION OF WINDPIPE		0252	7.4604	APC	$377.57			
31620	N	ENDOBRONCHIAL US ADD-ON				Bundled	$0.00			
31622	T	DX BRONCHOSCOPE/WASH		0076	10.4721	APC	$529.99			
31623	T	DX BRONCHOSCOPE/BRUSH		0076	10.4721	APC	$529.99			
31624	T	DX BRONCHOSCOPE/LAVAGE		0076	10.4721	APC	$529.99			
31625	T	BRONCHOSCOPY W/BIOPSY(S)		0076	10.4721	APC	$529.99			
31626	T	BRONCHOSCOPY W/MARKERS		0415	28.9212	APC	$1,463.70			
31627	N	NAVIGATIONAL BRONCHOSCOPY				Bundled	$0.00			
31628	T	BRONCHOSCOPY/LUNG BX EACH		0076	10.4721	APC	$529.99			
31629	T	BRONCHOSCOPY/NEEDLE BX EACH		0076	10.4721	APC	$529.99			
31630	T	BRONCHOSCOPY DILATE/FX REPR		0415	28.9212	APC	$1,463.70			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
31631	T	BRONCHOSCOPY DILATE W/STENT		0415	28.9212	APC	$1,463.70			
31632	T	BRONCHOSCOPY/LUNG BX ADDL		0076	10.4721	APC	$529.99			
31633	T	BRONCHOSCOPY/NEEDLE BX ADDL		0076	10.4721	APC	$529.99			
31634	T	BRONCH W/BALLOON OCCLUSION		0076	10.4721	APC	$529.99			
31635	T	BRONCHOSCOPY W/FB REMOVAL		0076	10.4721	APC	$529.99			
31636	T	BRONCHOSCOPY BRONCH STENTS		0415	28.9212	APC	$1,463.70			
31637	T	BRONCHOSCOPY STENT ADD-ON		0076	10.4721	APC	$529.99			
31638	T	BRONCHOSCOPY REVISE STENT		0415	28.9212	APC	$1,463.70			
31640	T	BRONCHOSCOPY W/TUMOR EXCISE		0415	28.9212	APC	$1,463.70			
31641	T	BRONCHOSCOPY TREAT BLOCKAGE		0415	28.9212	APC	$1,463.70			
31643	T	DIAG BRONCHOSCOPE/CATHETER		0076	10.4721	APC	$529.99			
31645	T	BRONCHOSCOPY CLEAR AIRWAYS		0076	10.4721	APC	$529.99			
31646	T	BRONCHOSCOPY RECLEAR AIRWAY		0076	10.4721	APC	$529.99			
31656	T	BRONCHOSCOPY INJ FOR X-RAY		0076	10.4721	APC	$529.99			
31715	N	INJECTION FOR BRONCHUS X-RAY				Bundled	$0.00			
31717	T	BRONCHIAL BRUSH BIOPSY		0073	4.4183	APC	$223.61			
31720	S	CLEARANCE OF AIRWAYS		0077	0.4248	APC	$21.50			
31725	C	CLEARANCE OF AIRWAYS				Inpatient Only	$0.00			
31730	T	INTRO WINDPIPE WIRE/TUBE		0073	4.4183	APC	$223.61			
31750	T	REPAIR OF WINDPIPE		0256	45.1991	APC	$2,287.53			
31755	T	REPAIR OF WINDPIPE		0256	45.1991	APC	$2,287.53			
31760	C	REPAIR OF WINDPIPE				Inpatient Only	$0.00			
31766	C	RECONSTRUCTION OF WINDPIPE				Inpatient Only	$0.00			
31770	C	REPAIR/GRAFT OF BRONCHUS				Inpatient Only	$0.00			
31775	C	RECONSTRUCT BRONCHUS				Inpatient Only	$0.00			
31780	C	RECONSTRUCT WINDPIPE				Inpatient Only	$0.00			
31781	C	RECONSTRUCT WINDPIPE				Inpatient Only	$0.00			
31785	T	REMOVE WINDPIPE LESION		0254	24.9111	APC	$1,260.75			
31786	C	REMOVE WINDPIPE LESION				Inpatient Only	$0.00			
31800	C	REPAIR OF WINDPIPE INJURY				Inpatient Only	$0.00			
31805	C	REPAIR OF WINDPIPE INJURY				Inpatient Only	$0.00			
31820	T	CLOSURE OF WINDPIPE LESION		0254	24.9111	APC	$1,260.75			
31825	T	REPAIR OF WINDPIPE DEFECT		0254	24.9111	APC	$1,260.75			
31830	T	REVISE WINDPIPE SCAR		0254	24.9111	APC	$1,260.75			
31899	T	AIRWAYS SURGICAL PROCEDURE		0076	10.4721	APC	$529.99			
32035	C	THORACOSTOMY W/RIB RESECTION				Inpatient Only	$0.00			
32036	C	THORACOSTOMY W/FLAP DRAINAGE				Inpatient Only	$0.00			
32096	C	OPEN WEDGE/BX LUNG INFILTR				Inpatient Only	$0.00			
32097	C	OPEN WEDGE/BX LUNG NODULE				Inpatient Only	$0.00			
32098	C	OPEN BIOPSY OF LUNG PLEURA				Inpatient Only	$0.00			
32100	C	EXPLORATION/BIOPSY OF CHEST				Inpatient Only	$0.00			
32110	C	EXPLORE/REPAIR CHEST				Inpatient Only	$0.00			
32120	C	RE-EXPLORATION OF CHEST				Inpatient Only	$0.00			
32124	C	EXPLORE CHEST FREE ADHESIONS				Inpatient Only	$0.00			
32140	C	REMOVAL OF LUNG LESION(S)				Inpatient Only	$0.00			
32141	C	REMOVE/TREAT LUNG LESIONS				Inpatient Only	$0.00			
32150	C	REMOVAL OF LUNG LESION(S)				Inpatient Only	$0.00			
32151	C	REMOVE LUNG FOREIGN BODY				Inpatient Only	$0.00			
32160	C	OPEN CHEST HEART MASSAGE				Inpatient Only	$0.00			
32200	C	DRAIN OPEN LUNG LESION				Inpatient Only	$0.00			
32201	T	DRAIN PERCUT LUNG LESION		0070	5.5079	APC	$278.75			
32215	C	TREAT CHEST LINING				Inpatient Only	$0.00			
32220	C	RELEASE OF LUNG				Inpatient Only	$0.00			
32225	C	PARTIAL RELEASE OF LUNG				Inpatient Only	$0.00			
32310	C	REMOVAL OF CHEST LINING				Inpatient Only	$0.00			
32320	C	FREE/REMOVE CHEST LINING				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
32400	T	NEEDLE BIOPSY CHEST LINING		0685	9.6734	APC	$489.57			
32405	T	PERCUT BX LUNG/MEDIASTINUM		0685	9.6734	APC	$489.57			
32420	T	PUNCTURE/CLEAR LUNG		0070	5.5079	APC	$278.75			
32421	T	THORACENTESIS FOR ASPIRATION		0070	5.5079	APC	$278.75			
32422	T	THORACENTESIS W/TUBE INSERT		0070	5.5079	APC	$278.75			
32440	C	REMOVAL OF LUNG				Inpatient Only	$0.00			
32442	C	SLEEVE PNEUMONECTOMY				Inpatient Only	$0.00			
32445	C	REMOVAL OF LUNG				Inpatient Only	$0.00			
32480	C	PARTIAL REMOVAL OF LUNG				Inpatient Only	$0.00			
32482	C	BILOBECTOMY				Inpatient Only	$0.00			
32484	C	SEGMENTECTOMY				Inpatient Only	$0.00			
32486	C	SLEEVE LOBECTOMY				Inpatient Only	$0.00			
32488	C	COMPLETION PNEUMONECTOMY				Inpatient Only	$0.00			
32491	C	LUNG VOLUME REDUCTION				Inpatient Only	$0.00			
32501	C	REPAIR BRONCHUS ADD-ON				Inpatient Only	$0.00			
32503	C	RESECT APICAL LUNG TUMOR				Inpatient Only	$0.00			
32504	C	RESECT APICAL LUNG TUM/CHEST				Inpatient Only	$0.00			
32505	C	WEDGE RESECT OF LUNG INITIAL				Inpatient Only	$0.00			
32506	C	WEDGE RESECT OF LUNG ADD-ON				Inpatient Only	$0.00			
32507	C	WEDGE RESECT OF LUNG DIAG				Inpatient Only	$0.00			
32540	C	REMOVAL OF LUNG LESION				Inpatient Only	$0.00			
32550	T	INSERT PLEURAL CATH		0652	30.7965	APC	$1,558.61			
32551	T	INSERTION OF CHEST TUBE		0070	5.5079	APC	$278.75			
32552	S	REMOVE LUNG CATHETER		0078	1.4123	APC	$71.48			
32553	X	INS MARK THOR FOR RT PERQ		0310	13.6309	APC	$689.86			
32560	T	TREAT LUNG LINING CHEMICALLY		0070	5.5079	APC	$278.75			
32561	T	LYSE CHEST FIBRIN INIT DAY		0070	5.5079	APC	$278.75			
32562	T	LYSE CHEST FIBRIN SUBQ DAY		0070	5.5079	APC	$278.75			
32601	T	THORACOSCOPY DIAGNOSTIC		0069	34.4761	APC	$1,744.84			
32604	T	THORACOSCOPY WBX SAC		0069	34.4761	APC	$1,744.84			
32606	T	THORACOSCOPY W/BX MED SPACE		0069	34.4761	APC	$1,744.84			
32607	T	THORACOSCOPY W/BX INFILTRATE		0069	34.4761	APC	$1,744.84			
32608	T	THORACOSCOPY W/BX NODULE		0069	34.4761	APC	$1,744.84			
32609	T	THORACOSCOPY W/BX PLEURA		0069	34.4761	APC	$1,744.84			
32650	C	THORACOSCOPY W/PLEURODESIS				Inpatient Only	$0.00			
32651	C	THORACOSCOPY REMOVE CORTEX				Inpatient Only	$0.00			
32652	C	THORACOSCOPY REM TOTL CORTEX				Inpatient Only	$0.00			
32653	C	THORACOSCOPY REMOV FB/FIBRIN				Inpatient Only	$0.00			
32654	C	THORACOSCOPY CONTRL BLEEDING				Inpatient Only	$0.00			
32655	C	THORACOSCOPY SURGICAL				Inpatient Only	$0.00			
32656	C	THORACOSCOPY W/PLEURECTOMY				Inpatient Only	$0.00			
32658	C	THORACOSCOPY W/SAC FB REMOVE				Inpatient Only	$0.00			
32659	C	THORACOSCOPY W/SAC DRAINAGE				Inpatient Only	$0.00			
32661	C	THORACOSCOPY W/PERICARD EXC				Inpatient Only	$0.00			
32662	C	THORACOSCOPY W/MEDIAST EXC				Inpatient Only	$0.00			
32663	C	THORACOSCOPY SURGICAL				Inpatient Only	$0.00			
32664	C	THORACOSCOPY W/ TH NRV EXC				Inpatient Only	$0.00			
32665	C	THORACOSCOP W/ESOPH MUSC EXC				Inpatient Only	$0.00			
32666	C	THORACOSCOPY W/WEDGE RESECT				Inpatient Only	$0.00			
32667	C	THORACOSCOPY W/W RESECT ADDL				Inpatient Only	$0.00			
32668	C	THORACOSCOPY W/W RESECT DIAG				Inpatient Only	$0.00			
32669	C	THORACOSCOPY REMOVE SEGMENT				Inpatient Only	$0.00			
32670	C	THORACOSCOPY BILOBECTOMY				Inpatient Only	$0.00			
32671	C	THORACOSCOPY PNEUMONECTOMY				Inpatient Only	$0.00			
32672	C	THORACOSCOPY FOR LVRS				Inpatient Only	$0.00			
32673	C	THORACOSCOPY W/THYMUS RESECT				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
32674	C	THORACOSCOPY LYMPH NODE EXC				Inpatient Only	$0.00			
32800	C	REPAIR LUNG HERNIA				Inpatient Only	$0.00			
32810	C	CLOSE CHEST AFTER DRAINAGE				Inpatient Only	$0.00			
32815	C	CLOSE BRONCHIAL FISTULA				Inpatient Only	$0.00			
32820	C	RECONSTRUCT INJURED CHEST				Inpatient Only	$0.00			
32850	C	DONOR PNEUMONECTOMY				Inpatient Only	$0.00			
32851	C	LUNG TRANSPLANT SINGLE				Inpatient Only	$0.00			
32852	C	LUNG TRANSPLANT WITH BYPASS				Inpatient Only	$0.00			
32853	C	LUNG TRANSPLANT DOUBLE				Inpatient Only	$0.00			
32854	C	LUNG TRANSPLANT WITH BYPASS				Inpatient Only	$0.00			
32855	C	PREPARE DONOR LUNG SINGLE				Inpatient Only	$0.00			
32856	C	PREPARE DONOR LUNG DOUBLE				Inpatient Only	$0.00			
32900	C	REMOVAL OF RIB(S)				Inpatient Only	$0.00			
32905	C	REVISE & REPAIR CHEST WALL				Inpatient Only	$0.00			
32906	C	REVISE & REPAIR CHEST WALL				Inpatient Only	$0.00			
32940	C	REVISION OF LUNG				Inpatient Only	$0.00			
32960	T	THERAPEUTIC PNEUMOTHORAX		0070	5.5079	APC	$278.75			
32997	C	TOTAL LUNG LAVAGE				Inpatient Only	$0.00			
32998	T	PERQ RF ABLATE TX PUL TUMOR		0423	58.4617	APC	$2,958.75			
32999	T	CHEST SURGERY PROCEDURE		0070	5.5079	APC	$278.75			
33010	T	DRAINAGE OF HEART SAC		0070	5.5079	APC	$278.75			
33011	T	REPEAT DRAINAGE OF HEART SAC		0070	5.5079	APC	$278.75			
33015	C	INCISION OF HEART SAC				Inpatient Only	$0.00			
33020	C	INCISION OF HEART SAC				Inpatient Only	$0.00			
33025	C	INCISION OF HEART SAC				Inpatient Only	$0.00			
33030	C	PARTIAL REMOVAL OF HEART SAC				Inpatient Only	$0.00			
33031	C	PARTIAL REMOVAL OF HEART SAC				Inpatient Only	$0.00			
33050	C	REMOVAL OF HEART SAC LESION				Inpatient Only	$0.00			
33120	C	REMOVAL OF HEART LESION				Inpatient Only	$0.00			
33130	C	REMOVAL OF HEART LESION				Inpatient Only	$0.00			
33140	C	HEART REVASCULARIZE (TMR)				Inpatient Only	$0.00			
33141	C	HEART TMR W/OTHER PROCEDURE				Inpatient Only	$0.00			
33202	C	INSERT EPICARD ELTRD OPEN				Inpatient Only	$0.00			
33203	C	INSERT EPICARD ELTRD ENDO				Inpatient Only	$0.00			
33206	T	INSERT HEART PM ATRIAL		0089	111.8799	APC	$5,662.24			
33207	T	INSERT HEART PM VENTRICULAR		0089	111.8799	APC	$5,662.24			
33208	T	INSRT HEART PM ATRIAL & VENT		0655	138.4438	APC	$7,006.64			
33210	T	INSERT ELECTRD/PM CATH SNGL		0106	49.6518	APC	$2,512.88			
33211	T	INSERT CARD ELECTRODES DUAL		0106	49.6518	APC	$2,512.88			
33212	T	INSERT PULSE GEN SNGL LEAD		0090	94.2889	APC	$4,771.96			
33213	T	INSERT PULSE GEN DUAL LEADS		0654	103.3375	APC	$5,229.91			
33214	T	UPGRADE OF PACEMAKER SYSTEM		0655	138.4438	APC	$7,006.64			
33215	T	REPOSITION PACING-DEFIB LEAD		0105	22.7903	APC	$1,153.42			
33216	T	INSERT LEAD PACE-DEFIB ONE		0106	49.6518	APC	$2,512.88			
33217	T	INSERT LEAD PACE-DEFIB DUAL		0106	49.6518	APC	$2,512.88			
33218	T	REPAIR LEAD PACE-DEFIB ONE		0105	22.7903	APC	$1,153.42			
33220	T	REPAIR LEAD PACE-DEFIB DUAL		0105	22.7903	APC	$1,153.42			
33221	T	INSERT PULSE GEN MULT LEADS		0654	103.3375	APC	$5,229.91			
33222	T	REVISE POCKET PACEMAKER		0136	16.7455	APC	$847.49			
33223	T	REVISE POCKET PACING-DEFIB		0136	16.7455	APC	$847.49			
33224	T	INSERT PACING LEAD & CONNECT		0655	138.4438	APC	$7,006.64			
33225	N	L VENTRIC PACING LEAD ADD-ON		0655	138.4438	ed, may be payable in some circumst	$7,006.64			
33226	T	REPOSITION L VENTRIC LEAD		0105	22.7903	APC	$1,153.42			
33227	T	REMOVE&REPLACE PM GEN SINGL		0090	94.2889	APC	$4,771.96			
33228	T	REMV&REPLC PM GEN DUAL LEAD		0654	103.3375	APC	$5,229.91			
33229	T	REMV&REPLC PM GEN MULT LEADS		0654	103.3375	APC	$5,229.91			

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33230	T	INSRT PULSE GEN W/DUAL LEADS		0107	346.9174	APC	$17,557.49			
33231	T	INSRT PULSE GEN W/MULT LEADS		0107	346.9174	APC	$17,557.49			
33233	T	REMOVAL OF PM GENERATOR		0105	22.7903	APC	$1,153.42			
33234	T	REMOVAL OF PACEMAKER SYSTEM		0105	22.7903	APC	$1,153.42			
33235	T	REMOVAL PACEMAKER ELECTRODE		0105	22.7903	APC	$1,153.42			
33236	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only	$0.00			
33237	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only	$0.00			
33238	C	REMOVE ELECTRODE/THORACOTOMY				Inpatient Only	$0.00			
33240	T	INSRT PULSE GEN W/SINGL LEAD		0107	346.9174	APC	$17,557.49			
33241	T	REMOVE PULSE GENERATOR		0105	22.7903	APC	$1,153.42			
33243	C	REMOVE ELTRD/THORACOTOMY				Inpatient Only	$0.00			
33244	T	REMOVE ELTRD TRANSVEN		0105	22.7903	APC	$1,153.42			
33249	N	NSERT PACE-DEFIB W/LEAD		0108	425.1499	ed, may be payable in some circumsta	$21,516.84			
33250	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only	$0.00			
33251	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only	$0.00			
33254	C	ABLATE ATRIA LMTD				Inpatient Only	$0.00			
33255	C	ABLATE ATRIA W/O BYPASS EXT				Inpatient Only	$0.00			
33256	C	ABLATE ATRIA W/BYPASS EXTEN				Inpatient Only	$0.00			
33257	C	ABLATE ATRIA LMTD ADD-ON				Inpatient Only	$0.00			
33258	C	ABLATE ATRIA X10SV ADD-ON				Inpatient Only	$0.00			
33259	C	ABLATE ATRIA W/BYPASS ADD-ON				Inpatient Only	$0.00			
33261	C	ABLATE HEART DYSRHYTHM FOCUS				Inpatient Only	$0.00			
33262	T	REMV&REPLC CVD GEN SING LEAD		0107	346.9174	APC	$17,557.49			
33263	T	REMV&REPLC CVD GEN DUAL LEAD		0107	346.9174	APC	$17,557.49			
33264	T	REMV&REPLC CVD GEN MULT LEAD		0107	346.9174	APC	$17,557.49			
33265	C	ABLATE ATRIA LMTD ENDO				Inpatient Only	$0.00			
33266	C	ABLATE ATRIA X10SV ENDO				Inpatient Only	$0.00			
33282	S	IMPLANT PAT-ACTIVE HT RECORD		0680	80.4537	APC	$4,071.76			
33284	T	REMOVE PAT-ACTIVE HT RECORD		0020	8.2746	APC	$418.78			
33300	C	REPAIR OF HEART WOUND				Inpatient Only	$0.00			
33305	C	REPAIR OF HEART WOUND				Inpatient Only	$0.00			
33310	C	EXPLORATORY HEART SURGERY				Inpatient Only	$0.00			
33315	C	EXPLORATORY HEART SURGERY				Inpatient Only	$0.00			
33320	C	REPAIR MAJOR BLOOD VESSEL(S)				Inpatient Only	$0.00			
33321	C	REPAIR MAJOR VESSEL				Inpatient Only	$0.00			
33322	C	REPAIR MAJOR BLOOD VESSEL(S)				Inpatient Only	$0.00			
33330	C	INSERT MAJOR VESSEL GRAFT				Inpatient Only	$0.00			
33332	C	INSERT MAJOR VESSEL GRAFT				Inpatient Only	$0.00			
33335	C	INSERT MAJOR VESSEL GRAFT				Inpatient Only	$0.00			
33400	C	REPAIR OF AORTIC VALVE				Inpatient Only	$0.00			
33401	C	VALVULOPLASTY OPEN				Inpatient Only	$0.00			
33403	C	VALVULOPLASTY W/CP BYPASS				Inpatient Only	$0.00			
33404	C	PREPARE HEART-AORTA CONDUIT				Inpatient Only	$0.00			
33405	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			
33406	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			
33410	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			
33411	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			
33412	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			
33413	C	REPLACEMENT OF AORTIC VALVE				Inpatient Only	$0.00			
33414	C	REPAIR OF AORTIC VALVE				Inpatient Only	$0.00			
33415	C	REVISION SUBVALVULAR TISSUE				Inpatient Only	$0.00			
33416	C	REVISE VENTRICLE MUSCLE				Inpatient Only	$0.00			
33417	C	REPAIR OF AORTIC VALVE				Inpatient Only	$0.00			
33420	C	REVISION OF MITRAL VALVE				Inpatient Only	$0.00			
33422	C	REVISION OF MITRAL VALVE				Inpatient Only	$0.00			
33425	C	REPAIR OF MITRAL VALVE				Inpatient Only	$0.00			

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33426	C	REPAIR OF MITRAL VALVE				Inpatient Only	$0.00			
33427	C	REPAIR OF MITRAL VALVE				Inpatient Only	$0.00			
33430	C	REPLACEMENT OF MITRAL VALVE				Inpatient Only	$0.00			
33460	C	REVISION OF TRICUSPID VALVE				Inpatient Only	$0.00			
33463	C	VALVULOPLASTY TRICUSPID				Inpatient Only	$0.00			
33464	C	VALVULOPLASTY TRICUSPID				Inpatient Only	$0.00			
33465	C	REPLACE TRICUSPID VALVE				Inpatient Only	$0.00			
33468	C	REVISION OF TRICUSPID VALVE				Inpatient Only	$0.00			
33470	C	REVISION OF PULMONARY VALVE				Inpatient Only	$0.00			
33471	C	VALVOTOMY PULMONARY VALVE				Inpatient Only	$0.00			
33472	C	REVISION OF PULMONARY VALVE				Inpatient Only	$0.00			
33474	C	REVISION OF PULMONARY VALVE				Inpatient Only	$0.00			
33475	C	REPLACEMENT PULMONARY VALVE				Inpatient Only	$0.00			
33476	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			
33478	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			
33496	C	REPAIR PROSTH VALVE CLOT				Inpatient Only	$0.00			
33500	C	REPAIR HEART VESSEL FISTULA				Inpatient Only	$0.00			
33501	C	REPAIR HEART VESSEL FISTULA				Inpatient Only	$0.00			
33502	C	CORONARY ARTERY CORRECTION				Inpatient Only	$0.00			
33503	C	CORONARY ARTERY GRAFT				Inpatient Only	$0.00			
33504	C	CORONARY ARTERY GRAFT				Inpatient Only	$0.00			
33505	C	REPAIR ARTERY W/TUNNEL				Inpatient Only	$0.00			
33506	C	REPAIR ARTERY TRANSLOCATION				Inpatient Only	$0.00			
33507	C	REPAIR ART INTRAMURAL				Inpatient Only	$0.00			
33508	N	ENDOSCOPIC VEIN HARVEST				Bundled	$0.00			
33510	C	CABG VEIN SINGLE				Inpatient Only	$0.00			
33511	C	CABG VEIN TWO				Inpatient Only	$0.00			
33512	C	CABG VEIN THREE				Inpatient Only	$0.00			
33513	C	CABG VEIN FOUR				Inpatient Only	$0.00			
33514	C	CABG VEIN FIVE				Inpatient Only	$0.00			
33516	C	CABG VEIN SIX OR MORE				Inpatient Only	$0.00			
33517	C	CABG ARTERY-VEIN SINGLE				Inpatient Only	$0.00			
33518	C	CABG ARTERY-VEIN TWO				Inpatient Only	$0.00			
33519	C	CABG ARTERY-VEIN THREE				Inpatient Only	$0.00			
33521	C	CABG ARTERY-VEIN FOUR				Inpatient Only	$0.00			
33522	C	CABG ARTERY-VEIN FIVE				Inpatient Only	$0.00			
33523	C	CABG ART-VEIN SIX OR MORE				Inpatient Only	$0.00			
33530	C	CORONARY ARTERY BYPASS/REOP				Inpatient Only	$0.00			
33533	C	CABG ARTERIAL SINGLE				Inpatient Only	$0.00			
33534	C	CABG ARTERIAL TWO				Inpatient Only	$0.00			
33535	C	CABG ARTERIAL THREE				Inpatient Only	$0.00			
33536	C	CABG ARTERIAL FOUR OR MORE				Inpatient Only	$0.00			
33542	C	REMOVAL OF HEART LESION				Inpatient Only	$0.00			
33545	C	REPAIR OF HEART DAMAGE				Inpatient Only	$0.00			
33548	C	RESTORE/REMODEL VENTRICLE				Inpatient Only	$0.00			
33572	C	OPEN CORONARY ENDARTERECTOMY				Inpatient Only	$0.00			
33600	C	CLOSURE OF VALVE				Inpatient Only	$0.00			
33602	C	CLOSURE OF VALVE				Inpatient Only	$0.00			
33606	C	ANASTOMOSIS/ARTERY-AORTA				Inpatient Only	$0.00			
33608	C	REPAIR ANOMALY W/CONDUIT				Inpatient Only	$0.00			
33610	C	REPAIR BY ENLARGEMENT				Inpatient Only	$0.00			
33611	C	REPAIR DOUBLE VENTRICLE				Inpatient Only	$0.00			
33612	C	REPAIR DOUBLE VENTRICLE				Inpatient Only	$0.00			
33615	C	REPAIR MODIFIED FONTAN				Inpatient Only	$0.00			
33617	C	REPAIR SINGLE VENTRICLE				Inpatient Only	$0.00			
33619	C	REPAIR SINGLE VENTRICLE				Inpatient Only	$0.00			

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33620	C	APPLY R&L PULM ART BANDS				Inpatient Only	$0.00			
33621	C	TRANSTHOR CATH FOR STENT				Inpatient Only	$0.00			
33622	C	REDO COMPL CARDIAC ANOMALY				Inpatient Only	$0.00			
33641	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	$0.00			
33645	C	REVISION OF HEART VEINS				Inpatient Only	$0.00			
33647	C	REPAIR HEART SEPTUM DEFECTS				Inpatient Only	$0.00			
33660	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			
33665	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			
33670	C	REPAIR OF HEART CHAMBERS				Inpatient Only	$0.00			
33675	C	CLOSE MULT VSD				Inpatient Only	$0.00			
33676	C	CLOSE MULT VSD W/RESECTION				Inpatient Only	$0.00			
33677	C	CL MULT VSD W/REM PUL BAND				Inpatient Only	$0.00			
33681	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	$0.00			
33684	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	$0.00			
33688	C	REPAIR HEART SEPTUM DEFECT				Inpatient Only	$0.00			
33690	C	REINFORCE PULMONARY ARTERY				Inpatient Only	$0.00			
33692	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			
33694	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			
33697	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			
33702	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			
33710	C	REPAIR OF HEART DEFECTS				Inpatient Only	$0.00			
33720	C	REPAIR OF HEART DEFECT				Inpatient Only	$0.00			
33722	C	REPAIR OF HEART DEFECT				Inpatient Only	$0.00			
33724	C	REPAIR VENOUS ANOMALY				Inpatient Only	$0.00			
33726	C	REPAIR PUL VENOUS STENOSIS				Inpatient Only	$0.00			
33730	C	REPAIR HEART-VEIN DEFECT(S)				Inpatient Only	$0.00			
33732	C	REPAIR HEART-VEIN DEFECT				Inpatient Only	$0.00			
33735	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			
33736	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			
33737	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			
33750	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			
33755	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			
33762	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			
33764	C	MAJOR VESSEL SHUNT & GRAFT				Inpatient Only	$0.00			
33766	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			
33767	C	MAJOR VESSEL SHUNT				Inpatient Only	$0.00			
33768	C	CAVOPULMONARY SHUNTING				Inpatient Only	$0.00			
33770	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33771	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33774	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33775	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33776	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33777	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33778	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33779	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33780	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33781	C	REPAIR GREAT VESSELS DEFECT				Inpatient Only	$0.00			
33782	C	NIKAIDOH PROC				Inpatient Only	$0.00			
33783	C	NIKAIDOH PROC W/OSTIA IMPLT				Inpatient Only	$0.00			
33786	C	REPAIR ARTERIAL TRUNK				Inpatient Only	$0.00			
33788	C	REVISION OF PULMONARY ARTERY				Inpatient Only	$0.00			
33800	C	AORTIC SUSPENSION				Inpatient Only	$0.00			
33802	C	REPAIR VESSEL DEFECT				Inpatient Only	$0.00			
33803	C	REPAIR VESSEL DEFECT				Inpatient Only	$0.00			
33813	C	REPAIR SEPTAL DEFECT				Inpatient Only	$0.00			
33814	C	REPAIR SEPTAL DEFECT				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
33820	C	REVISE MAJOR VESSEL				Inpatient Only	$0.00			
33822	C	REVISE MAJOR VESSEL				Inpatient Only	$0.00			
33824	C	REVISE MAJOR VESSEL				Inpatient Only	$0.00			
33840	C	REMOVE AORTA CONSTRICTION				Inpatient Only	$0.00			
33845	C	REMOVE AORTA CONSTRICTION				Inpatient Only	$0.00			
33851	C	REMOVE AORTA CONSTRICTION				Inpatient Only	$0.00			
33852	C	REPAIR SEPTAL DEFECT				Inpatient Only	$0.00			
33853	C	REPAIR SEPTAL DEFECT				Inpatient Only	$0.00			
33860	C	ASCENDING AORTIC GRAFT				Inpatient Only	$0.00			
33863	C	ASCENDING AORTIC GRAFT				Inpatient Only	$0.00			
33864	C	ASCENDING AORTIC GRAFT				Inpatient Only	$0.00			
33870	C	TRANSVERSE AORTIC ARCH GRAFT				Inpatient Only	$0.00			
33875	C	THORACIC AORTIC GRAFT				Inpatient Only	$0.00			
33877	C	THORACOABDOMINAL GRAFT				Inpatient Only	$0.00			
33880	C	ENDOVASC TAA REPR INCL SUBCL				Inpatient Only	$0.00			
33881	C	ENDOVASC TAA REPR W/O SUBCL				Inpatient Only	$0.00			
33883	C	INSERT ENDOVASC PROSTH TAA				Inpatient Only	$0.00			
33884	C	ENDOVASC PROSTH TAA ADD-ON				Inpatient Only	$0.00			
33886	C	ENDOVASC PROSTH DELAYED				Inpatient Only	$0.00			
33889	C	ARTERY TRANSPOSE/ENDOVAS TAA				Inpatient Only	$0.00			
33891	C	CAR-CAR BP GRFT/ENDOVAS TAA				Inpatient Only	$0.00			
33910	C	REMOVE LUNG ARTERY EMBOLI				Inpatient Only	$0.00			
33915	C	REMOVE LUNG ARTERY EMBOLI				Inpatient Only	$0.00			
33916	C	SURGERY OF GREAT VESSEL				Inpatient Only	$0.00			
33917	C	REPAIR PULMONARY ARTERY				Inpatient Only	$0.00			
33920	C	REPAIR PULMONARY ATRESIA				Inpatient Only	$0.00			
33922	C	TRANSECT PULMONARY ARTERY				Inpatient Only	$0.00			
33924	C	REMOVE PULMONARY SHUNT				Inpatient Only	$0.00			
33925	C	RPR PUL ART UNIFOCAL W/O CPB				Inpatient Only	$0.00			
33926	C	REPR PUL ART UNIFOCAL W/CPB				Inpatient Only	$0.00			
33930	C	REMOVAL OF DONOR HEART/LUNG				Inpatient Only	$0.00			
33933	C	PREPARE DONOR HEART/LUNG				Inpatient Only	$0.00			
33935	C	TRANSPLANTATION HEART/LUNG				Inpatient Only	$0.00			
33940	C	REMOVAL OF DONOR HEART				Inpatient Only	$0.00			
33944	C	PREPARE DONOR HEART				Inpatient Only	$0.00			
33945	C	TRANSPLANTATION OF HEART				Inpatient Only	$0.00			
33960	C	EXTERNAL CIRCULATION ASSIST				Inpatient Only	$0.00			
33961	C	EXTERNAL CIRCULATION ASSIST				Inpatient Only	$0.00			
33967	C	INSERT IA PERCUT DEVICE				Inpatient Only	$0.00			
33968	C	REMOVE AORTIC ASSIST DEVICE				Inpatient Only	$0.00			
33970	C	AORTIC CIRCULATION ASSIST				Inpatient Only	$0.00			
33971	C	AORTIC CIRCULATION ASSIST				Inpatient Only	$0.00			
33973	C	INSERT BALLOON DEVICE				Inpatient Only	$0.00			
33974	C	REMOVE INTRA-AORTIC BALLOON				Inpatient Only	$0.00			
33975	C	IMPLANT VENTRICULAR DEVICE				Inpatient Only	$0.00			
33976	C	IMPLANT VENTRICULAR DEVICE				Inpatient Only	$0.00			
33977	C	REMOVE VENTRICULAR DEVICE				Inpatient Only	$0.00			
33978	C	REMOVE VENTRICULAR DEVICE				Inpatient Only	$0.00			
33979	C	INSERT INTRACORPOREAL DEVICE				Inpatient Only	$0.00			
33980	C	REMOVE INTRACORPOREAL DEVICE				Inpatient Only	$0.00			
33981	C	REPLACE VAD PUMP EXT				Inpatient Only	$0.00			
33982	C	REPLACE VAD INTRA W/O BP				Inpatient Only	$0.00			
33983	C	REPLACE VAD INTRA W/BP				Inpatient Only	$0.00			
33999	T	CARDIAC SURGERY PROCEDURE		0070	5.5079	APC	$278.75			
34001	C	REMOVAL OF ARTERY CLOT				Inpatient Only	$0.00			
34051	C	REMOVAL OF ARTERY CLOT				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
34101	T	REMOVAL OF ARTERY CLOT		0088	41.0473	APC	$2,077.40			
34111	T	REMOVAL OF ARM ARTERY CLOT		0088	41.0473	APC	$2,077.40			
34151	C	REMOVAL OF ARTERY CLOT				Inpatient Only	$0.00			
34201	T	REMOVAL OF ARTERY CLOT		0088	41.0473	APC	$2,077.40			
34203	T	REMOVAL OF LEG ARTERY CLOT		0088	41.0473	APC	$2,077.40			
34401	C	REMOVAL OF VEIN CLOT				Inpatient Only	$0.00			
34421	T	REMOVAL OF VEIN CLOT		0088	41.0473	APC	$2,077.40			
34451	C	REMOVAL OF VEIN CLOT				Inpatient Only	$0.00			
34471	T	REMOVAL OF VEIN CLOT		0088	41.0473	APC	$2,077.40			
34490	T	REMOVAL OF VEIN CLOT		0088	41.0473	APC	$2,077.40			
34501	T	REPAIR VALVE FEMORAL VEIN		0088	41.0473	APC	$2,077.40			
34502	C	RECONSTRUCT VENA CAVA				Inpatient Only	$0.00			
34510	T	TRANSPOSITION OF VEIN VALVE		0088	41.0473	APC	$2,077.40			
34520	T	CROSS-OVER VEIN GRAFT		0088	41.0473	APC	$2,077.40			
34530	T	LEG VEIN FUSION		0088	41.0473	APC	$2,077.40			
34800	C	ENDOVASC ABDO REPAIR W/TUBE				Inpatient Only	$0.00			
34802	C	ENDOVASC ABDO REPR W/DEVICE				Inpatient Only	$0.00			
34803	C	ENDOVAS AAA REPR W/3-P PART				Inpatient Only	$0.00			
34804	C	ENDOVASC ABDO REPR W/DEVICE				Inpatient Only	$0.00			
34805	C	ENDOVASC ABDO REPAIR W/PROS				Inpatient Only	$0.00			
34806	C	ANEURYSM PRESS SENSOR ADD-ON				Inpatient Only	$0.00			
34808	C	ENDOVASC ABDO OCCLUD DEVICE				Inpatient Only	$0.00			
34812	C	XPOSE FOR ENDOPROSTH FEMORL				Inpatient Only	$0.00			
34813	C	FEMORAL ENDOVAS GRAFT ADD-ON				Inpatient Only	$0.00			
34820	C	XPOSE FOR ENDOPROSTH ILIAC				Inpatient Only	$0.00			
34825	C	ENDOVASC EXTEND PROSTH INIT				Inpatient Only	$0.00			
34826	C	ENDOVASC EXTEN PROSTH ADDL				Inpatient Only	$0.00			
34830	C	OPEN AORTIC TUBE PROSTH REPR				Inpatient Only	$0.00			
34831	C	OPEN AORTOILIAC PROSTH REPR				Inpatient Only	$0.00			
34832	C	OPEN AORTOFEMOR PROSTH REPR				Inpatient Only	$0.00			
34833	C	XPOSE FOR ENDOPROSTH ILIAC				Inpatient Only	$0.00			
34834	C	XPOSE ENDOPROSTH BRACHIAL				Inpatient Only	$0.00			
34900	C	ENDOVASC ILIAC REPR W/GRAFT				Inpatient Only	$0.00			
35001	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35002	C	REPAIR ARTERY RUPTURE NECK				Inpatient Only	$0.00			
35005	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35011	T	REPAIR DEFECT OF ARTERY		0653	43.5434	APC	$2,203.73			
35013	C	REPAIR ARTERY RUPTURE ARM				Inpatient Only	$0.00			
35021	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35022	C	REPAIR ARTERY RUPTURE CHEST				Inpatient Only	$0.00			
35045	T	REPAIR DEFECT OF ARM ARTERY		0093	30.8203	APC	$1,559.82			
35081	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35082	C	REPAIR ARTERY RUPTURE AORTA				Inpatient Only	$0.00			
35091	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35092	C	REPAIR ARTERY RUPTURE AORTA				Inpatient Only	$0.00			
35102	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35103	C	REPAIR ARTERY RUPTURE GROIN				Inpatient Only	$0.00			
35111	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35112	C	REPAIR ARTERY RUPTURE SPLEEN				Inpatient Only	$0.00			
35121	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35122	C	REPAIR ARTERY RUPTURE BELLY				Inpatient Only	$0.00			
35131	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35132	C	REPAIR ARTERY RUPTURE GROIN				Inpatient Only	$0.00			
35141	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			
35142	C	REPAIR ARTERY RUPTURE THIGH				Inpatient Only	$0.00			
35151	C	REPAIR DEFECT OF ARTERY				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
35152	C	REPAIR ARTERY RUPTURE KNEE				Inpatient Only	$0.00			
35180	T	REPAIR BLOOD VESSEL LESION		0093	30.8203	APC	$1,559.82			
35182	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35184	T	REPAIR BLOOD VESSEL LESION		0093	30.8203	APC	$1,559.82			
35188	T	REPAIR BLOOD VESSEL LESION		0088	41.0473	APC	$2,077.40			
35189	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35190	T	REPAIR BLOOD VESSEL LESION		0093	30.8203	APC	$1,559.82			
35201	T	REPAIR BLOOD VESSEL LESION		0093	30.8203	APC	$1,559.82			
35206	T	REPAIR BLOOD VESSEL LESION		0093	30.8203	APC	$1,559.82			
35207	T	REPAIR BLOOD VESSEL LESION		0088	41.0473	APC	$2,077.40			
35211	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35216	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35221	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35226	T	REPAIR BLOOD VESSEL LESION		0020	8.2746	APC	$418.78			
35231	T	REPAIR BLOOD VESSEL LESION		0093	30.8203	APC	$1,559.82			
35236	T	REPAIR BLOOD VESSEL LESION		0093	30.8203	APC	$1,559.82			
35241	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35246	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35251	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35256	T	REPAIR BLOOD VESSEL LESION		0093	30.8203	APC	$1,559.82			
35261	T	REPAIR BLOOD VESSEL LESION		0653	43.5434	APC	$2,203.73			
35266	T	REPAIR BLOOD VESSEL LESION		0653	43.5434	APC	$2,203.73			
35271	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35276	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35281	C	REPAIR BLOOD VESSEL LESION				Inpatient Only	$0.00			
35286	T	REPAIR BLOOD VESSEL LESION		0653	43.5434	APC	$2,203.73			
35301	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35302	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35303	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35304	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35305	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35306	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35311	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35321	T	RECHANNELING OF ARTERY		0093	30.8203	APC	$1,559.82			
35331	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35341	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35351	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35355	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35361	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35363	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35371	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35372	C	RECHANNELING OF ARTERY				Inpatient Only	$0.00			
35390	C	REOPERATION CAROTID ADD-ON				Inpatient Only	$0.00			
35400	C	ANGIOSCOPY				Inpatient Only	$0.00			
35450	C	REPAIR ARTERIAL BLOCKAGE				Inpatient Only	$0.00			
35452	C	REPAIR ARTERIAL BLOCKAGE				Inpatient Only	$0.00			
35458	T	REPAIR ARTERIAL BLOCKAGE		0083	66.0408	APC	$3,342.32			
35460	T	REPAIR VENOUS BLOCKAGE		0083	66.0408	APC	$3,342.32			
35471	T	REPAIR ARTERIAL BLOCKAGE		0083	66.0408	APC	$3,342.32			
35472	T	REPAIR ARTERIAL BLOCKAGE		0083	66.0408	APC	$3,342.32			
35475	T	REPAIR ARTERIAL BLOCKAGE		0083	66.0408	APC	$3,342.32			
35476	T	REPAIR VENOUS BLOCKAGE		0083	66.0408	APC	$3,342.32			
35500	T	HARVEST VEIN FOR BYPASS		0103	16.4097	APC	$830.49			
35501	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35506	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35508	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
35509	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35510	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35511	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35512	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35515	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35516	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35518	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35521	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35522	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35523	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35525	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35526	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35531	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35533	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35535	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35536	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35537	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35538	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35539	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35540	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35556	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35558	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35560	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35563	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35565	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35566	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35570	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35571	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35572	N	HARVEST FEMOROPOPLITEAL VEIN				Bundled	$0.00			
35583	C	VEIN BYPASS GRAFT				Inpatient Only	$0.00			
35585	C	VEIN BYPASS GRAFT				Inpatient Only	$0.00			
35587	C	VEIN BYPASS GRAFT				Inpatient Only	$0.00			
35600	C	HARVEST ARTERY FOR CABG				Inpatient Only	$0.00			
35601	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35606	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35612	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35616	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35621	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35623	C	BYPASS GRAFT NOT VEIN				Inpatient Only	$0.00			
35626	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35631	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35632	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35633	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35634	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35636	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35637	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35638	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35642	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35645	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35646	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35647	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35650	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35654	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35656	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35661	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35663	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			

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35665	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35666	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35671	C	ARTERY BYPASS GRAFT				Inpatient Only	$0.00			
35681	C	COMPOSITE BYPASS GRAFT				Inpatient Only	$0.00			
35682	C	COMPOSITE BYPASS GRAFT				Inpatient Only	$0.00			
35683	C	COMPOSITE BYPASS GRAFT				Inpatient Only	$0.00			
35685	T	BYPASS GRAFT PATENCY/PATCH		0093	30.8203	APC	$1,559.82			
35686	T	BYPASS GRAFT/AV FIST PATENCY		0093	30.8203	APC	$1,559.82			
35691	C	ARTERIAL TRANSPOSITION				Inpatient Only	$0.00			
35693	C	ARTERIAL TRANSPOSITION				Inpatient Only	$0.00			
35694	C	ARTERIAL TRANSPOSITION				Inpatient Only	$0.00			
35695	C	ARTERIAL TRANSPOSITION				Inpatient Only	$0.00			
35697	C	REIMPLANT ARTERY EACH				Inpatient Only	$0.00			
35700	C	REOPERATION BYPASS GRAFT				Inpatient Only	$0.00			
35701	C	EXPLORATION CAROTID ARTERY				Inpatient Only	$0.00			
35721	C	EXPLORATION FEMORAL ARTERY				Inpatient Only	$0.00			
35741	C	EXPLORATION POPLITEAL ARTERY				Inpatient Only	$0.00			
35761	T	EXPLORATION OF ARTERY/VEIN		0093	30.8203	APC	$1,559.82			
35800	C	EXPLORE NECK VESSELS				Inpatient Only	$0.00			
35820	C	EXPLORE CHEST VESSELS				Inpatient Only	$0.00			
35840	C	EXPLORE ABDOMINAL VESSELS				Inpatient Only	$0.00			
35860	T	EXPLORE LIMB VESSELS		0093	30.8203	APC	$1,559.82			
35870	C	REPAIR VESSEL GRAFT DEFECT				Inpatient Only	$0.00			
35875	T	REMOVAL OF CLOT IN GRAFT		0088	41.0473	APC	$2,077.40			
35876	T	REMOVAL OF CLOT IN GRAFT		0088	41.0473	APC	$2,077.40			
35879	T	REVISE GRAFT W/VEIN		0088	41.0473	APC	$2,077.40			
35881	T	REVISE GRAFT W/VEIN		0088	41.0473	APC	$2,077.40			
35883	T	REVISE GRAFT W/NONAUTO GRAFT		0088	41.0473	APC	$2,077.40			
35884	T	REVISE GRAFT W/VEIN		0088	41.0473	APC	$2,077.40			
35901	C	EXCISION GRAFT NECK				Inpatient Only	$0.00			
35903	T	EXCISION GRAFT EXTREMITY		0093	30.8203	APC	$1,559.82			
35905	C	EXCISION GRAFT THORAX				Inpatient Only	$0.00			
35907	C	EXCISION GRAFT ABDOMEN				Inpatient Only	$0.00			
36000	N	PLACE NEEDLE IN VEIN				Bundled	$0.00			
36002	S	PSEUDOANEURYSM INJECTION TRT		0267	2.1747	APC	$110.06			
36005	N	INJECTION EXT VENOGRAPHY				Bundled	$0.00			
36010	N	PLACE CATHETER IN VEIN				Bundled	$0.00			
36011	N	PLACE CATHETER IN VEIN				Bundled	$0.00			
36012	N	PLACE CATHETER IN VEIN				Bundled	$0.00			
36013	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			
36014	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			
36015	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			
36100	N	ESTABLISH ACCESS TO ARTERY				Bundled	$0.00			
36120	N	ESTABLISH ACCESS TO ARTERY				Bundled	$0.00			
36140	N	ESTABLISH ACCESS TO ARTERY				Bundled	$0.00			
36147	T	ACCESS AV DIAL GRFT FOR EVAL		0668	9.4271	APC	$477.11			
36148	N	ACCESS AV DIAL GRFT FOR PROC				Bundled	$0.00			
36160	N	ESTABLISH ACCESS TO AORTA				Bundled	$0.00			
36200	N	PLACE CATHETER IN AORTA				Bundled	$0.00			
36215	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			
36216	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			
36217	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			
36218	N	PLACE CATHETER IN ARTERY				Bundled	$0.00			
36245	N	INS CATH ABD/L-EXT ART 1ST				Bundled	$0.00			
36246	N	INS CATH ABD/L-EXT ART 2ND				Bundled	$0.00			
36247	N	INS CATH ABD/L-EXT ART 3RD				Bundled	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
36248	N	INS CATH ABD/L-EXT ART ADDL				Bundled	$0.00			
36251	N	INS CATH REN ART 1ST UNILAT		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
36252	N	INS CATH REN ART 1ST BILAT		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
36253	N	INS CATH REN ART 2ND+ UNILAT		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
36254	N	INS CATH REN ART 2ND+ BILAT		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
36260	T	INSERTION OF INFUSION PUMP		0623	30.3552	APC	$1,536.28			
36261	T	REVISION OF INFUSION PUMP		0105	22.7903	APC	$1,153.42			
36262	T	REMOVAL OF INFUSION PUMP		0105	22.7903	APC	$1,153.42			
36299	N	VESSEL INJECTION PROCEDURE				Bundled	$0.00			
36400	N	BL DRAW < 3 YRS FEM/JUGULAR				Bundled	$0.00			
36405	N	BL DRAW < 3 YRS SCALP VEIN				Bundled	$0.00			
36406	N	BL DRAW < 3 YRS OTHER VEIN				Bundled	$0.00			
36410	N	NON-ROUTINE BL DRAW > 3 YRS				Bundled	$0.00			
36415	M	ROUTINE VENIPUNCTURE				Medicare	$3.00			
36416	N	CAPILLARY BLOOD DRAW				Bundled	$0.00			
36420	X	VEIN ACCESS CUTDOWN < 1 YR		0035	0.2691	APC	$13.62			
36425	X	VEIN ACCESS CUTDOWN > 1 YR		0035	0.2691	APC	$13.62			
36430	S	BLOOD TRANSFUSION SERVICE		0110	3.4289	APC	$173.54			
36440	S	BL PUSH TRANSFUSE 2 YR OR <		0110	3.4289	APC	$173.54			
36450	S	BL EXCHANGE/TRANSFUSE NB		0110	3.4289	APC	$173.54			
36455	S	BL EXCHANGE/TRANSFUSE NON-NB		0110	3.4289	APC	$173.54			
36460	S	TRANSFUSION SERVICE FETAL		0110	3.4289	APC	$173.54			
36468	E	INJECTION(S) SPIDER VEINS				Not Allowed	$0.00			
36469	E	INJECTION(S) SPIDER VEINS				Not Allowed	$0.00			
36470	T	INJECTION THERAPY OF VEIN		0015	1.4989	APC	$75.86			
36471	T	INJECTION THERAPY OF VEINS		0015	1.4989	APC	$75.86			
36475	T	ENDOVENOUS RF 1ST VEIN		0091	44.2193	APC	$2,237.94			
36476	T	ENDOVENOUS RF VEIN ADD-ON		0092	26.8758	APC	$1,360.18			
36478	T	ENDOVENOUS LASER 1ST VEIN		0092	26.8758	APC	$1,360.18			
36479	T	ENDOVENOUS LASER VEIN ADDON		0092	26.8758	APC	$1,360.18			
36481	N	INSERTION OF CATHETER VEIN				Bundled	$0.00			
36500	N	INSERTION OF CATHETER VEIN				Bundled	$0.00			
36510	N	INSERTION OF CATHETER VEIN				Bundled	$0.00			
36511	S	APHERESIS WBC		0111	11.6555	APC	$589.88			
36512	S	APHERESIS RBC		0111	11.6555	APC	$589.88			
36513	S	APHERESIS PLATELETS		0111	11.6555	APC	$589.88			
36514	S	APHERESIS PLASMA		0111	11.6555	APC	$589.88			
36515	S	APHERESIS ADSORP/REINFUSE		0112	32.6165	APC	$1,650.72			
36516	S	APHERESIS SELECTIVE		0112	32.6165	APC	$1,650.72			
36522	E	PHOTOPHERESIS				Not Allowed	$0.00			
36555	T	INSERT NON-TUNNEL CV CATH		0621	11.0884	APC	$561.18			
36556	T	INSERT NON-TUNNEL CV CATH		0621	11.0884	APC	$561.18			
36557	T	INSERT TUNNELED CV CATH		0622	25.2761	APC	$1,279.22			
36558	T	INSERT TUNNELED CV CATH		0622	25.2761	APC	$1,279.22			
36560	T	INSERT TUNNELED CV CATH		0623	30.3552	APC	$1,536.28			
36561	T	INSERT TUNNELED CV CATH		0623	30.3552	APC	$1,536.28			
36563	T	INSERT TUNNELED CV CATH		0623	30.3552	APC	$1,536.28			
36565	T	INSERT TUNNELED CV CATH		0623	30.3552	APC	$1,536.28			
36566	T	INSERT TUNNELED CV CATH		0623	30.3552	APC	$1,536.28			
36568	T	INSERT TUNNELED CV CATH		0621	11.0884	APC	$561.18			
36569	T	INSERT TUNNELED CV CATH		0621	11.0884	APC	$561.18			
36570	T	INSERT TUNNELED CV CATH		0622	25.2761	APC	$1,279.22			
36571	T	INSERT TUNNELED CV CATH		0622	25.2761	APC	$1,279.22			
36575	T	REPAIR TUNNELED CV CATH		0121	6.2131	APC	$314.44			
36576	T	REPAIR TUNNELED CV CATH		0621	11.0884	APC	$561.18			
36578	T	REPLACE TUNNELED CV CATH		0622	25.2761	APC	$1,279.22			

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36580	T	REPLACE TUNNELED CV CATH		0621	11.0884	APC	$561.18			
36581	T	REPLACE TUNNELED CV CATH		0622	25.2761	APC	$1,279.22			
36582	T	REPLACE TUNNELED CV CATH		0623	30.3552	APC	$1,536.28			
36583	T	REPLACE TUNNELED CV CATH		0623	30.3552	APC	$1,536.28			
36584	T	REPLACE TUNNELED CV CATH		0621	11.0884	APC	$561.18			
36585	T	REPLACE TUNNELED CV CATH		0622	25.2761	APC	$1,279.22			
36589	T	REMOVAL TUNNELED CV CATH		0121	6.2131	APC	$314.44			
36590	T	REMOVAL TUNNELED CV CATH		0621	11.0884	APC	$561.18			
36591	N	DRAW BLOOD OFF VENOUS DEVICE		0624	0.6098	ed, may be payable in some circumsta	$30.86			
36592	N	COLLECT BLOOD FROM PICC		0624	0.6098	ed, may be payable in some circumsta	$30.86			
36593	T	DECLOT VASCULAR DEVICE		0676	2.3059	APC	$116.70			
36595	T	MECH REMOV TUNNELED CV CATH		0622	25.2761	APC	$1,279.22			
36596	T	MECH REMOV TUNNELED CV CATH		0621	11.0884	APC	$561.18			
36597	T	REPOSITION VENOUS CATHETER		0621	11.0884	APC	$561.18			
36598	T	INJ W/FLUOR EVAL CV DEVICE		0676	2.3059	APC	$116.70			
36600	N	ARTERIAL PUNCTURE WITHDRAWAL OF BLOOD FOR DIAGNO		0035	0.2691	ed, may be payable in some circumsta	$13.62			
36620	N	INSERTION CATHETER ARTERY				Bundled	$0.00			
36625	N	INSERTION CATHETER ARTERY				Bundled	$0.00			
36640	T	INSERTION CATHETER ARTERY		0623	30.3552	APC	$1,536.28			
36660	C	INSERTION CATHETER ARTERY				Inpatient Only	$0.00			
36680	T	INSERT NEEDLE BONE CAVITY		0002	1.6115	APC	$81.56			
36800	T	INSERTION OF CANNULA		0115	37.3584	APC	$1,890.71			
36810	T	INSERTION OF CANNULA		0115	37.3584	APC	$1,890.71			
36815	T	INSERTION OF CANNULA		0115	37.3584	APC	$1,890.71			
36818	T	AV FUSE UPPR ARM CEPHALIC		0088	41.0473	APC	$2,077.40			
36819	T	AV FUSE UPPR ARM BASILIC		0088	41.0473	APC	$2,077.40			
36820	T	AV FUSION/FOREARM VEIN		0088	41.0473	APC	$2,077.40			
36821	T	AV FUSION DIRECT ANY SITE		0088	41.0473	APC	$2,077.40			
36822	C	INSERTION OF CANNULA(S)				Inpatient Only	$0.00			
36823	C	INSERTION OF CANNULA(S)				Inpatient Only	$0.00			
36825	T	ARTERY-VEIN AUTOGRAFT		0088	41.0473	APC	$2,077.40			
36830	T	ARTERY-VEIN NONAUTOGRAFT		0088	41.0473	APC	$2,077.40			
36831	T	OPEN THROMBECT AV FISTULA		0088	41.0473	APC	$2,077.40			
36832	T	AV FISTULA REVISION OPEN		0088	41.0473	APC	$2,077.40			
36833	T	AV FISTULA REVISION		0088	41.0473	APC	$2,077.40			
36835	T	ARTERY TO VEIN SHUNT		0115	37.3584	APC	$1,890.71			
36838	T	DIST REVAS LIGATION HEMO		0088	41.0473	APC	$2,077.40			
36860	T	EXTERNAL CANNULA DECLOTTING		0676	2.3059	APC	$116.70			
36861	T	CANNULA DECLOTTING		0115	37.3584	APC	$1,890.71			
36870	T	PERCUT THROMBECT AV FISTULA		0653	43.5434	APC	$2,203.73			
37140	C	REVISION OF CIRCULATION				Inpatient Only	$0.00			
37145	C	REVISION OF CIRCULATION				Inpatient Only	$0.00			
37160	C	REVISION OF CIRCULATION				Inpatient Only	$0.00			
37180	C	REVISION OF CIRCULATION				Inpatient Only	$0.00			
37181	C	SPLICE SPLEEN/KIDNEY VEINS				Inpatient Only	$0.00			
37182	C	INSERT HEPATIC SHUNT (TIPS)				Inpatient Only	$0.00			
37183	T	REMOVE HEPATIC SHUNT (TIPS)		0229	115.6270	APC	$5,851.88			
37184	T	PRIM ART MECH THROMBECTOMY		0088	41.0473	APC	$2,077.40			
37185	T	PRIM ART M-THROMBECT ADD-ON		0088	41.0473	APC	$2,077.40			
37186	T	SEC ART M-THROMBECT ADD-ON		0088	41.0473	APC	$2,077.40			
37187	T	VENOUS MECH THROMBECTOMY		0088	41.0473	APC	$2,077.40			
37188	T	VENOUS M-THROMBECTOMY ADD-ON		0088	41.0473	APC	$2,077.40			
37191	T	INS ENDOVAS VENA CAVA FILTR		0091	44.2193	APC	$2,237.94			
37192	T	REDO ENDOVAS VENA CAVA FILTR		0623	30.3552	APC	$1,536.28			
37193	T	REM ENDOVAS VENA CAVA FILTER		0623	30.3552	APC	$1,536.28			
37195	T	THROMBOLYTIC THERAPY STROKE		0676	2.3059	APC	$116.70			

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37200	T	TRANSCATHETER BIOPSY		0623	30.3552	APC	$1,536.28			
37201	T	TRANSCATHETER THERAPY INFUSE		0103	16.4097	APC	$830.49			
37202	T	TRANSCATHETER THERAPY INFUSE		0103	16.4097	APC	$830.49			
37203	T	TRANSCATHETER RETRIEVAL		0623	30.3552	APC	$1,536.28			
37204	T	TRANSCATHETER OCCLUSION		0082	105.1880	APC	$5,323.56			
37205	T	TRANSCATHETER STENT		0229	115.6270	APC	$5,851.88			
37206	T	TRANSCATHETER STENT ADD-ON		0229	115.6270	APC	$5,851.88			
37207	T	TRANSCATHETER STENT		0229	115.6270	APC	$5,851.88			
37208	T	TRANSCATHETER STENT ADD-ON		0229	115.6270	APC	$5,851.88			
37209	T	CHANGE IV CATH AT THROMB TX		0623	30.3552	APC	$1,536.28			
37210	T	EMBOLIZATION UTERINE FIBROID		0229	115.6270	APC	$5,851.88			
37215	C	TRANSCATH STENT CCA W/EPS				Inpatient Only	$0.00			
37216	E	TRANSCATH STENT CCA W/O EPS				Not Allowed	$0.00			
37220	T	ILIAC REVASC		0083	66.0408	APC	$3,342.32			
37221	T	ILIAC REVASC W/STENT		0229	115.6270	APC	$5,851.88			
37222	T	ILIAC REVASC ADD-ON		0083	66.0408	APC	$3,342.32			
37223	T	ILIAC REVASC W/STENT ADD-ON		0083	66.0408	APC	$3,342.32			
37224	T	FEM/POPL REVAS W/TLA		0083	66.0408	APC	$3,342.32			
37225	T	FEM/POPL REVAS W/ATHER		0229	115.6270	APC	$5,851.88			
37226	T	FEM/POPL REVASC W/STENT		0229	115.6270	APC	$5,851.88			
37227	T	FEM/POPL REVASC STNT & ATHER		0319	202.9582	APC	$10,271.71			
37228	T	TIB/PER REVASC W/TLA		0083	66.0408	APC	$3,342.32			
37229	T	TIB/PER REVASC W/ATHER		0229	115.6270	APC	$5,851.88			
37230	T	TIB/PER REVASC W/STENT		0229	115.6270	APC	$5,851.88			
37231	T	TIB/PER REVASC STENT & ATHER		0319	202.9582	APC	$10,271.71			
37232	T	TIB/PER REVASC ADD-ON		0083	66.0408	APC	$3,342.32			
37233	T	TIBPER REVASC W/ATHER ADD-ON		0229	115.6270	APC	$5,851.88			
37234	T	REVSC OPN/PRQ TIB/PERO STENT		0083	66.0408	APC	$3,342.32			
37235	T	TIB/PER REVASC STNT & ATHER		0083	66.0408	APC	$3,342.32			
37250	N	IV US FIRST VESSEL ADD-ON				Bundled	$0.00			
37251	N	IV US EACH ADD VESSEL ADD-ON				Bundled	$0.00			
37500	T	ENDOSCOPY LIGATE PERF VEINS		0091	44.2193	APC	$2,237.94			
37501	T	VASCULAR ENDOSCOPY PROCEDURE		0092	26.8758	APC	$1,360.18			
37565	T	LIGATION OF NECK VEIN		0093	30.8203	APC	$1,559.82			
37600	T	LIGATION OF NECK ARTERY		0093	30.8203	APC	$1,559.82			
37605	T	LIGATION OF NECK ARTERY		0091	44.2193	APC	$2,237.94			
37606	T	LIGATION OF NECK ARTERY		0092	26.8758	APC	$1,360.18			
37607	T	LIGATION OF A-V FISTULA		0092	26.8758	APC	$1,360.18			
37609	T	TEMPORAL ARTERY PROCEDURE		0021	17.0074	APC	$860.74			
37615	T	LIGATION OF NECK ARTERY		0092	26.8758	APC	$1,360.18			
37616	C	LIGATION OF CHEST ARTERY				Inpatient Only	$0.00			
37617	C	LIGATION OF ABDOMEN ARTERY				Inpatient Only	$0.00			
37618	C	LIGATION OF EXTREMITY ARTERY				Inpatient Only	$0.00			
37619	T	LIGATION OF INF VENA CAVA		0091	44.2193	APC	$2,237.94			
37650	T	REVISION OF MAJOR VEIN		0092	26.8758	APC	$1,360.18			
37660	C	REVISION OF MAJOR VEIN				Inpatient Only	$0.00			
37700	T	REVISE LEG VEIN		0092	26.8758	APC	$1,360.18			
37718	T	LIGATE/STRIP SHORT LEG VEIN		0092	26.8758	APC	$1,360.18			
37722	T	LIGATE/STRIP LONG LEG VEIN		0091	44.2193	APC	$2,237.94			
37735	T	REMOVAL OF LEG VEINS/LESION		0091	44.2193	APC	$2,237.94			
37760	T	LIGATION LEG VEINS OPEN		0092	26.8758	APC	$1,360.18			
37761	T	LIGATE LEG VEINS OPEN		0092	26.8758	APC	$1,360.18			
37765	T	STAB PHLEB VEINS XTR 10-20		0092	26.8758	APC	$1,360.18			
37766	T	PHLEB VEINS EXTREM 20+		0092	26.8758	APC	$1,360.18			
37780	T	REVISION OF LEG VEIN		0092	26.8758	APC	$1,360.18			
37785	T	LIGATE/DIVIDE/EXCISE VEIN		0092	26.8758	APC	$1,360.18			

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37788	C	REVASCULARIZATION PENIS				Inpatient Only	$0.00			
37790	T	PENILE VENOUS OCCLUSION		0181	34.6230	APC	$1,752.27			
37799	X	VASCULAR SURGERY PROCEDURE		0624	0.6098	APC	$30.86			
38100	C	REMOVAL OF SPLEEN TOTAL				Inpatient Only	$0.00			
38101	C	REMOVAL OF SPLEEN PARTIAL				Inpatient Only	$0.00			
38102	C	REMOVAL OF SPLEEN TOTAL				Inpatient Only	$0.00			
38115	C	REPAIR OF RUPTURED SPLEEN				Inpatient Only	$0.00			
38120	T	LAPAROSCOPY SPLENECTOMY		0131	48.0079	APC	$2,429.68			
38129	T	LAPAROSCOPE PROC SPLEEN		0130	38.8880	APC	$1,968.12			
38200	N	INJECTION FOR SPLEEN X-RAY				Bundled	$0.00			
38204	N	BL DONOR SEARCH MANAGEMENT				Bundled	$0.00			
38205	E	HARVEST ALLOGENIC STEM CELLS				Not Allowed	$0.00			
38206	S	HARVEST AUTO STEM CELLS		0111	11.6555	APC	$589.88			Y
38207	S	CRYOPRESERVE STEM CELLS		0110	3.4289	APC	$173.54			Y
38208	S	THAW PRESERVED STEM CELLS		0110	3.4289	APC	$173.54			Y
38209	S	WASH HARVEST STEM CELLS		0110	3.4289	APC	$173.54			Y
38210	S	T-CELL DEPLETION OF HARVEST		0393	6.5592	APC	$331.96			Y
38211	S	TUMOR CELL DEPLETE OF HARVST		0393	6.5592	APC	$331.96			Y
38212	S	RBC DEPLETION OF HARVEST		0393	6.5592	APC	$331.96			Y
38213	S	PLATELET DEPLETE OF HARVEST		0393	6.5592	APC	$331.96			Y
38214	S	VOLUME DEPLETE OF HARVEST		0393	6.5592	APC	$331.96			Y
38215	S	HARVEST STEM CELL CONCENTRTE		0393	6.5592	APC	$331.96			Y
38220	T	BONE MARROW ASPIRATION		0003	3.5702	APC	$180.69			
38221	T	BONE MARROW BIOPSY		0003	3.5702	APC	$180.69			
38230	S	BONE MARROW HARVEST ALLOGEN		0112	32.6165	APC	$1,650.72			Y
38232	S	BONE MARROW HARVEST AUTOLOG		0112	32.6165	APC	$1,650.72			
38240	S	BN MARROW/STM TRANSPLT ALLO		0112	32.6165	APC	$1,650.72			Y
38241	S	BN MARROW/STM TRANSPLT AUTO		0112	32.6165	APC	$1,650.72			Y
38242	S	LYMPHOCYTE INFUSE TRANSPLANT		0111	11.6555	APC	$589.88			Y
38300	T	DRAINAGE LYMPH NODE LESION		0007	13.1250	APC	$664.26			
38305	T	DRAINAGE LYMPH NODE LESION		0008	20.5648	APC	$1,040.78			
38308	T	INCISION OF LYMPH CHANNELS		0113	25.2698	APC	$1,278.90			
38380	C	THORACIC DUCT PROCEDURE				Inpatient Only	$0.00			
38381	C	THORACIC DUCT PROCEDURE				Inpatient Only	$0.00			
38382	C	THORACIC DUCT PROCEDURE				Inpatient Only	$0.00			
38500	T	BIOPSY/REMOVAL LYMPH NODES		0113	25.2698	APC	$1,278.90			
38505	T	NEEDLE BIOPSY LYMPH NODES		0005	8.1566	APC	$412.81			
38510	T	BIOPSY/REMOVAL LYMPH NODES		0113	25.2698	APC	$1,278.90			
38520	T	BIOPSY/REMOVAL LYMPH NODES		0113	25.2698	APC	$1,278.90			
38525	T	BIOPSY/REMOVAL LYMPH NODES		0113	25.2698	APC	$1,278.90			
38530	T	BIOPSY/REMOVAL LYMPH NODES		0113	25.2698	APC	$1,278.90			
38542	T	EXPLORE DEEP NODE(S) NECK		0114	51.3780	APC	$2,600.24			
38550	T	REMOVAL NECK/ARMPIT LESION		0113	25.2698	APC	$1,278.90			
38555	T	REMOVAL NECK/ARMPIT LESION		0113	25.2698	APC	$1,278.90			
38562	C	REMOVAL PELVIC LYMPH NODES				Inpatient Only	$0.00			
38564	C	REMOVAL ABDOMEN LYMPH NODES				Inpatient Only	$0.00			
38570	T	LAPAROSCOPY LYMPH NODE BIOP		0131	48.0079	APC	$2,429.68			
38571	T	LAPAROSCOPY LYMPHADENECTOMY		0132	71.5531	APC	$3,621.30			
38572	T	LAPAROSCOPY LYMPHADENECTOMY		0131	48.0079	APC	$2,429.68			
38589	T	LAPAROSCOPE PROC LYMPHATIC		0130	38.8880	APC	$1,968.12			
38700	T	REMOVAL OF LYMPH NODES NECK		0113	25.2698	APC	$1,278.90			
38720	T	REMOVAL OF LYMPH NODES NECK		0113	25.2698	APC	$1,278.90			
38724	C	REMOVAL OF LYMPH NODES NECK				Inpatient Only	$0.00			
38740	T	REMOVE ARMPIT LYMPH NODES		0114	51.3780	APC	$2,600.24			
38745	T	REMOVE ARMPIT LYMPH NODES		0114	51.3780	APC	$2,600.24			
38746	C	REMOVE THORACIC LYMPH NODES				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
38747	C	REMOVE ABDOMINAL LYMPH NODES				Inpatient Only	$0.00			
38760	T	REMOVE GROIN LYMPH NODES		0113	25.2698	APC	$1,278.90			
38765	C	REMOVE GROIN LYMPH NODES				Inpatient Only	$0.00			
38770	C	REMOVE PELVIS LYMPH NODES				Inpatient Only	$0.00			
38780	C	REMOVE ABDOMEN LYMPH NODES				Inpatient Only	$0.00			
38790	N	INJECT FOR LYMPHATIC X-RAY				Bundled	$0.00			
38792	N	RA TRACER ID OF SENTINL NODE		0392	2.2888	ed, may be payable in some circumst	$115.84			
38794	N	ACCESS THORACIC LYMPH DUCT				Bundled	$0.00			
38900	N	IO MAP OF SENT LYMPH NODE				Bundled	$0.00			
38999	S	BLOOD/LYMPH SYSTEM PROCEDURE		0110	3.4289	APC	$173.54			
39000	C	EXPLORATION OF CHEST				Inpatient Only	$0.00			
39010	C	EXPLORATION OF CHEST				Inpatient Only	$0.00			
39200	C	REMOVAL CHEST LESION				Inpatient Only	$0.00			
39220	C	REMOVAL CHEST LESION				Inpatient Only	$0.00			
39400	T	VISUALIZATION OF CHEST		0069	34.4761	APC	$1,744.84			
39499	C	CHEST PROCEDURE				Inpatient Only	$0.00			
39501	C	REPAIR DIAPHRAGM LACERATION				Inpatient Only	$0.00			
39503	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	$0.00			
39540	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	$0.00			
39541	C	REPAIR OF DIAPHRAGM HERNIA				Inpatient Only	$0.00			
39545	C	REVISION OF DIAPHRAGM				Inpatient Only	$0.00			
39560	C	RESECT DIAPHRAGM SIMPLE				Inpatient Only	$0.00			
39561	C	RESECT DIAPHRAGM COMPLEX				Inpatient Only	$0.00			
39599	C	DIAPHRAGM SURGERY PROCEDURE				Inpatient Only	$0.00			
40490	T	BIOPSY OF LIP		0251	3.1145	APC	$157.62			
40500	T	PARTIAL EXCISION OF LIP		0253	16.8771	APC	$854.15			
40510	T	PARTIAL EXCISION OF LIP		0254	24.9111	APC	$1,260.75			
40520	T	PARTIAL EXCISION OF LIP		0253	16.8771	APC	$854.15			
40525	T	RECONSTRUCT LIP WITH FLAP		0254	24.9111	APC	$1,260.75			
40527	T	RECONSTRUCT LIP WITH FLAP		0254	24.9111	APC	$1,260.75			
40530	T	PARTIAL REMOVAL OF LIP		0254	24.9111	APC	$1,260.75			
40650	T	REPAIR LIP		0252	7.4604	APC	$377.57			
40652	T	REPAIR LIP		0252	7.4604	APC	$377.57			
40654	T	REPAIR LIP		0252	7.4604	APC	$377.57			
40700	T	REPAIR CLEFT LIP/NASAL		0256	45.1991	APC	$2,287.53			
40701	T	REPAIR CLEFT LIP/NASAL		0256	45.1991	APC	$2,287.53			
40702	T	REPAIR CLEFT LIP/NASAL		0256	45.1991	APC	$2,287.53			
40720	T	REPAIR CLEFT LIP/NASAL		0256	45.1991	APC	$2,287.53			
40761	T	REPAIR CLEFT LIP/NASAL		0256	45.1991	APC	$2,287.53			
40799	T	LIP SURGERY PROCEDURE		0250	1.0708	APC	$54.19			
40800	T	DRAINAGE OF MOUTH LESION		0006	1.4206	APC	$71.90			
40801	T	DRAINAGE OF MOUTH LESION		0252	7.4604	APC	$377.57			
40804	X	REMOVAL FOREIGN BODY MOUTH		0340	0.6525	APC	$33.02			
40805	T	REMOVAL FOREIGN BODY MOUTH		0252	7.4604	APC	$377.57			
40806	T	INCISION OF LIP FOLD		0251	3.1145	APC	$157.62			
40808	T	BIOPSY OF MOUTH LESION		0251	3.1145	APC	$157.62			
40810	T	EXCISION OF MOUTH LESION		0253	16.8771	APC	$854.15			
40812	T	EXCISE/REPAIR MOUTH LESION		0253	16.8771	APC	$854.15			
40814	T	EXCISE/REPAIR MOUTH LESION		0253	16.8771	APC	$854.15			
40816	T	EXCISION OF MOUTH LESION		0254	24.9111	APC	$1,260.75			
40818	T	EXCISE ORAL MUCOSA FOR GRAFT		0251	3.1145	APC	$157.62			
40819	T	EXCISE LIP OR CHEEK FOLD		0252	7.4604	APC	$377.57			
40820	T	TREATMENT OF MOUTH LESION		0253	16.8771	APC	$854.15			
40830	T	REPAIR MOUTH LACERATION		0251	3.1145	APC	$157.62			
40831	T	REPAIR MOUTH LACERATION		0252	7.4604	APC	$377.57			
40840	T	RECONSTRUCTION OF MOUTH		0254	24.9111	APC	$1,260.75			

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40842	T	RECONSTRUCTION OF MOUTH		0254	24.9111	APC	$1,260.75			
40843	T	RECONSTRUCTION OF MOUTH		0254	24.9111	APC	$1,260.75			
40844	T	RECONSTRUCTION OF MOUTH		0256	45.1991	APC	$2,287.53			
40845	T	RECONSTRUCTION OF MOUTH		0256	45.1991	APC	$2,287.53			
40899	T	MOUTH SURGERY PROCEDURE		0250	1.0708	APC	$54.19			
41000	T	DRAINAGE OF MOUTH LESION		0253	16.8771	APC	$854.15			
41005	T	DRAINAGE OF MOUTH LESION		0251	3.1145	APC	$157.62			
41006	T	DRAINAGE OF MOUTH LESION		0254	24.9111	APC	$1,260.75			
41007	T	DRAINAGE OF MOUTH LESION		0253	16.8771	APC	$854.15			
41008	T	DRAINAGE OF MOUTH LESION		0253	16.8771	APC	$854.15			
41009	T	DRAINAGE OF MOUTH LESION		0251	3.1145	APC	$157.62			
41010	T	INCISION OF TONGUE FOLD		0252	7.4604	APC	$377.57			
41015	T	DRAINAGE OF MOUTH LESION		0251	3.1145	APC	$157.62			
41016	T	DRAINAGE OF MOUTH LESION		0252	7.4604	APC	$377.57			
41017	T	DRAINAGE OF MOUTH LESION		0252	7.4604	APC	$377.57			
41018	T	DRAINAGE OF MOUTH LESION		0252	7.4604	APC	$377.57			
41019	T	PLACE NEEDLES H&N FOR RT		0254	24.9111	APC	$1,260.75			
41100	T	BIOPSY OF TONGUE		0252	7.4604	APC	$377.57			
41105	T	BIOPSY OF TONGUE		0253	16.8771	APC	$854.15			
41108	T	BIOPSY OF FLOOR OF MOUTH		0019	4.4238	APC	$223.89			
41110	T	EXCISION OF TONGUE LESION		0253	16.8771	APC	$854.15			
41112	T	EXCISION OF TONGUE LESION		0253	16.8771	APC	$854.15			
41113	T	EXCISION OF TONGUE LESION		0253	16.8771	APC	$854.15			
41114	T	EXCISION OF TONGUE LESION		0254	24.9111	APC	$1,260.75			
41115	T	EXCISION OF TONGUE FOLD		0252	7.4604	APC	$377.57			
41116	T	EXCISION OF MOUTH LESION		0253	16.8771	APC	$854.15			
41120	T	PARTIAL REMOVAL OF TONGUE		0254	24.9111	APC	$1,260.75			
41130	C	PARTIAL REMOVAL OF TONGUE				Inpatient Only	$0.00			
41135	C	TONGUE AND NECK SURGERY				Inpatient Only	$0.00			
41140	C	REMOVAL OF TONGUE				Inpatient Only	$0.00			
41145	C	TONGUE REMOVAL NECK SURGERY				Inpatient Only	$0.00			
41150	C	TONGUE MOUTH JAW SURGERY				Inpatient Only	$0.00			
41153	C	TONGUE MOUTH NECK SURGERY				Inpatient Only	$0.00			
41155	C	TONGUE JAW & NECK SURGERY				Inpatient Only	$0.00			
41250	T	REPAIR TONGUE LACERATION		0250	1.0708	APC	$54.19			
41251	T	REPAIR TONGUE LACERATION		0251	3.1145	APC	$157.62			
41252	T	REPAIR TONGUE LACERATION		0252	7.4604	APC	$377.57			
41500	T	FIXATION OF TONGUE		0254	24.9111	APC	$1,260.75			
41510	T	TONGUE TO LIP SURGERY		0253	16.8771	APC	$854.15			
41512	T	TONGUE SUSPENSION		0252	7.4604	APC	$377.57			
41520	T	RECONSTRUCTION TONGUE FOLD		0252	7.4604	APC	$377.57			
41530	T	TONGUE BASE VOL REDUCTION		0254	24.9111	APC	$1,260.75			
41599	T	TONGUE AND MOUTH SURGERY		0250	1.0708	APC	$54.19			
41800	T	DRAINAGE OF GUM LESION		0006	1.4206	APC	$71.90			
41805	T	REMOVAL FOREIGN BODY GUM		0254	24.9111	APC	$1,260.75			
41806	T	REMOVAL FOREIGN BODY JAWBONE		0253	16.8771	APC	$854.15			
41820	T	EXCISION GUM EACH QUADRANT		0252	7.4604	APC	$377.57			
41821	T	EXCISION OF GUM FLAP		0252	7.4604	APC	$377.57			
41822	T	EXCISION OF GUM LESION		0253	16.8771	APC	$854.15			
41823	T	EXCISION OF GUM LESION		0254	24.9111	APC	$1,260.75			
41825	T	EXCISION OF GUM LESION		0253	16.8771	APC	$854.15			
41826	T	EXCISION OF GUM LESION		0254	24.9111	APC	$1,260.75			
41827	T	EXCISION OF GUM LESION		0254	24.9111	APC	$1,260.75			
41828	T	EXCISION OF GUM LESION		0253	16.8771	APC	$854.15			
41830	T	REMOVAL OF GUM TISSUE		0253	16.8771	APC	$854.15			
41850	T	TREATMENT OF GUM LESION		0253	16.8771	APC	$854.15			

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41870	T	GUM GRAFT		0254	24.9111	APC	$1,260.75			
41872	T	REPAIR GUM		0253	16.8771	APC	$854.15			
41874	T	REPAIR TOOTH SOCKET		0254	24.9111	APC	$1,260.75			
41899	T	DENTAL SURGERY PROCEDURE		0250	1.0708	APC	$54.19			
42000	T	DRAINAGE MOUTH ROOF LESION		0251	3.1145	APC	$157.62			
42100	T	BIOPSY ROOF OF MOUTH		0252	7.4604	APC	$377.57			
42104	T	EXCISION LESION MOUTH ROOF		0253	16.8771	APC	$854.15			
42106	T	EXCISION LESION MOUTH ROOF		0253	16.8771	APC	$854.15			
42107	T	EXCISION LESION MOUTH ROOF		0254	24.9111	APC	$1,260.75			
42120	T	REMOVE PALATE/LESION		0256	45.1991	APC	$2,287.53			
42140	T	EXCISION OF UVULA		0252	7.4604	APC	$377.57			
42145	T	REPAIR PALATE PHARYNX/UVULA		0254	24.9111	APC	$1,260.75			
42160	T	TREATMENT MOUTH ROOF LESION		0253	16.8771	APC	$854.15			
42180	T	REPAIR PALATE		0251	3.1145	APC	$157.62			
42182	T	REPAIR PALATE		0256	45.1991	APC	$2,287.53			
42200	T	RECONSTRUCT CLEFT PALATE		0256	45.1991	APC	$2,287.53			
42205	T	RECONSTRUCT CLEFT PALATE		0256	45.1991	APC	$2,287.53			
42210	T	RECONSTRUCT CLEFT PALATE		0256	45.1991	APC	$2,287.53			
42215	T	RECONSTRUCT CLEFT PALATE		0256	45.1991	APC	$2,287.53			
42220	T	RECONSTRUCT CLEFT PALATE		0256	45.1991	APC	$2,287.53			
42225	T	RECONSTRUCT CLEFT PALATE		0256	45.1991	APC	$2,287.53			
42226	T	LENGTHENING OF PALATE		0256	45.1991	APC	$2,287.53			
42227	T	LENGTHENING OF PALATE		0256	45.1991	APC	$2,287.53			
42235	T	REPAIR PALATE		0253	16.8771	APC	$854.15			
42260	T	REPAIR NOSE TO LIP FISTULA		0254	24.9111	APC	$1,260.75			
42280	T	PREPARATION PALATE MOLD		0251	3.1145	APC	$157.62			
42281	T	INSERTION PALATE PROSTHESIS		0253	16.8771	APC	$854.15			
42299	T	PALATE/UVULA SURGERY		0250	1.0708	APC	$54.19			
42300	T	DRAINAGE OF SALIVARY GLAND		0253	16.8771	APC	$854.15			
42305	T	DRAINAGE OF SALIVARY GLAND		0253	16.8771	APC	$854.15			
42310	T	DRAINAGE OF SALIVARY GLAND		0251	3.1145	APC	$157.62			
42320	T	DRAINAGE OF SALIVARY GLAND		0251	3.1145	APC	$157.62			
42330	T	REMOVAL OF SALIVARY STONE		0253	16.8771	APC	$854.15			
42335	T	REMOVAL OF SALIVARY STONE		0253	16.8771	APC	$854.15			
42340	T	REMOVAL OF SALIVARY STONE		0253	16.8771	APC	$854.15			
42400	T	BIOPSY OF SALIVARY GLAND		0005	8.1566	APC	$412.81			
42405	T	BIOPSY OF SALIVARY GLAND		0254	24.9111	APC	$1,260.75			
42408	T	EXCISION OF SALIVARY CYST		0253	16.8771	APC	$854.15			
42409	T	DRAINAGE OF SALIVARY CYST		0253	16.8771	APC	$854.15			
42410	T	EXCISE PAROTID GLAND/LESION		0256	45.1991	APC	$2,287.53			
42415	T	EXCISE PAROTID GLAND/LESION		0256	45.1991	APC	$2,287.53			
42420	T	EXCISE PAROTID GLAND/LESION		0256	45.1991	APC	$2,287.53			
42425	T	EXCISE PAROTID GLAND/LESION		0256	45.1991	APC	$2,287.53			
42426	C	EXCISE PAROTID GLAND/LESION				Inpatient Only	$0.00			
42440	T	EXCISE SUBMAXILLARY GLAND		0256	45.1991	APC	$2,287.53			
42450	T	EXCISE SUBLINGUAL GLAND		0254	24.9111	APC	$1,260.75			
42500	T	REPAIR SALIVARY DUCT		0254	24.9111	APC	$1,260.75			
42505	T	REPAIR SALIVARY DUCT		0256	45.1991	APC	$2,287.53			
42507	T	PAROTID DUCT DIVERSION		0256	45.1991	APC	$2,287.53			
42508	T	PAROTID DUCT DIVERSION		0256	45.1991	APC	$2,287.53			
42509	T	PAROTID DUCT DIVERSION		0256	45.1991	APC	$2,287.53			
42510	T	PAROTID DUCT DIVERSION		0256	45.1991	APC	$2,287.53			
42550	N	INJECTION FOR SALIVARY X-RAY				Bundled	$0.00			
42600	T	CLOSURE OF SALIVARY FISTULA		0253	16.8771	APC	$854.15			
42650	T	DILATION OF SALIVARY DUCT		0252	7.4604	APC	$377.57			
42660	T	DILATION OF SALIVARY DUCT		0251	3.1145	APC	$157.62			

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42665	T	LIGATION OF SALIVARY DUCT		0254	24.9111	APC	$1,260.75			
42699	T	SALIVARY SURGERY PROCEDURE		0250	1.0708	APC	$54.19			
42700	T	DRAINAGE OF TONSIL ABSCESS		0251	3.1145	APC	$157.62			
42720	T	DRAINAGE OF THROAT ABSCESS		0253	16.8771	APC	$854.15			
42725	T	DRAINAGE OF THROAT ABSCESS		0256	45.1991	APC	$2,287.53			
42800	T	BIOPSY OF THROAT		0252	7.4604	APC	$377.57			
42802	T	BIOPSY OF THROAT		0253	16.8771	APC	$854.15			
42804	T	BIOPSY OF UPPER NOSE/THROAT		0253	16.8771	APC	$854.15			
42806	T	BIOPSY OF UPPER NOSE/THROAT		0254	24.9111	APC	$1,260.75			
42808	T	EXCISE PHARYNX LESION		0254	24.9111	APC	$1,260.75			
42809	X	REMOVE PHARYNX FOREIGN BODY		0340	0.6525	APC	$33.02			
42810	T	EXCISION OF NECK CYST		0254	24.9111	APC	$1,260.75			
42815	T	EXCISION OF NECK CYST		0256	45.1991	APC	$2,287.53			
42820	T	REMOVE TONSILS AND ADENOIDS		0254	24.9111	APC	$1,260.75			
42821	T	REMOVE TONSILS AND ADENOIDS		0254	24.9111	APC	$1,260.75			
42825	T	REMOVAL OF TONSILS		0254	24.9111	APC	$1,260.75			
42826	T	REMOVAL OF TONSILS		0254	24.9111	APC	$1,260.75			
42830	T	REMOVAL OF ADENOIDS		0254	24.9111	APC	$1,260.75			
42831	T	REMOVAL OF ADENOIDS		0254	24.9111	APC	$1,260.75			
42835	T	REMOVAL OF ADENOIDS		0254	24.9111	APC	$1,260.75			
42836	T	REMOVAL OF ADENOIDS		0254	24.9111	APC	$1,260.75			
42842	T	EXTENSIVE SURGERY OF THROAT		0254	24.9111	APC	$1,260.75			
42844	T	EXTENSIVE SURGERY OF THROAT		0256	45.1991	APC	$2,287.53			
42845	C	EXTENSIVE SURGERY OF THROAT				Inpatient Only	$0.00			
42860	T	EXCISION OF TONSIL TAGS		0254	24.9111	APC	$1,260.75			
42870	T	EXCISION OF LINGUAL TONSIL		0254	24.9111	APC	$1,260.75			
42890	T	PARTIAL REMOVAL OF PHARYNX		0256	45.1991	APC	$2,287.53			
42892	T	REVISION OF PHARYNGEAL WALLS		0256	45.1991	APC	$2,287.53			
42894	C	REVISION OF PHARYNGEAL WALLS				Inpatient Only	$0.00			
42900	T	REPAIR THROAT WOUND		0252	7.4604	APC	$377.57			
42950	T	RECONSTRUCTION OF THROAT		0254	24.9111	APC	$1,260.75			
42953	C	REPAIR THROAT ESOPHAGUS				Inpatient Only	$0.00			
42955	T	SURGICAL OPENING OF THROAT		0254	24.9111	APC	$1,260.75			
42960	T	CONTROL THROAT BLEEDING		0250	1.0708	APC	$54.19			
42961	C	CONTROL THROAT BLEEDING				Inpatient Only	$0.00			
42962	T	CONTROL THROAT BLEEDING		0256	45.1991	APC	$2,287.53			
42970	T	CONTROL NOSE/THROAT BLEEDING		0250	1.0708	APC	$54.19			
42971	C	CONTROL NOSE/THROAT BLEEDING				Inpatient Only	$0.00			
42972	T	CONTROL NOSE/THROAT BLEEDING		0253	16.8771	APC	$854.15			
42999	T	THROAT SURGERY PROCEDURE		0250	1.0708	APC	$54.19			
43020	T	INCISION OF ESOPHAGUS		0252	7.4604	APC	$377.57			
43030	T	THROAT MUSCLE SURGERY		0253	16.8771	APC	$854.15			
43045	C	INCISION OF ESOPHAGUS				Inpatient Only	$0.00			
43100	C	EXCISION OF ESOPHAGUS LESION				Inpatient Only	$0.00			
43101	C	EXCISION OF ESOPHAGUS LESION				Inpatient Only	$0.00			
43107	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43108	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43112	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43113	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43116	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43117	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43118	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43121	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43122	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43123	C	PARTIAL REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			
43124	C	REMOVAL OF ESOPHAGUS				Inpatient Only	$0.00			

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43130	T	REMOVAL OF ESOPHAGUS POUCH		0256	45.1991	APC	$2,287.53			
43135	C	REMOVAL OF ESOPHAGUS POUCH				Inpatient Only	$0.00			
43200	T	ESOPHAGUS ENDOSCOPY		0141	8.4514	APC	$427.73			
43201	T	ESOPH SCOPE W/SUBMUCOUS INJ		0419	12.6565	APC	$640.55			
43202	T	ESOPHAGUS ENDOSCOPY BIOPSY		0141	8.4514	APC	$427.73			
43204	T	ESOPH SCOPE W/SCLEROSIS INJ		0141	8.4514	APC	$427.73			
43205	T	ESOPHAGUS ENDOSCOPY/LIGATION		0419	12.6565	APC	$640.55			
43215	T	ESOPHAGUS ENDOSCOPY		0419	12.6565	APC	$640.55			
43216	T	ESOPHAGUS ENDOSCOPY/LESION		0422	25.9586	APC	$1,313.76			
43217	T	ESOPHAGUS ENDOSCOPY		0419	12.6565	APC	$640.55			
43219	T	ESOPHAGUS ENDOSCOPY		0384	29.2257	APC	$1,479.11			
43220	T	ESOPH ENDOSCOPY DILATION		0419	12.6565	APC	$640.55			
43226	T	ESOPH ENDOSCOPY DILATION		0419	12.6565	APC	$640.55			
43227	T	ESOPH ENDOSCOPY REPAIR		0419	12.6565	APC	$640.55			
43228	T	ESOPH ENDOSCOPY ABLATION		0422	25.9586	APC	$1,313.76			
43231	T	ESOPH ENDOSCOPY W/US EXAM		0419	12.6565	APC	$640.55			
43232	T	ESOPH ENDOSCOPY W/US FN BX		0419	12.6565	APC	$640.55			
43234	T	UPPER GI ENDOSCOPY EXAM		0141	8.4514	APC	$427.73			
43235	T	UPPR GI ENDOSCOPY DIAGNOSIS		0141	8.4514	APC	$427.73			
43236	T	UPPR GI SCOPE W/SUBMUC INJ		0141	8.4514	APC	$427.73			
43237	T	ENDOSCOPIC US EXAM ESOPH		0419	12.6565	APC	$640.55			
43238	T	UPPR GI ENDOSCOPY W/US FN BX		0419	12.6565	APC	$640.55			
43239	T	UPPER GI ENDOSCOPY BIOPSY		0141	8.4514	APC	$427.73			
43240	T	ESOPH ENDOSCOPE W/DRAIN CYST		0419	12.6565	APC	$640.55			
43241	T	UPPER GI ENDOSCOPY WITH TUBE		0141	8.4514	APC	$427.73			
43242	T	UPPR GI ENDOSCOPY W/US FN BX		0419	12.6565	APC	$640.55			
43243	T	UPPER GI ENDOSCOPY & INJECT		0141	8.4514	APC	$427.73			
43244	T	UPPER GI ENDOSCOPY/LIGATION		0419	12.6565	APC	$640.55			
43245	T	UPPR GI SCOPE DILATE STRICTR		0419	12.6565	APC	$640.55			
43246	T	PLACE GASTROSTOMY TUBE		0419	12.6565	APC	$640.55			
43247	T	OPERATIVE UPPER GI ENDOSCOPY		0141	8.4514	APC	$427.73			
43248	T	UPPR GI ENDOSCOPY/GUIDE WIRE		0141	8.4514	APC	$427.73			
43249	T	ESOPH ENDOSCOPY DILATION		0419	12.6565	APC	$640.55			
43250	T	UPPER GI ENDOSCOPY/TUMOR		0419	12.6565	APC	$640.55			
43251	T	OPERATIVE UPPER GI ENDOSCOPY		0419	12.6565	APC	$640.55			
43255	T	OPERATIVE UPPER GI ENDOSCOPY		0419	12.6565	APC	$640.55			
43256	T	UPPR GI ENDOSCOPY W STENT		0384	29.2257	APC	$1,479.11			
43257	T	UPPR GI SCOPE W/THRML TXMNT		0422	25.9586	APC	$1,313.76			
43258	T	OPERATIVE UPPER GI ENDOSCOPY		0419	12.6565	APC	$640.55			
43259	T	ENDOSCOPIC ULTRASOUND EXAM		0419	12.6565	APC	$640.55			
43260	T	ENDO CHOLANGIOPANCREATOGRAPH		0151	24.7014	APC	$1,250.14			
43261	T	ENDO CHOLANGIOPANCREATOGRAPH		0151	24.7014	APC	$1,250.14			
43262	T	ENDO CHOLANGIOPANCREATOGRAPH		0151	24.7014	APC	$1,250.14			
43263	T	ENDO CHOLANGIOPANCREATOGRAPH		0151	24.7014	APC	$1,250.14			
43264	T	ENDO CHOLANGIOPANCREATOGRAPH		0151	24.7014	APC	$1,250.14			
43265	T	ENDO CHOLANGIOPANCREATOGRAPH		0151	24.7014	APC	$1,250.14			
43267	T	ENDO CHOLANGIOPANCREATOGRAPH		0151	24.7014	APC	$1,250.14			
43268	T	ENDO CHOLANGIOPANCREATOGRAPH		0384	29.2257	APC	$1,479.11			
43269	T	ENDO CHOLANGIOPANCREATOGRAPH		0384	29.2257	APC	$1,479.11			
43271	T	ENDO CHOLANGIOPANCREATOGRAPH		0151	24.7014	APC	$1,250.14			
43272	T	ENDO CHOLANGIOPANCREATOGRAPH		0151	24.7014	APC	$1,250.14			
43273	T	ENDOSCOPIC PANCREATOSCOPY		0151	24.7014	APC	$1,250.14			
43279	C	LAP MYOTOMY HELLER				Inpatient Only	$0.00			
43280	T	LAPAROSCOPY FUNDOPLASTY		0132	71.5531	APC	$3,621.30			
43281	T	LAP PARAESOPHAG HERN REPAIR		0132	71.5531	APC	$3,621.30			
43282	C	LAP PARAESOPH HER RPR W/MESH				Inpatient Only	$0.00			

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43283	C	LAP ESOPH LENGTHENING				Inpatient Only	$0.00			
43289	T	LAPAROSCOPE PROC ESOPH		0130	38.8880	APC	$1,968.12			
43300	C	REPAIR OF ESOPHAGUS				Inpatient Only	$0.00			
43305	C	REPAIR ESOPHAGUS AND FISTULA				Inpatient Only	$0.00			
43310	C	REPAIR OF ESOPHAGUS				Inpatient Only	$0.00			
43312	C	REPAIR ESOPHAGUS AND FISTULA				Inpatient Only	$0.00			
43313	C	ESOPHAGOPLASTY CONGENITAL				Inpatient Only	$0.00			
43314	C	TRACHEO-ESOPHAGOPLASTY CONG				Inpatient Only	$0.00			
43320	C	FUSE ESOPHAGUS & STOMACH				Inpatient Only	$0.00			
43325	C	REVISE ESOPHAGUS & STOMACH				Inpatient Only	$0.00			
43327	C	ESOPH FUNDOPLASTY LAP				Inpatient Only	$0.00			
43328	C	ESOPH FUNDOPLASTY THOR				Inpatient Only	$0.00			
43330	C	ESOPHAGOMYOTOMY ABDOMINAL				Inpatient Only	$0.00			
43331	C	ESOPHAGOMYOTOMY THORACIC				Inpatient Only	$0.00			
43332	C	TRANSAB ESOPH HIAT HERN RPR				Inpatient Only	$0.00			
43333	C	TRANSAB ESOPH HIAT HERN RPR				Inpatient Only	$0.00			
43334	C	TRANSTHOR DIAPHRAG HERN RPR				Inpatient Only	$0.00			
43335	C	TRANSTHOR DIAPHRAG HERN RPR				Inpatient Only	$0.00			
43336	C	THORABD DIAPHR HERN REPAIR				Inpatient Only	$0.00			
43337	C	THORABD DIAPHR HERN REPAIR				Inpatient Only	$0.00			
43338	C	ESOPH LENGTHENING				Inpatient Only	$0.00			
43340	C	FUSE ESOPHAGUS & INTESTINE				Inpatient Only	$0.00			
43341	C	FUSE ESOPHAGUS & INTESTINE				Inpatient Only	$0.00			
43350	C	SURGICAL OPENING ESOPHAGUS				Inpatient Only	$0.00			
43351	C	SURGICAL OPENING ESOPHAGUS				Inpatient Only	$0.00			
43352	C	SURGICAL OPENING ESOPHAGUS				Inpatient Only	$0.00			
43360	C	GASTROINTESTINAL REPAIR				Inpatient Only	$0.00			
43361	C	GASTROINTESTINAL REPAIR				Inpatient Only	$0.00			
43400	C	LIGATE ESOPHAGUS VEINS				Inpatient Only	$0.00			
43401	C	ESOPHAGUS SURGERY FOR VEINS				Inpatient Only	$0.00			
43405	C	LIGATE/STAPLE ESOPHAGUS				Inpatient Only	$0.00			
43410	C	REPAIR ESOPHAGUS WOUND				Inpatient Only	$0.00			
43415	C	REPAIR ESOPHAGUS WOUND				Inpatient Only	$0.00			
43420	T	REPAIR ESOPHAGUS OPENING		0254	24.9111	APC	$1,260.75			
43425	C	REPAIR ESOPHAGUS OPENING				Inpatient Only	$0.00			
43450	T	DILATE ESOPHAGUS		0140	6.5842	APC	$333.23			
43453	T	DILATE ESOPHAGUS		0140	6.5842	APC	$333.23			
43456	T	DILATE ESOPHAGUS		0140	6.5842	APC	$333.23			
43458	T	DILATE ESOPHAGUS		0419	12.6565	APC	$640.55			
43460	C	PRESSURE TREATMENT ESOPHAGUS				Inpatient Only	$0.00			
43496	C	FREE JEJUNUM FLAP MICROVASC				Inpatient Only	$0.00			
43499	T	ESOPHAGUS SURGERY PROCEDURE		0141	8.4514	APC	$427.73			
43500	C	SURGICAL OPENING OF STOMACH				Inpatient Only	$0.00			
43501	C	SURGICAL REPAIR OF STOMACH				Inpatient Only	$0.00			
43502	C	SURGICAL REPAIR OF STOMACH				Inpatient Only	$0.00			
43510	T	SURGICAL OPENING OF STOMACH		0141	8.4514	APC	$427.73			
43520	C	INCISION OF PYLORIC MUSCLE				Inpatient Only	$0.00			
43605	C	BIOPSY OF STOMACH				Inpatient Only	$0.00			
43610	C	EXCISION OF STOMACH LESION				Inpatient Only	$0.00			
43611	C	EXCISION OF STOMACH LESION				Inpatient Only	$0.00			
43620	C	REMOVAL OF STOMACH				Inpatient Only	$0.00			
43621	C	REMOVAL OF STOMACH				Inpatient Only	$0.00			
43622	C	REMOVAL OF STOMACH				Inpatient Only	$0.00			
43631	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	$0.00			
43632	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	$0.00			
43633	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	$0.00			

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43634	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	$0.00			
43635	C	REMOVAL OF STOMACH PARTIAL				Inpatient Only	$0.00			
43640	C	VAGOTOMY & PYLORUS REPAIR				Inpatient Only	$0.00			
43641	C	VAGOTOMY & PYLORUS REPAIR				Inpatient Only	$0.00			
43644	E	LAP GASTRIC BYPASS/ROUX-EN-Y				Not Allowed	$0.00			
43645	E	LAP GASTR BYPASS INCL SMLL I				Not Allowed	$0.00			
43647	S	LAP IMPL ELECTRODE ANTRUM		0061	88.8062	APC	$4,494.48			
43648	T	LAP REVISE/REMV ELTRD ANTRUM		0130	38.8880	APC	$1,968.12			
43651	T	LAPAROSCOPY VAGUS NERVE		0132	71.5531	APC	$3,621.30			
43652	T	LAPAROSCOPY VAGUS NERVE		0132	71.5531	APC	$3,621.30			
43653	T	LAPAROSCOPY GASTROSTOMY		0131	48.0079	APC	$2,429.68			
43659	T	LAPAROSCOPE PROC STOM		0130	38.8880	APC	$1,968.12			
43752	N	NASAL/OROGASTRIC W/STENT		0272	1.2599	ed, may be payable in some circumsta	$63.76			
43753	X	TX GASTRO INTUB W/ASP		0340	0.6525	APC	$33.02			
43754	X	DX GASTR INTUB W/ASP SPEC		0340	0.6525	APC	$33.02			
43755	S	DX GASTR INTUB W/ASP SPECS		0097	0.9348	APC	$47.31			
43756	X	DX DUOD INTUB W/ASP SPEC		0272	1.2599	APC	$63.76			
43757	X	DX DUOD INTUB W/ASP SPECS		0272	1.2599	APC	$63.76			
43760	T	CHANGE GASTROSTOMY TUBE		0676	2.3059	APC	$116.70			
43761	T	REPOSITION GASTROSTOMY TUBE		0141	8.4514	APC	$427.73			
43770	T	LAP PLACE GASTR ADJUST BAND		0131	48.0079	APC	$2,429.68			
43771	E	LAP REVISE ADJUST GAST BAND				Not Allowed	$0.00			
43772	E	LAP REMOVE ADJUST GAST BAND				Not Allowed	$0.00			
43773	E	LAP CHANGE ADJUST GAST BAND				Not Allowed	$0.00			
43774	E	LAP REMOV ADJ GAST BAND/PORT				Not Allowed	$0.00			
43775	E	LAP SLEEVE GASTRECTOMY				Not Allowed	$0.00			
43800	C	RECONSTRUCTION OF PYLORUS				Inpatient Only	$0.00			
43810	C	FUSION OF STOMACH AND BOWEL				Inpatient Only	$0.00			
43820	C	FUSION OF STOMACH AND BOWEL				Inpatient Only	$0.00			
43825	C	FUSION OF STOMACH AND BOWEL				Inpatient Only	$0.00			
43830	T	PLACE GASTROSTOMY TUBE		0422	25.9586	APC	$1,313.76			
43831	T	PLACE GASTROSTOMY TUBE		0141	8.4514	APC	$427.73			
43832	C	PLACE GASTROSTOMY TUBE				Inpatient Only	$0.00			
43840	C	REPAIR OF STOMACH LESION				Inpatient Only	$0.00			
43842	E	GASTROPLASTY FOR OBESITY				Not Allowed	$0.00			
43843	E	GASTROPLASTY FOR OBESITY				Not Allowed	$0.00			
43845	E	GASTROPLASTY DUODENAL SWITCH				Not Allowed	$0.00			
43846	E	GASTRIC BYPASS FOR OBESITY				Not Allowed	$0.00			
43847	E	GASTRIC BYPASS FOR OBESITY				Not Allowed	$0.00			
43848	E	REVISION GASTROPLASTY				Not Allowed	$0.00			
43850	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	$0.00			
43855	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	$0.00			
43860	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	$0.00			
43865	C	REVISE STOMACH-BOWEL FUSION				Inpatient Only	$0.00			
43870	T	REPAIR STOMACH OPENING		0422	25.9586	APC	$1,313.76			
43880	C	REPAIR STOMACH-BOWEL FISTULA				Inpatient Only	$0.00			
43881	C	IMPL/REDO ELECTRD ANTRUM				Inpatient Only	$0.00			
43882	C	REVISE/REMOVE ELECTRD ANTRUM				Inpatient Only	$0.00			
43886	E	REVISE GASTRIC PORT OPEN				Not Allowed	$0.00			
43887	E	REMOVE GASTRIC PORT OPEN				Not Allowed	$0.00			
43888	E	CHANGE GASTRIC PORT OPEN				Not Allowed	$0.00			
43999	T	STOMACH SURGERY PROCEDURE		0141	8.4514	APC	$427.73			
44005	C	FREEING OF BOWEL ADHESION				Inpatient Only	$0.00			
44010	C	INCISION OF SMALL BOWEL				Inpatient Only	$0.00			
44015	C	INSERT NEEDLE CATH BOWEL				Inpatient Only	$0.00			
44020	C	EXPLORE SMALL INTESTINE				Inpatient Only	$0.00			

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44021	C	DECOMPRESS SMALL BOWEL				Inpatient Only	$0.00			
44025	C	INCISION OF LARGE BOWEL				Inpatient Only	$0.00			
44050	C	REDUCE BOWEL OBSTRUCTION				Inpatient Only	$0.00			
44055	C	CORRECT MALROTATION OF BOWEL				Inpatient Only	$0.00			
44100	T	BIOPSY OF BOWEL		0419	12.6565	APC	$640.55			
44110	C	EXCISE INTESTINE LESION(S)				Inpatient Only	$0.00			
44111	C	EXCISION OF BOWEL LESION(S)				Inpatient Only	$0.00			
44120	C	REMOVAL OF SMALL INTESTINE				Inpatient Only	$0.00			
44121	C	REMOVAL OF SMALL INTESTINE				Inpatient Only	$0.00			
44125	C	REMOVAL OF SMALL INTESTINE				Inpatient Only	$0.00			
44126	C	ENTERECTOMY W/O TAPER CONG				Inpatient Only	$0.00			
44127	C	ENTERECTOMY W/TAPER CONG				Inpatient Only	$0.00			
44128	C	ENTERECTOMY CONG ADD-ON				Inpatient Only	$0.00			
44130	C	BOWEL TO BOWEL FUSION				Inpatient Only	$0.00			
44132	C	\NTERECTOMY CADAVER DONOR				Inpatient Only	$0.00			
44133	C	ENTERECTOMY LIVE DONOR				Inpatient Only	$0.00			
44135	C	INTESTINE TRANSPLNT CADAVER				Inpatient Only	$0.00			
44136	C	INTESTINE TRANSPLANT LIVE				Inpatient Only	$0.00			
44137	C	REMOVE INTESTINAL ALLOGRAFT				Inpatient Only	$0.00			
44139	C	MOBILIZATION OF COLON				Inpatient Only	$0.00			
44140	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			
44141	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			
44143	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			
44144	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			
44145	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			
44146	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			
44147	C	PARTIAL REMOVAL OF COLON				Inpatient Only	$0.00			
44150	C	REMOVAL OF COLON				Inpatient Only	$0.00			
44151	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only	$0.00			
44155	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only	$0.00			
44156	C	REMOVAL OF COLON/ILEOSTOMY				Inpatient Only	$0.00			
44157	C	COLECTOMY W/ILEOANAL ANAST				Inpatient Only	$0.00			
44158	C	COLECTOMY W/NEO-RECTUM POUCH				Inpatient Only	$0.00			
44160	C	REMOVAL OF COLON				Inpatient Only	$0.00			
44180	T	LAP ENTEROLYSIS		0131	48.0079	APC	$2,429.68			
44186	T	LAP JEJUNOSTOMY		0131	48.0079	APC	$2,429.68			
44187	C	LAP ILEO/JEJUNO-STOMY				Inpatient Only	$0.00			
44188	C	LAP COLOSTOMY				Inpatient Only	$0.00			
44202	C	LAP ENTERECTOMY				Inpatient Only	$0.00			
44203	C	LAP RESECT S/INTESTINE ADDL				Inpatient Only	$0.00			
44204	C	LAPARO PARTIAL COLECTOMY				Inpatient Only	$0.00			
44205	C	LAP COLECTOMY PART W/ILEUM				Inpatient Only	$0.00			
44206	T	LAP PART COLECTOMY W/STOMA		0132	71.5531	APC	$3,621.30			
44207	T	L COLECTOMY/COLOPROCTOSTOMY		0132	71.5531	APC	$3,621.30			
44208	T	L COLECTOMY/COLOPROCTOSTOMY		0132	71.5531	APC	$3,621.30			
44210	C	LAPARO TOTAL PROCTOCOLECTOMY				Inpatient Only	$0.00			
44211	C	LAPARO TOTAL PROCTOCOLECTOMY				Inpatient Only	$0.00			
44212	C	LAPARO TOTAL PROCTOCOLECTOMY				Inpatient Only	$0.00			
44213	T	LAP MOBIL SPLENIC FL ADD-ON		0130	38.8880	APC	$1,968.12			
44227	C	LAP CLOSE ENTEROSTOMY				Inpatient Only	$0.00			
44238	T	LAPAROSCOPE PROC INTESTINE		0130	38.8880	APC	$1,968.12			
44300	C	OPEN BOWEL TO SKIN				Inpatient Only	$0.00			
44310	C	ILEOSTOMY/JEJUNOSTOMY				Inpatient Only	$0.00			
44312	T	REVISION OF ILEOSTOMY		0137	21.3314	APC	$1,079.58			
44314	C	REVISION OF ILEOSTOMY				Inpatient Only	$0.00			
44316	C	DEVISE BOWEL POUCH				Inpatient Only	$0.00			

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44320	C	COLOSTOMY				Inpatient Only	$0.00			
44322	C	COLOSTOMY WITH BIOPSIES				Inpatient Only	$0.00			
44340	T	REVISION OF COLOSTOMY		0137	21.3314	APC	$1,079.58			
44345	C	REVISION OF COLOSTOMY				Inpatient Only	$0.00			
44346	C	REVISION OF COLOSTOMY				Inpatient Only	$0.00			
44360	T	SMALL BOWEL ENDOSCOPY		0142	10.3443	APC	$523.53			
44361	T	SMALL BOWEL ENDOSCOPY/BIOPSY		0142	10.3443	APC	$523.53			
44363	T	SMALL BOWEL ENDOSCOPY		0142	10.3443	APC	$523.53			
44364	T	SMALL BOWEL ENDOSCOPY		0424	15.7943	APC	$799.35			
44365	T	SMALL BOWEL ENDOSCOPY		0424	15.7943	APC	$799.35			
44366	T	SMALL BOWEL ENDOSCOPY		0424	15.7943	APC	$799.35			
44369	T	SMALL BOWEL ENDOSCOPY		0424	15.7943	APC	$799.35			
44370	T	SMALL BOWEL ENDOSCOPY/STENT		0384	29.2257	APC	$1,479.11			
44372	T	SMALL BOWEL ENDOSCOPY		0424	15.7943	APC	$799.35			
44373	T	SMALL BOWEL ENDOSCOPY		0424	15.7943	APC	$799.35			
44376	T	SMALL BOWEL ENDOSCOPY		0142	10.3443	APC	$523.53			
44377	T	SMALL BOWEL ENDOSCOPY/BIOPSY		0142	10.3443	APC	$523.53			
44378	T	SMALL BOWEL ENDOSCOPY		0424	15.7943	APC	$799.35			
44379	T	S BOWEL ENDOSCOPE W/STENT		0384	29.2257	APC	$1,479.11			
44380	T	SMALL BOWEL ENDOSCOPY		0142	10.3443	APC	$523.53			
44382	T	SMALL BOWEL ENDOSCOPY		0142	10.3443	APC	$523.53			
44383	T	ILEOSCOPY W/STENT		0384	29.2257	APC	$1,479.11			
44385	T	ENDOSCOPY OF BOWEL POUCH		0143	9.3677	APC	$474.10			
44386	T	ENDOSCOPY BOWEL POUCH/BIOP		0143	9.3677	APC	$474.10			
44388	T	COLONOSCOPY		0143	9.3677	APC	$474.10			
44389	T	COLONOSCOPY WITH BIOPSY		0143	9.3677	APC	$474.10			
44390	T	COLONOSCOPY FOR FOREIGN BODY		0143	9.3677	APC	$474.10			
44391	T	COLONOSCOPY FOR BLEEDING		0143	9.3677	APC	$474.10			
44392	T	COLONOSCOPY & POLYPECTOMY		0143	9.3677	APC	$474.10			
44393	T	COLONOSCOPY LESION REMOVAL		0143	9.3677	APC	$474.10			
44394	T	COLONOSCOPY W/SNARE		0143	9.3677	APC	$474.10			
44397	T	COLONOSCOPY W/STENT		0384	29.2257	APC	$1,479.11			
44500	T	INTRO GASTROINTESTINAL TUBE		0121	6.2131	APC	$314.44			
44602	C	SUTURE SMALL INTESTINE				Inpatient Only	$0.00			
44603	C	SUTURE SMALL INTESTINE				Inpatient Only	$0.00			
44604	C	SUTURE LARGE INTESTINE				Inpatient Only	$0.00			
44605	C	REPAIR OF BOWEL LESION				Inpatient Only	$0.00			
44615	C	INTESTINAL STRICTUROPLASTY				Inpatient Only	$0.00			
44620	C	REPAIR BOWEL OPENING				Inpatient Only	$0.00			
44625	C	REPAIR BOWEL OPENING				Inpatient Only	$0.00			
44626	C	REPAIR BOWEL OPENING				Inpatient Only	$0.00			
44640	C	REPAIR BOWEL-SKIN FISTULA				Inpatient Only	$0.00			
44650	C	REPAIR BOWEL FISTULA				Inpatient Only	$0.00			
44660	C	REPAIR BOWEL-BLADDER FISTULA				Inpatient Only	$0.00			
44661	C	REPAIR BOWEL-BLADDER FISTULA				Inpatient Only	$0.00			
44680	C	SURGICAL REVISION INTESTINE				Inpatient Only	$0.00			
44700	C	SUSPEND BOWEL W/PROSTHESIS				Inpatient Only	$0.00			
44701	N	INTRAOP COLON LAVAGE ADD-ON				Bundled	$0.00			
44715	C	PREPARE DONOR INTESTINE				Inpatient Only	$0.00			
44720	C	PREP DONOR INTESTINE/VENOUS				Inpatient Only	$0.00			
44721	C	PREP DONOR INTESTINE/ARTERY				Inpatient Only	$0.00			
44799	T	UNLISTED PROCEDURE INTESTINE		0153	27.4109	APC	$1,387.27			
44800	C	EXCISION OF BOWEL POUCH				Inpatient Only	$0.00			
44820	C	EXCISION OF MESENTERY LESION				Inpatient Only	$0.00			
44850	C	REPAIR OF MESENTERY				Inpatient Only	$0.00			
44899	C	BOWEL SURGERY PROCEDURE				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
44900	C	DRAIN APP ABSCESS OPEN				Inpatient Only	$0.00			
44901	T	DRAIN APP ABSCESS PERCUT		0037	15.3499	APC	$776.86			
44950	T	APPENDECTOMY		0153	27.4109	APC	$1,387.27			
44955	T	APPENDECTOMY ADD-ON		0153	27.4109	APC	$1,387.27			
44960	C	APPENDECTOMY				Inpatient Only	$0.00			
44970	T	LAPAROSCOPY APPENDECTOMY		0131	48.0079	APC	$2,429.68			
44979	T	LAPAROSCOPE PROC APP		0130	38.8880	APC	$1,968.12			
45000	T	DRAINAGE OF PELVIC ABSCESS		0149	24.4054	APC	$1,235.16			
45005	T	DRAINAGE OF RECTAL ABSCESS		0149	24.4054	APC	$1,235.16			
45020	T	DRAINAGE OF RECTAL ABSCESS		0155	15.4662	APC	$782.74			
45100	T	BIOPSY OF RECTUM		0149	24.4054	APC	$1,235.16			
45108	T	REMOVAL OF ANORECTAL LESION		0149	24.4054	APC	$1,235.16			
45110	C	REMOVAL OF RECTUM				Inpatient Only	$0.00			
45111	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only	$0.00			
45112	C	REMOVAL OF RECTUM				Inpatient Only	$0.00			
45113	C	PARTIAL PROCTECTOMY				Inpatient Only	$0.00			
45114	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only	$0.00			
45116	C	PARTIAL REMOVAL OF RECTUM				Inpatient Only	$0.00			
45119	C	REMOVE RECTUM W/RESERVOIR				Inpatient Only	$0.00			
45120	C	REMOVAL OF RECTUM				Inpatient Only	$0.00			
45121	C	REMOVAL OF RECTUM AND COLON				Inpatient Only	$0.00			
45123	C	PARTIAL PROCTECTOMY				Inpatient Only	$0.00			
45126	C	PELVIC EXENTERATION				Inpatient Only	$0.00			
45130	C	EXCISION OF RECTAL PROLAPSE				Inpatient Only	$0.00			
45135	C	EXCISION OF RECTAL PROLAPSE				Inpatient Only	$0.00			
45136	C	EXCISE ILEOANAL RESERVIOR				Inpatient Only	$0.00			
45150	T	EXCISION OF RECTAL STRICTURE		0149	24.4054	APC	$1,235.16			
45160	T	EXCISION OF RECTAL LESION		0149	24.4054	APC	$1,235.16			
45171	T	EXC RECT TUM TRANSANAL PART		0149	24.4054	APC	$1,235.16			
45172	T	EXC RECT TUM TRANSANAL FULL		0149	24.4054	APC	$1,235.16			
45190	T	DESTRUCTION RECTAL TUMOR		0149	24.4054	APC	$1,235.16			
45300	T	PROCTOSIGMOIDOSCOPY DX		0146	6.2297	APC	$315.29			
45303	T	PROCTOSIGMOIDOSCOPY DILATE		0147	11.0754	APC	$560.53			
45305	T	PROCTOSIGMOIDOSCOPY W/BX		0147	11.0754	APC	$560.53			
45307	T	PROCTOSIGMOIDOSCOPY FB		0428	23.7851	APC	$1,203.76			
45308	T	PROCTOSIGMOIDOSCOPY REMOVAL		0147	11.0754	APC	$560.53			
45309	T	PROCTOSIGMOIDOSCOPY REMOVAL		0147	11.0754	APC	$560.53			
45315	T	PROCTOSIGMOIDOSCOPY REMOVAL		0147	11.0754	APC	$560.53			
45317	T	PROCTOSIGMOIDOSCOPY BLEED		0147	11.0754	APC	$560.53			
45320	T	PROCTOSIGMOIDOSCOPY ABLATE		0428	23.7851	APC	$1,203.76			
45321	T	PROCTOSIGMOIDOSCOPY VOLVUL		0428	23.7851	APC	$1,203.76			
45327	T	PROCTOSIGMOIDOSCOPY W/STENT		0384	29.2257	APC	$1,479.11			
45330	T	DIAGNOSTIC SIGMOIDOSCOPY		0146	6.2297	APC	$315.29			
45331	T	SIGMOIDOSCOPY AND BIOPSY		0146	6.2297	APC	$315.29			
45332	T	SIGMOIDOSCOPY W/FB REMOVAL		0146	6.2297	APC	$315.29			
45333	T	SIGMOIDOSCOPY & POLYPECTOMY		0146	6.2297	APC	$315.29			
45334	T	SIGMOIDOSCOPY FOR BLEEDING		0147	11.0754	APC	$560.53			
45335	T	SIGMOIDOSCOPY W/SUBMUC INJ		0146	6.2297	APC	$315.29			
45337	T	SIGMOIDOSCOPY & DECOMPRESS		0146	6.2297	APC	$315.29			
45338	T	SIGMOIDOSCOPY W/TUMR REMOVE		0146	6.2297	APC	$315.29			
45339	T	SIGMOIDOSCOPY W/ABLATE TUMR		0147	11.0754	APC	$560.53			
45340	T	SIG W/BALLOON DILATION		0147	11.0754	APC	$560.53			
45341	T	SIGMOIDOSCOPY W/ULTRASOUND		0146	6.2297	APC	$315.29			
45342	T	SIGMOIDOSCOPY W/US GUIDE BX		0147	11.0754	APC	$560.53			
45345	T	SIGMOIDOSCOPY W/STENT		0384	29.2257	APC	$1,479.11			
45355	T	SURGICAL COLONOSCOPY		0143	9.3677	APC	$474.10			

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45378	T	DIAGNOSTIC COLONOSCOPY		0143	9.3677	APC	$474.10			
45379	T	COLONOSCOPY W/FB REMOVAL		0143	9.3677	APC	$474.10			
45380	T	COLONOSCOPY AND BIOPSY		0143	9.3677	APC	$474.10			
45381	T	COLONOSCOPY SUBMUCOUS INJ		0143	9.3677	APC	$474.10			
45382	T	COLONOSCOPY/CONTROL BLEEDING		0143	9.3677	APC	$474.10			
45383	T	LESION REMOVAL COLONOSCOPY		0143	9.3677	APC	$474.10			
45384	T	LESION REMOVE COLONOSCOPY		0143	9.3677	APC	$474.10			
45385	T	LESION REMOVAL COLONOSCOPY		0143	9.3677	APC	$474.10			
45386	T	COLONOSCOPY DILATE STRICTURE		0143	9.3677	APC	$474.10			
45387	T	COLONOSCOPY W/STENT		0384	29.2257	APC	$1,479.11			
45391	T	COLONOSCOPY W/ENDOSCOPE US		0143	9.3677	APC	$474.10			
45392	T	COLONOSCOPY W/ENDOSCOPIC FNB		0143	9.3677	APC	$474.10			
45395	C	LAP REMOVAL OF RECTUM				Inpatient Only	$0.00			
45397	C	LAP REMOVE RECTUM W/POUCH				Inpatient Only	$0.00			
45400	C	LAPAROSCOPIC PROCTOPEXY				Inpatient Only	$0.00			
45402	C	LAP PROCTOPEXY W/SIG RESECT				Inpatient Only	$0.00			
45499	T	LAPAROSCOPE PROC RECTUM		0130	38.8880	APC	$1,968.12			
45500	T	REPAIR OF RECTUM		0149	24.4054	APC	$1,235.16			
45505	T	REPAIR OF RECTUM		0150	32.9746	APC	$1,668.84			
45520	T	TREATMENT OF RECTAL PROLAPSE		0015	1.4989	APC	$75.86			
45540	C	CORRECT RECTAL PROLAPSE				Inpatient Only	$0.00			
45541	T	CORRECT RECTAL PROLAPSE		0150	32.9746	APC	$1,668.84			
45550	C	REPAIR RECTUM/REMOVE SIGMOID				Inpatient Only	$0.00			
45560	T	REPAIR OF RECTOCELE		0150	32.9746	APC	$1,668.84			
45562	C	EXPLORATION/REPAIR OF RECTUM				Inpatient Only	$0.00			
45563	C	EXPLORATION/REPAIR OF RECTUM				Inpatient Only	$0.00			
45800	C	REPAIR RECT/BLADDER FISTULA				Inpatient Only	$0.00			
45805	C	REPAIR FISTULA W/COLOSTOMY				Inpatient Only	$0.00			
45820	C	REPAIR RECTOURETHRAL FISTULA				Inpatient Only	$0.00			
45825	C	REPAIR FISTULA W/COLOSTOMY				Inpatient Only	$0.00			
45900	T	REDUCTION OF RECTAL PROLAPSE		0148	5.5610	APC	$281.44			
45905	T	DILATION OF ANAL SPHINCTER		0149	24.4054	APC	$1,235.16			
45910	T	DILATION OF RECTAL NARROWING		0149	24.4054	APC	$1,235.16			
45915	T	REMOVE RECTAL OBSTRUCTION		0155	15.4662	APC	$782.74			
45990	T	SURG DX EXAM ANORECTAL		0149	24.4054	APC	$1,235.16			
45999	T	RECTUM SURGERY PROCEDURE		0148	5.5610	APC	$281.44			
46020	T	PLACEMENT OF SETON		0149	24.4054	APC	$1,235.16			
46030	T	REMOVAL OF RECTAL MARKER		0148	5.5610	APC	$281.44			
46040	T	INCISION OF RECTAL ABSCESS		0149	24.4054	APC	$1,235.16			
46045	T	INCISION OF RECTAL ABSCESS		0149	24.4054	APC	$1,235.16			
46050	T	INCISION OF ANAL ABSCESS		0148	5.5610	APC	$281.44			
46060	T	INCISION OF RECTAL ABSCESS		0149	24.4054	APC	$1,235.16			
46070	T	INCISION OF ANAL SEPTUM		0155	15.4662	APC	$782.74			
46080	T	INCISION OF ANAL SPHINCTER		0149	24.4054	APC	$1,235.16			
46083	T	INCISE EXTERNAL HEMORRHOID		0164	1.9495	APC	$98.66			
46200	T	REMOVAL OF ANAL FISSURE		0149	24.4054	APC	$1,235.16			
46220	T	REMOVAL OF ANAL TAG		0155	15.4662	APC	$782.74			
46221	T	LIGATION OF HEMORRHOID(S)		0148	5.5610	APC	$281.44			
46230	T	REMOVAL OF ANAL TAGS		0149	24.4054	APC	$1,235.16			
46250	T	REMOVE EXT HEM GROUPS 2+		0149	24.4054	APC	$1,235.16			
46255	T	HEMORRHOIDECTOMY		0149	24.4054	APC	$1,235.16			
46257	T	REMOVE IN/EX HEM GRP & FISS		0149	24.4054	APC	$1,235.16			
46258	T	REMOVE HEMORRHOIDS & FISTULA		0149	24.4054	APC	$1,235.16			
46260	T	REMOVE IN/EX HEM GROUPS 2+		0149	24.4054	APC	$1,235.16			
46261	T	REMOVE IN/EX HEM GRPS & FISS		0149	24.4054	APC	$1,235.16			
46262	T	REMOVE HEMORRHOIDS & FISTULA		0149	24.4054	APC	$1,235.16			

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46270	T	REMOVE ANAL FIST SUBQ		0149	24.4054	APC	$1,235.16			
46275	T	REMOVAL OF ANAL FISTULA		0149	24.4054	APC	$1,235.16			
46280	T	REMOVAL OF ANAL FISTULA		0149	24.4054	APC	$1,235.16			
46285	T	REMOVE ANAL FIST 2 STAGE		0149	24.4054	APC	$1,235.16			
46288	T	REPAIR ANAL FISTULA		0149	24.4054	APC	$1,235.16			
46320	T	REMOVAL OF HEMORRHOID CLOT		0149	24.4054	APC	$1,235.16			
46500	T	INJECTION INTO HEMORRHOID(S)		0148	5.5610	APC	$281.44			
46505	T	CHEMODENERVATION ANAL MUSC		0149	24.4054	APC	$1,235.16			
46600	X	DIAGNOSTIC ANOSCOPY		0340	0.6525	APC	$33.02			
46604	T	ANOSCOPY AND DILATION		0147	11.0754	APC	$560.53			
46606	T	ANOSCOPY AND BIOPSY		0146	6.2297	APC	$315.29			
46608	T	ANOSCOPY REMOVE FOR BODY		0146	6.2297	APC	$315.29			
46610	T	ANOSCOPY REMOVE LESION		0428	23.7851	APC	$1,203.76			
46611	T	ANOSCOPY		0147	11.0754	APC	$560.53			
46612	T	ANOSCOPY REMOVE LESIONS		0428	23.7851	APC	$1,203.76			
46614	T	ANOSCOPY CONTROL BLEEDING		0146	6.2297	APC	$315.29			
46615	T	ANOSCOPY		0428	23.7851	APC	$1,203.76			
46700	T	REPAIR OF ANAL STRICTURE		0149	24.4054	APC	$1,235.16			
46705	C	REPAIR OF ANAL STRICTURE				Inpatient Only	$0.00			
46706	T	REPR OF ANAL FISTULA W/GLUE		0150	32.9746	APC	$1,668.84			
46707	T	REPAIR ANORECTAL FIST W/PLUG		0150	32.9746	APC	$1,668.84			
46710	C	REPR PER/VAG POUCH SNGL PROC				Inpatient Only	$0.00			
46712	C	REPR PER/VAG POUCH DBL PROC				Inpatient Only	$0.00			
46715	C	REPAIR OF ANOVAGINAL FISTULA				Inpatient Only	$0.00			
46716	C	REPAIR OF ANOVAGINAL FISTULA				Inpatient Only	$0.00			
46730	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only	$0.00			
46735	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only	$0.00			
46740	C	CONSTRUCTION OF ABSENT ANUS				Inpatient Only	$0.00			
46742	C	REPAIR OF IMPERFORATED ANUS				Inpatient Only	$0.00			
46744	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only	$0.00			
46746	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only	$0.00			
46748	C	REPAIR OF CLOACAL ANOMALY				Inpatient Only	$0.00			
46750	T	REPAIR OF ANAL SPHINCTER		0150	32.9746	APC	$1,668.84			
46751	C	REPAIR OF ANAL SPHINCTER				Inpatient Only	$0.00			
46753	T	RECONSTRUCTION OF ANUS		0149	24.4054	APC	$1,235.16			
46754	T	REMOVAL OF SUTURE FROM ANUS		0149	24.4054	APC	$1,235.16			
46760	T	REPAIR OF ANAL SPHINCTER		0150	32.9746	APC	$1,668.84			
46761	T	REPAIR OF ANAL SPHINCTER		0150	32.9746	APC	$1,668.84			
46762	T	IMPLANT ARTIFICIAL SPHINCTER		0150	32.9746	APC	$1,668.84			
46900	T	DESTRUCTION ANAL LESION(S)		0016	2.7592	APC	$139.64			
46910	T	DESTRUCTION ANAL LESION(S)		0017	21.6661	APC	$1,096.52			
46916	T	CRYOSURGERY ANAL LESION(S)		0015	1.4989	APC	$75.86			
46917	T	LASER SURGERY ANAL LESIONS		0017	21.6661	APC	$1,096.52			
46922	T	EXCISION OF ANAL LESION(S)		0017	21.6661	APC	$1,096.52			
46924	T	DESTRUCTION ANAL LESION(S)		0017	21.6661	APC	$1,096.52			
46930	T	DESTROY INTERNAL HEMORRHOIDS		0148	5.5610	APC	$281.44			
46940	T	TREATMENT OF ANAL FISSURE		0149	24.4054	APC	$1,235.16			
46942	T	TREATMENT OF ANAL FISSURE		0148	5.5610	APC	$281.44			
46945	T	LIGATION OF HEMORRHOIDS		0149	24.4054	APC	$1,235.16			
46946	T	LIGATION OF HEMORRHOIDS		0149	24.4054	APC	$1,235.16			
46947	T	HEMORRHOIDOPEXY BY STAPLING		0150	32.9746	APC	$1,668.84			
46999	T	ANUS SURGERY PROCEDURE		0148	5.5610	APC	$281.44			
47000	T	NEEDLE BIOPSY OF LIVER		0685	9.6734	APC	$489.57			
47001	N	NEEDLE BIOPSY LIVER ADD-ON				Bundled	$0.00			
47010	C	OPEN DRAINAGE LIVER LESION				Inpatient Only	$0.00			
47011	T	PERCUT DRAIN LIVER LESION		0037	15.3499	APC	$776.86			

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47015	C	INJECT/ASPIRATE LIVER CYST				Inpatient Only	$0.00			
47100	C	WEDGE BIOPSY OF LIVER				Inpatient Only	$0.00			
47120	C	PARTIAL REMOVAL OF LIVER				Inpatient Only	$0.00			
47122	C	EXTENSIVE REMOVAL OF LIVER				Inpatient Only	$0.00			
47125	C	PARTIAL REMOVAL OF LIVER				Inpatient Only	$0.00			
47130	C	PARTIAL REMOVAL OF LIVER				Inpatient Only	$0.00			
47133	C	REMOVAL OF DONOR LIVER				Inpatient Only	$0.00			
47135	C	TRANSPLANTATION OF LIVER				Inpatient Only	$0.00			
47136	C	TRANSPLANTATION OF LIVER				Inpatient Only	$0.00			
47140	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only	$0.00			
47141	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only	$0.00			
47142	C	PARTIAL REMOVAL DONOR LIVER				Inpatient Only	$0.00			
47143	C	PREP DONOR LIVER WHOLE				Inpatient Only	$0.00			
47144	C	PREP DONOR LIVER 3-SEGMENT				Inpatient Only	$0.00			
47145	C	PREP DONOR LIVER LOBE SPLIT				Inpatient Only	$0.00			
47146	C	PREP DONOR LIVER/VENOUS				Inpatient Only	$0.00			
47147	C	PREP DONOR LIVER/ARTERIAL				Inpatient Only	$0.00			
47300	C	SURGERY FOR LIVER LESION				Inpatient Only	$0.00			
47350	C	REPAIR LIVER WOUND				Inpatient Only	$0.00			
47360	C	REPAIR LIVER WOUND				Inpatient Only	$0.00			
47361	C	REPAIR LIVER WOUND				Inpatient Only	$0.00			
47362	C	REPAIR LIVER WOUND				Inpatient Only	$0.00			
47370	T	LAPARO ABLATE LIVER TUMOR RF		0174	109.7169	APC	$5,552.77			
47371	T	LAPARO ABLATE LIVER CRYOSURG		0174	109.7169	APC	$5,552.77			
47379	T	LAPAROSCOPE PROCEDURE LIVER		0130	38.8880	APC	$1,968.12			
47380	C	OPEN ABLATE LIVER TUMOR RF				Inpatient Only	$0.00			
47381	C	OPEN ABLATE LIVER TUMOR CRYO				Inpatient Only	$0.00			
47382	T	PERCUT ABLATE LIVER RF		0423	58.4617	APC	$2,958.75			
47399	T	LIVER SURGERY PROCEDURE		0004	4.5746	APC	$231.52			
47400	C	INCISION OF LIVER DUCT				Inpatient Only	$0.00			
47420	C	INCISION OF BILE DUCT				Inpatient Only	$0.00			
47425	C	INCISION OF BILE DUCT				Inpatient Only	$0.00			
47460	C	INCISE BILE DUCT SPHINCTER				Inpatient Only	$0.00			
47480	C	INCISION OF GALLBLADDER				Inpatient Only	$0.00			
47490	T	INCISION OF GALLBLADDER		0152	29.1698	APC	$1,476.28			
47500	N	INJECTION FOR LIVER X-RAYS				Bundled	$0.00			
47505	N	INJECTION FOR LIVER X-RAYS				Bundled	$0.00			
47510	T	INSERT CATHETER BILE DUCT		0152	29.1698	APC	$1,476.28			
47511	T	INSERT BILE DUCT DRAIN		0152	29.1698	APC	$1,476.28			
47525	T	CHANGE BILE DUCT CATHETER		0427	16.2548	APC	$822.66			
47530	T	REVISE/REINSERT BILE TUBE		0427	16.2548	APC	$822.66			
47550	C	BILE DUCT ENDOSCOPY ADD-ON				Inpatient Only	$0.00			
47552	T	BILIARY ENDOSCOPY THRU SKIN		0152	29.1698	APC	$1,476.28			
47553	T	BILIARY ENDOSCOPY THRU SKIN		0152	29.1698	APC	$1,476.28			
47554	T	BILIARY ENDOSCOPY THRU SKIN		0152	29.1698	APC	$1,476.28			
47555	T	BILIARY ENDOSCOPY THRU SKIN		0152	29.1698	APC	$1,476.28			
47556	T	BILIARY ENDOSCOPY THRU SKIN		0423	58.4617	APC	$2,958.75			
47560	T	LAPAROSCOPY W/CHOLANGIO		0130	38.8880	APC	$1,968.12			
47561	T	LAPARO W/CHOLANGIO/BIOPSY		0130	38.8880	APC	$1,968.12			
47562	T	LAPAROSCOPIC CHOLECYSTECTOMY		0131	48.0079	APC	$2,429.68			
47563	T	LAPARO CHOLECYSTECTOMY/GRAPH		0131	48.0079	APC	$2,429.68			
47564	T	LAPARO CHOLECYSTECTOMY/EXPLR		0131	48.0079	APC	$2,429.68			
47570	C	LAPARO CHOLECYSTOENTEROSTOMY				Inpatient Only	$0.00			
47579	T	LAPAROSCOPE PROC BILIARY		0130	38.8880	APC	$1,968.12			
47600	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			
47605	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
47610	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			
47612	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			
47620	C	REMOVAL OF GALLBLADDER				Inpatient Only	$0.00			
47630	T	REMOVE BILE DUCT STONE		0152	29.1698	APC	$1,476.28			
47700	C	EXPLORATION OF BILE DUCTS				Inpatient Only	$0.00			
47701	C	BILE DUCT REVISION				Inpatient Only	$0.00			
47711	C	EXCISION OF BILE DUCT TUMOR				Inpatient Only	$0.00			
47712	C	EXCISION OF BILE DUCT TUMOR				Inpatient Only	$0.00			
47715	C	EXCISION OF BILE DUCT CYST				Inpatient Only	$0.00			
47720	C	FUSE GALLBLADDER & BOWEL				Inpatient Only	$0.00			
47721	C	FUSE UPPER GI STRUCTURES				Inpatient Only	$0.00			
47740	C	FUSE GALLBLADDER & BOWEL				Inpatient Only	$0.00			
47741	C	FUSE GALLBLADDER & BOWEL				Inpatient Only	$0.00			
47760	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only	$0.00			
47765	C	FUSE LIVER DUCTS & BOWEL				Inpatient Only	$0.00			
47780	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only	$0.00			
47785	C	FUSE BILE DUCTS AND BOWEL				Inpatient Only	$0.00			
47800	C	RECONSTRUCTION OF BILE DUCTS				Inpatient Only	$0.00			
47801	C	PLACEMENT BILE DUCT SUPPORT				Inpatient Only	$0.00			
47802	C	FUSE LIVER DUCT & INTESTINE				Inpatient Only	$0.00			
47900	C	SUTURE BILE DUCT INJURY				Inpatient Only	$0.00			
47999	T	BILE TRACT SURGERY PROCEDURE		0152	29.1698	APC	$1,476.28			
48000	C	DRAINAGE OF ABDOMEN				Inpatient Only	$0.00			
48001	C	PLACEMENT OF DRAIN PANCREAS				Inpatient Only	$0.00			
48020	C	REMOVAL OF PANCREATIC STONE				Inpatient Only	$0.00			
48100	C	BIOPSY OF PANCREAS OPEN				Inpatient Only	$0.00			
48102	T	NEEDLE BIOPSY PANCREAS		0685	9.6734	APC	$489.57			
48105	C	RESECT/DEBRIDE PANCREAS				Inpatient Only	$0.00			
48120	C	REMOVAL OF PANCREAS LESION				Inpatient Only	$0.00			
48140	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only	$0.00			
48145	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only	$0.00			
48146	C	PANCREATECTOMY				Inpatient Only	$0.00			
48148	C	REMOVAL OF PANCREATIC DUCT				Inpatient Only	$0.00			
48150	C	PARTIAL REMOVAL OF PANCREAS				Inpatient Only	$0.00			
48152	C	PANCREATECTOMY				Inpatient Only	$0.00			
48153	C	PANCREATECTOMY				Inpatient Only	$0.00			
48154	C	PANCREATECTOMY				Inpatient Only	$0.00			
48155	C	REMOVAL OF PANCREAS				Inpatient Only	$0.00			
48160	E	PANCREAS REMOVAL/TRANSPLANT				Not Allowed	$0.00			
48400	C	INJECTION INTRAOP ADD-ON				Inpatient Only	$0.00			
48500	C	SURGERY OF PANCREATIC CYST				Inpatient Only	$0.00			
48510	C	DRAIN PANCREATIC PSEUDOCYST				Inpatient Only	$0.00			
48511	T	DRAIN PANCREATIC PSEUDOCYST		0037	15.3499	APC	$776.86			
48520	C	FUSE PANCREAS CYST AND BOWEL				Inpatient Only	$0.00			
48540	C	FUSE PANCREAS CYST AND BOWEL				Inpatient Only	$0.00			
48545	C	PANCREATORRHAPHY				Inpatient Only	$0.00			
48547	C	DUODENAL EXCLUSION				Inpatient Only	$0.00			
48548	C	FUSE PANCREAS AND BOWEL				Inpatient Only	$0.00			
48550	E	DONOR PANCREATECTOMY				Not Allowed	$0.00			
48551	C	PREP DONOR PANCREAS				Inpatient Only	$0.00			
48552	C	PREP DONOR PANCREAS/VENOUS				Inpatient Only	$0.00			
48554	C	TRANSPL ALLOGRAFT PANCREAS				Inpatient Only	$0.00			
48556	C	REMOVAL ALLOGRAFT PANCREAS				Inpatient Only	$0.00			
48999	T	PANCREAS SURGERY PROCEDURE		0004	4.5746	APC	$231.52			
49000	C	EXPLORATION OF ABDOMEN				Inpatient Only	$0.00			
49002	C	REOPENING OF ABDOMEN				Inpatient Only	$0.00			

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49010	C	EXPLORATION BEHIND ABDOMEN				Inpatient Only	$0.00			
49020	C	DRAIN ABDOMINAL ABSCESS				Inpatient Only	$0.00			
49021	T	DRAIN ABDOMINAL ABSCESS		0037	15.3499	APC	$776.86			
49040	C	DRAIN OPEN ABDOM ABSCESS				Inpatient Only	$0.00			
49041	T	DRAIN PERCUT ABDOM ABSCESS		0037	15.3499	APC	$776.86			
49060	C	DRAIN OPEN RETROP ABSCESS				Inpatient Only	$0.00			
49061	T	DRAIN PERCUT RETROPER ABSC		0037	15.3499	APC	$776.86			
49062	C	DRAIN TO PERITONEAL CAVITY				Inpatient Only	$0.00			
49082	T	ABD PARACENTESIS		0070	5.5079	APC	$278.75			
49083	T	ABD PARACENTESIS W/IMAGING		0070	5.5079	APC	$278.75			
49084	T	PERITONEAL LAVAGE		0070	5.5079	APC	$278.75			
49180	T	BIOPSY ABDOMINAL MASS		0685	9.6734	APC	$489.57			
49203	C	EXC ABD TUM 5 CM OR LESS				Inpatient Only	$0.00			
49204	C	EXC ABD TUM OVER 5 CM				Inpatient Only	$0.00			
49205	C	EXC ABD TUM OVER 10 CM				Inpatient Only	$0.00			
49215	C	EXCISE SACRAL SPINE TUMOR				Inpatient Only	$0.00			
49220	C	MULTIPLE SURGERY ABDOMEN				Inpatient Only	$0.00			
49250	T	EXCISION OF UMBILICUS		0153	27.4109	APC	$1,387.27			
49255	C	REMOVAL OF OMENTUM				Inpatient Only	$0.00			
49320	T	DIAG LAPARO SEPARATE PROC		0130	38.8880	APC	$1,968.12			
49321	T	LAPAROSCOPY BIOPSY		0130	38.8880	APC	$1,968.12			
49322	T	LAPAROSCOPY ASPIRATION		0130	38.8880	APC	$1,968.12			
49323	T	LAPARO DRAIN LYMPHOCELE		0130	38.8880	APC	$1,968.12			
49324	T	LAP INSERT TUNNEL IP CATH		0130	38.8880	APC	$1,968.12			
49325	T	LAP REVISION PERM IP CATH		0130	38.8880	APC	$1,968.12			
49326	T	LAP W/OMENTOPEXY ADD-ON		0130	38.8880	APC	$1,968.12			
49327	T	LAP INS DEVICE FOR RT		0130	38.8880	APC	$1,968.12			
49329	T	LAPARO PROC ABDM/PER/OMENT		0130	38.8880	APC	$1,968.12			
49400	N	AIR INJECTION INTO ABDOMEN				Bundled	$0.00			
49402	T	REMOVE FOREIGN BODY ADBOMEN		0153	27.4109	APC	$1,387.27			
49411	X	INS MARK ABD/PEL FOR RT PERQ		0310	13.6309	APC	$689.86			
49412	C	INS DEVICE FOR RT GUIDE OPEN				Inpatient Only	$0.00			
49418	T	INSERT TUN IP CATH PERC		0652	30.7965	APC	$1,558.61			
49419	T	INSERT TUN IP CATH W/PORT		0115	37.3584	APC	$1,890.71			
49421	T	INS TUN IP CATH FOR DIAL OPN		0652	30.7965	APC	$1,558.61			
49422	T	REMOVE TUNNELED IP CATH		0105	22.7903	APC	$1,153.42			
49423	T	EXCHANGE DRAINAGE CATHETER		0427	16.2548	APC	$822.66			
49424	N	ASSESS CYST CONTRAST INJECT				Bundled	$0.00			
49425	C	INSERT ABDOMEN-VENOUS DRAIN				Inpatient Only	$0.00			
49426	T	REVISE ABDOMEN-VENOUS SHUNT		0153	27.4109	APC	$1,387.27			
49427	N	INJECTION ABDOMINAL SHUNT				Bundled	$0.00			
49428	C	LIGATION OF SHUNT				Inpatient Only	$0.00			
49429	T	REMOVAL OF SHUNT		0105	22.7903	APC	$1,153.42			
49435	T	INSERT SUBQ EXTEN TO IP CATH		0427	16.2548	APC	$822.66			
49436	T	EMBEDDED IP CATH EXIT-SITE		0427	16.2548	APC	$822.66			
49440	T	PLACE GASTROSTOMY TUBE PERC		0419	12.6565	APC	$640.55			
49441	T	PLACE DUOD/JEJ TUBE PERC		0419	12.6565	APC	$640.55			
49442	T	PLACE CECOSTOMY TUBE PERC		0149	24.4054	APC	$1,235.16			
49446	T	CHANGE G-TUBE TO G-J PERC		0419	12.6565	APC	$640.55			
49450	T	REPLACE G/C TUBE PERC		0121	6.2131	APC	$314.44			
49451	T	REPLACE DUOD/JEJ TUBE PERC		0121	6.2131	APC	$314.44			
49452	T	REPLACE G-J TUBE PERC		0121	6.2131	APC	$314.44			
49460	T	FIX G/COLON TUBE W/DEVICE		0121	6.2131	APC	$314.44			
49465	N	FLUORO EXAM OF G/COLON TUBE		0277	2.0329	ed, may be payable in some circumst	$102.89			
49491	T	RPR HERN PREEMIE REDUC		0154	32.9296	APC	$1,666.57			
49492	T	RPR ING HERN PREMIE BLOCKED		0154	32.9296	APC	$1,666.57			

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49495	T	RPR ING HERNIA BABY REDUC		0154	32.9296	APC	$1,666.57			
49496	T	RPR ING HERNIA BABY BLOCKED		0154	32.9296	APC	$1,666.57			
49500	T	RPR ING HERNIA INIT REDUCE		0154	32.9296	APC	$1,666.57			
49501	T	RPR ING HERNIA INIT BLOCKED		0154	32.9296	APC	$1,666.57			
49505	T	PRP I/HERN INIT REDUC>5 YR		0154	32.9296	APC	$1,666.57			
49507	T	PRP I/HERN INIT BLOCK>5 YR		0154	32.9296	APC	$1,666.57			
49520	T	REREPAIR ING HERNIA REDUCE		0154	32.9296	APC	$1,666.57			
49521	T	REREPAIR ING HERNIA BLOCKED		0154	32.9296	APC	$1,666.57			
49525	T	REPAIR ING HERNIA SLIDING		0154	32.9296	APC	$1,666.57			
49540	T	REPAIR LUMBAR HERNIA		0154	32.9296	APC	$1,666.57			
49550	T	RPR REM HERNIA INIT REDUCE		0154	32.9296	APC	$1,666.57			
49553	T	RPR FEM HERNIA INIT BLOCKED		0154	32.9296	APC	$1,666.57			
49555	T	REREPAIR FEM HERNIA REDUCE		0154	32.9296	APC	$1,666.57			
49557	T	REREPAIR FEM HERNIA BLOCKED		0154	32.9296	APC	$1,666.57			
49560	T	RPR VENTRAL HERN INIT REDUC		0154	32.9296	APC	$1,666.57			
49561	T	RPR VENTRAL HERN INIT BLOCK		0154	32.9296	APC	$1,666.57			
49565	T	REREPAIR VENTRL HERN REDUCE		0154	32.9296	APC	$1,666.57			
49566	T	REREPAIR VENTRL HERN BLOCK		0154	32.9296	APC	$1,666.57			
49568	T	HERNIA REPAIR W/MESH		0154	32.9296	APC	$1,666.57			
49570	T	RPR EPIGASTRIC HERN REDUCE		0154	32.9296	APC	$1,666.57			
49572	T	RPR EPIGASTRIC HERN BLOCKED		0154	32.9296	APC	$1,666.57			
49580	T	RPR UMBIL HERN REDUC < 5 YR		0154	32.9296	APC	$1,666.57			
49582	T	RPR UMBIL HERN BLOCK < 5 YR		0154	32.9296	APC	$1,666.57			
49585	T	RPR UMBIL HERN REDUC > 5 YR		0154	32.9296	APC	$1,666.57			
49587	T	RPR UMBIL HERN BLOCK > 5 YR		0154	32.9296	APC	$1,666.57			
49590	T	REPAIR SPIGELIAN HERNIA		0154	32.9296	APC	$1,666.57			
49600	T	REPAIR UMBILICAL LESION		0154	32.9296	APC	$1,666.57			
49605	C	REPAIR UMBILICAL LESION				Inpatient Only	$0.00			
49606	C	REPAIR UMBILICAL LESION				Inpatient Only	$0.00			
49610	C	REPAIR UMBILICAL LESION				Inpatient Only	$0.00			
49611	C	REPAIR UMBILICAL LESION				Inpatient Only	$0.00			
49650	T	LAPARO HERNIA REPAIR INITIAL		0131	48.0079	APC	$2,429.68			
49651	T	LAPARO HERNIA REPAIR RECUR		0131	48.0079	APC	$2,429.68			
49652	T	LAP VENT/ABD HERNIA REPAIR		0132	71.5531	APC	$3,621.30			
49653	T	LAP VENT/ABD HERN PROC COMP		0132	71.5531	APC	$3,621.30			
49654	T	LAP INC HERNIA REPAIR		0132	71.5531	APC	$3,621.30			
49655	T	LAP INC HERN REPAIR COMP		0132	71.5531	APC	$3,621.30			
49656	T	LAP INC HERNIA REPAIR RECUR		0132	71.5531	APC	$3,621.30			
49657	T	LAP INC HERN RECUR COMP		0132	71.5531	APC	$3,621.30			
49659	T	LAPARO PROC HERNIA REPAIR		0130	38.8880	APC	$1,968.12			
49900	C	REPAIR OF ABDOMINAL WALL				Inpatient Only	$0.00			
49904	C	OMENTAL FLAP EXTRA-ABDOM				Inpatient Only	$0.00			
49905	C	OMENTAL FLAP INTRA-ABDOM				Inpatient Only	$0.00			
49906	C	FREE OMENTAL FLAP MICROVASC				Inpatient Only	$0.00			
49999	T	ABDOMEN SURGERY PROCEDURE		0153	27.4109	APC	$1,387.27			
50010	C	EXPLORATION OF KIDNEY				Inpatient Only	$0.00			
50020	T	RENAL ABSCESS OPEN DRAIN		0162	26.2784	APC	$1,329.95			
50021	T	RENAL ABSCESS PERCUT DRAIN		0037	15.3499	APC	$776.86			
50040	C	DRAINAGE OF KIDNEY				Inpatient Only	$0.00			
50045	C	EXPLORATION OF KIDNEY				Inpatient Only	$0.00			
50060	C	REMOVAL OF KIDNEY STONE				Inpatient Only	$0.00			
50065	C	INCISION OF KIDNEY				Inpatient Only	$0.00			
50070	C	INCISION OF KIDNEY				Inpatient Only	$0.00			
50075	C	REMOVAL OF KIDNEY STONE				Inpatient Only	$0.00			
50080	T	REMOVAL OF KIDNEY STONE		0429	45.8064	APC	$2,318.26			
50081	T	REMOVAL OF KIDNEY STONE		0429	45.8064	APC	$2,318.26			

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50100	C	REVISE KIDNEY BLOOD VESSELS				Inpatient Only	$0.00			
50120	C	EXPLORATION OF KIDNEY				Inpatient Only	$0.00			
50125	C	EXPLORE AND DRAIN KIDNEY				Inpatient Only	$0.00			
50130	C	REMOVAL OF KIDNEY STONE				Inpatient Only	$0.00			
50135	C	EXPLORATION OF KIDNEY				Inpatient Only	$0.00			
50200	T	BIOPSY OF KIDNEY		0685	9.6734	APC	$489.57			
50205	C	RENAL BIOPSY OPEN				Inpatient Only	$0.00			
50220	C	REMOVE KIDNEY OPEN				Inpatient Only	$0.00			
50225	C	REMOVAL KIDNEY OPEN COMPLEX				Inpatient Only	$0.00			
50230	C	REMOVAL KIDNEY OPEN RADICAL				Inpatient Only	$0.00			
50234	C	REMOVAL OF KIDNEY & URETER				Inpatient Only	$0.00			
50236	C	REMOVAL OF KIDNEY & URETER				Inpatient Only	$0.00			
50240	C	PARTIAL REMOVAL OF KIDNEY				Inpatient Only	$0.00			
50250	C	CRYOABLATE RENAL MASS OPEN				Inpatient Only	$0.00			
50280	C	REMOVAL OF KIDNEY LESION				Inpatient Only	$0.00			
50290	C	REMOVAL OF KIDNEY LESION				Inpatient Only	$0.00			
50300	C	REMOVAL OF DONOR KIDNEY				Inpatient Only	$0.00			
50320	C	REMOVE KIDNEY LIVING DONOR				Inpatient Only	$0.00			
50323	C	PREP CADAVER RENAL ALLOGRAFT				Inpatient Only	$0.00			
50325	C	PREP DONOR RENAL GRAFT				Inpatient Only	$0.00			
50327	C	PREP RENAL GRAFT/VENOUS				Inpatient Only	$0.00			
50328	C	PREP RENAL GRAFT/ARTERIAL				Inpatient Only	$0.00			
50329	C	PREP RENAL GRAFT/URETERAL				Inpatient Only	$0.00			
50340	C	REMOVAL OF KIDNEY				Inpatient Only	$0.00			
50360	C	TRANSPLANTATION OF KIDNEY				Inpatient Only	$0.00			
50365	C	TRANSPLANTATION OF KIDNEY				Inpatient Only	$0.00			
50370	C	REMOVE TRANSPLANTED KIDNEY				Inpatient Only	$0.00			
50380	C	REIMPLANTATION OF KIDNEY				Inpatient Only	$0.00			
50382	T	CHANGE URETER STENT PERCUT		0162	26.2784	APC	$1,329.95			
50384	T	REMOVE URETER STENT PERCUT		0161	17.4928	APC	$885.31			
50385	T	CHANGE STENT VIA TRANSURETH		0162	26.2784	APC	$1,329.95			
50386	T	REMOVE STENT VIA TRANSURETH		0160	6.7724	APC	$342.75			
50387	T	CHANGE EXT/INT URETER STENT		0427	16.2548	APC	$822.66			
50389	T	REMOVE RENAL TUBE W/FLUORO		0160	6.7724	APC	$342.75			
50390	T	DRAINAGE OF KIDNEY LESION		0685	9.6734	APC	$489.57			
50391	T	INSTLL RX AGNT INTO RNAL TUB		0126	1.1092	APC	$56.14			
50392	T	INSERT KIDNEY DRAIN		0161	17.4928	APC	$885.31			
50393	T	INSERT URETERAL TUBE		0162	26.2784	APC	$1,329.95			
50394	N	INJECTION FOR KIDNEY X-RAY				Bundled	$0.00			
50395	T	CREATE PASSAGE TO KIDNEY		0162	26.2784	APC	$1,329.95			
50396	T	MEASURE KIDNEY PRESSURE		0164	1.9495	APC	$98.66			
50398	T	CHANGE KIDNEY TUBE		0427	16.2548	APC	$822.66			
50400	C	REVISION OF KIDNEY/URETER				Inpatient Only	$0.00			
50405	C	REVISION OF KIDNEY/URETER				Inpatient Only	$0.00			
50500	C	REPAIR OF KIDNEY WOUND				Inpatient Only	$0.00			
50520	C	CLOSE KIDNEY-SKIN FISTULA				Inpatient Only	$0.00			
50525	C	REPAIR RENAL-ABDOMEN FISTULA				Inpatient Only	$0.00			
50526	C	REPAIR RENAL-ABDOMEN FISTULA				Inpatient Only	$0.00			
50540	C	REVISION OF HORSESHOE KIDNEY				Inpatient Only	$0.00			
50541	T	LAPARO ABLATE RENAL CYST		0130	38.8880	APC	$1,968.12			
50542	T	LAPARO ABLATE RENAL MASS		0174	109.7169	APC	$5,552.77			
50543	T	LAPARO PARTIAL NEPHRECTOMY		0131	48.0079	APC	$2,429.68			
50544	T	LAPAROSCOPY PYELOPLASTY		0131	48.0079	APC	$2,429.68			
50545	C	LAPARO RADICAL NEPHRECTOMY				Inpatient Only	$0.00			
50546	C	LAPAROSCOPIC NEPHRECTOMY				Inpatient Only	$0.00			
50547	C	LAPARO REMOVAL DONOR KIDNEY				Inpatient Only	$0.00			

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50548	C	LAPARO REMOVE W/ URETER				Inpatient Only	$0.00			
50549	T	LAPAROSCOPE PROC RENAL		0130	38.8880	APC	$1,968.12			
50551	T	KIDNEY ENDOSCOPY		0160	6.7724	APC	$342.75			
50553	T	KIDNEY ENDOSCOPY		0162	26.2784	APC	$1,329.95			
50555	T	KIDNEY ENDOSCOPY & BIOPSY		0160	6.7724	APC	$342.75			
50557	T	KIDNEY ENDOSCOPY & TREATMENT		0162	26.2784	APC	$1,329.95			
50561	T	KIDNEY ENDOSCOPY & TREATMENT		0162	26.2784	APC	$1,329.95			
50562	T	RENAL SCOPE W/TUMOR RESECT		0160	6.7724	APC	$342.75			
50570	T	KIDNEY ENDOSCOPY		0160	6.7724	APC	$342.75			
50572	T	KIDNEY ENDOSCOPY		0160	6.7724	APC	$342.75			
50574	T	KIDNEY ENDOSCOPY & BIOPSY		0160	6.7724	APC	$342.75			
50575	T	KIDNEY ENDOSCOPY		0163	37.0430	APC	$1,874.75			
50576	T	KIDNEY ENDOSCOPY & TREATMENT		0161	17.4928	APC	$885.31			
50580	T	KIDNEY ENDOSCOPY & TREATMENT		0161	17.4928	APC	$885.31			
50590	T	FRAGMENTING OF KIDNEY STONE		0169	41.2299	APC	$2,086.65			
50592	T	PERC RF ABLATE RENAL TUMOR		0423	58.4617	APC	$2,958.75			
50593	T	PERC CRYO ABLATE RENAL TUM		0423	58.4617	APC	$2,958.75			
50600	C	EXPLORATION OF URETER				Inpatient Only	$0.00			
50605	C	INSERT URETERAL SUPPORT				Inpatient Only	$0.00			
50610	C	REMOVAL OF URETER STONE				Inpatient Only	$0.00			
50620	C	REMOVAL OF URETER STONE				Inpatient Only	$0.00			
50630	C	REMOVAL OF URETER STONE				Inpatient Only	$0.00			
50650	C	REMOVAL OF URETER				Inpatient Only	$0.00			
50660	C	REMOVAL OF URETER				Inpatient Only	$0.00			
50684	N	INJECTION FOR URETER X-RAY				Bundled	$0.00			
50686	T	MEASURE URETER PRESSURE		0126	1.1092	APC	$56.14			
50688	T	CHANGE OF URETER TUBE/STENT		0427	16.2548	APC	$822.66			
50690	N	INJECTION FOR URETER X-RAY				Bundled	$0.00			
50700	C	REVISION OF URETER				Inpatient Only	$0.00			
50715	C	RELEASE OF URETER				Inpatient Only	$0.00			
50722	C	RELEASE OF URETER				Inpatient Only	$0.00			
50725	C	RELEASE/REVISE URETER				Inpatient Only	$0.00			
50727	T	REVISE URETER		0165	20.4458	APC	$1,034.76			
50728	C	REVISE URETER				Inpatient Only	$0.00			
50740	C	FUSION OF URETER & KIDNEY				Inpatient Only	$0.00			
50750	C	FUSION OF URETER & KIDNEY				Inpatient Only	$0.00			
50760	C	FUSION OF URETERS				Inpatient Only	$0.00			
50770	C	SPLICING OF URETERS				Inpatient Only	$0.00			
50780	C	REIMPLANT URETER IN BLADDER				Inpatient Only	$0.00			
50782	C	REIMPLANT URETER IN BLADDER				Inpatient Only	$0.00			
50783	C	REIMPLANT URETER IN BLADDER				Inpatient Only	$0.00			
50785	C	REIMPLANT URETER IN BLADDER				Inpatient Only	$0.00			
50800	C	IMPLANT URETER IN BOWEL				Inpatient Only	$0.00			
50810	C	FUSION OF URETER & BOWEL				Inpatient Only	$0.00			
50815	C	URINE SHUNT TO INTESTINE				Inpatient Only	$0.00			
50820	C	CONSTRUCT BOWEL BLADDER				Inpatient Only	$0.00			
50825	C	CONSTRUCT BOWEL BLADDER				Inpatient Only	$0.00			
50830	C	REVISE URINE FLOW				Inpatient Only	$0.00			
50840	C	REPLACE URETER BY BOWEL				Inpatient Only	$0.00			
50845	C	APPENDICO-VESICOSTOMY				Inpatient Only	$0.00			
50860	C	TRANSPLANT URETER TO SKIN				Inpatient Only	$0.00			
50900	C	REPAIR OF URETER				Inpatient Only	$0.00			
50920	C	CLOSURE URETER/SKIN FISTULA				Inpatient Only	$0.00			
50930	C	CLOSURE URETER/BOWEL FISTULA				Inpatient Only	$0.00			
50940	C	RELEASE OF URETER				Inpatient Only	$0.00			
50945	T	LAPAROSCOPY URETEROLITHOTOMY		0131	48.0079	APC	$2,429.68			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
50947	T	LAPARO NEW URETER/BLADDER		0131	48.0079	APC	$2,429.68			
50948	T	LAPARO NEW URETER/BLADDER		0131	48.0079	APC	$2,429.68			
50949	T	LAPAROSCOPE PROC URETER		0130	38.8880	APC	$1,968.12			
50951	T	ENDOSCOPY OF URETER		0160	6.7724	APC	$342.75			
50953	T	ENDOSCOPY OF URETER		0160	6.7724	APC	$342.75			
50955	T	URETER ENDOSCOPY & BIOPSY		0162	26.2784	APC	$1,329.95			
50957	T	URETER ENDOSCOPY & TREATMENT		0162	26.2784	APC	$1,329.95			
50961	T	URETER ENDOSCOPY & TREATMENT		0162	26.2784	APC	$1,329.95			
50970	T	URETER ENDOSCOPY		0160	6.7724	APC	$342.75			
50972	T	URETER ENDOSCOPY & CATHETER		0160	6.7724	APC	$342.75			
50974	T	URETER ENDOSCOPY & BIOPSY		0161	17.4928	APC	$885.31			
50976	T	URETER ENDOSCOPY & TREATMENT		0161	17.4928	APC	$885.31			
50980	T	URETER ENDOSCOPY & TREATMENT		0162	26.2784	APC	$1,329.95			
51020	T	INCISE & TREAT BLADDER		0162	26.2784	APC	$1,329.95			
51030	T	INCISE & TREAT BLADDER		0162	26.2784	APC	$1,329.95			
51040	T	INCISE & DRAIN BLADDER		0162	26.2784	APC	$1,329.95			
51045	T	INCISE BLADDER/DRAIN URETER		0160	6.7724	APC	$342.75			
51050	T	REMOVAL OF BLADDER STONE		0162	26.2784	APC	$1,329.95			
51060	T	REMOVAL OF URETER STONE		0163	37.0430	APC	$1,874.75			
51065	T	REMOVE URETER CALCULUS		0162	26.2784	APC	$1,329.95			
51080	T	DRAINAGE OF BLADDER ABSCESS		0008	20.5648	APC	$1,040.78			
51100	T	DRAIN BLADDER BY NEEDLE		0164	1.9495	APC	$98.66			
51101	T	DRAIN BLADDER BY TROCAR/CATH		0126	1.1092	APC	$56.14			
51102	T	DRAIN BL W/CATH INSERTION		0165	20.4458	APC	$1,034.76			
51500	T	REMOVAL OF BLADDER CYST		0154	32.9296	APC	$1,666.57			
51520	T	REMOVAL OF BLADDER LESION		0162	26.2784	APC	$1,329.95			
51525	C	REMOVAL OF BLADDER LESION				Inpatient Only	$0.00			
51530	C	REMOVAL OF BLADDER LESION				Inpatient Only	$0.00			
51535	T	REPAIR OF URETER LESION		0162	26.2784	APC	$1,329.95			
51550	C	PARTIAL REMOVAL OF BLADDER				Inpatient Only	$0.00			
51555	C	PARTIAL REMOVAL OF BLADDER				Inpatient Only	$0.00			
51565	C	REVISE BLADDER & URETER(S)				Inpatient Only	$0.00			
51570	C	REMOVAL OF BLADDER				Inpatient Only	$0.00			
51575	C	REMOVAL OF BLADDER & NODES				Inpatient Only	$0.00			
51580	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only	$0.00			
51585	C	REMOVAL OF BLADDER & NODES				Inpatient Only	$0.00			
51590	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only	$0.00			
51595	C	REMOVE BLADDER/REVISE TRACT				Inpatient Only	$0.00			
51596	C	REMOVE BLADDER/CREATE POUCH				Inpatient Only	$0.00			
51597	C	REMOVAL OF PELVIC STRUCTURES				Inpatient Only	$0.00			
51600	N	INJECTION FOR BLADDER X-RAY				Bundled	$0.00			
51605	N	PREPARATION FOR BLADDER XRAY				Bundled	$0.00			
51610	N	INJECTION FOR BLADDER X-RAY				Bundled	$0.00			
51700	T	IRRIGATION OF BLADDER		0164	1.9495	APC	$98.66			
51701	X	INSERT BLADDER CATHETER		0340	0.6525	APC	$33.02			
51702	X	INSERT TEMP BLADDER CATH		0340	0.6525	APC	$33.02			
51703	T	INSERT BLADDER CATH COMPLEX		0126	1.1092	APC	$56.14			
51705	T	CHANGE OF BLADDER TUBE		0164	1.9495	APC	$98.66			
51710	T	CHANGE OF BLADDER TUBE		0121	6.2131	APC	$314.44			
51715	T	ENDOSCOPIC INJECTION/IMPLANT		0168	32.3095	APC	$1,635.18			
51720	T	TREATMENT OF BLADDER LESION		0156	3.1880	APC	$161.34			
51725	T	SIMPLE CYSTOMETROGRAM		0156	3.1880	APC	$161.34			
51726	T	COMPLEX CYSTOMETROGRAM		0156	3.1880	APC	$161.34			
51727	T	CYSTOMETROGRAM W/UP		0156	3.1880	APC	$161.34			
51728	T	CYSTOMETROGRAM W/VP		0156	3.1880	APC	$161.34			
51729	T	CYSTOMETROGRAM W/VP&UP		0156	3.1880	APC	$161.34			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
51736	X	URINE FLOW MEASUREMENT		0340	0.6525	APC	$33.02			
51741	T	ELECTRO-UROFLOWMETRY FIRST		0126	1.1092	APC	$56.14			
51784	T	ANAL/URINARY MUSCLE STUDY		0126	1.1092	APC	$56.14			
51785	T	ANAL/URINARY MUSCLE STUDY		0164	1.9495	APC	$98.66			
51792	T	URINARY REFLEX STUDY		0126	1.1092	APC	$56.14			
51797	T	INTRAABDOMINAL PRESSURE TEST		0164	1.9495	APC	$98.66			
51798	X	US URINE CAPACITY MEASURE		0340	0.6525	APC	$33.02			
51800	C	REVISION OF BLADDER/URETHRA				Inpatient Only	$0.00			
51820	C	REVISION OF URINARY TRACT				Inpatient Only	$0.00			
51840	C	ATTACH BLADDER/URETHRA				Inpatient Only	$0.00			
51841	C	ATTACH BLADDER/URETHRA				Inpatient Only	$0.00			
51845	T	REPAIR BLADDER NECK		0202	46.0040	APC	$2,328.26			
51860	T	REPAIR OF BLADDER WOUND		0162	26.2784	APC	$1,329.95			
51865	C	REPAIR OF BLADDER WOUND				Inpatient Only	$0.00			
51880	T	REPAIR OF BLADDER OPENING		0162	26.2784	APC	$1,329.95			
51900	C	REPAIR BLADDER/VAGINA LESION				Inpatient Only	$0.00			
51920	C	CLOSE BLADDER-UTERUS FISTULA				Inpatient Only	$0.00			
51925	C	HYSTERECTOMY/BLADDER REPAIR				Inpatient Only	$0.00			
51940	C	CORRECTION OF BLADDER DEFECT				Inpatient Only	$0.00			
51960	C	REVISION OF BLADDER & BOWEL				Inpatient Only	$0.00			
51980	C	CONSTRUCT BLADDER OPENING				Inpatient Only	$0.00			
51990	T	LAPARO URETHRAL SUSPENSION		0131	48.0079	APC	$2,429.68			
51992	T	LAPARO SLING OPERATION		0131	48.0079	APC	$2,429.68			
51999	T	LAPAROSCOPE PROC BLA		0130	38.8880	APC	$1,968.12			
52000	T	CYSTOSCOPY		0160	6.7724	APC	$342.75			
52001	T	CYSTOSCOPY REMOVAL OF CLOTS		0161	17.4928	APC	$885.31			
52005	T	CYSTOSCOPY & URETER CATHETER		0162	26.2784	APC	$1,329.95			
52007	T	CYSTOSCOPY AND BIOPSY		0162	26.2784	APC	$1,329.95			
52010	T	CYSTOSCOPY & DUCT CATHETER		0160	6.7724	APC	$342.75			
52204	T	CYSTOSCOPY		0162	26.2784	APC	$1,329.95			
52214	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52224	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52234	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52235	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52240	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52250	T	CYSTOSCOPY AND RADIOTRACER		0162	26.2784	APC	$1,329.95			
52260	T	CYSTOSCOPY AND TREATMENT		0161	17.4928	APC	$885.31			
52265	T	CYSTOSCOPY AND TREATMENT		0160	6.7724	APC	$342.75			
52270	T	CYSTOSCOPY & REVISE URETHRA		0161	17.4928	APC	$885.31			
52275	T	CYSTOSCOPY & REVISE URETHRA		0162	26.2784	APC	$1,329.95			
52276	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52277	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52281	T	CYSTOSCOPY AND TREATMENT		0161	17.4928	APC	$885.31			
52282	T	CYSTOSCOPY IMPLANT STENT		0163	37.0430	APC	$1,874.75			
52283	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52285	T	CYSTOSCOPY AND TREATMENT		0161	17.4928	APC	$885.31			
52290	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52300	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52301	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52305	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52310	T	CYSTOSCOPY AND TREATMENT		0161	17.4928	APC	$885.31			
52315	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52317	T	REMOVE BLADDER STONE		0162	26.2784	APC	$1,329.95			
52318	T	REMOVE BLADDER STONE		0162	26.2784	APC	$1,329.95			
52320	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52325	T	CYSTOSCOPY STONE REMOVAL		0162	26.2784	APC	$1,329.95			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
52327	T	CYSTOSCOPY INJECT MATERIAL		0163	37.0430	APC	$1,874.75			
52330	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52332	T	CYSTOSCOPY AND TREATMENT		0162	26.2784	APC	$1,329.95			
52334	T	CREATE PASSAGE TO KIDNEY		0162	26.2784	APC	$1,329.95			
52341	T	CYSTO W/URETER STRICTURE TX		0162	26.2784	APC	$1,329.95			
52342	T	CYSTO W/UP STRICTURE TX		0162	26.2784	APC	$1,329.95			
52343	T	CYSTO W/RENAL STRICTURE TX		0162	26.2784	APC	$1,329.95			
52344	T	CYSTO/URETERO STRICTURE TX		0162	26.2784	APC	$1,329.95			
52345	T	CYSTO/URETERO W/UP STRICTURE		0162	26.2784	APC	$1,329.95			
52346	T	CYSTOURETERO W/RENAL STRICT		0162	26.2784	APC	$1,329.95			
52351	T	CYSTOURETERO & OR PYELOSCOPE		0162	26.2784	APC	$1,329.95			
52352	T	CYSTOURETERO W/STONE REMOVE		0162	26.2784	APC	$1,329.95			
52353	T	CYSTOURETERO W/LITHOTRIPSY		0163	37.0430	APC	$1,874.75			
52354	T	CYSTOURETERO W/BIOPSY		0162	26.2784	APC	$1,329.95			
52355	T	CYSTOURETERO W/EXCISE TUMOR		0162	26.2784	APC	$1,329.95			
52400	T	CYSTOURETERO W/CONGEN REPR		0162	26.2784	APC	$1,329.95			
52402	T	CYSTOURETHRO CUT EJACUL DUCT		0162	26.2784	APC	$1,329.95			
52450	T	INCISION OF PROSTATE		0162	26.2784	APC	$1,329.95			
52500	T	REVISION OF BLADDER NECK		0162	26.2784	APC	$1,329.95			
52601	T	PROSTATECTOMY (TURP)		0163	37.0430	APC	$1,874.75			
52630	T	REMOVE PROSTATE REGROWTH		0163	37.0430	APC	$1,874.75			
52640	T	RELIEVE BLADDER CONTRACTURE		0162	26.2784	APC	$1,329.95			
52647	T	LASER SURGERY OF PROSTATE		0429	45.8064	APC	$2,318.26			
52648	T	LASER SURGERY OF PROSTATE		0429	45.8064	APC	$2,318.26			
52649	T	2 PROSTATE LASER ENUCLEATION		0429	45.8064	APC	$2,318.26			
52700	T	DRAINAGE OF PROSTATE ABSCESS		0162	26.2784	APC	$1,329.95			
53000	T	INCISION OF URETHRA		0166	20.9473	APC	$1,060.14			
53010	T	INCISION OF URETHRA		0166	20.9473	APC	$1,060.14			
53020	T	INCISION OF URETHRA		0166	20.9473	APC	$1,060.14			
53025	T	INCISION OF URETHRA		0166	20.9473	APC	$1,060.14			
53040	T	DRAINAGE OF URETHRA ABSCESS		0166	20.9473	APC	$1,060.14			
53060	T	DRAINAGE OF URETHRA ABSCESS		0166	20.9473	APC	$1,060.14			
53080	T	DRAINAGE OF URINARY LEAKAGE		0166	20.9473	APC	$1,060.14			
53085	T	DRAINAGE OF URINARY LEAKAGE		0166	20.9473	APC	$1,060.14			
53200	T	BIOPSY OF URETHRA		0166	20.9473	APC	$1,060.14			
53210	T	REMOVAL OF URETHRA		0168	32.3095	APC	$1,635.18			
53215	T	REMOVAL OF URETHRA		0166	20.9473	APC	$1,060.14			
53220	T	TREATMENT OF URETHRA LESION		0168	32.3095	APC	$1,635.18			
53230	T	REMOVAL OF URETHRA LESION		0168	32.3095	APC	$1,635.18			
53235	T	REMOVAL OF URETHRA LESION		0166	20.9473	APC	$1,060.14			
53240	T	SURGERY FOR URETHRA POUCH		0168	32.3095	APC	$1,635.18			
53250	T	REMOVAL OF URETHRA GLAND		0166	20.9473	APC	$1,060.14			
53260	T	TREATMENT OF URETHRA LESION		0166	20.9473	APC	$1,060.14			
53265	T	TREATMENT OF URETHRA LESION		0166	20.9473	APC	$1,060.14			
53270	T	REMOVAL OF URETHRA GLAND		0166	20.9473	APC	$1,060.14			
53275	T	REPAIR OF URETHRA DEFECT		0166	20.9473	APC	$1,060.14			
53400	T	REVISE URETHRA STAGE 1		0168	32.3095	APC	$1,635.18			
53405	T	REVISE URETHRA STAGE 2		0168	32.3095	APC	$1,635.18			
53410	T	RECONSTRUCTION OF URETHRA		0168	32.3095	APC	$1,635.18			
53415	C	RECONSTRUCTION OF URETHRA				Inpatient Only	$0.00			
53420	T	RECONSTRUCT URETHRA STAGE 1		0168	32.3095	APC	$1,635.18			
53425	T	RECONSTRUCT URETHRA STAGE 2		0168	32.3095	APC	$1,635.18			
53430	T	RECONSTRUCTION OF URETHRA		0168	32.3095	APC	$1,635.18			
53431	T	RECONSTRUCT URETHRA/BLADDER		0168	32.3095	APC	$1,635.18			
53440	S	MALE SLING PROCEDURE		0385	104.8886	APC	$5,308.41			
53442	T	REMOVE/REVISE MALE SLING		0168	32.3095	APC	$1,635.18			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
53444	S	INSERT TANDEM CUFF		0385	104.8886	APC	$5,308.41			
53445	S	INSERT URO/VES NCK SPHINCTER		0386	168.9924	APC	$8,552.71			
53446	T	REMOVE URO SPHINCTER		0168	32.3095	APC	$1,635.18			
53447	S	REMOVE/REPLACE UR SPHINCTER		0386	168.9924	APC	$8,552.71			
53448	C	REMOV/REPLC UR SPHINCTR COMP				Inpatient Only	$0.00			
53449	T	REPAIR URO SPHINCTER		0168	32.3095	APC	$1,635.18			
53450	T	REVISION OF URETHRA		0168	32.3095	APC	$1,635.18			
53460	T	REVISION OF URETHRA		0166	20.9473	APC	$1,060.14			
53500	T	URETHRLYS TRANSVAG W/ SCOPE		0168	32.3095	APC	$1,635.18			
53502	T	REPAIR OF URETHRA INJURY		0166	20.9473	APC	$1,060.14			
53505	T	REPAIR OF URETHRA INJURY		0168	32.3095	APC	$1,635.18			
53510	T	REPAIR OF URETHRA INJURY		0166	20.9473	APC	$1,060.14			
53515	T	REPAIR OF URETHRA INJURY		0168	32.3095	APC	$1,635.18			
53520	T	REPAIR OF URETHRA DEFECT		0168	32.3095	APC	$1,635.18			
53600	T	DILATE URETHRA STRICTURE		0156	3.1880	APC	$161.34			
53601	T	DILATE URETHRA STRICTURE		0126	1.1092	APC	$56.14			
53605	T	DILATE URETHRA STRICTURE		0161	17.4928	APC	$885.31			
53620	T	DILATE URETHRA STRICTURE		0165	20.4458	APC	$1,034.76			
53621	T	DILATE URETHRA STRICTURE		0164	1.9495	APC	$98.66			
53660	T	DILATION OF URETHRA		0126	1.1092	APC	$56.14			
53661	T	DILATION OF URETHRA		0126	1.1092	APC	$56.14			
53665	T	DILATION OF URETHRA		0166	20.9473	APC	$1,060.14			
53850	T	PROSTATIC MICROWAVE THERMOTX		0429	45.8064	APC	$2,318.26			
53852	T	PROSTATIC RF THERMOTX		0429	45.8064	APC	$2,318.26			
53855	T	INSERT PROST URETHRAL STENT		0164	1.9495	APC	$98.66			
53860	T	TRANSURETHRAL RF TREATMENT		0165	20.4458	APC	$1,034.76			
53899	T	UROLOGY SURGERY PROCEDURE		0126	1.1092	APC	$56.14			
54000	T	SLITTING OF PREPUCE		0166	20.9473	APC	$1,060.14			
54001	T	SLITTING OF PREPUCE		0166	20.9473	APC	$1,060.14			
54015	T	DRAIN PENIS LESION		0008	20.5648	APC	$1,040.78			
54050	T	DESTRUCTION PENIS LESION(S)		0015	1.4989	APC	$75.86			
54055	T	DESTRUCTION PENIS LESION(S)		0017	21.6661	APC	$1,096.52			
54056	T	CRYOSURGERY PENIS LESION(S)		0013	0.8785	APC	$44.46			
54057	T	LASER SURG PENIS LESION(S)		0017	21.6661	APC	$1,096.52			
54060	T	EXCISION OF PENIS LESION(S)		0017	21.6661	APC	$1,096.52			
54065	T	DESTRUCTION PENIS LESION(S)		0017	21.6661	APC	$1,096.52			
54100	T	BIOPSY OF PENIS		0021	17.0074	APC	$860.74			
54105	T	BIOPSY OF PENIS		0022	23.2662	APC	$1,177.50			
54110	T	TREATMENT OF PENIS LESION		0181	34.6230	APC	$1,752.27			
54111	T	TREAT PENIS LESION GRAFT		0181	34.6230	APC	$1,752.27			
54112	T	TREAT PENIS LESION GRAFT		0181	34.6230	APC	$1,752.27			
54115	T	TREATMENT OF PENIS LESION		0008	20.5648	APC	$1,040.78			
54120	T	PARTIAL REMOVAL OF PENIS		0181	34.6230	APC	$1,752.27			
54125	C	REMOVAL OF PENIS				Inpatient Only	$0.00			
54130	C	REMOVE PENIS & NODES				Inpatient Only	$0.00			
54135	C	REMOVE PENIS & NODES				Inpatient Only	$0.00			
54150	T	CIRCUMCISION W/REGIONL BLOCK		0183	23.5985	APC	$1,194.32			Y
54160	T	CIRCUMCISION NEONATE		0183	23.5985	APC	$1,194.32			Y
54161	T	CIRCUM 28 DAYS OR OLDER		0183	23.5985	APC	$1,194.32			Y
54162	T	LYSIS PENIL CIRCUMIC LESION		0183	23.5985	APC	$1,194.32			
54163	T	REPAIR OF CIRCUMCISION		0183	23.5985	APC	$1,194.32			
54164	T	FRENULOTOMY OF PENIS		0183	23.5985	APC	$1,194.32			
54200	T	TREATMENT OF PENIS LESION		0164	1.9495	APC	$98.66			
54205	T	TREATMENT OF PENIS LESION		0181	34.6230	APC	$1,752.27			
54220	T	TREATMENT OF PENIS LESION		0164	1.9495	APC	$98.66			
54230	E	PREPARE PENIS STUDY				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
54231	E	DYNAMIC CAVERNOSOMETRY				Not Allowed	$0.00			
54235	E	PENILE INJECTION				Not Allowed	$0.00			
54240	E	PENIS STUDY				Not Allowed	$0.00			
54250	E	PENIS STUDY				Not Allowed	$0.00			
54300	T	REVISION OF PENIS		0181	34.6230	APC	$1,752.27			
54304	T	REVISION OF PENIS		0181	34.6230	APC	$1,752.27			
54308	T	RECONSTRUCTION OF URETHRA		0181	34.6230	APC	$1,752.27			
54312	T	RECONSTRUCTION OF URETHRA		0181	34.6230	APC	$1,752.27			
54316	T	RECONSTRUCTION OF URETHRA		0181	34.6230	APC	$1,752.27			
54318	T	RECONSTRUCTION OF URETHRA		0181	34.6230	APC	$1,752.27			
54322	T	RECONSTRUCTION OF URETHRA		0181	34.6230	APC	$1,752.27			
54324	T	RECONSTRUCTION OF URETHRA		0181	34.6230	APC	$1,752.27			
54326	T	RECONSTRUCTION OF URETHRA		0181	34.6230	APC	$1,752.27			
54328	T	REVISE PENIS/URETHRA		0181	34.6230	APC	$1,752.27			
54332	T	REVISE PENIS/URETHRA		0181	34.6230	APC	$1,752.27			
54336	T	REVISE PENIS/URETHRA		0181	34.6230	APC	$1,752.27			
54340	T	SECONDARY URETHRAL SURGERY		0181	34.6230	APC	$1,752.27			
54344	T	SECONDARY URETHRAL SURGERY		0181	34.6230	APC	$1,752.27			
54348	T	SECONDARY URETHRAL SURGERY		0181	34.6230	APC	$1,752.27			
54352	T	RECONSTRUCT URETHRA/PENIS		0181	34.6230	APC	$1,752.27			
54360	E	PENIS PLASTIC SURGERY				Not Allowed	$0.00			
54380	T	REPAIR PENIS		0181	34.6230	APC	$1,752.27			
54385	T	REPAIR PENIS		0181	34.6230	APC	$1,752.27			
54390	C	REPAIR PENIS AND BLADDER				Inpatient Only	$0.00			
54400	E	INSERT SEMI-RIGID PROSTHESIS				Not Allowed	$0.00			
54401	E	INSERT SELF-CONTD PROSTHESIS				Not Allowed	$0.00			
54405	E	INSERT MULTI-COMP PENIS PROS				Not Allowed	$0.00			
54406	E	REMOVE MUTI-COMP PENIS PROS				Not Allowed	$0.00			
54408	E	REPAIR MULTI-COMP PENIS PROS				Not Allowed	$0.00			
54410	E	REMOVE/REPLACE PENIS PROSTH				Not Allowed	$0.00			
54411	E	REMOV/REPLC PENIS PROS COMP				Not Allowed	$0.00			
54415	E	REMOVE SELF-CONTD PENIS PROS				Not Allowed	$0.00			
54416	E	REMV/REPL PENIS CONTAIN PROS				Not Allowed	$0.00			
54417	E	REMV/REPLC PENIS PROS COMPL				Not Allowed	$0.00			
54420	T	REVISION OF PENIS		0181	34.6230	APC	$1,752.27			
54430	C	REVISION OF PENIS				Inpatient Only	$0.00			
54435	T	REVISION OF PENIS		0181	34.6230	APC	$1,752.27			
54440	T	REPAIR OF PENIS		0181	34.6230	APC	$1,752.27			
54450	T	PREPUTIAL STRETCHING		0156	3.1880	APC	$161.34			
54500	T	BIOPSY OF TESTIS		0037	15.3499	APC	$776.86			
54505	T	BIOPSY OF TESTIS		0183	23.5985	APC	$1,194.32			
54512	T	EXCISE LESION TESTIS		0183	23.5985	APC	$1,194.32			
54520	T	REMOVAL OF TESTIS		0183	23.5985	APC	$1,194.32			
54522	T	ORCHIECTOMY PARTIAL		0183	23.5985	APC	$1,194.32			
54530	T	REMOVAL OF TESTIS		0154	32.9296	APC	$1,666.57			
54535	T	EXTENSIVE TESTIS SURGERY		0181	34.6230	APC	$1,752.27			
54550	T	EXPLORATION FOR TESTIS		0154	32.9296	APC	$1,666.57			
54560	T	EXPLORATION FOR TESTIS		0183	23.5985	APC	$1,194.32			
54600	T	REDUCE TESTIS TORSION		0183	23.5985	APC	$1,194.32			
54620	T	SUSPENSION OF TESTIS		0183	23.5985	APC	$1,194.32			
54640	T	SUSPENSION OF TESTIS		0154	32.9296	APC	$1,666.57			
54650	T	ORCHIOPEXY (FOWLER-STEPHENS)		0154	32.9296	APC	$1,666.57			
54660	T	REVISION OF TESTIS		0183	23.5985	APC	$1,194.32			
54670	T	REPAIR TESTIS INJURY		0183	23.5985	APC	$1,194.32			
54680	T	RELOCATION OF TESTIS(ES)		0183	23.5985	APC	$1,194.32			
54690	T	LAPAROSCOPY ORCHIECTOMY		0131	48.0079	APC	$2,429.68			

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54692	T	LAPAROSCOPY ORCHIOPEXY		0132	71.5531	APC	$3,621.30			
54699	T	LAPAROSCOPE PROC TESTIS		0130	38.8880	APC	$1,968.12			
54700	T	DRAINAGE OF SCROTUM		0183	23.5985	APC	$1,194.32			
54800	T	BIOPSY OF EPIDIDYMIS		0004	4.5746	APC	$231.52			
54830	T	REMOVE EPIDIDYMIS LESION		0183	23.5985	APC	$1,194.32			
54840	T	REMOVE EPIDIDYMIS LESION		0183	23.5985	APC	$1,194.32			
54860	T	REMOVAL OF EPIDIDYMIS		0183	23.5985	APC	$1,194.32			
54861	T	REMOVAL OF EPIDIDYMIS		0183	23.5985	APC	$1,194.32			
54865	T	EXPLORE EPIDIDYMIS		0183	23.5985	APC	$1,194.32			
54900	T	FUSION OF SPERMATIC DUCTS		0183	23.5985	APC	$1,194.32			
54901	T	FUSION OF SPERMATIC DUCTS		0183	23.5985	APC	$1,194.32			
55000	T	DRAINAGE OF HYDROCELE		0004	4.5746	APC	$231.52			
55040	T	REMOVAL OF HYDROCELE		0154	32.9296	APC	$1,666.57			
55041	T	REMOVAL OF HYDROCELES		0154	32.9296	APC	$1,666.57			
55060	T	REPAIR OF HYDROCELE		0183	23.5985	APC	$1,194.32			
55100	T	DRAINAGE OF SCROTUM ABSCESS		0007	13.1250	APC	$664.26			
55110	T	EXPLORE SCROTUM		0183	23.5985	APC	$1,194.32			
55120	T	REMOVAL OF SCROTUM LESION		0183	23.5985	APC	$1,194.32			
55150	T	REMOVAL OF SCROTUM		0183	23.5985	APC	$1,194.32			
55175	T	REVISION OF SCROTUM		0183	23.5985	APC	$1,194.32			
55180	T	REVISION OF SCROTUM		0183	23.5985	APC	$1,194.32			
55200	T	INCISION OF SPERM DUCT		0183	23.5985	APC	$1,194.32			
55250	T	REMOVAL OF SPERM DUCT(S)		0183	23.5985	APC	$1,194.32			
55300	N	PREPARE SPERM DUCT X-RAY				Bundled	$0.00			
55400	T	REPAIR OF SPERM DUCT		0183	23.5985	APC	$1,194.32			
55450	T	LIGATION OF SPERM DUCT		0183	23.5985	APC	$1,194.32			
55500	T	REMOVAL OF HYDROCELE		0183	23.5985	APC	$1,194.32			
55520	T	REMOVAL OF SPERM CORD LESION		0183	23.5985	APC	$1,194.32			
55530	T	REVISE SPERMATIC CORD VEINS		0183	23.5985	APC	$1,194.32			
55535	T	REVISE SPERMATIC CORD VEINS		0154	32.9296	APC	$1,666.57			
55540	T	REVISE HERNIA & SPERM VEINS		0154	32.9296	APC	$1,666.57			
55550	T	LAPARO LIGATE SPERMATIC VEIN		0131	48.0079	APC	$2,429.68			
55559	T	LAPARO PROC SPERMATIC CORD		0130	38.8880	APC	$1,968.12			
55600	T	INCISE SPERM DUCT POUCH		0183	23.5985	APC	$1,194.32			
55605	C	INCISE SPERM DUCT POUCH				Inpatient Only	$0.00			
55650	C	REMOVE SPERM DUCT POUCH				Inpatient Only	$0.00			
55680	T	REMOVE SPERM POUCH LESION		0183	23.5985	APC	$1,194.32			
55700	T	BIOPSY OF PROSTATE		0184	13.8400	APC	$700.44			
55705	T	BIOPSY OF PROSTATE		0184	13.8400	APC	$700.44			
55706	T	PROSTATE SATURATION SAMPLING		0184	13.8400	APC	$700.44			
55720	T	DRAINAGE OF PROSTATE ABSCESS		0162	26.2784	APC	$1,329.95			
55725	T	DRAINAGE OF PROSTATE ABSCESS		0162	26.2784	APC	$1,329.95			
55801	C	REMOVAL OF PROSTATE				Inpatient Only	$0.00			
55810	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55812	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55815	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55821	C	REMOVAL OF PROSTATE				Inpatient Only	$0.00			
55831	C	REMOVAL OF PROSTATE				Inpatient Only	$0.00			
55840	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55842	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55845	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55860	T	SURGICAL EXPOSURE PROSTATE		0165	20.4458	APC	$1,034.76			
55862	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55865	C	EXTENSIVE PROSTATE SURGERY				Inpatient Only	$0.00			
55866	C	LAPARO RADICAL PROSTATECTOMY				Inpatient Only	$0.00			
55870	E	ELECTROEJACULATION				Not Allowed	$0.00			

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55873	T	CRYOABLATE PROSTATE		0674	113.7229	APC	$5,755.52			
55875	N	TRANSPERI NEEDLE PLACE PROS		0163	37.0430	ed, may be payable in some circumsta	$1,874.75			
55876	X	PLACE RT DEVICE/MARKER PROS		0310	13.6309	APC	$689.86			
55899	T	GENITAL SURGERY PROCEDURE		0126	1.1092	APC	$56.14			
55920	T	PLACE NEEDLES PELVIC FOR RT		0153	27.4109	APC	$1,387.27			
55970	E	SEX TRANSFORMATION M TO F				Not Allowed	$0.00			
55980	E	SEX TRANSFORMATION F TO M				Not Allowed	$0.00			
56405	T	I & D OF VULVA/PERINEUM		0188	1.5839	APC	$80.16			
56420	T	DRAINAGE OF GLAND ABSCESS		0188	1.5839	APC	$80.16			
56440	T	SURGERY FOR VULVA LESION		0193	20.6451	APC	$1,044.85			
56441	T	LYSIS OF LABIAL LESION(S)		0193	20.6451	APC	$1,044.85			
56442	T	HYMENOTOMY		0193	20.6451	APC	$1,044.85			
56501	T	DESTROY VULVA LESIONS SIM		0017	21.6661	APC	$1,096.52			
56515	T	DESTROY VULVA LESION/S COMPL		0017	21.6661	APC	$1,096.52			
56605	T	BIOPSY OF VULVA/PERINEUM		0189	3.4852	APC	$176.39			
56606	T	BIOPSY OF VULVA/PERINEUM		0188	1.5839	APC	$80.16			
56620	T	PARTIAL REMOVAL OF VULVA		0193	20.6451	APC	$1,044.85			
56625	T	COMPLETE REMOVAL OF VULVA		0193	20.6451	APC	$1,044.85			
56630	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			
56631	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			
56632	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			
56633	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			
56634	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			
56637	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			
56640	C	EXTENSIVE VULVA SURGERY				Inpatient Only	$0.00			
56700	T	PARTIAL REMOVAL OF HYMEN		0193	20.6451	APC	$1,044.85			
56740	T	REMOVE VAGINA GLAND LESION		0193	20.6451	APC	$1,044.85			
56800	T	REPAIR OF VAGINA		0193	20.6451	APC	$1,044.85			
56805	T	REPAIR CLITORIS		0193	20.6451	APC	$1,044.85			
56810	T	REPAIR OF PERINEUM		0193	20.6451	APC	$1,044.85			
56820	T	EXAM OF VULVA W/SCOPE		0188	1.5839	APC	$80.16			
56821	T	EXAM/BIOPSY OF VULVA W/SCOPE		0188	1.5839	APC	$80.16			
57000	T	EXPLORATION OF VAGINA		0193	20.6451	APC	$1,044.85			
57010	T	DRAINAGE OF PELVIC ABSCESS		0193	20.6451	APC	$1,044.85			
57020	T	DRAINAGE OF PELVIC FLUID		0192	6.7568	APC	$341.96			
57022	T	I & D VAGINAL HEMATOMA PP		0007	13.1250	APC	$664.26			
57023	T	I & D VAG HEMATOMA NON-OB		0008	20.5648	APC	$1,040.78			
57061	T	DESTROY VAG LESIONS SIMPLE		0193	20.6451	APC	$1,044.85			
57065	T	DESTROY VAG LESIONS COMPLEX		0193	20.6451	APC	$1,044.85			
57100	T	BIOPSY OF VAGINA		0192	6.7568	APC	$341.96			
57105	T	BIOPSY OF VAGINA		0193	20.6451	APC	$1,044.85			
57106	T	REMOVE VAGINA WALL PARTIAL		0193	20.6451	APC	$1,044.85			
57107	T	REMOVE VAGINA TISSUE PART		0195	36.0353	APC	$1,823.75			
57109	T	VAGINECTOMY PARTIAL W/NODES		0195	36.0353	APC	$1,823.75			
57110	C	REMOVE VAGINA WALL COMPLETE				Inpatient Only	$0.00			
57111	C	REMOVE VAGINA TISSUE COMPL				Inpatient Only	$0.00			
57112	C	VAGINECTOMY W/NODES COMPL				Inpatient Only	$0.00			
57120	T	CLOSURE OF VAGINA		0195	36.0353	APC	$1,823.75			
57130	T	REMOVE VAGINA LESION		0193	20.6451	APC	$1,044.85			
57135	T	REMOVE VAGINA LESION		0193	20.6451	APC	$1,044.85			
57150	T	TREAT VAGINA INFECTION		0188	1.5839	APC	$80.16			
57155	T	INSERT UTERI TANDEMS/OVOIDS		0192	6.7568	APC	$341.96			
57156	T	INS VAG BRACHYTX DEVICE		0189	3.4852	APC	$176.39			
57160	T	INSERT PESSARY/OTHER DEVICE		0188	1.5839	APC	$80.16			
57170	T	FITTING OF DIAPHRAGM/CAP		0191	0.1309	APC	$6.62			
57180	T	TREAT VAGINAL BLEEDING		0188	1.5839	APC	$80.16			

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57200	T	REPAIR OF VAGINA		0193	20.6451	APC	$1,044.85			
57210	T	REPAIR VAGINA/PERINEUM		0193	20.6451	APC	$1,044.85			
57220	T	REVISION OF URETHRA		0202	46.0040	APC	$2,328.26			
57230	T	REPAIR OF URETHRAL LESION		0195	36.0353	APC	$1,823.75			
57240	T	REPAIR BLADDER & VAGINA		0195	36.0353	APC	$1,823.75			
57250	T	REPAIR RECTUM & VAGINA		0195	36.0353	APC	$1,823.75			
57260	T	REPAIR OF VAGINA		0195	36.0353	APC	$1,823.75			
57265	T	EXTENSIVE REPAIR OF VAGINA		0202	46.0040	APC	$2,328.26			
57267	T	INSERT MESH/PELVIC FLR ADDON		0195	36.0353	APC	$1,823.75			
57268	T	REPAIR OF BOWEL BULGE		0195	36.0353	APC	$1,823.75			
57270	C	REPAIR OF BOWEL POUCH				Inpatient Only	$0.00			
57280	C	SUSPENSION OF VAGINA				Inpatient Only	$0.00			
57282	T	COLPOPEXY EXTRAPERITONEAL		0202	46.0040	APC	$2,328.26			
57283	T	COLPOPEXY INTRAPERITONEAL		0202	46.0040	APC	$2,328.26			
57284	T	REPAIR PARAVAG DEFECT OPEN		0202	46.0040	APC	$2,328.26			
57285	T	REPAIR PARAVAG DEFECT VAG		0202	46.0040	APC	$2,328.26			
57287	T	REVISE/REMOVE SLING REPAIR		0195	36.0353	APC	$1,823.75			
57288	T	REPAIR BLADDER DEFECT		0202	46.0040	APC	$2,328.26			
57289	T	REPAIR BLADDER & VAGINA		0195	36.0353	APC	$1,823.75			
57291	E	CONSTRUCTION OF VAGINA				Not Allowed	$0.00			
57292	E	CONSTRUCT VAGINA WITH GRAFT				Not Allowed	$0.00			
57295	T	CHANGE VAGINAL GRAFT		0193	20.6451	APC	$1,044.85			
57296	C	REVISE VAG GRAFT OPEN ABD				Inpatient Only	$0.00			
57300	T	REPAIR RECTUM-VAGINA FISTULA		0195	36.0353	APC	$1,823.75			
57305	C	REPAIR RECTUM-VAGINA FISTULA				Inpatient Only	$0.00			
57307	C	FISTULA REPAIR & COLOSTOMY				Inpatient Only	$0.00			
57308	C	FISTULA REPAIR TRANSPERINE				Inpatient Only	$0.00			
57310	T	REPAIR URETHROVAGINAL LESION		0202	46.0040	APC	$2,328.26			
57311	C	REPAIR URETHROVAGINAL LESION				Inpatient Only	$0.00			
57320	T	REPAIR BLADDER-VAGINA LESION		0195	36.0353	APC	$1,823.75			
57330	T	REPAIR BLADDER-VAGINA LESION		0195	36.0353	APC	$1,823.75			
57335	T	REPAIR VAGINA		0195	36.0353	APC	$1,823.75			
57400	T	DILATION OF VAGINA		0193	20.6451	APC	$1,044.85			
57410	T	PELVIC EXAMINATION		0193	20.6451	APC	$1,044.85			
57415	T	REMOVE VAGINAL FOREIGN BODY		0193	20.6451	APC	$1,044.85			
57420	T	EXAM OF VAGINA W/SCOPE		0189	3.4852	APC	$176.39			
57421	T	EXAM/BIOPSY OF VAG W/SCOPE		0189	3.4852	APC	$176.39			
57423	T	REPAIR PARAVAG DEFECT LAP		0202	46.0040	APC	$2,328.26			
57425	T	LAPAROSCOPY SURG COLPOPEXY		0131	48.0079	APC	$2,429.68			
57426	T	REVISE PROSTH VAG GRAFT LAP		0193	20.6451	APC	$1,044.85			
57452	T	EXAM OF CERVIX W/SCOPE		0188	1.5839	APC	$80.16			
57454	T	BX/CURETT OF CERVIX W/SCOPE		0189	3.4852	APC	$176.39			
57455	T	BIOPSY OF CERVIX W/SCOPE		0189	3.4852	APC	$176.39			
57456	T	ENDOCERV CURETTAGE W/SCOPE		0189	3.4852	APC	$176.39			
57460	T	BX OF CERVIX W/SCOPE LEEP		0193	20.6451	APC	$1,044.85			
57461	T	CONZ OF CERVIX W/SCOPE LEEP		0193	20.6451	APC	$1,044.85			
57500	T	BIOPSY OF CERVIX		0192	6.7568	APC	$341.96			
57505	T	ENDOCERVICAL CURETTAGE		0192	6.7568	APC	$341.96			
57510	T	CAUTERIZATION OF CERVIX		0193	20.6451	APC	$1,044.85			
57511	T	CRYOCAUTERY OF CERVIX		0188	1.5839	APC	$80.16			
57513	T	LASER SURGERY OF CERVIX		0193	20.6451	APC	$1,044.85			
57520	T	CONIZATION OF CERVIX		0193	20.6451	APC	$1,044.85			
57522	T	CONIZATION OF CERVIX		0193	20.6451	APC	$1,044.85			
57530	T	REMOVAL OF CERVIX		0195	36.0353	APC	$1,823.75			
57531	C	REMOVAL OF CERVIX RADICAL				Inpatient Only	$0.00			
57540	C	REMOVAL OF RESIDUAL CERVIX				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
57545	C	REMOVE CERVIX/REPAIR PELVIS				Inpatient Only	$0.00			
57550	T	REMOVAL OF RESIDUAL CERVIX		0195	36.0353	APC	$1,823.75			
57555	T	REMOVE CERVIX/REPAIR VAGINA		0195	36.0353	APC	$1,823.75			
57556	T	REMOVE CERVIX REPAIR BOWEL		0202	46.0040	APC	$2,328.26			
57558	T	D&C OF CERVICAL STUMP		0193	20.6451	APC	$1,044.85			
57700	T	REVISION OF CERVIX		0193	20.6451	APC	$1,044.85			
57720	T	REVISION OF CERVIX		0193	20.6451	APC	$1,044.85			
57800	T	DILATION OF CERVICAL CANAL		0193	20.6451	APC	$1,044.85			
58100	T	BIOPSY OF UTERUS LINING		0188	1.5839	APC	$80.16			
58110	N	BX DONE W/COLPOSCOPY ADD-ON				Bundled	$0.00			
58120	T	DILATION AND CURETTAGE		0193	20.6451	APC	$1,044.85			
58140	C	MYOMECTOMY ABDOM METHOD				Inpatient Only	$0.00			
58145	T	MYOMECTOMY VAG METHOD		0195	36.0353	APC	$1,823.75			
58146	C	MYOMECTOMY ABDOM COMPLEX				Inpatient Only	$0.00			
58150	C	TOTAL HYSTERECTOMY				Inpatient Only	$0.00			
58152	C	TOTAL HYSTERECTOMY				Inpatient Only	$0.00			
58180	C	PARTIAL HYSTERECTOMY				Inpatient Only	$0.00			
58200	C	EXTENSIVE HYSTERECTOMY				Inpatient Only	$0.00			
58210	C	EXTENSIVE HYSTERECTOMY				Inpatient Only	$0.00			
58240	C	REMOVAL OF PELVIS CONTENTS				Inpatient Only	$0.00			
58260	T	VAGINAL HYSTERECTOMY		0195	36.0353	APC	$1,823.75			
58262	T	VAG HYST INCLUDING T/O		0195	36.0353	APC	$1,823.75			
58263	T	VAG HYST W/T/O & VAG REPAIR		0195	36.0353	APC	$1,823.75			
58267	C	VAG HYST W/URINARY REPAIR				Inpatient Only	$0.00			
58270	T	VAG HYST W/ENTEROCELE REPAIR		0195	36.0353	APC	$1,823.75			
58275	C	HYSTERECTOMY/REVISE VAGINA				Inpatient Only	$0.00			
58280	C	HYSTERECTOMY/REVISE VAGINA				Inpatient Only	$0.00			
58285	C	EXTENSIVE HYSTERECTOMY				Inpatient Only	$0.00			
58290	T	VAG HYST COMPLEX		0202	46.0040	APC	$2,328.26			
58291	T	VAG HYST INCL T/O COMPLEX		0202	46.0040	APC	$2,328.26			
58292	T	VAG HYST T/O & REPAIR COMPL		0202	46.0040	APC	$2,328.26			
58293	C	VAG HYST W/URO REPAIR COMPL				Inpatient Only	$0.00			
58294	T	VAG HYST W/ENTEROCELE COMPL		0202	46.0040	APC	$2,328.26			
58300	M	INSERT INTRAUTERINE DEVICE				Fee Schedule	$50.41			
58301	T	REMOVE INTRAUTERINE DEVICE		0188	1.5839	APC	$80.16			
58321	E	ARTIFICIAL INSEMINATION				Not Allowed	$0.00			
58322	E	ARTIFICIAL INSEMINATION				Not Allowed	$0.00			
58323	E	SPERM WASHING				Not Allowed	$0.00			
58340	N	CATHETER FOR HYSTEROGRAPHY				Bundled	$0.00			
58345	E	REOPEN FALLOPIAN TUBE				Not Allowed	$0.00			
58346	T	INSERT HEYMAN UTERI CAPSULE		0193	20.6451	APC	$1,044.85			
58350	T	REOPEN FALLOPIAN TUBE		0195	36.0353	APC	$1,823.75			
58353	T	ENDOMETR ABLATE THERMAL		0195	36.0353	APC	$1,823.75			
58356	T	ENDOMETRIAL CRYOABLATION		0202	46.0040	APC	$2,328.26			
58400	C	SUSPENSION OF UTERUS				Inpatient Only	$0.00			
58410	C	SUSPENSION OF UTERUS				Inpatient Only	$0.00			
58520	C	REPAIR OF RUPTURED UTERUS				Inpatient Only	$0.00			
58540	C	REVISION OF UTERUS				Inpatient Only	$0.00			
58541	T	LSH UTERUS 250 G OR LESS		0132	71.5531	APC	$3,621.30			
58542	T	LSH W/T/O UT 250 G OR LESS		0132	71.5531	APC	$3,621.30			
58543	T	LSH UTERUS ABOVE 250 G		0132	71.5531	APC	$3,621.30			
58544	T	LSH W/T/O UTERUS ABOVE 250 G		0132	71.5531	APC	$3,621.30			
58545	T	LAPAROSCOPIC MYOMECTOMY		0130	38.8880	APC	$1,968.12			
58546	T	LAPARO-MYOMECTOMY COMPLEX		0131	48.0079	APC	$2,429.68			
58548	C	LAP RADICAL HYST				Inpatient Only	$0.00			
58550	T	LAPARO-ASST VAG HYSTERECTOMY		0132	71.5531	APC	$3,621.30			

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58552	T	LAPARO-VAG HYST INCL T/O		0131	48.0079	APC	$2,429.68			
58553	T	LAPARO-VAG HYST COMPLEX		0131	48.0079	APC	$2,429.68			
58554	T	LAPARO-VAG HYST W/T/O COMPL		0131	48.0079	APC	$2,429.68			
58555	T	HYSTEROSCOPY DX SEP PROC		0190	23.0056	APC	$1,164.31			
58558	T	HYSTEROSCOPY BIOPSY		0190	23.0056	APC	$1,164.31			
58559	T	HYSTEROSCOPY LYSIS		0190	23.0056	APC	$1,164.31			
58560	T	HYSTEROSCOPY RESECT SEPTUM		0387	38.2909	APC	$1,937.90			
58561	T	HYSTEROSCOPY REMOVE MYOMA		0387	38.2909	APC	$1,937.90			
58562	T	HYSTEROSCOPY REMOVE FB		0190	23.0056	APC	$1,164.31			
58563	T	HYSTEROSCOPY ABLATION		0387	38.2909	APC	$1,937.90			
58565	T	HYSTEROSCOPY STERILIZATION		0202	46.0040	APC	$2,328.26			
58570	T	TLH UTERUS 250 G OR LESS		0131	48.0079	APC	$2,429.68			
58571	T	TLH W/T/O 250 G OR LESS		0131	48.0079	APC	$2,429.68			
58572	T	TLH UTERUS OVER 250 G		0131	48.0079	APC	$2,429.68			
58573	T	TLH W/T/O UTERUS OVER 250 G		0131	48.0079	APC	$2,429.68			
58578	T	LAPARO PROC UTERUS		0130	38.8880	APC	$1,968.12			
58579	T	HYSTEROSCOPE PROCEDURE		0190	23.0056	APC	$1,164.31			
58600	T	DIVISION OF FALLOPIAN TUBE		0195	36.0353	APC	$1,823.75			
58605	C	DIVISION OF FALLOPIAN TUBE				Inpatient Only	$0.00			
58611	C	LIGATE OVIDUCT(S) ADD-ON				Inpatient Only	$0.00			
58615	T	OCCLUDE FALLOPIAN TUBE(S)		0193	20.6451	APC	$1,044.85			
58660	T	LAPAROSCOPY LYSIS		0131	48.0079	APC	$2,429.68			
58661	T	LAPAROSCOPY REMOVE ADNEXA		0131	48.0079	APC	$2,429.68			
58662	T	LAPAROSCOPY EXCISE LESIONS		0131	48.0079	APC	$2,429.68			
58670	T	LAPAROSCOPY TUBAL CAUTERY		0131	48.0079	APC	$2,429.68			
58671	T	LAPAROSCOPY TUBAL BLOCK		0131	48.0079	APC	$2,429.68			
58672	T	LAPAROSCOPY FIMBRIOPLASTY		0131	48.0079	APC	$2,429.68			
58673	T	LAPAROSCOPY SALPINGOSTOMY		0131	48.0079	APC	$2,429.68			
58679	T	LAPARO PROC OVIDUCT-OVARY		0130	38.8880	APC	$1,968.12			
58700	C	REMOVAL OF FALLOPIAN TUBE				Inpatient Only	$0.00			
58720	C	REMOVAL OF OVARY/TUBE(S)				Inpatient Only	$0.00			
58740	C	ADHESIOLYSIS TUBE OVARY				Inpatient Only	$0.00			
58750	E	REPAIR OVIDUCT				Not Allowed	$0.00			
58752	E	REVISE OVARIAN TUBE(S)				Not Allowed	$0.00			
58760	E	REMOVE TUBAL OBSTRUCTION				Not Allowed	$0.00			
58770	E	CREATE NEW TUBAL OPENING				Not Allowed	$0.00			
58800	T	DRAINAGE OF OVARIAN CYST(S)		0193	20.6451	APC	$1,044.85			
58805	T	DRAINAGE OF OVARIAN CYST(S)		0195	36.0353	APC	$1,823.75			
58820	T	DRAIN OVARY ABSCESS OPEN		0195	36.0353	APC	$1,823.75			
58822	C	DRAIN OVARY ABSCESS PERCUT				Inpatient Only	$0.00			
58823	T	DRAIN PELVIC ABSCESS PERCUT		0193	20.6451	APC	$1,044.85			
58825	C	TRANSPOSITION OVARY(S)				Inpatient Only	$0.00			
58900	T	BIOPSY OF OVARY(S)		0193	20.6451	APC	$1,044.85			
58920	T	PARTIAL REMOVAL OF OVARY(S)		0195	36.0353	APC	$1,823.75			
58925	T	REMOVAL OF OVARIAN CYST(S)		0195	36.0353	APC	$1,823.75			
58940	C	REMOVAL OF OVARY(S)				Inpatient Only	$0.00			
58943	C	REMOVAL OF OVARY(S)				Inpatient Only	$0.00			
58950	C	RESECT OVARIAN MALIGNANCY				Inpatient Only	$0.00			
58951	C	RESECT OVARIAN MALIGNANCY				Inpatient Only	$0.00			
58952	C	RESECT OVARIAN MALIGNANCY				Inpatient Only	$0.00			
58953	C	TAH RAD DISSECT FOR DEBULK				Inpatient Only	$0.00			
58954	C	TAH RAD DEBULK/LYMPH REMOVE				Inpatient Only	$0.00			
58956	C	BSO OMENTECTOMY W/TAH				Inpatient Only	$0.00			
58957	C	RESECT RECURRENT GYN MAL				Inpatient Only	$0.00			
58958	C	RESECT RECUR GYN MAL W/LYM				Inpatient Only	$0.00			
58960	C	EXPLORATION OF ABDOMEN				Inpatient Only	$0.00			

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58970	E	RETRIEVAL OF OOCYTE				Not Allowed	$0.00			
58974	E	TRANSFER OF EMBRYO				Not Allowed	$0.00			
58976	E	TRANSFER OF EMBRYO				Not Allowed	$0.00			
58999	T	GENITAL SURGERY PROCEDURE		0191	0.1309	APC	$6.62			
59000	T	AMNIOCENTESIS DIAGNOSTIC		0189	3.4852	APC	$176.39			
59001	T	AMNIOCENTESIS THERAPEUTIC		0192	6.7568	APC	$341.96			
59012	T	FETAL CORD PUNCTURE PRENATAL		0189	3.4852	APC	$176.39			
59015	T	CHORION BIOPSY		0189	3.4852	APC	$176.39			
59020	T	FETAL CONTRACT STRESS TEST		0188	1.5839	APC	$80.16			
59025	T	FETAL NON-STRESS TEST		0188	1.5839	APC	$80.16			
59030	T	FETAL SCALP BLOOD SAMPLE		0189	3.4852	APC	$176.39			
59050	M	FETAL MONITOR W/REPORT				By Report	$0.00			
59051	E	FETAL MONITOR/INTERPRET ONLY				Not Allowed	$0.00			
59070	T	TRANSABDOM AMNIOINFUS W/ US		0188	1.5839	APC	$80.16			
59072	T	UMBILICAL CORD OCCLUD W/ US		0189	3.4852	APC	$176.39			
59074	T	FETAL FLUID DRAINAGE W/ US		0189	3.4852	APC	$176.39			
59076	T	FETAL SHUNT PLACEMENT W/US		0189	3.4852	APC	$176.39			
59100	T	REMOVE UTERUS LESION		0195	36.0353	APC	$1,823.75			
59120	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			
59121	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			
59130	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			
59135	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			
59136	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			
59140	C	TREAT ECTOPIC PREGNANCY				Inpatient Only	$0.00			
59150	T	TREAT ECTOPIC PREGNANCY		0131	48.0079	APC	$2,429.68			
59151	T	TREAT ECTOPIC PREGNANCY		0131	48.0079	APC	$2,429.68			
59160	T	D & C AFTER DELIVERY		0193	20.6451	APC	$1,044.85			
59200	T	INSERT CERVICAL DILATOR		0188	1.5839	APC	$80.16			
59300	T	EPISIOTOMY OR VAGINAL REPAIR		0193	20.6451	APC	$1,044.85			
59320	T	REVISION OF CERVIX		0193	20.6451	APC	$1,044.85			
59325	C	REVISION OF CERVIX				Inpatient Only	$0.00			
59350	C	REPAIR OF UTERUS				Inpatient Only	$0.00			
59400	E	OBSTETRICAL CARE				Not Allowed	$0.00			
59409	T	OBSTETRICAL CARE		0193	20.6451	APC	$1,044.85			
59410	E	OBSTETRICAL CARE				Not Allowed	$0.00			
59412	T	ANTEPARTUM MANIPULATION		0193	20.6451	APC	$1,044.85			
59414	T	DELIVER PLACENTA		0193	20.6451	APC	$1,044.85			
59425	M	ANTEPARTUM CARE ONLY				Fee Schedule	$0.00			
59426	M	ANTEPARTUM CARE ONLY				Fee Schedule	$0.00			
59430	M	CARE AFTER DELIVERY				Fee Schedule	$0.00			
59510	E	CESAREAN DELIVERY				Not Allowed	$0.00			
59514	C	CESAREAN DELIVERY ONLY				Inpatient Only	$0.00			
59515	E	CESAREAN DELIVERY				Not Allowed	$0.00			
59525	C	REMOVE UTERUS AFTER CESAREAN				Inpatient Only	$0.00			
59610	E	VBAC DELIVERY				Not Allowed	$0.00			
59612	T	VBAC DELIVERY ONLY		0193	20.6451	APC	$1,044.85			
59614	E	VBAC CARE AFTER DELIVERY				Not Allowed	$0.00			
59618	E	ATTEMPTED VBAC DELIVERY				Not Allowed	$0.00			
59620	C	ATTEMPTED VBAC DELIVERY ONLY				Inpatient Only	$0.00			
59622	E	ATTEMPTED VBAC AFTER CARE				Not Allowed	$0.00			
59812	T	TREATMENT OF MISCARRIAGE		0193	20.6451	APC	$1,044.85			
59820	T	CARE OF MISCARRIAGE		0193	20.6451	APC	$1,044.85			
59821	T	TREATMENT OF MISCARRIAGE		0193	20.6451	APC	$1,044.85			
59830	C	TREAT UTERUS INFECTION				Inpatient Only	$0.00			
59840	T	ABORTION		0193	20.6451	APC	$1,044.85			
59841	T	ABORTION		0193	20.6451	APC	$1,044.85			

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59850	C	ABORTION				Inpatient Only	$0.00			
59851	C	ABORTION				Inpatient Only	$0.00			
59852	C	ABORTION				Inpatient Only	$0.00			
59855	C	ABORTION				Inpatient Only	$0.00			
59856	C	ABORTION				Inpatient Only	$0.00			
59857	C	ABORTION				Inpatient Only	$0.00			
59866	T	ABORTION (MPR)		0189	3.4852	APC	$176.39			
59870	T	EVACUATE MOLE OF UTERUS		0193	20.6451	APC	$1,044.85			
59871	T	REMOVE CERCLAGE SUTURE		0193	20.6451	APC	$1,044.85			
59897	T	FETAL INVAS PX W/ US		0191	0.1309	APC	$6.62			
59898	T	LAPARO PROC OB CARE/DELIVER		0130	38.8880	APC	$1,968.12			
59899	T	MATERNITY CARE PROCEDURE		0191	0.1309	APC	$6.62			
60000	T	DRAIN THYROID/TONGUE CYST		0252	7.4604	APC	$377.57			
60100	T	BIOPSY OF THYROID		0004	4.5746	APC	$231.52			
60200	T	REMOVE THYROID LESION		0114	51.3780	APC	$2,600.24			
60210	T	PARTIAL THYROID EXCISION		0114	51.3780	APC	$2,600.24			
60212	T	PARTIAL THYROID EXCISION		0114	51.3780	APC	$2,600.24			
60220	T	PARTIAL REMOVAL OF THYROID		0114	51.3780	APC	$2,600.24			
60225	T	PARTIAL REMOVAL OF THYROID		0114	51.3780	APC	$2,600.24			
60240	T	REMOVAL OF THYROID		0114	51.3780	APC	$2,600.24			
60252	T	REMOVAL OF THYROID		0256	45.1991	APC	$2,287.53			
60254	C	EXTENSIVE THYROID SURGERY				Inpatient Only	$0.00			
60260	T	REPEAT THYROID SURGERY		0256	45.1991	APC	$2,287.53			
60270	C	REMOVAL OF THYROID				Inpatient Only	$0.00			
60271	T	REMOVAL OF THYROID		0256	45.1991	APC	$2,287.53			
60280	T	REMOVE THYROID DUCT LESION		0114	51.3780	APC	$2,600.24			
60281	T	REMOVE THYROID DUCT LESION		0114	51.3780	APC	$2,600.24			
60300	T	ASPIR/INJ THYROID CYST		0004	4.5746	APC	$231.52			
60500	T	EXPLORE PARATHYROID GLANDS		0256	45.1991	APC	$2,287.53			
60502	T	RE-EXPLORE PARATHYROIDS		0256	45.1991	APC	$2,287.53			
60505	C	EXPLORE PARATHYROID GLANDS				Inpatient Only	$0.00			
60512	T	AUTOTRANSPLANT PARATHYROID		0022	23.2662	APC	$1,177.50			
60520	T	REMOVAL OF THYMUS GLAND		0256	45.1991	APC	$2,287.53			
60521	C	REMOVAL OF THYMUS GLAND				Inpatient Only	$0.00			
60522	C	REMOVAL OF THYMUS GLAND				Inpatient Only	$0.00			
60540	C	EXPLORE ADRENAL GLAND				Inpatient Only	$0.00			
60545	C	EXPLORE ADRENAL GLAND				Inpatient Only	$0.00			
60600	C	REMOVE CAROTID BODY LESION				Inpatient Only	$0.00			
60605	C	REMOVE CAROTID BODY LESION				Inpatient Only	$0.00			
60650	C	LAPAROSCOPY ADRENALECTOMY				Inpatient Only	$0.00			
60659	T	LAPARO PROC ENDOCRINE		0130	38.8880	APC	$1,968.12			
60699	T	ENDOCRINE SURGERY PROCEDURE		0114	51.3780	APC	$2,600.24			
61000	T	REMOVE CRANIAL CAVITY FLUID		0207	7.4744	APC	$378.28			
61001	T	REMOVE CRANIAL CAVITY FLUID		0207	7.4744	APC	$378.28			
61020	T	REMOVE BRAIN CAVITY FLUID		0207	7.4744	APC	$378.28			
61026	T	INJECTION INTO BRAIN CANAL		0207	7.4744	APC	$378.28			
61050	T	REMOVE BRAIN CANAL FLUID		0207	7.4744	APC	$378.28			
61055	T	INJECTION INTO BRAIN CANAL		0207	7.4744	APC	$378.28			
61070	T	BRAIN CANAL SHUNT PROCEDURE		0121	6.2131	APC	$314.44			
61105	C	TWIST DRILL HOLE				Inpatient Only	$0.00			
61107	C	DRILL SKULL FOR IMPLANTATION				Inpatient Only	$0.00			
61108	C	DRILL SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61120	C	BURR HOLE FOR PUNCTURE				Inpatient Only	$0.00			
61140	C	PIERCE SKULL FOR BIOPSY				Inpatient Only	$0.00			
61150	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61151	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
61154	C	PIERCE SKULL & REMOVE CLOT				Inpatient Only	$0.00			
61156	C	PIERCE SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61210	C	PIERCE SKULL IMPLANT DEVICE				Inpatient Only	$0.00			
61215	T	INSERT BRAIN-FLUID DEVICE		0224	41.6996	APC	$2,110.42			
61250	C	PIERCE SKULL & EXPLORE				Inpatient Only	$0.00			
61253	C	PIERCE SKULL & EXPLORE				Inpatient Only	$0.00			
61304	C	OPEN SKULL FOR EXPLORATION				Inpatient Only	$0.00			
61305	C	OPEN SKULL FOR EXPLORATION				Inpatient Only	$0.00			
61312	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61313	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61314	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61315	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61316	C	IMPLT CRAN BONE FLAP TO ABDO				Inpatient Only	$0.00			
61320	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61321	C	OPEN SKULL FOR DRAINAGE				Inpatient Only	$0.00			
61322	C	DECOMPRESSIVE CRANIOTOMY				Inpatient Only	$0.00			
61323	C	DECOMPRESSIVE LOBECTOMY				Inpatient Only	$0.00			
61330	T	DECOMPRESS EYE SOCKET		0256	45.1991	APC	$2,287.53			
61332	C	EXPLORE/BIOPSY EYE SOCKET				Inpatient Only	$0.00			
61333	C	EXPLORE ORBIT/REMOVE LESION				Inpatient Only	$0.00			
61334	T	EXPLORE ORBIT/REMOVE OBJECT		0256	45.1991	APC	$2,287.53			
61340	C	SUBTEMPORAL DECOMPRESSION				Inpatient Only	$0.00			
61343	C	INCISE SKULL (PRESS RELIEF)				Inpatient Only	$0.00			
61345	C	RELIEVE CRANIAL PRESSURE				Inpatient Only	$0.00			
61440	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			
61450	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			
61458	C	INCISE SKULL FOR BRAIN WOUND				Inpatient Only	$0.00			
61460	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			
61470	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			
61480	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			
61490	C	INCISE SKULL FOR SURGERY				Inpatient Only	$0.00			
61500	C	REMOVAL OF SKULL LESION				Inpatient Only	$0.00			
61501	C	REMOVE INFECTED SKULL BONE				Inpatient Only	$0.00			
61510	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61512	C	REMOVE BRAIN LINING LESION				Inpatient Only	$0.00			
61514	C	REMOVAL OF BRAIN ABSCESS				Inpatient Only	$0.00			
61516	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61517	C	IMPLT BRAIN CHEMOTX ADD-ON				Inpatient Only	$0.00			
61518	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61519	C	REMOVE BRAIN LINING LESION				Inpatient Only	$0.00			
61520	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61521	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61522	C	REMOVAL OF BRAIN ABSCESS				Inpatient Only	$0.00			
61524	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61526	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61530	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61531	C	IMPLANT BRAIN ELECTRODES				Inpatient Only	$0.00			
61533	C	IMPLANT BRAIN ELECTRODES				Inpatient Only	$0.00			
61534	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61535	C	REMOVE BRAIN ELECTRODES				Inpatient Only	$0.00			
61536	C	REMOVAL OF BRAIN LESION				Inpatient Only	$0.00			
61537	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61538	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61539	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61540	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61541	C	INCISION OF BRAIN TISSUE				Inpatient Only	$0.00			

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61542	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61543	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61544	C	REMOVE & TREAT BRAIN LESION				Inpatient Only	$0.00			
61545	C	EXCISION OF BRAIN TUMOR				Inpatient Only	$0.00			
61546	C	REMOVAL OF PITUITARY GLAND				Inpatient Only	$0.00			
61548	C	REMOVAL OF PITUITARY GLAND				Inpatient Only	$0.00			
61550	C	RELEASE OF SKULL SEAMS				Inpatient Only	$0.00			
61552	C	RELEASE OF SKULL SEAMS				Inpatient Only	$0.00			
61556	C	INCISE SKULL/SUTURES				Inpatient Only	$0.00			
61557	C	INCISE SKULL/SUTURES				Inpatient Only	$0.00			
61558	C	EXCISION OF SKULL/SUTURES				Inpatient Only	$0.00			
61559	C	EXCISION OF SKULL/SUTURES				Inpatient Only	$0.00			
61563	C	EXCISION OF SKULL TUMOR				Inpatient Only	$0.00			
61564	C	EXCISION OF SKULL TUMOR				Inpatient Only	$0.00			
61566	C	REMOVAL OF BRAIN TISSUE				Inpatient Only	$0.00			
61567	C	INCISION OF BRAIN TISSUE				Inpatient Only	$0.00			
61570	C	REMOVE FOREIGN BODY BRAIN				Inpatient Only	$0.00			
61571	C	INCISE SKULL FOR BRAIN WOUND				Inpatient Only	$0.00			
61575	C	SKULL BASE/BRAINSTEM SURGERY				Inpatient Only	$0.00			
61576	C	SKULL BASE/BRAINSTEM SURGERY				Inpatient Only	$0.00			
61580	C	CRANIOFACIAL APPROACH SKULL				Inpatient Only	$0.00			
61581	C	CRANIOFACIAL APPROACH SKULL				Inpatient Only	$0.00			
61582	C	CRANIOFACIAL APPROACH SKULL				Inpatient Only	$0.00			
61583	C	CRANIOFACIAL APPROACH SKULL				Inpatient Only	$0.00			
61584	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only	$0.00			
61585	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only	$0.00			
61586	C	RESECT NASOPHARYNX SKULL				Inpatient Only	$0.00			
61590	C	INFRATEMPORAL APPROACH/SKULL				Inpatient Only	$0.00			
61591	C	INFRATEMPORAL APPROACH/SKULL				Inpatient Only	$0.00			
61592	C	ORBITOCRANIAL APPROACH/SKULL				Inpatient Only	$0.00			
61595	C	TRANSTEMPORAL APPROACH/SKULL				Inpatient Only	$0.00			
61596	C	TRANSCOCHLEAR APPROACH/SKULL				Inpatient Only	$0.00			
61597	C	TRANSCONDYLAR APPROACH/SKULL				Inpatient Only	$0.00			
61598	C	TRANSPETROSAL APPROACH/SKULL				Inpatient Only	$0.00			
61600	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			
61601	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			
61605	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			
61606	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			
61607	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			
61608	C	RESECT/EXCISE CRANIAL LESION				Inpatient Only	$0.00			
61609	C	TRANSECT ARTERY SINUS				Inpatient Only	$0.00			
61610	C	TRANSECT ARTERY SINUS				Inpatient Only	$0.00			
61611	C	TRANSECT ARTERY SINUS				Inpatient Only	$0.00			
61612	C	TRANSECT ARTERY SINUS				Inpatient Only	$0.00			
61613	C	REMOVE ANEURYSM SINUS				Inpatient Only	$0.00			
61615	C	RESECT/EXCISE LESION SKULL				Inpatient Only	$0.00			
61616	C	RESECT/EXCISE LESION SKULL				Inpatient Only	$0.00			
61618	C	REPAIR DURA				Inpatient Only	$0.00			
61619	C	REPAIR DURA				Inpatient Only	$0.00			
61623	T	ENDOVASC TEMPORY VESSEL OCCL		0082	105.1880	APC	$5,323.56			
61624	C	TRANSCATH OCCLUSION CNS				Inpatient Only	$0.00			
61626	T	TRANSCATH OCCLUSION NON-CNS		0082	105.1880	APC	$5,323.56			
61630	C	INTRACRANIAL ANGIOPLASTY				Inpatient Only	$0.00			
61635	C	INTRACRAN ANGIOPLSTY W/STENT				Inpatient Only	$0.00			
61640	E	DILATE IC VASOSPASM INIT				Not Allowed	$0.00			
61641	E	DILATE IC VASOSPASM ADD-ON				Not Allowed	$0.00			

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61642	E	DILATE IC VASOSPASM ADD-ON				Not Allowed	$0.00			
61680	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			
61682	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			
61684	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			
61686	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			
61690	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			
61692	C	INTRACRANIAL VESSEL SURGERY				Inpatient Only	$0.00			
61697	C	BRAIN ANEURYSM REPR COMPLX				Inpatient Only	$0.00			
61698	C	BRAIN ANEURYSM REPR COMPLX				Inpatient Only	$0.00			
61700	C	BRAIN ANEURYSM REPR SIMPLE				Inpatient Only	$0.00			
61702	C	INNER SKULL VESSEL SURGERY				Inpatient Only	$0.00			
61703	C	CLAMP NECK ARTERY				Inpatient Only	$0.00			
61705	C	REVISE CIRCULATION TO HEAD				Inpatient Only	$0.00			
61708	C	REVISE CIRCULATION TO HEAD				Inpatient Only	$0.00			
61710	C	REVISE CIRCULATION TO HEAD				Inpatient Only	$0.00			
61711	C	FUSION OF SKULL ARTERIES				Inpatient Only	$0.00			
61720	T	INCISE SKULL/BRAIN SURGERY		0221	36.0414	APC	$1,824.06			
61735	C	INCISE SKULL/BRAIN SURGERY				Inpatient Only	$0.00			
61750	C	INCISE SKULL/BRAIN BIOPSY				Inpatient Only	$0.00			
61751	C	BRAIN BIOPSY W/CT/MR GUIDE				Inpatient Only	$0.00			
61760	C	IMPLANT BRAIN ELECTRODES				Inpatient Only	$0.00			
61770	T	INCISE SKULL FOR TREATMENT		0221	36.0414	APC	$1,824.06			
61781	N	SCAN PROC CRANIAL INTRA				Bundled	$0.00			
61782	N	SCAN PROC CRANIAL EXTRA				Bundled	$0.00			
61783	N	SCAN PROC SPINAL				Bundled	$0.00			
61790	T	TREAT TRIGEMINAL NERVE		0220	18.8841	APC	$955.72			
61791	T	TREAT TRIGEMINAL TRACT		0203	12.8988	APC	$652.81			
61796	E	SRS CRANIAL LESION SIMPLE				Not Allowed	$0.00			
61797	E	SRS CRAN LES SIMPLE ADDL				Not Allowed	$0.00			
61798	E	SRS CRANIAL LESION COMPLEX				Not Allowed	$0.00			
61799	E	SRS CRAN LES COMPLEX ADDL				Not Allowed	$0.00			
61800	E	APPLY SRS HEADFRAME ADD-ON				Not Allowed	$0.00			
61850	C	IMPLANT NEUROELECTRODES				Inpatient Only	$0.00			
61860	C	IMPLANT NEUROELECTRODES				Inpatient Only	$0.00			
61863	C	IMPLANT NEUROELECTRODE				Inpatient Only	$0.00			
61864	C	IMPLANT NEUROELECTRDE ADDL				Inpatient Only	$0.00			
61867	C	IMPLANT NEUROELECTRODE				Inpatient Only	$0.00			
61868	C	IMPLANT NEUROELECTRDE ADDL				Inpatient Only	$0.00			
61870	C	IMPLANT NEUROELECTRODES				Inpatient Only	$0.00			
61875	C	IMPLANT NEUROELECTRODES				Inpatient Only	$0.00			
61880	T	REVISE/REMOVE NEUROELECTRODE		0687	20.9445	APC	$1,060.00			
61885	S	IMPLANT NEUROSTIM ONE ARRAY		0039	216.7598	APC	$10,970.21			
61886	S	IMPLANT NEUROSTIM ARRAYS		0315	285.2560	APC	$14,436.81			
61888	T	REVISE/REMOVE NEURORECEIVER		0688	30.9571	APC	$1,566.74			
62000	T	TREAT SKULL FRACTURE		0254	24.9111	APC	$1,260.75			
62005	C	TREAT SKULL FRACTURE				Inpatient Only	$0.00			
62010	C	TREATMENT OF HEAD INJURY				Inpatient Only	$0.00			
62100	C	REPAIR BRAIN FLUID LEAKAGE				Inpatient Only	$0.00			
62115	C	REDUCTION OF SKULL DEFECT				Inpatient Only	$0.00			
62116	C	REDUCTION OF SKULL DEFECT				Inpatient Only	$0.00			
62117	C	REDUCTION OF SKULL DEFECT				Inpatient Only	$0.00			
62120	C	REPAIR SKULL CAVITY LESION				Inpatient Only	$0.00			
62121	C	INCISE SKULL REPAIR				Inpatient Only	$0.00			
62140	C	REPAIR OF SKULL DEFECT				Inpatient Only	$0.00			
62141	C	REPAIR OF SKULL DEFECT				Inpatient Only	$0.00			
62142	C	REMOVE SKULL PLATE/FLAP				Inpatient Only	$0.00			

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62143	C	REPLACE SKULL PLATE/FLAP				Inpatient Only	$0.00			
62145	C	REPAIR OF SKULL & BRAIN				Inpatient Only	$0.00			
62146	C	REPAIR OF SKULL WITH GRAFT				Inpatient Only	$0.00			
62147	C	REPAIR OF SKULL WITH GRAFT				Inpatient Only	$0.00			
62148	C	RETR BONE FLAP TO FIX SKULL				Inpatient Only	$0.00			
62160	N	NEUROENDOSCOPY ADD-ON				Bundled	$0.00			
62161	C	DISSECT BRAIN W/SCOPE				Inpatient Only	$0.00			
62162	C	REMOVE COLLOID CYST W/SCOPE				Inpatient Only	$0.00			
62163	C	ZNEUROENDOSCOPY W/FB REMOVAL				Inpatient Only	$0.00			
62164	C	REMOVE BRAIN TUMOR W/SCOPE				Inpatient Only	$0.00			
62165	C	REMOVE PITUIT TUMOR W/SCOPE				Inpatient Only	$0.00			
62180	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62190	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62192	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62194	T	REPLACE/IRRIGATE CATHETER		0207	7.4744	APC	$378.28			
62200	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62201	C	BRAIN CAVITY SHUNT W/SCOPE				Inpatient Only	$0.00			
62220	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62223	C	ESTABLISH BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62225	T	REPLACE/IRRIGATE CATHETER		0427	16.2548	APC	$822.66			
62230	T	REPLACE/REVISE BRAIN SHUNT		0224	41.6996	APC	$2,110.42			
62252	S	CSF SHUNT REPROGRAM		0691	2.3925	APC	$121.08			
62256	C	REMOVE BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62258	C	REPLACE BRAIN CAVITY SHUNT				Inpatient Only	$0.00			
62263	T	EPIDURAL LYSIS MULT SESSIONS		0203	12.8988	APC	$652.81			
62264	T	EPIDURAL LYSIS ON SINGLE DAY		0203	12.8988	APC	$652.81			
62267	T	INTERDISCAL PERQ ASPIR DX		0004	4.5746	APC	$231.52			
62268	T	DRAIN SPINAL CORD CYST		0207	7.4744	APC	$378.28			
62269	T	NEEDLE BIOPSY SPINAL CORD		0685	9.6734	APC	$489.57			
62270	T	SPINAL FLUID TAP DIAGNOSTIC		0206	3.8988	APC	$197.32			
62272	T	DRAIN CEREBRO SPINAL FLUID		0206	3.8988	APC	$197.32			
62273	T	INJECT EPIDURAL PATCH		0207	7.4744	APC	$378.28			
62280	T	TREAT SPINAL CORD LESION		0207	7.4744	APC	$378.28			
62281	T	TREAT SPINAL CORD LESION		0203	12.8988	APC	$652.81			
62282	T	TREAT SPINAL CANAL LESION		0203	12.8988	APC	$652.81			
62284	N	INJECTION FOR MYELOGRAM				Bundled	$0.00			
62287	T	PERCUTANEOUS DISKECTOMY		0221	36.0414	APC	$1,824.06			
62290	N	INJECT FOR SPINE DISK X-RAY				Bundled	$0.00			
62291	N	INJECT FOR SPINE DISK X-RAY				Bundled	$0.00			
62292	T	INJECTION INTO DISK LESION		0207	7.4744	APC	$378.28			
62294	T	INJECTION INTO SPINAL ARTERY		0207	7.4744	APC	$378.28			
62310	T	INJECT SPINE C/T		0207	7.4744	APC	$378.28			
62311	T	INJECT SPINE L/S (CD)		0207	7.4744	APC	$378.28			
62318	T	INJECT SPINE W/CATH C/T		0207	7.4744	APC	$378.28			
62319	T	INJECT SPINE W/CATH L/S (CD)		0203	12.8988	APC	$652.81			
62350	T	IMPLANT SPINAL CANAL CATH		0224	41.6996	APC	$2,110.42			
62351	T	IMPLANT SPINAL CANAL CATH		0208	50.8933	APC	$2,575.71			
62355	T	REMOVE SPINAL CANAL CATHETER		0203	12.8988	APC	$652.81			
62360	T	INSERT SPINE INFUSION DEVICE		0224	41.6996	APC	$2,110.42			
62361	T	IMPLANT SPINE INFUSION PUMP		0227	193.0257	APC	$9,769.03			
62362	T	IMPLANT SPINE INFUSION PUMP		0227	193.0257	APC	$9,769.03			
62365	T	REMOVE SPINE INFUSION DEVICE		0221	36.0414	APC	$1,824.06			
62367	S	ANALYZE SPINE INFUS PUMP		0691	2.3925	APC	$121.08			
62368	S	ANALYZE SP INF PUMP W/REPROG		0691	2.3925	APC	$121.08			
62369	S	ANAL SP INF PMP W/REPRG&FILL		0691	2.3925	APC	$121.08			
62370	S	ANL SP INF PMP W/MDREPRG&FIL		0691	2.3925	APC	$121.08			

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63001	T	REMOVAL OF SPINAL LAMINA		0208	50.8933	APC	$2,575.71			
63003	T	REMOVAL OF SPINAL LAMINA		0208	50.8933	APC	$2,575.71			
63005	T	REMOVAL OF SPINAL LAMINA		0208	50.8933	APC	$2,575.71			
63011	T	REMOVAL OF SPINAL LAMINA		0208	50.8933	APC	$2,575.71			
63012	T	REMOVAL OF SPINAL LAMINA		0208	50.8933	APC	$2,575.71			
63015	T	REMOVAL OF SPINAL LAMINA		0208	50.8933	APC	$2,575.71			
63016	T	REMOVAL OF SPINAL LAMINA		0208	50.8933	APC	$2,575.71			
63017	T	REMOVAL OF SPINAL LAMINA		0208	50.8933	APC	$2,575.71			
63020	T	NECK SPINE DISK SURGERY		0208	50.8933	APC	$2,575.71			
63030	T	LOW BACK DISK SURGERY		0208	50.8933	APC	$2,575.71			
63035	T	SPINAL DISK SURGERY ADD-ON		0208	50.8933	APC	$2,575.71			
63040	T	LAMINOTOMY SINGLE CERVICAL		0208	50.8933	APC	$2,575.71			
63042	T	LAMINOTOMY SINGLE LUMBAR		0208	50.8933	APC	$2,575.71			
63043	C	LAMINOTOMY ADDL CERVICAL				Inpatient Only	$0.00			
63044	C	LAMINOTOMY ADDL LUMBAR				Inpatient Only	$0.00			
63045	T	REMOVAL OF SPINAL LAMINA		0208	50.8933	APC	$2,575.71			
63046	T	REMOVAL OF SPINAL LAMINA		0208	50.8933	APC	$2,575.71			
63047	T	REMOVAL OF SPINAL LAMINA		0208	50.8933	APC	$2,575.71			
63048	T	REMOVE SPINAL LAMINA ADD-ON		0208	50.8933	APC	$2,575.71			
63050	C	CERVICAL LAMINOPLASTY				Inpatient Only	$0.00			
63051	C	C-LAMINOPLASTY W/GRAFT/PLATE				Inpatient Only	$0.00			
63055	T	DECOMPRESS SPINAL CORD		0208	50.8933	APC	$2,575.71			
63056	T	DECOMPRESS SPINAL CORD		0208	50.8933	APC	$2,575.71			
63057	T	DECOMPRESS SPINE CORD ADD-ON		0208	50.8933	APC	$2,575.71			
63064	T	DECOMPRESS SPINAL CORD		0208	50.8933	APC	$2,575.71			
63066	T	DECOMPRESS SPINE CORD ADD-ON		0208	50.8933	APC	$2,575.71			
63075	T	NECK SPINE DISK SURGERY		0208	50.8933	APC	$2,575.71			
63076	T	NECK SPINE DISK SURGERY		0208	50.8933	APC	$2,575.71			
63077	C	SPINE DISK SURGERY THORAX				Inpatient Only	$0.00			
63078	C	SPINE DISK SURGERY THORAX				Inpatient Only	$0.00			
63081	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63082	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			
63085	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63086	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			
63087	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63088	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			
63090	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63091	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			
63101	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63102	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63103	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			
63170	C	INCISE SPINAL CORD TRACT(S)				Inpatient Only	$0.00			
63172	C	DRAINAGE OF SPINAL CYST				Inpatient Only	$0.00			
63173	C	DRAINAGE OF SPINAL CYST				Inpatient Only	$0.00			
63180	C	REVISE SPINAL CORD LIGAMENTS				Inpatient Only	$0.00			
63182	C	REVISE SPINAL CORD LIGAMENTS				Inpatient Only	$0.00			
63185	C	INCISE SPINAL COLUMN/NERVES				Inpatient Only	$0.00			
63190	C	INCISE SPINAL COLUMN/NERVES				Inpatient Only	$0.00			
63191	C	INCISE SPINAL COLUMN/NERVES				Inpatient Only	$0.00			
63194	C	INCISE SPINAL COLUMN & CORD				Inpatient Only	$0.00			
63195	C	INCISE SPINAL COLUMN & CORD				Inpatient Only	$0.00			
63196	C	INCISE SPINAL COLUMN & CORD				Inpatient Only	$0.00			
63197	C	INCISE SPINAL COLUMN & CORD				Inpatient Only	$0.00			
63198	C	INCISE SPINAL COLUMN & CORD				Inpatient Only	$0.00			
63199	C	INCISE SPINAL COLUMN & CORD				Inpatient Only	$0.00			
63200	C	RELEASE OF SPINAL CORD				Inpatient Only	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
63250	C	REVISE SPINAL CORD VESSELS				Inpatient Only	$0.00			
63251	C	REVISE SPINAL CORD VESSELS				Inpatient Only	$0.00			
63252	C	REVISE SPINAL CORD VESSELS				Inpatient Only	$0.00			
63265	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			
63266	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			
63267	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			
63268	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			
63270	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			
63271	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			
63272	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			
63273	C	EXCISE INTRASPINAL LESION				Inpatient Only	$0.00			
63275	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			
63276	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			
63277	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			
63278	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			
63280	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			
63281	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			
63282	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			
63283	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			
63285	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			
63286	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			
63287	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			
63290	C	BIOPSY/EXCISE SPINAL TUMOR				Inpatient Only	$0.00			
63295	C	REPAIR OF LAMINECTOMY DEFECT				Inpatient Only	$0.00			
63300	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63301	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63302	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63303	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63304	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63305	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63306	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63307	C	REMOVAL OF VERTEBRAL BODY				Inpatient Only	$0.00			
63308	C	REMOVE VERTEBRAL BODY ADD-ON				Inpatient Only	$0.00			
63600	T	REMOVE SPINAL CORD LESION		0220	18.8841	APC	$955.72			
63610	T	STIMULATION OF SPINAL CORD		0220	18.8841	APC	$955.72			
63615	T	REMOVE LESION OF SPINAL CORD		0220	18.8841	APC	$955.72			
63620	E	SRS SPINAL LESION				Not Allowed	$0.00			
63621	E	SRS SPINAL LESION ADDL				Not Allowed	$0.00			
63650	S	IMPLANT NEUROELECTRODES		0040	63.7616	APC	$3,226.97			
63655	S	IMPLANT NEUROELECTRODES		0061	88.8062	APC	$4,494.48			
63661	T	REMOVE SPINE ELTRD PERQ ARAY		0687	20.9445	APC	$1,060.00			
63662	T	REMOVE SPINE ELTRD PLATE		0687	20.9445	APC	$1,060.00			
63663	S	REVISE SPINE ELTRD PERQ ARAY		0040	63.7616	APC	$3,226.97			
63664	S	REVISE SPINE ELTRD PLATE		0040	63.7616	APC	$3,226.97			
63685	S	IMPLANT NEURORECEIVER		0039	216.7598	APC	$10,970.21			
63688	T	REVISE/REMOVE NEURORECEIVER		0688	30.9571	APC	$1,566.74			
63700	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	$0.00			
63702	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	$0.00			
63704	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	$0.00			
63706	C	REPAIR OF SPINAL HERNIATION				Inpatient Only	$0.00			
63707	C	REPAIR SPINAL FLUID LEAKAGE				Inpatient Only	$0.00			
63709	C	REPAIR SPINAL FLUID LEAKAGE				Inpatient Only	$0.00			
63710	C	GRAFT REPAIR OF SPINE DEFECT				Inpatient Only	$0.00			
63740	C	INSTALL SPINAL SHUNT				Inpatient Only	$0.00			
63741	T	INSTALL SPINAL SHUNT		0224	41.6996	APC	$2,110.42			
63744	T	REVISION OF SPINAL SHUNT		0224	41.6996	APC	$2,110.42			

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63746	T	REMOVAL OF SPINAL SHUNT		0203	12.8988	APC	$652.81			
64400	T	N BLOCK INJ TRIGEMINAL		0204	2.6121	APC	$132.20			
64402	T	N BLOCK INJ FACIAL		0204	2.6121	APC	$132.20			
64405	T	N BLOCK INJ OCCIPITAL		0206	3.8988	APC	$197.32			
64408	T	N BLOCK INJ VAGUS		0204	2.6121	APC	$132.20			
64410	T	N BLOCK INJ PHRENIC		0204	2.6121	APC	$132.20			
64412	T	N BLOCK INJ SPINAL ACCESSOR		0206	3.8988	APC	$197.32			
64413	T	N BLOCK INJ CERVICAL PLEXUS		0206	3.8988	APC	$197.32			
64415	T	N BLOCK INJ BRACHIAL PLEXUS		0206	3.8988	APC	$197.32			
64416	T	N BLOCK CONT INFUSE B PLEX		0207	7.4744	APC	$378.28			
64417	T	N BLOCK INJ AXILLARY		0206	3.8988	APC	$197.32			
64418	T	N BLOCK INJ SUPRASCAPULAR		0206	3.8988	APC	$197.32			
64420	T	N BLOCK INJ INTERCOST SNG		0206	3.8988	APC	$197.32			
64421	T	N BLOCK INJ INTERCOST MLT		0207	7.4744	APC	$378.28			
64425	T	N BLOCK INJ ILIO-ING/HYPOGI		0206	3.8988	APC	$197.32			
64430	T	N BLOCK INJ PUDENDAL		0207	7.4744	APC	$378.28			
64435	T	N BLOCK INJ PARACERVICAL		0206	3.8988	APC	$197.32			
64445	T	N BLOCK INJ SCIATIC SNG		0207	7.4744	APC	$378.28			
64446	T	N BLK INJ SCIATIC CONT INF		0207	7.4744	APC	$378.28			
64447	T	N BLOCK INJ FEM SINGLE		0206	3.8988	APC	$197.32			
64448	T	N BLOCK INJ FEM CONT INF		0207	7.4744	APC	$378.28			
64449	T	N BLOCK INJ LUMBAR PLEXUS		0207	7.4744	APC	$378.28			
64450	T	N BLOCK OTHER PERIPHERAL		0206	3.8988	APC	$197.32			
64455	T	N BLOCK INJ PLANTAR DIGIT		0204	2.6121	APC	$132.20			
64479	T	INJ FORAMEN EPIDURAL C/T		0207	7.4744	APC	$378.28			
64480	T	INJ FORAMEN EPIDURAL ADD-ON		0206	3.8988	APC	$197.32			
64483	T	INJ FORAMEN EPIDURAL L/S		0207	7.4744	APC	$378.28			
64484	T	INJ FORAMEN EPIDURAL ADD-ON		0206	3.8988	APC	$197.32			
64490	T	INJ PARAVERT F JNT C/T 1 LEV		0207	7.4744	APC	$378.28			
64491	T	INJ PARAVERT F JNT C/T 2 LEV		0204	2.6121	APC	$132.20			
64492	T	INJ PARAVERT F JNT C/T 3 LEV		0204	2.6121	APC	$132.20			
64493	T	INJ PARAVERT F JNT L/S 1 LEV		0207	7.4744	APC	$378.28			
64494	T	INJ PARAVERT F JNT L/S 2 LEV		0204	2.6121	APC	$132.20			
64495	T	INJ PARAVERT F JNT L/S 3 LEV		0204	2.6121	APC	$132.20			
64505	T	N BLOCK SPENOPALATINE GANGL		0204	2.6121	APC	$132.20			
64508	T	N BLOCK CAROTID SINUS S/P		0204	2.6121	APC	$132.20			
64510	T	N BLOCK STELLATE GANGLION		0207	7.4744	APC	$378.28			
64517	T	N BLOCK INJ HYPOGAS PLXS		0207	7.4744	APC	$378.28			
64520	T	N BLOCK LUMBAR/THORACIC		0207	7.4744	APC	$378.28			
64530	T	N BLOCK INJ CELIAC PELUS		0207	7.4744	APC	$378.28			
64550	M	APPLY NEUROSTIMULATOR				Fee Schedule	$8.32			
64553	S	IMPLANT NEUROELECTRODES		0040	63.7616	APC	$3,226.97			
64555	S	IMPLANT NEUROELECTRODES		0040	63.7616	APC	$3,226.97			
64561	S	IMPLANT NEUROELECTRODES		0040	63.7616	APC	$3,226.97			
64565	S	IMPLANT NEUROELECTRODES		0040	63.7616	APC	$3,226.97			
64566	T	NEUROELTRD STIM POST TIBIAL		0204	2.6121	APC	$132.20			
64568	S	INC FOR VAGUS N ELECT IMPL		0318	347.1101	APC	$17,567.24			
64569	T	REVISE/REPL VAGUS N ELTRD		0687	20.9445	APC	$1,060.00			
64570	T	REMOVE VAGUS N ELTRD		0221	36.0414	APC	$1,824.06			
64575	S	IMPLANT NEUROELECTRODES		0061	88.8062	APC	$4,494.48			
64580	S	IMPLANT NEUROELECTRODES		0061	88.8062	APC	$4,494.48			
64581	S	IMPLANT NEUROELECTRODES		0061	88.8062	APC	$4,494.48			
64585	T	REVISE/REMOVE NEUROELECTRODE		0687	20.9445	APC	$1,060.00			
64590	S	IMPLANT NEURORECEIVER		0039	216.7598	APC	$10,970.21			
64595	T	REVISE/REMOVE NEURORECEIVER		0688	30.9571	APC	$1,566.74			
64600	T	INJECTION TREATMENT OF NERVE		0203	12.8988	APC	$652.81			

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64605	T	INJECTION TREATMENT OF NERVE		0220	18.8841	APC	$955.72			
64610	T	INJECTION TREATMENT OF NERVE		0220	18.8841	APC	$955.72			
64611	T	CHEMODENERV SALIV GLANDS		0204	2.6121	APC	$132.20			
64612	T	DESTROY NERVE FACE MUSCLE		0204	2.6121	APC	$132.20			
64613	T	DESTROY NERVE NECK MUSCLE		0206	3.8988	APC	$197.32			
64614	T	DESTROY NERVE EXTREM MUSC		0206	3.8988	APC	$197.32			
64620	T	INJECTION TREATMENT OF NERVE		0203	12.8988	APC	$652.81			
64630	T	INJECTION TREATMENT OF NERVE		0207	7.4744	APC	$378.28			
64632	T	N BLOCK INJ COMMON DIGIT		0204	2.6121	APC	$132.20			
64633	T	DESTROY CERV/THOR FACET JNT		0207	7.4744	APC	$378.28			
64634	T	DESTROY C/TH FACET JNT ADDL		0204	2.6121	APC	$132.20			
64635	T	DESTROY LUMB/SAC FACET JNT		0203	12.8988	APC	$652.81			
64636	T	DESTROY L/S FACET JNT ADDL		0207	7.4744	APC	$378.28			
64640	T	INJECTION TREATMENT OF NERVE		0207	7.4744	APC	$378.28			
64650	T	CHEMODENERV ECCRINE GLANDS		0204	2.6121	APC	$132.20			
64653	T	CHEMODENERV ECCRINE GLANDS		0204	2.6121	APC	$132.20			
64680	T	INJECTION TREATMENT OF NERVE		0203	12.8988	APC	$652.81			
64681	T	INJECTION TREATMENT OF NERVE		0203	12.8988	APC	$652.81			
64702	T	REVISE FINGER/TOE NERVE		0220	18.8841	APC	$955.72			
64704	T	REVISE HAND/FOOT NERVE		0220	18.8841	APC	$955.72			
64708	T	REVISE ARM/LEG NERVE		0220	18.8841	APC	$955.72			
64712	T	REVISION OF SCIATIC NERVE		0220	18.8841	APC	$955.72			
64713	T	REVISION OF ARM NERVE(S)		0220	18.8841	APC	$955.72			
64714	T	REVISE LOW BACK NERVE(S)		0220	18.8841	APC	$955.72			
64716	T	REVISION OF CRANIAL NERVE		0220	18.8841	APC	$955.72			
64718	T	REVISE ULNAR NERVE AT ELBOW		0220	18.8841	APC	$955.72			
64719	T	REVISE ULNAR NERVE AT WRIST		0220	18.8841	APC	$955.72			
64721	T	CARPAL TUNNEL SURGERY		0220	18.8841	APC	$955.72			
64722	T	RELIEVE PRESSURE ON NERVE(S)		0220	18.8841	APC	$955.72			
64726	T	RELEASE FOOT/TOE NERVE		0220	18.8841	APC	$955.72			
64727	T	INTERNAL NERVE REVISION		0220	18.8841	APC	$955.72			
64732	T	INCISION OF BROW NERVE		0220	18.8841	APC	$955.72			
64734	T	INCISION OF CHEEK NERVE		0220	18.8841	APC	$955.72			
64736	T	INCISION OF CHIN NERVE		0220	18.8841	APC	$955.72			
64738	T	INCISION OF JAW NERVE		0220	18.8841	APC	$955.72			
64740	T	INCISION OF TONGUE NERVE		0220	18.8841	APC	$955.72			
64742	T	INCISION OF FACIAL NERVE		0220	18.8841	APC	$955.72			
64744	T	INCISE NERVE BACK OF HEAD		0220	18.8841	APC	$955.72			
64746	T	INCISE DIAPHRAGM NERVE		0220	18.8841	APC	$955.72			
64752	C	INCISION OF VAGUS NERVE				Inpatient Only	$0.00			
64755	C	INCISION OF STOMACH NERVES				Inpatient Only	$0.00			
64760	C	INCISION OF VAGUS NERVE				Inpatient Only	$0.00			
64761	T	INCISION OF PELVIS NERVE		0220	18.8841	APC	$955.72			
64763	T	INCISE HIP/THIGH NERVE		0220	18.8841	APC	$955.72			
64766	T	INCISE HIP/THIGH NERVE		0221	36.0414	APC	$1,824.06			
64771	T	SEVER CRANIAL NERVE		0220	18.8841	APC	$955.72			
64772	T	INCISION OF SPINAL NERVE		0220	18.8841	APC	$955.72			
64774	T	REMOVE SKIN NERVE LESION		0220	18.8841	APC	$955.72			
64776	T	REMOVE DIGIT NERVE LESION		0220	18.8841	APC	$955.72			
64778	T	DIGIT NERVE SURGERY ADD-ON		0220	18.8841	APC	$955.72			
64782	T	REMOVE LIMB NERVE LESION		0220	18.8841	APC	$955.72			
64783	T	LIMB NERVE SURGERY ADD-ON		0220	18.8841	APC	$955.72			
64784	T	REMOVE NERVE LESION		0220	18.8841	APC	$955.72			
64786	T	REMOVE SCIATIC NERVE LESION		0221	36.0414	APC	$1,824.06			
64787	T	IMPLANT NERVE END		0220	18.8841	APC	$955.72			
64788	T	REMOVE SKIN NERVE LESION		0220	18.8841	APC	$955.72			

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64790	T	REMOVAL OF NERVE LESION		0220	18.8841	APC	$955.72			
64792	T	REMOVAL OF NERVE LESION		0221	36.0414	APC	$1,824.06			
64795	T	BIOPSY OF NERVE		0220	18.8841	APC	$955.72			
64802	T	REMOVE SYMPATHETIC NERVES		0220	18.8841	APC	$955.72			
64804	T	REMOVE SYMPATHETIC NERVES		0220	18.8841	APC	$955.72			
64809	C	REMOVE SYMPATHETIC NERVES				Inpatient Only	$0.00			
64818	C	REMOVE SYMPATHETIC NERVES				Inpatient Only	$0.00			
64820	T	REMOVE SYMPATHETIC NERVES		0220	18.8841	APC	$955.72			
64821	T	REMOVE SYMPATHETIC NERVES		0054	28.8534	APC	$1,460.27			
64822	T	REMOVE SYMPATHETIC NERVES		0054	28.8534	APC	$1,460.27			
64823	T	REMOVE SYMPATHETIC NERVES		0054	28.8534	APC	$1,460.27			
64831	T	REPAIR OF DIGIT NERVE		0221	36.0414	APC	$1,824.06			
64832	T	REPAIR NERVE ADD-ON		0221	36.0414	APC	$1,824.06			
64834	T	REPAIR OF HAND OR FOOT NERVE		0221	36.0414	APC	$1,824.06			
64835	T	REPAIR OF HAND OR FOOT NERVE		0221	36.0414	APC	$1,824.06			
64836	T	REPAIR OF HAND OR FOOT NERVE		0221	36.0414	APC	$1,824.06			
64837	T	REPAIR NERVE ADD-ON		0221	36.0414	APC	$1,824.06			
64840	T	REPAIR OF LEG NERVE		0221	36.0414	APC	$1,824.06			
64856	T	REPAIR/TRANSPOSE NERVE		0221	36.0414	APC	$1,824.06			
64857	T	REPAIR ARM/LEG NERVE		0221	36.0414	APC	$1,824.06			
64858	T	REPAIR SCIATIC NERVE		0221	36.0414	APC	$1,824.06			
64859	T	NERVE SURGERY		0221	36.0414	APC	$1,824.06			
64861	T	REPAIR OF ARM NERVES		0221	36.0414	APC	$1,824.06			
64862	T	REPAIR OF LOW BACK NERVES		0221	36.0414	APC	$1,824.06			
64864	T	REPAIR OF FACIAL NERVE		0221	36.0414	APC	$1,824.06			
64865	T	REPAIR OF FACIAL NERVE		0221	36.0414	APC	$1,824.06			
64866	C	FUSION OF FACIAL/OTHER NERVE				Inpatient Only	$0.00			
64868	C	FUSION OF FACIAL/OTHER NERVE				Inpatient Only	$0.00			
64870	T	FUSION OF FACIAL/OTHER NERVE		0221	36.0414	APC	$1,824.06			
64872	T	SUBSEQUENT REPAIR OF NERVE		0221	36.0414	APC	$1,824.06			
64874	T	REPAIR & REVISE NERVE ADD-ON		0221	36.0414	APC	$1,824.06			
64876	T	REPAIR NERVE/SHORTEN BONE		0221	36.0414	APC	$1,824.06			
64885	T	NERVE GRAFT HEAD OR NECK		0221	36.0414	APC	$1,824.06			
64886	T	NERVE GRAFT HEAD OR NECK		0221	36.0414	APC	$1,824.06			
64890	T	NERVE GRAFT HAND OR FOOT		0221	36.0414	APC	$1,824.06			
64891	T	NERVE GRAFT HAND OR FOOT		0221	36.0414	APC	$1,824.06			
64892	T	NERVE GRAFT ARM OR LEG		0221	36.0414	APC	$1,824.06			
64893	T	NERVE GRAFT ARM OR LEG		0221	36.0414	APC	$1,824.06			
64895	T	NERVE GRAFT HAND OR FOOT		0221	36.0414	APC	$1,824.06			
64896	T	NERVE GRAFT HAND OR FOOT		0221	36.0414	APC	$1,824.06			
64897	T	NERVE GRAFT ARM OR LEG		0221	36.0414	APC	$1,824.06			
64898	T	NERVE GRAFT ARM OR LEG		0221	36.0414	APC	$1,824.06			
64901	T	NERVE GRAFT ADD-ON		0221	36.0414	APC	$1,824.06			
64902	T	NERVE GRAFT ADD-ON		0221	36.0414	APC	$1,824.06			
64905	T	NERVE PEDICLE TRANSFER		0221	36.0414	APC	$1,824.06			
64907	T	NERVE PEDICLE TRANSFER		0221	36.0414	APC	$1,824.06			
64910	T	NERVE REPAIR W/ALLOGRAFT		0221	36.0414	APC	$1,824.06			
64911	T	NEURORRAPHY W/VEIN AUTOGRAFT		0221	36.0414	APC	$1,824.06			
64999	T	NERVOUS SYSTEM SURGERY		0204	2.6121	APC	$132.20			
65091	T	REVISE EYE		0242	40.3745	APC	$2,043.35			
65093	T	REVISE EYE WITH IMPLANT		0242	40.3745	APC	$2,043.35			
65101	T	REMOVAL OF EYE		0242	40.3745	APC	$2,043.35			
65103	T	REMOVE EYE/INSERT IMPLANT		0242	40.3745	APC	$2,043.35			
65105	T	REMOVE EYE/ATTACH IMPLANT		0242	40.3745	APC	$2,043.35			
65110	T	REMOVAL OF EYE		0242	40.3745	APC	$2,043.35			
65112	T	REMOVE EYE/REVISE SOCKET		0242	40.3745	APC	$2,043.35			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
65114	T	REMOVE EYE/REVISE SOCKET		0242	40.3745	APC	$2,043.35			
65125	T	REVISE OCULAR IMPLANT		0241	27.2308	APC	$1,378.15			
65130	T	INSERT OCULAR IMPLANT		0241	27.2308	APC	$1,378.15			
65135	T	INSERT OCULAR IMPLANT		0241	27.2308	APC	$1,378.15			
65140	T	ATTACH OCULAR IMPLANT		0242	40.3745	APC	$2,043.35			
65150	T	REVISE OCULAR IMPLANT		0241	27.2308	APC	$1,378.15			
65155	T	REINSERT OCULAR IMPLANT		0242	40.3745	APC	$2,043.35			
65175	T	REMOVAL OF OCULAR IMPLANT		0240	19.6454	APC	$994.25			
65205	S	REMOVE FOREIGN BODY FROM EYE		0698	1.0587	APC	$53.58			
65210	S	REMOVE FOREIGN BODY FROM EYE		0698	1.0587	APC	$53.58			
65220	S	REMOVE FOREIGN BODY FROM EYE		0698	1.0587	APC	$53.58			
65222	S	REMOVE FOREIGN BODY FROM EYE		0698	1.0587	APC	$53.58			
65235	T	REMOVE FOREIGN BODY FROM EYE		0233	16.6052	APC	$840.39			
65260	T	REMOVE FOREIGN BODY FROM EYE		0235	4.8127	APC	$243.57			
65265	T	REMOVE FOREIGN BODY FROM EYE		0237	21.5802	APC	$1,092.17			
65270	T	REPAIR OF EYE WOUND		0240	19.6454	APC	$994.25			
65272	T	REPAIR OF EYE WOUND		0234	23.2809	APC	$1,178.25			
65273	C	REPAIR OF EYE WOUND				Inpatient Only	$0.00			
65275	T	REPAIR OF EYE WOUND		0234	23.2809	APC	$1,178.25			
65280	T	REPAIR OF EYE WOUND		0237	21.5802	APC	$1,092.17			
65285	T	REPAIR OF EYE WOUND		0672	40.9837	APC	$2,074.19			
65286	T	REPAIR OF EYE WOUND		0255	7.2177	APC	$365.29			
65290	T	REPAIR OF EYE SOCKET WOUND		0243	24.8873	APC	$1,259.55			
65400	T	REMOVAL OF EYE LESION		0233	16.6052	APC	$840.39			
65410	T	BIOPSY OF CORNEA		0233	16.6052	APC	$840.39			
65420	T	REMOVAL OF EYE LESION		0233	16.6052	APC	$840.39			
65426	T	REMOVAL OF EYE LESION		0234	23.2809	APC	$1,178.25			
65430	S	CORNEAL SMEAR		0698	1.0587	APC	$53.58			
65435	T	CURETTE/TREAT CORNEA		0239	7.6707	APC	$388.21			
65436	T	CURETTE/TREAT CORNEA		0233	16.6052	APC	$840.39			
65450	S	TREATMENT OF CORNEAL LESION		0231	2.0291	APC	$102.69			
65600	T	REVISION OF CORNEA		0240	19.6454	APC	$994.25			
65710	T	CORNEAL TRANSPLANT		0244	37.8939	APC	$1,917.81			
65730	T	CORNEAL TRANSPLANT		0244	37.8939	APC	$1,917.81			
65750	T	CORNEAL TRANSPLANT		0244	37.8939	APC	$1,917.81			
65755	T	CORNEAL TRANSPLANT		0244	37.8939	APC	$1,917.81			
65756	T	CORNEAL TRNSPL ENDOTHELIAL		0244	37.8939	APC	$1,917.81			
65757	N	PREP CORNEAL ENDO ALLOGRAFT				Bundled	$0.00			
65760	E	REVISION OF CORNEA				Not Allowed	$0.00			
65765	E	REVISION OF CORNEA				Not Allowed	$0.00			
65767	E	CORNEAL TISSUE TRANSPLANT				Not Allowed	$0.00			
65770	T	REVISE CORNEA WITH IMPLANT		0293	117.1089	APC	$5,926.88			
65771	E	RADIAL KERATOTOMY				Not Allowed	$0.00			
65772	T	CORRECTION OF ASTIGMATISM		0233	16.6052	APC	$840.39			
65775	T	CORRECTION OF ASTIGMATISM		0233	16.6052	APC	$840.39			
65778	N	COVER EYE W/MEMBRANE		0233	16.6052	ed, may be payable in some circumsta	$840.39			
65779	T	COVER EYE W/MEMBRANE SUTURE		0233	16.6052	APC	$840.39			
65780	T	OCULAR RECONST TRANSPLANT		0244	37.8939	APC	$1,917.81			
65781	T	OCULAR RECONST TRANSPLANT		0244	37.8939	APC	$1,917.81			
65782	T	OCULAR RECONST TRANSPLANT		0244	37.8939	APC	$1,917.81			
65800	T	DRAINAGE OF EYE		0255	7.2177	APC	$365.29			
65805	T	DRAINAGE OF EYE		0234	23.2809	APC	$1,178.25			
65810	T	DRAINAGE OF EYE		0234	23.2809	APC	$1,178.25			
65815	T	DRAINAGE OF EYE		0234	23.2809	APC	$1,178.25			
65820	T	RELIEVE INNER EYE PRESSURE		0234	23.2809	APC	$1,178.25			
65850	T	INCISION OF EYE		0234	23.2809	APC	$1,178.25			

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65855	T	LASER SURGERY OF EYE		0247	5.4109	APC	$273.85			
65860	T	INCISE INNER EYE ADHESIONS		0247	5.4109	APC	$273.85			
65865	T	INCISE INNER EYE ADHESIONS		0233	16.6052	APC	$840.39			
65870	T	INCISE INNER EYE ADHESIONS		0234	23.2809	APC	$1,178.25			
65875	T	INCISE INNER EYE ADHESIONS		0234	23.2809	APC	$1,178.25			
65880	T	INCISE INNER EYE ADHESIONS		0233	16.6052	APC	$840.39			
65900	T	REMOVE EYE LESION		0232	2.8709	APC	$145.30			
65920	T	REMOVE IMPLANT OF EYE		0234	23.2809	APC	$1,178.25			
65930	T	REMOVE BLOOD CLOT FROM EYE		0234	23.2809	APC	$1,178.25			
66020	T	INJECTION TREATMENT OF EYE		0233	16.6052	APC	$840.39			
66030	T	INJECTION TREATMENT OF EYE		0233	16.6052	APC	$840.39			
66130	T	REMOVE EYE LESION		0234	23.2809	APC	$1,178.25			
66150	T	GLAUCOMA SURGERY		0234	23.2809	APC	$1,178.25			
66155	T	GLAUCOMA SURGERY		0234	23.2809	APC	$1,178.25			
66160	T	GLAUCOMA SURGERY		0234	23.2809	APC	$1,178.25			
66165	T	GLAUCOMA SURGERY		0234	23.2809	APC	$1,178.25			
66170	T	GLAUCOMA SURGERY		0234	23.2809	APC	$1,178.25			
66172	T	INCISION OF EYE		0234	23.2809	APC	$1,178.25			
66174	T	TRANSLUM DIL EYE CANAL		0673	41.6235	APC	$2,106.57			
66175	T	TRNSLUM DIL EYE CANAL W/STNT		0673	41.6235	APC	$2,106.57			
66180	T	IMPLANT EYE SHUNT		0673	41.6235	APC	$2,106.57			
66185	T	REVISE EYE SHUNT		0234	23.2809	APC	$1,178.25			
66220	T	REPAIR EYE LESION		0672	40.9837	APC	$2,074.19			
66225	T	REPAIR/GRAFT EYE LESION		0673	41.6235	APC	$2,106.57			
66250	T	FOLLOW-UP SURGERY OF EYE		0233	16.6052	APC	$840.39			
66500	T	INCISION OF IRIS		0232	2.8709	APC	$145.30			
66505	T	INCISION OF IRIS		0255	7.2177	APC	$365.29			
66600	T	REMOVE IRIS AND LESION		0234	23.2809	APC	$1,178.25			
66605	T	REMOVAL OF IRIS		0234	23.2809	APC	$1,178.25			
66625	T	REMOVAL OF IRIS		0255	7.2177	APC	$365.29			
66630	T	REMOVAL OF IRIS		0234	23.2809	APC	$1,178.25			
66635	T	REMOVAL OF IRIS		0234	23.2809	APC	$1,178.25			
66680	T	REPAIR IRIS & CILIARY BODY		0234	23.2809	APC	$1,178.25			
66682	T	REPAIR IRIS & CILIARY BODY		0234	23.2809	APC	$1,178.25			
66700	T	DESTRUCTION CILIARY BODY		0233	16.6052	APC	$840.39			
66710	T	DESTRUCTION, CILIARY BODY		0233	16.6052	APC	$840.39			
66711	T	CILIARY ENDOSCOPIC ABLATION		0234	23.2809	APC	$1,178.25			
66720	T	DESTRUCTION CILIARY BODY		0233	16.6052	APC	$840.39			
66740	T	DESTRUCTION CILIARY BODY		0234	23.2809	APC	$1,178.25			
66761	T	REVISION OF IRIS		0247	5.4109	APC	$273.85			
66762	T	REVISION OF IRIS		0247	5.4109	APC	$273.85			
66770	T	REMOVAL OF INNER EYE LESION		0247	5.4109	APC	$273.85			
66820	T	INCISION SECONDARY CATARACT		0255	7.2177	APC	$365.29			
66821	T	AFTER CATARACT LASER SURGERY		0247	5.4109	APC	$273.85			
66825	T	REPOSITION INTRAOCULAR LENS		0234	23.2809	APC	$1,178.25			
66830	T	REMOVAL OF LENS LESION		0255	7.2177	APC	$365.29			
66840	T	REMOVAL OF LENS MATERIAL		0233	16.6052	APC	$840.39			
66850	T	REMOVAL OF LENS MATERIAL		0249	30.9908	APC	$1,568.44			
66852	T	REMOVAL OF LENS MATERIAL		0249	30.9908	APC	$1,568.44			
66920	T	EXTRACTION OF LENS		0249	30.9908	APC	$1,568.44			
66930	T	EXTRACTION OF LENS		0249	30.9908	APC	$1,568.44			
66940	T	EXTRACTION OF LENS		0255	7.2177	APC	$365.29			
66982	T	CATARACT SURGERY COMPLEX		0246	23.8786	APC	$1,208.50			
66983	T	CATARACT SURG W/IOL 1 STAGE		0246	23.8786	APC	$1,208.50			
66984	T	CATARACT SURG W/IOL 1 STAGE		0246	23.8786	APC	$1,208.50			
66985	T	INSERT LENS PROSTHESIS		0246	23.8786	APC	$1,208.50			

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66986	T	EXCHANGE LENS PROSTHESIS		0246	23.8786	APC	$1,208.50			
66990	N	OPHTHALMIC ENDOSCOPE ADD-ON				Bundled	$0.00			
66999	T	EYE SURGERY PROCEDURE		0232	2.8709	APC	$145.30			
67005	T	PARTIAL REMOVAL OF EYE FLUID		0237	21.5802	APC	$1,092.17			
67010	T	PARTIAL REMOVAL OF EYE FLUID		0672	40.9837	APC	$2,074.19			
67015	T	RELEASE OF EYE FLUID		0672	40.9837	APC	$2,074.19			
67025	T	REPLACE EYE FLUID		0672	40.9837	APC	$2,074.19			
67027	T	IMPLANT EYE DRUG SYSTEM		0672	40.9837	APC	$2,074.19			
67028	T	INJECTION EYE DRUG		0238	3.1031	APC	$157.05			
67030	T	INCISE INNER EYE STRANDS		0237	21.5802	APC	$1,092.17			
67031	T	LASER SURGERY EYE STRANDS		0247	5.4109	APC	$273.85			
67036	T	REMOVAL OF INNER EYE FLUID		0672	40.9837	APC	$2,074.19			
67039	T	LASER TREATMENT OF RETINA		0672	40.9837	APC	$2,074.19			
67040	T	LASER TREATMENT OF RETINA		0672	40.9837	APC	$2,074.19			
67041	T	VIT FOR MACULAR PUCKER		0672	40.9837	APC	$2,074.19			
67042	T	VIT FOR MACULAR HOLE		0672	40.9837	APC	$2,074.19			
67043	T	VIT FOR MEMBRANE DISSECT		0672	40.9837	APC	$2,074.19			
67101	T	REPAIR DETACHED RETINA		0237	21.5802	APC	$1,092.17			
67105	T	REPAIR DETACHED RETINA		0247	5.4109	APC	$273.85			
67107	T	REPAIR DETACHED RETINA		0672	40.9837	APC	$2,074.19			
67108	T	REPAIR DETACHED RETINA		0672	40.9837	APC	$2,074.19			
67110	T	REPAIR DETACHED RETINA		0237	21.5802	APC	$1,092.17			
67112	T	REREPAIR DETACHED RETINA		0672	40.9837	APC	$2,074.19			
67113	T	REPAIR RETINAL DETACH CPLX		0672	40.9837	APC	$2,074.19			
67115	T	RELEASE ENCIRCLING MATERIAL		0237	21.5802	APC	$1,092.17			
67120	T	REMOVE EYE IMPLANT MATERIAL		0237	21.5802	APC	$1,092.17			
67121	T	REMOVE EYE IMPLANT MATERIAL		0672	40.9837	APC	$2,074.19			
67141	T	TREATMENT OF RETINA		0235	4.8127	APC	$243.57			
67145	T	TREATMENT OF RETINA		0247	5.4109	APC	$273.85			
67208	T	TREATMENT OF RETINAL LESION		0235	4.8127	APC	$243.57			
67210	T	TREATMENT OF RETINAL LESION		0247	5.4109	APC	$273.85			
67218	T	TREATMENT OF RETINAL LESION		0237	21.5802	APC	$1,092.17			
67220	T	TREATMENT OF CHOROID LESION		0235	4.8127	APC	$243.57			
67221	T	OCULAR PHOTODYNAMIC THER		0235	4.8127	APC	$243.57			
67225	T	EYE PHOTODYNAMIC THER ADD-ON		0235	4.8127	APC	$243.57			
67227	T	TREATMENT OF RETINAL LESION		0237	21.5802	APC	$1,092.17			
67228	T	TREATMENT OF RETINAL LESION		0247	5.4109	APC	$273.85			
67229	T	TR RETINAL LES PRETERM INF		0247	5.4109	APC	$273.85			
67250	T	REINFORCE EYE WALL		0240	19.6454	APC	$994.25			
67255	T	REINFORCE/GRAFT EYE WALL		0237	21.5802	APC	$1,092.17			
67299	T	EYE SURGERY PROCEDURE		0235	4.8127	APC	$243.57			
67311	T	REVISE EYE MUSCLE		0243	24.8873	APC	$1,259.55			
67312	T	REVISE TWO EYE MUSCLES		0243	24.8873	APC	$1,259.55			
67314	T	REVISE EYE MUSCLE		0243	24.8873	APC	$1,259.55			
67316	T	REVISE TWO EYE MUSCLES		0243	24.8873	APC	$1,259.55			
67318	T	REVISE EYE MUSCLE(S)		0243	24.8873	APC	$1,259.55			
67320	T	REVISE EYE MUSCLE(S) ADD-ON		0243	24.8873	APC	$1,259.55			
67331	T	EYE SURGERY FOLLOW-UP ADD-ON		0243	24.8873	APC	$1,259.55			
67332	T	REREVISE EYE MUSCLES ADD-ON		0243	24.8873	APC	$1,259.55			
67334	T	REVISE EYE MUSCLE W/SUTURE		0243	24.8873	APC	$1,259.55			
67335	T	EYE SUTURE DURING SURGERY		0243	24.8873	APC	$1,259.55			
67340	T	REVISE EYE MUSCLE ADD-ON		0243	24.8873	APC	$1,259.55			
67343	T	RELEASE EYE TISSUE		0243	24.8873	APC	$1,259.55			
67345	T	DESTROY NERVE OF EYE MUSCLE		0238	3.1031	APC	$157.05			
67346	T	BIOPSY EYE MUSCLE		0699	15.4516	APC	$782.01			
67399	T	EYE MUSCLE SURGERY PROCEDURE		0243	24.8873	APC	$1,259.55			

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67400	T	EXPLORE/BIOPSY EYE SOCKET		0240	19.6454	APC	$994.25			
67405	T	EXPLORE/DRAIN EYE SOCKET		0241	27.2308	APC	$1,378.15			
67412	T	EXPLORE/TREAT EYE SOCKET		0240	19.6454	APC	$994.25			
67413	T	EXPLORE/TREAT EYE SOCKET		0241	27.2308	APC	$1,378.15			
67414	T	EXPLR/DECOMPRESS EYE SOCKET		0242	40.3745	APC	$2,043.35			
67415	T	ASPIRATION ORBITAL CONTENTS		0240	19.6454	APC	$994.25			
67420	T	EXPLORE/TREAT EYE SOCKET		0242	40.3745	APC	$2,043.35			
67430	T	EXPLORE/TREAT EYE SOCKET		0242	40.3745	APC	$2,043.35			
67440	T	EXPLORE/DRAIN EYE SOCKET		0242	40.3745	APC	$2,043.35			
67445	T	EXPLR/DECOMPRESS EYE SOCKET		0242	40.3745	APC	$2,043.35			
67450	T	EXPLORE/BIOPSY EYE SOCKET		0242	40.3745	APC	$2,043.35			
67500	S	INJECT/TREAT EYE SOCKET		0231	2.0291	APC	$102.69			
67505	T	INJECT/TREAT EYE SOCKET		0238	3.1031	APC	$157.05			
67515	T	INJECT/TREAT EYE SOCKET		0238	3.1031	APC	$157.05			
67550	T	INSERT EYE SOCKET IMPLANT		0242	40.3745	APC	$2,043.35			
67560	T	REVISE EYE SOCKET IMPLANT		0241	27.2308	APC	$1,378.15			
67570	T	DECOMPRESS OPTIC NERVE		0242	40.3745	APC	$2,043.35			
67599	T	ORBIT SURGERY PROCEDURE		0238	3.1031	APC	$157.05			
67700	T	DRAINAGE OF EYELID ABSCESS		0238	3.1031	APC	$157.05			
67710	T	INCISION OF EYELID		0239	7.6707	APC	$388.21			
67715	T	INCISION OF EYELID FOLD		0240	19.6454	APC	$994.25			
67800	T	REMOVE EYELID LESION		0238	3.1031	APC	$157.05			
67801	T	REMOVE EYELID LESIONS		0239	7.6707	APC	$388.21			
67805	T	REMOVE EYELID LESIONS		0238	3.1031	APC	$157.05			
67808	T	REMOVE EYELID LESION(S)		0240	19.6454	APC	$994.25			
67810	T	BIOPSY OF EYELID		0238	3.1031	APC	$157.05			
67820	S	REVISE EYELASHES		0698	1.0587	APC	$53.58			
67825	T	REVISE EYELASHES		0238	3.1031	APC	$157.05			
67830	T	REVISE EYELASHES		0239	7.6707	APC	$388.21			
67835	T	REVISE EYELASHES		0240	19.6454	APC	$994.25			
67840	T	REMOVE EYELID LESION		0239	7.6707	APC	$388.21			
67850	T	TREAT EYELID LESION		0239	7.6707	APC	$388.21			
67875	T	CLOSURE OF EYELID BY SUTURE		0239	7.6707	APC	$388.21			
67880	T	REVISION OF EYELID		0233	16.6052	APC	$840.39			
67882	T	REVISION OF EYELID		0240	19.6454	APC	$994.25			
67900	T	REPAIR BROW DEFECT		0241	27.2308	APC	$1,378.15			Y
67901	T	REPAIR EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67902	T	REPAIR EYELID DEFECT		0241	27.2308	APC	$1,378.15			Y
67903	T	REPAIR EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67904	T	REPAIR EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67906	T	REPAIR EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67908	T	REPAIR EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67909	T	REVISE EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67911	T	REVISE EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67912	T	CORRECTION EYELID W/ IMPLANT		0240	19.6454	APC	$994.25			
67914	T	REPAIR EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67915	T	REPAIR EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67916	T	REPAIR EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67917	T	REPAIR EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67921	T	REPAIR EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67922	T	REPAIR EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67923	T	REPAIR EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67924	T	REPAIR EYELID DEFECT		0240	19.6454	APC	$994.25			Y
67930	T	REPAIR EYELID WOUND		0240	19.6454	APC	$994.25			
67935	T	REPAIR EYELID WOUND		0240	19.6454	APC	$994.25			
67938	S	REMOVE EYELID FOREIGN BODY		0231	2.0291	APC	$102.69			

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67950	T	REVISION OF EYELID		0240	19.6454	APC	$994.25			
67961	T	REVISION OF EYELID		0240	19.6454	APC	$994.25			
67966	T	REVISION OF EYELID		0240	19.6454	APC	$994.25			
67971	T	RECONSTRUCTION OF EYELID		0240	19.6454	APC	$994.25			
67973	T	RECONSTRUCTION OF EYELID		0241	27.2308	APC	$1,378.15			
67974	T	RECONSTRUCTION OF EYELID		0240	19.6454	APC	$994.25			
67975	T	RECONSTRUCTION OF EYELID		0240	19.6454	APC	$994.25			
67999	T	REVISION OF EYELID		0238	3.1031	APC	$157.05			
68020	T	INCISE/DRAIN EYELID LINING		0238	3.1031	APC	$157.05			
68040	S	TREATMENT OF EYELID LESIONS		0698	1.0587	APC	$53.58			
68100	T	BIOPSY OF EYELID LINING		0239	7.6707	APC	$388.21			
68110	T	REMOVE EYELID LINING LESION		0699	15.4516	APC	$782.01			
68115	T	REMOVE EYELID LINING LESION		0240	19.6454	APC	$994.25			
68130	T	REMOVE EYELID LINING LESION		0233	16.6052	APC	$840.39			
68135	T	REMOVE EYELID LINING LESION		0239	7.6707	APC	$388.21			
68200	S	TREAT EYELID BY INJECTION		0230	0.6423	APC	$32.51			
68320	T	REVISE/GRAFT EYELID LINING		0241	27.2308	APC	$1,378.15			
68325	T	REVISE/GRAFT EYELID LINING		0241	27.2308	APC	$1,378.15			
68326	T	REVISE/GRAFT EYELID LINING		0240	19.6454	APC	$994.25			
68328	T	REVISE/GRAFT EYELID LINING		0241	27.2308	APC	$1,378.15			
68330	T	REVISE EYELID LINING		0234	23.2809	APC	$1,178.25			
68335	T	REVISE/GRAFT EYELID LINING		0241	27.2308	APC	$1,378.15			
68340	T	SEPARATE EYELID ADHESIONS		0240	19.6454	APC	$994.25			
68360	T	REVISE EYELID LINING		0234	23.2809	APC	$1,178.25			
68362	T	REVISE EYELID LINING		0234	23.2809	APC	$1,178.25			
68371	T	HARVEST EYE TISSUE ALOGRAFT		0234	23.2809	APC	$1,178.25			
68399	T	EYELID LINING SURGERY		0238	3.1031	APC	$157.05			
68400	T	INCISE/DRAIN TEAR GLAND		0238	3.1031	APC	$157.05			
68420	T	INCISE/DRAIN TEAR SAC		0240	19.6454	APC	$994.25			
68440	T	INCISE TEAR DUCT OPENING		0238	3.1031	APC	$157.05			
68500	T	REMOVAL OF TEAR GLAND		0241	27.2308	APC	$1,378.15			
68505	T	PARTIAL REMOVAL TEAR GLAND		0241	27.2308	APC	$1,378.15			
68510	T	BIOPSY OF TEAR GLAND		0240	19.6454	APC	$994.25			
68520	T	REMOVAL OF TEAR SAC		0241	27.2308	APC	$1,378.15			
68525	T	BIOPSY OF TEAR SAC		0240	19.6454	APC	$994.25			
68530	T	CLEARANCE OF TEAR DUCT		0238	3.1031	APC	$157.05			
68540	T	REMOVE TEAR GLAND LESION		0240	19.6454	APC	$994.25			
68550	T	REMOVE TEAR GLAND LESION		0241	27.2308	APC	$1,378.15			
68700	T	REPAIR TEAR DUCTS		0240	19.6454	APC	$994.25			
68705	T	REVISE TEAR DUCT OPENING		0238	3.1031	APC	$157.05			
68720	T	CREATE TEAR SAC DRAIN		0241	27.2308	APC	$1,378.15			
68745	T	CREATE TEAR DUCT DRAIN		0241	27.2308	APC	$1,378.15			
68750	T	CREATE TEAR DUCT DRAIN		0241	27.2308	APC	$1,378.15			
68760	T	CLOSE TEAR DUCT OPENING		0238	3.1031	APC	$157.05			
68761	T	CLOSE TEAR DUCT OPENING		0238	3.1031	APC	$157.05			
68770	T	CLOSE TEAR SYSTEM FISTULA		0241	27.2308	APC	$1,378.15			
68801	S	DILATE TEAR DUCT OPENING		0698	1.0587	APC	$53.58			
68810	T	PROBE NASOLACRIMAL DUCT		0238	3.1031	APC	$157.05			
68811	T	PROBE NASOLACRIMAL DUCT		0240	19.6454	APC	$994.25			
68815	T	PROBE NASOLACRIMAL DUCT		0240	19.6454	APC	$994.25			
68816	T	PROBE NL DUCT W/BALLOON		0240	19.6454	APC	$994.25			
68840	S	EXPLORE/IRRIGATE TEAR DUCTS		0231	2.0291	APC	$102.69			
68850	N	INJECTION FOR TEAR SAC X-RAY				Bundled	$0.00			
68899	T	TEAR DUCT SYSTEM SURGERY		0238	3.1031	APC	$157.05			
69000	T	DRAIN EXTERNAL EAR LESION		0006	1.4206	APC	$71.90			
69005	T	DRAIN EXTERNAL EAR LESION		0008	20.5648	APC	$1,040.78			

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69020	T	DRAIN OUTER EAR CANAL LESION		0006	1.4206	APC	$71.90			
69090	E	PIERCE EARLOBES				Not Allowed	$0.00			
69100	T	BIOPSY OF EXTERNAL EAR		0251	3.1145	APC	$157.62			
69105	T	BIOPSY OF EXTERNAL EAR CANAL		0253	16.8771	APC	$854.15			
69110	T	REMOVE EXTERNAL EAR PARTIAL		0021	17.0074	APC	$860.74			
69120	T	REMOVAL OF EXTERNAL EAR		0254	24.9111	APC	$1,260.75			
69140	T	REMOVE EAR CANAL LESION(S)		0254	24.9111	APC	$1,260.75			
69145	T	REMOVE EAR CANAL LESION(S)		0021	17.0074	APC	$860.74			
69150	T	EXTENSIVE EAR CANAL SURGERY		0252	7.4604	APC	$377.57			
69155	C	EXTENSIVE EAR/NECK SURGERY				Inpatient Only	$0.00			
69200	X	CLEAR OUTER EAR CANAL		0340	0.6525	APC	$33.02			
69205	T	CLEAR OUTER EAR CANAL		0022	23.2662	APC	$1,177.50			
69210	X	REMOVE IMPACTED EAR WAX		0340	0.6525	APC	$33.02			
69220	T	CLEAN OUT MASTOID CAVITY		0013	0.8785	APC	$44.46			
69222	T	CLEAN OUT MASTOID CAVITY		0253	16.8771	APC	$854.15			
69300	E	REVISE EXTERNAL EAR				Not Allowed	$0.00			
69310	T	REBUILD OUTER EAR CANAL		0256	45.1991	APC	$2,287.53			
69320	T	REBUILD OUTER EAR CANAL		0256	45.1991	APC	$2,287.53			
69399	T	OUTER EAR SURGERY PROCEDURE		0250	1.0708	APC	$54.19			
69400	T	INFLATE MIDDLE EAR CANAL		0251	3.1145	APC	$157.62			
69401	T	INFLATE MIDDLE EAR CANAL		0251	3.1145	APC	$157.62			
69405	T	CATHETERIZE MIDDLE EAR CANAL		0252	7.4604	APC	$377.57			
69420	T	INCISION OF EARDRUM		0251	3.1145	APC	$157.62			
69421	T	INCISION OF EARDRUM		0253	16.8771	APC	$854.15			
69424	T	REMOVE VENTILATING TUBE		0253	16.8771	APC	$854.15			
69433	T	CREATE EARDRUM OPENING		0252	7.4604	APC	$377.57			
69436	T	CREATE EARDRUM OPENING		0253	16.8771	APC	$854.15			
69440	T	EXPLORATION OF MIDDLE EAR		0254	24.9111	APC	$1,260.75			
69450	T	EARDRUM REVISION		0256	45.1991	APC	$2,287.53			
69501	T	MASTOIDECTOMY		0256	45.1991	APC	$2,287.53			
69502	T	MASTOIDECTOMY		0254	24.9111	APC	$1,260.75			
69505	T	REMOVE MASTOID STRUCTURES		0256	45.1991	APC	$2,287.53			
69511	T	EXTENSIVE MASTOID SURGERY		0256	45.1991	APC	$2,287.53			
69530	T	EXTENSIVE MASTOID SURGERY		0256	45.1991	APC	$2,287.53			
69535	C	REMOVE PART OF TEMPORAL BONE				Inpatient Only	$0.00			
69540	T	REMOVE EAR LESION		0253	16.8771	APC	$854.15			
69550	T	REMOVE EAR LESION		0256	45.1991	APC	$2,287.53			
69552	T	REMOVE EAR LESION		0256	45.1991	APC	$2,287.53			
69554	C	REMOVE EAR LESION				Inpatient Only	$0.00			
69601	T	MASTOID SURGERY REVISION		0256	45.1991	APC	$2,287.53			
69602	T	MASTOID SURGERY REVISION		0256	45.1991	APC	$2,287.53			
69603	T	MASTOID SURGERY REVISION		0256	45.1991	APC	$2,287.53			
69604	T	MASTOID SURGERY REVISION		0256	45.1991	APC	$2,287.53			
69605	T	MASTOID SURGERY REVISION		0256	45.1991	APC	$2,287.53			
69610	T	REPAIR OF EARDRUM		0254	24.9111	APC	$1,260.75			
69620	T	REPAIR OF EARDRUM		0254	24.9111	APC	$1,260.75			
69631	T	REPAIR EARDRUM STRUCTURES		0256	45.1991	APC	$2,287.53			
69632	T	REBUILD EARDRUM STRUCTURES		0256	45.1991	APC	$2,287.53			
69633	T	REBUILD EARDRUM STRUCTURES		0256	45.1991	APC	$2,287.53			
69635	T	REPAIR EARDRUM STRUCTURES		0256	45.1991	APC	$2,287.53			
69636	T	REBUILD EARDRUM STRUCTURES		0256	45.1991	APC	$2,287.53			
69637	T	REBUILD EARDRUM STRUCTURES		0256	45.1991	APC	$2,287.53			
69641	T	REVISE MIDDLE EAR & MASTOID		0256	45.1991	APC	$2,287.53			
69642	T	REVISE MIDDLE EAR & MASTOID		0256	45.1991	APC	$2,287.53			
69643	T	REVISE MIDDLE EAR & MASTOID		0256	45.1991	APC	$2,287.53			
69644	T	REVISE MIDDLE EAR & MASTOID		0256	45.1991	APC	$2,287.53			

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69645	T	REVISE MIDDLE EAR & MASTOID		0256	45.1991	APC	$2,287.53			
69646	T	REVISE MIDDLE EAR & MASTOID		0256	45.1991	APC	$2,287.53			
69650	T	RELEASE MIDDLE EAR BONE		0254	24.9111	APC	$1,260.75			
69660	T	REVISE MIDDLE EAR BONE		0256	45.1991	APC	$2,287.53			
69661	T	REVISE MIDDLE EAR BONE		0256	45.1991	APC	$2,287.53			
69662	T	REVISE MIDDLE EAR BONE		0256	45.1991	APC	$2,287.53			
69666	T	REPAIR MIDDLE EAR STRUCTURES		0256	45.1991	APC	$2,287.53			
69667	T	REPAIR MIDDLE EAR STRUCTURES		0256	45.1991	APC	$2,287.53			
69670	T	REMOVE MASTOID AIR CELLS		0256	45.1991	APC	$2,287.53			
69676	T	REMOVE MIDDLE EAR NERVE		0256	45.1991	APC	$2,287.53			
69700	T	CLOSE MASTOID FISTULA		0256	45.1991	APC	$2,287.53			
69710	E	IMPLANT/REPLACE HEARING AID				Not Allowed	$0.00			
69711	T	REMOVE/REPAIR HEARING AID		0256	45.1991	APC	$2,287.53			
69714	T	IMPLANT TEMPLE BONE W/STIMUL		0425	132.8589	APC	$6,723.99			
69715	T	TEMPLE BNE IMPLNT W/STIMULAT		0425	132.8589	APC	$6,723.99			
69717	T	TEMPLE BONE IMPLANT REVISION		0425	132.8589	APC	$6,723.99			
69718	T	REVISE TEMPLE BONE IMPLANT		0425	132.8589	APC	$6,723.99			
69720	T	RELEASE FACIAL NERVE		0256	45.1991	APC	$2,287.53			
69725	T	RELEASE FACIAL NERVE		0256	45.1991	APC	$2,287.53			
69740	T	REPAIR FACIAL NERVE		0256	45.1991	APC	$2,287.53			
69745	T	REPAIR FACIAL NERVE		0256	45.1991	APC	$2,287.53			
69799	T	MIDDLE EAR SURGERY PROCEDURE		0250	1.0708	APC	$54.19			
69801	T	INCISE INNER EAR		0253	16.8771	APC	$854.15			
69805	T	EXPLORE INNER EAR		0256	45.1991	APC	$2,287.53			
69806	T	EXPLORE INNER EAR		0256	45.1991	APC	$2,287.53			
69820	T	ESTABLISH INNER EAR WINDOW		0256	45.1991	APC	$2,287.53			
69840	T	REVISE INNER EAR WINDOW		0256	45.1991	APC	$2,287.53			
69905	T	REMOVE INNER EAR		0256	45.1991	APC	$2,287.53			
69910	T	REMOVE INNER EAR & MASTOID		0256	45.1991	APC	$2,287.53			
69915	T	INCISE INNER EAR NERVE		0256	45.1991	APC	$2,287.53			
69930	T	IMPLANT COCHLEAR DEVICE		0259	411.3273	APC	$20,817.27			
69949	T	INNER EAR SURGERY PROCEDURE		0250	1.0708	APC	$54.19			
69950	C	INCISE INNER EAR NERVE				Inpatient Only	$0.00			
69955	T	RELEASE FACIAL NERVE		0256	45.1991	APC	$2,287.53			
69960	T	RELEASE INNER EAR CANAL		0256	45.1991	APC	$2,287.53			
69970	T	REMOVE INNER EAR LESION		0256	45.1991	APC	$2,287.53			
69979	T	TEMPORAL BONE SURGERY		0250	1.0708	APC	$54.19			
69990	N	MICROSURGERY ADD-ON				Bundled	$0.00			
70010	N	CONTRAST X-RAY OF BRAIN		0274	7.0665	ed, may be payable in some circumsta	$357.64			
70015	N	CONTRAST X-RAY OF BRAIN		0274	7.0665	ed, may be payable in some circumsta	$357.64			
70030	X	X-RAY EYE FOR FOREIGN BODY		0260	0.6404	APC	$32.41			
70100	X	X-RAY EXAM OF JAW		0260	0.6404	APC	$32.41			
70110	X	X-RAY EXAM OF JAW		0260	0.6404	APC	$32.41			
70120	X	X-RAY EXAM OF MASTOIDS		0260	0.6404	APC	$32.41			
70130	X	X-RAY EXAM OF MASTOIDS		0260	0.6404	APC	$32.41			
70134	X	X-RAY EXAM OF MIDDLE EAR		0261	1.0791	APC	$54.61			
70140	X	X-RAY EXAM OF FACIAL BONES		0260	0.6404	APC	$32.41			
70150	X	X-RAY EXAM OF FACIAL BONES		0260	0.6404	APC	$32.41			
70160	X	X-RAY EXAM OF NASAL BONES		0260	0.6404	APC	$32.41			
70170	N	X-RAY EXAM OF TEAR DUCT		0263	3.3797	ed, may be payable in some circumsta	$171.05			
70190	X	X-RAY EXAM OF EYE SOCKETS		0260	0.6404	APC	$32.41			
70200	X	X-RAY EXAM OF EYE SOCKETS		0260	0.6404	APC	$32.41			
70210	X	X-RAY EXAM OF SINUSES		0260	0.6404	APC	$32.41			
70220	X	X-RAY EXAM OF SINUSES		0260	0.6404	APC	$32.41			
70240	X	X-RAY EXAM PITUITARY SADDLE		0260	0.6404	APC	$32.41			
70250	X	X-RAY EXAM OF SKULL		0260	0.6404	APC	$32.41			

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70260	X	X-RAY EXAM OF SKULL		0261	1.0791	APC	$54.61			
70300	X	X-RAY EXAM OF TEETH		0262	0.4585	APC	$23.20			
70310	X	X-RAY EXAM OF TEETH		0262	0.4585	APC	$23.20			
70320	X	FULL MOUTH X-RAY OF TEETH		0262	0.4585	APC	$23.20			
70328	X	X-RAY EXAM OF JAW JOINT		0260	0.6404	APC	$32.41			
70330	X	X-RAY EXAM OF JAW JOINTS		0260	0.6404	APC	$32.41			
70332	N	X-RAY EXAM OF JAW JOINT		0275	4.0110	ed, may be payable in some circumsta	$203.00			
70336	N	MAGNETIC IMAGE JAW JOINT		0336	4.8375	ed, may be payable in some circumsta	$244.83			
70350	X	X-RAY HEAD FOR ORTHODONTIA		0260	0.6404	APC	$32.41			
70355	X	PANORAMIC X-RAY OF JAWS		0262	0.4585	APC	$23.20			
70360	X	X-RAY EXAM OF NECK		0260	0.6404	APC	$32.41			
70370	X	THROAT X-RAY & FLUOROSCOPY		0272	1.2599	APC	$63.76			
70371	X	SPEECH EVALUATION COMPLEX		0272	1.2599	APC	$63.76			
70373	N	CONTRAST X-RAY OF LARYNX		0263	3.3797	ed, may be payable in some circumsta	$171.05			
70380	X	X-RAY EXAM OF SALIVARY GLAND		0260	0.6404	APC	$32.41			
70390	N	X-RAY EXAM OF SALIVARY DUCT		0263	3.3797	ed, may be payable in some circumsta	$171.05			
70450	N	CT HEAD/BRAIN W/O DYE		0332	2.7431	ed, may be payable in some circumsta	$138.83			
70460	N	CONTRAST CAT SCAN OF HEAD		0283	4.2956	ed, may be payable in some circumsta	$217.40			
70470	N	CT HEAD/BRAIN W/O & W/DYE		0333	4.7758	ed, may be payable in some circumsta	$241.70			
70480	N	CT ORBIT/EAR/FOSSA W/O DYE		0332	2.7431	ed, may be payable in some circumsta	$138.83			
70481	N	CONTRAST CAT SCAN OF SKULL		0283	4.2956	ed, may be payable in some circumsta	$217.40			
70482	N	CT ORBIT/EAR/FOSSA W/O&W/DYE		0333	4.7758	ed, may be payable in some circumsta	$241.70			
70486	N	CT MAXILLOFACIAL W/O DYE		0332	2.7431	ed, may be payable in some circumsta	$138.83			
70487	N	CT MAXILLOFACIAL W/DYE		0283	4.2956	ed, may be payable in some circumsta	$217.40			
70488	N	CT MAXILLOFACIAL W/O & W/DYE		0333	4.7758	ed, may be payable in some circumsta	$241.70			
70490	N	CT SOFT TISSUE NECK W/O DYE		0332	2.7431	ed, may be payable in some circumsta	$138.83			
70491	N	CT SOFT TISSUE NECK W/DYE		0283	4.2956	ed, may be payable in some circumsta	$217.40			
70492	N	CT SFT TSUE NCK W/O & W/DYE		0333	4.7758	ed, may be payable in some circumsta	$241.70			
70496	N	CT ANGIOGRAPHY HEAD		0662	4.8386	ed, may be payable in some circumsta	$244.88			
70498	N	CT ANGIOGRAPHY NECK		0662	4.8386	ed, may be payable in some circumsta	$244.88			
70540	N	MRI ORBIT/FACE/NECK W/O DYE		0336	4.8375	ed, may be payable in some circumsta	$244.83			
70542	N	MRI ORBIT FACE AND NECK; WITH CONTRAST MATERIAL(S)		0284	6.2303	ed, may be payable in some circumsta	$315.32			
70543	N	MRI ORBT/FAC/NCK W/O & W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
70544	N	MAGNETIC RESONANCE ANGIOGRAPHY HEAD; W/O CONTRAS		0336	4.8375	ed, may be payable in some circumsta	$244.83			
70545	N	MAGNETIC RESONANCE ANGIOGRAPHY HEAD; WITH CONTRA		0284	6.2303	ed, may be payable in some circumsta	$315.32			
70546	N	MR ANGIOGRAPH HEAD W/O&W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
70547	N	MAGNETIC RESONANCE ANGIOGRAPHY NECK; W/O CONTRAS		0336	4.8375	ed, may be payable in some circumsta	$244.83			
70548	N	MAGNETIC RESONANCE ANGIOGRAPHY NECK;WITH CONTRAS		0284	6.2303	ed, may be payable in some circumsta	$315.32			
70549	N	MR ANGIOGRAPH NECK W/O&W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
70551	N	MAGNETIC IMAGE BRAIN (MRI)		0336	4.8375	ed, may be payable in some circumsta	$244.83			
70552	N	MRI BRAIN W/DYE		0284	6.2303	ed, may be payable in some circumsta	$315.32			
70553	N	MRI BRAIN W/O & W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
70554	N	FMRI BRAIN BY TECH		0336	4.8375	ed, may be payable in some circumsta	$244.83			
70555	S	FMRI BRAIN BY PHYS/PSYCH		0336	4.8375	APC	$244.83			
70557	S	MRI BRAIN W/O DYE		0336	4.8375	APC	$244.83			
70558	S	MRI BRAIN W/DYE		0284	6.2303	APC	$315.32			
70559	S	MRI BRAIN W/O & W/DYE		0337	7.6340	APC	$386.36			
71010	N	CHEST X-RAY		0260	0.6404	ed, may be payable in some circumsta	$32.41			
71015	N	X-RAY EXAM OF CHEST		0260	0.6404	ed, may be payable in some circumsta	$32.41			
71020	N	CHEST X-RAY		0260	0.6404	ed, may be payable in some circumsta	$32.41			
71021	X	CHEST X-RAY		0260	0.6404	APC	$32.41			
71022	X	CHEST X-RAY		0260	0.6404	APC	$32.41			
71023	X	CHEST X-RAY AND FLUOROSCOPY		0272	1.2599	APC	$63.76			
71030	X	CHEST X-RAY		0260	0.6404	APC	$32.41			
71034	X	CHEST X-RAY & FLUOROSCOPY		0272	1.2599	APC	$63.76			
71035	X	CHEST X-RAY		0260	0.6404	APC	$32.41			

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71040	N	CONTRAST X-RAY OF BRONCHI		0263	3.3797	ed, may be payable in some circumsta	$171.05			
71060	N	CONTRAST X-RAY OF BRONCHI		0263	3.3797	ed, may be payable in some circumsta	$171.05			
71100	X	X-RAY EXAM OF RIBS		0260	0.6404	APC	$32.41			
71101	X	X-RAY EXAM OF RIBS CHEST		0260	0.6404	APC	$32.41			
71110	X	X-RAY EXAM OF RIBS		0260	0.6404	APC	$32.41			
71111	X	X-RAY EXAM OF RIBS/CHEST		0261	1.0791	APC	$54.61			
71120	X	X-RAY EXAM OF BREASTBONE		0260	0.6404	APC	$32.41			
71130	X	X-RAY EXAM OF BREASTBONE		0260	0.6404	APC	$32.41			
71250	N	CT THORAX W/O DYE		0332	2.7431	ed, may be payable in some circumsta	$138.83			
71260	N	CONTRAST CAT SCAN OF CHEST		0283	4.2956	ed, may be payable in some circumsta	$217.40			
71270	N	CT THORAX W/O & W/DYE		0333	4.7758	ed, may be payable in some circumsta	$241.70			
71275	N	CT ANGIOGRAPHY CHEST		0662	4.8386	ed, may be payable in some circumsta	$244.88			
71550	N	MAGNETIC IMAGE CHEST		0336	4.8375	ed, may be payable in some circumsta	$244.83			
71551	N	MRI CHEST; WITH CONTRAST MATERIAL(S)		0284	6.2303	ed, may be payable in some circumsta	$315.32			
71552	N	MRI CHEST W/O & W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
71555	M	MAGNETIC IMAGING/CHEST (MRA)				Fee Schedule	$489.08			
72010	X	X-RAY EXAM OF SPINE		0261	1.0791	APC	$54.61			
72020	X	X-RAY EXAM OF SPINE		0260	0.6404	APC	$32.41			
72040	X	X-RAY EXAM OF NECK SPINE		0260	0.6404	APC	$32.41			
72050	X	X-RAY EXAM OF NECK SPINE		0261	1.0791	APC	$54.61			
72052	X	X-RAY EXAM OF NECK SPINE		0261	1.0791	APC	$54.61			
72069	X	X-RAY EXAM OF TRUNK SPINE		0260	0.6404	APC	$32.41			
72070	X	X-RAY EXAM OF THORAX SPINE		0260	0.6404	APC	$32.41			
72072	X	X-RAY EXAM OF THORACIC SPINE		0260	0.6404	APC	$32.41			
72074	X	X-RAY EXAM OF THORACIC SPINE		0260	0.6404	APC	$32.41			
72080	X	X-RAY EXAM OF TRUNK SPINE		0260	0.6404	APC	$32.41			
72090	X	X-RAY EXAM OF TRUNK SPINE		0261	1.0791	APC	$54.61			
72100	X	X-RAY EXAM OF LOWER SPINE		0260	0.6404	APC	$32.41			
72110	X	X-RAY EXAM OF LOWER SPINE		0261	1.0791	APC	$54.61			
72114	X	X-RAY EXAM OF LOWER SPINE		0261	1.0791	APC	$54.61			
72120	X	X-RAY EXAM OF LOWER SPINE		0260	0.6404	APC	$32.41			
72125	N	CT NECK SPINE W/O DYE		0332	2.7431	ed, may be payable in some circumsta	$138.83			
72126	N	CONTRAST CAT SCAN OF NECK		0283	4.2956	ed, may be payable in some circumsta	$217.40			
72127	N	CT NECK SPINE W/O & W/DYE		0333	4.7758	ed, may be payable in some circumsta	$241.70			
72128	N	CT CHEST SPINE W/O DYE		0332	2.7431	ed, may be payable in some circumsta	$138.83			
72129	N	CONTRAST CAT SCAN OF THORAX		0283	4.2956	ed, may be payable in some circumsta	$217.40			
72130	N	CT CHEST SPINE W/O & W/DYE		0333	4.7758	ed, may be payable in some circumsta	$241.70			
72131	N	CT LUMBAR SPINE W/O DYE		0332	2.7431	ed, may be payable in some circumsta	$138.83			
72132	N	CONTRAST CAT OF LOWER SPINE		0283	4.2956	ed, may be payable in some circumsta	$217.40			
72133	N	CT LUMBAR SPINE W/O & W/DYE		0333	4.7758	ed, may be payable in some circumsta	$241.70			
72141	N	MAGNETIC IMAGE NECK SPINE		0336	4.8375	ed, may be payable in some circumsta	$244.83			
72142	N	MAGNETIC IMAGE NECK SPINE		0284	6.2303	ed, may be payable in some circumsta	$315.32			
72146	N	MAGNETIC IMAGE CHEST SPINE		0336	4.8375	ed, may be payable in some circumsta	$244.83			
72147	N	MAGNETIC IMAGE CHEST SPINE		0284	6.2303	ed, may be payable in some circumsta	$315.32			
72148	N	MAGNETIC IMAGE LUMBAR SPINE		0336	4.8375	ed, may be payable in some circumsta	$244.83			
72149	N	MAGNETIC IMAGE LUMBAR SPINE		0284	6.2303	ed, may be payable in some circumsta	$315.32			
72156	N	MRI NECK SPINE W/O & W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
72157	N	MRI CHEST SPINE W/O & W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
72158	N	MRI LUMBAR SPINE W/O & W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
72159	E	MR ANGIO SPINE W/O&W/DYE				Not Allowed	$0.00			
72170	X	X-RAY EXAM OF PELVIS		0260	0.6404	APC	$32.41			
72190	X	X-RAY EXAM OF PELVIS		0260	0.6404	APC	$32.41			
72191	N	CT ANGIOGRAPH PELV W/O&W/DYE		0662	4.8386	ed, may be payable in some circumsta	$244.88			
72192	N	CT PELVIS W/O DYE		0332	2.7431	ed, may be payable in some circumsta	$138.83			
72193	N	CONTRAST CAT SCAN OF PELVIS		0283	4.2956	ed, may be payable in some circumsta	$217.40			
72194	N	CT PELVIS W/O & W/DYE		0333	4.7758	ed, may be payable in some circumsta	$241.70			

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72195	N	MRI PELVIS W/O DYE		0336	4.8375	ed, may be payable in some circumsta	$244.83			
72196	N	MAGNETIC IMAGE PELVIS		0284	6.2303	ed, may be payable in some circumsta	$315.32			
72197	N	MRI PELVIS W/O & W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
72198	E	MR ANGIO PELVIS W/O & W/DYE				Not Allowed	$0.00			
72200	X	X-RAY EXAM SACROILIAC JOINTS		0260	0.6404	APC	$32.41			
72202	X	X-RAY EXAM SACROILIAC JOINTS		0260	0.6404	APC	$32.41			
72220	X	X-RAY EXAM OF TAILBONE		0260	0.6404	APC	$32.41			
72240	N	CONTRAST X-RAY OF NECK SPINE		0274	7.0665	ed, may be payable in some circumsta	$357.64			
72255	N	CONTRAST X-RAY THORAX SPINE		0274	7.0665	ed, may be payable in some circumsta	$357.64			
72265	N	CONTRAST X-RAY LOWER SPINE		0274	7.0665	ed, may be payable in some circumsta	$357.64			
72270	N	CONTRAST X-RAY SPINE		0274	7.0665	ed, may be payable in some circumsta	$357.64			
72275	N	EPIDUROGRAPHY				Bundled	$0.00			
72285	N	DISKOGRAPHY CERVICAL OR THORACIC RADIOLOGICAL SPF		0388	22.8545	ed, may be payable in some circumsta	$1,156.67			
72291	N	PERQ VERTE/SACROPLSTY FLUOR				Bundled	$0.00			
72292	N	PERQ VERTE/SACROPLSTY CT				Bundled	$0.00			
72295	N	X-RAY OF LOWER SPINE DISK		0388	22.8545	ed, may be payable in some circumsta	$1,156.67			
73000	X	X-RAY EXAM OF COLLARBONE		0260	0.6404	APC	$32.41			
73010	X	X-RAY EXAM OF SHOULDER BLADE		0260	0.6404	APC	$32.41			
73020	X	X-RAY EXAM OF SHOULDER		0260	0.6404	APC	$32.41			
73030	X	X-RAY EXAM OF SHOULDER		0260	0.6404	APC	$32.41			
73040	N	CONTRAST X-RAY OF SHOULDER		0275	4.0110	ed, may be payable in some circumsta	$203.00			
73050	X	X-RAY EXAM OF SHOULDERS		0260	0.6404	APC	$32.41			
73060	X	X-RAY EXAM OF HUMERUS		0260	0.6404	APC	$32.41			
73070	X	X-RAY EXAM OF ELBOW		0260	0.6404	APC	$32.41			
73080	X	X-RAY EXAM OF ELBOW		0260	0.6404	APC	$32.41			
73085	N	CONTRAST X-RAY OF ELBOW		0275	4.0110	ed, may be payable in some circumsta	$203.00			
73090	X	X-RAY EXAM OF FOREARM		0260	0.6404	APC	$32.41			
73092	X	X-RAY EXAM OF ARM INFANT		0260	0.6404	APC	$32.41			
73100	X	X-RAY EXAM OF WRIST		0260	0.6404	APC	$32.41			
73110	X	X-RAY EXAM OF WRIST		0260	0.6404	APC	$32.41			
73115	N	CONTRAST X-RAY OF WRIST		0275	4.0110	ed, may be payable in some circumsta	$203.00			
73120	X	X-RAY EXAM OF HAND		0260	0.6404	APC	$32.41			
73130	X	X-RAY EXAM OF HAND		0260	0.6404	APC	$32.41			
73140	X	X-RAY EXAM OF FINGER(S)		0260	0.6404	APC	$32.41			
73200	N	CT UPPER EXTREMITY W/O DYE		0332	2.7431	ed, may be payable in some circumsta	$138.83			
73201	N	CONTRAST CAT SCAN OF ARM		0283	4.2956	ed, may be payable in some circumsta	$217.40			
73202	N	CT UPPR EXTREMITY W/O&W/DYE		0333	4.7758	ed, may be payable in some circumsta	$241.70			
73206	N	CT ANGIO UPR EXTRM W/O&W/DYE		0662	4.8386	ed, may be payable in some circumsta	$244.88			
73218	N	MRI UPPER EXTREMITY OTHER THAN JOINT; W/O CONTRAST		0336	4.8375	ed, may be payable in some circumsta	$244.83			
73219	N	MRI UPPER EXTREMITY OTHER THAN JOINT WITH CONTRAST		0284	6.2303	ed, may be payable in some circumsta	$315.32			
73220	N	MRI UPPR EXTREMITY W/O&W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
73221	N	MAGNETIC IMAGE JOINT OF ARM		0336	4.8375	ed, may be payable in some circumsta	$244.83			
73222	N	MRI JOINT UPR EXTREM W/DYE		0284	6.2303	ed, may be payable in some circumsta	$315.32			
73223	N	MRI JOINT UPR EXTR W/O&W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
73225	E	MR ANGIO UPR EXTR W/O&W/DYE				Not Allowed	$0.00			
73500	X	X-RAY EXAM OF HIP		0260	0.6404	APC	$32.41			
73510	X	X-RAY EXAM OF HIP		0260	0.6404	APC	$32.41			
73520	X	X-RAY EXAM OF HIPS		0260	0.6404	APC	$32.41			
73525	N	CONTRAST X-RAY OF HIP		0275	4.0110	ed, may be payable in some circumsta	$203.00			
73530	N	X-RAY EXAM OF HIP				Bundled	$0.00			
73540	X	X-RAY EXAM OF PELVIS & HIPS		0260	0.6404	APC	$32.41			
73550	X	X-RAY EXAM OF THIGH		0260	0.6404	APC	$32.41			
73560	X	X-RAY EXAM OF KNEE 1 OR 2		0260	0.6404	APC	$32.41			
73562	X	X-RAY EXAM OF KNEE 3		0260	0.6404	APC	$32.41			
73564	X	X-RAY EXAM KNEE 4 OR MORE		0260	0.6404	APC	$32.41			
73565	X	RADIOLOGIC EXAMINATION KNEE; BOTH KNEES STANDING A		0260	0.6404	APC	$32.41			

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73580	N	CONTRAST X-RAY OF KNEE JOINT		0275	4.0110	ed, may be payable in some circumsta	$203.00			
73590	X	X-RAY EXAM OF LOWER LEG		0260	0.6404	APC	$32.41			
73592	X	X-RAY EXAM OF LEG INFANT		0260	0.6404	APC	$32.41			
73600	X	X-RAY EXAM OF ANKLE		0260	0.6404	APC	$32.41			
73610	X	X-RAY EXAM OF ANKLE		0260	0.6404	APC	$32.41			
73615	N	CONTRAST X-RAY OF ANKLE		0275	4.0110	ed, may be payable in some circumsta	$203.00			
73620	X	X-RAY EXAM OF FOOT		0260	0.6404	APC	$32.41			
73630	X	X-RAY EXAM OF FOOT		0260	0.6404	APC	$32.41			
73650	X	X-RAY EXAM OF HEEL		0260	0.6404	APC	$32.41			
73660	X	X-RAY EXAM OF TOE(S)		0260	0.6404	APC	$32.41			
73700	N	CT LOWER EXTREMITY W/O DYE		0332	2.7431	ed, may be payable in some circumsta	$138.83			
73701	N	CONTRAST CAT SCAN OF LEG		0283	4.2956	ed, may be payable in some circumsta	$217.40			
73702	N	CT LWR EXTREMITY W/O&W/DYE		0333	4.7758	ed, may be payable in some circumsta	$241.70			
73706	N	CT ANGIO LWR EXTR W/O&W/DYE		0662	4.8386	ed, may be payable in some circumsta	$244.88			
73718	N	MRI LOWER EXTREMITY OTHER THAN JOINT; W/O CONTRAST		0336	4.8375	ed, may be payable in some circumsta	$244.83			
73719	N	MRI LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST		0284	6.2303	ed, may be payable in some circumsta	$315.32			
73720	N	MRI LWR EXTREMITY W/O&W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
73721	N	MRI JNT OF LWR EXTRE W/O DYE		0336	4.8375	ed, may be payable in some circumsta	$244.83			
73722	N	MRI ANY LOWER EXTREMITY JOINT; WITH CONTRAST MATERI		0284	6.2303	ed, may be payable in some circumsta	$315.32			
73723	N	MRI JOINT LWR EXTR W/O&W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
73725	M	MAGNETIC IMAGING/LOWER (MRA)				Fee Schedule	$490.68			
74000	X	X-RAY EXAM OF ABDOMEN		0260	0.6404	APC	$32.41			
74010	X	X-RAY EXAM OF ABDOMEN		0260	0.6404	APC	$32.41			
74020	X	X-RAY EXAM OF ABDOMEN		0260	0.6404	APC	$32.41			
74022	X	X-RAY EXAM SERIES ABDOMEN		0261	1.0791	APC	$54.61			
74150	N	CT ABDOMEN W/O DYE		0332	2.7431	ed, may be payable in some circumsta	$138.83			
74160	N	CONTRAST CAT SCAN OF ABDOMEN		0283	4.2956	ed, may be payable in some circumsta	$217.40			
74170	N	CT ABDOMEN W/O & W/DYE		0333	4.7758	ed, may be payable in some circumsta	$241.70			
74174	S	CT ANGIO ABD&PELV W/O&W/DYE		0334	8.2989	APC	$420.01			
74175	N	CT ANGIO ABDOM W/O & W/DYE		0662	4.8386	ed, may be payable in some circumsta	$244.88			
74176	N	CT ABD & PELVIS		0331	5.7919	ed, may be payable in some circumsta	$293.13			
74177	N	CT ABD & PELV W/CONTRAST		0334	8.2989	ed, may be payable in some circumsta	$420.01			
74178	N	CT ABD & PELV 1/> REGNS		0334	8.2989	ed, may be payable in some circumsta	$420.01			
74181	N	MAGNETIC IMAGE ABDOMEN (MRI)		0336	4.8375	ed, may be payable in some circumsta	$244.83			
74182	N	MRI ABDOMEN; WITH CONTRAST MATERIAL(S)		0284	6.2303	ed, may be payable in some circumsta	$315.32			
74183	N	MRI ABDOMEN W/O & W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
74185	M	MRI ANGIO ABDOM W ORW/O DYE				Fee Schedule	$488.76			
74190	N	X-RAY EXAM OF PERITONEUM		0263	3.3797	ed, may be payable in some circumsta	$171.05			
74210	S	CONTRAST XRAY EXAM OF THROAT		0276	1.2270	APC	$62.10			
74220	S	CONTRAST X-RAY ESOPHAGUS		0276	1.2270	APC	$62.10			
74230	S	CINE/VID X-RAY THROAT/ESOPH		0276	1.2270	APC	$62.10			
74235	N	REMOVE ESOPHAGUS OBSTRUCTION				Bundled	$0.00			
74240	S	X-RAY EXAM UPPER GI TRACT		0276	1.2270	APC	$62.10			
74241	S	X-RAY EXAM UPPER GI TRACT		0276	1.2270	APC	$62.10			
74245	S	X-RAY EXAM UPPER GI TRACT		0277	2.0329	APC	$102.89			
74246	S	CONTRAST XRAY UPPER GI TRACT		0276	1.2270	APC	$62.10			
74247	S	CONTRAST XRAY UPPER GI TRACT		0276	1.2270	APC	$62.10			
74249	S	CONTRST X-RAY UPPR GI TRACT		0277	2.0329	APC	$102.89			
74250	S	X-RAY EXAM OF SMALL BOWEL		0276	1.2270	APC	$62.10			
74251	S	X-RAY EXAM OF SMALL BOWEL		0277	2.0329	APC	$102.89			
74260	S	X-RAY EXAM OF SMALL BOWEL		0276	1.2270	APC	$62.10			
74261	N	CT COLONOGRAPHY DX		0332	2.7431	ed, may be payable in some circumsta	$138.83			
74262	N	CT COLONOGRAPHY DX W/DYE		0283	4.2956	ed, may be payable in some circumsta	$217.40			
74263	E	CT COLONOGRAPHY SCREENING				Not Allowed	$0.00			
74270	S	CONTRAST X-RAY EXAM OF COLON		0276	1.2270	APC	$62.10			
74280	S	CONTRAST X-RAY EXAM OF COLON		0277	2.0329	APC	$102.89			

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74283	S	CONTRAST X-RAY EXAM OF COLON		0276	1.2270	APC	$62.10			
74290	S	CONTRAST X-RAY GALLBLADDER		0276	1.2270	APC	$62.10			
74291	S	CONTRAST X-RAYS GALLBLADDER		0276	1.2270	APC	$62.10			
74300	N	X-RAY BILE DUCTS/PANCREAS				Bundled	$0.00			
74301	N	X-RAYS AT SURGERY ADD-ON				Bundled	$0.00			
74305	N	X-RAY BILE DUCTS/PANCREAS		0263	3.3797	ed, may be payable in some circumsta	$171.05			
74320	N	CONTRAST X-RAY OF BILE DUCTS		0317	6.0761	ed, may be payable in some circumsta	$307.51			
74327	N	X-RAY BILE STONE REMOVAL				Bundled	$0.00			
74328	N	X-RAY BILE DUCT ENDOSCOPY				Bundled	$0.00			
74329	N	X-RAY FOR PANCREAS ENDOSCOPY				Bundled	$0.00			
74330	N	X-RAY BILE/PANC ENDOSCOPY				Bundled	$0.00			
74340	N	X-RAY GUIDE FOR GI TUBE				Bundled	$0.00			
74355	N	X-RAY GUIDE INTESTINAL TUBE				Bundled	$0.00			
74360	N	X-RAY GUIDE GI DILATION				Bundled	$0.00			
74363	N	X-RAY BILE DUCT DILATION				Bundled	$0.00			
74400	S	CONTRST X-RAY URINARY TRACT		0278	2.6283	APC	$133.02			
74410	S	CONTRST X-RAY URINARY TRACT		0278	2.6283	APC	$133.02			
74415	S	CONTRST X-RAY URINARY TRACT		0278	2.6283	APC	$133.02			
74420	S	CONTRST X-RAY URINARY TRACT		0278	2.6283	APC	$133.02			
74425	N	CONTRST X-RAY URINARY TRACT		0278	2.6283	ed, may be payable in some circumsta	$133.02			
74430	N	CONTRAST X-RAY BLADDER		0278	2.6283	ed, may be payable in some circumsta	$133.02			
74440	N	X-RAY MALE GENITAL TRACT		0278	2.6283	ed, may be payable in some circumsta	$133.02			
74445	N	X-RAY EXAM OF PENIS		0278	2.6283	ed, may be payable in some circumsta	$133.02			
74450	N	X-RAY URETHRA/BLADDER		0278	2.6283	ed, may be payable in some circumsta	$133.02			
74455	N	X-RAY URETHRA/BLADDER		0278	2.6283	ed, may be payable in some circumsta	$133.02			
74470	N	X-RAY EXAM OF KIDNEY LESION		0263	3.3797	ed, may be payable in some circumsta	$171.05			
74475	N	X-RAY CONTROL CATH INSERT		0161	17.4928	ed, may be payable in some circumsta	$885.31			
74480	N	X-RAY CONTROL CATH INSERT		0161	17.4928	ed, may be payable in some circumsta	$885.31			
74485	N	X-RAY GUIDE GU DILATION		0161	17.4928	ed, may be payable in some circumsta	$885.31			
74710	X	X-RAY MEASUREMENT OF PELVIS		0261	1.0791	APC	$54.61			
74740	N	X-RAY FEMALE GENITAL TRACT		0263	3.3797	ed, may be payable in some circumsta	$171.05			
74742	N	X-RAY FALLOPIAN TUBE				Bundled	$0.00			
74775	S	X-RAY EXAM OF PERINEUM		0278	2.6283	APC	$133.02			
75557	N	CARDIAC MRI FOR MORPH		0336	4.8375	ed, may be payable in some circumsta	$244.83			
75559	N	CARDIAC MRI W/STRESS IMG		0336	4.8375	ed, may be payable in some circumsta	$244.83			
75561	N	CARDIAC MRI FOR MORPH W/DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
75563	N	CARD MRI W/STRESS IMG & DYE		0337	7.6340	ed, may be payable in some circumsta	$386.36			
75565	N	CARD MRI VELOC FLOW MAPPING				Bundled	$0.00			
75571	X	CT HRT W/O DYE W/CA TEST		0340	0.6525	APC	$33.02			
75572	S	CT HRT W/3D IMAGE		0383	3.7409	APC	$189.33			
75573	S	CT HRT W/3D IMAGE CONGEN		0383	3.7409	APC	$189.33			
75574	S	CT ANGIO HRT W/3D IMAGE		0383	3.7409	APC	$189.33			
75600	N	CONTRAST X-RAY EXAM OF AORTA		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75605	N	CONTRAST X-RAY EXAM OF AORTA		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75625	N	CONTRAST X-RAY EXAM OF AORTA		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75630	N	X-RAY AORTA LEG ARTERIES		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75635	N	CT ANGIO ABDOMINAL ARTERIES		0662	4.8386	ed, may be payable in some circumsta	$244.88			
75650	N	ARTERY X-RAYS HEAD & NECK		0280	49.6698	ed, may be payable in some circumsta	$2,513.79			
75658	N	ARTERY X-RAYS ARM		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75660	N	ARTERY X-RAYS HEAD & NECK		0280	49.6698	ed, may be payable in some circumsta	$2,513.79			
75662	N	ARTERY X-RAYS HEAD & NECK		0280	49.6698	ed, may be payable in some circumsta	$2,513.79			
75665	N	ARTERY X-RAYS HEAD & NECK		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75671	N	ARTERY X-RAYS HEAD & NECK		0280	49.6698	ed, may be payable in some circumsta	$2,513.79			
75676	N	ARTERY X-RAYS NECK		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75680	N	ARTERY X-RAYS NECK		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75685	N	ARTERY X-RAYS SPINE		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			

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75705	N	ARTERY X-RAYS SPINE		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75710	N	ARTERY X-RAYS ARM/LEG		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75716	N	ARTERY X-RAYS ARMS/LEGS		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75726	N	ARTERY X-RAYS ABDOMEN		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75731	N	ARTERY X-RAYS ADRENAL GLAND		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75733	N	ARTERY X-RAYS ADRENALS		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75736	N	ARTERY X-RAYS PELVIS		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75741	N	ARTERY X-RAYS LUNG		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75743	N	ARTERY X-RAYS LUNGS		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75746	N	ARTERY X-RAYS LUNG		0668	9.4271	ed, may be payable in some circumsta	$477.11			
75756	N	ARTERY X-RAYS CHEST		0668	9.4271	ed, may be payable in some circumsta	$477.11			
75774	N	ARTERY X-RAY EACH VESSEL				Bundled	$0.00			
75791	N	AV DIALYSIS SHUNT IMAGING		0668	9.4271	ed, may be payable in some circumsta	$477.11			
75801	N	LYMPH VESSEL X-RAY ARM/LEG		0317	6.0761	ed, may be payable in some circumsta	$307.51			
75803	N	LYMPH VESSEL X-RAY ARMS/LEGS		0317	6.0761	ed, may be payable in some circumsta	$307.51			
75805	N	LYMPH VESSEL X-RAY TRUNK		0317	6.0761	ed, may be payable in some circumsta	$307.51			
75807	N	LYMPH VESSEL X-RAY TRUNK		0317	6.0761	ed, may be payable in some circumsta	$307.51			
75809	N	NONVASCULAR SHUNT X-RAY		0261	1.0791	ed, may be payable in some circumsta	$54.61			
75810	N	VEIN X-RAY SPLEEN/LIVER		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75820	N	VEIN X-RAY ARM/LEG		0668	9.4271	ed, may be payable in some circumsta	$477.11			
75822	N	VEIN X-RAY ARMS/LEGS		0668	9.4271	ed, may be payable in some circumsta	$477.11			
75825	N	VEIN X-RAY TRUNK		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75827	N	VEIN X-RAY CHEST		0668	9.4271	ed, may be payable in some circumsta	$477.11			
75831	N	VEIN X-RAY KIDNEY		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75833	N	VEIN X-RAY KIDNEYS		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75840	N	VEIN X-RAY ADRENAL GLAND		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75842	N	VEIN X-RAY ADRENAL GLANDS		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75860	N	VEIN X-RAY NECK		0668	9.4271	ed, may be payable in some circumsta	$477.11			
75870	N	VEIN X-RAY SKULL		0668	9.4271	ed, may be payable in some circumsta	$477.11			
75872	N	VEIN X-RAY SKULL		0668	9.4271	ed, may be payable in some circumsta	$477.11			
75880	N	VEIN X-RAY EYE SOCKET		0668	9.4271	ed, may be payable in some circumsta	$477.11			
75885	N	VEIN X-RAY LIVER		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75887	N	VEIN X-RAY LIVER		0668	9.4271	ed, may be payable in some circumsta	$477.11			
75889	N	VEIN X-RAY LIVER		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75891	N	VEIN X-RAY LIVER		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75893	N	VENOUS SAMPLING BY CATHETER		0279	29.8280	ed, may be payable in some circumsta	$1,509.60			
75894	N	X-RAYS TRANSCATH THERAPY				Bundled	$0.00			
75896	N	X-RAYS TRANSCATH THERAPY				Bundled	$0.00			
75898	N	FOLLOW-UP ANGIOGRAPHY		0261	1.0791	ed, may be payable in some circumsta	$54.61			
75900	C	INTRAVASCULAR CATH EXCHANGE				Inpatient Only	$0.00			
75901	N	REMOVE CVA DEVICE OBSTRUCT				Bundled	$0.00			
75902	N	REMOVE CVA LUMEN OBSTRUCT				Bundled	$0.00			
75945	N	INTRAVASCULAR ULTRASOUND RADIOLOGICAL S&I; INITIAL VI		0267	2.1747	ed, may be payable in some circumsta	$110.06			
75946	N	INTRAVASCULAR ULTRASOUND RADIOLOGICAL S&I; EA ADD'L				Bundled	$0.00			
75952	C	ENDOVASC REPAIR ABDOM AORTA				Inpatient Only	$0.00			
75953	C	ABDOM ANEURYSM ENDOVAS RPR				Inpatient Only	$0.00			
75954	C	ILIAC ANEURYSM ENDOVAS RPR				Inpatient Only	$0.00			
75956	C	XRAY ENDOVASC THOR AO REPR				Inpatient Only	$0.00			
75957	C	XRAY ENDOVASC THOR AO REPR				Inpatient Only	$0.00			
75958	C	XRAY PLACE PROX EXT THOR AO				Inpatient Only	$0.00			
75959	C	XRAY PLACE DIST EXT THOR AO				Inpatient Only	$0.00			
75960	N	TRANSCATH IV STENT RS&I				Bundled	$0.00			
75961	N	RETRIEVAL BROKEN CATHETER				Bundled	$0.00			
75962	N	REPAIR ARTERIAL BLOCKAGE		0083	66.0408	ed, may be payable in some circumsta	$3,342.32			
75964	N	REPAIR ARTERY BLOCKAGE EACH				Bundled	$0.00			
75966	N	REPAIR ARTERIAL BLOCKAGE		0083	66.0408	ed, may be payable in some circumsta	$3,342.32			

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75968	N	REPAIR ARTERY BLOCKAGE EACH				Bundled	$0.00			
75970	N	VASCULAR BIOPSY				Bundled	$0.00			
75978	N	REPAIR VENOUS BLOCKAGE		0093	30.8203	ed, may be payable in some circumsta	$1,559.82			
75980	N	CONTRAST XRAY EXAM BILE DUCT				Bundled	$0.00			
75982	N	CONTRAST XRAY EXAM BILE DUCT				Bundled	$0.00			
75984	N	XRAY CONTROL CATHETER CHANGE				Bundled	$0.00			
75989	N	ABSCESS DRAINAGE UNDER X-RAY				Bundled	$0.00			
76000	N	FLUOROSCOPE EXAMINATION		0272	1.2599	ed, may be payable in some circumsta	$63.76			
76001	N	FLUOROSCOPE EXAM EXTENSIVE				Bundled	$0.00			
76010	X	X-RAY NOSE TO RECTUM		0260	0.6404	APC	$32.41			
76080	N	RADIOLOGIC EXAM ABSCESS FISTULA OR SINUS TRACT STU		0263	3.3797	ed, may be payable in some circumsta	$171.05			
76098	N	X-RAY EXAM BREAST SPECIMEN		0317	6.0761	ed, may be payable in some circumsta	$307.51			
76100	X	X-RAY EXAM OF BODY SECTION		0261	1.0791	APC	$54.61			
76101	X	COMPLEX BODY SECTION X-RAY		0263	3.3797	APC	$171.05			
76102	X	COMPLEX BODY SECTION X-RAYS		0263	3.3797	APC	$171.05			
76120	X	CINE/VIDEO X-RAYS		0272	1.2599	APC	$63.76			
76125	N	CINE/VIDEO X-RAYS ADD-ON				Bundled	$0.00			
76140	E	X-RAY CONSULTATION				Not Allowed	$0.00			
76376	N	3D RENDER W/O POSTPROCESS				Bundled	$0.00			
76377	N	3D RENDERING W/POSTPROCESS				Bundled	$0.00			
76380	S	CAT SCAN FOLLOW-UP STUDY		0282	1.5249	APC	$77.18			
76390	E	MR SPECTROSCOPY				Not Allowed	$0.00			
76496	X	FLUOROSCOPIC PROCEDURE		0272	1.2599	APC	$63.76			
76497	S	CT PROCEDURE		0282	1.5249	APC	$77.18			
76498	S	MRI PROCEDURE		0336	4.8375	APC	$244.83			
76499	X	RADIOGRAPHIC PROCEDURE		0260	0.6404	APC	$32.41			
76506	S	ECHO EXAM OF HEAD		0265	0.8994	APC	$45.52			
76510	T	OPHTH US B & QUANT A		0232	2.8709	APC	$145.30			
76511	S	OPHTH US QUANT A ONLY		0266	1.3767	APC	$69.67			
76512	S	OPHTH US B W/NON-QUANT A		0266	1.3767	APC	$69.67			
76513	S	ECHO EXAM OF EYE WATER BATH		0266	1.3767	APC	$69.67			
76514	X	ECHO EXAM OF EYE THICKNESS		0035	0.2691	APC	$13.62			
76516	S	ECHO EXAM OF EYE		0265	0.8994	APC	$45.52			
76519	S	ECHO EXAM OF EYE		0266	1.3767	APC	$69.67			
76529	S	ECHO EXAM OF EYE		0265	0.8994	APC	$45.52			
76536	S	US EXAM OF HEAD AND NECK		0266	1.3767	APC	$69.67			
76604	N	US EXAM CHEST		0265	0.8994	ed, may be payable in some circumsta	$45.52			
76645	S	US EXAM BREAST(S)		0265	0.8994	APC	$45.52			
76700	N	US EXAM ABDOM COMPLETE		0266	1.3767	ed, may be payable in some circumsta	$69.67			
76705	N	ECHO EXAM OF ABDOMEN		0266	1.3767	ed, may be payable in some circumsta	$69.67			
76770	N	US EXAM ABDO BACK WALL COMP		0266	1.3767	ed, may be payable in some circumsta	$69.67			
76775	N	US EXAM ABDO BACK WALL LIM		0266	1.3767	ed, may be payable in some circumsta	$69.67			
76776	N	US EXAM K TRANSPL W/DOPPLER		0266	1.3767	ed, may be payable in some circumsta	$69.67			
76800	S	US EXAM SPINAL CANAL		0266	1.3767	APC	$69.67			
76801	S	OB US < 14 WKS SINGLE FETUS		0266	1.3767	APC	$69.67			
76802	S	OB US < 14 WKS ADDL FETUS		0265	0.8994	APC	$45.52			
76805	S	OB US >/= 14 WKS SNGL FETUS		0266	1.3767	APC	$69.67			
76810	S	OB US >/= 14 WKS ADDL FETUS		0266	1.3767	APC	$69.67			
76811	S	OB US DETAILED SNGL FETUS		0267	2.1747	APC	$110.06			
76812	S	OB US DETAILED ADDL FETUS		0265	0.8994	APC	$45.52			
76813	S	OB US NUCHAL MEAS 1 GEST		0265	0.8994	APC	$45.52			
76814	S	OB US NUCHAL MEAS ADD-ON		0265	0.8994	APC	$45.52			
76815	S	OB US LIMITED FETUS(S)		0265	0.8994	APC	$45.52			
76816	S	OB US FOLLOW-UP PER FETUS		0265	0.8994	APC	$45.52			
76817	S	TRANSVAGINAL US OBSTETRIC		0265	0.8994	APC	$45.52			
76818	S	FETAL BIOPHYS PROFILE W/NST		0266	1.3767	APC	$69.67			

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76819	S	FETAL BIOPHYS PROFIL W/O NST		0266	1.3767	APC	$69.67			
76820	S	UMBILICAL ARTERY ECHO		0265	0.8994	APC	$45.52			
76821	S	MIDDLE CEREBRAL ARTERY ECHO		0265	0.8994	APC	$45.52			
76825	S	ECHO EXAM OF FETAL HEART		0697	3.1616	APC	$160.01			
76826	S	ECHO EXAM OF FETAL HEART		0697	3.1616	APC	$160.01			
76827	S	ECHO EXAM OF FETAL HEART		0265	0.8994	APC	$45.52			
76828	S	ECHO EXAM OF FETAL HEART		0265	0.8994	APC	$45.52			
76830	S	TRANSVAGINAL US NON-OB		0266	1.3767	APC	$69.67			
76831	N	ECHO EXAM UTERUS		0267	2.1747	ed, may be payable in some circumsta	$110.06			
76856	N	US EXAM PELVIC COMPLETE		0266	1.3767	ed, may be payable in some circumsta	$69.67			
76857	N	US EXAM PELVIC LIMITED		0265	0.8994	ed, may be payable in some circumsta	$45.52			
76870	N	US EXAM SCROTUM		0266	1.3767	ed, may be payable in some circumsta	$69.67			
76872	S	US TRANSRECTAL		0266	1.3767	APC	$69.67			
76873	S	ECHOGRAP TRANS R PROS STUDY		0266	1.3767	APC	$69.67			
76881	S	US XTR NON-VASC COMPLETE		0266	1.3767	APC	$69.67			
76882	S	US XTR NON-VASC LMTD		0265	0.8994	APC	$45.52			
76885	S	US EXAM INFANT HIPS DYNAMIC		0265	0.8994	APC	$45.52			
76886	S	US EXAM INFANT HIPS STATIC		0265	0.8994	APC	$45.52			
76930	N	ECHO GUIDE CARDIOCENTESIS				Bundled	$0.00			
76932	N	ECHO GUIDE FOR HEART BIOPSY				Bundled	$0.00			
76936	S	ECHO GUIDE FOR ARTERY REPAIR		0096	1.5246	APC	$77.16			
76937	N	US GUIDE VASCULAR ACCESS				Bundled	$0.00			
76940	N	US GUIDE TISSUE ABLATION				Bundled	$0.00			
76941	N	ECHO GUIDE FOR TRANSFUSION				Bundled	$0.00			
76942	N	ECHO GUIDE FOR BIOPSY				Bundled	$0.00			
76945	N	ECHO GUIDE VILLUS SAMPLING				Bundled	$0.00			
76946	N	ECHO GUIDE FOR AMNIOCENTESIS				Bundled	$0.00			
76948	N	ECHO GUIDE OVA ASPIRATION				Bundled	$0.00			
76950	N	ECHO GUIDANCE RADIOTHERAPY				Bundled	$0.00			
76965	N	ECHO GUIDANCE RADIOTHERAPY				Bundled	$0.00			
76970	S	ULTRASOUND EXAM FOLLOW-UP		0265	0.8994	APC	$45.52			
76975	N	GI ENDOSCOPIC ULTRASOUND		0267	2.1747	ed, may be payable in some circumsta	$110.06			
76977	X	U/S BONE DENSITY MEASUREMENT AND INTERP PERIPH SITE		0340	0.6525	APC	$33.02			
76998	N	US GUIDE INTRAOP				Bundled	$0.00			
76999	S	ECHO EXAMINATION PROCEDURE		0265	0.8994	APC	$45.52			
77001	N	FLUOROGUIDE FOR VEIN DEVICE				Bundled	$0.00			
77002	N	NEEDLE LOCALIZATION BY XRAY				Bundled	$0.00			
77003	N	FLUOROGUIDE FOR SPINE INJECT				Bundled	$0.00			
77011	N	CT SCAN FOR LOCALIZATION				Bundled	$0.00			
77012	N	CT SCAN FOR NEEDLE BIOPSY				Bundled	$0.00			
77013	N	CT GUIDE FOR TISSUE ABLATION				Bundled	$0.00			
77014	N	CT SCAN FOR THERAPY GUIDE				Bundled	$0.00			
77021	N	MR GUIDANCE FOR NEEDLE PLACE				Bundled	$0.00			
77022	N	MRI FOR TISSUE ABLATION				Bundled	$0.00			
77031	N	STEREOTACT GUIDE FOR BRST BX				Bundled	$0.00			
77032	N	GUIDANCE FOR NEEDLE BREAST				Bundled	$0.00			
77051	M	COMPUTER DX MAMMOGRAM ADD-ON				Fee Schedule	$10.26			
77052	M	COMP SCREEN MAMMOGRAM ADD-ON				Fee Schedule	$10.26			
77053	N	X-RAY OF MAMMARY DUCT		0263	3.3797	ed, may be payable in some circumsta	$171.05			
77054	N	X-RAY OF MAMMARY DUCTS		0263	3.3797	ed, may be payable in some circumsta	$171.05			
77055	M	MAMMOGRAM ONE BREAST				Fee Schedule	$82.36			
77056	M	MAMMOGRAM BOTH BREASTS				Fee Schedule	$105.33			
77057	M	MAMMOGRAM SCREENING				Fee Schedule	$76.30			
77058	M	MRI ONE BREAST				Fee Schedule	$658.90			
77059	M	MRI BOTH BREASTS				Fee Schedule	$671.32			
77071	X	X-RAY STRESS VIEW		0260	0.6404	APC	$32.41			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
77072	X	X-RAYS FOR BONE AGE		0260	0.6404	APC	$32.41			
77073	X	X-RAYS BONE LENGTH STUDIES		0260	0.6404	APC	$32.41			
77074	X	X-RAYS BONE SURVEY LIMITED		0261	1.0791	APC	$54.61			
77075	X	X-RAYS BONE SURVEY COMPLETE		0261	1.0791	APC	$54.61			
77076	X	X-RAYS BONE SURVEY INFANT		0261	1.0791	APC	$54.61			
77077	X	JOINT SURVEY SINGLE VIEW		0260	0.6404	APC	$32.41			
77078	S	CT BONE DENSITY AXIAL		0288	1.0218	APC	$51.71			
77080	S	DXA BONE DENSITY AXIAL		0288	1.0218	APC	$51.71			
77081	S	DXA BONE DENSITY/PERIPHERAL		0665	0.4590	APC	$23.23			
77082	X	DXA BONE DENSITY VERT FX		0260	0.6404	APC	$32.41			
77084	S	MAGNETIC IMAGE BONE MARROW		0336	4.8375	APC	$244.83			
77261	E	RADIATION THERAPY PLANNING				Not Allowed	$0.00			
77262	E	RADIATION THERAPY PLANNING				Not Allowed	$0.00			
77263	E	RADIATION THERAPY PLANNING				Not Allowed	$0.00			
77280	X	SET RADIATION THERAPY FIELD; SIMPLE		0304	1.5375	APC	$77.81			
77285	X	SET RADIATION THERAPY FIELD; INTERMEDIATE		0305	3.7687	APC	$190.73			
77290	X	SET RADIATION THERAPY FIELD; COMPLEX		0305	3.7687	APC	$190.73			
77295	X	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTIN		0310	13.6309	APC	$689.86			
77299	X	RADIATION THERAPY PLANNING UNLISTED PROCEDURE		0304	1.5375	APC	$77.81			
77300	X	RADIATION THERAPY DOSE PLAN		0304	1.5375	APC	$77.81			
77301	X	RADIOTHERAPY DOSE PLAN IMRT		0310	13.6309	APC	$689.86			
77305	X	TELETX ISODOSE PLAN SIMPLE		0304	1.5375	APC	$77.81			
77310	X	TELETX ISODOSE PLAN INTERMED		0304	1.5375	APC	$77.81			
77315	X	TELETX ISODOSE PLAN COMPLEX		0305	3.7687	APC	$190.73			
77321	X	SPECIAL TELETX PORT PLAN		0305	3.7687	APC	$190.73			
77326	X	BRACHYTX ISODOSE CALC SIMP		0304	1.5375	APC	$77.81			
77327	X	BRACHYTX ISODOSE CALC INTERM		0305	3.7687	APC	$190.73			
77328	X	BRACHYTX ISODOSE PLAN COMPL		0305	3.7687	APC	$190.73			
77331	X	SPECIAL RADIATION DOSIMETRY		0304	1.5375	APC	$77.81			
77332	X	RADIATION TREATMENT AID(S)		0303	2.8604	APC	$144.76			
77333	X	RADIATION TREATMENT AID(S)		0303	2.8604	APC	$144.76			
77334	X	RADIATION TREATMENT AID(S)		0303	2.8604	APC	$144.76			
77336	X	CONTINUING MEDICAL RADIATION PHYSICS CONSULT PER W		0304	1.5375	APC	$77.81			
77338	X	DESIGN MLC DEVICE FOR IMRT		0305	3.7687	APC	$190.73			
77370	X	RADIATION PHYSICS CONSULT		0304	1.5375	APC	$77.81			
77371	S	SRS MULTISOURCE		0127	106.5264	APC	$5,391.30			
77372	M	SRS LINEAR BASED				Fee Schedule	$0.00			
77373	M	SBRT DELIVERY				Fee Schedule	$0.00			
77399	X	UNLISTED PROC RADIATION PHYSICS DOSIM/TX DEVICE& SP		0304	1.5375	APC	$77.81			
77401	S	RADIATION TREATMENT DELIVERY		0300	1.4213	APC	$71.93			
77402	S	RADIATION TREATMENT DELIVERY		0300	1.4213	APC	$71.93			
77403	S	RADIATION TREATMENT DELIVERY		0300	1.4213	APC	$71.93			
77404	S	RADIATION TREATMENT DELIVERY		0300	1.4213	APC	$71.93			
77406	S	RADIATION TREATMENT DELIVERY		0300	1.4213	APC	$71.93			
77407	S	RADIATION TREATMENT DELIVERY		0300	1.4213	APC	$71.93			
77408	S	RADIATION TREATMENT DELIVERY		0301	2.4140	APC	$122.17			
77409	S	RADIATION TREATMENT DELIVERY		0301	2.4140	APC	$122.17			
77411	S	RADIATION TREATMENT DELIVERY		0301	2.4140	APC	$122.17			
77412	S	RADIATION TREATMENT DELIVERY		0301	2.4140	APC	$122.17			
77413	S	RADIATION TREATMENT DELIVERY		0301	2.4140	APC	$122.17			
77414	S	RADIATION TREATMENT DELIVERY		0301	2.4140	APC	$122.17			
77416	S	RADIATION TREATMENT DELIVERY		0301	2.4140	APC	$122.17			
77417	N	RADIOLOGY PORT FILM(S)				Bundled	$0.00			
77418	S	RADIATION TX DELIVERY IMRT		0412	6.5505	APC	$331.52			
77421	N	STEREOSCOPIC X-RAY GUIDANCE				Bundled	$0.00			
77422	S	NEUTRON BEAM TX SIMPLE		0301	2.4140	APC	$122.17			

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77423	S	NEUTRON BEAM TX COMPLEX		0301	2.4140	APC	$122.17			
77424	N	IO RAD TX DELIVERY BY X-RAY				Bundled	$0.00			
77425	N	IO RAD TX DELIVER BY ELCTRNS				Bundled	$0.00			
77427	M	RADIATION TX MANAGEMENT X5				Fee Schedule	$166.56			
77431	M	RADIATION THERAPY MANAGEMENT				Fee Schedule	$91.57			
77432	M	STEREOTACTIC RADIATION TRMT				Fee Schedule	$376.49			
77435	N	SBRT MANAGEMENT				Bundled	$0.00			
77469	N	IO RADIATION TX MANAGEMENT				Bundled	$0.00			
77470	S	SPECIAL RADIATION TREATMENT		0299	5.6394	APC	$285.41			
77499	M	RADIATION THERAPY MANAGEMENT				By Report	$0.00			
77520	S	PROTON TRMT SIMPLE W/O COMP		0664	16.9071	APC	$855.67			
77522	S	PROTON TRMT SIMPLE W/COMP		0664	16.9071	APC	$855.67			
77523	S	PROTON TRMT INTERMEDIATE		0667	22.1169	APC	$1,119.34			
77525	S	PROTON TREATMENT COMPLEX		0667	22.1169	APC	$1,119.34			
77600	S	HYPERTHERMIA TREATMENT		0299	5.6394	APC	$285.41			
77605	S	HYPERTHERMIA TREATMENT		0299	5.6394	APC	$285.41			
77610	S	HYPERTHERMIA TREATMENT		0299	5.6394	APC	$285.41			
77615	S	HYPERTHERMIA TREATMENT		0299	5.6394	APC	$285.41			
77620	S	HYPERTHERMIA TREATMENT		0299	5.6394	APC	$285.41			
77750	S	INFUSE RADIOACTIVE MATERIALS		0301	2.4140	APC	$122.17			
77761	S	RADIOELEMENT APPLICATION		0312	5.4034	APC	$273.47			
77762	S	RADIOELEMENT APPLICATION		0312	5.4034	APC	$273.47			
77763	S	RADIOELEMENT APPLICATION		0312	5.4034	APC	$273.47			
77776	S	RADIOELEMENT APPLICATION		0312	5.4034	APC	$273.47			
77777	S	APPLY INTERSTIT RADIAT INTER		0312	5.4034	APC	$273.47			
77778	N	APPLY INTERSTIT RADIAT COMPL		0651	12.0172	ed, may be payable in some circumst	$608.19			
77785	S	HDR BRACHYTX 1 CHANNEL		0313	10.0058	APC	$506.39			
77786	S	HDR BRACHYTX 2-12 CHANNEL		0313	10.0058	APC	$506.39			
77787	S	HDR BRACHYTX OVER 12 CHAN		0313	10.0058	APC	$506.39			
77789	S	RADIOELEMENT APPLICATION		0300	1.4213	APC	$71.93			
77790	N	RADIOELEMENT HANDLING				Bundled	$0.00			
77799	S	RADIUM/RADIOISOTOPE THERAPY		0312	5.4034	APC	$273.47			
78000	S	THYROID SINGLE UPTAKE		0389	1.5566	APC	$78.78			
78001	S	THYROID MULTIPLE UPTAKES		0389	1.5566	APC	$78.78			
78003	S	THYROID SUPPRESS/STIMUL		0389	1.5566	APC	$78.78			
78006	S	THYROID IMAGING WITH UPTAKE		0391	3.1609	APC	$159.97			
78007	S	THYROID IMAGE MULT UPTAKES		0391	3.1609	APC	$159.97			
78010	S	THYROID IMAGING		0390	1.8969	APC	$96.00			
78011	S	THYROID IMAGING WITH FLOW		0390	1.8969	APC	$96.00			
78015	S	THYROID MET IMAGING		0406	4.0046	APC	$202.67			
78016	S	THYROID MET IMAGING/STUDIES		0406	4.0046	APC	$202.67			
78018	S	THYROID MET IMAGING BODY		0406	4.0046	APC	$202.67			
78020	N	THYROID CARCINOMA METASTASES UPTAKE				Bundled	$0.00			
78070	S	PARATHYROID NUCLEAR IMAGING		0391	3.1609	APC	$159.97			
78075	S	ADRENAL NUCLEAR IMAGING		0408	14.0707	APC	$712.12			
78099	S	ENDOCRINE NUCLEAR PROCEDURE		0390	1.8969	APC	$96.00			
78102	S	BONE MARROW IMAGING LTD		0400	3.6573	APC	$185.10			
78103	S	BONE MARROW IMAGING MULT		0400	3.6573	APC	$185.10			
78104	S	BONE MARROW IMAGING BODY		0400	3.6573	APC	$185.10			
78110	S	PLASMA VOLUME SINGLE		0393	6.5592	APC	$331.96			
78111	S	PLASMA VOLUME MULTIPLE		0393	6.5592	APC	$331.96			
78120	S	RED CELL MASS SINGLE		0393	6.5592	APC	$331.96			
78121	S	RED CELL MASS MULTIPLE		0393	6.5592	APC	$331.96			
78122	S	BLOOD VOLUME		0393	6.5592	APC	$331.96			
78130	S	RED CELL SURVIVAL STUDY		0393	6.5592	APC	$331.96			
78135	S	RED CELL SURVIVAL KINETICS		0393	6.5592	APC	$331.96			

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78140	S	RED CELL SEQUESTRATION		0393	6.5592	APC	$331.96			
78185	S	SPLEEN IMAGING		0400	3.6573	APC	$185.10			
78190	S	PLATELET SURVIVAL KINETICS		0392	2.2888	APC	$115.84			
78191	S	PLATELET SURVIVAL		0392	2.2888	APC	$115.84			
78195	S	LYMPH SYSTEM IMAGING		0400	3.6573	APC	$185.10			
78199	S	BLOOD/LYMPH NUCLEAR EXAM		0400	3.6573	APC	$185.10			
78201	S	LIVER IMAGING		0394	4.1936	APC	$212.24			
78202	S	LIVER IMAGING WITH FLOW		0394	4.1936	APC	$212.24			
78205	S	LIVER IMAGING (3D)		0394	4.1936	APC	$212.24			
78206	S	LIVER IMAGE (3D) WITH FLOW		0394	4.1936	APC	$212.24			
78215	S	LIVER AND SPLEEN IMAGING		0394	4.1936	APC	$212.24			
78216	S	LIVER & SPLEEN IMAGE FLOW		0394	4.1936	APC	$212.24			
78226	S	HEPATOBILIARY SYSTEM IMAGING		0394	4.1936	APC	$212.24			
78227	S	HEPATOBIL SYST IMAGE W/DRUG		0394	4.1936	APC	$212.24			
78230	S	SALIVARY GLAND IMAGING		0395	3.4834	APC	$176.29			
78231	S	SERIAL SALIVARY IMAGING		0395	3.4834	APC	$176.29			
78232	S	SALIVARY GLAND FUNCTION EXAM		0395	3.4834	APC	$176.29			
78258	S	ESOPHAGEAL MOTILITY STUDY		0395	3.4834	APC	$176.29			
78261	S	GASTRIC MUCOSA IMAGING		0395	3.4834	APC	$176.29			
78262	S	GASTROESOPHAGEAL REFLUX EXAM		0395	3.4834	APC	$176.29			
78264	S	GASTRIC EMPTYING STUDY		0395	3.4834	APC	$176.29			
78267	Q	BREATH TST ATTAIN/ANAL C-14				Medicare	$18.57	$11.51	$11.14	
78268	Q	BREATH TEST ANALYSIS C-14				Medicare	$159.00	$98.58	$95.40	
78270	S	VIT B-12 ABSORPTION EXAM		0392	2.2888	APC	$115.84			
78271	S	VIT B-12 ABSRP EXAM INT FAC		0392	2.2888	APC	$115.84			
78272	S	VIT B-12 ABSORP COMBINED		0392	2.2888	APC	$115.84			
78278	S	ACUTE GI BLOOD LOSS IMAGING		0395	3.4834	APC	$176.29			
78282	S	GI PROTEIN LOSS EXAM		0395	3.4834	APC	$176.29			
78290	S	MECKELS DIVERT EXAM		0395	3.4834	APC	$176.29			
78291	S	LEVEEN/SHUNT PATENCY EXAM		0395	3.4834	APC	$176.29			
78299	S	GI NUCLEAR PROCEDURE		0395	3.4834	APC	$176.29			
78300	S	BONE IMAGING LIMITED AREA		0396	3.5301	APC	$178.66			
78305	S	BONE IMAGING MULTIPLE AREAS		0396	3.5301	APC	$178.66			
78306	S	BONE IMAGING WHOLE BODY		0396	3.5301	APC	$178.66			
78315	S	BONE IMAGING 3 PHASE		0396	3.5301	APC	$178.66			
78320	S	BONE IMAGING (3D)		0396	3.5301	APC	$178.66			
78350	E	BONE MINERAL SINGLE PHOTON				Not Allowed	$0.00			
78351	E	BONE MINERAL DUAL PHOTON				Not Allowed	$0.00			
78399	S	MUSCULOSKELETAL NUCLEAR EXAM		0396	3.5301	APC	$178.66			
78414	S	NON-IMAGING HEART FUNCTION		0398	4.2540	APC	$215.29			
78428	S	CARDIAC SHUNT IMAGING		0398	4.2540	APC	$215.29			
78445	S	VASCULAR FLOW IMAGING		0397	2.2139	APC	$112.05			
78451	S	HT MUSCLE IMAGE SPECT SING		0377	9.6131	APC	$486.52			
78452	S	HT MUSCLE IMAGE SPECT MULT		0377	9.6131	APC	$486.52			
78453	S	HT MUSCLE IMAGE PLANAR SING		0377	9.6131	APC	$486.52			
78454	S	HT MUSC IMAGE PLANAR MULT		0377	9.6131	APC	$486.52			
78456	S	ACUTE VENOUS THROMBUS IMAGE		0397	2.2139	APC	$112.05			
78457	S	VENOUS THROMBOSIS IMAGING VENOGRAM; UNILATERAL		0397	2.2139	APC	$112.05			
78458	S	VEN THROMBOSIS IMAGES BILAT		0397	2.2139	APC	$112.05			
78459	S	HEART MUSCLE IMAGING (PET)		0308	14.8233	APC	$750.21			
78466	S	HEART INFARCT IMAGE		0398	4.2540	APC	$215.29			
78468	S	HEART INFARCT IMAGE EF		0398	4.2540	APC	$215.29			
78469	S	HEART INFARCT IMAGE (3D)		0398	4.2540	APC	$215.29			
78472	S	GATED HEART PLANAR SINGLE		0398	4.2540	APC	$215.29			
78473	S	GATED HEART MULTIPLE		0398	4.2540	APC	$215.29			
78481	S	HEART FIRST PASS SINGLE		0398	4.2540	APC	$215.29			

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78483	S	HEART FIRST PASS MULTIPLE		0398	4.2540	APC	$215.29			
78491	S	HEART IMAGE (PET) SINGLE		0308	14.8233	APC	$750.21			
78492	S	HEART IMAGE (PET) MULTIPLE		0308	14.8233	APC	$750.21			
78494	S	HEART IMAGE SPECT		0398	4.2540	APC	$215.29			
78496	N	CARDIAC BLOOD POOL IMAGING GATED EQUILIBRIUM SNGL				Bundled	$0.00			
78499	S	CARDIOVASCULAR NUCLEAR EXAM		0398	4.2540	APC	$215.29			
78579	S	LUNG VENTILATION IMAGING		0401	2.8936	APC	$146.45			
78580	S	LUNG PERFUSION IMAGING		0401	2.8936	APC	$146.45			
78582	S	LUNG VENTILAT&PERFUS IMAGING		0378	4.5221	APC	$228.86			
78597	S	LUNG PERFUSION DIFFERENTIAL		0401	2.8936	APC	$146.45			
78598	S	LUNG PERF&VENTILAT DIFERENTL		0378	4.5221	APC	$228.86			
78599	S	RESPIRATORY NUCLEAR EXAM		0401	2.8936	APC	$146.45			
78600	S	BRAIN IMAGING LTD STATIC		0403	3.4402	APC	$174.11			
78601	S	BRAIN IMAGING LTD W/FLOW		0402	8.7717	APC	$443.94			
78605	S	BRAIN IMAGING COMPLETE		0403	3.4402	APC	$174.11			
78606	S	BRAIN IMAGING COMP & FLOW		0402	8.7717	APC	$443.94			
78607	S	BRAIN IMAGING (3D)		0402	8.7717	APC	$443.94			
78608	S	BRAIN IMAGING (PET)		0308	14.8233	APC	$750.21			
78609	E	BRAIN IMAGING (PET)				Not Allowed	$0.00			
78610	S	BRAIN FLOW IMAGING ONLY		0403	3.4402	APC	$174.11			
78630	S	CEREBROSPINAL FLUID SCAN		0402	8.7717	APC	$443.94			
78635	S	CSF VENTRICULOGRAPHY		0402	8.7717	APC	$443.94			
78645	S	CSF SHUNT EVALUATION		0403	3.4402	APC	$174.11			
78647	S	CEREBROSPINAL FLUID SCAN		0402	8.7717	APC	$443.94			
78650	S	CSF LEAKAGE IMAGING		0402	8.7717	APC	$443.94			
78660	S	NUCLEAR EXAM OF TEAR FLOW		0403	3.4402	APC	$174.11			
78699	S	NERVOUS SYSTEM NUCLEAR EXAM		0403	3.4402	APC	$174.11			
78700	S	KIDNEY IMAGING MORPHOL		0404	4.5553	APC	$230.54			
78701	S	KIDNEY IMAGING WITH FLOW		0404	4.5553	APC	$230.54			
78707	S	KIDNEY IMAGING; SINGLE STUDY W/OUT PHARMACOLOGICAL		0404	4.5553	APC	$230.54			
78708	S	KIDNEY FLOW/FUNCTION IMAGE		0404	4.5553	APC	$230.54			
78709	S	K FLOW/FUNCT IMAGE MULTIPLE		0404	4.5553	APC	$230.54			
78710	S	KIDNEY IMAGING TOMOGRAPHIC (SPECT)		0404	4.5553	APC	$230.54			
78725	S	KIDNEY FUNCTION STUDY NON-IMAGING RADIOISOTOPIC STU		0392	2.2888	APC	$115.84			
78730	S	URINARY BLADDER RETENTION		0389	1.5566	APC	$78.78			
78740	S	URETERAL REFLUX STUDY		0404	4.5553	APC	$230.54			
78761	S	TESTICULAR IMAGING & FLOW		0404	4.5553	APC	$230.54			
78799	S	GENITOURINARY NUCLEAR EXAM		0404	4.5553	APC	$230.54			
78800	S	TUMOR IMAGING LIMITED AREA		0406	4.0046	APC	$202.67			
78801	S	TUMOR IMAGING MULT AREAS		0414	7.0423	APC	$356.41			
78802	S	TUMOR IMAGING WHOLE BODY		0414	7.0423	APC	$356.41			
78803	S	TUMOR IMAGING (3D)		0414	7.0423	APC	$356.41			
78804	S	TUMOR IMAGING WHOLE BODY		0408	14.0707	APC	$712.12			
78805	S	ABSCESS IMAGING LTD AREA		0414	7.0423	APC	$356.41			
78806	S	ABSCESS IMAGING WHOLE BODY		0414	7.0423	APC	$356.41			
78807	S	NUCLEAR LOCALIZATION/ABSCESS		0414	7.0423	APC	$356.41			
78808	N	IV INJ RA DRUG DX STUDY		0392	2.2888	ed, may be payable in some circumsta	$115.84			
78811	S	PET IMAGE LTD AREA		0308	14.8233	APC	$750.21			
78812	S	PET IMAGE SKULL-THIGH		0308	14.8233	APC	$750.21			
78813	S	PET IMAGE FULL BODY		0308	14.8233	APC	$750.21			
78814	S	PET IMAGE W/CT LMTD		0308	14.8233	APC	$750.21			
78815	S	PET IMAGE W/CT SKULL-THIGH		0308	14.8233	APC	$750.21			
78816	S	PET IMAGE W/CT FULL BODY		0308	14.8233	APC	$750.21			
78999	S	NUCLEAR DIAGNOSTIC EXAM		0389	1.5566	APC	$78.78			
79005	S	NUCLEAR RX ORAL ADMIN		0407	3.2924	APC	$166.63			
79101	S	NUCLEAR RX IV ADMIN		0407	3.2924	APC	$166.63			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
79200	S	NUCLEAR RX INTRACAV ADMIN		0413	4.1489	APC	$209.98			
79300	S	NUCLR RX INTERSTIT COLLOID		0407	3.2924	APC	$166.63			
79403	S	HEMATOPOIETIC NUCLEAR TX		0413	4.1489	APC	$209.98			
79440	S	NUCLEAR RX INTRA-ARTICULAR		0413	4.1489	APC	$209.98			
79445	S	NUCLEAR RX INTRA-ARTERIAL		0407	3.2924	APC	$166.63			
79999	S	NUCLEAR MEDICINE THERAPY		0407	3.2924	APC	$166.63			
80047	Q	METABOLIC PANEL IONIZED CA				Medicare	$19.97	$12.38	$11.98	
80048	Q	BASIC METABOLIC PANEL				Medicare	$19.97	$12.38	$11.98	
80050	Q	GENERAL HEALTH PANEL				Fee Schedule	$56.77	$56.77	$56.77	
80051	Q	ELECTROLYTE PANEL				Medicare	$16.57	$10.27	$9.94	
80053	Q	COMPREHENSIVE METABOLIC PANEL				Medicare	$24.95	$15.47	$14.97	
80055	Q	OBSTETRIC PANEL				Fee Schedule	$44.69	$44.69	$44.69	
80061	Q	LIPID PANEL				Medicare	$31.62	$19.60	$18.97	
80069	Q	RENAL FUNCTION PANEL				Medicare	$20.50	$12.71	$12.30	
80074	Q	ACUTE HEPATITIS PANEL				Medicare	$110.92	$68.77	$66.55	
80076	Q	HEPATIC FUNCTION PANEL				Medicare	$19.28	$11.95	$11.57	
80100	E	DRUG SCREEN QUALITATE/MULTI				Not Allowed	$0.00			
80101	E	DRUG SCREEN SINGLE				Not Allowed	$0.00			
80102	Q	DRUG CONFIRMATION EACH PROCEDURE				Medicare	$31.27	$19.39	$18.76	
80103	N	DRUG ANALYSIS TISSUE PREP				Bundled	$0.00			
80104	E	DRUG SCRN 1+ CLASS NONCHROMO				Not Allowed	$0.00			
80150	Q	AMIKACIN				Medicare	$35.58	$22.06	$21.35	
80152	Q	AMITRIPTYLINE				Medicare	$42.25	$26.20	$25.35	
80154	Q	BENZODIAZEPINES				Medicare	$43.67	$27.08	$26.20	
80156	Q	ASSAY CARBAMAZEPINE TOTAL				Medicare	$34.37	$21.31	$20.62	
80157	Q	ASSAY CARBAMAZEPINE FREE				Medicare	$31.28	$19.39	$18.77	
80158	Q	CYCLOSPORINE				Medicare	$42.62	$26.42	$25.57	
80160	Q	DESIPRAMINE				Medicare	$40.63	$25.19	$24.38	
80162	Q	DIGOXIN				Medicare	$31.33	$19.42	$18.80	
80164	Q	ASSAY DIPROPYLACETIC ACID				Medicare	$31.98	$19.83	$19.19	
80166	Q	DOXEPIN				Medicare	$36.60	$22.69	$21.96	
80168	Q	ETHOSUXIMIDE				Medicare	$26.98	$16.73	$16.19	
80170	Q	GENTAMICIN				Medicare	$38.68	$23.98	$23.21	
80172	Q	GOLD				Medicare	$38.45	$23.84	$23.07	
80173	Q	ASSAY OF HALOPERIDOL				Medicare	$34.37	$21.31	$20.62	
80174	Q	IMIPRAMINE				Medicare	$40.63	$25.19	$24.38	
80176	Q	LIDOCAINE				Medicare	$34.67	$21.50	$20.80	
80178	Q	LITHIUM				Medicare	$15.60	$9.67	$9.36	
80182	Q	NORTRIPTYLINE				Medicare	$31.98	$19.83	$19.19	
80184	Q	PHENOBARBITAL				Medicare	$27.03	$16.76	$16.22	
80185	Q	ASSAY OF PHENYTOIN TOTAL				Medicare	$31.28	$19.39	$18.77	
80186	Q	ASSAY OF PHENYTOIN FREE				Medicare	$32.50	$20.15	$19.50	
80188	Q	PRIMIDONE				Medicare	$37.37	$23.17	$22.42	
80190	Q	PROCAINAMIDE;				Medicare	$39.53	$24.51	$23.72	
80192	Q	PROCAINAMIDE;W/METABOLITES (EG N-ACETYL PROCAINAMI				Medicare	$39.53	$24.51	$23.72	
80194	Q	QUINIDINE				Medicare	$34.47	$21.37	$20.68	
80195	Q	ASSAY OF SIROLIMUS				Medicare	$32.42	$20.10	$19.45	
80196	Q	SALICYLATE				Medicare	$16.75	$10.39	$10.05	
80197	Q	TACROLIMUS				Medicare	$32.42	$20.10	$19.45	
80198	Q	THEOPHYLLINE				Medicare	$33.40	$20.71	$20.04	
80200	Q	TOBRAMYCIN				Medicare	$38.05	$23.59	$22.83	
80201	Q	ASSAY OF TOPIRAMATE				Medicare	$28.15	$17.45	$16.89	
80202	Q	VANCOMYCIN				Medicare	$31.98	$19.83	$19.19	
80299	Q	QUANTITATIVE ASSAY DRUG				Medicare	$32.33	$20.04	$19.40	
80400	Q	ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY				Medicare	$77.00	$47.74	$46.20	
80402	Q	ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIEN				Medicare	$205.27	$127.27	$123.16	

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80406	Q	ACTH STIMULATION PANEL;FOR 3 BETA-HYDROXYDEHYDROG				Medicare	$149.63	$92.77	$89.78	
80408	Q	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG SALIN				Medicare	$296.23	$183.66	$177.74	
80410	Q	CALCIUM-PENTAGASTRIN STIMULATION PANEL				Medicare	$189.65	$117.58	$113.79	
80412	Q	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION				Medicare	$778.10	$482.42	$466.86	
80414	Q	CHORIONIC GONADOTROPHIN STIMULATION PANEL;TESTOST				Medicare	$121.90	$75.58	$73.14	
80415	Q	CHORIONIC GONADOTROPHIN STIMULATION PANEL;ESTRADI				Medicare	$131.93	$81.80	$79.16	
80416	Q	RENAL VEIN RENIN STIMULATION PANEL (EG CAPTOPRIL)				Medicare	$311.50	$193.13	$186.90	
80417	Q	PERIPHERAL VEIN RENIN STIMULATION PANEL (EG CAPTOPR				Medicare	$103.83	$64.37	$62.30	
80418	Q	COMBINED RAPID ANTERIOR PITUITARY EVALUATION PANEL				Medicare	$1,368.20	$848.28	$820.92	
80420	Q	DEXAMETHASONE SUPPRESSION PANEL 48 HOUR				Medicare	$170.07	$105.44	$102.04	
80422	Q	GLUCAGON TOLERANCE PANEL; FOR INSULINOMA				Medicare	$108.75	$67.43	$65.25	
80424	Q	GLUCAGON TOLERANCE PANEL				Medicare	$119.20	$73.90	$71.52	
80426	Q	GONADOTROPIN RELEASING HORMONE STIMULATION PANEL				Medicare	$350.33	$217.20	$210.20	
80428	Q	GROWTH HORMONE STIMULATION PANEL (EG ARGININE INFU				Medicare	$157.47	$97.63	$94.48	
80430	Q	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINI				Medicare	$185.27	$114.87	$111.16	
80432	Q	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL				Medicare	$265.57	$164.65	$159.34	
80434	Q	INSULIN TOLERANCE PANEL; FOR ACTH INSUFFICIENCY				Medicare	$238.83	$148.07	$143.30	
80435	Q	INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFIC				Medicare	$243.17	$150.77	$145.90	
80436	Q	METYRAPONE PANEL				Medicare	$215.20	$133.42	$129.12	
80438	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PA				Medicare	$119.00	$73.78	$71.40	
80439	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PA				Medicare	$158.67	$98.38	$95.20	
80440	Q	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PA				Medicare	$137.25	$85.10	$82.35	
80500	X	CLINICAL PATHOLOGY CONSULTATION;LIMITED W/O REVIEW		0342	0.1595	APC	$8.07			
80502	X	CLINICAL PATHOLOGY CONSULTATION;COMPREHENSIVE FOR		0342	0.1595	APC	$8.07			
81000	Q	URINALYSIS NONAUTO W/SCOPE				Medicare	$7.47	$4.63	$4.48	
81001	Q	URINALYSIS AUTO W/SCOPE				Medicare	$7.47	$4.63	$4.48	
81002	Q	URINALYSIS BY DIP STICK OR TABLET REAGENT FOR BILIRUB				Medicare	$6.03	$3.74	$3.62	
81003	Q	URINALYSIS AUTO W/O SCOPE				Medicare	$5.30	$3.29	$3.18	
81005	Q	URINALYSIS;QUALITATIVE OR SEMIQUANTITIVE EXCEPT IMMU				Medicare	$5.12	$3.17	$3.07	
81007	Q	URINALYSIS;BACTERIURIA SCREEN BY NON-CULTURE TECHN				Medicare	$6.05	$3.75	$3.63	
81015	Q	URINALYSIS; MICROSCOPIC ONLY				Medicare	$7.18	$4.45	$4.31	
81020	Q	URINALYSIS GLASS TEST				Medicare	$8.70	$5.39	$5.22	
81025	Q	URINE PREGNANCY TEST BY VISUAL COLOR COMPARISON M				Medicare	$9.37	$5.81	$5.62	
81050	Q	URINALYSIS VOLUME MEASURE				Medicare	$7.08	$4.39	$4.25	
81099	M	UNLISTED URINALYSIS PROCEDURE				By Report	$0.00			
81200	E	ASPA GENE				Not Allowed	$0.00			
81205	E	BCKDHB GENE				Not Allowed	$0.00			
81206	E	BCR/ABL1 GENE MAJOR BP				Not Allowed	$0.00			
81207	E	BCR/ABL1 GENE MINOR BP				Not Allowed	$0.00			
81208	E	BCR/ABL1 GENE OTHER BP				Not Allowed	$0.00			
81209	E	BLM GENE				Not Allowed	$0.00			
81210	E	BRAF GENE				Not Allowed	$0.00			
81211	E	BRCA1&2 SEQ & COM DUP/DEL				Not Allowed	$0.00			
81212	E	BRCA1&2 185&5385&6174 VAR				Not Allowed	$0.00			
81213	E	BRCA1&2 UNCOM DUP/DEL VAR				Not Allowed	$0.00			
81214	E	BRCA1 FULL SEQ & COM DUP/DEL				Not Allowed	$0.00			
81215	E	BRCA1 GENE KNOWN FAM VARIANT				Not Allowed	$0.00			
81216	E	BRCA2 GENE FULL SEQUENCE				Not Allowed	$0.00			
81217	E	BRCA2 GENE KNOWN FAM VARIANT				Not Allowed	$0.00			
81220	E	CFTR GENE COM VARIANTS				Not Allowed	$0.00			
81221	E	CFTR GENE KNOWN FAM VARIANTS				Not Allowed	$0.00			
81222	E	CFTR GENE DUP/DELET VARIANTS				Not Allowed	$0.00			
81223	E	CFTR GENE FULL SEQUENCE				Not Allowed	$0.00			
81224	E	CFTR GENE INTRON POLY T				Not Allowed	$0.00			
81225	E	CYP2C19 GENE COM VARIANTS				Not Allowed	$0.00			
81226	E	CYP2D6 GENE COM VARIANTS				Not Allowed	$0.00			

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81227	E	CYP2C9 GENE COM VARIANTS				Not Allowed	$0.00			
81228	E	CYTOGEN MICRARRAY COPY NMBR				Not Allowed	$0.00			
81229	E	CYTOGEN M ARRAY COPY NO&SNP				Not Allowed	$0.00			
81240	E	F2 GENE				Not Allowed	$0.00			
81241	E	F5 GENE				Not Allowed	$0.00			
81242	E	FANCC GENE				Not Allowed	$0.00			
81243	E	FMR1 GENE DETECTION				Not Allowed	$0.00			
81244	E	FMR1 GENE CHARACTERIZATION				Not Allowed	$0.00			
81245	E	FLT3 GENE				Not Allowed	$0.00			
81250	E	G6PC GENE				Not Allowed	$0.00			
81251	E	GBA GENE				Not Allowed	$0.00			
81255	E	HEXA GENE				Not Allowed	$0.00			
81256	E	HFE GENE				Not Allowed	$0.00			
81257	E	HBA1/HBA2 GENE				Not Allowed	$0.00			
81260	E	IKBKAP GENE				Not Allowed	$0.00			
81261	E	IGH GENE REARRANGE AMP METH				Not Allowed	$0.00			
81262	E	IGH GENE REARRANG DIR PROBE				Not Allowed	$0.00			
81263	E	IGH VARI REGIONAL MUTATION				Not Allowed	$0.00			
81264	E	IGK REARRANGEABN CLONAL POP				Not Allowed	$0.00			
81265	E	STR MARKERS SPECIMEN ANAL				Not Allowed	$0.00			
81266	E	STR MARKERS SPEC ANAL ADDL				Not Allowed	$0.00			
81267	E	CHIMERISM ANAL NO CELL SELEC				Not Allowed	$0.00			
81268	E	CHIMERISM ANAL W/CELL SELECT				Not Allowed	$0.00			
81270	E	JAK2 GENE				Not Allowed	$0.00			
81275	E	KRAS GENE				Not Allowed	$0.00			
81280	E	LONG QT SYND GENE FULL SEQ				Not Allowed	$0.00			
81281	E	LONG QT SYND KNOWN FAM VAR				Not Allowed	$0.00			
81282	E	LONG QT SYN GENE DUP/DLT VAR				Not Allowed	$0.00			
81290	E	MCOLN1 GENE				Not Allowed	$0.00			
81291	E	MTHFR GENE				Not Allowed	$0.00			
81292	E	MLH1 GENE FULL SEQ				Not Allowed	$0.00			
81293	E	MLH1 GENE KNOWN VARIANTS				Not Allowed	$0.00			
81294	E	MLH1 GENE DUP/DELETE VARIANT				Not Allowed	$0.00			
81295	E	MSH2 GENE FULL SEQ				Not Allowed	$0.00			
81296	E	MSH2 GENE KNOWN VARIANTS				Not Allowed	$0.00			
81297	E	MSH2 GENE DUP/DELETE VARIANT				Not Allowed	$0.00			
81298	E	MSH6 GENE FULL SEQ				Not Allowed	$0.00			
81299	E	MSH6 GENE KNOWN VARIANTS				Not Allowed	$0.00			
81300	E	MSH6 GENE DUP/DELETE VARIANT				Not Allowed	$0.00			
81301	E	MICROSATELLITE INSTABILITY				Not Allowed	$0.00			
81302	E	MECP2 GENE FULL SEQ				Not Allowed	$0.00			
81303	E	MECP2 GENE KNOWN VARIANT				Not Allowed	$0.00			
81304	E	MECP2 GENE DUP/DELET VARIANT				Not Allowed	$0.00			
81310	E	NPM1 GENE				Not Allowed	$0.00			
81315	E	PML/RARALPHA COM BREAKPOINTS				Not Allowed	$0.00			
81316	E	PML/RARALPHA 1 BREAKPOINT				Not Allowed	$0.00			
81317	E	PMS2 GENE FULL SEQ ANALYSIS				Not Allowed	$0.00			
81318	E	PMS2 KNOWN FAMILIAL VARIANTS				Not Allowed	$0.00			
81319	E	PMS2 GENE DUP/DELET VARIANTS				Not Allowed	$0.00			
81330	E	SMPD1 GENE COMMON VARIANTS				Not Allowed	$0.00			
81331	E	SNRPN/UBE3A GENE				Not Allowed	$0.00			
81332	E	SERPINA1 GENE				Not Allowed	$0.00			
81340	E	TRB@ GENE REARRANGE AMPLIFY				Not Allowed	$0.00			
81341	E	TRB@ GENE REARRANGE DIRPROBE				Not Allowed	$0.00			
81342	E	TRG GENE REARRANGEMENT ANAL				Not Allowed	$0.00			
81350	E	UGT1A1 GENE				Not Allowed	$0.00			

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81355	E	VKORC1 GENE				Not Allowed	$0.00			
81370	E	HLA I & II TYPING LR				Not Allowed	$0.00			
81371	E	HLA I & II TYPE VERIFY LR				Not Allowed	$0.00			
81372	E	HLA I TYPING COMPLETE LR				Not Allowed	$0.00			
81373	E	HLA I TYPING 1 LOCUS LR				Not Allowed	$0.00			
81374	E	HLA I TYPING 1 ANTIGEN LR				Not Allowed	$0.00			
81375	E	HLA II TYPING AG EQUIV LR				Not Allowed	$0.00			
81376	E	HLA II TYPING 1 LOCUS LR				Not Allowed	$0.00			
81377	E	HLA II TYPE 1 AG EQUIV LR				Not Allowed	$0.00			
81378	E	HLA I & II TYPING HR				Not Allowed	$0.00			
81379	E	HLA I TYPING COMPLETE HR				Not Allowed	$0.00			
81380	E	HLA I TYPING 1 LOCUS HR				Not Allowed	$0.00			
81381	E	HLA I TYPING 1 ALLELE HR				Not Allowed	$0.00			
81382	E	HLA II TYPING 1 LOC HR				Not Allowed	$0.00			
81383	E	HLA II TYPING 1 ALLELE HR				Not Allowed	$0.00			
81400	E	MOPATH PROCEDURE LEVEL 1				Not Allowed	$0.00			
81401	E	MOPATH PROCEDURE LEVEL 2				Not Allowed	$0.00			
81402	E	MOPATH PROCEDURE LEVEL 3				Not Allowed	$0.00			
81403	E	MOPATH PROCEDURE LEVEL 4				Not Allowed	$0.00			
81404	E	MOPATH PROCEDURE LEVEL 5				Not Allowed	$0.00			
81405	E	MOPATH PROCEDURE LEVEL 6				Not Allowed	$0.00			
81406	E	MOPATH PROCEDURE LEVEL 7				Not Allowed	$0.00			
81407	E	MOPATH PROCEDURE LEVEL 8				Not Allowed	$0.00			
81408	E	MOPATH PROCEDURE LEVEL 9				Not Allowed	$0.00			
82000	Q	ACETALDEHYDE BLOOD				Medicare	$29.25	$18.14	$17.55	
82003	Q	ACETAMINOPHEN				Medicare	$47.77	$29.62	$28.66	
82009	Q	ACETONE OR OTHER KETONE BODIES SERUM; QUALITATIVE				Medicare	$10.67	$6.62	$6.40	
82010	Q	ACETONE OR OTHER KETONE BODIES SERUM; QUANTITATIV				Medicare	$19.28	$11.95	$11.57	
82013	Q	ACETYLCHOLINESTERASE				Medicare	$26.37	$16.35	$15.82	
82016	Q	ACYLCARNITINES QUAL				Medicare	$32.72	$20.29	$19.63	
82017	Q	ACYLCARNITINES QUANT				Medicare	$39.82	$24.69	$23.89	
82024	Q	ADRENOCORTICOTROPIC HORMONE (ACTH)				Medicare	$91.18	$56.53	$54.71	
82030	Q	ASSAY OF ADP & AMP				Medicare	$60.90	$37.76	$36.54	
82040	Q	ALBUMIN; SERUM				Medicare	$9.87	$6.12	$5.92	
82042	Q	ALBUMIN; URINE QUANTITATIVE				Medicare	$7.03	$4.36	$4.22	
82043	Q	MICROALBUMIN QUANTITATIVE				Medicare	$13.65	$8.46	$8.19	
82044	Q	MICROALBUMIN SEMIQUANT				Medicare	$10.80	$6.70	$6.48	
82045	Q	ALBUMIN ISCHEMIA MODIFIED				Medicare	$80.13	$49.68	$48.08	
82055	Q	ALCOHOL (ETHANOL); ANY SPECIMEN EXCEPT BREATH				Medicare	$25.50	$15.81	$15.30	
82075	Q	ALCOHOL (ETHANOL); BREATH				Medicare	$28.45	$17.64	$17.07	
82085	Q	ALDOLASE				Medicare	$22.92	$14.21	$13.75	
82088	Q	ALDOSTERONE				Medicare	$96.20	$59.64	$57.72	
82101	Q	ALKALOIDS URINE QUANTITATIVE				Medicare	$70.85	$43.93	$42.51	
82103	Q	ALPHA-1-ANTITRYPSIN TOTAL				Medicare	$31.72	$19.67	$19.03	
82104	Q	ALPHA-1-ANTITRYPSIN PHENO				Medicare	$34.13	$21.16	$20.48	
82105	Q	ALPHA-FETOPROTEIN SERUM				Medicare	$39.60	$24.55	$23.76	
82106	Q	ALPHA-FETOPROTEIN AMNIOTIC				Medicare	$39.60	$24.55	$23.76	
82107	Q	ALPHA-FETOPROTEIN L3				Medicare	$152.05	$94.27	$91.23	
82108	Q	ALUMINUM				Medicare	$60.13	$37.28	$36.08	
82120	Q	AMINES VAGINAL FLUID QUAL				Medicare	$8.88	$5.51	$5.33	
82127	Q	AMINO ACID SINGLE QUAL				Medicare	$32.72	$20.29	$19.63	
82128	Q	AMINO ACIDS MULT QUAL				Medicare	$32.72	$20.29	$19.63	
82131	Q	AMINO ACIDS SINGLE QUANT				Medicare	$39.82	$24.69	$23.89	
82135	Q	ASSAY AMINOLEVULINIC ACID				Medicare	$38.85	$24.09	$23.31	
82136	Q	AMINO ACIDS QUANT 2-5				Medicare	$39.82	$24.69	$23.89	
82139	Q	AMINO ACIDS QUAN 6 OR MORE				Medicare	$39.82	$24.69	$23.89	

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82140	Q	AMMONIA				Medicare	$31.02	$19.23	$18.61	
82143	Q	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)				Medicare	$16.22	$10.06	$9.73	
82145	Q	AMPHETAMINE OR METHAMPHETAMINE				Medicare	$36.70	$22.75	$22.02	
82150	Q	AMYLASE				Medicare	$15.30	$9.49	$9.18	
82154	Q	ANDROSTANEDIOL GLUCURONIDE				Medicare	$68.07	$42.20	$40.84	
82157	Q	ANDROSTENEDIONE				Medicare	$69.10	$42.84	$41.46	
82160	Q	ANDROSTERONE				Medicare	$59.03	$36.60	$35.42	
82163	Q	ANGIOTENSIN II				Medicare	$48.45	$30.04	$29.07	
82164	Q	ANGIOTENSIN I - CONVERTING ENZYME (ACE)				Medicare	$34.47	$21.37	$20.68	
82172	Q	APOLIPOPROTEIN EACH				Medicare	$36.58	$22.68	$21.95	
82175	Q	ARSENIC				Medicare	$44.78	$27.76	$26.87	
82180	Q	ASCORBIC ACID (VITAMIN C) BLOOD				Medicare	$23.33	$14.46	$14.00	
82190	Q	ATOMIC ABSORPTION SPECTROSCOPY EACH ANALYTE				Medicare	$35.18	$21.81	$21.11	
82205	Q	BARBITURATES NOT ELSEWHERE SPECIFIED				Medicare	$27.03	$16.76	$16.22	
82232	Q	BETA-2 MICROGLOBULIN				Medicare	$38.18	$23.67	$22.91	
82239	Q	BILE ACIDS TOTAL				Medicare	$40.43	$25.07	$24.26	
82240	Q	BILE ACIDS CHOLYLGLYCINE				Medicare	$62.73	$38.89	$37.64	
82247	Q	BILIRUBIN TOTAL				Medicare	$11.83	$7.33	$7.10	
82248	Q	BILIRUBIN DIRECT				Medicare	$11.83	$7.33	$7.10	
82252	Q	BILIRUBIN; FECES QUALITATIVE				Medicare	$10.75	$6.67	$6.45	
82261	Q	BIOTINIDASE EACH SPECIMEN				Medicare	$39.82	$24.69	$23.89	
82270	Q	OCCULT BLOOD FECES				Medicare	$7.68	$4.76	$4.61	
82271	Q	OCCULT BLOOD OTHER SOURCES				Medicare	$7.68	$4.76	$4.61	
82272	Q	OCCULT BLD FECES 1-3 TESTS				Medicare	$7.68	$4.76	$4.61	
82274	Q	ASSAY TEST FOR BLOOD FECAL				Medicare	$37.55	$23.28	$22.53	
82286	Q	BRADYKININ				Medicare	$16.27	$10.09	$9.76	
82300	Q	CADMIUM				Medicare	$54.63	$33.87	$32.78	
82306	Q	VITAMIN D 25 HYDROXY				Medicare	$69.90	$43.34	$41.94	
82308	Q	CALCITONIN				Medicare	$63.22	$39.20	$37.93	
82310	Q	CALCIUM; TOTAL				Medicare	$12.17	$7.55	$7.30	
82330	Q	CALCIUM; IONIZED				Medicare	$32.27	$20.01	$19.36	
82331	Q	CALCIUM; AFTER CALCIUM INFUSION TEST				Medicare	$12.22	$7.58	$7.33	
82340	Q	CALCIUM; URINE QUANTITATIVE TIMED SPECIMEN				Medicare	$14.23	$8.82	$8.54	
82355	Q	CALCULUS ANALYSIS QUAL				Medicare	$27.32	$16.94	$16.39	
82360	Q	CALCULUS ASSAY QUANT				Medicare	$30.38	$18.84	$18.23	
82365	Q	CALCULUS SPECTROSCOPY				Medicare	$30.43	$18.87	$18.26	
82370	Q	X-RAY ASSAY CALCULUS				Medicare	$29.58	$18.34	$17.75	
82373	Q	ASSAY C-D TRANSFER MEASURE				Medicare	$42.62	$26.42	$25.57	
82374	Q	ASSAY BLOOD CARBON DIOXIDE				Medicare	$11.55	$7.16	$6.93	
82375	Q	ASSAY CARBOXYHB QUANT				Medicare	$20.65	$12.80	$12.39	
82376	Q	ASSAY CARBOXYHB QUAL				Medicare	$14.15	$8.77	$8.49	
82378	Q	CARCINOEMBRYONIC ANTIGEN (CEA)				Medicare	$44.78	$27.76	$26.87	
82379	Q	CARNITINE (TOTAL AND FREE) QUANTITATIVE EACH SPECIM				Medicare	$39.82	$24.69	$23.89	
82380	Q	CAROTENE				Medicare	$21.77	$13.50	$13.06	
82382	Q	ASSAY URINE CATECHOLAMINES				Medicare	$40.58	$25.16	$24.35	
82383	Q	ASSAY BLOOD CATECHOLAMINES				Medicare	$59.15	$36.67	$35.49	
82384	Q	ASSAY THREE CATECHOLAMINES				Medicare	$59.60	$36.95	$35.76	
82387	Q	CATHEPSIN-D				Medicare	$9.28	$5.75	$5.57	
82390	Q	CERULOPLASMIN				Medicare	$25.35	$15.72	$15.21	
82397	Q	CHEMILUMINESCENT ASSAY				Medicare	$30.93	$19.18	$18.56	
82415	Q	CHLORAMPHENICOL				Medicare	$29.92	$18.55	$17.95	
82435	Q	CHLORIDE; BLOOD				Medicare	$10.85	$6.73	$6.51	
82436	Q	CHLORIDE; URINE				Medicare	$11.87	$7.36	$7.12	
82438	Q	ASSAY OTHER FLUID CHLORIDES				Medicare	$11.55	$7.16	$6.93	
82441	Q	CHLORINATED HYDROCARBONS SCREEN				Medicare	$14.17	$8.79	$8.50	
82465	Q	ASSAY BLD/SERUM CHOLESTEROL				Medicare	$10.27	$6.37	$6.16	

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82480	Q	ASSAY SERUM CHOLINESTERASE				Medicare	$18.60	$11.53	$11.16	
82482	Q	ASSAY RBC CHOLINESTERASE				Medicare	$18.13	$11.24	$10.88	
82485	Q	ASSAY CHONDROITIN SULFATE				Medicare	$48.75	$30.23	$29.25	
82486	Q	CHROMATOGRAPHY QUALITATIVE; COLUMN ANALYTE NES				Medicare	$42.62	$26.42	$25.57	
82487	Q	CHROMATOGRAPHY QUALITATIVE;PAPER 1-DIMENSIONAL AI				Medicare	$37.68	$23.36	$22.61	
82488	Q	CHROMATOGRAPHY QUALITATIVE;PAPER 2-DIMENSIONAL AI				Medicare	$50.45	$31.28	$30.27	
82489	Q	CHROMATOGRAPHY QUALITATIVE; THIN LAYER. ANALYTE NE				Medicare	$43.67	$27.08	$26.20	
82491	Q	CHROMOTOGRAPHY QUANT SING				Medicare	$42.62	$26.42	$25.57	
82492	Q	CHROMOTOGRAPHY QUANT MULT				Medicare	$42.62	$26.42	$25.57	
82495	Q	CHROMIUM				Medicare	$47.88	$29.69	$28.73	
82507	Q	CITRATE				Medicare	$65.63	$40.69	$39.38	
82520	Q	COCAINE OR METABOLITE				Medicare	$35.78	$22.18	$21.47	
82523	Q	COLLAGEN CROSSLINKS				Medicare	$36.15	$22.41	$21.69	
82525	Q	COPPER				Medicare	$29.30	$18.17	$17.58	
82528	Q	CORTICOSTERONE				Medicare	$53.15	$32.95	$31.89	
82530	Q	CORTISOL FREE				Medicare	$39.45	$24.46	$23.67	
82533	Q	CORTISOL; TOTAL				Medicare	$38.50	$23.87	$23.10	
82540	Q	CREATINE				Medicare	$10.93	$6.78	$6.56	
82541	Q	COLUMN CHROMOTOGRAPHY QUAL				Medicare	$42.62	$26.42	$25.57	
82542	Q	COLUMN CHROMOTOGRAPHY QUANT				Medicare	$42.62	$26.42	$25.57	
82543	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; IS				Medicare	$42.62	$26.42	$25.57	
82544	Q	COLUMN CHROMATOGRAPHY/MASS SPECT ANALYTE NEC; IS				Medicare	$42.62	$26.42	$25.57	
82550	Q	CREATINE KINASE (CK) (CPK); TOTAL				Medicare	$15.38	$9.54	$9.23	
82552	Q	CREATINE KINASE (CK) (CPK); ISOENZYMES				Medicare	$31.63	$19.61	$18.98	
82553	Q	CREATINE MB FRACTION				Medicare	$27.25	$16.90	$16.35	
82554	Q	CREATINE ISOFORMS				Medicare	$21.65	$13.42	$12.99	
82565	Q	CREATININE; BLOOD				Medicare	$12.10	$7.50	$7.26	
82570	Q	CREATININE; OTHER SOURCE				Medicare	$12.22	$7.58	$7.33	
82575	Q	CREATININE; CLEARANCE				Medicare	$22.32	$13.84	$13.39	
82585	Q	CRYOFIBRINOGEN				Medicare	$20.25	$12.56	$12.15	
82595	Q	CRYOGLOBULIN				Medicare	$15.28	$9.47	$9.17	
82600	Q	CYANIDE				Medicare	$45.80	$28.40	$27.48	
82607	Q	CYANOCOBALAMIN (VITAMIN B-12);				Medicare	$35.58	$22.06	$21.35	
82608	Q	CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING C				Medicare	$33.80	$20.96	$20.28	
82610	Q	CYSTATIN C				Medicare	$32.08	$19.89	$19.25	
82615	Q	CYSTINE AND HOMOCYSTINE URINE QUALITATIVE				Medicare	$19.27	$11.95	$11.56	
82626	Q	DEHYDROEPIANDROSTERONE (DHEA)				Medicare	$59.65	$36.98	$35.79	
82627	Q	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)				Medicare	$52.48	$32.54	$31.49	
82633	Q	DESOXYCORTICOSTERONE 11-				Medicare	$73.12	$45.33	$43.87	
82634	Q	DEOXYCORTISOL 11-				Medicare	$69.10	$42.84	$41.46	
82638	Q	DIBUCAINE NUMBER				Medicare	$28.92	$17.93	$17.35	
82646	Q	DIHYDROCODEINONE				Medicare	$48.75	$30.23	$29.25	
82649	Q	DIHYDROMORPHINONE				Medicare	$60.68	$37.62	$36.41	
82651	Q	DIHYDROTESTOSTERONE (DHT)				Medicare	$60.93	$37.78	$36.56	
82652	Q	VIT D 1 25-DIHYDROXY				Medicare	$90.88	$56.35	$54.53	
82654	Q	DIMETHADIONE				Medicare	$32.68	$20.26	$19.61	
82656	Q	PANCREATIC ELASTASE FECAL				Medicare	$27.23	$16.88	$16.34	
82657	Q	ENZYME ACTIVITY BLOOD OR CULTURED CELLS OR TISSUE; N				Medicare	$42.62	$26.42	$25.57	
82658	Q	ENZYME CELL ACTIVITY RA				Medicare	$42.62	$26.42	$25.57	
82664	Q	ELECTROPHORETIC TECHNIQUE NOT ELSEWHERE SPECIFIEI				Medicare	$81.10	$50.28	$48.66	
82666	Q	EPIANDROSTERONE				Medicare	$50.72	$31.45	$30.43	
82668	Q	ERYTHROPOIETIN				Medicare	$44.38	$27.52	$26.63	
82670	Q	ESTRADIOL				Medicare	$65.97	$40.90	$39.58	
82671	Q	ESTROGENS; FRACTIONATED				Medicare	$76.25	$47.28	$45.75	
82672	Q	ESTROGENS; TOTAL				Medicare	$51.20	$31.74	$30.72	
82677	Q	ESTRIOL				Medicare	$57.08	$35.39	$34.25	

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82679	Q	ESTRONE				Medicare	$58.92	$36.53	$35.35	
82690	Q	ETHCHLORVYNOL				Medicare	$40.80	$25.30	$24.48	
82693	Q	ETHYLENE GLYCOL				Medicare	$35.17	$21.81	$21.10	
82696	Q	ETIOCHOLANOLONE				Medicare	$55.67	$34.52	$33.40	
82705	Q	FATS/LIPIDS FECES QUAL				Medicare	$12.02	$7.45	$7.21	
82710	Q	FATS/LIPIDS FECES QUANT				Medicare	$39.67	$24.60	$23.80	
82715	Q	FAT DIFFERENTIAL FECES QUANTITATIVE				Medicare	$40.63	$25.19	$24.38	
82725	Q	FATTY ACIDS NONESTERIFIED				Medicare	$31.43	$19.49	$18.86	
82726	Q	VERY LONG CHAIN FATTY ACIDS				Medicare	$42.62	$26.42	$25.57	
82728	Q	FERRITIN				Medicare	$32.17	$19.95	$19.30	
82731	Q	FETAL FIBRONECTIN CERVICOVAGINAL SECRETIONS SEMI-Q				Medicare	$152.05	$94.27	$91.23	
82735	Q	FLUORIDE				Medicare	$43.77	$27.14	$26.26	
82742	Q	FLURAZEPAM				Medicare	$46.73	$28.97	$28.04	
82746	Q	FOLIC ACID; SERUM				Medicare	$34.70	$21.51	$20.82	
82747	Q	ASSAY OF FOLIC ACID RBC				Medicare	$40.88	$25.35	$24.53	
82757	Q	FRUCTOSE SEMEN				Medicare	$40.93	$25.38	$24.56	
82759	Q	GALACTOKINASE RBC				Medicare	$50.72	$31.45	$30.43	
82760	Q	GALACTOSE				Medicare	$26.43	$16.39	$15.86	
82775	Q	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTIT/				Medicare	$49.73	$30.83	$29.84	
82776	Q	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN				Medicare	$19.80	$12.28	$11.88	
82784	Q	ASSAY IGA/IGD/IGG/IGM EACH				Medicare	$21.48	$13.32	$12.89	
82785	Q	GAMMAGLOBULIN; IGE				Medicare	$38.87	$24.10	$23.32	
82787	Q	IGG 1 2 3 OR 4 EACH				Medicare	$18.95	$11.75	$11.37	
82800	Q	GASES BLOOD PH ONLY				Medicare	$19.98	$12.39	$11.99	
82803	Q	BLOOD GASES ANY COMBINATION				Medicare	$45.67	$28.32	$27.40	
82805	Q	BLOOD GASES W/O2 SATURATION				Medicare	$67.00	$41.54	$40.20	
82810	Q	BLOOD GASES O2 SAT ONLY				Medicare	$20.60	$12.77	$12.36	
82820	Q	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN				Medicare	$23.60	$14.63	$14.16	
82930	Q	GASTRIC ANALY W/PH EA SPEC				Medicare	$12.88	$7.99	$7.73	
82938	Q	GASTRIN AFTER SECRETIN STIMULATION				Medicare	$41.77	$25.90	$25.06	
82941	Q	GASTRIN				Medicare	$41.63	$25.81	$24.98	
82943	Q	ASSAY OF GLUCAGON				Medicare	$33.73	$20.91	$20.24	
82945	Q	GLUCOSE OTHER FLUID				Medicare	$9.27	$5.75	$5.56	
82946	Q	GLUCAGON TOLERANCE TEST				Medicare	$32.30	$20.03	$19.38	
82947	Q	ASSAY GLUCOSE BLOOD QUANT				Medicare	$9.27	$5.75	$5.56	
82948	Q	GLUCOSE; BLOOD REAGENT STRIP				Medicare	$7.47	$4.63	$4.48	
82950	Q	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)				Medicare	$11.22	$6.96	$6.73	
82951	Q	GLUCOSE; TOLERANCE TEST (GTT) 3 SPECIMENS (INCLUDES				Medicare	$30.38	$18.84	$18.23	
82952	Q	GLUCOSE;TOLERANCE TEST EACH ADDITONAL BEYOND 3 SP				Medicare	$9.25	$5.74	$5.55	
82953	Q	GLUCOSE; TOLBUTAMIDE TOLERANCE TEST				Medicare	$35.77	$22.18	$21.46	
82955	Q	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTIT				Medicare	$22.88	$14.19	$13.73	
82960	Q	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN				Medicare	$14.28	$8.85	$8.57	
82962	Q	GLUCOSE BLOOD BY GLUCOSE MONITORING DEVICE(S) CLE/				Medicare	$5.53	$3.43	$3.32	
82963	Q	GLUCOSIDASE BETA				Medicare	$50.72	$31.45	$30.43	
82965	Q	GLUTAMATE DEHYDROGENASE				Medicare	$18.25	$11.32	$10.95	
82975	Q	GLUTAMINE (GLUTAMIC ACID AMIDE)				Medicare	$37.40	$23.19	$22.44	
82977	Q	GLUTAMYLTRANSFERASE GAMMA (GGT)				Medicare	$17.00	$10.54	$10.20	
82978	Q	GLUTATHIONE				Medicare	$33.65	$20.86	$20.19	
82979	Q	ASSAY RBC GLUTATHIONE				Medicare	$16.27	$10.09	$9.76	
82980	Q	GLUTETHIMIDE				Medicare	$43.25	$26.82	$25.95	
82985	Q	GLYCATED PROTEIN				Medicare	$27.48	$17.04	$16.49	
83001	Q	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)				Medicare	$43.87	$27.20	$26.32	
83002	Q	GONADOTROPIN; LUTEINIZING HORMONE (LH)				Medicare	$43.72	$27.11	$26.23	
83003	Q	ASSAY GROWTH HORMONE (HGH)				Medicare	$39.37	$24.41	$23.62	
83008	Q	GUANOSINE MONOPHOSPHATE (GMP) CYCLIC				Medicare	$39.63	$24.57	$23.78	
83009	Q	H PYLORI (C-13) BLOOD				Medicare	$159.00	$98.58	$95.40	

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83010	Q	ASSAY OF HAPTOGLOBIN QUANT				Medicare	$29.70	$18.41	$17.82	
83012	Q	HAPTOGLOBIN; PHENOTYPES				Medicare	$40.58	$25.16	$24.35	
83013	Q	H PYLORI (C-13) BREATH				Medicare	$159.00	$98.58	$95.40	
83014	Q	H PYLORI DRUG ADMIN				Medicare	$18.57	$11.51	$11.14	
83015	Q	HEAVY METAL (ARSENIC BARIUM BERYLLIUM BISMUTH ANT				Medicare	$44.45	$27.56	$26.67	
83018	Q	QUANTITATIVE SCREEN METALS				Medicare	$51.85	$32.15	$31.11	
83020	Q	HEMOGLOBIN FRACTIONATION AND QUANTITATION; ELECTR				Medicare	$30.38	$18.84	$18.23	
83021	Q	HEMOGLOBIN FRACTIONATION/QUANTITATION; CHROMOTOG				Medicare	$42.62	$26.42	$25.57	
83026	Q	HEMOGLOBIN COPPER SULFATE				Medicare	$5.57	$3.45	$3.34	
83030	Q	FETAL HEMOGLOBIN CHEMICAL				Medicare	$19.52	$12.10	$11.71	
83033	Q	FETAL HEMOGLOBIN ASSAY QUAL				Medicare	$14.07	$8.72	$8.44	
83036	Q	GLYCOSYLATED HEMOGLOBIN TEST				Medicare	$22.92	$14.21	$13.75	
83037	E	GLYCOSYLATED HB HOME DEVICE				Not Allowed	$0.00			
83045	Q	HEMOGLOBIN; METHEMOGLOBIN QUALITATIVE				Medicare	$11.70	$7.25	$7.02	
83050	Q	HEMOGLOBIN; METHEMOGLOBIN QUANTITATIVE				Medicare	$17.28	$10.71	$10.37	
83051	Q	HEMOGLOBIN; PLASMA				Medicare	$17.25	$10.70	$10.35	
83055	Q	HEMOGLOBIN; SULFHEMOGLOBIN QUALITATIVE				Medicare	$11.62	$7.20	$6.97	
83060	Q	HEMOGLOBIN; SULFHEMOGLOBIN QUANTITATIVE				Medicare	$19.52	$12.10	$11.71	
83065	Q	HEMOGLOBIN; THERMOLABILE				Medicare	$16.27	$10.09	$9.76	
83068	Q	HEMOGLOBIN; UNSTABLE SCREEN				Medicare	$19.98	$12.39	$11.99	
83069	Q	HEMOGLOBIN; URINE				Medicare	$9.32	$5.78	$5.59	
83070	Q	ASSAY OF HEMOSIDERIN QUAL				Medicare	$11.22	$6.96	$6.73	
83071	Q	ASSAY OF HEMOSIDERIN QUANT				Medicare	$16.22	$10.06	$9.73	
83080	Q	B-HEXOSAMINIDASE EACH ASSAY				Medicare	$39.82	$24.69	$23.89	
83088	Q	HISTAMINE				Medicare	$69.72	$43.23	$41.83	
83090	Q	ASSAY OF HOMOCYSTINE				Medicare	$39.82	$24.69	$23.89	
83150	Q	HOMOVANILLIC ACID (HVA)				Medicare	$45.67	$28.32	$27.40	
83491	Q	HYDROXYCORTICOSTEROIDS 17- (17-OHCS)				Medicare	$41.35	$25.64	$24.81	
83497	Q	HYDROXYINDOLACETIC ACID 5-(HIAA)				Medicare	$30.43	$18.87	$18.26	
83498	Q	HYDROXYPROGESTERONE 17-D				Medicare	$64.13	$39.76	$38.48	
83499	Q	HYDROXYPROGESTERONE 20-				Medicare	$59.52	$36.90	$35.71	
83500	Q	ASSAY FREE HYDROXYPROLINE				Medicare	$53.47	$33.15	$32.08	
83505	Q	ASSAY TOTAL HYDROXYPROLINE				Medicare	$57.38	$35.58	$34.43	
83516	Q	IMMUNOASSAY NONANTIBODY				Medicare	$27.23	$16.88	$16.34	
83518	Q	IMMUNOASSAY DIPSTICK				Medicare	$20.00	$12.40	$12.00	
83519	Q	IMMUNOASSAY ANALYTE; QUANTITATIVE; BY RADIOPHARM T				Medicare	$31.90	$19.78	$19.14	
83520	Q	IMMUNOASSAY ANALYTE QUANTITATIVE; NOT OTHERWISE S				Medicare	$30.57	$18.95	$18.34	
83525	Q	INSULIN; TOTAL				Medicare	$26.98	$16.73	$16.19	
83527	Q	INSULIN; FREE				Medicare	$30.57	$18.95	$18.34	
83528	Q	INTRINSIC FACTOR				Medicare	$37.55	$23.28	$22.53	
83540	Q	IRON				Medicare	$10.23	$6.34	$6.14	
83550	Q	IRON BINDING CAPACITY				Medicare	$12.80	$7.94	$7.68	
83570	Q	ISOCITRIC DEHYDROGENASE (IDH)				Medicare	$20.88	$12.95	$12.53	
83582	Q	KETOGENIC STEROIDS FRACTIONATION				Medicare	$33.47	$20.75	$20.08	
83586	Q	KETOSTEROIDS 17- (17-KS); TOTAL				Medicare	$30.23	$18.74	$18.14	
83593	Q	FRACTIONATION KETOSTEROIDS				Medicare	$62.08	$38.49	$37.25	
83605	Q	LACTATE (LACTIC ACID)				Medicare	$25.22	$15.64	$15.13	
83615	Q	LACTATE DEHYDROGENASE (LD) (LDH);				Medicare	$14.25	$8.84	$8.55	
83625	Q	LACTATE DEHYDROGENASE (LD) (LDH);ISOENZYMES SEPAR				Medicare	$30.22	$18.74	$18.13	
83630	Q	LACTOFERRIN FECAL (QUAL)				Medicare	$46.33	$28.72	$27.80	
83631	Q	LACTOFERRIN FECAL (QUANT)				Medicare	$46.33	$28.72	$27.80	
83632	Q	LACTOGEN HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SO				Medicare	$47.72	$29.59	$28.63	
83633	Q	LACTOSE URINE; QUALITATIVE				Medicare	$12.98	$8.05	$7.79	
83634	Q	LACTOSE URINE; QUANTITATIVE				Medicare	$27.20	$16.86	$16.32	
83655	Q	LEAD				Medicare	$28.58	$17.72	$17.15	
83661	Q	L/S RATIO FETAL LUNG				Medicare	$51.90	$32.18	$31.14	

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83662	Q	FOAM STABILITY FETAL LUNG				Medicare	$15.97	$9.90	$9.58	
83663	Q	FLUORO POLARIZE FETAL LUNG				Medicare	$15.97	$9.90	$9.58	
83664	Q	LAMELLAR BDY FETAL LUNG				Medicare	$15.97	$9.90	$9.58	
83670	Q	LEUCINE AMINOPEPTIDASE (LAP)				Medicare	$21.63	$13.41	$12.98	
83690	Q	LIPASE				Medicare	$15.80	$9.80	$9.48	
83695	Q	ASSAY OF LIPOPROTEIN(A)				Medicare	$30.57	$18.95	$18.34	
83698	Q	ASSAY LIPOPROTEIN PLA2				Medicare	$80.13	$49.68	$48.08	
83700	Q	LIPOPRO BLD ELECTROPHORETIC				Medicare	$26.58	$16.48	$15.95	
83701	Q	LIPOPROTEIN BLD HR FRACTION				Medicare	$58.60	$36.33	$35.16	
83704	Q	LIPOPROTEIN BLD BY NMR				Medicare	$74.48	$46.18	$44.69	
83718	Q	LIPOPROTEIN DIRECT MEASUREMENT;HIGH DENSITY CHOLE				Medicare	$19.33	$11.98	$11.60	
83719	Q	LIPOPROTEIN DIRECT MEASUREMENT; VLDL CHOLESTEROL				Medicare	$27.47	$17.03	$16.48	
83721	Q	LIPOPROTEIN DIRECT MEASUREMENT; LDL CHOLESTEROL				Medicare	$22.52	$13.96	$13.51	
83727	Q	LUTEINIZING RELEASING FACTOR (LRH)				Medicare	$40.58	$25.16	$24.35	
83735	Q	MAGNESIUM				Medicare	$15.82	$9.81	$9.49	
83775	Q	MALATE DEHYDROGENASE				Medicare	$17.40	$10.79	$10.44	
83785	Q	MANGANESE				Medicare	$58.05	$35.99	$34.83	
83788	Q	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY;				Medicare	$42.62	$26.42	$25.57	
83789	Q	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY;				Medicare	$42.62	$26.42	$25.57	
83805	Q	MEPROBAMATE				Medicare	$41.62	$25.80	$24.97	
83825	Q	MERCURY QUANTITATIVE				Medicare	$38.38	$23.80	$23.03	
83835	Q	METANEPHRINES				Medicare	$40.00	$24.80	$24.00	
83840	Q	METHADONE				Medicare	$38.55	$23.90	$23.13	
83857	Q	METHEMALBUMIN				Medicare	$25.35	$15.72	$15.21	
83858	Q	METHSUXIMIDE				Medicare	$34.98	$21.69	$20.99	
83861	Q	MICROFLUID ANALY TEARS				Medicare	$39.00	$24.18	$23.40	
83864	Q	MUCOPOLYSACCHARIDES ACID; QUANTITATIVE				Medicare	$47.00	$29.14	$28.20	
83866	Q	MUCOPOLYSACCHARIDES ACID; SCREEN				Medicare	$23.27	$14.43	$13.96	
83872	Q	MUCIN SYNOVIAL FLUID (ROPES TEST)				Medicare	$13.83	$8.57	$8.30	
83873	Q	ASSAY OF CSF PROTEIN				Medicare	$40.62	$25.18	$24.37	
83874	Q	MYOGLOBIN				Medicare	$30.48	$18.90	$18.29	
83876	Q	ASSAY MYELOPEROXIDASE				Medicare	$80.13	$49.68	$48.08	
83880	Q	NATRIURETIC PEPTIDE				Medicare	$80.13	$49.68	$48.08	
83883	Q	ASSAY NEPHELOMETRY NOT SPEC				Medicare	$32.08	$19.89	$19.25	
83885	Q	NICKEL				Medicare	$57.83	$35.85	$34.70	
83887	Q	NICOTINE				Medicare	$55.90	$34.66	$33.54	
83890	Q	MOLECULAR DIAGNOSTICS; MOLECULAR ISOLATION OR EXTF				Medicare	$9.47	$5.87	$5.68	
83891	Q	MOLECULAR DIAGNOSTICS; ISOLATION/EXTRACTION NUCLEIC				Medicare	$9.47	$5.87	$5.68	
83892	Q	MOLECULAR DIAGNOSTICS				Medicare	$9.47	$5.87	$5.68	
83893	Q	MOLECULE DOT/SLOT/BLOT				Medicare	$9.47	$5.87	$5.68	
83894	Q	MOLECULE GEL ELECTROPHOR				Medicare	$9.47	$5.87	$5.68	
83896	Q	MOLECULAR DIAGNOSTICS				Medicare	$9.47	$5.87	$5.68	
83897	Q	MOLECULE NUCLEIC TRANSFER				Medicare	$9.47	$5.87	$5.68	
83898	Q	MOLECULE NUCLEIC AMPLI EACH				Medicare	$39.57	$24.53	$23.74	
83900	Q	MOLECULE NUCLEIC AMPLI 2 SEQ				Medicare	$79.13	$49.06	$47.48	
83901	Q	MOLECULE NUCLEIC AMPLI ADDON				Medicare	$39.57	$24.53	$23.74	
83902	Q	MOLECULAR DIAGNOSTICS				Medicare	$33.52	$20.78	$20.11	
83903	Q	MOLECULAR DIAGNOSTICS; MUTATION SCANNING SINGLE SE				Medicare	$39.57	$24.53	$23.74	
83904	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF SEQUENCING				Medicare	$39.57	$24.53	$23.74	
83905	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF ALLELE TRAN				Medicare	$39.57	$24.53	$23.74	
83906	Q	MOLECULAR DIAGNOSTICS; MUTATION IDENTIF. ALLELE TRAN				Medicare	$39.57	$24.53	$23.74	
83907	Q	LYSE CELLS FOR NUCLEIC EXT				Medicare	$31.53	$19.55	$18.92	
83908	Q	NUCLEIC ACID SIGNAL AMPLI				Medicare	$39.57	$24.53	$23.74	
83909	Q	NUCLEIC ACID HIGH RESOLUTE				Medicare	$39.57	$24.53	$23.74	
83912	Q	GENETIC EXAMINATION				Medicare	$9.47	$5.87	$5.68	
83913	Q	MOLECULAR RNA STABILIZATION				Medicare	$31.53	$19.55	$18.92	

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83914	Q	MUTATION IDENT OLA/SBCE/ASPE				Medicare	$39.57	$24.53	$23.74	
83915	Q	NUCLEOTIDASE 5'-				Medicare	$26.33	$16.32	$15.80	
83916	Q	OLIGOCLONAL BANDS				Medicare	$47.47	$29.43	$28.48	
83918	Q	ORGANIC ACIDS TOTAL QUANT				Medicare	$38.85	$24.09	$23.31	
83919	Q	ORGANIC ACIDS QUAL EACH				Medicare	$38.85	$24.09	$23.31	
83921	Q	ORGANIC ACID SINGLE QUANT				Medicare	$38.85	$24.09	$23.31	
83925	Q	OPIATES (EG MORPHINE MEPERIDINE)				Medicare	$45.93	$28.48	$27.56	
83930	Q	OSMOLALITY; BLOOD				Medicare	$15.60	$9.67	$9.36	
83935	Q	OSMOLALITY; URINE				Medicare	$16.08	$9.97	$9.65	
83937	Q	OSTEOCALCIN (BONE G1A PROTEIN)				Medicare	$70.47	$43.69	$42.28	
83945	Q	OXALATE				Medicare	$30.38	$18.84	$18.23	
83950	Q	ONCOPROTEIN HER-2/NEU				Medicare	$152.05	$94.27	$91.23	
83951	Q	ONCOPROTEIN DCP				Medicare	$152.05	$94.27	$91.23	
83970	Q	PARATHORMONE (PARATHYROID HORMONE)				Medicare	$97.43	$60.41	$58.46	
83986	Q	PH BODY FLUID EXCEPT BLOOD				Medicare	$8.45	$5.24	$5.07	
83987	Q	EXHALED BREATH CONDENSATE				Medicare	$37.48	$23.24	$22.49	
83992	Q	PHENCYCLIDINE (PCP)				Medicare	$34.70	$21.51	$20.82	
83993	Q	ASSAY FOR CALPROTECTIN FECAL				Medicare	$46.33	$28.72	$27.80	
84022	Q	PHENOTHIAZINE				Medicare	$36.77	$22.80	$22.06	
84030	Q	PHENYLALANINE (PKU) BLOOD				Medicare	$12.98	$8.05	$7.79	
84035	Q	PHENYLKETONES QUALITATIVE				Medicare	$8.65	$5.36	$5.19	
84060	Q	PHOSPHATASE ACID; TOTAL				Medicare	$17.43	$10.81	$10.46	
84061	Q	PHOSPHATASE FORENSIC EXAM				Medicare	$18.67	$11.58	$11.20	
84066	Q	PHOSPHATASE ACID; PROSTATIC				Medicare	$22.80	$14.14	$13.68	
84075	Q	PHOSPHATASE ALKALINE;				Medicare	$12.22	$7.58	$7.33	
84078	Q	PHOSPHATASE ALKALINE; HEAT STABLE (TOTAL NOT INCLUD				Medicare	$17.23	$10.68	$10.34	
84080	Q	PHOSPHATASE ALKALINE; ISOENZYMES				Medicare	$34.92	$21.65	$20.95	
84081	Q	PHOSPHATIDYLGLYCEROL				Medicare	$39.00	$24.18	$23.40	
84085	Q	PHOSPHOGLUCONATE 6- DEHYDROGENASE RBC				Medicare	$15.92	$9.87	$9.55	
84087	Q	PHOSPHOHEXOSE ISOMERASE				Medicare	$24.37	$15.11	$14.62	
84100	Q	PHOSPHORUS INORGANIC (PHOSPHATE);				Medicare	$11.20	$6.94	$6.72	
84105	Q	PHOSPHORUS INORGANIC (PHOSPHATE); URINE				Medicare	$12.22	$7.58	$7.33	
84106	Q	PORPHOBILINOGEN URINE; QUALITATIVE				Medicare	$10.10	$6.26	$6.06	
84110	Q	PORPHOBILINOGEN URINE; QUANTITATIVE				Medicare	$19.93	$12.36	$11.96	
84112	Q	PLACENTA ALPHA MICRO IG C/V				Medicare	$152.05	$94.27	$91.23	
84119	Q	PORPHYRINS URINE; QUALITATIVE				Medicare	$20.33	$12.60	$12.20	
84120	Q	PORPHYRINS URINE; QUANTITATION & FRACTIONATION				Medicare	$34.72	$21.53	$20.83	
84126	Q	PORPHYRINS FECES; QUANTITATIVE				Medicare	$60.13	$37.28	$36.08	
84127	Q	PORPHYRINS FECES; QUALITATIVE				Medicare	$27.50	$17.05	$16.50	
84132	Q	POTASSIUM; SERUM				Medicare	$10.85	$6.73	$6.51	
84133	Q	POTASSIUM; URINE				Medicare	$10.15	$6.29	$6.09	
84134	Q	PREALBUMIN				Medicare	$34.42	$21.34	$20.65	
84135	Q	PREGNANEDIOL				Medicare	$45.17	$28.01	$27.10	
84138	Q	PREGNANETRIOL				Medicare	$44.70	$27.71	$26.82	
84140	Q	PREGNENOLONE				Medicare	$48.82	$30.27	$29.29	
84143	Q	17-HYDROXYPREGNENOLONE				Medicare	$36.32	$22.52	$21.79	
84144	Q	PROGESTERONE				Medicare	$49.25	$30.54	$29.55	
84145	Q	PROCALCITONIN (PCT)				Medicare	$63.22	$39.20	$37.93	
84146	Q	PROLACTIN				Medicare	$45.75	$28.37	$27.45	
84150	Q	PROSTAGLANDIN EACH				Medicare	$58.92	$36.53	$35.35	
84152	Q	ASSAY OF PSA COMPLEXED				Medicare	$43.43	$26.93	$26.06	
84153	Q	ASSAY OF PSA TOTAL				Medicare	$43.43	$26.93	$26.06	
84154	Q	ASSAY OF PSA FREE				Medicare	$43.43	$26.93	$26.06	
84155	Q	ASSAY OF PROTEIN SERUM				Medicare	$8.65	$5.36	$5.19	
84156	Q	ASSAY OF PROTEIN URINE				Medicare	$8.65	$5.36	$5.19	
84157	Q	ASSAY OF PROTEIN OTHER				Medicare	$8.65	$5.36	$5.19	

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84160	Q	ASSAY OF PROTEIN ANY SOURCE				Medicare	$12.22	$7.58	$7.33	
84163	Q	PAPPA SERUM				Medicare	$35.55	$22.04	$21.33	
84165	Q	PROTEIN E-PHORESIS SERUM				Medicare	$25.35	$15.72	$15.21	
84166	Q	PROTEIN E-PHORESIS/URINE/CSF				Medicare	$42.10	$26.10	$25.26	
84181	Q	PROTEIN;WESTERN BLOT W/INTERP & REPORT BLOOD OR O				Medicare	$40.20	$24.92	$24.12	
84182	Q	PROTEIN WESTERN BLOT TEST				Medicare	$42.48	$26.34	$25.49	
84202	Q	PROTOPORPHYRIN RBC; QUANTITATIVE				Medicare	$33.87	$21.00	$20.32	
84203	Q	PROTOPORPHYRIN RBC; SERUM				Medicare	$20.33	$12.60	$12.20	
84206	Q	PROINSULIN				Medicare	$42.05	$26.07	$25.23	
84207	Q	PYRIDOXAL PHOSPHATE (VITAMIN B-6)				Medicare	$66.33	$41.12	$39.80	
84210	Q	PYRUVATE				Medicare	$25.62	$15.88	$15.37	
84220	Q	PYRUVATE KINASE				Medicare	$22.27	$13.81	$13.36	
84228	Q	QUININE				Medicare	$27.47	$17.03	$16.48	
84233	Q	RECEPTOR ASSAY; ESTROGEN				Medicare	$152.05	$94.27	$91.23	
84234	Q	RECEPTOR ASSAY; PROGESTERONE				Medicare	$153.15	$94.95	$91.89	
84235	Q	RECEPTOR ASSAY;ENDOCRINE OTHER THAN ESTROGEN OR				Medicare	$123.55	$76.60	$74.13	
84238	Q	ASSAY NONENDOCRINE RECEPTOR				Medicare	$86.32	$53.52	$51.79	
84244	Q	RENIN				Medicare	$51.92	$32.19	$31.15	
84252	Q	RIBOFLAVIN (VITAMIN B-2)				Medicare	$47.77	$29.62	$28.66	
84255	Q	SELENIUM				Medicare	$60.27	$37.37	$36.16	
84260	Q	ASSAY OF SEROTONIN				Medicare	$73.12	$45.33	$43.87	
84270	Q	SEX HORMONE BINDING GLOBULIN (SHBG)				Medicare	$51.30	$31.81	$30.78	
84275	Q	SIALIC ACID				Medicare	$31.72	$19.67	$19.03	
84285	Q	SILICA				Medicare	$55.58	$34.46	$33.35	
84295	Q	SODIUM; SCREEN				Medicare	$11.37	$7.05	$6.82	
84300	Q	SODIUM; URINE				Medicare	$11.48	$7.12	$6.89	
84302	Q	ASSAY OF SWEAT SODIUM				Medicare	$11.48	$7.12	$6.89	
84305	Q	SOMATOMEDIN				Medicare	$50.18	$31.11	$30.11	
84307	Q	SOMATOSTATIN				Medicare	$43.17	$26.77	$25.90	
84311	Q	SPECTROPHOTOMETRY ANALYTE NOT ELSEWHERE SPECIFI				Medicare	$16.50	$10.23	$9.90	
84315	Q	SPECIFIC GRAVITY (EXCEPT URINE)				Medicare	$5.92	$3.67	$3.55	
84375	Q	CHROMATOGRAM ASSAY SUGARS				Medicare	$46.28	$28.69	$27.77	
84376	Q	SUGARS SINGLE QUAL				Medicare	$12.98	$8.05	$7.79	
84377	Q	SUGARS MULTIPLE QUAL				Medicare	$12.98	$8.05	$7.79	
84378	Q	SUGARS SINGLE QUANT				Medicare	$27.20	$16.86	$16.32	
84379	Q	SUGARS (MON- DI AND OLIGOSACCHARIDES); MULTIPLE QUAN				Medicare	$27.20	$16.86	$16.32	
84392	Q	SULFATE URINE				Medicare	$11.22	$6.96	$6.73	
84402	Q	TESTOSTERONE; FREE				Medicare	$60.12	$37.27	$36.07	
84403	Q	TESTOSTERONE; TOTAL				Medicare	$60.95	$37.79	$36.57	
84425	Q	THIAMINE (VITAMIN B-1)				Medicare	$50.12	$31.07	$30.07	
84430	Q	THIOCYANATE				Medicare	$27.47	$17.03	$16.48	
84431	Q	THROMBOXANE URINE				Medicare	$39.67	$24.60	$23.80	
84432	Q	THYROGLOBULIN				Medicare	$37.93	$23.52	$22.76	
84436	Q	THYROXINE; TOTAL				Medicare	$16.22	$10.06	$9.73	
84437	Q	THYROXINE; REQUIRING ELUTION (EG NEONATAL)				Medicare	$15.28	$9.47	$9.17	
84439	Q	THYROXINE; FREE				Medicare	$21.28	$13.19	$12.77	
84442	Q	THYROXINE BINDING GLOBULIN (TBG)				Medicare	$34.92	$21.65	$20.95	
84443	Q	THYROID STIMULATING HORMONE (TSH)				Medicare	$39.67	$24.60	$23.80	
84445	Q	ASSAY OF TSI				Medicare	$120.03	$74.42	$72.02	
84446	Q	TOCOPHEROL ALPHA (VITAMIN E)				Medicare	$33.47	$20.75	$20.08	
84449	Q	TRANSCORTIN (CORTISOL BINDING GLOBULIN)				Medicare	$42.48	$26.34	$25.49	
84450	Q	TRANSFERASE; ASPARTATE AMINO (AST)(SGOT)				Medicare	$12.22	$7.58	$7.33	
84460	Q	TRANSFERASE; ALANINE AMINO (ALT)(SGPT)				Medicare	$12.50	$7.75	$7.50	
84466	Q	TRANSFERRIN				Medicare	$30.15	$18.69	$18.09	
84478	Q	TRIGLYCERIDES				Medicare	$13.58	$8.42	$8.15	
84479	Q	TRIIODOTHYRONINE (T-3); RESIN UPTAKE				Medicare	$15.28	$9.47	$9.17	

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84480	Q	ASSAY TRIIODOTHYRONINE (T3)				Medicare	$33.47	$20.75	$20.08	
84481	Q	TRIIODOTHYRONINE (T-3); FREE				Medicare	$40.00	$24.80	$24.00	
84482	Q	T3 REVERSE				Medicare	$37.22	$23.08	$22.33	
84484	Q	ASSAY OF TROPONIN QUANT				Medicare	$23.23	$14.40	$13.94	
84485	Q	TRYPSIN; DUODENAL FLUID				Medicare	$17.72	$10.99	$10.63	
84488	Q	TRYPSIN; FECES QUALITATIVE				Medicare	$17.23	$10.68	$10.34	
84490	Q	TRYPSIN; FECES QUANTITATIVE 24-HOUR COLLECTION				Medicare	$17.95	$11.13	$10.77	
84510	Q	TYROSINE				Medicare	$24.55	$15.22	$14.73	
84512	Q	ASSAY OF TROPONIN QUAL				Medicare	$18.18	$11.27	$10.91	
84520	Q	UREA NITROGEN; QUANTITATIVE				Medicare	$9.32	$5.78	$5.59	
84525	Q	UREA NITROGEN; SEMIQUANTITATIVE (EG REAGENT STRIP TE				Medicare	$8.88	$5.51	$5.33	
84540	Q	UREA NITROGEN URINE				Medicare	$11.22	$6.96	$6.73	
84545	Q	UREA NITROGEN CLEARANCE				Medicare	$15.58	$9.66	$9.35	
84550	Q	URIC ACID; BLOOD				Medicare	$10.67	$6.62	$6.40	
84560	Q	URIC ACID; OTHER SOURCE				Medicare	$11.22	$6.96	$6.73	
84577	Q	UROBILINOGEN FECES QUANTITATIVE				Medicare	$29.45	$18.26	$17.67	
84578	Q	UROBILINOGEN URINE; QUALITATIVE				Medicare	$7.67	$4.76	$4.60	
84580	Q	UROBILINOGEN URINE; QUANTITATIVE TIMED SPECIMEN				Medicare	$16.75	$10.39	$10.05	
84583	Q	UROBILINOGEN URINE; SEMIQUANTITATIVE				Medicare	$11.87	$7.36	$7.12	
84585	Q	VANILLYLMANDELIC ACID (VMA) URINE				Medicare	$36.60	$22.69	$21.96	
84586	Q	VASOACTIVE INTESTINAL PEPTIDE (VIP)				Medicare	$83.42	$51.72	$50.05	
84588	Q	VASOPRESSIN (ANTIDIURETIC HORMONE ADH)				Medicare	$80.13	$49.68	$48.08	
84590	Q	VITAMIN A				Medicare	$27.38	$16.98	$16.43	
84591	Q	ASSAY OF NOS VITAMIN				Medicare	$27.38	$16.98	$16.43	
84597	Q	VITAMIN K				Medicare	$32.37	$20.07	$19.42	
84600	Q	VOLATILES (EG ACETIC ANHYDRIDE CARBON TETRACHLORID				Medicare	$37.95	$23.53	$22.77	
84620	Q	XYLOSE ABSORPTION TEST BLOOD AND/OR URINE				Medicare	$27.97	$17.34	$16.78	
84630	Q	ZINC				Medicare	$26.87	$16.66	$16.12	
84681	Q	C-PEPTIDE				Medicare	$38.45	$23.84	$23.07	
84702	Q	GONADOTROPIN CHORIONIC (HCG); QUANTITATIVE				Medicare	$35.55	$22.04	$21.33	
84703	Q	GONADOTROPIN CHORIONIC (HCG); QUALITATIVE				Medicare	$17.73	$10.99	$10.64	
84704	Q	HCG FREE BETACHAIN TEST				Medicare	$35.55	$22.04	$21.33	
84830	Q	OVULATION TESTS BY VISUAL COLOR COMPARISON METHOD				Medicare	$9.37	$5.81	$5.62	
84999	M	UNLISTED CHEMISTRY PROCEDURE				By Report	$0.00			
85002	Q	BLEEDING TIME				Medicare	$10.63	$6.59	$6.38	
85004	Q	AUTOMATED DIFF WBC COUNT				Medicare	$15.28	$9.47	$9.17	
85007	Q	BL SMEAR W/DIFF WBC COUNT				Medicare	$8.12	$5.03	$4.87	
85008	Q	BL SMEAR W/O DIFF WBC COUNT				Medicare	$8.12	$5.03	$4.87	
85009	Q	MANUAL DIFF WBC COUNT B-COAT				Medicare	$6.80	$4.22	$4.08	
85013	Q	SPUN MICROHEMATOCRIT				Medicare	$5.58	$3.46	$3.35	
85014	Q	HEMATOCRIT				Medicare	$5.58	$3.46	$3.35	
85018	Q	HEMOGLOBIN				Medicare	$5.58	$3.46	$3.35	
85025	Q	COMPLETE CBC W/AUTO DIFF WBC				Medicare	$18.37	$11.39	$11.02	
85027	Q	COMPLETE CBC AUTOMATED				Medicare	$15.28	$9.47	$9.17	
85032	Q	MANUAL CELL COUNT EACH				Medicare	$10.15	$6.29	$6.09	
85041	Q	AUTOMATED RBC COUNT				Medicare	$7.12	$4.41	$4.27	
85044	Q	MANUAL RETICULOCYTE COUNT				Medicare	$10.15	$6.29	$6.09	
85045	Q	AUTOMATED RETICULOCYTE COUNT				Medicare	$9.45	$5.86	$5.67	
85046	Q	RETICYTE/HGB CONCENTRATE				Medicare	$13.17	$8.17	$7.90	
85048	Q	AUTOMATED LEUKOCYTE COUNT				Medicare	$6.00	$3.72	$3.60	
85049	Q	AUTOMATED PLATELET COUNT				Medicare	$10.55	$6.54	$6.33	
85055	Q	RETICULATED PLATELET ASSAY				Medicare	$63.20	$39.18	$37.92	
85060	E	BLOOD SMEAR INTERPRETATION				Not Allowed	$0.00			
85097	X	BONE MARROW INTERPRETATION		0343	0.5262	APC	$26.63			
85130	Q	CHROMOGENIC SUBSTRATE ASSAY				Medicare	$28.08	$17.41	$16.85	
85170	Q	CLOT RETRACTION				Medicare	$8.53	$5.29	$5.12	

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
85175	Q	CLOT LYSIS TIME WHOLE BLOOD DILUTION				Medicare	$10.75	$6.67	$6.45	
85210	Q	CLOTTING; FACTOR II PROTHROMBIN SPECIFIC				Medicare	$30.65	$19.00	$18.39	
85220	Q	CLOTTING; FACTOR V (ACG OR PROACCELERIN) LABILE FAC				Medicare	$41.67	$25.84	$25.00	
85230	Q	CLOTTING; FACTOR VII (PROCONVERTIN STABLE FACTOR)				Medicare	$42.27	$26.21	$25.36	
85240	Q	CLOTTING; FACTOR VIII (AHG) ONE STAGE				Medicare	$42.27	$26.21	$25.36	
85244	Q	CLOTTING; FACTOR VIII RELATED ANTIGEN				Medicare	$48.18	$29.87	$28.91	
85245	Q	CLOTTING; FACTOR VIII VW FACTOR RISTOCETIN COFACTOR				Medicare	$54.17	$33.59	$32.50	
85246	Q	CLOTTING; FACTOR VIII VW FACTOR ANTIGEN				Medicare	$54.17	$33.59	$32.50	
85247	Q	CLOTTING; FACTOR VIII VON WILLEBRAND'S FACTOR MULTIM				Medicare	$54.17	$33.59	$32.50	
85250	Q	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)				Medicare	$44.95	$27.87	$26.97	
85260	Q	CLOTTING; FACTOR X (STUART-POWER)				Medicare	$42.27	$26.21	$25.36	
85270	Q	CLOTTING; FACTOR XI (PTA)				Medicare	$42.27	$26.21	$25.36	
85280	Q	CLOTTING; FACTOR XII (HAGEMAN)				Medicare	$45.67	$28.32	$27.40	
85290	Q	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)				Medicare	$38.58	$23.92	$23.15	
85291	Q	CLOTTING;FACTOR XIII (FIBRIN STABILIZING) SCREEN SOLUB				Medicare	$20.98	$13.01	$12.59	
85292	Q	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSA				Medicare	$44.72	$27.73	$26.83	
85293	Q	CLOTTING;HIGH MOLECULAR WEIGHT KININOGEN ASSAY(FITZ				Medicare	$44.72	$27.73	$26.83	
85300	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;ANTITHROMBIN				Medicare	$27.98	$17.35	$16.79	
85301	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;ANTITHROMBIN				Medicare	$25.52	$15.82	$15.31	
85302	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS;PROTEIN C ANT				Medicare	$28.38	$17.60	$17.03	
85303	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C AC				Medicare	$32.65	$20.24	$19.59	
85305	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S TO				Medicare	$27.38	$16.98	$16.43	
85306	Q	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S FR				Medicare	$36.17	$22.43	$21.70	
85307	Q	ASSAY ACTIVATED PROTEIN C				Medicare	$36.17	$22.43	$21.70	
85335	Q	FACTOR INHIBITOR TEST				Medicare	$30.38	$18.84	$18.23	
85337	Q	THROMBOMODULIN				Medicare	$24.62	$15.26	$14.77	
85345	Q	COAGULATION TIME; LEE & WHITE				Medicare	$10.15	$6.29	$6.09	
85347	Q	COAGULATION TIME; ACTIVATED				Medicare	$10.05	$6.23	$6.03	
85348	Q	COAGULATION TIME; OTHER METHODS				Medicare	$8.80	$5.46	$5.28	
85360	Q	EUGLOBULIN LYSIS				Medicare	$19.83	$12.29	$11.90	
85362	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);				Medicare	$16.27	$10.09	$9.76	
85366	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);				Medicare	$20.33	$12.60	$12.20	
85370	Q	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP);				Medicare	$26.80	$16.62	$16.08	
85378	Q	FIBRIN DEGRADE SEMIQUANT				Medicare	$16.83	$10.43	$10.10	
85379	Q	FIBRIN DEGRADATION QUANT				Medicare	$24.03	$14.90	$14.42	
85380	Q	FIBRIN DEGRADATION VTE				Medicare	$24.03	$14.90	$14.42	
85384	Q	FIBRINOGEN; ACTIVITY				Medicare	$20.05	$12.43	$12.03	
85385	Q	FIBRINOGEN; ANTIGEN				Medicare	$20.05	$12.43	$12.03	
85390	Q	FIBRINOLYSINS OR COAGULOPATHY SCREEN INTERPRETATI				Medicare	$12.20	$7.56	$7.32	
85396	N	CLOTTING ASSAY WHOLE BLOOD				Bundled	$0.00			
85397	Q	CLOTTING FUNCT ACTIVITY				Medicare	$54.17	$33.59	$32.50	
85400	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN				Medicare	$20.88	$12.95	$12.53	
85410	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ACTIVATO				Medicare	$18.22	$11.30	$10.93	
85415	Q	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACT				Medicare	$40.58	$25.16	$24.35	
85420	Q	FIBRINOLYTIC FACTORS AND INHIBITORS;PLASMINOGEN EXC				Medicare	$15.43	$9.57	$9.26	
85421	Q	FIBRINOLYTIC FACTORS AND INHIBITORS;PLASMINOGEN ANT				Medicare	$24.05	$14.91	$14.43	
85441	Q	HEINZ BODIES DIRECT				Medicare	$9.93	$6.16	$5.96	
85445	Q	HEINZ BODIES INDUCED				Medicare	$16.08	$9.97	$9.65	
85460	Q	HEMOGLOBIN FETAL				Medicare	$18.28	$11.33	$10.97	
85461	Q	HEMOGLOBIN FETAL				Medicare	$15.67	$9.72	$9.40	
85475	Q	HEMOLYSIN ACID				Medicare	$20.95	$12.99	$12.57	
85520	Q	HEPARIN ASSAY				Medicare	$30.90	$19.16	$18.54	
85525	Q	HEPARIN NEUTRALIZATION				Medicare	$27.97	$17.34	$16.78	
85530	Q	HEPARIN-PROTAMINE TOLERANCE TEST				Medicare	$33.47	$20.75	$20.08	
85536	Q	IRON STAIN PERIPHERAL BLOOD				Medicare	$15.28	$9.47	$9.17	
85540	Q	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT				Medicare	$20.32	$12.60	$12.19	

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
85547	Q	MECHANICAL FRAGILITY RBC				Medicare	$20.32	$12.60	$12.19	
85549	Q	MURAMIDASE				Medicare	$44.28	$27.45	$26.57	
85555	Q	OSMOTIC FRAGILITY RBC; UNINCUBATED				Medicare	$15.77	$9.78	$9.46	
85557	Q	OSMOTIC FRAGILITY RBC; INCUBATED				Medicare	$31.53	$19.55	$18.92	
85576	Q	PLATELET; AGGREGATION (IN VITRO) EACH AGENT				Medicare	$50.72	$31.45	$30.43	
85597	Q	PLATELET NEUTRALIZATION				Medicare	$12.63	$7.83	$7.58	
85598	Q	HEXAGNAL PHOSPH PLTLT NEUTRL				Medicare	$12.63	$7.83	$7.58	
85610	Q	PROTHROMBIN TIME;				Medicare	$9.27	$5.75	$5.56	
85611	Q	PROTHROMBIN TIME; SUBSTITUTIONS PLASMA FRACTIONS E				Medicare	$9.30	$5.77	$5.58	
85612	Q	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED				Medicare	$22.60	$14.01	$13.56	
85613	Q	RUSSELL VIPER VENOM DILUTED				Medicare	$22.60	$14.01	$13.56	
85635	Q	REPTILASE TEST				Medicare	$23.25	$14.42	$13.95	
85651	Q	RBC SED RATE NONAUTOMATED				Medicare	$8.37	$5.19	$5.02	
85652	Q	RBC SED RATE AUTOMATED				Medicare	$6.38	$3.96	$3.83	
85660	Q	SICKLING OF RBC REDUCTION				Medicare	$13.02	$8.07	$7.81	
85670	Q	THROMBIN TIME PLASMA				Medicare	$13.63	$8.45	$8.18	
85675	Q	THROMBIN TIME TITER				Medicare	$16.17	$10.03	$9.70	
85705	Q	THROMBOPLASTIN INHIBITION; TISSUE				Medicare	$22.27	$13.81	$13.36	
85730	Q	THROMBOPLASTIN TIME PARTIAL				Medicare	$14.17	$8.79	$8.50	
85732	Q	THROMBOPLASTIN TIME PARTIAL				Medicare	$15.28	$9.47	$9.17	
85810	Q	VISCOSITY				Medicare	$27.55	$17.08	$16.53	
85999	M	UNLISTED HEMATOLOGY AND COAGULATION PROCEDURE				By Report	$0.00			
86000	Q	AGGLUTININS FEBRILE				Medicare	$16.48	$10.22	$9.89	
86001	Q	ALLERGEN SPECIFIC IGG				Medicare	$6.83	$4.23	$4.10	
86003	Q	ALLERGEN SPECIFIC IGE;QUANTITATIVE/SEMI-QUANT EACH A				Medicare	$6.83	$4.23	$4.10	
86005	Q	ALLERGEN SPECIFIC IGE;QUALITATIVE MULTIALLERGEN SCR				Medicare	$18.82	$11.67	$11.29	
86021	Q	ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES				Medicare	$35.55	$22.04	$21.33	
86022	Q	PLATELET ANTIBODIES				Medicare	$43.37	$26.89	$26.02	
86023	Q	IMMUNOGLOBULIN ASSAY				Medicare	$29.40	$18.23	$17.64	
86038	Q	ANTINUCLEAR ANTIBODIES (ANA);				Medicare	$28.53	$17.69	$17.12	
86039	Q	ANTINUCLEAR ANTIBODIES (ANA); TITER				Medicare	$26.35	$16.34	$15.81	
86060	Q	ANTISTREPTOLYSIN O TITER				Medicare	$17.23	$10.68	$10.34	
86063	Q	ANTISTREPTOLYSIN O SCREEN				Medicare	$13.63	$8.45	$8.18	
86077	X	PHYSICIAN BLOOD BANK SERVICE		0342	0.1595	APC	$8.07			
86078	X	PHYSICIAN BLOOD BANK SERVICE		0343	0.5262	APC	$26.63			
86079	X	PHYSICIAN BLOOD BANK SERVICE		0342	0.1595	APC	$8.07			
86140	Q	C-REACTIVE PROTEIN				Medicare	$12.22	$7.58	$7.33	
86141	Q	C-REACTIVE PROTEIN HS				Medicare	$30.57	$18.95	$18.34	
86146	Q	GLYCOPROTEIN ANTIBODY				Medicare	$60.07	$37.24	$36.04	
86147	Q	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY				Medicare	$60.07	$37.24	$36.04	
86148	Q	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID)				Medicare	$37.93	$23.52	$22.76	
86155	Q	CHEMOTAXIS ASSAY SPECIFY METHOD				Medicare	$37.73	$23.39	$22.64	
86156	Q	COLD AGGLUTININ SCREEN				Medicare	$15.82	$9.81	$9.49	
86157	Q	COLD AGGLUTININ TITER				Medicare	$19.05	$11.81	$11.43	
86160	Q	COMPLEMENT ANTIGEN				Medicare	$28.35	$17.58	$17.01	
86161	Q	COMPLEMENT; FUNCTIONAL ACTIVITY EACH COMPONENT				Medicare	$28.35	$17.58	$17.01	
86162	Q	COMPLEMENT TOTAL (CH50)				Medicare	$45.48	$28.20	$27.29	
86171	Q	COMPLEMENT FIXATION EACH				Medicare	$23.65	$14.66	$14.19	
86185	Q	COUNTERIMMUNOELECTROPHORESIS EACH ANTIGEN				Medicare	$21.12	$13.09	$12.67	
86200	Q	CCP ANTIBODY				Medicare	$30.57	$18.95	$18.34	
86215	Q	DEOXYRIBONUCLEASE ANTIBODY				Medicare	$31.28	$19.39	$18.77	
86225	Q	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY;NATIVE OR DOUB				Medicare	$32.42	$20.10	$19.45	
86226	Q	DNA ANTIBODY SINGLE STRAND				Medicare	$26.10	$16.18	$15.66	
86235	Q	EXTRACTABLE NUCLEAR ANTIGEN ANTIBODY TO ANY METH				Medicare	$42.33	$26.24	$25.40	
86243	Q	FC RECEPTOR				Medicare	$48.43	$30.03	$29.06	
86255	Q	FLUORESCENT ANTIBODY SCREEN				Medicare	$28.45	$17.64	$17.07	

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86256	Q	FLUORESCENT ANTIBODY TITER				Medicare	$28.45	$17.64	$17.07	
86277	Q	GROWTH HORMONE HUMAN (HGH) ANTIBODY				Medicare	$37.15	$23.03	$22.29	
86280	Q	HEMAGGLUTINATION INHIBITION TEST (HAI)				Medicare	$19.33	$11.98	$11.60	
86294	Q	IMMUNOASSAY TUMOR QUAL				Medicare	$46.32	$28.72	$27.79	
86300	Q	IMMUNOASSAY TUMOR CA 15-3				Medicare	$49.13	$30.46	$29.48	
86301	Q	IMMUNOASSAY TUMOR CA 19-9				Medicare	$49.13	$30.46	$29.48	
86304	Q	IMMUNOASSAY TUMOR CA 125				Medicare	$49.13	$30.46	$29.48	
86305	Q	HUMAN EPIDIDYMIS PROTEIN 4				Medicare	$49.13	$30.46	$29.48	
86308	Q	HETEROPHILE ANTIBODIES; SCREENING				Medicare	$9.70	$6.01	$5.82	
86309	Q	HETEROPHILE ANTIBODIES; TITER				Medicare	$15.28	$9.47	$9.17	
86310	Q	HETEROPHILE ANTIBODIES;TITERS AFTER ABSORPTION W/BE				Medicare	$17.40	$10.79	$10.44	
86316	Q	IMMUNOASSAY TUMOR OTHER				Medicare	$49.13	$30.46	$29.48	
86317	Q	IMMUNOASSAY INFECTIOUS AGENT				Medicare	$26.13	$16.20	$15.68	
86318	Q	IMMUNOASSAY INFECTIOUS AGENT				Medicare	$30.57	$18.95	$18.34	
86320	Q	IMMUNOELECTROPHORESIS; SERUM				Medicare	$52.92	$32.81	$31.75	
86325	Q	OTHER IMMUNOELECTROPHORESIS				Medicare	$52.78	$32.72	$31.67	
86327	Q	IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASS				Medicare	$53.57	$33.21	$32.14	
86329	Q	IMMUNODIFFUSION; NOT ELSEWHERE SPECIFIED				Medicare	$33.15	$20.55	$19.89	
86331	Q	IMMUNODIFFUSION; GEL DIFFUSION QUALITATIVE EACH ANT				Medicare	$28.30	$17.55	$16.98	
86332	Q	IMMUNE COMPLEX ASSAY				Medicare	$57.53	$35.67	$34.52	
86334	Q	IMMUNOFIX E-PHORESIS SERUM				Medicare	$52.73	$32.69	$31.64	
86335	Q	IMMUNOGLOBULIN TYPING (GC GM INV) EACH				Medicare	$69.28	$42.95	$41.57	
86336	Q	INHIBIN A				Medicare	$36.78	$22.80	$22.07	
86337	Q	INSULIN ANTIBODIES				Medicare	$50.55	$31.34	$30.33	
86340	Q	INTRINSIC FACTOR ANTIBODIES				Medicare	$35.58	$22.06	$21.35	
86341	Q	ISLET CELL ANTIBODY				Medicare	$46.70	$28.95	$28.02	
86343	Q	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)				Medicare	$29.42	$18.24	$17.65	
86344	Q	LEUKOCYTE PHAGOCYTOSIS				Medicare	$18.85	$11.69	$11.31	
86352	Q	CELL FUNCTION ASSAY W/STIM				Medicare	$320.72	$198.85	$192.43	
86353	Q	LYMPHOCYTE TRANSFORMATION MITOGEN (PHYTOMITOGEN				Medicare	$115.73	$71.75	$69.44	
86355	Q	B CELLS TOTAL COUNT				Medicare	$89.05	$55.21	$53.43	
86356	Q	MONONUCLEAR CELL ANTIGEN				Medicare	$63.20	$39.18	$37.92	
86357	Q	NK CELLS TOTAL COUNT				Medicare	$89.05	$55.21	$53.43	
86359	Q	T CELLS TOTAL COUNT				Medicare	$89.05	$55.21	$53.43	
86360	Q	T CELL ABSOLUTE COUNT/RATIO				Medicare	$110.92	$68.77	$66.55	
86361	Q	T CELL ABSOLUTE COUNT				Medicare	$63.20	$39.18	$37.92	
86367	Q	STEM CELLS TOTAL COUNT				Medicare	$89.05	$55.21	$53.43	
86376	Q	MICROSOMAL ANTIBODIES (EG THYROID OR LIVER-KIDNEY)				Medicare	$34.35	$21.30	$20.61	
86378	Q	MIGRATION INHIBITORY FACTOR TEST (MIF)				Medicare	$46.47	$28.81	$27.88	
86382	Q	NEUTRALIZATION TEST VIRAL				Medicare	$39.92	$24.75	$23.95	
86384	Q	NITROBLUE TETRAZOLIUM DYE TEST (NTD)				Medicare	$26.87	$16.66	$16.12	
86386	Q	NUCLEAR MATRIX PROTEIN 22				Medicare	$37.68	$23.36	$22.61	
86403	Q	PARTICLE AGGLUTINATION; SCREEN EACH ANTIBODY				Medicare	$24.07	$14.92	$14.44	
86406	Q	PARTICLE AGGULINATION; TITER EACH ANTIBODY				Medicare	$25.12	$15.57	$15.07	
86430	Q	RHEUMATOID FACTOR; QUALITATIVE				Medicare	$13.40	$8.31	$8.04	
86431	Q	RHEUMATOID FACTOR QUANT				Medicare	$13.40	$8.31	$8.04	
86480	Q	TB TEST, CELL IMMUN MEASURE				Medicare	$146.32	$90.72	$87.79	
86481	Q	TB AG RESPONSE T-CELL SUSP				Medicare	$146.32	$90.72	$87.79	
86485	X	SKIN TEST CANDIDA		0341	0.0814	APC	$4.12			
86486	X	SKIN TEST NOS ANTIGEN		0341	0.0814	APC	$4.12			
86490	X	SKIN TEST; COCCIDIOIDOMYCOSIS		0341	0.0814	APC	$4.12			
86510	X	SKIN TEST; HISTOPLASMOSIS		0341	0.0814	APC	$4.12			
86580	X	SKIN TEST; TUBERCULOSIS INTRADERMAL		0341	0.0814	APC	$4.12			
86590	Q	STREPTOKINASE ANTIBODY				Medicare	$26.07	$16.16	$15.64	
86592	Q	SYPHILIS TEST; QUALITATIVE (EG VDRL RPR ART)				Medicare	$10.08	$6.25	$6.05	
86593	Q	SYPHILIS TEST; QUANTITATIVE				Medicare	$10.38	$6.44	$6.23	

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
86602	Q	ANTIBODY; ACTINOMYCES				Medicare	$24.03	$14.90	$14.42	
86603	Q	ANTIBODY; ADENOVIRUS				Medicare	$30.38	$18.84	$18.23	
86606	Q	ANTIBODY; ASPERGILLUS				Medicare	$35.55	$22.04	$21.33	
86609	Q	ANTIBODY; BACTERIUM NOT ELSEWHERE SPECIFIED				Medicare	$30.42	$18.86	$18.25	
86611	Q	BARTONELLA ANTIBODY				Medicare	$24.03	$14.90	$14.42	
86612	Q	ANTIBODY; BLASTOMYCES				Medicare	$30.47	$18.89	$18.28	
86615	Q	ANTIBODY; BORDETELLA				Medicare	$31.13	$19.30	$18.68	
86617	Q	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE) CONFIR				Medicare	$36.57	$22.67	$21.94	
86618	Q	ANTIBODY; BORRELIA BURGDORFERI (LYME DISEASE)				Medicare	$40.20	$24.92	$24.12	
86619	Q	ANTIBODY; BORRELIA (RELAPSING FEVER)				Medicare	$31.58	$19.58	$18.95	
86622	Q	ANTIBODY; BRUCELLA				Medicare	$21.08	$13.07	$12.65	
86625	Q	ANTIBODY; CAMPYLOBACTER				Medicare	$30.97	$19.20	$18.58	
86628	Q	ANTIBODY; CANDIDA				Medicare	$28.35	$17.58	$17.01	
86631	Q	ANTIBODY; CHLAMYDIA				Medicare	$27.92	$17.31	$16.75	
86632	Q	ANTIBODY; CHLAMYDIA IGG				Medicare	$29.95	$18.57	$17.97	
86635	Q	ANTIBODY; CACCIDIOIDES				Medicare	$27.08	$16.79	$16.25	
86638	Q	ANTIBODY; COXIELLA BRUNETTI (Q FEVER)				Medicare	$28.63	$17.75	$17.18	
86641	Q	ANTIBODY; CRYPTOCOCCUS				Medicare	$34.03	$21.10	$20.42	
86644	Q	ANTIBODY; CYTOMEGALOVIRUS (CMV)				Medicare	$26.67	$16.54	$16.00	
86645	Q	CMV ANTIBODY IGM				Medicare	$39.77	$24.66	$23.86	
86648	Q	ANTIBODY; DIPHTHERIA				Medicare	$35.90	$22.26	$21.54	
86651	Q	ANTIBODY; ENCEPHALITIS CALIFORNIA (LA CROSSE)				Medicare	$31.13	$19.30	$18.68	
86652	Q	ANTIBODY; ENCEPHALITIS EASTERN EQUINE				Medicare	$31.13	$19.30	$18.68	
86653	Q	ANTIBODY; ENCEPHALITIS ST. LOUIS				Medicare	$31.13	$19.30	$18.68	
86654	Q	ANTIBODY; ENCEPHALITIS WESTERN EQUINE				Medicare	$31.13	$19.30	$18.68	
86658	Q	ANTIBODY; ENTEROVIRUS (EG COXSACKIE ECHO POLIO)				Medicare	$30.77	$19.08	$18.46	
86663	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS EARLY ANTIGEN (EA)				Medicare	$30.97	$19.20	$18.58	
86664	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS NUCLEAR ANTIGEN				Medicare	$36.12	$22.39	$21.67	
86665	Q	ANTIBODY; EPSTEIN-BARR (EB) VIRUS VIRAL CAPOID (VCA)				Medicare	$42.82	$26.55	$25.69	
86666	Q	EHRLICHIA ANTIBODY				Medicare	$24.03	$14.90	$14.42	
86668	Q	ANTIBODY; FRANCISELLA TULARENSIS				Medicare	$24.55	$15.22	$14.73	
86671	Q	ANTIBODY; FUNGUS NES				Medicare	$28.93	$17.94	$17.36	
86674	Q	ANTIBODY; GIARDIA LAMBLIA				Medicare	$34.75	$21.55	$20.85	
86677	Q	ANTIBODY; HELICOBACTER PYLORI				Medicare	$34.27	$21.25	$20.56	
86682	Q	ANTIBODY; HELMINTH NES				Medicare	$30.72	$19.05	$18.43	
86684	Q	ANTIBODY; HEMOPHILUS INFLUENZA				Medicare	$37.40	$23.19	$22.44	
86687	Q	ANTIBODY; HTLV-I				Medicare	$19.80	$12.28	$11.88	
86688	Q	ANTIBODY; HTLV-II				Medicare	$33.07	$20.50	$19.84	
86689	Q	ANTIBODY;HTLV OR HIV ANTIBODY CONFIRMATORY TEST(EG				Medicare	$45.68	$28.32	$27.41	
86692	Q	HEPATITIS DELTA AGENT				Medicare	$40.52	$25.12	$24.31	
86694	Q	ANTIBODY; HERPES SIMPLEX NON-SPECIFIC TYPE TEST				Medicare	$26.67	$16.54	$16.00	
86695	Q	ANTIBODY; HERPES SIMPLEX TYPE 1				Medicare	$31.13	$19.30	$18.68	
86696	Q	HERPES SIMPLEX TYPE 2				Medicare	$45.68	$28.32	$27.41	
86698	Q	ANTIBODY; HISTOPLASMA				Medicare	$29.52	$18.30	$17.71	
86701	Q	ANTIBODY; HIV-1				Medicare	$17.38	$10.78	$10.43	
86702	Q	ANTIBODY; HIV-2				Medicare	$31.90	$19.78	$19.14	
86703	Q	HIV-1/HIV-2 SINGLE ASSAY				Medicare	$32.38	$20.08	$19.43	
86704	Q	HEP B CORE ANTIBODY TOTAL				Medicare	$28.45	$17.64	$17.07	
86705	Q	HEP B CORE ANTIBODY IGM				Medicare	$27.78	$17.22	$16.67	
86706	Q	HEPATITIS B SURFACE ANTIBODY (HBSAB)				Medicare	$21.48	$13.32	$12.89	
86707	Q	HEPATITIS BE ANTIBODY (HBEAB)				Medicare	$27.30	$16.93	$16.38	
86708	Q	HEP A ANTIBODY TOTAL				Medicare	$29.25	$18.14	$17.55	
86709	Q	HEP A ANTIBODY IGM				Medicare	$26.58	$16.48	$15.95	
86710	Q	ANTIBODY; INFLUENZA VIRUS				Medicare	$32.00	$19.84	$19.20	
86713	Q	ANTIBODY; LEGIONELLA				Medicare	$36.12	$22.39	$21.67	
86717	Q	ANTIBODY; LEISHMANIA				Medicare	$28.92	$17.93	$17.35	

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86720	Q	ANTIBODY; LEPTOSPIRA				Medicare	$31.13	$19.30	$18.68	
86723	Q	ANTIBODY; LISTERIA MONOCYTOGENES				Medicare	$31.13	$19.30	$18.68	
86727	Q	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS				Medicare	$30.38	$18.84	$18.23	
86729	Q	ANTIBODY; LYMPHOGRANULOMA VENEREUM				Medicare	$28.20	$17.48	$16.92	
86732	Q	ANTIBODY; MUCORMYCOSIS				Medicare	$31.13	$19.30	$18.68	
86735	Q	ANTIBODY; MUMPS				Medicare	$30.82	$19.11	$18.49	
86738	Q	ANTIBODY; MYCOPLASMA				Medicare	$31.27	$19.39	$18.76	
86741	Q	ANTIBODY; NEISSERIA MENINGITIS				Medicare	$31.13	$19.30	$18.68	
86744	Q	ANTIBODY; NOCARDIA				Medicare	$31.13	$19.30	$18.68	
86747	Q	ANTIBODY; PARVOVIRUS				Medicare	$35.50	$22.01	$21.30	
86750	Q	ANTIBODY; PLASMODIUM (MALARIA)				Medicare	$31.13	$19.30	$18.68	
86753	Q	ANTIBODY; PROTOZOA NES				Medicare	$29.25	$18.14	$17.55	
86756	Q	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS				Medicare	$30.43	$18.87	$18.26	
86757	Q	RICKETTSIA ANTIBODY				Medicare	$45.68	$28.32	$27.41	
86759	Q	ANTIBODY; ROTAVIRUS				Medicare	$31.13	$19.30	$18.68	
86762	Q	ANTIBODY; RUBELLA				Medicare	$26.67	$16.54	$16.00	
86765	Q	ANTIBODY; RUBEOLA				Medicare	$30.42	$18.86	$18.25	
86768	Q	ANTIBODY; SALMONELLA				Medicare	$31.13	$19.30	$18.68	
86771	Q	ANTIBODY; SHIGELLA				Medicare	$31.13	$19.30	$18.68	
86774	Q	ANTIBODY; TETANUS				Medicare	$34.93	$21.66	$20.96	
86777	Q	ANTIBODY; TOXOPLASMA				Medicare	$26.67	$16.54	$16.00	
86778	Q	TOXOPLASMA ANTIBODY IGM				Medicare	$34.00	$21.08	$20.40	
86780	Q	TREPONEMA PALLIDUM				Medicare	$31.25	$19.38	$18.75	
86784	Q	ANTIBODY; TRICHINELLA				Medicare	$29.67	$18.40	$17.80	
86787	Q	ANTIBODY; VARICELLA-ZOSTER				Medicare	$30.42	$18.86	$18.25	
86788	Q	WEST NILE VIRUS AB IGM				Medicare	$39.77	$24.66	$23.86	
86789	Q	WEST NILE VIRUS ANTIBODY				Medicare	$26.67	$16.54	$16.00	
86790	Q	ANTIBODY; VIRUS NES				Medicare	$30.42	$18.86	$18.25	
86793	Q	ANTIBODY; YERSINIA				Medicare	$31.13	$19.30	$18.68	
86800	Q	THYROGLOBULIN ANTIBODY				Medicare	$37.55	$23.28	$22.53	
86803	Q	HEPATITIS C ANTIBODY				Medicare	$33.70	$20.89	$20.22	
86804	Q	HEP C AB TEST CONFIRM				Medicare	$36.42	$22.58	$21.85	
86805	Q	LYMPHOCYTOTOXICITY ASSAY VISUAL CROSSMATCH;W/TITR				Medicare	$123.43	$76.53	$74.06	
86806	Q	LYMPHOCYTOTOXICITY ASSAY VISUAL CROSSMATCH; W/O T				Medicare	$112.35	$69.66	$67.41	
86807	Q	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE AN				Medicare	$93.42	$57.92	$56.05	
86808	Q	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE AN				Medicare	$70.07	$43.44	$42.04	
86812	Q	HLA TYPING A B OR C				Medicare	$60.93	$37.78	$36.56	
86813	Q	HLA TYPING A B OR C				Medicare	$136.90	$84.88	$82.14	
86816	Q	HLA TYPING DR/DQ				Medicare	$65.77	$40.78	$39.46	
86817	Q	HLA TYPING DR/DQ				Medicare	$152.00	$94.24	$91.20	
86821	Q	LYMPHOCYTE CULTURE MIXED				Medicare	$133.28	$82.63	$79.97	
86822	Q	LYMPHOCYTE CULTURE PRIMED				Medicare	$86.30	$53.51	$51.78	
86825	Q	HLA X-MATH NON-CYTOTOXIC				Medicare	$189.60	$117.55	$113.76	
86826	Q	HLA X-MATCH NONCYTOTOXC ADDL				Medicare	$63.20	$39.18	$37.92	
86849	M	UNLISTED IMMUNOLOGY PROCEDURE				By Report	$0.00			
86850	X	ANTIBODY SCREEN RBC EACH SERUM TECHNIQUE		0345	0.2135	APC	$10.81			
86860	X	ANTIBODY ELUTION (RBC) EACH ELUTION		0346	0.3556	APC	$18.00			
86870	X	ANTIBODY IDENTIFICATION RBC ANTIBODIES EACH PANEL F		0346	0.3556	APC	$18.00			
86880	X	COOMBS TEST DIRECT		0409	0.1101	APC	$5.57			
86885	X	COOMBS TEST INDIRECT QUAL		0409	0.1101	APC	$5.57			
86886	X	COOMBS TEST INDIRECT TITER		0409	0.1101	APC	$5.57			
86890	X	AUTOLOGOUS BLOOD OR COMPONENT COLLECTION PROCE		0347	0.6729	APC	$34.06			
86891	X	AUTOLOGOUS BLOOD OP SALVAGE		0345	0.2135	APC	$10.81			
86900	X	BLOOD TYPING ABO		0409	0.1101	APC	$5.57			
86901	X	BLOOD TYPING RH (D)		0409	0.1101	APC	$5.57			
86902	X	BLOOD TYPE ANTIGEN DONOR EA		0345	0.2135	APC	$10.81			

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86904	X	BLOOD TYPING PATIENT SERUM		0345	0.2135	APC	$10.81			
86905	X	BLOOD TYPING RBC ANTIGENS		0345	0.2135	APC	$10.81			
86906	X	BLOOD TYPING RH PHENOTYPE		0345	0.2135	APC	$10.81			
86910	E	BLOOD TYPING PATERNITY TEST				Not Allowed	$0.00			
86911	E	BLOOD TYPING ANTIGEN SYSTEM				Not Allowed	$0.00			
86920	X	COMPATIBILITY TEST SPIN		0345	0.2135	APC	$10.81			
86921	X	COMPATIBILITY TEST INCUBATE		0345	0.2135	APC	$10.81			
86922	X	COMPATIBILITY TEST ANTIGLOB		0346	0.3556	APC	$18.00			
86923	X	COMPATIBILITY TEST ELECTRIC		0345	0.2135	APC	$10.81			
86927	X	PLASMA FRESH FROZEN		0345	0.2135	APC	$10.81			
86930	X	FROZEN BLOOD PREP		0347	0.6729	APC	$34.06			
86931	X	FROZEN BLOOD THAW		0347	0.6729	APC	$34.06			
86932	X	FROZEN BLOOD FREEZE/THAW		0347	0.6729	APC	$34.06			
86940	Q	HEMOLYSINS/AGGLUTININS AUTO				Medicare	$19.35	$12.00	$11.61	
86941	Q	HEMOLYSINS AND AGGLUTININS AUTO SCREEN EACH; INCU				Medicare	$28.58	$17.72	$17.15	
86945	X	IRRADIATION OF BLOOD PRODUCT EACH UNIT		0345	0.2135	APC	$10.81			
86950	X	LEUKOCYTE TRANSFUSION		0345	0.2135	APC	$10.81			
86960	X	VOL REDUCTION OF BLOOD/PROD		0345	0.2135	APC	$10.81			
86965	X	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS		0346	0.3556	APC	$18.00			
86970	X	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETEC		0345	0.2135	APC	$10.81			
86971	X	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETEC		0345	0.2135	APC	$10.81			
86972	X	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETEC		0345	0.2135	APC	$10.81			
86975	X	RBC PRETREATMENT SERUM		0346	0.3556	APC	$18.00			
86976	X	RBC PRETREATMENT SERUM		0345	0.2135	APC	$10.81			
86977	X	RBC PRETREATMENT SERUM		0347	0.6729	APC	$34.06			
86978	X	RBC PRETREATMENT SERUM		0346	0.3556	APC	$18.00			
86985	X	SPLITTING OF BLOOD OR BLOOD PRODUCTS EACH UNIT		0345	0.2135	APC	$10.81			
86999	X	UNLISTED TRANSFUSION MEDICINE PROCEDURE		0345	0.2135	APC	$10.81			
87001	Q	ANIMAL INOCULATION SMALL ANIMAL; W/OBSERVATION				Medicare	$31.18	$19.33	$18.71	
87003	Q	ANIMAL INOCULATION SMALL ANIMAL; W/OBSEVATION & DISS				Medicare	$39.73	$24.63	$23.84	
87015	Q	CONCENTRATION (ANY TYPE) FOR PARASITES OVA OR TUB				Medicare	$15.77	$9.78	$9.46	
87040	Q	BLOOD CULTURE FOR BACTERIA				Medicare	$24.37	$15.11	$14.62	
87045	Q	FECES CULTURE BACTERIA				Medicare	$22.27	$13.81	$13.36	
87046	Q	STOOL CULTR BACTERIA EACH				Medicare	$22.27	$13.81	$13.36	
87070	Q	CULTURE BACTERIA OTHER				Medicare	$20.33	$12.60	$12.20	
87071	Q	CULTURE BACTERI AEROBIC OTHR				Medicare	$22.27	$13.81	$13.36	
87073	Q	CULTURE BACTERIA ANAEROBIC				Medicare	$22.27	$13.81	$13.36	
87075	Q	CULTR BACTERIA EXCEPT BLOOD				Medicare	$22.33	$13.84	$13.40	
87076	Q	CULTURE ANAEROBE IDENT EACH				Medicare	$19.08	$11.83	$11.45	
87077	Q	CULTURE AEROBIC IDENTIFY				Medicare	$19.08	$11.83	$11.45	
87081	Q	CULTURE BACTERIAL SCREENING ONLY FOR SINGLE ORGA				Medicare	$13.42	$8.32	$8.05	
87084	Q	CULTURE PRESUMPTIVE PATHOGENIC ORGANISMS SCREE				Medicare	$20.33	$12.60	$12.20	
87086	Q	CULTURE BACTERIAL URINE; QUANTITATIVE COLONY COUN				Medicare	$19.05	$11.81	$11.43	
87088	Q	URINE BACTERIA CULTURE				Medicare	$13.42	$8.32	$8.05	
87101	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPT				Medicare	$18.22	$11.30	$10.93	
87102	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPT				Medicare	$16.50	$10.23	$9.90	
87103	Q	CULTURE FUNGI ISOLATION (WITH OR WITHOUT PRESUMPT				Medicare	$21.28	$13.19	$12.77	
87106	Q	FUNGI IDENTIFICATION YEAST				Medicare	$12.97	$8.04	$7.78	
87107	Q	FUNGI IDENTIFICATION MOLD				Medicare	$12.97	$8.04	$7.78	
87109	Q	CULTURE MYCOPLASMA ANY SOURCE				Medicare	$36.32	$22.52	$21.79	
87110	Q	CULTURE CHLAMYDIA				Medicare	$46.25	$28.68	$27.75	
87116	Q	CULTURE TUBERCLE OR OTHER ACID-FAST BACILLI (EG TB				Medicare	$25.50	$15.81	$15.30	
87118	Q	CULTURE MYCOBACTERIA DEFINITIVE IDENTIFICATION OF E				Medicare	$25.83	$16.01	$15.50	
87140	Q	CULTURE TYPE IMMUNOFLUORESC				Medicare	$13.17	$8.17	$7.90	
87143	Q	CULTURE TYPING GLC/HPLC				Medicare	$29.58	$18.34	$17.75	
87147	Q	CULTURE TYPE IMMUNOLOGIC				Medicare	$12.22	$7.58	$7.33	

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87149	Q	CULTURE TYPE, NUCLEIC ACID				Medicare	$47.33	$29.34	$28.40	
87150	Q	DNA/RNA AMPLIFIED PROBE				Medicare	$82.85	$51.37	$49.71	
87152	Q	CULTURE TYPE PULSE FIELD GEL				Medicare	$12.33	$7.64	$7.40	
87153	Q	DNA/RNA SEQUENCING				Medicare	$272.32	$168.84	$163.39	
87158	Q	CULTURE TYPING ADDED METHOD				Medicare	$12.33	$7.64	$7.40	
87164	Q	DARK FIELD EXAMINATION				Medicare	$25.35	$15.72	$15.21	
87166	Q	DARK FIELD EXAMINATION ANY SOURCE (EG PENILE VAGINA				Medicare	$26.67	$16.54	$16.00	
87168	Q	MACROSCOPIC EXAM ARTHROPOD				Medicare	$10.08	$6.25	$6.05	
87169	Q	MACROSCOPIC EXAM PARASITE				Medicare	$10.08	$6.25	$6.05	
87172	Q	PINWORM EXAM				Medicare	$10.08	$6.25	$6.05	
87176	Q	ENDOTOXIN BACTERIAL (PYROGENS); HOMOGENIZATION TIS				Medicare	$13.88	$8.61	$8.33	
87177	Q	OVA AND PARASITES DIRECT SMEARS CONCENTRATION AND				Medicare	$21.00	$13.02	$12.60	
87181	Q	MICROBE SUSCEPTIBLE DIFFUSE				Medicare	$9.70	$6.01	$5.82	
87184	Q	MICROBE SUSCEPTIBLE DISK				Medicare	$16.30	$10.11	$9.78	
87185	Q	MICROBE SUSCEPTIBLE ENZYME				Medicare	$9.70	$6.01	$5.82	
87186	Q	MICROBE SUSCEPTIBLE MIC				Medicare	$20.42	$12.66	$12.25	
87187	Q	MICROBE SUSCEPTIBLE MLC				Medicare	$24.47	$15.17	$14.68	
87188	Q	MICROBE SUSCEPT MACROBROTH				Medicare	$15.67	$9.72	$9.40	
87190	Q	MICROBE SUSCEPT MYCOBACTERI				Medicare	$13.35	$8.28	$8.01	
87197	Q	BACTERICIDAL LEVEL SERUM				Medicare	$35.47	$21.99	$21.28	
87205	Q	SMEAR GRAM STAIN				Medicare	$10.08	$6.25	$6.05	
87206	Q	SMEAR FLUORESCENT/ACID STAI				Medicare	$12.68	$7.86	$7.61	
87207	Q	SMEAR SPECIAL STAIN				Medicare	$14.15	$8.77	$8.49	
87209	Q	SMEAR COMPLEX STAIN				Medicare	$42.43	$26.31	$25.46	
87210	Q	SMEAR WET MOUNT SALINE/INK				Medicare	$10.08	$6.25	$6.05	
87220	Q	TISSUE EXAM FOR FUNGI				Medicare	$10.08	$6.25	$6.05	
87230	Q	ASSAY TOXIN OR ANTITOXIN				Medicare	$46.60	$28.89	$27.96	
87250	Q	VIRUS INOCULATE EGGS/ANIMAL				Medicare	$46.17	$28.63	$27.70	
87252	Q	VIRUS INOCULATION TISSUE				Medicare	$58.92	$36.53	$35.35	
87253	Q	VIRUS INOCULATE TISSUE ADDL				Medicare	$47.68	$29.56	$28.61	
87254	Q	VIRUS INOCULATION SHELL VIA				Medicare	$46.17	$28.63	$27.70	
87255	Q	GENET VIRUS ISOLATE HSV				Medicare	$79.95	$49.57	$47.97	
87260	Q	ADENOVIRUS AG IF				Medicare	$28.32	$17.56	$16.99	
87265	Q	PERTUSSIS AG IF				Medicare	$28.32	$17.56	$16.99	
87267	Q	ENTEROVIRUS ANTIBODY DFA				Medicare	$28.32	$17.56	$16.99	
87269	Q	GIARDIA AG IF				Medicare	$28.32	$17.56	$16.99	
87270	Q	CHLAMYDIA TRACHOMATIS AG IF				Medicare	$28.32	$17.56	$16.99	
87271	Q	CYTOMEGALOVIRUS DFA				Medicare	$28.32	$17.56	$16.99	
87272	Q	CRYPTOSPORIDIUM AG IF				Medicare	$28.32	$17.56	$16.99	
87273	Q	HERPES SIMPLEX 2 AG IF				Medicare	$28.32	$17.56	$16.99	
87274	Q	HERPES SIMPLEX 1 AG IF				Medicare	$28.32	$17.56	$16.99	
87275	Q	INFLUENZA B AG IF				Medicare	$28.32	$17.56	$16.99	
87276	Q	INFLUENZA A AG IF				Medicare	$28.32	$17.56	$16.99	
87277	Q	LEGIONELLA MICDADEI AG IF				Medicare	$28.32	$17.56	$16.99	
87278	Q	LEGION PNEUMOPHILIA AG IF				Medicare	$28.32	$17.56	$16.99	
87279	Q	PARAINFLUENZA AG IF				Medicare	$28.32	$17.56	$16.99	
87280	Q	RESPIRATORY SYNCYTIAL AG IF				Medicare	$28.32	$17.56	$16.99	
87281	Q	PNEUMOCYSTIS CARINII AG IF				Medicare	$28.32	$17.56	$16.99	
87283	Q	RUBEOLA AG IF				Medicare	$28.32	$17.56	$16.99	
87285	Q	TREPONEMA PALLIDUM AG IF				Medicare	$28.32	$17.56	$16.99	
87290	Q	VARICELLA ZOSTER AG IF				Medicare	$28.32	$17.56	$16.99	
87299	Q	ANTIBODY DETECTION NOS IF				Medicare	$28.32	$17.56	$16.99	
87300	Q	AG DETECTION POLYVAL IF				Medicare	$28.32	$17.56	$16.99	
87301	Q	ADENOVIRUS AG EIA				Medicare	$28.32	$17.56	$16.99	
87305	Q	ASPERGILLUS AG EIA				Medicare	$28.32	$17.56	$16.99	
87320	Q	CHYLMD TRACH AG EIA				Medicare	$28.32	$17.56	$16.99	

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87324	Q	CLOSTRIDIUM AG EIA				Medicare	$28.32	$17.56	$16.99	
87327	Q	CRYPTOCOCCUS NEOFORM AG EIA				Medicare	$28.32	$17.56	$16.99	
87328	Q	CRYPTOSPORIDIUM AG EIA				Medicare	$28.32	$17.56	$16.99	
87329	Q	GIARDIA AG EIA				Medicare	$28.32	$17.56	$16.99	
87332	Q	CYTOMEGALOVIRUS AG EIA				Medicare	$28.32	$17.56	$16.99	
87335	Q	E COLI 0157 AG EIA				Medicare	$28.32	$17.56	$16.99	
87336	Q	ENTAMOEB HIST DISPR AG EIA				Medicare	$28.32	$17.56	$16.99	
87337	Q	ENTAMOEB HIST GROUP AG EIA				Medicare	$28.32	$17.56	$16.99	
87338	Q	HPYLORI STOOL EIA				Medicare	$28.32	$17.56	$16.99	
87339	Q	H PYLORI AG EIA				Medicare	$28.32	$17.56	$16.99	
87340	Q	HEPATITIS B SURFACE AG EIA				Medicare	$22.85	$14.17	$13.71	
87341	Q	HEPATITIS B SURFACE AG EIA				Medicare	$22.85	$14.17	$13.71	
87350	Q	HEPATITIS BE AG EIA				Medicare	$23.08	$14.31	$13.85	
87380	Q	HEPATITIS DELTA AG EIA				Medicare	$38.75	$24.03	$23.25	
87385	Q	HISTOPLASMA CAPSUL AG EIA				Medicare	$28.32	$17.56	$16.99	
87389	Q	HIV-1 AG W/HIV-1 & HIV-2 AB				Medicare	$56.87	$35.26	$34.12	
87390	Q	HIV-1 AG EIA				Medicare	$41.65	$25.82	$24.99	
87391	Q	HIV-2 AG EIA				Medicare	$41.65	$25.82	$24.99	
87400	Q	INFLUENZA A/B AG EIA				Medicare	$28.32	$17.56	$16.99	
87420	Q	RESP SYNCYTIAL AG EIA				Medicare	$28.32	$17.56	$16.99	
87425	Q	ROTAVIRUS AG EIA				Medicare	$28.32	$17.56	$16.99	
87427	Q	SHIGA-LIKE TOXIN AG EIA				Medicare	$28.32	$17.56	$16.99	
87430	Q	STREP A AG EIA				Medicare	$28.32	$17.56	$16.99	
87449	Q	AG DETECT NOS EIA MULT				Medicare	$28.32	$17.56	$16.99	
87450	Q	AG DETECT NOS EIA SINGLE				Medicare	$22.63	$14.03	$13.58	
87451	Q	AG DETECT POLYVAL EIA MULT				Medicare	$22.63	$14.03	$13.58	
87470	Q	BARTONELLA DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87471	Q	BARTONELLA DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87472	Q	BARTONELLA DNA QUANT				Medicare	$101.12	$62.69	$60.67	
87475	Q	LYME DIS DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87476	Q	LYME DIS DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87477	Q	LYME DIS DNA QUANT				Medicare	$101.12	$62.69	$60.67	
87480	Q	CANDIDA DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87481	Q	CANDIDA DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87482	Q	CANDIDA DNA QUANT				Medicare	$98.55	$61.10	$59.13	
87485	Q	CHYLMD PNEUM DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87486	Q	CHYLMD PNEUM DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87487	Q	CHYLMD PNEUM DNA QUANT				Medicare	$101.12	$62.69	$60.67	
87490	Q	CHYLMD TRACH DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87491	Q	CHYLMD TRACH DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87492	Q	CHYLMD TRACH DNA QUANT				Medicare	$82.52	$51.16	$49.51	
87493	Q	C DIFF AMPLIFIED PROBE				Medicare	$82.85	$51.37	$49.71	
87495	Q	CYTOMEG DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87496	Q	CYTOMEG DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87497	Q	CYTOMEG DNA QUANT				Medicare	$101.12	$62.69	$60.67	
87498	Q	ENTEROVIRUS DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87500	Q	VANOMYCIN DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87501	Q	INFLUENZA DNA AMP PROB 1+				Medicare	$121.13	$75.10	$72.68	
87502	Q	INFLUENZA DNA AMP PROBE				Medicare	$200.87	$124.54	$120.52	
87503	Q	INFLUENZA DNA AMP PROB ADDL				Medicare	$49.03	$30.40	$29.42	
87510	Q	GARDNER VAG DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87511	Q	GARDNER VAG DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87512	Q	GARDNER VAG DNA QUANT				Medicare	$98.55	$61.10	$59.13	
87515	Q	HEPATITIS B DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87516	Q	HEPATITIS B DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87517	Q	HEPATITIS B DNA QUANT				Medicare	$101.12	$62.69	$60.67	

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87520	Q	HEPATITIS C RNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87521	Q	HEPATITIS C RNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87522	Q	HEPATITIS C RNA QUANT				Medicare	$101.12	$62.69	$60.67	
87525	Q	HEPATITIS G DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87526	Q	HEPATITIS G DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87527	Q	HEPATITIS G DNA QUANT				Medicare	$98.55	$61.10	$59.13	
87528	Q	HSV DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87529	Q	HSV DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87530	Q	HSV DNA QUANT				Medicare	$101.12	$62.69	$60.67	
87531	Q	HHV-6 DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87532	Q	HHV-6 DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87533	Q	HHV-6 DNA QUANT				Medicare	$98.55	$61.10	$59.13	
87534	Q	HIV-1 DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87535	Q	HIV-1 DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87536	Q	HIV-1 DNA QUANT				Medicare	$200.87	$124.54	$120.52	
87537	Q	HIV-2 DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87538	Q	HIV-2 DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87539	Q	HIV-2 DNA QUANT				Medicare	$101.12	$62.69	$60.67	
87540	Q	LEGION PNEUMO DNA DIR PROB				Medicare	$47.33	$29.34	$28.40	
87541	Q	LEGION PNEUMO DNA AMP PROB				Medicare	$82.85	$51.37	$49.71	
87542	Q	LEGION PNEUMO DNA QUANT				Medicare	$98.55	$61.10	$59.13	
87550	Q	MYCOBACTERIA DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87551	Q	MYCOBACTERIA DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87552	Q	MYCOBACTERIA DNA QUANT				Medicare	$101.12	$62.69	$60.67	
87555	Q	M.TUBERCULO DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87556	Q	M.TUBERCULO DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87557	Q	M.TUBERCULO DNA QUANT				Medicare	$101.12	$62.69	$60.67	
87560	Q	M.AVIUM-INTRA DNA DIR PROB				Medicare	$47.33	$29.34	$28.40	
87561	Q	M.AVIUM-INTRA DNA AMP PROB				Medicare	$82.85	$51.37	$49.71	
87562	Q	M.AVIUM-INTRA DNA QUANT				Medicare	$101.12	$62.69	$60.67	
87580	Q	M.PNEUMON DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87581	Q	M.PNEUMON DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87582	Q	M.PNEUMON DNA QUANT				Medicare	$98.55	$61.10	$59.13	
87590	Q	N.GONORRHOEAE DNA DIR PROB				Medicare	$47.33	$29.34	$28.40	
87591	Q	N.GONORRHOEAE DNA AMP PROB				Medicare	$82.85	$51.37	$49.71	
87592	Q	N.GONORRHOEAE DNA QUANT				Medicare	$101.12	$62.69	$60.67	
87620	Q	HPV DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87621	Q	HPV DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87622	Q	HPV DNA QUANT				Medicare	$98.55	$61.10	$59.13	
87640	Q	STAPH A DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87641	Q	MR-STAPH DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87650	Q	STREP A DNA DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87651	Q	STREP A DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87652	Q	STREP A DNA QUANT				Medicare	$98.55	$61.10	$59.13	
87653	Q	STREP B DNA AMP PROBE				Medicare	$82.85	$51.37	$49.71	
87660	Q	TRICHOMONAS VAGIN DIR PROBE				Medicare	$47.33	$29.34	$28.40	
87797	Q	DETECT AGENT NOS DNA DIR				Medicare	$47.33	$29.34	$28.40	
87798	Q	DETECT AGENT NOS DNA AMP				Medicare	$82.85	$51.37	$49.71	
87799	Q	DETECT AGENT NOS DNA QUANT				Medicare	$101.12	$62.69	$60.67	
87800	Q	DETECT AGNT MULT DNA DIREC				Medicare	$94.68	$58.70	$56.81	
87801	Q	DETECT AGNT MULT DNA AMPLI				Medicare	$165.70	$102.73	$99.42	
87802	Q	STREP B ASSAY W/OPTIC				Medicare	$28.32	$17.56	$16.99	
87803	Q	CLOSTRIDIUM TOXIN A W/OPTIC				Medicare	$28.32	$17.56	$16.99	
87804	Q	INFLUENZA ASSAY W/OPTIC				Medicare	$28.32	$17.56	$16.99	
87807	Q	RSV ASSAY W/OPTIC				Medicare	$28.32	$17.56	$16.99	
87808	Q	TRICHOMONAS ASSAY W/OPTIC				Medicare	$28.32	$17.56	$16.99	

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87809	Q	ADENOVIRUS ASSAY W/OPTIC				Medicare	$28.32	$17.56	$16.99	
87810	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; CHY				Medicare	$28.32	$17.56	$16.99	
87850	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; N.G				Medicare	$28.32	$17.56	$16.99	
87880	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; STR				Medicare	$28.32	$17.56	$16.99	
87899	Q	INFEC. AGENT ANTIGEN DETEC/ASSAY W/OPTIC OBSERV; NOS				Medicare	$28.32	$17.56	$16.99	
87900	Q	PHENOTYPE INFECT AGENT DRUG				Medicare	$294.58	$182.64	$176.75	
87901	Q	GENOTYPE DNA HIV REVERSE T				Medicare	$607.73	$376.79	$364.64	
87902	Q	GENOTYPE DNA HEPATITIS C				Medicare	$607.73	$376.79	$364.64	
87903	Q	PHENOTYPE DNA HIV W/CULTURE				Medicare	$1,153.50	$715.17	$692.10	
87904	Q	PHENOTYPE DNA HIV W/CLT ADD				Medicare	$58.92	$36.53	$35.35	
87905	Q	SIALIDASE ENZYME ASSAY				Medicare	$28.85	$17.89	$17.31	
87906	Q	GENOTYPE DNA HIV REVERSE T				Medicare	$303.87	$188.40	$182.32	
87999	M	MICROBIOLOGY PROCEDURE				By Report	$0.00			
88000	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	$0.00			
88005	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	$0.00			
88007	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	$0.00			
88012	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	$0.00			
88014	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	$0.00			
88016	E	AUTOPSY (NECROPSY) GROSS				Not Allowed	$0.00			
88020	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	$0.00			
88025	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	$0.00			
88027	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	$0.00			
88028	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	$0.00			
88029	E	AUTOPSY (NECROPSY) COMPLETE				Not Allowed	$0.00			
88036	E	NECROPSY (AUTOPSY) LIMITED GROSS AND/OR MICROSCOP				Not Allowed	$0.00			
88037	E	NECROPSY (AUTOPSY) LIMITED GROSS AND/OR MICROSCOP				Not Allowed	$0.00			
88040	E	NECROPSY (AUTOPSY);				Not Allowed	$0.00			
88045	E	CORONERS AUTOPSY (NECROPSY)				Not Allowed	$0.00			
88099	E	NECROPSY (AUTOPSY) PROCEDURE				Not Allowed	$0.00			
88104	X	CYTOPATH FL NONGYN SMEARS		0433	0.2441	APC	$12.35			
88106	X	CYTOPATH FL NONGYN FILTER		0433	0.2441	APC	$12.35			
88108	X	CYTOPATH CONCENTRATE TECH		0433	0.2441	APC	$12.35			
88112	X	CYTOPATH CELL ENHANCE TECH		0343	0.5262	APC	$26.63			
88120	X	CYTP URNE 3-5 PROBES EA SPEC		0344	0.8243	APC	$41.72			
88121	X	CYTP URINE 3-5 PROBES CMPTR		0344	0.8243	APC	$41.72			
88125	X	FORENSIC CYTOPATHOLOGY		0433	0.2441	APC	$12.35			
88130	Q	SEX CHROMATIN IDENTIFICATION				Medicare	$35.53	$22.03	$21.32	
88140	Q	SEX CHROMATIN IDENTIFICATION				Medicare	$18.87	$11.70	$11.32	
88141	N	CYTOPATH C/V INTERPRET				Bundled	$0.00			
88142	Q	CYTOPATH C/V THIN LAYER				Medicare	$47.83	$29.65	$28.70	
88143	Q	CYTOPATH C/V THIN LAYER REDO				Medicare	$47.83	$29.65	$28.70	
88147	Q	CYTOPATH C/V AUTOMATED				Medicare	$26.87	$16.66	$16.12	
88148	Q	CYTOPATH C/V AUTO RESCREEN				Medicare	$35.88	$22.25	$21.53	
88150	Q	CYTOPATH C/V MANUAL				Medicare	$24.95	$15.47	$14.97	
88152	Q	CYTOPATH C/V AUTO REDO				Medicare	$24.95	$15.47	$14.97	
88153	Q	CYTOPATH C/V REDO				Medicare	$24.95	$15.47	$14.97	
88154	Q	CYTOPATH C/V SELECT				Medicare	$24.95	$15.47	$14.97	
88155	Q	CYTOPATH C/V INDEX ADD-ON				Medicare	$14.15	$8.77	$8.49	
88160	X	CYTOPATH SMEAR OTHER SOURCE		0433	0.2441	APC	$12.35			
88161	X	CYTOPATH SMEAR OTHER SOURCE		0433	0.2441	APC	$12.35			
88162	X	CYTOPATH SMEAR OTHER SOURCE		0343	0.5262	APC	$26.63			
88164	Q	CYTOPATH TBS C/V MANUAL				Medicare	$24.95	$15.47	$14.97	
88165	Q	CYTOPATH TBS C/V REDO				Medicare	$24.95	$15.47	$14.97	
88166	Q	CYTOPATH TBS C/V AUTO REDO				Medicare	$24.95	$15.47	$14.97	
88167	Q	CYTOPATH TBS C/V SELECT				Medicare	$24.95	$15.47	$14.97	
88172	X	CYTOPATHOLOGY EVAL OF FNA		0433	0.2441	APC	$12.35			

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88173	X	CYTOPATH EVAL FNA REPORT		0343	0.5262	APC	$26.63			
88174	Q	CYTOPATH C/V AUTO IN FLUID				Medicare	$50.43	$31.27	$30.26	
88175	Q	CYTOPATH C/V AUTO FLUID REDO				Medicare	$62.53	$38.77	$37.52	
88177	X	CYTP FNA EVAL EA ADDL		0342	0.1595	APC	$8.07			
88182	X	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS		0343	0.5262	APC	$26.63			
88184	X	FLOWCYTOMETRY/ TC 1 MARKER		0433	0.2441	APC	$12.35			
88185	X	FLOWCYTOMETRY/TC ADD-ON		0433	0.2441	APC	$12.35			
88187	X	FLOWCYTOMETRY/READ 2-8		0342	0.1595	APC	$8.07			
88188	X	FLOWCYTOMETRY/READ 9-15		0343	0.5262	APC	$26.63			
88189	X	FLOWCYTOMETRY/READ 16 & >		0343	0.5262	APC	$26.63			
88199	X	UNLISTED CYTOPATHOLOGY PROCEDURE		0342	0.1595	APC	$8.07			
88230	Q	TISSUE CULTURE LYMPHOCYTE				Medicare	$275.02	$170.51	$165.01	
88233	Q	TISSUE CULTURE SKIN/BIOPSY				Medicare	$332.22	$205.98	$199.33	
88235	Q	TISSUE CULTURE PLACENTA				Medicare	$347.62	$215.52	$208.57	
88237	Q	TISSUE CULTURE BONE MARROW				Medicare	$298.17	$184.87	$178.90	
88239	Q	TISSUE CULTURE TUMOR				Medicare	$348.25	$215.92	$208.95	
88240	Q	CRYOPRESERVATION FREEZING & STORAGE OF CELLS EA C				Medicare	$23.83	$14.77	$14.30	
88241	Q	THAWING AND EXPANSION OF FROZEN CELLS EACH ALIQUO				Medicare	$23.83	$14.77	$14.30	
88245	Q	CHROMOSOME ANALYSIS 20-25				Medicare	$351.42	$217.88	$210.85	
88248	Q	CHROMOSOME ANALYSIS 50-100				Medicare	$408.80	$253.46	$245.28	
88249	Q	CHROMOSOME ANALYSIS 100				Medicare	$408.80	$253.46	$245.28	
88261	Q	CHROMOSOME ANALYSIS 5				Medicare	$417.20	$258.66	$250.32	
88262	Q	CHROMOSOME ANALYSIS 15-20				Medicare	$294.23	$182.42	$176.54	
88263	Q	CHROMOSOME ANALYSIS 45				Medicare	$354.77	$219.96	$212.86	
88264	Q	CHROMOSOME ANALYSIS 20-25				Medicare	$294.23	$182.42	$176.54	
88267	Q	CHROMOSOME ANALYS PLACENTA				Medicare	$424.37	$263.11	$254.62	
88269	Q	CHROMOSOME ANALYS AMNIOTIC				Medicare	$392.63	$243.43	$235.58	
88271	Q	CYTOGENETICS DNA PROBE				Medicare	$34.17	$21.19	$20.50	
88272	Q	CYTOGENETICS 3-5				Medicare	$42.73	$26.49	$25.64	
88273	Q	CYTOGENETICS 10-30				Medicare	$59.80	$37.08	$35.88	
88274	Q	CYTOGENETICS 25-99				Medicare	$68.32	$42.36	$40.99	
88275	Q	CYTOGENETICS 100-300				Medicare	$76.88	$47.67	$46.13	
88280	Q	CHROMOSOME ANALYSIS; ADDITIONAL KAROTYPES EACH ST				Medicare	$59.25	$36.74	$35.55	
88283	Q	CHROMOSOME ANALYSIS;ADDITIONAL SPECIALIZED BANDING				Medicare	$43.80	$27.16	$26.28	
88285	Q	CHROMOSOME COUNT ADDITIONAL				Medicare	$44.85	$27.81	$26.91	
88289	Q	CHROMOSOME STUDY ADDITIONAL				Medicare	$7.52	$4.66	$4.51	
88291	E	CYTO/MOLECULAR REPORT				Not Allowed	$0.00			
88299	X	UNLISTED CYTOGENETIC STUDY		0342	0.1595	APC	$8.07			
88300	X	SURGICAL PATH GROSS		0342	0.1595	APC	$8.07			
88302	X	TISSUE EXAM BY PATHOLOGIST		0433	0.2441	APC	$12.35			
88304	X	TISSUE EXAM BY PATHOLOGIST		0343	0.5262	APC	$26.63			
88305	X	TISSUE EXAM BY PATHOLOGIST		0343	0.5262	APC	$26.63			
88307	X	TISSUE EXAM BY PATHOLOGIST		0344	0.8243	APC	$41.72			
88309	X	TISSUE EXAM BY PATHOLOGIST		0344	0.8243	APC	$41.72			
88311	X	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITI		0342	0.1595	APC	$8.07			
88312	X	SPECIAL STAINS		0433	0.2441	APC	$12.35			
88313	X	SPECIAL STAINS		0433	0.2441	APC	$12.35			
88314	X	HISTOCHEMICAL STAINS ADD-ON		0433	0.2441	APC	$12.35			
88319	X	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO I		0433	0.2441	APC	$12.35			
88321	X	MICROSLIDE CONSULTATION		0433	0.2441	APC	$12.35			
88323	X	MICROSLIDE CONSULTATION		0343	0.5262	APC	$26.63			
88325	X	COMPREHENSIVE REVIEW OF DATA		0344	0.8243	APC	$41.72			
88329	X	PATH CONSULT INTROP		0433	0.2441	APC	$12.35			
88331	X	PATH CONSULT INTRAOP 1 BLOC		0343	0.5262	APC	$26.63			
88332	X	PATH CONSULT INTRAOP, ADDL		0342	0.1595	APC	$8.07			
88333	X	INTRAOP CYTO PATH CONSULT 1		0433	0.2441	APC	$12.35			

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88334	X	INTRAOP CYTO PATH CONSULT 2		0433	0.2441	APC	$12.35			
88342	X	IMMUNOHISTOCHEMISTRY		0343	0.5262	APC	$26.63			
88346	X	IMMUNOFLUORESCENT STUDY EACH ANTIBODY; DIRECT ME		0343	0.5262	APC	$26.63			
88347	X	IMMUNOFLUORESCENT STUDY EACH ANTIBODY; INDIRECT M		0343	0.5262	APC	$26.63			
88348	X	ELECTRON MICROSCOPY		0661	2.3494	APC	$118.90			
88349	X	SCANNING ELECTRON MICROSCOPY		0661	2.3494	APC	$118.90			
88355	X	ANALYSIS SKELETAL MUSCLE		0343	0.5262	APC	$26.63			
88356	X	ANALYSIS NERVE		0344	0.8243	APC	$41.72			
88358	X	ANALYSIS TUMOR		0343	0.5262	APC	$26.63			
88360	X	SPECIAL WHOLE ORGAN SECT		0343	0.5262	APC	$26.63			
88361	X	TUMOR IMMUNOHISTOCHEM/COMPUT		0344	0.8243	APC	$41.72			
88362	X	NERVE TEASING PREPARATIONS		0344	0.8243	APC	$41.72			
88363	X	XM ARCHIVE TISSUE MOLEC ANAL		0342	0.1595	APC	$8.07			
88365	X	INSITU HYBRIDIZATION (FISH)		0344	0.8243	APC	$41.72			
88367	X	INSITU HYBRIDIZATION AUTO		0343	0.5262	APC	$26.63			
88368	X	INSITU HYBRIDIZATION MANUAL		0344	0.8243	APC	$41.72			
88371	Q	PROTEIN WESTERN BLOT TISSUE				Medicare	$29.22	$18.12	$17.53	
88372	Q	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT WITH INTE				Medicare	$43.82	$27.17	$26.29	
88380	E	MICRODISSECTION LASER				Not Allowed	$0.00			
88381	N	MICRODISSECTION MANUAL				Bundled	$0.00			
88384	X	EVAL MOLECULAR PROBES 11-50		0433	0.2441	APC	$12.35			
88385	X	EVAL MOLECUL PROBES 51-250		0343	0.5262	APC	$26.63			
88386	X	EVAL MOLECUL PROBES 251-500		0344	0.8243	APC	$41.72			
88387	N	TISS EXAM MOLECULAR STUDY				Bundled	$0.00			
88388	N	TISS EX MOLECUL STUDY ADD-ON				Bundled	$0.00			
88399	X	UNLISTED SURGICAL PATHOLOGY PROCEDURE		0342	0.1595	APC	$8.07			
88720	Q	BILIRUBIN TOTAL TRANSCUT				Medicare	$11.83	$7.33	$7.10	
88738	Q	HGB QUANT TRANSCUTANEOUS				Medicare	$11.83	$7.33	$7.10	
88740	Q	TRANSCUTANEOUS CARBOXYHB				Medicare	$11.83	$7.33	$7.10	
88741	Q	TRANSCUTANEOUS METHB				Medicare	$11.83	$7.33	$7.10	
88749	E	IN VIVO LAB SERVICE				Not Allowed	$0.00			
89049	X	CHCT FOR MAL HYPERTHERMIA		0342	0.1595	APC	$8.07			
89050	Q	BODY FLUID CELL COUNT				Medicare	$11.17	$6.93	$6.70	
89051	Q	CELL COUNT MISCELLANEOUS BODY FLUIDS (EG CSF JOINT				Medicare	$13.00	$8.06	$7.80	
89055	Q	LEUKOCYTE ASSESSMENT FECAL				Medicare	$10.08	$6.25	$6.05	
89060	Q	EXAM SYNOVIAL FLUID CRYSTALS				Medicare	$16.88	$10.47	$10.13	
89125	Q	FAT STAIN FECES URINE OR SPUTUM				Medicare	$10.18	$6.31	$6.11	
89160	Q	MEAT FIBERS FECES				Medicare	$8.70	$5.39	$5.22	
89190	Q	NASAL SMEAR FOR EOSINOPHILS				Medicare	$11.22	$6.96	$6.73	
89220	X	SPUTUM SPECIMEN COLLECTION		0433	0.2441	APC	$12.35			
89230	X	COLLECT SWEAT FOR TEST		0343	0.5262	APC	$26.63			
89240	X	PATHOLOGY LAB PROCEDURE		0342	0.1595	APC	$8.07			
89250	E	CULTR OOCYTE/EMBRYO <4 DAYS				Not Allowed	$0.00			
89251	E	CULTR OOCYTE/EMBRYO <4 DAYS				Not Allowed	$0.00			
89253	E	ASSISTED EMBRYO HATCHING MICROTECHNIQUES (ANY MET				Not Allowed	$0.00			
89254	E	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID				Not Allowed	$0.00			
89255	E	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)				Not Allowed	$0.00			
89257	E	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEI				Not Allowed	$0.00			
89258	E	CRYOPRESERVATION EMBRYO(S)				Not Allowed	$0.00			
89259	E	CRYOPRESERVATION SPERM				Not Allowed	$0.00			
89260	E	SPERM ISOLATION SIMPLE				Not Allowed	$0.00			
89261	E	SPERM ISOLATION COMPLEX				Not Allowed	$0.00			
89264	E	SPERM IDENTIFICATION FROM TESTIS TISSUE FRESH OR CR				Not Allowed	$0.00			
89268	E	INSEMINATION OF OOCYTES				Not Allowed	$0.00			
89272	E	EXTENDED CULTURE OF OOCYTES				Not Allowed	$0.00			
89280	E	ASSIST OOCYTE FERTILIZATION				Not Allowed	$0.00			

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89281	E	ASSIST OOCYTE FERTILIZATION				Not Allowed	$0.00			
89290	E	BIOPSY OOCYTE POLAR BODY				Not Allowed	$0.00			
89291	E	BIOPSY OOCYTE POLAR BODY				Not Allowed	$0.00			
89300	E	SEMEN ANALYSIS W/HUHNER				Not Allowed	$0.00			
89310	E	SEMEN ANALYSIS W/COUNT				Not Allowed	$0.00			
89320	E	SEMEN ANALYSIS COMPLETE				Not Allowed	$0.00			
89321	E	SEMEN ANAL SPERM DETECTION				Not Allowed	$0.00			
89322	E	SEMEN ANAL STRICT CRITERIA				Not Allowed	$0.00			
89325	E	SPERM ANTIBODIES				Not Allowed	$0.00			
89329	E	SPERM EVALUATION; HAMSTER PENETRATION TEST				Not Allowed	$0.00			
89330	E	EVALUATION CERVICAL MUCUS				Not Allowed	$0.00			
89331	E	RETROGRADE EJACULATION ANAL				Not Allowed	$0.00			
89335	E	CRYOPRESERVE TESTICULAR TISS				Not Allowed	$0.00			
89342	E	STORAGE/YEAR EMBRYO(S)				Not Allowed	$0.00			
89343	E	STORAGE/YEAR SPERM/SEMEN				Not Allowed	$0.00			
89344	E	STORAGE/YEAR REPROD TISSUE				Not Allowed	$0.00			
89346	E	STORAGE/YEAR OOCYTE(S)				Not Allowed	$0.00			
89352	E	THAWING CRYOPRESRVED EMBRYO				Not Allowed	$0.00			
89353	E	THAWING CRYOPRESRVED SPERM				Not Allowed	$0.00			
89354	E	THAW CRYOPRSVRD REPROD TISS				Not Allowed	$0.00			
89356	E	THAWING CRYOPRESRVED OOCYTE				Not Allowed	$0.00			
89398	E	UNLISTED REPROD MED LAB PROC				Not Allowed	$0.00			
90281	E	HUMAN IG IM				Not Allowed	$0.00			
90283	E	HUMAN IG IV				Not Allowed	$0.00			
90284	E	HUMAN IG SC				Not Allowed	$0.00			
90287	E	BOTULINUM ANTITOXIN				Not Allowed	$0.00			
90288	E	BOTULISM IG IV				Not Allowed	$0.00			
90291	E	CMV IG IV				Not Allowed	$0.00			
90296	E	DIPHTHERIA ANTITOXIN				Not Allowed	$0.00			
90371	K	HEP B IG IM		1630		APC	$110.92			
90375	K	RABIES IG IM/SC		9133		APC	$200.94			
90376	K	RABIES IG HEAT TREATED		9134		APC	$189.01			
90378	K	RSV MAB IM 50MG		9003		APC	$1,158.85			
90384	E	RH IG FULL-DOSE IM				Not Allowed	$0.00			
90385	N	RH IG MINIDOSE IM				Bundled	$0.00			
90386	E	RH IG IV				Not Allowed	$0.00			
90389	E	TETANUS IG IM				Not Allowed	$0.00			
90393	E	VACCINA IG IM				Not Allowed	$0.00			
90396	K	VARICELLA-ZOSTER IG IM		9135		APC	$94.01			
90399	E	IMMUNE GLOBULIN				Not Allowed	$0.00			
90460	E	IMADM ANY ROUTE 1ST VAC/TOX				Not Allowed	$0.00			
90461	E	INADM ANY ROUTE ADDL VAC/TOX				Not Allowed	$0.00			
90471	E	IMMUNIZATION ADMIN				Not Allowed	$0.00			
90472	E	IMMUNIZATION ADMIN EACH ADD				Not Allowed	$0.00			
90473	E	IMMUNE ADMIN ORAL/NASAL				Not Allowed	$0.00			
90474	E	IMMUNE ADMIN ORAL/NASAL ADDL				Not Allowed	$0.00			
90476	N	ADENOVIRUS VACCINE TYPE 4				Bundled	$0.00			
90477	E	ADENOVIRUS VACCINE TYPE 7				Not Allowed	$0.00			
90581	K	ANTHRAX VACCINE SC		1422		APC	$112.86			Y
90585	K	BCG VACCINE PERCUT		9137		APC	$112.87			
90586	M	BCG VACCINE INTRAVESICAL				Fee Schedule	$119.30			
90632	N	HEP A VACCINE ADULT IM				Bundled	$0.00			
90633	N	HEP A VACC PED/ADOL 2 DOSE				Bundled	$0.00			
90634	N	HEP A VACC PED/ADOL 3 DOSE				Bundled	$0.00			
90636	N	HEP A/HEP B VACC ADULT IM				Bundled	$0.00			
90644	E	HIB/MEN/TT VACCINE, IM				Not Allowed	$0.00			

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90645	N	HIB VACCINE HBOC IM				Bundled	$0.00			
90646	N	HIB VACCINE PRP-D IM				Bundled	$0.00			
90647	N	HIB VACCINE PRP-OMP IM				Bundled	$0.00			
90648	N	HIB VACCINE PRP-T IM				Bundled	$0.00			
90649	M	HPV VACCINE 4 VALENT IM				Fee Schedule	$130.27			
90650	M	HPV VACCINE 2 VALENT, IM				Fee Schedule	$128.75			
90654	M	FLU VACCINE NO PRESERV, ID				Fee Schedule	$16.45			
90655	M	FLU VACCINE 6-35 MO IM				Fee Schedule	$14.06			
90656	M	FLU VACCINE NO PRESERV 3 & >				Fee Schedule	$11.08			
90657	M	FLU VACCINE 3 YRS IM				Fee Schedule	$5.95			
90658	E	FLU VACCINE AGE 3 & OVER IM				Not Allowed	$0.00			
90660	M	FLU VACCINE NASAL				Fee Schedule	$19.97			
90661	E	FLU VACC CELL CULT PRSV FREE				Not Allowed	$0.00			
90662	M	FLU VACC PRSV FREE INC ANTIG				Fee Schedule	$27.67			
90664	E	FLU VACC PANDEMIC INTRANASAL				Not Allowed	$0.00			
90665	N	LYME DISEASE VACCINE IM				Bundled	$0.00			
90666	E	FLU VAC PANDEM PRSRV FREE IM				Not Allowed	$0.00			
90667	E	FLU VAC PANDEMIC ADJUVANT IM				Not Allowed	$0.00			
90668	E	FLU VAC PANDEMIC SPLT IM				Not Allowed	$0.00			
90669	E	PNEUMOCOCCAL VACC 7 VAL IM				Not Allowed	$0.00			
90670	M	PNEUMOCOCCAL VACC, 13 VAL IM				Fee Schedule	$123.24			
90675	K	RABIES VACCINE IM		9139		APC	$202.02			
90676	K	RABIES VACCINE ID		9140		APC	$146.53			
90680	N	ROTOVIRUS VACC 3 DOSE ORAL				Bundled	$0.00			
90681	K	ROTAVIRUS VACC 2 DOSE ORAL		1239		APC	$108.65			
90690	N	TYPHOID VACCINE ORAL				Bundled	$0.00			
90691	N	TYPHOID VACCINE IM				Bundled	$0.00			
90692	N	TYPHOID VACCINE H-P SC/ID				Bundled	$0.00			
90693	E	TYPHOID VACCINE AKD SC				Not Allowed	$0.00			
90696	N	DTAP-IPV VACC 4-6 YR IM				Bundled	$0.00			
90698	N	DTAP-HIB-IP VACCINE IM				Bundled	$0.00			
90700	N	DTAP VACCINE < 7 YRS IM				Bundled	$0.00			
90701	N	DTP VACCINE IM				Bundled	$0.00			
90702	N	DT VACCINE < 7 IM				Bundled	$0.00			
90703	N	TETANUS VACCINE IM				Bundled	$0.00			
90704	N	MUMPS VACCINE SC				Bundled	$0.00			
90705	N	MEASLES VACCINE SC				Bundled	$0.00			
90706	N	RUBELLA VACCINE SC				Bundled	$0.00			
90707	N	MMR VACCINE SC				Bundled	$0.00			
90708	N	MEASLES-RUBELLA VACCINE SC				Bundled	$0.00			
90710	N	MMRV VACCINE SC				Bundled	$0.00			
90712	N	ORAL POLIOVIRUS VACCINE				Bundled	$0.00			
90713	N	POLIOVIRUS IPV SC/IM				Bundled	$0.00			
90714	N	TD VACCINE NO PRSRV >/= 7 IM				Bundled	$0.00			
90715	N	TDAP VACCINE >7 IM				Bundled	$0.00			
90716	E	CHICKEN POX VACCINE SC				Not Allowed	$0.00			
90717	N	YELLOW FEVER VACCINE SC				Bundled	$0.00			
90718	N	TD VACCINE > 7 IM				Bundled	$0.00			
90719	N	DIPHTHERIA VACCINE IM				Bundled	$0.00			
90720	N	DTP/HIB VACCINE IM				Bundled	$0.00			
90721	N	DTAP/HIB VACCINE IM				Bundled	$0.00			
90723	M	DTAP-HEP B-IPV VACCINE IM				Fee Schedule	$0.00			
90725	E	CHOLERA VACCINE INJECTABLE				Not Allowed	$0.00			
90727	E	PLAGUE VACCINE IM				Not Allowed	$0.00			
90732	M	PNEUMOCOCCAL VACCINE				Fee Schedule	$58.85			
90733	K	MENINGOCOCCAL VACCINE SC		9143		APC	$112.88			

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90734	K	MENINGOCOCCAL VACCINE IM		9145		APC	$96.35			
90735	K	ENCEPHALITIS VACCINE SC		9144		APC	$100.15			
90736	M	ZOSTER VACC SC				Fee Schedule	$159.32			
90738	E	INACTIVATED JE VACC IM				Not Allowed	$0.00			
90740	M	HEPB VACC ILL PAT 3 DOSE IM				Fee Schedule	$106.85			
90743	M	HEP B VACC ADOL 2 DOSE IM				Fee Schedule	$21.67			
90744	M	HEPB VACC PED/ADOL 3 DOSE IM				Fee Schedule	$21.67			
90746	M	HEP B VACCINE ADULT IM				Fee Schedule	$53.42			
90747	M	HEPB VACC ILL PAT 4 DOSE IM				Fee Schedule	$106.85			
90748	M	HEP B/HIB VACCINE IM				Fee Schedule	$0.00			
90749	N	VACCINE TOXOID				Bundled	$0.00			
90801	N	PSY DX INTERVIEW		0323	1.5724	ed, may be payable in some circumsta	$79.58			
90802	N	INTAC PSY DX INTERVIEW		0323	1.5724	ed, may be payable in some circumsta	$79.58			
90804	N	PSYTX OFFICE 20-30 MIN		0322	1.1393	ed, may be payable in some circumsta	$57.66			
90805	N	PSYTX OFF 20-30 MIN W/E&M		0322	1.1393	ed, may be payable in some circumsta	$57.66			
90806	N	PSYTX OFF 45-50 MIN		0323	1.5724	ed, may be payable in some circumsta	$79.58			
90807	N	PSYTX OFF 45-50 MIN W/E&M		0323	1.5724	ed, may be payable in some circumsta	$79.58			
90808	N	PSYTX OFFICE 75-80 MIN		0323	1.5724	ed, may be payable in some circumsta	$79.58			
90809	N	PSYTX OFF 75-80 W/E&M		0323	1.5724	ed, may be payable in some circumsta	$79.58			
90810	N	INTAC PSYTX OFF 20-30 MIN		0322	1.1393	ed, may be payable in some circumsta	$57.66			
90811	N	INTAC PSYTX 20-30 W/E&M		0322	1.1393	ed, may be payable in some circumsta	$57.66			
90812	N	INTAC PSYTX OFF 45-50 MIN		0323	1.5724	ed, may be payable in some circumsta	$79.58			
90813	N	INTAC PSYTX 45-50 MIN W/E&M		0323	1.5724	ed, may be payable in some circumsta	$79.58			
90814	N	INTAC PSYTX OFF 75-80 MIN		0323	1.5724	ed, may be payable in some circumsta	$79.58			
90815	N	INTAC PSYTX 75-80 W/E&M		0323	1.5724	ed, may be payable in some circumsta	$79.58			
90816	N	PSYTX HOSP 20-30 MIN				Bundled	$0.00			
90817	N	PSYTX HOSP 20-30 MIN W/E&M				Bundled	$0.00			
90818	N	PSYTX HOSP 45-50 MIN				Bundled	$0.00			
90819	N	PSYTX HOSP 45-50 MIN W/E&M				Bundled	$0.00			
90821	N	PSYTX HOSP 75-80 MIN				Bundled	$0.00			
90822	N	PSYTX HOSP 75-80 MIN W/E&M				Bundled	$0.00			
90823	N	INTAC PSYTX HOSP 20-30 MIN				Bundled	$0.00			
90824	N	INTAC PSYTX HSP 20-30 W/E&M				Bundled	$0.00			
90826	N	INTAC PSYTX HOSP 45-50 MIN				Bundled	$0.00			
90827	N	INTAC PSYTX HSP 45-50 W/E&M				Bundled	$0.00			
90828	N	INTAC PSYTX HOSP 75-80 MIN				Bundled	$0.00			
90829	N	INTAC PSYTX HSP 75-80 W/E&M				Bundled	$0.00			
90845	N	PSYCHOANALYSIS		0323	1.5724	ed, may be payable in some circumsta	$79.58			
90846	N	FAMILY PSYTX W/O PATIENT		0324	1.8187	ed, may be payable in some circumsta	$92.04			
90847	N	FAMILY PSYTX W/PATIENT		0324	1.8187	ed, may be payable in some circumsta	$92.04			
90849	N	MULTIPLE FAMILY GROUP PSYTX		0325	0.8092	ed, may be payable in some circumsta	$40.95			
90853	N	GROUP PSYCHOTHERAPY		0325	0.8092	ed, may be payable in some circumsta	$40.95			
90857	N	INTAC GROUP PSYTX		0325	0.8092	ed, may be payable in some circumsta	$40.95			
90862	N	MEDICATION MANAGEMENT		0605	1.0309	ed, may be payable in some circumsta	$52.17			
90865	N	NARCOSYNTHESIS		0323	1.5724	ed, may be payable in some circumsta	$79.58			
90867	S	TCRANIAL MAGN STIM TX PLAN		0218	1.2024	APC	$60.85			
90868	S	TCRANIAL MAGN STIM TX DELI		0218	1.2024	APC	$60.85			
90869	S	TCRAN MAGN STIM REDETEMINE		0218	1.2024	APC	$60.85			
90870	S	ELECTROCONVULSIVE THERAPY		0320	5.9706	APC	$302.17			
90875	E	PSYCHOPHYSIOLOGICAL THERAPY				Not Allowed	$0.00			
90876	E	PSYCHOPHYSIOLOGICAL THERAPY				Not Allowed	$0.00			
90880	N	HYPNOTHERAPY		0323	1.5724	ed, may be payable in some circumsta	$79.58			
90882	E	ENVIRONMENTAL MANIPULATION				Not Allowed	$0.00			
90885	N	PSY EVALUATION OF RECORDS				Bundled	$0.00			
90887	N	CONSULTATION WITH FAMILY				Bundled	$0.00			
90889	N	PREPARATION OF REPORT				Bundled	$0.00			

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90899	N	PSYCHIATRIC SERVICE/THERAPY		0322	1.1393	ed, may be payable in some circumsta	$57.66			
90901	M	BIOFEEDBACK TRAIN ANY METH				Fee Schedule	$19.15			
90911	T	BIOFEEDBACK PERI/URO/RECTAL		0126	1.1092	APC	$56.14			
90935	S	HEMODIALYSIS ONE EVALUATION		0170	6.6871	APC	$338.43			
90937	M	HEMODIALYSIS REPEATED EVAL				Fee Schedule	$0.00			
90940	N	HEMODIALYSIS ACCESS STUDY				Bundled	$0.00			
90945	V	DIALYSIS ONE EVALUATION		0608	2.5232	APC	$127.70			
90947	M	DIALYSIS REPEATED EVAL				Fee Schedule	$0.00			
90951	E	ESRD SERV 4 VISITS P MO <2				Not Allowed	$0.00			
90952	E	ESRD SERV 2-3 VSTS P MO <2				Not Allowed	$0.00			
90953	E	ESRD SERV 1 VISIT P MO <2				Not Allowed	$0.00			
90954	E	ESRD SERV 4 VSTS P MO 2-11				Not Allowed	$0.00			
90955	E	ESRD SRV 2-3 VSTS P MO 2-11				Not Allowed	$0.00			
90956	E	ESRD SRV 1 VISIT P MO 2-11				Not Allowed	$0.00			
90957	E	ESRD SRV 4 VSTS P MO 12-19				Not Allowed	$0.00			
90958	E	ESRD SRV 2-3 VSTS P MO 12-19				Not Allowed	$0.00			
90959	E	ESRD SERV 1 VST P MO 12-19				Not Allowed	$0.00			
90960	E	ESRD SRV 4 VISITS P MO 20+				Not Allowed	$0.00			
90961	E	ESRD SRV 2-3 VSTS P MO 20+				Not Allowed	$0.00			
90962	E	ESRD SERV 1 VISIT P MO 20+				Not Allowed	$0.00			
90963	E	ESRD HOME PT SERV P MO <2				Not Allowed	$0.00			
90964	E	ESRD HOME PT SERV P MO 2-11				Not Allowed	$0.00			
90965	E	ESRD HOME PT SERV P MO 12-19				Not Allowed	$0.00			
90966	E	ESRD HOME PT SERV P MO 20+				Not Allowed	$0.00			
90967	E	ESRD HOME PT SERV P DAY <2				Not Allowed	$0.00			
90968	E	ESRD HOME PT SRV P DAY 2-11				Not Allowed	$0.00			
90969	E	ESRD HOME PT SRV P DAY 12-19				Not Allowed	$0.00			
90970	E	ESRD HOME PT SERV P DAY 20+				Not Allowed	$0.00			
90989	M	DIALYSIS TRAINING COMPLETE				Fee Schedule	$0.00			
90993	M	DIALYSIS TRAINING INCOMPL				Fee Schedule	$0.00			
90997	M	HEMOPERFUSION				Fee Schedule	$0.00			
90999	M	DIALYSIS PROCEDURE				Fee Schedule	$0.00			
91010	X	ESOPHAGEAL MOTILITY STUDY;		0361	4.0825	APC	$206.62			
91013	X	ESOPHGL MOTIL W/STIM/PERFUS		0361	4.0825	APC	$206.62			
91020	X	GASTRIC MOTILITY STUDIES		0361	4.0825	APC	$206.62			
91022	X	DUODENAL MOTILITY STUDY		0361	4.0825	APC	$206.62			
91030	X	ACID PERFUSION OF ESOPHAGUS		0361	4.0825	APC	$206.62			
91034	X	GASTROESOPHAGEAL REFLUX TEST		0361	4.0825	APC	$206.62			
91035	X	G-ESOPH REFLX TST W/ELECTROD		0361	4.0825	APC	$206.62			
91037	X	ESOPH IMPED FUNCTION TEST		0360	1.7010	APC	$86.09			
91038	X	ESOPH IMPED FUNCT TEST > 1H		0361	4.0825	APC	$206.62			
91040	X	ESOPH BALLOON DISTENSION TST		0360	1.7010	APC	$86.09			
91065	X	BREATH HYDROGEN TEST		0360	1.7010	APC	$86.09			
91110	T	GI TRACT CAPSULE ENDOSCOPY		0142	10.3443	APC	$523.53			
91111	T	ESOPHAGEAL CAPSULE ENDOSCOPY		0419	12.6565	APC	$640.55			
91117	T	COLON MOTILITY 6 HR STUDY		0156	3.1880	APC	$161.34			
91120	T	RECTAL SENSATION TEST		0126	1.1092	APC	$56.14			
91122	T	ANAL PRESSURE RECORD		0156	3.1880	APC	$161.34			
91132	X	ELECTROGASTROGRAPHY		0360	1.7010	APC	$86.09			
91133	X	ELECTROGASTROGRAPHY W/TEST		0360	1.7010	APC	$86.09			
91299	X	GASTROENTEROLOGY PROCEDURE		0360	1.7010	APC	$86.09			
92002	V	EYE EXAM NEW PATIENT		0606	1.3597	APC	$68.81			
92004	V	EYE EXAM NEW PATIENT		0606	1.3597	APC	$68.81			
92012	V	EYE EXAM ESTABLISHED PAT		0605	1.0309	APC	$52.17			
92014	V	EYE EXAM & TREATMENT		0605	1.0309	APC	$52.17			
92015	E	REFRACTION				Not Allowed	$0.00			

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92018	T	NEW EYE EXAM & TREATMENT		0699	15.4516	APC	$782.01			
92019	T	EYE EXAM & TREATMENT		0699	15.4516	APC	$782.01			
92020	S	SPECIAL EYE EVALUATION		0230	0.6423	APC	$32.51			
92025	S	CORNEAL TOPOGRAPHY		0230	0.6423	APC	$32.51			
92060	S	SPECIAL EYE EVALUATION		0230	0.6423	APC	$32.51			
92065	S	ORTHOPTIC/PLEOPTIC TRAINING		0230	0.6423	APC	$32.51			
92071	N	CONTACT LENS FITTING FOR TX				Bundled	$0.00			
92072	N	FIT CONTAC LENS FOR MANAGMNT				Bundled	$0.00			
92081	S	VISUAL FIELD EXAMINATION(S)		0230	0.6423	APC	$32.51			
92082	S	VISUAL FIELD EXAMINATION(S)		0230	0.6423	APC	$32.51			
92083	S	VISUAL FIELD EXAMINATION(S)		0698	1.0587	APC	$53.58			
92100	N	SERIAL TONOMETRY EXAM(S)				Bundled	$0.00			
92132	S	CMPTR OPHTH DX IMG ANT SEGMT		0230	0.6423	APC	$32.51			
92133	S	CMPTR OPHTH IMG OPTIC NERVE		0230	0.6423	APC	$32.51			
92134	S	CPTR OPHTH DX IMG POST SEGMT		0230	0.6423	APC	$32.51			
92136	S	OPHTHALMIC BIOMETRY		0698	1.0587	APC	$53.58			
92140	S	GLAUCOMA PROVOCATIVE TESTS		0230	0.6423	APC	$32.51			
92225	S	SPECIAL EYE EXAM INITIAL		0230	0.6423	APC	$32.51			
92226	S	SPECIAL EYE EXAM SUBSEQUENT		0230	0.6423	APC	$32.51			
92227	X	REMOTE DX RETINAL IMAGING		0035	0.2691	APC	$13.62			
92228	X	REMOTE RETINAL IMAGING MGMT		0035	0.2691	APC	$13.62			
92230	S	EYE EXAM WITH PHOTOS		0698	1.0587	APC	$53.58			
92235	S	EYE EXAM WITH PHOTOS		0231	2.0291	APC	$102.69			
92240	S	ICG ANGIOGRAPHY		0231	2.0291	APC	$102.69			
92250	S	EYE EXAM WITH PHOTOS		0230	0.6423	APC	$32.51			
92260	S	OPHTHALMOSCOPY/DYNAMOMETRY		0230	0.6423	APC	$32.51			
92265	S	EYE MUSCLE EVALUATION		0230	0.6423	APC	$32.51			
92270	S	ELECTRO-OCULOGRAPHY		0230	0.6423	APC	$32.51			
92275	S	ELECTRORETINOGRAPHY		0231	2.0291	APC	$102.69			
92283	S	COLOR VISION EXAMINATION		0230	0.6423	APC	$32.51			
92284	S	DARK ADAPTATION EYE EXAM		0230	0.6423	APC	$32.51			
92285	S	EYE PHOTOGRAPHY		0230	0.6423	APC	$32.51			
92286	S	INTERNAL EYE PHOTOGRAPHY		0698	1.0587	APC	$53.58			
92287	S	INTERNAL EYE PHOTOGRAPHY		0698	1.0587	APC	$53.58			
92310	E	CONTACT LENS FITTING				Not Allowed	$0.00			
92311	E	CONTACT LENS FITTING				Not Allowed	$0.00			
92312	E	CONTACT LENS FITTING				Not Allowed	$0.00			
92313	E	CONTACT LENS FITTING				Not Allowed	$0.00			
92314	E	PRESCRIPTION OF CONTACT LENS				Not Allowed	$0.00			
92315	E	PRESCRIPTION OF CONTACT LENS				Not Allowed	$0.00			
92316	E	PRESCRIPTION OF CONTACT LENS				Not Allowed	$0.00			
92317	E	PRESCRIPTION OF CONTACT LENS				Not Allowed	$0.00			
92325	E	MODIFICATION OF CONTACT LENS				Not Allowed	$0.00			
92326	E	REPLACEMENT OF CONTACT LENS				Not Allowed	$0.00			
92340	E	FITTING OF SPECTACLES				Not Allowed	$0.00			
92341	E	FITTING OF SPECTACLES				Not Allowed	$0.00			
92342	E	FITTING OF SPECTACLES				Not Allowed	$0.00			
92352	E	SPECIAL SPECTACLES FITTING				Not Allowed	$0.00			
92353	E	SPECIAL SPECTACLES FITTING				Not Allowed	$0.00			
92354	E	SPECIAL SPECTACLES FITTING				Not Allowed	$0.00			
92355	E	SPECIAL SPECTACLES FITTING				Not Allowed	$0.00			
92358	S	EYE PROSTHESIS SERVICE		0230	0.6423	APC	$32.51			
92370	E	REPAIR & ADJUST SPECTACLES				Not Allowed	$0.00			
92371	E	REPAIR & ADJUST SPECTACLES				Not Allowed	$0.00			
92499	S	EYE SERVICE OR PROCEDURE		0230	0.6423	APC	$32.51			
92502	T	EAR AND THROAT EXAMINATION		0251	3.1145	APC	$157.62			

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92504	N	EAR MICROSCOPY EXAMINATION				Bundled	$0.00			
92506	Y	SPEECH/HEARING EVALUATION				Fee Schedule	$112.43			
92507	Y	SPEECH/HEARING THERAPY				Fee Schedule	$51.00			
92508	Y	SPEECH/HEARING THERAPY				Fee Schedule	$15.28			
92511	T	NASOPHARYNGOSCOPY		0071	1.0751	APC	$54.41			
92512	X	NASAL FUNCTION STUDIES		0363	0.9893	APC	$50.07			
92516	X	FACIAL NERVE FUNCTION TEST		0363	0.9893	APC	$50.07			
92520	X	LARYNGEAL FUNCTION STUDIES		0660	1.8633	APC	$94.30			
92526	Y	ORAL FUNCTION THERAPY				Fee Schedule	$56.55			
92531	N	SPONTANEOUS NYSTAGMUS STUDY				Bundled	$0.00			
92532	N	POSITIONAL NYSTAGMUS TEST				Bundled	$0.00			
92533	N	CALORIC VESTIBULAR TEST				Bundled	$0.00			
92534	N	OPTOKINETIC NYSTAGMUS TEST				Bundled	$0.00			
92540	X	BSC VSTBLR EVALUATION		0660	1.8633	APC	$94.30			
92541	X	SPONTANEOUS NYSTAGMUS TEST		0363	0.9893	APC	$50.07			
92542	X	POSITIONAL NYSTAGMUS TEST		0363	0.9893	APC	$50.07			
92543	X	CALORIC VESTIBULAR TEST		0660	1.8633	APC	$94.30			
92544	X	OPTOKINETIC NYSTAGMUS TEST		0363	0.9893	APC	$50.07			
92545	X	OSCILLATING TRACKING TEST		0363	0.9893	APC	$50.07			
92546	X	TORSION SWING RECORDING		0660	1.8633	APC	$94.30			
92547	N	SUPPLEMENTAL ELECTRICAL TEST				Bundled	$0.00			
92548	X	POSTUROGRAPHY		0660	1.8633	APC	$94.30			
92550	X	TYMPANOMETRY & REFLEX THRESH		0364	0.4910	APC	$24.85			
92551	M	PURE TONE HEARING TEST AIR				Fee Schedule	$11.18			
92552	X	PURE TONE AUDIOMETRY AIR		0364	0.4910	APC	$24.85			
92553	X	AUDIOMETRY AIR & BONE		0365	1.2172	APC	$61.60			
92555	X	SPEECH THRESHOLD AUDIOMETRY		0364	0.4910	APC	$24.85			
92556	X	SPEECH AUDIOMETRY COMPLETE		0364	0.4910	APC	$24.85			
92557	X	COMPREHENSIVE HEARING TEST		0365	1.2172	APC	$61.60			
92558	E	EVOKED AUDITORY TEST QUAL				Not Allowed	$0.00			
92559	E	GROUP AUDIOMETRIC TESTING				Not Allowed	$0.00			
92560	E	BEKESY AUDIOMETRY SCREEN				Not Allowed	$0.00			
92561	X	BEKESY AUDIOMETRY DIAGNOSIS		0365	1.2172	APC	$61.60			
92562	X	LOUDNESS BALANCE TEST		0364	0.4910	APC	$24.85			
92563	X	TONE DECAY HEARING TEST		0364	0.4910	APC	$24.85			
92564	X	SISI HEARING TEST		0364	0.4910	APC	$24.85			
92565	X	STENGER TEST PURE TONE		0364	0.4910	APC	$24.85			
92567	X	TYMPANOMETRY		0364	0.4910	APC	$24.85			
92568	X	ACOUSTIC REFL THRESHOLD TST		0364	0.4910	APC	$24.85			
92570	X	ACOUSTIC IMMITANCE TESTING		0365	1.2172	APC	$61.60			
92571	X	FILTERED SPEECH HEARING TEST		0364	0.4910	APC	$24.85			
92572	X	STAGGERED SPONDAIC WORD TEST		0366	1.6862	APC	$85.34			
92575	X	SENSORINEURAL ACUITY TEST		0364	0.4910	APC	$24.85			
92576	X	SYNTHETIC SENTENCE TEST		0364	0.4910	APC	$24.85			
92577	X	STENGER TEST SPEECH		0366	1.6862	APC	$85.34			
92579	X	VISUAL AUDIOMETRY (VRA)		0365	1.2172	APC	$61.60			
92582	X	CONDITIONING PLAY AUDIOMETRY		0365	1.2172	APC	$61.60			
92583	X	SELECT PICTURE AUDIOMETRY		0364	0.4910	APC	$24.85			
92584	S	ELECTROCOCHLEOGRAPHY		0216	2.6461	APC	$133.92			
92585	S	AUDITOR EVOKE POTENT COMPRE		0216	2.6461	APC	$133.92			
92586	S	AUDITOR EVOKE POTENT LIMIT		0218	1.2024	APC	$60.85			
92587	X	EVOKED AUDITORY TEST		0363	0.9893	APC	$50.07			
92588	X	EVOKED AUDITORY TEST		0363	0.9893	APC	$50.07			
92590	E	HEARING AID EXAM ONE EAR				Not Allowed	$0.00			
92591	E	HEARING AID EXAM BOTH EARS				Not Allowed	$0.00			
92592	E	HEARING AID CHECK ONE EAR				Not Allowed	$0.00			

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92593	E	HEARING AID CHECK BOTH EARS				Not Allowed	$0.00			
92594	E	ELECTRO HEARNG AID TEST ONE				Not Allowed	$0.00			
92595	E	ELECTRO HEARNG AID TST BOTH				Not Allowed	$0.00			
92596	X	EAR PROTECTOR EVALUATION		0364	0.4910	APC	$24.85			
92597	Y	ORAL SPEECH DEVICE EVAL				Fee Schedule	$56.55			
92601	X	COCHLEAR IMPLT F/UP EXAM < 7		0366	1.6862	APC	$85.34			
92602	X	REPROGRAM COCHLEAR IMPLT < 7		0366	1.6862	APC	$85.34			
92603	X	COCHLEAR IMPLT F/UP EXAM 7 >		0366	1.6862	APC	$85.34			
92604	X	REPROGRAM COCHLEAR IMPLT 7 >		0366	1.6862	APC	$85.34			
92605	M	EVAL FOR NONSPEECH DEVICE RX				Fee Schedule	$0.00			
92606	N	NON-SPEECH DEVICE SERVICE				Bundled	$0.00			
92607	Y	EX FOR SPEECH DEVICE RX 1HR				Fee Schedule	$97.06			
92608	Y	EX FOR SPEECH DEVICE RX ADDL				Fee Schedule	$31.29			
92609	Y	USE OF SPEECH DEVICE SERVICE				Fee Schedule	$68.80			
92610	Y	EVALUATE SWALLOWING FUNCTION				Fee Schedule	$45.69			
92611	Y	MOTION FLUOROSCOPY/SWALLOW				Fee Schedule	$66.97			
92612	M	ENDOSCOPY SWALLOW TST (FEES)				Fee Schedule	$45.92			
92613	E	ENDOSCOPY SWALLOW TST (FEES)				Not Allowed	$0.00			
92614	M	LARYNGOSCOPIC SENSORY TEST				Fee Schedule	$46.38			
92615	E	EVAL LARYNGOSCOPY SENSE TST				Not Allowed	$0.00			
92616	M	FEES W/LARYNGEAL SENSE TEST				Fee Schedule	$67.71			
92617	E	INTERPRT FEES/LARYNGEAL TEST				Not Allowed	$0.00			
92618	E	EX FOR NONSPEECH DEV RX ADD				Not Allowed	$0.00			
92620	X	AUDITORY FUNCTION 60 MIN		0365	1.2172	APC	$61.60			
92621	N	AUDITORY FUNCTION + 15 MIN				Bundled	$0.00			
92625	X	TINNITUS ASSESSMENT		0365	1.2172	APC	$61.60			
92626	X	EVAL AUD REHAB STATUS		0366	1.6862	APC	$85.34			
92627	N	EVAL AUD STATUS REHAB ADD-ON				Bundled	$0.00			
92630	E	AUD REHAB PRE-LING HEAR LOSS				Not Allowed	$0.00			
92633	E	AUD REHAB POSTLING HEAR LOSS				Not Allowed	$0.00			
92640	X	AUD BRAINSTEM IMPLT PROGRAMG		0365	1.2172	APC	$61.60			
92700	X	ENT PROCEDURE/SERVICE		0364	0.4910	APC	$24.85			
92950	S	HEART/LUNG RESUSCITATION CPR		0094	2.2313	APC	$112.93			
92953	N	TEMPORARY EXTERNAL PACING		0094	2.2313	ed, may be payable in some circumst	$112.93			
92960	S	CARDIOVERSION ELECTRIC EXT		0679	5.3353	APC	$270.02			
92961	S	CARDIOVERSION ELECTRIC INT		0679	5.3353	APC	$270.02			
92970	C	CARDIOASSIST INTERNAL				Inpatient Only	$0.00			
92971	C	CARDIOASSIST EXTERNAL				Inpatient Only	$0.00			
92973	T	PERCUT CORONARY THROMBECTOMY		0088	41.0473	APC	$2,077.40			
92974	T	CATH PLACE CARDIO BRACHYTX		0103	16.4097	APC	$830.49			
92975	C	DISSOLVE CLOT HEART VESSEL				Inpatient Only	$0.00			
92977	T	DISSOLVE CLOT HEART VESSEL		0676	2.3059	APC	$116.70			
92978	N	INTRAVASC US HEART ADD-ON				Bundled	$0.00			
92979	N	INTRAVASC US HEART ADD-ON				Bundled	$0.00			
92980	T	INSERT INTRACORONARY STENT		0104	81.3305	APC	$4,116.14			
92981	T	INSERT INTRACORONARY STENT		0104	81.3305	APC	$4,116.14			
92982	T	CORONARY ARTERY DILATION		0083	66.0408	APC	$3,342.32			
92984	T	CORONARY ARTERY DILATION		0083	66.0408	APC	$3,342.32			
92986	T	REVISION OF AORTIC VALVE		0083	66.0408	APC	$3,342.32			
92987	T	REVISION OF MITRAL VALVE		0083	66.0408	APC	$3,342.32			
92990	T	REVISION OF PULMONARY VALVE		0083	66.0408	APC	$3,342.32			
92992	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			
92993	C	REVISION OF HEART CHAMBER				Inpatient Only	$0.00			
92995	T	CORONARY ATHERECTOMY		0082	105.1880	APC	$5,323.56			
92996	T	CORONARY ATHERECTOMY ADD-ON		0082	105.1880	APC	$5,323.56			
92997	T	PUL ART BALLOON REPR PERCUT		0083	66.0408	APC	$3,342.32			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
92998	T	PUL ART BALLOON REPR PERCUT		0083	66.0408	APC	$3,342.32			
93000	M	ELECTROCARDIOGRAM COMPLETE				Fee Schedule	$0.00			
93005	S	ELECTROCARDIOGRAM TRACING		0099	0.3823	APC	$19.35			
93010	M	ELECTROCARDIOGRAM REPORT				Fee Schedule	$0.00			
93015	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	$0.00			
93016	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	$0.00			
93017	X	CARDIOVASCULAR STRESS TEST		0100	2.5475	APC	$128.93			
93018	M	CARDIOVASCULAR STRESS TEST				Fee Schedule	$0.00			
93024	X	CARDIAC DRUG STRESS TEST		0100	2.5475	APC	$128.93			
93025	X	MICROVOLT T-WAVE ASSESS		0100	2.5475	APC	$128.93			
93040	M	RHYTHM ECG WITH REPORT				Fee Schedule	$0.00			
93041	X	RHYTHM ECG TRACING		0035	0.2691	APC	$13.62			
93042	M	RHYTHM ECG REPORT				Fee Schedule	$0.00			
93224	M	ECG MONITOR/REPORT, 24 HRS				Fee Schedule	$0.00			
93225	S	ECG MONITOR/RECORD 24 HRS		0097	0.9348	APC	$47.31			
93226	S	ECG MONITOR/REPORT 24 HRS		0097	0.9348	APC	$47.31			
93227	M	ECG MONITOR/REVIEW, 24 HRS				Fee Schedule	$0.00			
93228	E	REMOTE 30 DAY ECG REV/REPORT				Not Allowed	$0.00			
93229	S	REMOTE 30 DAY ECG TECH SUPP		0209	11.3584	APC	$574.85			
93268	M	ECG RECORD/REVIEW				Fee Schedule	$0.00			
93270	S	ECG RECORDING		0097	0.9348	APC	$47.31			
93271	S	ECG/MONITORING AND ANALYSIS		0692	1.6021	APC	$81.08			
93272	M	ECG/REVIEW, INTERPRET ONLY				Fee Schedule	$0.00			
93278	X	ECG/SIGNAL-AVERAGED		0035	0.2691	APC	$13.62			
93279	S	PM DEVICE PROGR EVAL SNGL		0690	0.4928	APC	$24.94			
93280	S	PM DEVICE PROGR EVAL DUAL		0690	0.4928	APC	$24.94			
93281	S	PM DEVICE PROGR EVAL MULTI		0690	0.4928	APC	$24.94			
93282	S	ICD DEVICE PROG EVAL 1 SNGL		0690	0.4928	APC	$24.94			
93283	S	ICD DEVICE PROGR EVAL DUAL		0690	0.4928	APC	$24.94			
93284	S	ICD DEVICE PROGR EVAL MULT		0690	0.4928	APC	$24.94			
93285	S	ILR DEVICE EVAL PROGR		0690	0.4928	APC	$24.94			
93286	N	PRE-OP PM DEVICE EVAL				Bundled	$0.00			
93287	N	PRE-OP ICD DEVICE EVAL				Bundled	$0.00			
93288	S	PM DEVICE EVAL IN PERSON		0690	0.4928	APC	$24.94			
93289	S	ICD DEVICE INTERROGATE		0690	0.4928	APC	$24.94			
93290	X	ICM DEVICE EVAL		0035	0.2691	APC	$13.62			
93291	S	ILR DEVICE INTERROGATE		0690	0.4928	APC	$24.94			
93292	S	WCD DEVICE INTERROGATE		0690	0.4928	APC	$24.94			
93293	S	PM PHONE R-STRIP DEVICE EVAL		0690	0.4928	APC	$24.94			
93294	E	PM DEVICE INTERROGATE REMOTE				Not Allowed	$0.00			
93295	E	ICD DEVICE INTERROGAT REMOTE				Not Allowed	$0.00			
93296	S	PM/ICD REMOTE TECH SERV		0690	0.4928	APC	$24.94			
93297	E	ICM DEVICE INTERROGAT REMOTE				Not Allowed	$0.00			
93298	E	ILR DEVICE INTERROGAT REMOTE				Not Allowed	$0.00			
93299	S	ICM/ILR REMOTE TECH SERV		0690	0.4928	APC	$24.94			
93303	S	ECHO TRANSTHORACIC		0270	8.2817	APC	$419.14			
93304	S	ECHO TRANSTHORACIC		0269	5.6147	APC	$284.16			
93306	S	TTE W/DOPPLER COMPLETE		0269	5.6147	APC	$284.16			
93307	S	TTE W/O DOPPLER COMPLETE		0269	5.6147	APC	$284.16			
93308	S	TTE F-UP OR LMTD		0697	3.1616	APC	$160.01			
93312	S	ECHO EXAM OF HEART		0270	8.2817	APC	$419.14			
93313	S	ECHO TRANSESOPHAGEAL		0269	5.6147	APC	$284.16			
93314	N	ECHO EXAM OF HEART				Bundled	$0.00			
93315	S	ECHO TRANSESOPHAGEAL		0269	5.6147	APC	$284.16			
93316	S	ECHO TRANSESOPHAGEAL		0270	8.2817	APC	$419.14			
93317	N	ECHO TRANSESOPHAGEAL				Bundled	$0.00			

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93318	S	ECHO TRANSESOPHAGEAL INTRAOP		0270	8.2817	APC	$419.14			
93320	N	DOPPLER ECHO EXAM HEART				Bundled	$0.00			
93321	N	DOPPLER ECHO EXAM HEART				Bundled	$0.00			
93325	N	DOPPLER COLOR FLOW VELOCITY MAPPING (LIST SEPARATE				Bundled	$0.00			
93350	S	ECHO TRANSTHORACIC		0269	5.6147	APC	$284.16			
93351	S	STRESS TTE COMPLETE		0270	8.2817	APC	$419.14			
93352	E	ADMIN ECG CONTRAST AGENT				Not Allowed	$0.00			
93451	T	RIGHT HEART CATH		0080	38.8595	APC	$1,966.68			
93452	T	LEFT HRT CATH W/VENTRCLGRPHY		0080	38.8595	APC	$1,966.68			
93453	T	R&L HRT CATH W/VENTRICLGRPHY		0080	38.8595	APC	$1,966.68			
93454	T	CORONARY ARTERY ANGIO S&I		0080	38.8595	APC	$1,966.68			
93455	T	CORONARY ART/GRFT ANGIO S&I		0080	38.8595	APC	$1,966.68			
93456	T	R HRT CORONARY ARTERY ANGIO		0080	38.8595	APC	$1,966.68			
93457	T	R HRT ART/GRFT ANGIO		0080	38.8595	APC	$1,966.68			
93458	T	L HRT ARTERY/VENTRICLE ANGIO		0080	38.8595	APC	$1,966.68			
93459	T	L HRT ART/GRFT ANGIO		0080	38.8595	APC	$1,966.68			
93460	T	R&L HRT ART/VENTRICLE ANGIO		0080	38.8595	APC	$1,966.68			
93461	T	R&L HRT ART/VENTRICLE ANGIO		0080	38.8595	APC	$1,966.68			
93462	T	L HRT CATH TRNSPTL PUNCTURE		0080	38.8595	APC	$1,966.68			
93463	N	DRUG ADMIN & HEMODYNMIC MEAS				Bundled	$0.00			
93464	N	EXERCISE W/HEMODYNAMIC MEAS				Bundled	$0.00			
93503	T	INSERT/PLACE HEART CATHETER		0103	16.4097	APC	$830.49			
93505	T	BIOPSY OF HEART LINING		0103	16.4097	APC	$830.49			
93530	T	RT HEART CATH CONGENITAL		0080	38.8595	APC	$1,966.68			
93531	T	R & L HEART CATH CONGENITAL		0080	38.8595	APC	$1,966.68			
93532	T	R & L HEART CATH CONGENITAL		0080	38.8595	APC	$1,966.68			
93533	T	R & L HEART CATH CONGENITAL		0080	38.8595	APC	$1,966.68			
93561	N	CARDIAC OUTPUT MEASUREMENT				Bundled	$0.00			
93562	N	CARDIAC OUTPUT MEASUREMENT				Bundled	$0.00			
93563	N	INJECT CONGENITAL CARD CATH				Bundled	$0.00			
93564	N	INJECT HRT CONGNTL ART/GRFT				Bundled	$0.00			
93565	N	INJECT L VENTR/ATRIAL ANGIO				Bundled	$0.00			
93566	N	INJECT R VENTR/ATRIAL ANGIO				Bundled	$0.00			
93567	N	INJECT SUPRVLV AORTOGRAPHY				Bundled	$0.00			
93568	N	INJECT PULM ART HRT CATH				Bundled	$0.00			
93571	N	HEART FLOW RESERV MSRMNT DURING CORONARY ANGIO; I				Bundled	$0.00			
93572	N	HEART FLOW RESERV MSRMNT DURING CORONARY ANGIO; E				Bundled	$0.00			
93580	T	TRANSCATH CLOSURE OF ASD		0434	172.0681	APC	$8,708.37			
93581	T	TRANSCATH CLOSURE OF VSD		0434	172.0681	APC	$8,708.37			
93600	S	BUNDLE OF HIS RECORDING		0084	9.9253	APC	$502.32			
93602	S	INTRA-ATRIAL RECORDING		0084	9.9253	APC	$502.32			
93603	S	RIGHT VENTRICULAR RECORDING		0084	9.9253	APC	$502.32			
93609	N	MAP TACHYCARDIA ADD-ON				Bundled	$0.00			
93610	S	INTRA-ATRIAL PACING		0084	9.9253	APC	$502.32			
93612	S	INTRAVENTRICULAR PACING		0084	9.9253	APC	$502.32			
93613	N	ELECTROPHYS MAP 3D ADD-ON				Bundled	$0.00			
93615	S	ESOPHAGEAL RECORDING		0084	9.9253	APC	$502.32			
93616	S	ESOPHAGEAL RECORDING		0084	9.9253	APC	$502.32			
93618	S	HEART RHYTHM PACING		0084	9.9253	APC	$502.32			
93619	N	ELECTROPHYSIOLOGY EVALUATION		0085	53.7347	ed, may be payable in some circumsta	$2,719.51			
93620	N	ELECTROPHYSIOLOGY EVALUATION		0085	53.7347	ed, may be payable in some circumsta	$2,719.51			
93621	N	ELECTROPHYSIOLOGY EVALUATION				Bundled	$0.00			
93622	N	ELECTROPHYSIOLOGY EVALUATION				Bundled	$0.00			
93623	N	STIMULATION PACING HEART				Bundled	$0.00			
93624	T	ELECTROPHYSIOLOGIC STUDY		0085	53.7347	APC	$2,719.51			
93631	N	HEART PACING MAPPING				Bundled	$0.00			

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93640	N	ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIB LEAD				Bundled	$0.00			
93641	N	ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIB LEAD				Bundled	$0.00			
93642	S	ELECTROPHYSIOLOGIC EVAL OF CARDIOVERTER-DEFIBRILLA		0084	9.9253	APC	$502.32			
93650	N	ABLATE HEART DYSRHYTHM FOCUS		0085	53.7347	ed, may be payable in some circumsta	$2,719.51			
93651	N	ABLATE HEART DYSRHYTHM FOCUS		0086	128.2375	ed, may be payable in some circumsta	$6,490.10			
93652	N	ABLATE HEART DYSRHYTHM FOCUS		0086	128.2375	ed, may be payable in some circumsta	$6,490.10			
93660	S	TILT TABLE EVALUATION		0101	4.2654	APC	$215.87			
93662	N	INTRACARDIAC ECG (ICE)				Bundled	$0.00			
93668	E	PERIPHERAL VASCULAR REHAB				Not Allowed	$0.00			
93701	S	BIOIMPEDANCE CV ANALYSIS		0099	0.3823	APC	$19.35			
93724	S	ANALYZE PACEMAKER SYSTEM		0690	0.4928	APC	$24.94			
93740	X	TEMPERATURE GRADIENT STUDIES		0367	0.7399	APC	$37.45			
93745	S	SET-UP CARDIOVERT-DEFIBRILL		0690	0.4928	APC	$24.94			
93750	S	INTERROGATION VAD IN PERSON		0692	1.6021	APC	$81.08			
93770	N	MEASURE VENOUS PRESSURE				Bundled	$0.00			
93784	M	AMBULATORY BP MONITORING				Fee Schedule	$0.00			
93786	S	AMBULATORY BP RECORDING		0097	0.9348	APC	$47.31			
93788	S	AMBULATORY BP ANALYSIS		0097	0.9348	APC	$47.31			
93790	M	REVIEW/REPORT BP RECORDING				Fee Schedule	$0.00			
93797	S	CARDIAC REHAB		0095	0.9950	APC	$50.36			
93798	S	CARDIAC REHAB/MONITOR		0095	0.9950	APC	$50.36			
93799	S	CARDIOVASCULAR PROCEDURE		0097	0.9348	APC	$47.31			
93880	S	EXTRACRANIAL STUDY		0267	2.1747	APC	$110.06			
93882	S	EXTRACRANIAL STUDY		0267	2.1747	APC	$110.06			
93886	S	INTRACRANIAL STUDY		0267	2.1747	APC	$110.06			
93888	S	INTRACRANIAL STUDY		0265	0.8994	APC	$45.52			
93890	S	TCD VASOREACTIVITY STUDY		0266	1.3767	APC	$69.67			
93892	S	TCD EMBOLI DETECT W/O INJ		0266	1.3767	APC	$69.67			
93893	S	TCD EMBOLI DETECT W/INJ		0266	1.3767	APC	$69.67			
93922	S	EXTREMITY STUDY		0097	0.9348	APC	$47.31			
93923	S	EXTREMITY STUDY		0096	1.5246	APC	$77.16			
93924	S	EXTREMITY STUDY		0096	1.5246	APC	$77.16			
93925	S	LOWER EXTREMITY STUDY		0267	2.1747	APC	$110.06			
93926	S	LOWER EXTREMITY STUDY		0266	1.3767	APC	$69.67			
93930	S	UPPER EXTREMITY STUDY		0267	2.1747	APC	$110.06			
93931	S	UPPER EXTREMITY STUDY		0266	1.3767	APC	$69.67			
93965	S	EXTREMITY STUDY		0096	1.5246	APC	$77.16			
93970	S	EXTREMITY STUDY		0267	2.1747	APC	$110.06			
93971	S	EXTREMITY STUDY		0266	1.3767	APC	$69.67			
93975	S	VASCULAR STUDY		0267	2.1747	APC	$110.06			
93976	S	VASCULAR STUDY		0267	2.1747	APC	$110.06			
93978	S	VASCULAR STUDY		0267	2.1747	APC	$110.06			
93979	S	VASCULAR STUDY		0266	1.3767	APC	$69.67			
93980	S	PENILE VASCULAR STUDY		0267	2.1747	APC	$110.06			
93981	S	PENILE VASCULAR STUDY		0267	2.1747	APC	$110.06			
93982	S	ANEURYSM PRESSURE SENS STUDY		0097	0.9348	APC	$47.31			
93990	S	DOPPLER FLOW TESTING		0266	1.3767	APC	$69.67			
93998	X	NONINVAS VASC DX STUDY PROC		0035	0.2691	APC	$13.62			
94002	N	VENT MGMT INPAT INIT DAY		0079	3.0710	ed, may be payable in some circumsta	$155.42			
94003	N	VENT MGMT INPAT SUBQ DAY		0079	3.0710	ed, may be payable in some circumsta	$155.42			
94004	E	VENT MGMT NF PER DAY				Not Allowed	$0.00			
94005	E	HOME VENT MGMT SUPERVISION				Not Allowed	$0.00			
94010	X	SPIROMETRY INCL GRAPHIC RECORD TOTAL AND TIMED VC		0367	0.7399	APC	$37.45			
94011	X	SPIROMETRY UP TO 2 YRS OLD		0367	0.7399	APC	$37.45			
94012	X	SPIRMTRY W/BRNCHDIL INF-2 YR		0367	0.7399	APC	$37.45			
94013	X	MEAS LUNG VOL THRU 2 YRS		0369	2.6903	APC	$136.16			

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94014	X	PATIENT RECORDED SPIROMETRY/30 DAY; EDU/TRANSM/CAP		0367	0.7399	APC	$37.45			
94015	X	PATIENT RECORDED SPIROMETRY/30 DAY; RECORDING		0367	0.7399	APC	$37.45			
94016	N	REVIEW PATIENT SPIROMETRY				Bundled	$0.00			
94060	S	EVALUATION OF WHEEZING		0078	1.4123	APC	$71.48			
94070	X	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPA		0369	2.6903	APC	$136.16			
94150	X	VITAL CAPACITY TEST		0367	0.7399	APC	$37.45			
94200	X	LUNG FUNCTION TEST (MBC/MVV)		0367	0.7399	APC	$37.45			
94250	X	EXPIRED GAS COLLECTION		0367	0.7399	APC	$37.45			
94375	X	RESPIRATORY FLOW VOLUME LOOP		0367	0.7399	APC	$37.45			
94400	X	CO2 BREATHING RESPONSE CURVE		0367	0.7399	APC	$37.45			
94450	X	HYPOXIA RESPONSE CURVE		0368	0.8905	APC	$45.07			
94452	X	HAST W/REPORT		0368	0.8905	APC	$45.07			
94453	X	HAST W/OXYGEN TITRATE		0367	0.7399	APC	$37.45			
94610	S	SURFACTANT ADMIN THRU TUBE		0077	0.4248	APC	$21.50			
94620	X	PULMONARY STRESS TESTING		0368	0.8905	APC	$45.07			
94621	X	PULMONARY STRESS TESTING; COMPLEX		0369	2.6903	APC	$136.16			
94640	S	AIRWAY INHALATION TREATMENT		0077	0.4248	APC	$21.50			
94642	S	AEROSOL INHALATION TREATMENT		0078	1.4123	APC	$71.48			
94644	X	CBT 1ST HOUR		0340	0.6525	APC	$33.02			
94645	X	CBT EACH ADDL HOUR		0340	0.6525	APC	$33.02			
94660	N	POS AIRWAY PRESSURE CPAP		0078	1.4123	ed, may be payable in some circumsta	$71.48			
94662	N	NEG PRESS VENTILATION CNP		0079	3.0710	ed, may be payable in some circumsta	$155.42			
94664	S	EVALUATE PT USE OF INHALER		0077	0.4248	APC	$21.50			
94667	S	CHEST WALL MANIPULATION		0077	0.4248	APC	$21.50			
94668	S	CHEST WALL MANIPULATION		0077	0.4248	APC	$21.50			
94680	X	EXHALED AIR ANALYSIS O2		0368	0.8905	APC	$45.07			
94681	X	EXHALED AIR ANALYSIS O2/CO2		0369	2.6903	APC	$136.16			
94690	X	EXHALED AIR ANALYSIS		0367	0.7399	APC	$37.45			
94726	X	PULM FUNCT TST PLETHYSMOGRAP		0367	0.7399	APC	$37.45			
94727	X	PULM FUNCTION TEST BY GAS		0367	0.7399	APC	$37.45			
94728	X	PULM FUNCT TEST OSCILLOMETRY		0367	0.7399	APC	$37.45			
94729	X	C02/MEMBANE DIFFUSE CAPACITY		0368	0.8905	APC	$45.07			
94750	X	PULMONARY COMPLIANCE STUDY		0367	0.7399	APC	$37.45			
94760	N	MEASURE BLOOD OXYGEN LEVEL				Bundled	$0.00			
94761	N	MEASURE BLOOD OXYGEN LEVEL				Bundled	$0.00			
94762	N	MEASURE BLOOD OXYGEN LEVEL		0097	0.9348	ed, may be payable in some circumsta	$47.31			
94770	X	EXHALED CARBON DIOXIDE TEST		0368	0.8905	APC	$45.07			
94772	X	BREATH RECORDING INFANT		0369	2.6903	APC	$136.16			
94774	E	PED HOME APNEA REC COMPL				Not Allowed	$0.00			
94775	S	PED HOME APNEA REC HK-UP		0097	0.9348	APC	$47.31			
94776	S	PED HOME APNEA REC DOWNLD		0097	0.9348	APC	$47.31			
94777	E	PED HOME APNEA REC REPORT				Not Allowed	$0.00			
94780	X	CAR SEAT/BED TEST 60 MIN		0340	0.6525	APC	$33.02			
94781	X	CAR SEAT/BED TEST + 30 MIN		0340	0.6525	APC	$33.02			
94799	X	PULMONARY SERVICE/PROCEDURE		0367	0.7399	APC	$37.45			
95004	X	ALLERGY SKIN TESTS		0381	0.3932	APC	$19.90			
95010	X	PERCUT ALLERGY TITRATE TEST		0381	0.3932	APC	$19.90			
95012	X	EXHALED NITRIC OXIDE MEAS		0367	0.7399	APC	$37.45			
95015	X	ID ALLERGY TITRATE-DRUG/BUG		0381	0.3932	APC	$19.90			
95024	X	ID ALLERGY TEST DRUG/BUG		0381	0.3932	APC	$19.90			
95027	X	SKIN END POINT TITRATION		0381	0.3932	APC	$19.90			
95028	X	ALLERGY SKIN TESTS		0381	0.3932	APC	$19.90			
95044	X	ALLERGY PATCH TESTS		0381	0.3932	APC	$19.90			
95052	X	PHOTO PATCH TEST		0381	0.3932	APC	$19.90			
95056	X	PHOTOSENSITIVITY TESTS		0370	1.1367	APC	$57.53			
95060	X	EYE ALLERGY TEST		0370	1.1367	APC	$57.53			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
95065	X	NOSE ALLERGY TEST		0381	0.3932	APC	$19.90			
95070	X	BRONCHIAL ALLERGY TESTS		0369	2.6903	APC	$136.16			
95071	X	BRONCHIAL ALLERGY TESTS		0368	0.8905	APC	$45.07			
95075	X	INGESTION CHALLENGE TEST		0361	4.0825	APC	$206.62			
95115	S	IMMUNOTHERAPY ONE INJECTION		0436	0.3547	APC	$17.95			
95117	S	IMMUNOTHERAPY INJECTIONS		0436	0.3547	APC	$17.95			
95120	E	IMMUNOTHERAPY ONE INJECTION				Not Allowed	$0.00			
95125	E	IMMUNOTHERAPY MANY ANTIGENS				Not Allowed	$0.00			
95130	E	IMMUNOTHERAPY INSECT VENOM				Not Allowed	$0.00			
95131	E	IMMUNOTHERAPY INSECT VENOMS				Not Allowed	$0.00			
95132	E	IMMUNOTHERAPY INSECT VENOMS				Not Allowed	$0.00			
95133	E	IMMUNOTHERAPY INSECT VENOMS				Not Allowed	$0.00			
95134	E	IMMUNOTHERAPY INSECT VENOMS				Not Allowed	$0.00			
95144	S	ANTIGEN THERAPY SERVICES		0437	0.4977	APC	$25.19			
95145	S	ANTIGEN THERAPY SERVICES		0437	0.4977	APC	$25.19			
95146	S	ANTIGEN THERAPY SERVICES		0438	1.0392	APC	$52.59			
95147	S	ANTIGEN THERAPY SERVICES		0438	1.0392	APC	$52.59			
95148	S	ANTIGEN THERAPY SERVICES		0437	0.4977	APC	$25.19			
95149	S	ANTIGEN THERAPY SERVICES		0437	0.4977	APC	$25.19			
95165	S	ANTIGEN THERAPY SERVICES		0436	0.3547	APC	$17.95			
95170	S	ANTIGEN THERAPY SERVICES		0437	0.4977	APC	$25.19			
95180	X	RAPID DESENSITIZATION		0370	1.1367	APC	$57.53			
95199	X	ALLERGY IMMUNOLOGY SERVICES		0381	0.3932	APC	$19.90			
95250	V	GLUCOSE MONITORING CONT		0607	1.8643	APC	$94.35			
95251	E	GLUC MONITOR CONT PHYS I&R				Not Allowed	$0.00			
95800	S	SLP STDY UNATTENDED		0213	2.4311	APC	$123.04			
95801	S	SLP STDY UNATND W/ANAL		0213	2.4311	APC	$123.04			
95803	S	ACTIGRAPHY TESTING		0218	1.2024	APC	$60.85			
95805	S	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULN		0209	11.3584	APC	$574.85			
95806	S	SLEEP STUDY, UNATTENDED		0213	2.4311	APC	$123.04			
95807	S	SLEEP STUDY ATTENDED		0209	11.3584	APC	$574.85			
95808	S	POLYSOMNOGRAPHY 1-3		0209	11.3584	APC	$574.85			
95810	S	POLYSOMNOGRAPHY 4 OR MORE		0209	11.3584	APC	$574.85			
95811	S	POLYSOMNOGRAPHY W/CPAP		0209	11.3584	APC	$574.85			
95812	S	EEG 41-60 MINUTES		0213	2.4311	APC	$123.04			
95813	S	EEG OVER 1 HOUR		0213	2.4311	APC	$123.04			
95816	S	EEG AWAKE AND DROWSY		0213	2.4311	APC	$123.04			
95819	S	EEG AWAKE AND ASLEEP		0213	2.4311	APC	$123.04			
95822	S	EEG COMA OR SLEEP ONLY		0213	2.4311	APC	$123.04			
95824	S	EEG CEREBRAL DEATH ONLY		0216	2.6461	APC	$133.92			
95827	S	EEG ALL NIGHT RECORDING		0213	2.4311	APC	$123.04			
95829	N	SURGERY ELECTROCORTICOGRAM				Bundled	$0.00			
95830	M	INSERT ELECTRODES FOR EEG				Fee Schedule	$0.00			
95831	N	LIMB MUSCLE TESTING MANUAL				Bundled	$0.00			
95832	N	HAND MUSCLE TESTING MANUAL				Bundled	$0.00			
95833	N	BODY MUSCLE TESTING MANUAL				Bundled	$0.00			
95834	N	BODY MUSCLE TESTING MANUAL				Bundled	$0.00			
95851	N	RANGE OF MOTION MEASUREMENTS				Bundled	$0.00			
95852	N	RANGE OF MOTION MEASUREMENTS				Bundled	$0.00			
95857	S	TENSILON TEST		0218	1.2024	APC	$60.85			
95860	S	MUSCLE TEST ONE LIMB		0218	1.2024	APC	$60.85			
95861	S	MUSCLE TEST 2 LIMBS		0218	1.2024	APC	$60.85			
95863	S	MUSCLE TEST 3 LIMBS		0218	1.2024	APC	$60.85			
95864	S	MUSCLE TEST 4 LIMBS		0218	1.2024	APC	$60.85			
95865	S	MUSCLE TEST LARYNX		0218	1.2024	APC	$60.85			
95866	S	MUSCLE TEST HEMIDIAPHRAGM		0218	1.2024	APC	$60.85			

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95867	S	MUSCLE TEST HEAD OR NECK		0218	1.2024	APC	$60.85			
95868	S	MUSCLE TEST HEAD OR NECK		0218	1.2024	APC	$60.85			
95869	S	MUSCLE TEST THOR PARASPINAL		0215	0.6313	APC	$31.95			
95870	S	MUSCLE TEST NONPARASPINAL		0215	0.6313	APC	$31.95			
95872	S	MUSCLE TEST ONE FIBER		0218	1.2024	APC	$60.85			
95873	N	GUIDE NERV DESTR ELEC STIM				Bundled	$0.00			
95874	N	GUIDE NERV DESTR NEEDLE EMG				Bundled	$0.00			
95875	S	LIMB EXERCISE TEST		0218	1.2024	APC	$60.85			
95885	S	MUSC TST DONE W/NERV TST LIM		0218	1.2024	APC	$60.85			
95886	S	MUSC TEST DONE W/N TEST COMP		0218	1.2024	APC	$60.85			
95887	S	MUSC TST DONE W/N TST NONEXT		0215	0.6313	APC	$31.95			
95900	S	NERVE CONDUCTION STUDY EA NERVE; MOTOR W/O F-WAVE		0215	0.6313	APC	$31.95			
95903	S	NERVE CONDUCTION STUDY EA NERVE; MOTOR WITH F-WAV		0215	0.6313	APC	$31.95			
95904	S	NERVE CONDUCTION STUDY EA NERVE; SENSORY OR MIXED		0215	0.6313	APC	$31.95			
95905	S	MOTOR/SENS NRVE CONDUCT TST		0215	0.6313	APC	$31.95			
95920	N	INTRAOPERATIVE NERVE TESTING				Bundled	$0.00			
95921	S	AUTONOMIC NERVE FUNCTION TEST		0218	1.2024	APC	$60.85			
95922	S	AUTONOMIC NERVE FUNCTION TEST		0218	1.2024	APC	$60.85			
95923	S	AUTONOMIC NERVE FUNCTION TEST		0218	1.2024	APC	$60.85			
95925	S	SOMATOSENSORY TESTING		0216	2.6461	APC	$133.92			
95926	S	SOMATOSENSORY TESTING		0216	2.6461	APC	$133.92			
95927	S	SOMATOSENSORY TESTING		0216	2.6461	APC	$133.92			
95928	S	C MOTOR EVOKED UPPR LIMBS		0218	1.2024	APC	$60.85			
95929	S	C MOTOR EVOKED LWR LIMBS		0218	1.2024	APC	$60.85			
95930	S	VISUAL EVOKED POTENTIAL TEST		0216	2.6461	APC	$133.92			
95933	S	BLINK REFLEX TEST		0215	0.6313	APC	$31.95			
95934	S	H'REFEX TEST		0215	0.6313	APC	$31.95			
95936	S	H'REFLEX TEST		0215	0.6313	APC	$31.95			
95937	S	NEUROMUSCULAR JUNCTION TEST		0218	1.2024	APC	$60.85			
95938	S	SOMATOSENSORY TESTING		0216	2.6461	APC	$133.92			
95939	S	C MOTOR EVOKED UPR&LWR LIMBS		0218	1.2024	APC	$60.85			
95950	S	AMBULATORY EEG MONITORING		0209	11.3584	APC	$574.85			
95951	S	EEG MONITORING/VIDEORECORD		0209	11.3584	APC	$574.85			
95953	S	EEG MONITORING/COMPUTER		0209	11.3584	APC	$574.85			
95954	S	EEG MONITORING/GIVING DRUGS		0218	1.2024	APC	$60.85			
95955	N	EEG DURING SURGERY				Bundled	$0.00			
95956	S	EEG MONITORING/CABLE/RADIO		0209	11.3584	APC	$574.85			
95957	N	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EG FOR S				Bundled	$0.00			
95958	S	EEG MONITORING/FUNCTION TEST		0213	2.4311	APC	$123.04			
95961	S	ELECTRODE STIMULATION BRAIN		0216	2.6461	APC	$133.92			
95962	S	ELECTRODE STIM BRAIN ADD-ON		0216	2.6461	APC	$133.92			
95965	S	MEG SPONTANEOUS		0066	35.9898	APC	$1,821.44			
95966	S	MEG EVOKED SINGLE		0065	12.8879	APC	$652.26			
95967	S	MEG EVOKED EACH ADDL		0065	12.8879	APC	$652.26			
95970	S	ANALYZE NEUROSTIM NO PROG		0218	1.2024	APC	$60.85			
95971	S	ANALYZE NEUROSTIM SIMPLE		0692	1.6021	APC	$81.08			
95972	S	ANALYZE NEUROSTIM COMPLEX		0692	1.6021	APC	$81.08			
95973	S	ANALYZE NEUROSTIM COMPLEX		0218	1.2024	APC	$60.85			
95974	S	CRANIAL NEUROSTIM COMPLEX		0692	1.6021	APC	$81.08			
95975	S	CRANIAL NEUROSTIM COMPLEX		0218	1.2024	APC	$60.85			
95978	S	ANALYZE NEUROSTIM BRAIN/1H		0692	1.6021	APC	$81.08			
95979	S	ANALYZ NEUROSTIM BRAIN ADDON		0692	1.6021	APC	$81.08			
95980	N	IO ANAL GAST N-STIM INIT				Bundled	$0.00			
95981	S	IO ANAL GAST N-STIM SUBSQ		0218	1.2024	APC	$60.85			
95982	S	IO GA N-STIM SUBSQ W/REPROG		0692	1.6021	APC	$81.08			
95990	S	SPIN/BRAIN PUMP REFIL & MAIN		0439	1.8104	APC	$91.62			

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95991	S	SPIN/BRAIN PUMP REFIL & MAIN		0439	1.8104	APC	$91.62			
95992	M	CANALITH REPOSITIONING PROC				Fee Schedule	$25.77			
95999	S	NEUROLOGICAL PROCEDURE		0215	0.6313	APC	$31.95			
96000	S	MOTION ANALYSIS VIDEO/3D		0216	2.6461	APC	$133.92			
96001	S	MOTION TEST W/FT PRESS MEAS		0216	2.6461	APC	$133.92			
96002	S	DYNAMIC SURFACE EMG		0218	1.2024	APC	$60.85			
96003	S	DYNAMIC FINE WIRE EMG		0218	1.2024	APC	$60.85			
96004	M	PHYS REVIEW OF MOTION TESTS				Fee Schedule	$0.00			
96020	N	FUNCTIONAL BRAIN MAPPING				Bundled	$0.00			
96040	E	GENETIC COUNSELING 30 MIN				Not Allowed	$0.00			
96101	N	PSYCHO TESTING BY PSYCH/PHYS		0382	2.5723	ed, may be payable in some circumsta	$130.18			
96102	N	PSYCHO TESTING BY TECHNICIAN		0373	1.3840	ed, may be payable in some circumsta	$70.04			
96103	N	PSYCHO TESTING ADMIN BY COMP		0373	1.3840	ed, may be payable in some circumsta	$70.04			
96105	Y	ASSESSMENT OF APHASIA				Fee Schedule	$69.19			
96110	E	DEVELOPMENTAL TEST LIM				Not Allowed	$0.00			
96111	N	DEVELOPMENTAL TEST EXTEND		0373	1.3840	ed, may be payable in some circumsta	$70.04			
96116	N	NEUROBEHAVIORAL STATUS EXAM		0382	2.5723	ed, may be payable in some circumsta	$130.18			
96118	N	NEUROPSYCH TST BY PSYCH/PHYS		0382	2.5723	ed, may be payable in some circumsta	$130.18			
96119	N	NEUROPSYCH TESTING BY TECH		0382	2.5723	ed, may be payable in some circumsta	$130.18			
96120	N	NEUROPSYCH TST ADMIN W/COMP		0382	2.5723	ed, may be payable in some circumsta	$130.18			
96125	E	COGNITIVE TEST BY HC PRO				Not Allowed	$0.00			
96150	N	ASSESS HLTH/BEHAVE INIT		0432	0.5098	ed, may be payable in some circumsta	$25.80			
96151	N	ASSESS HLTH/BEHAVE SUBSEQ		0432	0.5098	ed, may be payable in some circumsta	$25.80			
96152	N	INTERVENE HLTH/BEHAVE INDIV		0432	0.5098	ed, may be payable in some circumsta	$25.80			
96153	N	INTERVENE HLTH/BEHAVE GROUP		0432	0.5098	ed, may be payable in some circumsta	$25.80			
96154	N	INTERV HLTH/BEHAV FAM W/PT		0432	0.5098	ed, may be payable in some circumsta	$25.80			
96155	E	INTERV HLTH/BEHAV FAM NO PT				Not Allowed	$0.00			
96360	S	HYDRATION IV INFUSION INIT		0438	1.0392	APC	$52.59			
96361	S	HYDRATE IV INFUSION ADD-ON		0436	0.3547	APC	$17.95			
96365	S	THER/PROPH/DIAG IV INF INIT		0439	1.8104	APC	$91.62			
96366	S	THER/PROPH/DIAG IV INF ADDON		0437	0.4977	APC	$25.19			
96367	S	TX/PROPH/DG ADDL SEQ IV INF		0437	0.4977	APC	$25.19			
96368	N	THER/DIAG CONCURRENT INF				Bundled	$0.00			
96369	S	SC THER INFUSION UP TO 1 HR		0439	1.8104	APC	$91.62			
96370	S	SC THER INFUSION ADDL HR		0437	0.4977	APC	$25.19			
96371	S	SC THER INFUSION RESET PUMP		0437	0.4977	APC	$25.19			
96372	S	THER/PROPH/DIAG INJ SC/IM		0437	0.4977	APC	$25.19			
96373	S	THER/PROPH/DIAG INJ IA		0437	0.4977	APC	$25.19			
96374	S	THER/PROPH/DIAG INJ IV PUSH		0437	0.4977	APC	$25.19			
96375	S	TX/PRO/DX INJ NEW DRUG ADDON		0437	0.4977	APC	$25.19			
96376	N	TX/PRO/DX INJ SAME DRUG ADON				Bundled	$0.00			
96379	S	THER/PROP/DIAG INJ/INF PROC		0436	0.3547	APC	$17.95			
96401	S	CHEMO ANTI-NEOPL SQ/IM		0437	0.4977	APC	$25.19			
96402	S	CHEMO HORMON ANTINEOPL SQ/IM		0437	0.4977	APC	$25.19			
96405	S	CHEMO INTRALESIONAL UP TO 7		0437	0.4977	APC	$25.19			
96406	S	CHEMO INTRALESIONAL OVER 7		0439	1.8104	APC	$91.62			
96409	S	CHEMO IV PUSH SNGL DRUG		0439	1.8104	APC	$91.62			
96411	S	CHEMO IV PUSH ADDL DRUG		0438	1.0392	APC	$52.59			
96413	S	CHEMO IV INFUSION 1 HR		0440	2.9700	APC	$150.31			
96415	S	CHEMO IV INFUSION ADDL HR		0437	0.4977	APC	$25.19			
96416	S	CHEMO PROLONG INFUSE W/PUMP		0440	2.9700	APC	$150.31			
96417	S	CHEMO IV INFUS EACH ADDL SEQ		0438	1.0392	APC	$52.59			
96420	S	CHEMO IA PUSH TECNIQUE		0438	1.0392	APC	$52.59			
96422	S	CHEMO IA INFUSION UP TO 1 HR		0440	2.9700	APC	$150.31			
96423	S	CHEMO IA INFUSE EACH ADDL HR		0438	1.0392	APC	$52.59			
96425	S	CHEMOTHERAPY INFUSION METHOD		0440	2.9700	APC	$150.31			

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96440	S	CHEMOTHERAPY INTRACAVITARY		0439	1.8104	APC	$91.62			
96446	S	CHEMOTX ADMN PRTL CAVITY		0439	1.8104	APC	$91.62			
96450	S	CHEMOTHERAPY INTO CNS		0440	2.9700	APC	$150.31			
96521	S	REFILL/MAINT PORTABLE PUMP		0439	1.8104	APC	$91.62			
96522	S	REFILL/MAINT PUMP/RESVR SYST		0439	1.8104	APC	$91.62			
96523	N	IRRIG DRUG DELIVERY DEVICE		0624	0.6098	ed, may be payable in some circumst	$30.86			
96542	S	CHEMOTHERAPY INJECTION		0438	1.0392	APC	$52.59			
96549	S	CHEMOTHERAPY UNSPECIFIED		0436	0.3547	APC	$17.95			
96567	T	PHOTODYNAMIC TX SKIN		0015	1.4989	APC	$75.86			
96570	T	PHOTODYNMC TX 30 MIN ADD-ON		0015	1.4989	APC	$75.86			
96571	T	PHOTODYNAMIC TX ADDL 15 MIN		0015	1.4989	APC	$75.86			
96900	S	ULTRAVIOLET LIGHT THERAPY		0001	0.5042	APC	$25.52			
96902	N	TRICHOGRAM				Bundled	$0.00			
96904	N	WHOLE BODY PHOTOGRAPHY				Bundled	$0.00			
96910	S	PHOTOCHEMOTHERAPY WITH UV-B		0001	0.5042	APC	$25.52			
96912	S	PHOTOCHEMOTHERAPY WITH UV-A		0001	0.5042	APC	$25.52			
96913	S	PHOTOCHEMOTHERAPY UV-A OR B		0683	3.0362	APC	$153.66			
96920	T	LASER TX SKIN < 250 SQ CM		0015	1.4989	APC	$75.86			
96921	T	LASER TX SKIN 250-500 SQ CM		0015	1.4989	APC	$75.86			
96922	T	LASER TX SKIN > 500 SQ CM		0015	1.4989	APC	$75.86			
96999	T	DERMATOLOGICAL PROCEDURE		0012	0.3878	APC	$19.63			
97001	Y	PT EVALUATION				Fee Schedule	$50.03			
97002	Y	PT RE-EVALUATION				Fee Schedule	$27.80			
97003	Y	OT EVALUATION				Fee Schedule	$56.04			
97004	Y	OT RE-EVALUATION				Fee Schedule	$34.50			
97005	E	ATHLETIC TRAIN EVAL				Not Allowed	$0.00			
97006	E	ATHLETIC TRAIN REEVAL				Not Allowed	$0.00			
97010	E	HOT OR COLD PACKS THERAPY				Not Allowed	$0.00			
97012	Y	MECHANICAL TRACTION THERAPY				Fee Schedule	$10.65			
97014	E	ELECTRIC STIMULATION THERAPY				Not Allowed	$0.00			
97016	Y	VASOPNEUMATIC DEVICE THERAPY				Fee Schedule	$12.50			
97018	Y	PARAFFIN BATH THERAPY				Fee Schedule	$6.96			
97022	Y	WHIRLPOOL THERAPY				Fee Schedule	$15.04			
97024	Y	DIATHERMY EG MICROWAVE				Fee Schedule	$4.41			
97026	Y	INFRARED THERAPY				Fee Schedule	$3.95			
97028	Y	ULTRAVIOLET THERAPY				Fee Schedule	$4.88			
97032	Y	ELECTRICAL STIMULATION				Fee Schedule	$12.50			
97033	Y	ELECTRIC CURRENT THERAPY				Fee Schedule	$20.82			
97034	Y	CONTRAST BATH THERAPY				Fee Schedule	$11.58			
97035	Y	ULTRASOUND THERAPY				Fee Schedule	$8.34			
97036	Y	HYDROTHERAPY				Fee Schedule	$21.05			
97039	Y	PHYSICAL THERAPY TREATMENT				By Report	$0.00			
97110	Y	THERAPEUTIC EXERCISES				Fee Schedule	$20.82			
97112	Y	NEUROMUSCULAR REEDUCATION				Fee Schedule	$21.75			
97113	Y	AQUATIC THERAPY/EXERCISES				Fee Schedule	$27.76			
97116	Y	GAIT TRAINING THERAPY				Fee Schedule	$18.51			
97124	Y	MASSAGE THERAPY				Fee Schedule	$17.12			
97139	Y	PHYSICAL MEDICINE PROCEDURE				By Report	$0.00			
97140	Y	MANUAL THERAPY				Fee Schedule	$19.44			
97150	Y	GROUP THERAPEUTIC PROCEDURES				Fee Schedule	$13.43			
97530	Y	THERAPEUTIC ACTIVITIES				Fee Schedule	$22.90			
97532	Y	COGNITIVE SKILLS DEVELOPMENT				Fee Schedule	$17.36			
97533	Y	SENSORY INTEGRATION				Fee Schedule	$19.20			
97535	Y	SELF CARE MNGMENT TRAINING				Fee Schedule	$22.67			
97537	Y	COMMUNITY/WORK REINTEGRATION				Fee Schedule	$19.67			
97542	Y	WHEELCHAIR MNGMENT TRAINING				Fee Schedule	$20.13			

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97545	Y	WORK HARDENING				By Report	$0.00			
97546	Y	WORK HARDENING ADD-ON				By Report	$0.00			
97597	T	ACTIVE WOUND CARE/20 CM OR <		0015	1.4989	APC	$75.86			
97598	T	ACTIVE WOUND CARE > 20 CM		0015	1.4989	APC	$75.86			
97602	T	WOUND(S) CARE NON-SELECTIVE		0013	0.8785	APC	$44.46			
97605	T	NEG PRESS WOUND TX < 50 CM		0013	0.8785	APC	$44.46			
97606	T	NEG PRESS WOUND TX > 50 CM		0015	1.4989	APC	$75.86			
97750	Y	PHYSICAL PERFORMANCE TEST				Fee Schedule	$22.02			
97755	Y	ASSISTIVE TECHNOLOGY ASSESS				Fee Schedule	$23.87			
97760	Y	ORTHOTIC MGMT AND TRAINING				Fee Schedule	$25.03			
97761	M	PROSTHETIC TRAINING				Fee Schedule	$21.79			
97762	M	C/O FOR ORTHOTIC/PROSTH USE				Fee Schedule	$30.07			
97799	Y	PHYSICAL MEDICINE PROCEDURE				By Report	$0.00			
97802	M	MEDICAL NUTRITION INDIV IN				Fee Schedule	$29.73			
97803	M	MED NUTRITION INDIV SUBSEQ				Fee Schedule	$25.58			
97804	M	MEDICAL NUTRITION GROUP				Fee Schedule	$13.73			
97810	E	ACUPUNCT W/O STIMUL 15 MIN				Not Allowed	$0.00			
97811	E	ACUPUNCT W/O STIMUL ADDL 15M				Not Allowed	$0.00			
97813	E	ACUPUNCT W/STIMUL 15 MIN				Not Allowed	$0.00			
97814	E	ACUPUNCT W/STIMUL ADDL 15M				Not Allowed	$0.00			
98925	S	OSTEOPATHIC MANIPULATION		0060	0.3587	APC	$18.15			
98926	S	OSTEOPATHIC MANIPULATION		0060	0.3587	APC	$18.15			
98927	S	OSTEOPATHIC MANIPULATION		0060	0.3587	APC	$18.15			
98928	S	OSTEOPATHIC MANIPULATION		0060	0.3587	APC	$18.15			
98929	S	OSTEOPATHIC MANIPULATION		0060	0.3587	APC	$18.15			
98940	S	CHIROPRACTIC MANIPULATION		0060	0.3587	APC	$18.15			
98941	S	CHIROPRACTIC MANIPULATION		0060	0.3587	APC	$18.15			
98942	S	CHIROPRACTIC MANIPULATION		0060	0.3587	APC	$18.15			
98943	E	CHIROPRACTIC MANIPULATION				Not Allowed	$0.00			
98960	E	SELF-MGMT EDUC & TRAIN 1 PT				Not Allowed	$0.00			
98961	E	SELF-MGMT EDUC/TRAIN 2-4 PT				Not Allowed	$0.00			
98962	E	SELF-MGMT EDUC/TRAIN 5-8 PT				Not Allowed	$0.00			
98966	E	HC PRO PHONE CALL 5-10 MIN				Not Allowed	$0.00			
98967	E	HC PRO PHONE CALL 11-20 MIN				Not Allowed	$0.00			
98968	E	HC PRO PHONE CALL 21-30 MIN				Not Allowed	$0.00			
98969	E	ONLINE SERVICE BY HC PRO				Not Allowed	$0.00			
99000	E	SPECIMEN HANDLING				Not Allowed	$0.00			
99001	E	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANFE				Not Allowed	$0.00			
99002	N	DEVICE HANDLING				Bundled	$0.00			
99024	M	POSTOP FOLLOW-UP VISIT				Fee Schedule	$0.00			
99026	E	IN-HOSPITAL ON CALL SERVICE				Not Allowed	$0.00			
99027	E	OUT-OF-HOSP ON CALL SERVICE				Not Allowed	$0.00			
99050	E	MEDICAL SERVICES AFTER HRS				Not Allowed	$0.00			
99051	M	MED SERV EVE/WKEND/HOLIDAY				Fee Schedule	$0.00			
99053	M	MED SERV 10PM-8AM 24 HR FAC				Fee Schedule	$0.00			
99056	E	MED SERVICE OUT OF OFFICE				Not Allowed	$0.00			
99058	E	OFFICE EMERGENCY CARE				Not Allowed	$0.00			
99060	M	OUT OF OFFICE EMERG MED SERV				Fee Schedule	$0.00			
99070	N	SPECIAL SUPPLIES				Bundled	$0.00			
99071	N	PATIENT EDUCATION MATERIALS				Bundled	$0.00			
99075	E	MEDICAL TESTIMONY				Not Allowed	$0.00			
99078	N	GROUP HEALTH EDUCATION				Bundled	$0.00			
99080	E	SPECIAL REPORTS OR FORMS				Not Allowed	$0.00			
99082	E	UNUSUAL PHYSICIAN TRAVEL				Not Allowed	$0.00			
99090	E	COMPUTER DATA ANALYSIS				Not Allowed	$0.00			
99091	E	COLLECT/REVIEW DATA FROM PT				Not Allowed	$0.00			

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99100	N	SPECIAL ANESTHESIA SERVICE				Bundled	$0.00			
99116	N	ANESTHESIA WITH HYPOTHERMIA				Bundled	$0.00			
99135	N	SPECIAL ANESTHESIA PROCEDURE				Bundled	$0.00			
99140	N	EMERGENCY ANESTHESIA				Bundled	$0.00			
99143	N	MOD CS BY SAME PHYS < 5 YRS				Bundled	$0.00			
99144	N	MOD CS BY SAME PHYS 5 YRS +				Bundled	$0.00			
99145	N	MOD CS BY SAME PHYS ADD-ON				Bundled	$0.00			
99148	N	MOD CS DIFF PHYS < 5 YRS				Bundled	$0.00			
99149	N	MOD CS DIFF PHYS 5 YRS +				Bundled	$0.00			
99150	N	MOD CS DIFF PHYS ADD-ON				Bundled	$0.00			
99170	T	ANOGENITAL EXAM CHILD		0191	0.1309	APC	$6.62			
99172	E	OCULAR FUNCTION SCREEN				Not Allowed	$0.00			
99173	E	VISUAL ACUITY SCREEN				Not Allowed	$0.00			
99174	E	OCULAR PHOTOSCREENING				Not Allowed	$0.00			
99175	N	INDUCTION OF VOMITING				Bundled	$0.00			
99183	E	HYPERBARIC OXYGEN THERAPY				Not Allowed	$0.00			
99190	C	SPECIAL PUMP SERVICES				Inpatient Only	$0.00			
99191	C	SPECIAL PUMP SERVICES				Inpatient Only	$0.00			
99192	C	SPECIAL PUMP SERVICES				Inpatient Only	$0.00			
99195	X	PHLEBOTOMY		0624	0.6098	APC	$30.86			
99199	E	SPECIAL SERVICE/PROC/REPORT				Not Allowed	$0.00			
99201	V	OFFICE/OUTPATIENT VISIT NEW		0604	0.7689	APC	$38.91			
99202	V	OFFICE/OUTPATIENT VISIT NEW		0605	1.0309	APC	$52.17			
99203	V	OFFICE/OUTPATIENT VISIT NEW		0606	1.3597	APC	$68.81			
99204	V	OFFICE/OUTPATIENT VISIT NEW		0607	1.8643	APC	$94.35			
99205	N	OFFICE/OUTPATIENT VISIT NEW		0608	2.5232	ed, may be payable in some circumsta	$127.70			
99211	V	OFFICE/OUTPATIENT VISIT EST		0604	0.7689	APC	$38.91			
99212	V	OFFICE/OUTPATIENT VISIT EST		0605	1.0309	APC	$52.17			
99213	V	OFFICE/OUTPATIENT VISIT EST		0605	1.0309	APC	$52.17			
99214	V	OFFICE/OUTPATIENT VISIT EST		0606	1.3597	APC	$68.81			
99215	N	OFFICE/OUTPATIENT VISIT EST		0607	1.8643	ed, may be payable in some circumsta	$94.35			
99217	M	OBSERVATION CARE DISCHARGE				Fee Schedule	$0.00			
99218	M	INITIAL OBSERVATION CARE				Fee Schedule	$0.00			
99219	M	INITIAL OBSERVATION CARE				Fee Schedule	$0.00			
99220	M	INITIAL OBSERVATION CARE				Fee Schedule	$0.00			
99221	M	INITIAL HOSPITAL CARE				Fee Schedule	$0.00			
99222	M	INITIAL HOSPITAL CARE				Fee Schedule	$0.00			
99223	M	INITIAL HOSPITAL CARE				Fee Schedule	$0.00			
99224	E	SUBSEQUENT OBSERVATION CARE				Not Allowed	$0.00			
99225	E	SUBSEQUENT OBSERVATION CARE				Not Allowed	$0.00			
99226	E	SUBSEQUENT OBSERVATION CARE				Not Allowed	$0.00			
99231	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	$0.00			
99232	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	$0.00			
99233	M	SUBSEQUENT HOSPITAL CARE				Fee Schedule	$0.00			
99234	N	OBSERV/HOSP SAME DATE				Bundled	$0.00			
99235	N	OBSERV/HOSP SAME DATE				Bundled	$0.00			
99236	N	OBSERV/HOSP SAME DATE				Bundled	$0.00			
99238	M	HOSPITAL DISCHARGE DAY				Fee Schedule	$0.00			
99239	M	HOSPITAL DISCHARGE DAY				Fee Schedule	$0.00			
99241	E	OFFICE CONSULTATION				Not Allowed	$0.00			
99242	E	OFFICE CONSULTATION				Not Allowed	$0.00			
99243	E	OFFICE CONSULTATION				Not Allowed	$0.00			
99244	E	OFFICE CONSULTATION				Not Allowed	$0.00			
99245	E	OFFICE CONSULTATION				Not Allowed	$0.00			
99251	E	INPATIENT CONSULT				Not Allowed	$0.00			
99252	E	INPATIENT CONSULT				Not Allowed	$0.00			

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99253	E	INPATIENT CONSULT				Not Allowed	$0.00			
99254	E	INPATIENT CONSULT				Not Allowed	$0.00			
99255	E	INPATIENT CONSULT				Not Allowed	$0.00			
99281	V	EMERGENCY DEPT VISIT		0609	0.7689	APC	$38.91			
99282	V	EMERGENCY DEPT VISIT		0613	0.7689	APC	$38.91			
99283	V	EMERGENCY DEPT VISIT		0614	1.9448	APC	$98.43			
99284	N	EMERGENCY DEPT VISIT		0615	3.1279	ed, may be payable in some circumsta	$158.30			
99285	N	EMERGENCY DEPT VISIT		0616	4.6215	ed, may be payable in some circumsta	$233.89			
99288	E	DIRECT ADVANCED LIFE SUPPORT				Not Allowed	$0.00			
99291	N	CRITICAL CARE FIRST HOUR		0617	6.6579	ed, may be payable in some circumsta	$336.96			
99292	N	CRITICAL CARE ADDL 30 MIN				Bundled	$0.00			
99304	M	NURSING FACILITY CARE INIT				Fee Schedule	$0.00			
99305	M	NURSING FACILITY CARE INIT				Fee Schedule	$0.00			
99306	M	NURSING FACILITY CARE INIT				Fee Schedule	$0.00			
99307	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99308	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99309	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99310	M	NURSING FAC CARE SUBSEQ				Fee Schedule	$0.00			
99315	M	NURSING FAC DISCHARGE DAY				Fee Schedule	$0.00			
99316	M	NURSING FAC DISCHARGE DAY				Fee Schedule	$0.00			
99318	M	ANNUAL NURSING FAC ASSESSMNT				Fee Schedule	$0.00			
99324	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99325	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99326	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99327	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99328	M	DOMICIL/R-HOME VISIT NEW PAT				Fee Schedule	$0.00			
99334	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99335	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99336	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99337	M	DOMICIL/R-HOME VISIT EST PAT				Fee Schedule	$0.00			
99339	M	DOMICIL/R-HOME CARE SUPERVIS				Fee Schedule	$0.00			
99340	M	DOMICIL/R-HOME CARE SUPERVIS				Fee Schedule	$0.00			
99341	M	HOME VISIT NEW PATIENT				Fee Schedule	$0.00			
99342	M	HOME VISIT NEW PATIENT				Fee Schedule	$0.00			
99343	M	HOME VISIT NEW PATIENT				Fee Schedule	$0.00			
99344	M	HOME VISIT NEW PATIENT				Fee Schedule	$0.00			
99345	M	HOME VISIT NEW PATIENT				Fee Schedule	$0.00			
99347	M	HOME VISIT EST PATIENT				Fee Schedule	$0.00			
99348	M	HOME VISIT EST PATIENT				Fee Schedule	$0.00			
99349	M	HOME VISIT EST PATIENT				Fee Schedule	$0.00			
99350	M	HOME VISIT EST PATIENT				Fee Schedule	$0.00			
99354	N	PROLONGED SERVICE OFFICE				Bundled	$0.00			
99355	N	PROLONGED SERVICE OFFICE				Bundled	$0.00			
99356	C	PROLONGED SERVICE INPATIENT				Inpatient Only	$0.00			
99357	C	PROLONGED SERVICE INPATIENT				Inpatient Only	$0.00			
99358	N	PROLONGED SERV, W/O CONTACT				Bundled	$0.00			
99359	N	PROLONGED SERV, W/O CONTACT				Bundled	$0.00			
99360	E	PHYSICIAN STANDBY SERVICES				Not Allowed	$0.00			
99363	E	ANTICOAG MGMT INIT				Not Allowed	$0.00			
99364	E	ANTICOAG MGMT SUBSEQ				Not Allowed	$0.00			
99366	E	TEAM CONF W/PAT BY HC PRO				Not Allowed	$0.00			
99367	N	TEAM CONF W/O PAT BY PHYS				Bundled	$0.00			
99368	E	TEAM CONF W/O PAT BY HC PRO				Not Allowed	$0.00			
99374	E	HOME HEALTH CARE SUPERVISION				Not Allowed	$0.00			
99375	E	HOME HEALTH CARE SUPERVISION				Not Allowed	$0.00			
99377	E	HOSPICE CARE SUPERVISION				Not Allowed	$0.00			

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99378	E	HOSPICE CARE SUPERVISION				Not Allowed	$0.00			
99379	E	NURSING FAC CARE SUPERVISION				Not Allowed	$0.00			
99380	E	NURSING FAC CARE SUPERVISION				Not Allowed	$0.00			
99381	M	INIT PM E/M NEW PAT INF				Fee Schedule	$69.77			
99382	M	INIT PM E/M NEW PAT 1-4 YRS				Fee Schedule	$74.20			
99383	M	PREV VISIT NEW AGE 5-11				Fee Schedule	$78.69			
99384	M	PREV VISIT NEW AGE 12-17				Fee Schedule	$92.81			
99385	M	PREV VISIT NEW AGE 18-39				Fee Schedule	$89.62			
99386	M	PREV VISIT NEW AGE 40-64				Fee Schedule	$108.48			
99387	M	INIT PM E/M NEW PAT 65+ YRS				Fee Schedule	$117.18			
99391	M	PER PM REEVAL EST PAT INF				Fee Schedule	$63.69			
99392	M	PREV VISIT EST AGE 1-4				Fee Schedule	$69.77			
99393	M	PREV VISIT EST AGE 5-11				Fee Schedule	$69.77			
99394	M	PREV VISIT EST AGE 12-17				Fee Schedule	$78.69			
99395	M	PREV VISIT EST AGE 18-39				Fee Schedule	$80.92			
99396	M	PREV VISIT EST AGE 40-64				Fee Schedule	$88.32			
99397	M	PREV VISIT, EST, 65 & OVER				Fee Schedule	$93.76			
99401	M	PREVENTIVE COUNSELING INDIV				Fee Schedule	$0.00			
99402	M	PREVENTIVE COUNSELING INDIV				Fee Schedule	$0.00			
99403	M	PREVENTIVE COUNSELING INDIV				Fee Schedule	$0.00			
99404	M	PREVENTIVE COUNSELING INDIV				Fee Schedule	$0.00			
99406	X	BEHAV CHNG SMOKING 3-10 MIN		0031	0.2997	APC	$15.17			
99407	X	BEHAV CHNG SMOKING < 10 MIN		0031	0.2997	APC	$15.17			
99408	M	AUDIT/DAST 15-30 MIN				Fee Schedule	$0.00			
99409	M	AUDIT/DAST OVER 30 MIN				Fee Schedule	$0.00			
99411	M	PREVENTIVE COUNSELING GROUP				Fee Schedule	$0.00			
99412	M	PREVENTIVE COUNSELING GROUP				Fee Schedule	$0.00			
99420	M	HEALTH RISK ASSESSMENT TEST				Fee Schedule	$0.00			
99429	M	UNLISTED PREVENTIVE SERVICE				Fee Schedule	$0.00			
99441	E	PHONE E/M BY PHYS 5-10 MIN				Not Allowed	$0.00			
99442	E	PHONE E/M BY PHYS 11-20 MIN				Not Allowed	$0.00			
99443	E	PHONE E/M BY PHYS 21-30 MIN				Not Allowed	$0.00			
99444	E	ONLINE E/M BY PHYS				Not Allowed	$0.00			
99450	E	LIFE/DISABILITY EVALUATION				Not Allowed	$0.00			
99455	E	DISABILITY EXAMINATION				Not Allowed	$0.00			
99456	E	DISABILITY EXAMINATION				Not Allowed	$0.00			
99460	V	INIT NB EM PER DAY HOSP		0605	1.0309	APC	$52.17			
99461	E	INIT NB EM PER DAY NON-FAC				Not Allowed	$0.00			
99462	C	SBSQ NB EM PER DAY HOSP				Inpatient Only	$0.00			
99463	V	SAME DAY NB DISCHARGE		0605	1.0309	APC	$52.17			
99464	N	ATTENDANCE AT DELIVERY				Bundled	$0.00			
99465	S	NB RESUSCITATION		0094	2.2313	APC	$112.93			
99466	N	PED CRIT CARE TRANSPORT				Bundled	$0.00			
99467	N	PED CRIT CARE TRANSPORT ADDL				Bundled	$0.00			
99468	C	NEONATE CRIT CARE INITIAL				Inpatient Only	$0.00			
99469	C	NEONATE CRIT CARE SUBSQ				Inpatient Only	$0.00			
99471	C	PED CRITICAL CARE INITIAL				Inpatient Only	$0.00			
99472	C	PED CRITICAL CARE SUBSQ				Inpatient Only	$0.00			
99475	C	PED CRIT CARE AGE 2-5 INIT				Inpatient Only	$0.00			
99476	C	PED CRIT CARE AGE 2-5 SUBSQ				Inpatient Only	$0.00			
99477	C	INIT DAY HOSP NEONATE CARE				Inpatient Only	$0.00			
99478	C	IC LBW INF < 1500 GM SUBSQ				Inpatient Only	$0.00			
99479	C	IC LBW INF 1500-2500 G SUBSQ				Inpatient Only	$0.00			
99480	C	IC INF PBW 2501-5000 G SUBSQ				Inpatient Only	$0.00			
99499	M	UNLISTED E&M SERVICE				Fee Schedule	$0.00			
99500	M	HOME VISIT PRENATAL				Fee Schedule	$0.00			

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99501	M	HOME VISIT POSTNATAL				Fee Schedule	$0.00			
99502	M	HOME VISIT NB CARE				Fee Schedule	$0.00			
99503	E	HOME VISIT RESP THERAPY				Not Allowed	$0.00			
99504	E	HOME VISIT MECH VENTILATOR				Not Allowed	$0.00			
99505	E	HOME VISIT STOMA CARE				Not Allowed	$0.00			
99506	E	HOME VISIT IM INJECTION				Not Allowed	$0.00			
99507	E	HOME VISIT CATH MAINTAIN				Not Allowed	$0.00			
99509	E	HOME VISIT DAY LIFE ACTIVITY				Not Allowed	$0.00			
99510	E	HOME VISIT SING/M/FAM COUNS				Not Allowed	$0.00			
99511	E	HOME VISIT FECAL/ENEMA MGMT				Not Allowed	$0.00			
99512	E	HOME VISIT FOR HEMODIALYSIS				Not Allowed	$0.00			
99600	E	HOME VISIT NOS				Not Allowed	$0.00			
99601	E	HOME INFUSION/VISIT 2 HRS				Not Allowed	$0.00			
99602	E	HOME INFUSION EACH ADDTL HR				Not Allowed	$0.00			
99605	E	MTMS BY PHARM NP 15 MIN				Not Allowed	$0.00			
99606	E	MTMS BY PHARM EST 15 MIN				Not Allowed	$0.00			
99607	E	MTMS BY PHARM ADDL 15 MIN				Not Allowed	$0.00			
0001F	E	HEART FAILURE ASSESSED				Not Allowed	$0.00			
0005F	E	OSTEOARTHRITIS COMPOSITE				Not Allowed	$0.00			
0012F	E	CAP BACTERIAL ASSESS				Not Allowed	$0.00			
0014F	E	COMP PREOP ASSESS CAT SURG				Not Allowed	$0.00			
0015F	E	MELAN FOLLOW-UP COMPLETE				Not Allowed	$0.00			
0019T	E	EXTRACORP SHOCK WV TX MS NOS				Not Allowed	$0.00			
0030T	E	ANTIPROTHROMBIN ANTIBODY				Not Allowed	$0.00			
0042T	E	CT PERFUSION W/CONTRAST CBF				Not Allowed	$0.00			
0048T	E	IMPLANT VENTRICULAR DEVICE				Not Allowed	$0.00			
0050T	E	REMOVAL CIRCULATION ASSIST				Not Allowed	$0.00			
0051T	E	IMPLANT TOTAL HEART SYSTEM				Not Allowed	$0.00			
0052T	E	REPLACE COMPONENT HEART SYST				Not Allowed	$0.00			
0053T	E	REPLACE COMPONENT HEART SYST				Not Allowed	$0.00			
0054T	E	BONE SURGERY USING COMPUTER				Not Allowed	$0.00			
0055T	E	BONE SURGERY USING COMPUTER				Not Allowed	$0.00			
0058T	E	CRYOPRESERVATION OVARY TISS				Not Allowed	$0.00			
0059T	E	CRYOPRESERVATION OOCYTE				Not Allowed	$0.00			
0071T	E	U/S LEIOMYOMATA ABLATE <200				Not Allowed	$0.00			
0072T	E	U/S LEIOMYOMATA ABLATE >200				Not Allowed	$0.00			
0073T	E	DELIVERY COMP IMRT				Not Allowed	$0.00			
0075T	E	PERQ STENT/CHEST VERT ART				Not Allowed	$0.00			
0076T	E	S&I STENT/CHEST VERT ART				Not Allowed	$0.00			
0078T	E	ENDOVASC AORT REPR W/DEVICE				Not Allowed	$0.00			
0079T	E	ENDOVASC VISC EXTNSN REPR				Not Allowed	$0.00			
0080T	E	ENDOVASC AORT REPR RAD S&I				Not Allowed	$0.00			
0081T	E	ENDOVASC VISC EXTNSN S&I				Not Allowed	$0.00			
0085T	E	BREATH TEST HEART REJECT				Not Allowed	$0.00			
0092T	E	ARTIFIC DISC ADDL				Not Allowed	$0.00			
0095T	E	ARTIFIC DISKECTOMY ADDL				Not Allowed	$0.00			
0098T	E	REV ARTIFIC DISC ADDL				Not Allowed	$0.00			
0099T	E	IMPLANT CORNEAL RING				Not Allowed	$0.00			
0100T	E	PROSTH RETINA RECEIVE & GEN				Not Allowed	$0.00			
0101T	E	EXTRACORP SHOCKWV TX HI ENRG				Not Allowed	$0.00			
0102T	E	EXTRACORP SHOCKWV TX ANESTH				Not Allowed	$0.00			
0103T	E	HOLOTRANSCOBALAMIN				Not Allowed	$0.00			
0106T	E	TOUCH QUANT SENSORY TEST				Not Allowed	$0.00			
0107T	E	VIBRATE QUANT SENSORY TEST				Not Allowed	$0.00			
0108T	E	COOL QUANT SENSORY TEST				Not Allowed	$0.00			
0109T	E	HEAT QUANT SENSORY TEST				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
0110T	E	NOS QUANT SENSORY TEST				Not Allowed	$0.00			
0111T	E	RBC MEMBRANES FATTY ACIDS				Not Allowed	$0.00			
0123T	E	SCLERAL FISTULIZATION				Not Allowed	$0.00			
0124T	E	CONJUNCTIVAL DRUG PLACEMENT				Not Allowed	$0.00			
0126T	E	CHD RISK IMT STUDY				Not Allowed	$0.00			
0159T	E	COMPUTER BREAST MRI ADD-ON				Not Allowed	$0.00			
0163T	E	LUMB ARTIF DISKECTOMY ADDL				Not Allowed	$0.00			
0164T	E	REMOVE LUMB ARTIF DISC ADDL				Not Allowed	$0.00			
0165T	E	REVISE LUMB ARTIF DISC ADDL				Not Allowed	$0.00			
0169T	E	PLACE STEREO CATH BRAIN				Not Allowed	$0.00			
0171T	E	LUMBAR SPINE PROCES DISTRACT				Not Allowed	$0.00			
0172T	E	LUMBAR SPINE PROCES ADDL				Not Allowed	$0.00			
0173T	E	IOP MONIT IO PRESSURE				Not Allowed	$0.00			
0174T	E	CAD CXR WITH INTERP				Not Allowed	$0.00			
0175T	E	CAD CXR REMOTE				Not Allowed	$0.00			
0178T	E	64 LEAD ECG W/I&R				Not Allowed	$0.00			
0179T	E	64 LEAD ECG W/TRACING				Not Allowed	$0.00			
0180T	E	64 LEAD ECG W/I&R ONLY				Not Allowed	$0.00			
0181T	E	CORNEAL HYSTERESIS				Not Allowed	$0.00			
0182T	E	HDR ELEC BRACHYTHERAPY				Not Allowed	$0.00			
0183T	E	WOUND ULTRASOUND				Not Allowed	$0.00			
0184T	E	EXC RECTAL TUMOR ENDOSCOPIC				Not Allowed	$0.00			
0185T	E	COMPTR PROBABILITY ANALYSIS				Not Allowed	$0.00			
0186T	E	SUPRACHOROIDAL DRUG DELIVERY				Not Allowed	$0.00			
0188T	E	VIDEOCONF CRIT CARE 74 MIN				Not Allowed	$0.00			
0189T	E	VIDEOCONF CRIT CARE ADDL 30				Not Allowed	$0.00			
0190T	E	PLACE INTRAOC RADIATION SRC				Not Allowed	$0.00			
0191T	E	INSERT ANT SEGMENT DRAIN INT				Not Allowed	$0.00			
0192T	E	INSERT ANT SEGMENT DRAIN EXT				Not Allowed	$0.00			
0195T	E	ARTHROD PRESAC INTERBODY				Not Allowed	$0.00			
0196T	E	ARTHROD PRESAC INTERBODY EAC				Not Allowed	$0.00			
0197T	E	INTRAFRACTION TRACK MOTION				Not Allowed	$0.00			
0198T	E	OCULAR BLOOD FLOW MEASURE				Not Allowed	$0.00			
0199T	E	PHYSIOLOGIC TREMOR RECORD				Not Allowed	$0.00			
0200T	E	PERQ SACRAL AUGMT UNILAT INJ				Not Allowed	$0.00			
0201T	E	PERQ SACRAL AUGMT BILAT INJ				Not Allowed	$0.00			
0202T	E	POST VERT ARTHRPLST 1 LUMBAR				Not Allowed	$0.00			
0205T	E	INIRS EACH VESSEL ADD-ON				Not Allowed	$0.00			
0206T	E	REMOTE ALGORITHM ANALYS ECG				Not Allowed	$0.00			
0207T	E	CLEAR EYELID GLAND W/HEAT				Not Allowed	$0.00			
0208T	E	AUTOMATED AUDIOMETRY AIR				Not Allowed	$0.00			
0209T	E	AUTO AUDIOMETRY AIR/BONE				Not Allowed	$0.00			
0210T	E	AUTO AUDIOMETRY SP THRESH				Not Allowed	$0.00			
0211T	E	AUTO AUDIOMETRY SP THRESH				Not Allowed	$0.00			
0212T	E	COMPREHEN AUTO AUDIOMETRY				Not Allowed	$0.00			
0213T	E	NJX PARAVERT W/US CER/THOR				Not Allowed	$0.00			
0214T	E	NJX PARAVERT W/US CER/THOR				Not Allowed	$0.00			
0215T	E	NJX PARAVERT W/US CER/THOR				Not Allowed	$0.00			
0216T	E	NJX PARAVERT W/US LUMB/SAC				Not Allowed	$0.00			
0217T	E	NJX PARAVERT W/US LUMB/SAC				Not Allowed	$0.00			
0218T	E	NJX PARAVERT W/US LUMB/SAC				Not Allowed	$0.00			
0219T	E	FUSE SPINE FACET JT CERV				Not Allowed	$0.00			
0220T	E	FUSE SPINE FACET JT THOR				Not Allowed	$0.00			
0221T	E	FUSE SPINE FACET JT LUMBAR				Not Allowed	$0.00			
0222T	E	FUSE SPINE FACET JT ADD SEG				Not Allowed	$0.00			
0223T	E	ACOUSTIC ECG W/I&R				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
0224T	E	ACOUSTIC ECG 1+ ANALYSIS				Not Allowed	$0.00			
0225T	E	ACOUSTIC ECG ANALY & REPROG				Not Allowed	$0.00			
0226T	E	ANOSCOPY HRA W/SPEC COLLECT				Not Allowed	$0.00			
0227T	E	ANOSCOPY HRA W/BIOPSY				Not Allowed	$0.00			
0228T	E	NJX TFRML EPRL W/US CER/THOR				Not Allowed	$0.00			
0229T	E	NJX TFRML EPRL W/US CER/THOR				Not Allowed	$0.00			
0230T	E	NJX TFRML EPRL W/US LUMB/SAC				Not Allowed	$0.00			
0231T	E	NJX TFRML EPRL W/US LUMB/SAC				Not Allowed	$0.00			
0232T	E	NJX PLATELET PLASMA				Not Allowed	$0.00			
0233T	E	SKIN GLYCATION SPECTROSCOPY				Not Allowed	$0.00			
0234T	E	TRLUML PERIP ATHRC RENAL ART				Not Allowed	$0.00			
0235T	E	TRLUML PERIP ATHRC VISCERAL				Not Allowed	$0.00			
0236T	E	TRLUML PERIP ATHRC ABD AORTA				Not Allowed	$0.00			
0237T	E	TRLUML PERIP ATHRC BRCHIOCPH				Not Allowed	$0.00			
0238T	E	TRLUML PERIP ATHRC ILIAC ART				Not Allowed	$0.00			
0239T	E	BIOIMPEDANCE SPECTROSCOPY				Not Allowed	$0.00			
0240T	E	ESOPH MOTILITY 3D TOPOGRAPHY				Not Allowed	$0.00			
0241T	E	ESOPH MOTILITY W/STIM/PERF				Not Allowed	$0.00			
0242T	E	GI TRACT TRANSIT & PRES MEAS				Not Allowed	$0.00			
0243T	E	INTM MSR BRONCHODIL WHEEZE				Not Allowed	$0.00			
0244T	E	CONT MSR BRONCHODIL WHEEZE				Not Allowed	$0.00			
0245T	E	OPEN TX RIB FX 1-2 RIBS				Not Allowed	$0.00			
0246T	E	OPN TX RIB FX 3-4 RIBS				Not Allowed	$0.00			
0247T	E	OPN TX RIB FX 5-6 RIBS				Not Allowed	$0.00			
0248T	E	OPEN TX RIB FX 7/> RIBS				Not Allowed	$0.00			
0249T	E	LIGATION HEMORRHOID W/US				Not Allowed	$0.00			
0250T	E	INSERT BRONCHIAL VALVE				Not Allowed	$0.00			
0251T	E	REMOV BRONCHIAL VALVE				Not Allowed	$0.00			
0252T	E	REMOV BRONCH VALVE ADDL				Not Allowed	$0.00			
0253T	E	INSERT AQUEOUS DRAIN DEVICE				Not Allowed	$0.00			
0254T	E	EVASC RPR ILIAC ART BIFUR				Not Allowed	$0.00			
0255T	E	EVASC RPR ILIAC ART BIFR S&I				Not Allowed	$0.00			
0256T	E	EVASC AORTIC HRT VALVE				Not Allowed	$0.00			
0257T	E	OPN TTHRC AORTIC HRT VALVE				Not Allowed	$0.00			
0258T	E	AORTIC HRT VALV W/O CARD BYP				Not Allowed	$0.00			
0259T	E	AORTIC HRT VALVE W/CARD BYP				Not Allowed	$0.00			
0260T	E	HYPTHRM BDY NEONATE 28D/<				Not Allowed	$0.00			
0261T	E	HYPTHRM HEAD NEONATE 28D/<				Not Allowed	$0.00			
0262T	E	IMPLTJ PULM VLV EVASC APPR				Not Allowed	$0.00			
0263T	E	IM B1 MRW CEL THER CMPL				Not Allowed	$0.00			
0264T	E	IM B1 MRW CEL THER XCL HRVST				Not Allowed	$0.00			
0265T	E	IM B1 MRW CEL THER HRVST ONL				Not Allowed	$0.00			
0266T	E	IMPLT/RPL CRTD SNS DEV TOTAL				Not Allowed	$0.00			
0267T	E	IMPLT/RPL CRTD SNS DEV LEAD				Not Allowed	$0.00			
0268T	E	IMPLT/RPL CRTD SNS DEV GEN				Not Allowed	$0.00			
0269T	E	REV/REMVL CRTD SNS DEV TOTAL				Not Allowed	$0.00			
0270T	E	REV/REMVL CRTD SNS DEV LEAD				Not Allowed	$0.00			
0271T	E	REV/REMVL CRTD SNS DEV GEN				Not Allowed	$0.00			
0272T	E	INTERROGATE CRTD SNS DEV				Not Allowed	$0.00			
0273T	E	INTERROGATE CRTD SNS W/PGRMG				Not Allowed	$0.00			
0274T	E	PERQ LAMOT/LAM CRV/THRC				Not Allowed	$0.00			
0275T	E	PERQ LAMOT/LAM LUMBAR				Not Allowed	$0.00			
0276T	E	BRONCH THERMOPLASTY 1 LOBE				Not Allowed	$0.00			
0277T	E	BRONCH THERMOPLASTY LOBES				Not Allowed	$0.00			
0278T	E	TEMPR				Not Allowed	$0.00			
0279T	E	CTC TEST				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
0280T	E	CTC TEST W/I & R				Not Allowed	$0.00			
0281T	E	LAA CLOSURE W/IMPLANT				Not Allowed	$0.00			
0282T	E	PERIPH FIELD STIMUL TRIAL				Not Allowed	$0.00			
0283T	E	PERIPH FIELD STIMUL PERM				Not Allowed	$0.00			
0284T	E	PERIPH FIELD STIMUL REVISE				Not Allowed	$0.00			
0285T	E	PERIPH FIELD STIMUL ANALYS				Not Allowed	$0.00			
0286T	E	NEAR IFR SPECTRSC OF WOUNDS				Not Allowed	$0.00			
0287T	E	NEAR IFR GUIDE OF VASC SITE				Not Allowed	$0.00			
0288T	E	ANOSCOPY W/RF DELIVERY				Not Allowed	$0.00			
0289T	E	LASER INC FOR PKP/LKP DONOR				Not Allowed	$0.00			
0290T	E	LASER INC FOR PKP/LKP RECIP				Not Allowed	$0.00			
0291T	E	IV OCT FOR PROC INIT VESSEL				Not Allowed	$0.00			
0292T	E	IV OCT FOR PROC ADDL VESSEL				Not Allowed	$0.00			
0293T	E	INS LT ATRL PRESS MONITOR				Not Allowed	$0.00			
0294T	E	INS LT ATRL PRESS MONT ADDON				Not Allowed	$0.00			
0295T	E	EXT ECG COMPLETE				Not Allowed	$0.00			
0296T	E	EXT ECG RECORDING				Not Allowed	$0.00			
0297T	E	EXT ECG SCAN W/REPORT				Not Allowed	$0.00			
0298T	E	EXT ECG REVIEW AND INTERP				Not Allowed	$0.00			
0299T	E	ESW WOUND HEALING INIT WOUND				Not Allowed	$0.00			
0300T	E	ESW WOUND HEALING ADDL WOUND				Not Allowed	$0.00			
0301T	E	MW THERAPY FOR BREAST TUMOR				Not Allowed	$0.00			
0302T	E	ICAR ISCHM MNTRNG SYS COMPL				Not Allowed	$0.00			
0303T	E	ICAR ISCHM MNTRNG SYS ELTRD				Not Allowed	$0.00			
0304T	E	ICAR ISCHM MNTRNG SYS DEVICE				Not Allowed	$0.00			
0305T	E	ICAR ISCHM MNTRNG PRGRM EVAL				Not Allowed	$0.00			
0306T	E	ICAR ISCHM MNTRNG INTERR EVA				Not Allowed	$0.00			
0307T	E	RMVL ICAR ISCHM MNTRNG DVCE				Not Allowed	$0.00			
0308T	E	INSJ OCULAR TELESCOPE PROSTH				Not Allowed	$0.00			
0500F	E	INITIAL PRENATAL CARE VISIT				Not Allowed	$0.00			
0501F	E	PRENATAL FLOW SHEET				Not Allowed	$0.00			
0502F	E	SUBSEQUENT PRENATAL CARE				Not Allowed	$0.00			
0503F	E	POSTPARTUM CARE VISIT				Not Allowed	$0.00			
0505F	E	HEMODIALYSIS PLAN DOCD				Not Allowed	$0.00			
0507F	E	PERITON DIALYSIS PLAN DOCD				Not Allowed	$0.00			
0509F	E	URINE INCON PLAN DOCD				Not Allowed	$0.00			
0513F	E	ELEV BP PLAN OF CARE DOCD				Not Allowed	$0.00			
0514F	E	CARE PLAN HGB DOCD ESA PT				Not Allowed	$0.00			
0516F	E	ANEMIA PLAN OF CARE DOCD				Not Allowed	$0.00			
0517F	E	GLAUCOMA PLAN OF CARE DOCD				Not Allowed	$0.00			
0518F	E	FALL PLAN OF CARE DOCD				Not Allowed	$0.00			
0519F	E	PLAND CHEMO DOCD PRIOR TXMNT				Not Allowed	$0.00			
0520F	E	RAD DOS LIMTS PRIOR 3D RAD				Not Allowed	$0.00			
0521F	E	PLAN OF CARE FOR PAIN DOCD				Not Allowed	$0.00			
0525F	E	INITIAL VISIT FOR EPISODE				Not Allowed	$0.00			
0526F	E	SUBS VISIT FOR EPISODE				Not Allowed	$0.00			
0528F	E	RCMND FLW-UP 10 YRS DOCD				Not Allowed	$0.00			
0529F	E	INTRVL 3+YRS PTS CLNSCP DOCD				Not Allowed	$0.00			
0535F	E	DYSPNEA MNGMNT PLAN DOCD				Not Allowed	$0.00			
0540F	E	GLUCO MNGMNT PLAN DOCD				Not Allowed	$0.00			
0545F	E	FOLLOW UP CARE PLAN MDD DOCD				Not Allowed	$0.00			
0550F	E	CYTOPATH REPORT NONGYN SPCMN				Not Allowed	$0.00			
0551F	E	CYTOPATH REPORT NON ROUTINE				Not Allowed	$0.00			
0555F	E	SYMPTOM MGMNT PLAN CARE DOCD				Not Allowed	$0.00			
0556F	E	PLAN CARE LIPID CONTROL DOCD				Not Allowed	$0.00			
0557F	E	PLAN CAREMNG ANGNL SYMPTDOCD				Not Allowed	$0.00			

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0575F	E	HIV RNA PLAN CARE DOCD				Not Allowed	$0.00			
1000F	E	TOBACCO USE ASSESSED				Not Allowed	$0.00			
1002F	E	ASSESS ANGINAL SYMPTOM/LEVEL				Not Allowed	$0.00			
1003F	E	LEVEL OF ACTIVITY ASSESS				Not Allowed	$0.00			
1004F	E	CLIN SYMP VOL OVRLD ASSESS				Not Allowed	$0.00			
1005F	E	ASTHMA SYMPTOMS EVALUATE				Not Allowed	$0.00			
1006F	E	OSTEOARTHRITIS ASSESS				Not Allowed	$0.00			
1007F	E	ANTI-INFLM/ANLGSC OTC ASSESS				Not Allowed	$0.00			
1008F	E	GI/RENAL RISK ASSESS				Not Allowed	$0.00			
1010F	E	SEVERITY ANGINA BY ACTVTY				Not Allowed	$0.00			
1011F	E	ANGINA PRESENT				Not Allowed	$0.00			
1012F	E	ANGINA ABSENT				Not Allowed	$0.00			
1015F	E	COPD SYMPTOMS ASSESS				Not Allowed	$0.00			
1018F	E	ASSESS DYSPNEA NOT PRESENT				Not Allowed	$0.00			
1019F	E	ASSESS DYSPNEA PRESENT				Not Allowed	$0.00			
1022F	E	PNEUMO IMM STATUS ASSESS				Not Allowed	$0.00			
1026F	E	CO-MORBID CONDITION ASSESS				Not Allowed	$0.00			
1030F	E	INFLUENZA IMM STATUS ASSESS				Not Allowed	$0.00			
1031F	E	SMOKING & 2ND HAND ASSESSED				Not Allowed	$0.00			
1032F	E	SMOKER/EXPOSED 2ND HND SMOKE				Not Allowed	$0.00			
1033F	E	TOBACCO NONSMOKER NOR 2NDHND				Not Allowed	$0.00			
1034F	E	CURRENT TOBACCO SMOKER				Not Allowed	$0.00			
1035F	E	SMOKELESS TOBACCO USER				Not Allowed	$0.00			
1036F	E	TOBACCO NON-USER				Not Allowed	$0.00			
1038F	E	PERSISTENT ASTHMA				Not Allowed	$0.00			
1039F	E	INTERMITTENT ASTHMA				Not Allowed	$0.00			
1040F	E	DSM-IV INFO MDD DOCD				Not Allowed	$0.00			
1050F	E	HISTORY OF MOLE CHANGES				Not Allowed	$0.00			
1052F	E	TYPE LOCATION ACTIVITY ASSES				Not Allowed	$0.00			
1055F	E	VISUAL FUNCT STATUS ASSESS				Not Allowed	$0.00			
1060F	E	DOC PERM/CONT/PAROX ATR FIB				Not Allowed	$0.00			
1061F	E	DOC LACK PERM+CONT+PAROX FIB				Not Allowed	$0.00			
1065F	E	ISCHM STROKE SYMP <3 HRS				Not Allowed	$0.00			
1066F	E	ISCHM STRKE SYMP>=3 HR PRIOR				Not Allowed	$0.00			
1070F	E	ALARM SYMP ASSESSED-ABSENT				Not Allowed	$0.00			
1071F	E	ALARM SYMP ASSESSED-1+ PRSNT				Not Allowed	$0.00			
1090F	E	PRES/ABSN URINE INCON ASSESS				Not Allowed	$0.00			
1091F	E	URINE INCON CHARACTERIZED				Not Allowed	$0.00			
1100F	E	PTFALLS ASSESS-DOCD GE2+/YR				Not Allowed	$0.00			
1101F	E	PT FALLS ASSESS-DOCD LE1/YR				Not Allowed	$0.00			
1110F	E	PT DCD INPT FAC W/IN 60 DAYS				Not Allowed	$0.00			
1111F	E	DSCHRG MED/CURRENT MED MERGE				Not Allowed	$0.00			
1116F	E	AURIC/PERI PAIN ASSESSED				Not Allowed	$0.00			
1118F	E	GERD SYMPS ASSESSED 12 MONTH				Not Allowed	$0.00			
1119F	E	INITIAL EVAL FOR CONDITION				Not Allowed	$0.00			
1121F	E	SUBS EVAL FOR CONDITION				Not Allowed	$0.00			
1123F	E	ACP DISCUSS/DSCN MKR DOCD				Not Allowed	$0.00			
1124F	E	ACP DISCUSS-NO DSCNMKR DOCD				Not Allowed	$0.00			
1125F	E	AMNT PAIN NOTED PAIN PRSNT				Not Allowed	$0.00			
1126F	E	AMNT PAIN NOTED NONE PRSNT				Not Allowed	$0.00			
1127F	E	NEW EPISODE FOR CONDITION				Not Allowed	$0.00			
1128F	E	SUBS EPISODE FOR CONDITION				Not Allowed	$0.00			
1130F	E	BK PAIN & FXN ASSESSED				Not Allowed	$0.00			
1134F	E	EPSD BK PAIN FOR =< 6 WKS				Not Allowed	$0.00			
1135F	E	EPSD BK PAIN FOR > 6 WKS				Not Allowed	$0.00			
1136F	E	EPSD BK PAIN FOR <= 12 WKS				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
1137F	E	EPSD BK PAIN FOR > 12 WKS				Not Allowed	$0.00			
1150F	E	DOC PT RSK DEATH W/IN 1YR				Not Allowed	$0.00			
1151F	E	DOC NO PT RSK DEATH W/IN 1YR				Not Allowed	$0.00			
1152F	E	DOC ADVNCD DIS COMFORT GOAL				Not Allowed	$0.00			
1153F	E	DOC ADVNCD DIS CMFRT NOTGOAL				Not Allowed	$0.00			
1157F	E	ADVNC CARE PLAN IN RCRD				Not Allowed	$0.00			
1158F	E	ADVNC CARE PLAN TLK DOCD				Not Allowed	$0.00			
1159F	E	MED LIST DOCD IN RCRD				Not Allowed	$0.00			
1160F	E	RVW MEDS BY RX/DR IN RCRD				Not Allowed	$0.00			
1170F	E	FXNL STATUS ASSESSED				Not Allowed	$0.00			
1175F	E	FUNCTION STAT ASSESSED RVWD				Not Allowed	$0.00			
1180F	E	THROMBOEMB RISK ASSESSED				Not Allowed	$0.00			
1181F	E	NEUROPSYCHIA SYMPTS ASSESSED				Not Allowed	$0.00			
1182F	E	NEUROPSYCHI SYMPT 1+PRESENT				Not Allowed	$0.00			
1183F	E	NEUROPSYCHIATRIC SYMP ABSENT				Not Allowed	$0.00			
1200F	E	SEIZURE TYPE(S)+ FRQ DOCD				Not Allowed	$0.00			
1205F	E	EPI ETIOL SYND RVWD AND DOCD				Not Allowed	$0.00			
1220F	E	PT SCREENED FOR DEPRESSION				Not Allowed	$0.00			
1400F	E	PARKINSON DIAG RVIEWED				Not Allowed	$0.00			
1450F	E	SYMPTOMS IMPROVED/CONSIST				Not Allowed	$0.00			
1451F	E	SYMPT SHOW CLIN IMPORT DROP				Not Allowed	$0.00			
1460F	E	QUAL CARD DIAG PRIOR 12 MONS				Not Allowed	$0.00			
1461F	E	NO QUAL CARD DIAG PRIOR12MON				Not Allowed	$0.00			
1490F	E	DEM SEVERITY CLASSIFIED MILD				Not Allowed	$0.00			
1491F	E	DEM SEVERITY CLASSIFIED MOD				Not Allowed	$0.00			
1493F	E	DEM SEVERITY CLASS SEVERE				Not Allowed	$0.00			
1494F	E	COGNIT ASSESSED AND REVIEWED				Not Allowed	$0.00			
2000F	E	BLOOD PRESSURE MEASURE				Not Allowed	$0.00			
2001F	E	WEIGHT RECORD				Not Allowed	$0.00			
2002F	E	CLIN SIGN VOL OVRLD ASSESS				Not Allowed	$0.00			
2004F	E	INITIAL EXAM INVOLVED JOINTS				Not Allowed	$0.00			
2010F	E	VITAL SIGNS RECORDED				Not Allowed	$0.00			
2014F	E	MENTAL STATUS ASSESS				Not Allowed	$0.00			
2015F	E	ASTHMA IMPAIRMENT ASSESSED				Not Allowed	$0.00			
2016F	E	ASTHMA RISK ASSESSED				Not Allowed	$0.00			
2018F	E	HYDRATION STATUS ASSESS				Not Allowed	$0.00			
2019F	E	DILATED MACUL EXAM DONE				Not Allowed	$0.00			
2020F	E	DILATED FUNDUS EVAL DONE				Not Allowed	$0.00			
2021F	E	DILAT MACUL+ EXAM DONE				Not Allowed	$0.00			
2022F	E	DIL RETINA EXAM INTERP REV				Not Allowed	$0.00			
2024F	E	7 FIELD PHOTO INTERP DOC REV				Not Allowed	$0.00			
2026F	E	EYE IMAGE VALID TO DX REV				Not Allowed	$0.00			
2027F	E	OPTIC NERVE HEAD EVAL DONE				Not Allowed	$0.00			
2028F	E	FOOT EXAM PERFORMED				Not Allowed	$0.00			
2029F	E	COMPLETE PHYS SKIN EXAM DONE				Not Allowed	$0.00			
2030F	E	H2O STAT DOCD, NORMAL				Not Allowed	$0.00			
2031F	E	H2O STAT DOCD, DEHYDRATED				Not Allowed	$0.00			
2035F	E	TYMP MEMB MOTION EXAMD				Not Allowed	$0.00			
2040F	E	BK PN XM ON INIT VISIT DATE				Not Allowed	$0.00			
2044F	E	DOC MNTL TST PRIOR BK TRXMNT				Not Allowed	$0.00			
2050F	E	WOUND CHAR SIZE ETC DOCD				Not Allowed	$0.00			
2060F	E	PT TALK EVAL HLTHWKR RE MDD				Not Allowed	$0.00			
3006F	E	CXR DOC REV				Not Allowed	$0.00			
3008F	E	BODY MASS INDEX DOCD				Not Allowed	$0.00			
3011F	E	LIPID PANEL DOC REV				Not Allowed	$0.00			
3014F	E	SCREEN MAMMO DOC REV				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
3015F	E	CERV CANCER SCREEN DOC/REV				Not Allowed	$0.00			
3016F	E	PT SCRND UNHLTHY OH USE				Not Allowed	$0.00			
3017F	E	COLORECTAL CA SCREEN DOC REV				Not Allowed	$0.00			
3018F	E	PRE-PRXD RSK ET AL DOCD				Not Allowed	$0.00			
3019F	E	LVEF ASSESS PLANPOST DSCHRGE				Not Allowed	$0.00			
3020F	E	LVF ASSESS DOCUMENTED				Not Allowed	$0.00			
3021F	E	LVEF MOD/SEVERE <40%				Not Allowed	$0.00			
3022F	E	LVEF >=40% SYSTOLIC				Not Allowed	$0.00			
3023F	E	SPIROM DOC REV				Not Allowed	$0.00			
3025F	E	SPIROM FEV/FVC<70% W/COPD				Not Allowed	$0.00			
3027F	E	SPIROM FEV/FVC>=70%/W/O COPD				Not Allowed	$0.00			
3028F	E	O2 SATURATION DOC REV				Not Allowed	$0.00			
3035F	E	O2 SAT<=88% /PAO2<=55MMHG				Not Allowed	$0.00			
3037F	E	O2 SAT> 88% /PAO2>55MMHG				Not Allowed	$0.00			
3038F	E	PULM FX W/IN 12MON PRIORSURG				Not Allowed	$0.00			
3040F	E	FEV<40% PREDICTED VALUE				Not Allowed	$0.00			
3042F	E	FEV>=40% PREDICTED VALUE				Not Allowed	$0.00			
3044F	E	HG A1C LEVEL < 7.0%				Not Allowed	$0.00			
3045F	E	HG A1C LEVEL 7.0-9.0%				Not Allowed	$0.00			
3046F	E	HEMOGLOBIN A1C LEVEL > 9.0%				Not Allowed	$0.00			
3048F	E	LDL-C <100 MG/DL				Not Allowed	$0.00			
3049F	E	LDL-C 100-129 MG/DL				Not Allowed	$0.00			
3050F	E	LDL-C >= 130 MG/DL				Not Allowed	$0.00			
3055F	E	LVEF LESS THAN/EQUAL TO 35%				Not Allowed	$0.00			
3056F	E	LVEF GREATER THAN 35%				Not Allowed	$0.00			
3060F	E	POS MICROALBUMINURIA REV&DOC				Not Allowed	$0.00			
3061F	E	NEG MICROALBUMINURIA REV&DOC				Not Allowed	$0.00			
3062F	E	POS MACROALBUMINURIA REV&DOC				Not Allowed	$0.00			
3066F	E	NEPHROPATHY DOC TX				Not Allowed	$0.00			
3072F	E	LOW RISK FOR RETINOPATHY				Not Allowed	$0.00			
3073F	E	PRE-SURG EYE MEASURES DOCD				Not Allowed	$0.00			
3074F	E	SYST BP < 130 MM HG				Not Allowed	$0.00			
3075F	E	SYST BP 130 - 139MM HG				Not Allowed	$0.00			
3077F	E	SYST BP >= 140 MM HG				Not Allowed	$0.00			
3078F	E	DIAST BP < 80 MM HG				Not Allowed	$0.00			
3079F	E	DIAST BP 80-89 MM HG				Not Allowed	$0.00			
3080F	E	DIAST BP >= 90 MM HG				Not Allowed	$0.00			
3082F	E	KT/V <1.2				Not Allowed	$0.00			
3083F	E	KT/V > 1.2 <1.7				Not Allowed	$0.00			
3084F	E	KT/V >= 1.7				Not Allowed	$0.00			
3085F	E	SUICIDE RISK ASSESSED				Not Allowed	$0.00			
3088F	E	MDD, MILD				Not Allowed	$0.00			
3089F	E	MDD, MODERATE				Not Allowed	$0.00			
3090F	E	MDD SEVERE W/O PSYCH				Not Allowed	$0.00			
3091F	E	MDD, SEVERE; W/PSYCH				Not Allowed	$0.00			
3092F	E	MDD IN REMISSION				Not Allowed	$0.00			
3093F	E	DOC NEW INIT/RECUR MDD				Not Allowed	$0.00			
3095F	E	CENTRAL DEXA RESULTS DOCD				Not Allowed	$0.00			
3096F	E	CENTRAL DEXA ORDERED				Not Allowed	$0.00			
3100F	E	IMAGE CAROTID STUDY REPORT				Not Allowed	$0.00			
3110F	E	CT/MRI HMRHG/LESION DOC				Not Allowed	$0.00			
3111F	E	CT/MRI BRAIN DONE W/IN 24HRS				Not Allowed	$0.00			
3112F	E	CT/MRI BRAIN DONE GT24 HRS				Not Allowed	$0.00			
3115F	E	QUANT RESULTS ACTIVITY +SYMP				Not Allowed	$0.00			
3117F	E	HF ASSESSMENT TOOL COMPLETED				Not Allowed	$0.00			
3118F	E	NY HEART ASSOC CLASS DOCD				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
3119F	E	NO EVAL ACTIVITY CLIN SYMP				Not Allowed	$0.00			
3120F	E	12-LEAD ECG PERFORMED				Not Allowed	$0.00			
3125F	E	ESOPH BX RPRT W/DYSPL INFO				Not Allowed	$0.00			
3130F	E	UPPER GI ENDOSCOPY PERFORMED				Not Allowed	$0.00			
3132F	E	DOC REF UPPER GI ENDOSCOPY				Not Allowed	$0.00			
3140F	E	UPPER GI ENDO POSS BARRTTS				Not Allowed	$0.00			
3141F	E	UPPER GI ENDO NO BARRETTS				Not Allowed	$0.00			
3142F	E	BARIUM SWALLOW TEST ORDERED				Not Allowed	$0.00			
3150F	E	FORCEPS ESOPH BIOPSY DONE				Not Allowed	$0.00			
3155F	E	CYTOGEN TEST MARROW PRIOR TX				Not Allowed	$0.00			
3160F	E	DOC FE STORES PRIOR EPO THX				Not Allowed	$0.00			
3170F	E	FLOW CYTO DONE PRIOR TX				Not Allowed	$0.00			
3200F	E	BARIUM SWALLOW NOT ORDER				Not Allowed	$0.00			
3210F	E	GRP A STREP TEST PERFORMED				Not Allowed	$0.00			
3215F	E	PT IMMUNITY TO HEP A DOCD				Not Allowed	$0.00			
3216F	E	PT IMMUNITY TO HEP B DOCD				Not Allowed	$0.00			
3218F	E	RNA TSTNG HEP C DOCD DONE				Not Allowed	$0.00			
3220F	E	HEP C QUANT RNA TSTNG DOCD				Not Allowed	$0.00			
3230F	E	HEARING TEST 6MON PRIOR TUBE				Not Allowed	$0.00			
3250F	E	NONPRIM LOC SPECIMIN SITE				Not Allowed	$0.00			
3260F	E	PT CAT/PN CAT/HIST GRD DOCD				Not Allowed	$0.00			
3265F	E	RNA TSTNG HEPC VIR ORD/DOCD				Not Allowed	$0.00			
3266F	E	HEPC GN TSTNG DOCD B/4TXMNT				Not Allowed	$0.00			
3267F	E	PATH RPRT W/ PT PN CAT ET AL				Not Allowed	$0.00			
3268F	E	PSA/T/GLSC DOCD PRIOR TXMNT				Not Allowed	$0.00			
3269F	E	BONE SCN PRIOR TXMNT/AFTR DX				Not Allowed	$0.00			
3270F	E	NO BONE SCN PRIORMNT/AFTRDX				Not Allowed	$0.00			
3271F	E	LOW RISK PROSTATE CNCR RECUR				Not Allowed	$0.00			
3272F	E	MED RISK PROSTATE CNCR RECUR				Not Allowed	$0.00			
3273F	E	HIGH RISKPROSTATE CNCR RECUR				Not Allowed	$0.00			
3274F	E	PROST CNCR RSK NOT LW/MD/HGH				Not Allowed	$0.00			
3278F	E	SERUM LVLS CA/IPTH/LPD ORD				Not Allowed	$0.00			
3279F	E	HGB LVL >/=13 G/DL				Not Allowed	$0.00			
3280F	E	HGB LVL 11-12.9 G/DL				Not Allowed	$0.00			
3281F	E	HGB LVL < 11 G/DL				Not Allowed	$0.00			
3284F	E	IOP DOWN >15% OF PRE-SVC LVL				Not Allowed	$0.00			
3285F	E	IOP DOWN <15% OF PRE-SVC LVL				Not Allowed	$0.00			
3288F	E	FALL RISK ASSESSMENT DOCD				Not Allowed	$0.00			
3290F	E	PT D(RH)- NEG UNSENSITIZED				Not Allowed	$0.00			
3291F	E	PT D(RH)+ OR SENSITIZED				Not Allowed	$0.00			
3292F	E	HIV TSTNG ASKED/DOCD/REVWD				Not Allowed	$0.00			
3293F	E	ABO RH BLOOD TYPING DOCD				Not Allowed	$0.00			
3294F	E	GRP B STREP SCREENING DOCD				Not Allowed	$0.00			
3300F	E	AJCC STAGE DOCD PRIOR THXPY				Not Allowed	$0.00			
3301F	E	CANCER STAGE DOCD METAST				Not Allowed	$0.00			
3315F	E	ER +OR PR +BREAST CANCER				Not Allowed	$0.00			
3316F	E	ER- OR PR- BREAST CANCER				Not Allowed	$0.00			
3317F	E	PATH RPT MALIG CANCER DOCD				Not Allowed	$0.00			
3318F	E	PATH RPT MALIG CANCER DOCD				Not Allowed	$0.00			
3319F	E	XRAY/CT/US/MRI/PET/NM1 ORDER				Not Allowed	$0.00			
3320F	E	NO IMAGE STUDIES ORDERED				Not Allowed	$0.00			
3321F	E	AJCC CNCR 0/IA MELAN DOCD				Not Allowed	$0.00			
3322F	E	MELANOMA>AJCC STAGE 0 OR IA				Not Allowed	$0.00			
3323F	E	TNM STAGE DOC PRIOR SURG				Not Allowed	$0.00			
3324F	E	MRI CT SCAN ORD RVWD RQSTD				Not Allowed	$0.00			
3325F	E	PREOP ASSES CATARACT SURG				Not Allowed	$0.00			

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3328F	E	PRFRMNC DOC W/IN 2 WKS SURG				Not Allowed	$0.00			
3330F	E	IMAGING STUDY ORDERED				Not Allowed	$0.00			
3331F	E	IMAGING TEST NOT ORDERED				Not Allowed	$0.00			
3340F	E	MAMMO ASSESS INC XRAY DOCD				Not Allowed	$0.00			
3341F	E	MAMMO ASSESS NEGATIVE DOCD				Not Allowed	$0.00			
3342F	E	MAMMO ASSESS BENGN DOCD				Not Allowed	$0.00			
3343F	E	MAMMO PROBABLY BENGN DOCD				Not Allowed	$0.00			
3344F	E	MAMMO ASSESS SUSP DOCD				Not Allowed	$0.00			
3345F	E	MAMMO ASSESS HGHLYMALIG DOC				Not Allowed	$0.00			
3350F	E	MAMMO BX PROVEN MALIG DOCD				Not Allowed	$0.00			
3351F	E	NEG SCRN DEP SYMP BY DEPTOOL				Not Allowed	$0.00			
3352F	E	NO SIG DEP SYMP BY DEP TOOL				Not Allowed	$0.00			
3353F	E	MILD-MOD DEP SYMP BY DEPTOOL				Not Allowed	$0.00			
3354F	E	CLIN SIG DEP SYM BY DEP TOOL				Not Allowed	$0.00			
3370F	E	AJCC BRST CNCR STAGE 0 DOCD				Not Allowed	$0.00			
3372F	E	AJCC BRST CNCR STAGE 1 DOCD				Not Allowed	$0.00			
3374F	E	AJCC BRST CNCR STAGE 1 DOCD				Not Allowed	$0.00			
3376F	E	AJCC BRSTCNCR STAGE 2 DOCD				Not Allowed	$0.00			
3378F	E	AJCC BRSTCNCR STAGE 3 DOCD				Not Allowed	$0.00			
3380F	E	AJCC BRSTCNCR STAGE 4 DOCD				Not Allowed	$0.00			
3382F	E	AJCC CLN CNCR STAGE 0 DOCD				Not Allowed	$0.00			
3384F	E	AJCC CLN CNCR STAGE 1 DOCD				Not Allowed	$0.00			
3386F	E	AJCC CLN CNCR STAGE 2 DOCD				Not Allowed	$0.00			
3388F	E	AJCC CLN CNCR STAGE 3 DOCD				Not Allowed	$0.00			
3390F	E	AJCC CLN CNCR STAGE 4 DOCD				Not Allowed	$0.00			
3394F	E	QUANT HER2 IHC EVAL BRST CX				Not Allowed	$0.00			
3395F	E	QUANT NONHER2 IHC BRST CX				Not Allowed	$0.00			
3450F	E	DYSPNEA SCRND NO-MILD DYSP				Not Allowed	$0.00			
3451F	E	DYSPNEA SCRND MOD-SEVEREDYSP				Not Allowed	$0.00			
3452F	E	DYSPNEA NOT SCREENED				Not Allowed	$0.00			
3455F	E	TB SCRNG DONE-INTERPD 6MON				Not Allowed	$0.00			
3470F	E	RA DISEASE ACTIVITY LOW				Not Allowed	$0.00			
3471F	E	RA DISEASE ACTIVITY MOD				Not Allowed	$0.00			
3472F	E	RA DISEASE ACTIVITY HIGH				Not Allowed	$0.00			
3475F	E	DISEASE PROGN RA POOR DOCD				Not Allowed	$0.00			
3476F	E	DISEASE PROGN RA GOOD DOCD				Not Allowed	$0.00			
3490F	E	HISTORY AIDS-DEFINING COND				Not Allowed	$0.00			
3491F	E	HIV UNSURE BABY OF HIV+MOMS				Not Allowed	$0.00			
3492F	E	HISTORY CD4+CELL COUNT <350				Not Allowed	$0.00			
3493F	E	NO HIST CD4+ CELL COUNT<350				Not Allowed	$0.00			
3494F	E	CD4+CELL COUNT <200CELLS/MM3				Not Allowed	$0.00			
3495F	E	CD4+CELL CNT 200-499 CELLS				Not Allowed	$0.00			
3496F	E	CD4+ CELL COUNT + 500 CELLS				Not Allowed	$0.00			
3497F	E	CD4+ CELL PERCENTAGE <15%				Not Allowed	$0.00			
3498F	E	CD4+ CELL >=15% (HIV)				Not Allowed	$0.00			
3500F	E	CD4 +CELL CNT/% DOCD AS DONE				Not Allowed	$0.00			
3502F	E	HIV RNA VRL LD <LMTS QUANTIF				Not Allowed	$0.00			
3503F	E	HIV RNA VRL LDNOT<LMTS QUNTF				Not Allowed	$0.00			
3510F	E	DOC TB SCRNG-RSLTS INTERPD				Not Allowed	$0.00			
3511F	E	CHLMYD/GONRH TSTS DOCD DONE				Not Allowed	$0.00			
3512F	E	SYPH SCRNG DOCD AS DONE				Not Allowed	$0.00			
3513F	E	HEP B SCRNG DOCD AS DONE				Not Allowed	$0.00			
3514F	E	HEP C SCRNG DOCD AS DONE				Not Allowed	$0.00			
3515F	E	PT HAS DOCD IMMUN TO HEP C				Not Allowed	$0.00			
3517F	E	HBV ASSESS&RESULTS INTRP 1YR				Not Allowed	$0.00			
3520F	E	CDIFFICILE TESTING PERFORME				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
3550F	E	LOW RSK THROMBOEMBOLISM				Not Allowed	$0.00			
3551F	E	INTRMED RSK THROMBOEMBOLISM				Not Allowed	$0.00			
3552F	E	HGH RISK FOR THROMBOEMBOLISM				Not Allowed	$0.00			
3555F	E	PT INR MEASUREMENT PERFORMED				Not Allowed	$0.00			
3570F	E	RPRT BONE SCINT X-REFW/X-RAY				Not Allowed	$0.00			
3572F	E	PT CONSID POSS RISK FX				Not Allowed	$0.00			
3573F	E	PT NOT CONSID POSS RISK FX				Not Allowed	$0.00			
3650F	E	EEG ORDERED RVWD REQSTD				Not Allowed	$0.00			
3700F	E	PSYCH DISORDERS ASSESSED				Not Allowed	$0.00			
3720F	E	COGNIT IMPAIRMENT ASSESSED				Not Allowed	$0.00			
3725F	E	SCREEN DEPRESSION PERFORMED				Not Allowed	$0.00			
3750F	E	PTNOTRCVNGSTEROID>/=10MG/DAY				Not Allowed	$0.00			
4000F	E	TOBACCO USE TXMNT COUNSELING				Not Allowed	$0.00			
4001F	E	TOBACCO USE TXMNT PHARMACOL				Not Allowed	$0.00			
4003F	E	PT ED WRITE/ORAL PTS W/ HF				Not Allowed	$0.00			
4004F	E	PT TOBACCO USE DONE RCVD TLK				Not Allowed	$0.00			
4005F	E	PHARM THX FOR OP RXD				Not Allowed	$0.00			
4008F	E	BETA-BLOCKER THERAPY RXD/TKN				Not Allowed	$0.00			
4010F	E	ACE/ARB THERAPY RXD/TAKEN				Not Allowed	$0.00			
4011F	E	ORAL ANTIPLATELET THERAPY RX				Not Allowed	$0.00			
4012F	E	WARFARIN THERAPY RX				Not Allowed	$0.00			
4013F	E	STATIN THERAPY/CURRENTLY TKN				Not Allowed	$0.00			
4014F	E	WRITTEN DISCHARGE INSTR PRVD				Not Allowed	$0.00			
4015F	E	PERSIST ASTHMA MEDICINE CTRL				Not Allowed	$0.00			
4016F	E	ANTI-INFLM/ANLGSC AGENT RX				Not Allowed	$0.00			
4017F	E	GI PROPHYLAXIS FOR NSAID RX				Not Allowed	$0.00			
4018F	E	THERAPY EXERCISE JOINT RX				Not Allowed	$0.00			
4019F	E	DOC RECPT COUNSL VIT D/CALC+				Not Allowed	$0.00			
4025F	E	INHALED BRONCHOLIDATOR RX				Not Allowed	$0.00			
4030F	E	OXYGEN THERAPY RX				Not Allowed	$0.00			
4033F	E	PULMONARY REHAB REC				Not Allowed	$0.00			
4035F	E	INFLUENZA IMM REC				Not Allowed	$0.00			
4037F	E	INFLUENZA IMM ORDER/ADMIN				Not Allowed	$0.00			
4040F	E	PNEUMOC VAC/ADMIN/RCVD				Not Allowed	$0.00			
4041F	E	DOC ORDER CEFAZOLIN/CEFUROX				Not Allowed	$0.00			
4042F	E	DOC ANTIBIO NOT GIVEN				Not Allowed	$0.00			
4043F	E	DOC ORDER GIVEN STOP ANTIBIO				Not Allowed	$0.00			
4044F	E	DOC ORDER GIVEN VTE PROPHYLX				Not Allowed	$0.00			
4045F	E	EMPIRIC ANTIBIOTIC RX				Not Allowed	$0.00			
4046F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed	$0.00			
4047F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed	$0.00			
4048F	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed	$0.00			
4049F	E	DOC ORDER GIVEN STOP ANTIBIO				Not Allowed	$0.00			
4050F	E	HT CARE PLAN DOC				Not Allowed	$0.00			
4051F	E	REFERRED FOR AN AV FISTULA				Not Allowed	$0.00			
4052F	E	HEMODIALYSIS VIA AV FISTULA				Not Allowed	$0.00			
4053F	E	HEMODIALYSIS VIA AV GRAFT				Not Allowed	$0.00			
4054F	E	HEMODIALYSIS VIA CATHETER				Not Allowed	$0.00			
4055F	E	PT RCVNG PERITON DIALYSIS				Not Allowed	$0.00			
4056F	E	APPROP ORAL REHYD RECOMMD				Not Allowed	$0.00			
4058F	E	PED GASTRO ED GIVEN, CAREGVR				Not Allowed	$0.00			
4060F	E	PSYCH SVCS PROVIDED				Not Allowed	$0.00			
4062F	E	PT REFERRAL PSYCH DOCD				Not Allowed	$0.00			
4063F	E	ANTIDEPRES RXTHXPY NOT RXD				Not Allowed	$0.00			
4064F	E	ANTIDEPRESSANT PRESCRIBED				Not Allowed	$0.00			
4065F	E	ANTIPSYCHOTIC RX PRESCRIBED				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
4066F	E	ECT PROVIDED				Not Allowed	$0.00			
4067F	E	PT REFERRAL FOR ECT DOCD				Not Allowed	$0.00			
4069F	E	VTE PROPHYLAXIS RCVD				Not Allowed	$0.00			
4070F	E	DVT PROPHYLX RECVD DAY 2				Not Allowed	$0.00			
4073F	E	ORAL ANTIPLAT THX RX DISCHRG				Not Allowed	$0.00			
4075F	E	ANTICOAG THX RX AT DISCHRG				Not Allowed	$0.00			
4077F	E	DOC T-PA ADMIN CONSIDERED				Not Allowed	$0.00			
4079F	E	DOC REHAB SVCS CONSIDERED				Not Allowed	$0.00			
4084F	E	ASPIRIN RECVD W/IN 24 HRS				Not Allowed	$0.00			
4086F	E	ASPIRIN/CLOPIDOGREL RXD				Not Allowed	$0.00			
4090F	E	PT RCVNG EPO THXPY				Not Allowed	$0.00			
4095F	E	PT NOT RCVNG EPO THXPY				Not Allowed	$0.00			
4100F	E	BIPHOS THXPY VEIN ORD/RECVD				Not Allowed	$0.00			
4110F	E	INT MAM ART USED FOR CABG				Not Allowed	$0.00			
4115F	E	BETA BLCKR ADMIN W/IN 24 HRS				Not Allowed	$0.00			
4120F	E	ANTIBIOT RXD/GIVEN				Not Allowed	$0.00			
4124F	E	ANTIBIOT NOT RXD/GIVEN				Not Allowed	$0.00			
4130F	E	TOPICAL PREP RX AOE				Not Allowed	$0.00			
4131F	E	SYST ANTIMICROBIAL THX RX				Not Allowed	$0.00			
4132F	E	NO SYST ANTIMICROBIAL THX RX				Not Allowed	$0.00			
4133F	E	ANTIHIST/DECONG RX/RECOM				Not Allowed	$0.00			
4134F	E	NO ANTIHIST/DECONG RX/RECOM				Not Allowed	$0.00			
4135F	E	SYSTEMIC CORTICOSTEROIDS RX				Not Allowed	$0.00			
4136F	E	SYST CORTICOSTEROIDS NOT RX				Not Allowed	$0.00			
4140F	E	INHALED CORTICOSTEROIDS RXD				Not Allowed	$0.00			
4142F	E	CORTICOSTER SPARNG TXMNT RXD				Not Allowed	$0.00			
4144F	E	ALT LONG-TERM CNTRL MED RXD				Not Allowed	$0.00			
4145F	E	2+ ANTI-HYPRTNSV AGENTS TKN				Not Allowed	$0.00			
4148F	E	HEP A VACCINE ADMIN/RECVD				Not Allowed	$0.00			
4149F	E	HEP B VACCINE ADMIN/RECVD				Not Allowed	$0.00			
4150F	E	PT RECVNG ANTIVIR TXMNT HEPC				Not Allowed	$0.00			
4151F	E	PT NOT RECVNG ANTIV HEP C				Not Allowed	$0.00			
4153F	E	COMBO PEGINTF/RIB RX				Not Allowed	$0.00			
4155F	E	HEP A VAC SERIES PREV RECVD				Not Allowed	$0.00			
4157F	E	HEP B VAC SERIES PREV RECVD				Not Allowed	$0.00			
4158F	E	PT CNSLD RE RISKS OH USEDONE				Not Allowed	$0.00			
4159F	E	CONTRCP TALK PRIOR ANTIV TX				Not Allowed	$0.00			
4163F	E	PT COUNS FOR TXMNT OPT PROST				Not Allowed	$0.00			
4164F	E	ADJV HRMNL THXPY RXD				Not Allowed	$0.00			
4165F	E	3D-CRT/IMRT RECEIVED				Not Allowed	$0.00			
4167F	E	HD BED TILTED 1ST DAY VENT				Not Allowed	$0.00			
4168F	E	PT CARE ICU&VENT W/IN 24HRS				Not Allowed	$0.00			
4169F	E	NO PT CARE ICU/VENT IN 24HRS				Not Allowed	$0.00			
4171F	E	PT RCVNG ESA THXPY				Not Allowed	$0.00			
4172F	E	PT NOT RCVNG ESA THXPY				Not Allowed	$0.00			
4174F	E	COUNS POTENT GLAUC IMPCT				Not Allowed	$0.00			
4175F	E	VIS OF >=20/40 W/IN 90 DAYS				Not Allowed	$0.00			
4176F	E	TALK RE UV LIGHT PT/CRGVR				Not Allowed	$0.00			
4177F	E	TALK PT/CRGVR RE AREDS PREV				Not Allowed	$0.00			
4178F	E	ANTID GLBLN RCVD W/IN 26WKS				Not Allowed	$0.00			
4179F	E	TAMOXIFEN/AI PRESCRIBED				Not Allowed	$0.00			
4180F	E	ADJV THXPYRXD/RCVD COLON CA				Not Allowed	$0.00			
4181F	E	CONFORMAL RADN THXPY RCVD				Not Allowed	$0.00			
4182F	E	NO CONFORMAL RADN THXPY				Not Allowed	$0.00			
4185F	E	CONTINUOUS PPI OR H2RA RCVD				Not Allowed	$0.00			
4186F	E	NO CONT PPI OR H2RA RCVD				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
4187F	E	ANTI RHEUM DRUGTHXPYRXD/GVN				Not Allowed	$0.00			
4188F	E	APPROP ACE/ARB TSTNG DONE				Not Allowed	$0.00			
4189F	E	APPROP DIGOXIN TSTNG DONE				Not Allowed	$0.00			
4190F	E	APPROP DIURETIC TSTNG DONE				Not Allowed	$0.00			
4191F	E	APPROP ANTICONVULS TSTNG				Not Allowed	$0.00			
4192F	E	PT NOT RCVNG GLUCOCO THXPY				Not Allowed	$0.00			
4193F	E	PT RCVNG<10MG DAILY PREDNISO				Not Allowed	$0.00			
4194F	E	PT RCVNG>10MG DAILY PREDNISO				Not Allowed	$0.00			
4195F	E	PT RCVNG ANTI-RHEUM THXPY RA				Not Allowed	$0.00			
4196F	E	PTNOT RCVNG ANTI-RHM THXPYRA				Not Allowed	$0.00			
4200F	E	EXTERNAL BEAM TO PROST+/-NOD				Not Allowed	$0.00			
4201F	E	EXTRNL BM THXPY+/-NODAL IRAD				Not Allowed	$0.00			
4210F	E	ACE/ARB THXPY FOR MOS/>				Not Allowed	$0.00			
4220F	E	DIGOXIN THXPY FOR 6 MOS/>				Not Allowed	$0.00			
4221F	E	DIURETIC THXPY FOR 6 MOS/>				Not Allowed	$0.00			
4230F	E	ANTICONV THXPY FOR 6 MOS/>				Not Allowed	$0.00			
4240F	E	INSTR EXERCISE BK PN >12 WKS				Not Allowed	$0.00			
4242F	E	SPRVSD EXERCISE BK PN>12 WKS				Not Allowed	$0.00			
4245F	E	PT INSTR NORMAL LIFESTYLE				Not Allowed	$0.00			
4248F	E	PT INSTR NO BD REST 4 DAYS/>				Not Allowed	$0.00			
4250F	E	WARMNG SURG NORMOTHERMIA				Not Allowed	$0.00			
4255F	E	ANESTH 60 MIN/> AS DOCD				Not Allowed	$0.00			
4256F	E	ANESTH < 60 MIN AS DOCD				Not Allowed	$0.00			
4260F	E	WOUND SRFC CULTURETECH USED				Not Allowed	$0.00			
4261F	E	TECH OTHER THAN SURFC CULTR				Not Allowed	$0.00			
4265F	E	WET-DRY DRESSINGS RX RECMD				Not Allowed	$0.00			
4266F	E	NO WET-DRY DRSSINGS RX RECMD				Not Allowed	$0.00			
4267F	E	COMPRSSION THXPY PRESCRIBED				Not Allowed	$0.00			
4268F	E	PT ED RE COMP THXPY RCVD				Not Allowed	$0.00			
4269F	E	APPROPOS MTHD OFFLOADING RXD				Not Allowed	$0.00			
4270F	E	PT RCVNG ANTI R-VIRAL THXPY				Not Allowed	$0.00			
4271F	E	PT RCVNG ANTI R-VIRAL THXPY				Not Allowed	$0.00			
4274F	E	FLU IMMUNO ADMINFD RCVD				Not Allowed	$0.00			
4276F	E	POTENT ANTIVIR THXPY RXD				Not Allowed	$0.00			
4279F	E	PCP PROPHYLAXIS RXD				Not Allowed	$0.00			
4280F	E	PCP PROPHYLAX RXD 3MON LOW %				Not Allowed	$0.00			
4290F	E	PT SCRNED FOR INJ DRUG USE				Not Allowed	$0.00			
4293F	E	PT SCRND HGH-RISK SEX BEHAV				Not Allowed	$0.00			
4300F	E	PT RCVNG WARF THXPY				Not Allowed	$0.00			
4301F	E	PT NOT RCVNG WARF THXPY				Not Allowed	$0.00			
4305F	E	PT ED RE FT CARE INSPCT RCVD				Not Allowed	$0.00			
4306F	E	PT TLK PSYCH & RX OPD ADDIC				Not Allowed	$0.00			
4320F	E	PT TALK PSYCHSOC&RX OH DPND				Not Allowed	$0.00			
4322F	E	CRGVR PROV W/ ED ADDL RSRCS				Not Allowed	$0.00			
4324F	E	PT QUERIED PRKNS COMPLIC				Not Allowed	$0.00			
4325F	E	MED TXMNT OPTIONS RVWD W/PT				Not Allowed	$0.00			
4326F	E	PT ASKED RE SYMP AUTO DYSFXN				Not Allowed	$0.00			
4328F	E	PT ASKED RE SLEEP DISTURB				Not Allowed	$0.00			
4330F	E	CNSLNG EPI SPEC SFTY ISSUES				Not Allowed	$0.00			
4340F	E	CNSLNG CHLDBRNG+ WOMEN EPI				Not Allowed	$0.00			
4350F	E	CNSLNG PROVIDED SYMP MNGMNT				Not Allowed	$0.00			
4400F	E	REHAB THXPY OPTIONS W/PT				Not Allowed	$0.00			
4450F	E	SELF-CARE ED PROVIDED TO PT				Not Allowed	$0.00			
4470F	E	ICD COUNSELING PROVIDED				Not Allowed	$0.00			
4480F	E	PT RCVNG ACE/ARB B-BLOCKERTX				Not Allowed	$0.00			
4481F	E	PT RCVNG ACE/ARB BLKER<3MONS				Not Allowed	$0.00			

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4500F	E	REF TO OUTPT CARD REHAB PROG				Not Allowed	$0.00			
4510F	E	PREV CARDREHAB QUALCARDEVENT				Not Allowed	$0.00			
4525F	E	NEUROPSYCHIA INTERVEN ORDER				Not Allowed	$0.00			
4526F	E	NEUROPSYCHIA INTERVEN RCVD				Not Allowed	$0.00			
5005F	E	PT COUNSLD ON EXAM FOR MOLES				Not Allowed	$0.00			
5010F	E	MACUL RESULT TO PHY MNG DM				Not Allowed	$0.00			
5015F	E	DOC FX & TEST/TXMNT FOR OP				Not Allowed	$0.00			
5020F	E	TX SUMMARY MAIN DR BY 1 MON				Not Allowed	$0.00			
5050F	E	TX PLAN TO MAIN DR BY 1 MON				Not Allowed	$0.00			
5060F	E	FNDNGS MAMMO TO PT W/IN3DAYS				Not Allowed	$0.00			
5062F	E	DOC F2FMAMMO FNDNG IN 3 DAYS				Not Allowed	$0.00			
5100F	E	RSK FX REF W/N 24 HRS XRAY				Not Allowed	$0.00			
5200F	E	EVAL APPROS SURG THXPY EPI				Not Allowed	$0.00			
5250F	E	ASTHMA DISCHARGE PLAN PRESNT				Not Allowed	$0.00			
6005F	E	CARE LEVEL RATIONALE DOC				Not Allowed	$0.00			
6010F	E	DYSPHAGTEST DONE PRIOREATING				Not Allowed	$0.00			
6015F	E	PT OK FOR PER ORAL INTAKE				Not Allowed	$0.00			
6020F	E	NPO (NOTHING-MOUTH) ORDERED				Not Allowed	$0.00			
6030F	E	MAX STERILE BARRIERS FOLLWD				Not Allowed	$0.00			
6040F	E	APPRO RAD DS DVCS TECHS DOCD				Not Allowed	$0.00			
6045F	E	RAD EXPOS IN END RPRT FLURO				Not Allowed	$0.00			
6070F	E	PT ASKED/CNSLD AED EFFECTS				Not Allowed	$0.00			
6080F	E	PT/CAREGIVER QUERIED FALLS				Not Allowed	$0.00			
6090F	E	PT/CAREGIVER COUNSEL SAFETY				Not Allowed	$0.00			
6100F	E	VERIFY PT SITE PXD DOCD				Not Allowed	$0.00			
6101F	E	SAFETY COUNSELING DEMENTIA				Not Allowed	$0.00			
6102F	E	SAFETY COUNSELING DEM ORDER				Not Allowed	$0.00			
6110F	E	COUNSEL PROV DRIVING RISKS				Not Allowed	$0.00			
6150F	E	PT NOTRCVNG1ST ANTITNF TXMNT				Not Allowed	$0.00			
7010F	E	PT INFO INTO RECALL SYSTEM				Not Allowed	$0.00			
7020F	E	MAMMO ASSESS CAT IN DBASE				Not Allowed	$0.00			
7025F	E	PT INFOSYS ALARM NEXT MAMMO				Not Allowed	$0.00			
A0021	E	OUTSIDE STATE AMBULANCE SERV				Not Allowed	$0.00			
A0080	E	NONINTEREST ESCORT IN NON ER				Not Allowed	$0.00			
A0090	E	INTEREST ESCORT IN NON ER				Not Allowed	$0.00			
A0100	E	NONEMERGENCY TRANSPORT TAXI				Not Allowed	$0.00			
A0110	E	NONEMERGENCY TRANSPORT BUS				Not Allowed	$0.00			
A0120	E	NONER TRANSPORT MINI-BUS				Not Allowed	$0.00			
A0130	E	NONER TRANSPORT WHEELCH VAN				Not Allowed	$0.00			
A0140	E	NONEMERGENCY TRANSPORT AIR				Not Allowed	$0.00			
A0160	E	NONER TRANSPORT CASE WORKER				Not Allowed	$0.00			
A0170	E	TRANSPORT PARKING FEES/TOLLS				Not Allowed	$0.00			
A0180	E	NONER TRANSPORT LODGNG RECIP				Not Allowed	$0.00			
A0190	E	NONER TRANSPORT MEALS RECIP				Not Allowed	$0.00			
A0200	E	NONER TRANSPORT LODGNG ESCRT				Not Allowed	$0.00			
A0210	E	NONER TRANSPORT MEALS ESCORT				Not Allowed	$0.00			
A0225	E	NEONATAL EMERGENCY TRANSPORT				Not Allowed	$0.00			
A0380	E	BASIC LIFE SUPPORT MILEAGE				Not Allowed	$0.00			
A0382	E	BASIC SUPPORT ROUTINE SUPPLS				Not Allowed	$0.00			
A0384	E	BLS DEFIBRILLATION SUPPLIES				Not Allowed	$0.00			
A0390	E	ADVANCED LIFE SUPPORT MILEAG				Not Allowed	$0.00			
A0392	E	ALS DEFIBRILLATION SUPPLIES				Not Allowed	$0.00			
A0394	E	ALS IV DRUG THERAPY SUPPLIES				Not Allowed	$0.00			
A0396	E	ALS ESOPHAGEAL INTUB SUPPLS				Not Allowed	$0.00			
A0398	E	ALS ROUTINE DISPOSBLE SUPPLS				Not Allowed	$0.00			
A0420	E	AMBULANCE WAITING 1/2 HR				Not Allowed	$0.00			

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A0422	E	AMBULANCE 02 LIFE SUSTAINING				Not Allowed	$0.00			
A0424	E	EXTRA AMBULANCE ATTENDANT				Not Allowed	$0.00			
A0425	E	GROUND MILEAGE				Not Allowed	$0.00			
A0426	E	ALS 1				Not Allowed	$0.00			
A0427	E	ALS1-EMERGENCY				Not Allowed	$0.00			
A0428	E	BLS				Not Allowed	$0.00			
A0429	E	BLS-EMERGENCY				Not Allowed	$0.00			
A0430	E	FIXED WING AIR TRANSPORT				Not Allowed	$0.00			
A0431	E	ROTARY WING AIR TRANSPORT				Not Allowed	$0.00			
A0432	E	PI VOLUNTEER AMBULANCE CO				Not Allowed	$0.00			
A0433	E	ALS 2				Not Allowed	$0.00			
A0434	E	SPECIALTY CARE TRANSPORT				Not Allowed	$0.00			
A0435	E	FIXED WING AIR MILEAGE				Not Allowed	$0.00			
A0436	E	ROTARY WING AIR MILEAGE				Not Allowed	$0.00			
A0888	E	NONCOVERED AMBULANCE MILEAGE				Not Allowed	$0.00			
A0998	E	AMBULANCE RESPONSE/TREATMENT				Not Allowed	$0.00			
A0999	E	UNLISTED AMBULANCE SERVICE				Not Allowed	$0.00			
A4206	E	1 CC STERILE SYRINGE&NEEDLE				Not Allowed	$0.00			
A4207	E	2 CC STERILE SYRINGE&NEEDLE				Not Allowed	$0.00			
A4208	E	3 CC STERILE SYRINGE&NEEDLE				Not Allowed	$0.00			
A4209	E	5+ CC STERILE SYRINGE&NEEDLE				Not Allowed	$0.00			
A4210	E	NONNEEDLE INJECTION DEVICE				Not Allowed	$0.00			
A4211	E	SUPP FOR SELF-ADM INJECTIONS				Not Allowed	$0.00			
A4212	E	NON CORING NEEDLE OR STYLET				Not Allowed	$0.00			
A4213	E	20+ CC SYRINGE ONLY				Not Allowed	$0.00			
A4215	E	STERILE NEEDLE				Not Allowed	$0.00			
A4216	E	STERILE WATER/SALINE 10 ML				Not Allowed	$0.00			
A4217	E	STERILE WATER/SALINE 500 ML				Not Allowed	$0.00			
A4218	N	STERILE SALINE OR WATER				Bundled	$0.00			
A4220	N	INFUSION PUMP REFILL KIT				Bundled	$0.00			
A4221	E	MAINT DRUG INFUS CATH PER WK				Not Allowed	$0.00			
A4222	E	DRUG INFUSION PUMP SUPPLIES				Not Allowed	$0.00			
A4223	E	INFUSION SUPPLIES W/O PUMP				Not Allowed	$0.00			
A4230	N	INFUS INSULIN PUMP NON NEEDL				Bundled	$0.00			
A4231	N	INFUSION INSULIN PUMP NEEDLE				Bundled	$0.00			
A4232	E	SYRINGE W/NEEDLE INSULIN 3CC				Not Allowed	$0.00			
A4233	E	ALKALIN BATT FOR GLUCOSE MON				Not Allowed	$0.00			
A4234	E	J-CELL BATT FOR GLUCOSE MON				Not Allowed	$0.00			
A4235	E	LITHIUM BATT FOR GLUCOSE MON				Not Allowed	$0.00			
A4236	E	SILVR OXIDE BATT GLUCOSE MON				Not Allowed	$0.00			
A4244	E	ALCOHOL OR PEROXIDE PER PINT				Not Allowed	$0.00			
A4245	E	ALCOHOL WIPES PER BOX				Not Allowed	$0.00			
A4246	E	BETADINE/PHISOHEX SOLUTION				Not Allowed	$0.00			
A4247	E	BETADINE/IODINE SWABS/WIPES				Not Allowed	$0.00			
A4248	N	CHLORHEXIDINE ANTISEPT				Bundled	$0.00			
A4250	E	URINE REAGENT STRIPS/TABLETS				Not Allowed	$0.00			
A4252	E	BLOOD KETONE TEST OR STRIP				Not Allowed	$0.00			
A4253	E	BLOOD GLUCOSE/REAGENT STRIPS				Not Allowed	$0.00			
A4255	E	GLUCOSE MONITOR PLATFORMS				Not Allowed	$0.00			
A4256	E	CALIBRATOR SOLUTION/CHIPS				Not Allowed	$0.00			
A4257	E	REPLACE LENSSHIELD CARTRIDGE				Not Allowed	$0.00			
A4258	E	LANCET DEVICE EACH				Not Allowed	$0.00			
A4259	E	LANCETS PER BOX				Not Allowed	$0.00			
A4261	E	CERVICAL CAP CONTRACEPTIVE				Not Allowed	$0.00			
A4262	N	TEMPORARY TEAR DUCT PLUG				Bundled	$0.00			
A4263	N	PERMANENT TEAR DUCT PLUG				Bundled	$0.00			

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A4264	E	INTRATUBAL OCCLUSION DEVICE				Not Allowed	$0.00			
A4265	E	PARAFFIN				Not Allowed	$0.00			
A4266	E	DIAPHRAGM				Not Allowed	$0.00			
A4267	E	MALE CONDOM				Not Allowed	$0.00			
A4268	N	FEMALE CONDOM				Bundled	$0.00			
A4269	N	SPERMICIDE				Bundled	$0.00			
A4270	N	DISPOSABLE ENDOSCOPE SHEATH				Bundled	$0.00			
A4280	N	BRST PRSTHS ADHSV ATTCHMNT				Bundled	$0.00			
A4281	E	REPLACEMENT BREASTPUMP TUBE				Not Allowed	$0.00			
A4282	E	REPLACEMENT BREASTPUMP ADPT				Not Allowed	$0.00			
A4283	E	REPLACEMENT BREASTPUMP CAP				Not Allowed	$0.00			
A4284	E	REPLCMNT BREAST PUMP SHIELD				Not Allowed	$0.00			
A4285	E	REPLCMNT BREAST PUMP BOTTLE				Not Allowed	$0.00			
A4286	E	REPLCMNT BREASTPUMP LOK RING				Not Allowed	$0.00			
A4290	E	SACRAL NERVE STIM TEST LEAD				Not Allowed	$0.00			
A4300	N	CATH IMPL VASC ACCESS PORTAL				Bundled	$0.00			
A4301	N	IMPLANTABLE ACCESS SYST PERC				Bundled	$0.00			
A4305	N	DRUG DELIVERY SYSTEM >=50 ML				Bundled	$0.00			
A4306	N	DRUG DELIVERY SYSTEM <=50 ML				Bundled	$0.00			
A4310	N	INSERT TRAY W/O BAG/CATH				Bundled	$0.00			
A4311	N	CATHETER W/O BAG 2-WAY LATEX				Bundled	$0.00			
A4312	N	CATH W/O BAG 2-WAY SILICONE				Bundled	$0.00			
A4313	N	CATHETER W/BAG 3-WAY				Bundled	$0.00			
A4314	N	CATH W/DRAINAGE 2-WAY LATEX				Bundled	$0.00			
A4315	N	CATH W/DRAINAGE 2-WAY SILCNE				Bundled	$0.00			
A4316	N	CATH W/DRAINAGE 3-WAY				Bundled	$0.00			
A4320	N	IRRIGATION TRAY				Bundled	$0.00			
A4321	N	CATH THERAPEUTIC IRRIG AGENT				Bundled	$0.00			
A4322	N	IRRIGATION SYRINGE				Bundled	$0.00			
A4326	N	MALE EXTERNAL CATHETER				Bundled	$0.00			
A4327	N	FEM URINARY COLLECT DEV CUP				Bundled	$0.00			
A4328	N	FEM URINARY COLLECT POUCH				Bundled	$0.00			
A4330	N	STOOL COLLECTION POUCH				Bundled	$0.00			
A4331	N	EXTENSION DRAINAGE TUBING				Bundled	$0.00			
A4332	N	LUBRICANT FOR CATH INSERTION				Bundled	$0.00			
A4333	N	URINARY CATH ANCHOR DEVICE				Bundled	$0.00			
A4334	N	URINARY CATH LEG STRAP				Bundled	$0.00			
A4335	N	INCONTINENCE SUPPLY				Bundled	$0.00			
A4336	N	URETHRAL INSERT				Bundled	$0.00			
A4338	N	INDWELLING CATHETER LATEX				Bundled	$0.00			
A4340	N	INDWELLING CATHETER SPECIAL				Bundled	$0.00			
A4344	N	CATH INDW FOLEY 2 WAY SILICN				Bundled	$0.00			
A4346	N	CATH INDW FOLEY 3 WAY				Bundled	$0.00			
A4349	E	DISPOSABLE MALE EXTERNAL CAT				Not Allowed	$0.00			
A4351	N	STRAIGHT TIP URINE CATHETER				Bundled	$0.00			
A4352	N	COUDE TIP URINARY CATHETER				Bundled	$0.00			
A4353	N	INTERMITTENT URINARY CATH				Bundled	$0.00			
A4354	N	CATH INSERTION TRAY W/BAG				Bundled	$0.00			
A4355	N	BLADDER IRRIGATION TUBING				Bundled	$0.00			
A4356	N	EXT URETH CLMP OR COMPR DVC				Bundled	$0.00			
A4357	N	BEDSIDE DRAINAGE BAG				Bundled	$0.00			
A4358	N	URINARY LEG OR ABDOMEN BAG				Bundled	$0.00			
A4360	N	DISPOSABLE EXT URETHRAL DEV				Bundled	$0.00			
A4361	N	OSTOMY FACE PLATE				Bundled	$0.00			
A4362	N	SOLID SKIN BARRIER				Bundled	$0.00			
A4363	N	OSTOMY CLAMP, REPLACEMENT				Bundled	$0.00			

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A4364	N	ADHESIVE LIQUID OR EQUAL				Bundled	$0.00			
A4366	E	OSTOMY VENT				Not Allowed	$0.00			
A4367	N	OSTOMY BELT				Bundled	$0.00			
A4368	N	OSTOMY FILTER				Bundled	$0.00			
A4369	N	SKIN BARRIER LIQUID PER OZ				Bundled	$0.00			
A4371	N	SKIN BARRIER POWDER PER OZ				Bundled	$0.00			
A4372	N	SKIN BARRIER SOLID 4X4 EQUIV				Bundled	$0.00			
A4373	N	SKIN BARRIER WITH FLANGE				Bundled	$0.00			
A4375	N	DRAINABLE PLASTIC PCH W FCPL				Bundled	$0.00			
A4376	N	DRAINABLE RUBBER PCH W FCPLT				Bundled	$0.00			
A4377	N	DRAINABLE PLSTIC PCH W/O FP				Bundled	$0.00			
A4378	N	DRAINABLE RUBBER PCH W/O FP				Bundled	$0.00			
A4379	N	URINARY PLASTIC POUCH W FCPL				Bundled	$0.00			
A4380	N	URINARY RUBBER POUCH W FCPLT				Bundled	$0.00			
A4381	N	URINARY PLASTIC POUCH W/O FP				Bundled	$0.00			
A4382	N	URINARY HVY PLSTC PCH W/O FP				Bundled	$0.00			
A4383	N	URINARY RUBBER POUCH W/O FP				Bundled	$0.00			
A4384	N	OSTOMY FACEPLT/SILICONE RING				Bundled	$0.00			
A4385	N	OST SKN BARRIER SLD EXT WEAR				Bundled	$0.00			
A4387	N	OST CLSD POUCH W ATT ST BARR				Bundled	$0.00			
A4388	N	DRAINABLE PCH W EX WEAR BARR				Bundled	$0.00			
A4389	N	DRAINABLE PCH W ST WEAR BARR				Bundled	$0.00			
A4390	N	DRAINABLE PCH EX WEAR CONVEX				Bundled	$0.00			
A4391	N	URINARY POUCH W EX WEAR BARR				Bundled	$0.00			
A4392	N	URINARY POUCH W ST WEAR BARR				Bundled	$0.00			
A4393	N	URINE PCH W EX WEAR BAR CONV				Bundled	$0.00			
A4394	N	OSTOMY POUCH LIQ DEODORANT				Bundled	$0.00			
A4395	N	OSTOMY POUCH SOLID DEODORANT				Bundled	$0.00			
A4396	N	PERISTOMAL HERNIA SUPPRT BLT				Bundled	$0.00			
A4397	N	IRRIGATION SUPPLY SLEEVE				Bundled	$0.00			
A4398	N	OSTOMY IRRIGATION BAG				Bundled	$0.00			
A4399	N	OSTOMY IRRIG CONE/CATH W BRS				Bundled	$0.00			
A4400	N	OSTOMY IRRIGATION SET				Bundled	$0.00			
A4402	N	LUBRICANT PER OUNCE				Bundled	$0.00			
A4404	N	OSTOMY RING EACH				Bundled	$0.00			
A4405	N	NONPECTIN BASED OSTOMY PASTE				Bundled	$0.00			
A4406	N	PECTIN BASED OSTOMY PASTE				Bundled	$0.00			
A4407	N	EXT WEAR OST SKN BARR <=4SQ¿				Bundled	$0.00			
A4408	N	EXT WEAR OST SKN BARR >4SQ¿				Bundled	$0.00			
A4409	N	OST SKN BARR CONVEX <=4 SQ I				Bundled	$0.00			
A4410	N	OST SKN BARR EXTND >4 SQ				Bundled	$0.00			
A4411	E	OST SKN BARR EXTND =4SQ				Not Allowed	$0.00			
A4412	E	OST POUCH DRAIN HIGH OUTPUT				Not Allowed	$0.00			
A4413	N	2 PC DRAINABLE OST POUCH				Bundled	$0.00			
A4414	N	OST SKNBAR W/O CONV<=4 SQ IN				Bundled	$0.00			
A4415	N	OST SKN BARR W/O CONV >4 SQI				Bundled	$0.00			
A4416	E	OST PCH CLSD W BARRIER/FILTR				Not Allowed	$0.00			
A4417	E	OST PCH W BAR/BLTINCONV/FLTR				Not Allowed	$0.00			
A4418	E	OST PCH CLSD W/O BAR W FILTR				Not Allowed	$0.00			
A4419	E	OST PCH FOR BAR W FLANGE/FLT				Not Allowed	$0.00			
A4420	E	OST PCH CLSD FOR BAR W LK FL				Not Allowed	$0.00			
A4421	E	OSTOMY SUPPLY MISC				Not Allowed	$0.00			
A4422	N	OST POUCH ABSORBENT MATERIAL				Bundled	$0.00			
A4423	E	OST PCH FOR BAR W LK FL/FLTR				Not Allowed	$0.00			
A4424	E	OST PCH DRAIN W BAR & FILTER				Not Allowed	$0.00			
A4425	E	OST PCH DRAIN FOR BARRIER FL				Not Allowed	$0.00			

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A4426	E	OST PCH DRAIN 2 PIECE SYSTEM				Not Allowed	$0.00			
A4427	E	OST PCH DRAIN/BARR LK FLNG/F				Not Allowed	$0.00			
A4428	E	URINE OST POUCH W FAUCET/TAP				Not Allowed	$0.00			
A4429	E	URINE OST POUCH W BLTINCONV				Not Allowed	$0.00			
A4430	E	OST URINE PCH W B/BLTIN CONV				Not Allowed	$0.00			
A4431	E	OST PCH URINE W BARRIER/TAPV				Not Allowed	$0.00			
A4432	E	OS PCH URINE W BAR/FANGE/TAP				Not Allowed	$0.00			
A4433	E	URINE OST PCH BAR W LOCK FLN				Not Allowed	$0.00			
A4434	E	OST PCH URINE W LOCK FLNG/FT				Not Allowed	$0.00			
A4450	N	NON-WATERPROOF TAPE				Bundled	$0.00			
A4452	N	WATERPROOF TAPE				Bundled	$0.00			
A4455	N	ADHESIVE REMOVER PER OUNCE				Bundled	$0.00			
A4456	N	ADHESIVE REMOVER, WIPES				Bundled	$0.00			
A4458	E	REUSABLE ENEMA BAG				Not Allowed	$0.00			
A4461	E	SURGICL DRESS HOLD NON-REUSE				Not Allowed	$0.00			
A4463	E	SURGICAL DRESS HOLDER REUSE				Not Allowed	$0.00			
A4465	N	NON-ELASTIC EXTREMITY BINDER				Bundled	$0.00			
A4466	E	ELASTIC GARMENT/COVERING				Not Allowed	$0.00			
A4470	N	GRAVLEE JET WASHER				Bundled	$0.00			
A4480	N	VABRA ASPIRATOR				Bundled	$0.00			
A4481	N	TRACHEOSTOMA FILTER				Bundled	$0.00			
A4483	N	MOISTURE EXCHANGER				Bundled	$0.00			
A4490	E	ABOVE KNEE SURGICAL STOCKING				Not Allowed	$0.00			
A4495	E	THIGH LENGTH SURG STOCKING				Not Allowed	$0.00			
A4500	E	BELOW KNEE SURGICAL STOCKING				Not Allowed	$0.00			
A4510	E	FULL LENGTH SURG STOCKING				Not Allowed	$0.00			
A4520	E	INCONTINENCE GARMENT ANYTYPE				Not Allowed	$0.00			
A4550	E	SURGICAL TRAYS				Not Allowed	$0.00			
A4554	E	DISPOSABLE UNDERPADS				Not Allowed	$0.00			
A4556	E	ELECTRODES, PAIR				Not Allowed	$0.00			
A4557	E	LEAD WIRES, PAIR				Not Allowed	$0.00			
A4558	E	CONDUCTIVE PASTE OR GEL				Not Allowed	$0.00			
A4559	E	COUPLING GEL OR PASTE				Not Allowed	$0.00			
A4561	N	PESSARY RUBBER, ANY TYPE				Bundled	$0.00			
A4562	N	PESSARY, NON RUBBER,ANY TYPE				Bundled	$0.00			
A4565	N	SLINGS				Bundled	$0.00			
A4566	E	SHOULD SLING/VEST/ABRESTRAIN				Not Allowed	$0.00			
A4570	E	SPLINT				Not Allowed	$0.00			
A4575	E	HYPERBARIC O2 CHAMBER DISPS				Not Allowed	$0.00			
A4580	E	CAST SUPPLIES (PLASTER)				Not Allowed	$0.00			
A4590	E	SPECIAL CASTING MATERIAL				Not Allowed	$0.00			
A4595	E	TENS SUPPL 2 LEAD PER MONTH				Not Allowed	$0.00			
A4600	E	SLEEVE, INTER LIMB COMP DEV				Not Allowed	$0.00			
A4601	E	LITH ION BATT, NON-PROS USE				Not Allowed	$0.00			
A4604	E	TUBING WITH HEATING ELEMENT				Not Allowed	$0.00			
A4605	E	TRACH SUCTION CATH CLOSE SYS				Not Allowed	$0.00			
A4606	N	OXYGEN PROBE USED W OXIMETER				Bundled	$0.00			
A4608	E	TRANSTRACHEAL OXYGEN CATH				Not Allowed	$0.00			
A4611	E	HEAVY DUTY BATTERY				Not Allowed	$0.00			
A4612	E	BATTERY CABLES				Not Allowed	$0.00			
A4613	E	BATTERY CHARGER				Not Allowed	$0.00			
A4614	E	HAND-HELD PEFR METER				Not Allowed	$0.00			
A4615	E	CANNULA NASAL				Not Allowed	$0.00			
A4616	E	TUBING (OXYGEN) PER FOOT				Not Allowed	$0.00			
A4617	E	MOUTH PIECE				Not Allowed	$0.00			
A4618	E	BREATHING CIRCUITS				Not Allowed	$0.00			

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A4619	E	FACE TENT				Not Allowed	$0.00			
A4620	E	VARIABLE CONCENTRATION MASK				Not Allowed	$0.00			
A4623	N	TRACHEOSTOMY INNER CANNULA				Bundled	$0.00			
A4624	E	TRACHEAL SUCTION TUBE				Not Allowed	$0.00			
A4625	N	TRACH CARE KIT FOR NEW TRACH				Bundled	$0.00			
A4626	N	TRACHEOSTOMY CLEANING BRUSH				Bundled	$0.00			
A4627	E	SPACER BAG/RESERVOIR				Not Allowed	$0.00			
A4628	E	OROPHARYNGEAL SUCTION CATH				Not Allowed	$0.00			
A4629	N	TRACHEOSTOMY CARE KIT				Bundled	$0.00			
A4630	E	REPL BAT T.E.N.S. OWN BY PT				Not Allowed	$0.00			
A4633	E	UVL REPLACEMENT BULB				Not Allowed	$0.00			
A4634	N	REPLACEMENT BULB TH LIGHTBOX				Bundled	$0.00			
A4635	E	UNDERARM CRUTCH PAD				Not Allowed	$0.00			
A4636	E	HANDGRIP FOR CANE ETC				Not Allowed	$0.00			
A4637	E	REPL TIP CANE/CRUTCH/WALKER				Not Allowed	$0.00			
A4638	E	REPL BATT PULSE GEN SYS				Not Allowed	$0.00			
A4639	E	INFRARED HT SYS REPLCMNT PAD				Not Allowed	$0.00			
A4640	E	ALTERNATING PRESSURE PAD				Not Allowed	$0.00			
A4641	N	RADIOPHARM DX AGENT NOC				Bundled	$0.00			
A4642	N	IN111 SATUMOMAB				Bundled	$0.00			
A4648	N	IMPLANTABLE TISSUE MARKER				Bundled	$0.00			
A4649	N	SURGICAL SUPPLIES				Bundled	$0.00			
A4650	N	IMPLANT RADIATION DOSIMETER				Bundled	$0.00			
A4651	N	CALIBRATED MICROCAP TUBE				Bundled	$0.00			
A4652	N	MICROCAPILLARY TUBE SEALANT				Bundled	$0.00			
A4653	N	PD CATHETER ANCHOR BELT				Bundled	$0.00			
A4657	N	SYRINGE W/WO NEEDLE				Bundled	$0.00			
A4660	N	SPHYG/BP APP W CUFF AND STET				Bundled	$0.00			
A4663	N	DIALYSIS BLOOD PRESSURE CUFF				Bundled	$0.00			
A4670	E	AUTOMATIC BP MONITOR DIAL				Not Allowed	$0.00			
A4671	E	DISPOSABLE CYCLER SET				Not Allowed	$0.00			
A4672	E	DRAINAGE EXT LINE DIALYSIS				Not Allowed	$0.00			
A4673	E	EXT LINE W EASY LOCK CONNECT				Not Allowed	$0.00			
A4674	E	CHEM/ANTISEPT SOLUTION 8OZ				Not Allowed	$0.00			
A4680	N	ACTIVATED CARBON FILTER, EA				Bundled	$0.00			
A4690	N	DIALYZER, EACH				Bundled	$0.00			
A4706	N	BICARBONATE CONC SOL PER GAL				Bundled	$0.00			
A4707	N	BICARBONATE CONC POW PER PAC				Bundled	$0.00			
A4708	N	ACETATE CONC SOL PER GALLON				Bundled	$0.00			
A4709	N	ACID CONC SOL PER GALLON				Bundled	$0.00			
A4714	N	TREATED WATER PER GALLON				Bundled	$0.00			
A4719	N	Y SET TUBING FOR PERITONEAL DIALYSIS				Bundled	$0.00			
A4720	N	DIALYSAT SOL FLD VOL > 249CC				Bundled	$0.00			
A4721	N	DIALYSAT SOL FLD VOL > 999CC				Bundled	$0.00			
A4722	N	DIALYS SOL FLD VOL > 1999CC				Bundled	$0.00			
A4723	N	DIALYS SOL FLD VOL > 2999CC				Bundled	$0.00			
A4724	N	DIALYS SOL FLD VOL > 3999CC				Bundled	$0.00			
A4725	N	DIALYS SOL FLD VOL > 4999CC				Bundled	$0.00			
A4726	N	DIALYS SOL FLD VOL > 5999CC				Bundled	$0.00			
A4728	E	DIALYSATE SOLUTION NON-DEX				Not Allowed	$0.00			
A4730	N	FISTULA CANNULATION SET, EA				Bundled	$0.00			
A4736	N	TOPICAL ANESTHETIC, PER GRAM				Bundled	$0.00			
A4737	N	INJ ANESTHETIC PER 10 ML				Bundled	$0.00			
A4740	N	SHUNT ACCESSORY				Bundled	$0.00			
A4750	N	ART OR VENOUS BLOOD TUBING				Bundled	$0.00			
A4755	N	COMB ART/VENOUS BLOOD TUBING				Bundled	$0.00			

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A4760	N	DIALYSATE SOL TEST KIT, EACH				Bundled	$0.00			
A4765	N	DIALYSATE CONC POW PER PACK				Bundled	$0.00			
A4766	N	DIALYSATE CONC SOL ADD 10 ML				Bundled	$0.00			
A4770	N	BLOOD COLLECTION TUBE/VACUUM				Bundled	$0.00			
A4771	N	SERUM CLOTTING TIME TUBE				Bundled	$0.00			
A4772	N	BLOOD GLUCOSE TEST STRIPS				Bundled	$0.00			
A4773	N	OCCULT BLOOD TEST STRIPS				Bundled	$0.00			
A4774	N	AMMONIA TEST STRIPS				Bundled	$0.00			
A4802	N	PROTAMINE SULFATE PER 50 MG				Bundled	$0.00			
A4860	N	DISPOSABLE CATHETER TIPS				Bundled	$0.00			
A4870	N	PLUMB/ELEC WK HM HEMO EQUIP				Bundled	$0.00			
A4890	N	REPAIR/MAINT CONT HEMO EQUIP				Bundled	$0.00			
A4911	N	DRAIN BAG/BOTTLE				Bundled	$0.00			
A4913	N	MISC DIALYSIS SUPPLIES NOC				Bundled	$0.00			
A4918	N	VENOUS PRESSURE CLAMP				Bundled	$0.00			
A4927	N	NON-STERILE GLOVES				Bundled	$0.00			
A4928	N	SURGICAL MASK				Bundled	$0.00			
A4929	N	TOURNIQUET FOR DIALYSIS, EA				Bundled	$0.00			
A4930	N	STERILE GLOVES PER PAIR				Bundled	$0.00			
A4931	N	REUSABLE ORAL THERMOMETER				Bundled	$0.00			
A4932	E	REUSABLE RECTAL THERMOMETER				Not Allowed	$0.00			
A5051	N	POUCH CLSD W BARR ATTACHED				Bundled	$0.00			
A5052	N	CLSD OSTOMY POUCH W/O BARR				Bundled	$0.00			
A5053	N	CLSD OSTOMY POUCH FACEPLATE				Bundled	$0.00			
A5054	N	CLSD OSTOMY POUCH W/FLANGE				Bundled	$0.00			
A5055	N	STOMA CAP				Bundled	$0.00			
A5056	E	1 PC OST POUCH W FILTER				Not Allowed	$0.00			
A5057	E	1 PC OST POU W BUILT-IN CONV				Not Allowed	$0.00			
A5061	N	POUCH DRAINABLE W BARRIER AT				Bundled	$0.00			
A5062	N	DRNBLE OSTOMY POUCH W/O BARR				Bundled	$0.00			
A5063	N	DRAIN OSTOMY POUCH W/FLANGE				Bundled	$0.00			
A5071	N	URINARY POUCH W/BARRIER				Bundled	$0.00			
A5072	N	URINARY POUCH W/O BARRIER				Bundled	$0.00			
A5073	N	URINARY POUCH ON BARR W/FLNG				Bundled	$0.00			
A5081	N	CONTINENT STOMA PLUG				Bundled	$0.00			
A5082	N	CONTINENT STOMA CATHETER				Bundled	$0.00			
A5083	N	STOMA ABSORPTIVE COVER				Bundled	$0.00			
A5093	N	OSTOMY ACCESSORY CONVEX INSE				Bundled	$0.00			
A5102	N	BEDSIDE DRAIN BTL W/WO TUBE				Bundled	$0.00			
A5105	N	URINARY SUSPENSORY				Bundled	$0.00			
A5112	N	URINARY LEG BAG				Bundled	$0.00			
A5113	N	LATEX LEG STRAP				Bundled	$0.00			
A5114	N	FOAM/FABRIC LEG STRAP				Bundled	$0.00			
A5120	E	SKIN BARRIER WIPE OR SWAB				Not Allowed	$0.00			
A5121	N	SOLID SKIN BARRIER 6X6				Bundled	$0.00			
A5122	N	SOLID SKIN BARRIER 8X8				Bundled	$0.00			
A5126	N	DISK/FOAM PAD +OR- ADHESIVE				Bundled	$0.00			
A5131	N	APPLIANCE CLEANER				Bundled	$0.00			
A5200	N	PERCUTANEOUS CATHETER ANCHOR				Bundled	$0.00			
A5500	E	DIAB SHOE FOR DENSITY INSERT				Not Allowed	$0.00			
A5501	E	DIABETIC CUSTOM MOLDED SHOE				Not Allowed	$0.00			
A5503	E	DIABETIC SHOE W/ROLLER/ROCKR				Not Allowed	$0.00			
A5504	E	DIABETIC SHOE WITH WEDGE				Not Allowed	$0.00			
A5505	E	DIAB SHOE W/METATARSAL BAR				Not Allowed	$0.00			
A5506	E	DIABETIC SHOE W/OFF SET HEEL				Not Allowed	$0.00			
A5507	E	MODIFICATION DIABETIC SHOE				Not Allowed	$0.00			

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A5508	E	DIABETIC DELUXE SHOE				Not Allowed	$0.00			
A5510	E	COMPRESSION FORM SHOE INSERT				Not Allowed	$0.00			
A5512	E	MULTI DEN INSERT DIRECT FORM				Not Allowed	$0.00			
A5513	E	MULTI DEN INSERT CUSTOM MOLD				Not Allowed	$0.00			
A6000	E	WOUND WARMING WOUND COVER				Not Allowed	$0.00			
A6010	N	COLLAGEN BASED WOUND FILLER				Bundled	$0.00			
A6011	N	COLLAGEN GEL/PASTE WOUND FIL				Bundled	$0.00			
A6021	N	COLLAGEN DRESSING <=16 SQ IN				Bundled	$0.00			
A6022	N	COLLAGEN DRSG>6<=48 SQ IN				Bundled	$0.00			
A6023	N	COLLAGEN DRESSING >48 SQ IN				Bundled	$0.00			
A6024	N	COLLAGEN DSG WOUND FILLER				Bundled	$0.00			
A6025	E	SILICONE GEL SHEET EACH				Not Allowed	$0.00			
A6154	N	WOUND POUCH EACH				Bundled	$0.00			
A6196	N	ALGINATE DRESSING <=16 SQ IN				Bundled	$0.00			
A6197	N	ALGINATE DRSG >16 <=48 SQ IN				Bundled	$0.00			
A6198	N	ALGINATE DRESSING > 48 SQ IN				Bundled	$0.00			
A6199	N	ALGINATE DRSG WOUND FILLER				Bundled	$0.00			
A6203	N	COMPOSITE DRSG <= 16 SQ IN				Bundled	$0.00			
A6204	N	COMPOSITE DRSG >16<=48 SQ IN				Bundled	$0.00			
A6205	N	COMPOSITE DRSG > 48 SQ IN				Bundled	$0.00			
A6206	N	CONTACT LAYER <= 16 SQ IN				Bundled	$0.00			
A6207	N	CONTACT LAYER >16<= 48 SQ IN				Bundled	$0.00			
A6208	N	CONTACT LAYER > 48 SQ IN				Bundled	$0.00			
A6209	N	FOAM DRSG <=16 SQ IN W/O BDR				Bundled	$0.00			
A6210	N	FOAM DRG >16<=48 SQ IN W/O B				Bundled	$0.00			
A6211	N	FOAM DRG > 48 SQ IN W/O BRDR				Bundled	$0.00			
A6212	N	FOAM DRG <=16 SQ IN W/BORDER				Bundled	$0.00			
A6213	N	FOAM DRG >16<=48 SQ IN W/BDR				Bundled	$0.00			
A6214	N	FOAM DRG > 48 SQ IN W/BORDER				Bundled	$0.00			
A6215	N	FOAM DRESSING WOUND FILLER				Bundled	$0.00			
A6216	N	NON-STERILE GAUZE<=16 SQ IN				Bundled	$0.00			
A6217	N	NON-STERILE GAUZE>16<=48 SQ				Bundled	$0.00			
A6218	N	NON-STERILE GAUZE > 48 SQ IN				Bundled	$0.00			
A6219	N	GAUZE <= 16 SQ IN W/BORDER				Bundled	$0.00			
A6220	N	GAUZE >16 <=48 SQ IN W/BORDR				Bundled	$0.00			
A6221	N	GAUZE > 48 SQ IN W/BORDER				Bundled	$0.00			
A6222	N	GAUZE <=16 IN NO W/SAL W/O B				Bundled	$0.00			
A6223	N	GAUZE >16<=48 NO W/SAL W/O B				Bundled	$0.00			
A6224	N	GAUZE > 48 IN NO W/SAL W/O B				Bundled	$0.00			
A6228	N	GAUZE <= 16 SQ IN WATER/SAL				Bundled	$0.00			
A6229	N	GAUZE >16<=48 SQ IN WATR/SAL				Bundled	$0.00			
A6230	N	GAUZE > 48 SQ IN WATER/SALNE				Bundled	$0.00			
A6231	N	HYDROGEL DSG<=16 SQ IN				Bundled	$0.00			
A6232	N	HYDROGEL DSG>16<=48 SQ IN				Bundled	$0.00			
A6233	N	HYDROGEL DRESSING >48 SQ IN				Bundled	$0.00			
A6234	N	HYDROCOLLD DRG <=16 W/O BDR				Bundled	$0.00			
A6235	N	HYDROCOLLD DRG >16<=48 W/O B				Bundled	$0.00			
A6236	N	HYDROCOLLD DRG > 48 IN W/O B				Bundled	$0.00			
A6237	N	HYDROCOLLD DRG <=16 IN W/BDR				Bundled	$0.00			
A6238	N	HYDROCOLLD DRG >16<=48 W/BDR				Bundled	$0.00			
A6239	N	HYDROCOLLD DRG > 48 IN W/BDR				Bundled	$0.00			
A6240	N	HYDROCOLLD DRG FILLER PASTE				Bundled	$0.00			
A6241	N	HYDROCOLLOID DRG FILLER DRY				Bundled	$0.00			
A6242	N	HYDROGEL DRG <=16 IN W/O BDR				Bundled	$0.00			
A6243	N	HYDROGEL DRG >16<=48 W/O BDR				Bundled	$0.00			
A6244	N	HYDROGEL DRG >48 IN W/O BDR				Bundled	$0.00			

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A6245	N	HYDROGEL DRG <= 16 IN W/BDR				Bundled	$0.00			
A6246	N	HYDROGEL DRG >16<=48 IN W/B				Bundled	$0.00			
A6247	N	HYDROGEL DRG > 48 SQ IN W/B				Bundled	$0.00			
A6248	N	HYDROGEL DRSG GEL FILLER				Bundled	$0.00			
A6250	N	SKIN SEAL PROTECT MOISTURIZR				Bundled	$0.00			
A6251	N	ABSORPT DRG <=16 SQ IN W/O B				Bundled	$0.00			
A6252	N	ABSORPT DRG >16 <=48 W/O BDR				Bundled	$0.00			
A6253	N	ABSORPT DRG > 48 SQ IN W/O B				Bundled	$0.00			
A6254	N	ABSORPT DRG <=16 SQ IN W/BDR				Bundled	$0.00			
A6255	N	ABSORPT DRG >16<=48 IN W/BDR				Bundled	$0.00			
A6256	N	ABSORPT DRG > 48 SQ IN W/BDR				Bundled	$0.00			
A6257	N	TRANSPARENT FILM <= 16 SQ IN				Bundled	$0.00			
A6258	N	TRANSPARENT FILM >16<=48 IN				Bundled	$0.00			
A6259	N	TRANSPARENT FILM > 48 SQ IN				Bundled	$0.00			
A6260	N	WOUND CLEANSER ANY TYPE/SIZE				Bundled	$0.00			
A6261	N	WOUND FILLER GEL/PASTE /OZ				Bundled	$0.00			
A6262	N	WOUND FILLER DRY FORM / GRAM				Bundled	$0.00			
A6266	N	IMPREG GAUZE NO H20/SAL/YARD				Bundled	$0.00			
A6402	N	STERILE GAUZE <= 16 SQ IN				Bundled	$0.00			
A6403	N	STERILE GAUZE>16 <= 48 SQ IN				Bundled	$0.00			
A6404	N	STERILE GAUZE > 48 SQ IN				Bundled	$0.00			
A6407	E	PACKING STRIPS NON-IMPREG				Not Allowed	$0.00			
A6410	N	STERILE EYE PAD				Bundled	$0.00			
A6411	N	NON-STERILE EYE PAD				Bundled	$0.00			
A6412	N	OCCLUSIVE EYE PATCH				Bundled	$0.00			
A6413	E	ADHESIVE BANDAGE, FIRST-AID				Not Allowed	$0.00			
A6441	E	PAD BAND W>=3" <5"/YD				Not Allowed	$0.00			
A6442	E	CONFORM BAND N/S W<3"/YD				Not Allowed	$0.00			
A6443	E	CONFORM BAND N/S W>=3"<5"/YD				Not Allowed	$0.00			
A6444	E	CONFORM BAND N/S W>=5¿/YD				Not Allowed	$0.00			
A6445	E	CONFORM BAND S W <3¿/YD				Not Allowed	$0.00			
A6446	E	CONFORM BAND S W>=3¿ <5¿/YD				Not Allowed	$0.00			
A6447	E	CONFORM BAND S W >=5¿/YD				Not Allowed	$0.00			
A6448	E	LT COMPRES BAND <3¿/YD				Not Allowed	$0.00			
A6449	E	LT COMPRES BAND >=3¿ <5¿/YD				Not Allowed	$0.00			
A6450	E	LT COMPRES BAND >=5¿/YD				Not Allowed	$0.00			
A6451	E	MOD COMPRES BAND W>=3¿<5¿/YD				Not Allowed	$0.00			
A6452	E	HIGH COMPRES BAND W>=3¿<5¿YD				Not Allowed	$0.00			
A6453	E	SELF-ADHER BAND W <3¿/YD				Not Allowed	$0.00			
A6454	E	SELF-ADHER BAND W>=3¿ <5¿/YD				Not Allowed	$0.00			
A6455	E	SELF-ADHER BAND >=5¿/YD				Not Allowed	$0.00			
A6456	E	ZINC PASTE BAND W >=3¿<5¿/YD				Not Allowed	$0.00			
A6457	E	TUBULAR DRESSING				Not Allowed	$0.00			
A6501	N	COMPRES BURNGARMENT BODYSUIT				Bundled	$0.00			
A6502	N	COMPRES BURNGARMENT CHINSTRP				Bundled	$0.00			
A6503	N	COMPRES BURNGARMENT FACEHOOD				Bundled	$0.00			
A6504	N	CMPRSBURNGARMENT GLOVE-WRIST				Bundled	$0.00			
A6505	N	CMPRSBURNGARMENT GLOVE-ELBOW				Bundled	$0.00			
A6506	N	CMPRSBURNGRMNT GLOVE-AXILLA				Bundled	$0.00			
A6507	N	CMPRS BURNGARMENT FOOT-KNEE				Bundled	$0.00			
A6508	N	CMPRS BURNGARMENT FOOT-THIGH				Bundled	$0.00			
A6509	N	COMPRES BURN GARMENT JACKET				Bundled	$0.00			
A6510	N	COMPRES BURN GARMENT LEOTARD				Bundled	$0.00			
A6511	N	COMPRES BURN GARMENT PANTY				Bundled	$0.00			
A6512	N	COMPRES BURN GARMENT NOC				Bundled	$0.00			
A6513	E	COMPRESS BURN MASK FACE/NECK				Not Allowed	$0.00			

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A6530	E	COMPRESSION STOCKING BK18-30				Not Allowed	$0.00			
A6531	E	COMPRESSION STOCKING BK30-40				Not Allowed	$0.00			
A6532	E	COMPRESSION STOCKING BK40-50				Not Allowed	$0.00			
A6533	E	GC STOCKING THIGHLNGTH 18-30				Not Allowed	$0.00			
A6534	E	GC STOCKING THIGHLNGTH 30-40				Not Allowed	$0.00			
A6535	E	GC STOCKING THIGHLNGTH 40-50				Not Allowed	$0.00			
A6536	E	GC STOCKING FULL LNGTH 18-30				Not Allowed	$0.00			
A6537	E	GC STOCKING FULL LNGTH 30-40				Not Allowed	$0.00			
A6538	E	GC STOCKING FULL LNGTH 40-50				Not Allowed	$0.00			
A6539	E	GC STOCKING WAISTLNGTH 18-30				Not Allowed	$0.00			
A6540	E	GC STOCKING WAISTLNGTH 30-40				Not Allowed	$0.00			
A6541	E	GC STOCKING WAISTLNGTH 40-50				Not Allowed	$0.00			
A6544	E	GC STOCKING GARTER BELT				Not Allowed	$0.00			
A6545	E	GRAD COMP NON-ELASTIC BK				Not Allowed	$0.00			
A6549	E	G COMPRESSION STOCKING				Not Allowed	$0.00			
A6550	E	NEG PRES WOUND THER DRSG SET				Not Allowed	$0.00			
A7000	E	DISPOSABLE CANISTER FOR PUMP				Not Allowed	$0.00			
A7001	E	NONDISPOSABLE PUMP CANISTER				Not Allowed	$0.00			
A7002	E	TUBING USED W SUCTION PUMP				Not Allowed	$0.00			
A7003	E	NEBULIZER ADMINISTRATION SET				Not Allowed	$0.00			
A7004	E	DISPOSABLE NEBULIZER SML VOL				Not Allowed	$0.00			
A7005	E	NONDISPOSABLE NEBULIZER SET				Not Allowed	$0.00			
A7006	E	FILTERED NEBULIZER ADMIN SET				Not Allowed	$0.00			
A7007	E	LG VOL NEBULIZER DISPOSABLE				Not Allowed	$0.00			
A7008	E	DISPOSABLE NEBULIZER PREFILL				Not Allowed	$0.00			
A7009	E	NEBULIZER RESERVOIR BOTTLE				Not Allowed	$0.00			
A7010	E	DISPOSABLE CORRUGATED TUBING				Not Allowed	$0.00			
A7011	E	NONDISPOS CORRUGATED TUBING				Not Allowed	$0.00			
A7012	E	NEBULIZER WATER COLLEC DEVIC				Not Allowed	$0.00			
A7013	E	DISPOSABLE COMPRESSOR FILTER				Not Allowed	$0.00			
A7014	E	COMPRESSOR NONDISPOS FILTER				Not Allowed	$0.00			
A7015	E	AEROSOL MASK USED W NEBULIZE				Not Allowed	$0.00			
A7016	E	NEBULIZER DOME & MOUTHPIECE				Not Allowed	$0.00			
A7017	E	NEBULIZER NOT USED W OXYGEN				Not Allowed	$0.00			
A7018	E	WATER DISTILLED W/NEBULIZER				Not Allowed	$0.00			
A7020	E	INTERFACE, COUGH STIM DEVICE				Not Allowed	$0.00			
A7025	E	REPLACE CHEST COMPRESS VEST				Not Allowed	$0.00			
A7026	E	REPLACE CHST CMPRSS SYS HOSE				Not Allowed	$0.00			
A7027	E	COMBINATION ORAL/NASAL MASK				Not Allowed	$0.00			
A7028	E	REPL ORAL CUSHION COMBO MASK				Not Allowed	$0.00			
A7029	E	REPL NASAL PILLOW COMB MASK				Not Allowed	$0.00			
A7030	E	CPAP FULL FACE MASK				Not Allowed	$0.00			
A7031	E	REPLACEMENT FACEMASK INTERFA				Not Allowed	$0.00			
A7032	E	REPLACEMENT NASAL CUSHION				Not Allowed	$0.00			
A7033	E	REPLACEMENT NASAL PILLOWS				Not Allowed	$0.00			
A7034	E	NASAL APPLICATION DEVICE				Not Allowed	$0.00			
A7035	E	POS AIRWAY PRESS HEADGEAR				Not Allowed	$0.00			
A7036	E	POS AIRWAY PRESS CHINSTRAP				Not Allowed	$0.00			
A7037	E	POS AIRWAY PRESSURE TUBING				Not Allowed	$0.00			
A7038	E	POS AIRWAY PRESSURE FILTER				Not Allowed	$0.00			
A7039	E	FILTER NON DISPOSABLE W PAP				Not Allowed	$0.00			
A7040	E	ONE WAY CHEST DRAIN VALVE				Not Allowed	$0.00			
A7041	E	WATER SEAL DRAIN CONTAINER				Not Allowed	$0.00			
A7042	N	IMPLANTED PLEURAL CATHETER				Bundled	$0.00			
A7043	N	VACUUM DRAINAGEBOTTLE/TUBING				Bundled	$0.00			
A7044	E	PAP ORAL INTERFACE				Not Allowed	$0.00			

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A7045	E	REPL EXHALATION PORT FOR PAP				Not Allowed	$0.00			
A7046	E	REPL WATER CHAMBER PAP DEV				Not Allowed	$0.00			
A7501	N	TRACHEOSTOMA VALVE W DIAPHRA				Bundled	$0.00			
A7502	N	REPLACEMENT DIAPHRAGM/FPLATE				Bundled	$0.00			
A7503	N	HMES FILTER HOLDER OR CAP				Bundled	$0.00			
A7504	N	TRACHEOSTOMA HMES FILTER				Bundled	$0.00			
A7505	N	HMES OR TRACH VALVE HOUSING				Bundled	$0.00			
A7506	N	HMES/TRACHVALVE ADHESIVEDISK				Bundled	$0.00			
A7507	N	INTEGRATED FILTER & HOLDER				Bundled	$0.00			
A7508	N	HOUSING & INTEGRATED ADHESIV				Bundled	$0.00			
A7509	N	HEAT & MOISTURE EXCHANGE SYS				Bundled	$0.00			
A7520	E	TRACH/LARYN TUBE NON-CUFFED				Not Allowed	$0.00			
A7521	E	TRACH/LARYN TUBE CUFFED				Not Allowed	$0.00			
A7522	E	TRACH/LARYN TUBE STAINLESS				Not Allowed	$0.00			
A7523	E	TRACHEOSTOMY SHOWER PROTECT				Not Allowed	$0.00			
A7524	E	TRACHEOSTOMA STENT/STUD/BTTN				Not Allowed	$0.00			
A7525	E	TRACHEOSTOMY MASK				Not Allowed	$0.00			
A7526	E	TRACHEOSTOMY TUBE COLLAR				Not Allowed	$0.00			
A7527	E	TRACH/LARYN TUBE PLUG/STOP				Not Allowed	$0.00			
A8000	E	SOFT PROTECT HELMET PREFAB				Not Allowed	$0.00			
A8001	E	HARD PROTECT HELMET PREFAB				Not Allowed	$0.00			
A8002	E	SOFT PROTECT HELMET CUSTOM				Not Allowed	$0.00			
A8003	E	HARD PROTECT HELMET CUSTOM				Not Allowed	$0.00			
A8004	E	REPL SOFT INTERFACE, HELMET				Not Allowed	$0.00			
A9150	E	MISC/EXPER NON-PRESCRIPT DRU				Not Allowed	$0.00			
A9152	E	SINGLE VITAMIN NOS				Not Allowed	$0.00			
A9153	E	MULTI-VITAMIN NOS				Not Allowed	$0.00			
A9155	E	ARTIFICIAL SALIVA				Not Allowed	$0.00			
A9180	E	LICE TREATMENT TOPICAL				Not Allowed	$0.00			
A9270	E	NON-COVERED ITEM OR SERVICE				Not Allowed	$0.00			
A9272	E	DISPOSABLE MECH WOUND SUCT				Not Allowed	$0.00			
A9273	E	HOT/COLD H2OBOT/CAP/COL/WRAP				Not Allowed	$0.00			
A9274	E	EXT AMB INSULIN DELIVERY SYS				Not Allowed	$0.00			
A9275	E	DISP HOME GLUCOSE MONITOR				Not Allowed	$0.00			
A9276	E	DISPOSABLE SENSOR, CGM SYS				Not Allowed	$0.00			
A9277	E	EXTERNAL TRANSMITTER, CGM				Not Allowed	$0.00			
A9278	E	EXTERNAL RECEIVER, CGM SYS				Not Allowed	$0.00			
A9279	E	MONITORING FEATURE/DEVICENOC				Not Allowed	$0.00			
A9280	E	ALERT DEVICE, NOC				Not Allowed	$0.00			
A9281	E	REACHING/GRABBING DEVICE				Not Allowed	$0.00			
A9282	E	WIG ANY TYPE				Not Allowed	$0.00			
A9283	E	FOOT PRESS OFF LOAD SUPP DEV				Not Allowed	$0.00			
A9284	N	NON-ELECTRONIC SPIROMETER				Bundled	$0.00			
A9300	E	EXERCISE EQUIPMENT				Not Allowed	$0.00			
A9500	N	TC99M SESTAMIBI				Bundled	$0.00			
A9501	N	TECHNETIUM TC-99M TEBOROXIME				Bundled	$0.00			
A9502	N	TC99M TETROFOSMIN				Bundled	$0.00			
A9503	N	TC99M MEDRONATE				Bundled	$0.00			
A9504	N	TC99M APCITIDE				Bundled	$0.00			
A9505	N	TL201 THALLIUM				Bundled	$0.00			
A9507	N	IN111 CAPROMAB				Bundled	$0.00			
A9508	N	I131 IODOBENGUATE DX				Bundled	$0.00			
A9509	N	IODINE I-123 SOD IODIDE MIL				Bundled	$0.00			
A9510	N	TC99M DISOFENIN				Bundled	$0.00			
A9512	N	TC99M PERTECHNETATE				Bundled	$0.00			
A9516	N	I123 IODIDE CAP DX				Bundled	$0.00			

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A9517	K	I131 IODIDE CAP RX		1064		APC	$40.70			
A9521	N	TC99M EXAMETAZIME				Bundled	$0.00			
A9524	N	I131 SERUM ALBUMIN DX				Bundled	$0.00			
A9526	N	NITROGEN N-13 AMMONIA				Bundled	$0.00			
A9527	U	IODINE I-125 SODIUM IODIDE		2632	0.2403	APC	$12.16			
A9528	N	IODINE I-131 IODIDE CAP DX				Bundled	$0.00			
A9529	N	I131 IODIDE SOL DX				Bundled	$0.00			
A9530	K	I131 IODIDE SOL RX		1150		APC	$10.52			
A9531	N	I131 MAX 100UCI				Bundled	$0.00			
A9532	N	I125 SERUM ALBUMIN DX				Bundled	$0.00			
A9536	N	TC99M DEPREOTIDE				Bundled	$0.00			
A9537	N	TC99M MEBROFENIN				Bundled	$0.00			
A9538	N	TC99M PYROPHOSPHATE				Bundled	$0.00			
A9539	N	TC99M PENTETATE				Bundled	$0.00			
A9540	N	TC99M MAA				Bundled	$0.00			
A9541	N	TC99M SULFUR COLLOID				Bundled	$0.00			
A9542	N	IN111 IBRITUMOMAB DX				Bundled	$0.00			
A9543	K	Y90 IBRITUMOMAB RX		1643		APC	$35,830.70			
A9544	N	I131 TOSITUMOMAB DX				Bundled	$0.00			
A9545	K	I131 TOSITUMOMAB RX		1645		APC	$29,618.96			
A9546	N	CO57/58				Bundled	$0.00			
A9547	N	IN111 OXYQUINOLINE				Bundled	$0.00			
A9548	N	IN111 PENTETATE				Bundled	$0.00			
A9550	N	TC99M GLUCEPTATE				Bundled	$0.00			
A9551	N	TC99M SUCCIMER				Bundled	$0.00			
A9552	N	F18 FDG				Bundled	$0.00			
A9553	N	CR51 CHROMATE				Bundled	$0.00			
A9554	N	I125 IOTHALAMATE DX				Bundled	$0.00			
A9555	N	RB82 RUBIDIUM				Bundled	$0.00			
A9556	N	GA67 GALLIUM				Bundled	$0.00			
A9557	N	TC99M BICISATE				Bundled	$0.00			
A9558	N	XE133 XENON 10MCI				Bundled	$0.00			
A9559	N	CO57 CYANO				Bundled	$0.00			
A9560	N	TC99M LABELED RBC				Bundled	$0.00			
A9561	N	TC99M OXIDRONATE				Bundled	$0.00			
A9562	N	TC99M MERTIATIDE				Bundled	$0.00			
A9563	K	P32 NA PHOSPHATE		1675		APC	$136.21			
A9564	K	P32 CHROMIC PHOSPHATE		1676		APC	$579.98			
A9566	N	TC99M FANOLESOMAB				Bundled	$0.00			
A9567	N	TECHNETIUM TC-99M AEROSOL				Bundled	$0.00			
A9568	N	TECHNETIUM TC99M ARCITUMOMAB				Bundled	$0.00			
A9569	N	TECHNETIUM TC-99M AUTO WBC				Bundled	$0.00			
A9570	N	INDIUM IN-111 AUTO WBC				Bundled	$0.00			
A9571	N	INDIUM IN-111 AUTO PLATELET				Bundled	$0.00			
A9572	N	INDIUM IN-111 PENTETREOTIDE				Bundled	$0.00			
A9576	N	INJ PROHANCE MULTIPACK				Bundled	$0.00			
A9577	N	INJ MULTIHANCE				Bundled	$0.00			
A9578	N	INJ MULTIHANCE MULTIPACK				Bundled	$0.00			
A9579	N	GAD-BASE MR CONTRAST NOS,1ML				Bundled	$0.00			
A9580	N	SODIUM FLUORIDE F-18				Bundled	$0.00			
A9581	N	GADOXETATE DISODIUM INJ				Bundled	$0.00			
A9582	N	IODINE I-123 IOBENGUANE				Bundled	$0.00			
A9583	N	GADOFOSVESET TRISODIUM INJ				Bundled	$0.00			
A9584	G	IODINE I-123 IOFLUPANE		9406		APC	$2,084.48			
A9585	N	GADOBUTROL INJECTION				Bundled	$0.00			
A9600	K	SR89 STRONTIUM		0701		APC	$997.80			

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A9604	K	SM 153 LEXIDRONAM		1295		APC	$7,769.84			
A9698	N	NON-RAD CONTRAST MATERIALNOC				Bundled	$0.00			
A9699	N	RADIOPHARM RX AGENT NOC				Bundled	$0.00			
A9700	E	ECHOCARDIOGRAPHY CONTRAST				Not Allowed	$0.00			
A9900	N	SUPPLY/ACCESSORY/SERVICE				Bundled	$0.00			
A9901	N	DELIVERY/SET UP/DISPENSING				Bundled	$0.00			
A9999	E	DME SUPPLY OR ACCESSORY NOS				Not Allowed	$0.00			
B4034	E	ENTERAL FEEDING SUPPLY KIT; SYRINGE PER DAY				Not Allowed	$0.00			
B4035	E	ENTERAL FEEDING SUPPLY KIT; PUMP FED PER DAY				Not Allowed	$0.00			
B4036	E	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED PER DAY				Not Allowed	$0.00			
B4081	E	NASOGASTRIC TUBING WITH STYLET				Not Allowed	$0.00			
B4082	E	NASOGASTRIC TUBING WITHOUT STYLET				Not Allowed	$0.00			
B4083	E	STOMACH TUBE - LEVINE TYPE				Not Allowed	$0.00			
B4087	N	GASTRO/JEJUNO TUBE, STD				Bundled	$0.00			
B4088	N	GASTRO/JEJUNO TUBE, LOW-PRO				Bundled	$0.00			
B4100	E	FOOD THICKENER ORAL				Not Allowed	$0.00			
B4102	E	EF ADULT FLUIDS AND ELECTRO				Not Allowed	$0.00			
B4103	E	EF PED FLUID AND ELECTROLYTE				Not Allowed	$0.00			
B4104	E	ADDITIVE FOR ENTERAL FORMULA				Not Allowed	$0.00			
B4149	E	EF BLENDERIZED FOODS				Not Allowed	$0.00			
B4150	E	ENTERAL FORMULAE CATEGORY I; SEMI-SYNTHETIC INTACT I				Not Allowed	$0.00			
B4152	E	ENTERAL FORMULAE; CATEGORY II: INTACT PROTEIN/PROTEI				Not Allowed	$0.00			
B4153	E	ENTERAL FORMULAE; CATEGORY III: HYDROLIZED PROTEIN/A				Not Allowed	$0.00			
B4154	E	ENTERAL FORMULAE; CATEGORY IV: DEFINED FORM FOR SPE				Not Allowed	$0.00			
B4155	E	ENTERAL FORMULAE;CATEGORY V:MODULAR COMPONENTS				Not Allowed	$0.00			
B4157	E	EF SPECIAL METABOLIC INHERIT				Not Allowed	$0.00			
B4158	E	EF PED COMPLETE INTACT NUT				Not Allowed	$0.00			
B4159	E	EF PED COMPLETE SOY BASED				Not Allowed	$0.00			
B4160	E	EF PED CALORIC DENSE>/=0.7KC				Not Allowed	$0.00			
B4161	E	EF PED HYDROLYZED/AMINO ACID				Not Allowed	$0.00			
B4162	E	EF PED SPECMETABOLIC INHERIT				Not Allowed	$0.00			
B4164	E	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEX				Not Allowed	$0.00			
B4168	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID				Not Allowed	$0.00			
B4172	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID				Not Allowed	$0.00			
B4176	E	PARENTERAL NUTRITION SOLUTION; AMINO ACID				Not Allowed	$0.00			
B4178	E	PARENTERAL NUTRITION SOLUTION: AMINO ACID GREATER T				Not Allowed	$0.00			
B4180	E	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXT				Not Allowed	$0.00			
B4185	E	PARENTERAL SOL 10 GM LIPIDS				Not Allowed	$0.00			
B4189	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO A				Not Allowed	$0.00			
B4193	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO A				Not Allowed	$0.00			
B4197	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO A				Not Allowed	$0.00			
B4199	E	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO A				Not Allowed	$0.00			
B4216	E	PARENTERAL NUTRITION; ADDITIVES (VITAMINS TRACE ELEM				Not Allowed	$0.00			
B4220	E	PARENTERAL NUTRITION SUPPLY KIT; PREMIX PER DAY				Not Allowed	$0.00			
B4222	E	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX PER DAY				Not Allowed	$0.00			
B4224	E	PARENTERAL NUTRITION ADMINISTRATION KIT PER DAY				Not Allowed	$0.00			
B5000	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO A				Not Allowed	$0.00			
B5100	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO A				Not Allowed	$0.00			
B5200	E	PARENTERAL NUTRITION SOLUTION: COMPOUNDED AMINO A				Not Allowed	$0.00			
B9000	E	ENTERAL NUTRITION INFUSION PUMP WITHOUT ALARM				Not Allowed	$0.00			
B9002	E	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM				Not Allowed	$0.00			
B9004	E	PARENTERAL NUTRITION INFUSION PUMP PORTABLE				Not Allowed	$0.00			
B9006	E	PARENTERAL NUTRITION INFUSION PUMP STATIONARY				Not Allowed	$0.00			
B9998	E	NOC FOR ENTERNAL SUPPLIES				Not Allowed	$0.00			
B9999	E	NOC FOR PARENTERAL SUPPLIES				Not Allowed	$0.00			
C1300	S	HYPERBARIC OXYGEN		0659	1.4973	APC	$75.78			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
C1713	N	ANCHOR/SCREW BN/BN TIS/BN				Bundled	$0.00			
C1714	N	CATH, TRANS ATHERECTOMY, DIR				Bundled	$0.00			
C1715	N	BRACHYTHERAPY NEEDLE				Bundled	$0.00			
C1716	U	BRACHYTX, NON-STR, GOLD-198		1716	0.5004	APC	$25.33			
C1717	U	BRACHYTX, NON-STR,HDR IR-192		1717	3.3217	APC	$168.11			
C1719	U	BRACHYTX, NS, NON-HDRIR-192		1719	0.4543	APC	$22.99			
C1721	N	CARDIOVERTER-DEFIBRILLATOR DUAL CHAMBER (IMPLANTA				Bundled	$0.00			
C1722	N	AICD SINGLE CHAMBER				Bundled	$0.00			
C1724	N	CATH, TRANS ATHEREC,ROTATION				Bundled	$0.00			
C1725	N	CATH TRANSLUMIN NON-LASER				Bundled	$0.00			
C1726	N	CATH, BAL DIL, NON-VASCULAR				Bundled	$0.00			
C1727	N	CATH BAL TIS DIS NON-VAS				Bundled	$0.00			
C1728	N	CATH, BRACHYTX SEED ADM				Bundled	$0.00			
C1729	N	CATHETER, DRAINAGE				Bundled	$0.00			
C1730	N	CATH, EP, 19 OR FEW ELECT				Bundled	$0.00			
C1731	N	CATH EP 20 OR MORE ELEC				Bundled	$0.00			
C1732	N	CATH, EP, DIAG/ABL, 3D/VECT				Bundled	$0.00			
C1733	N	CATH EP OTHER THAN COOL-TIP				Bundled	$0.00			
C1749	H	ENDO, COLON, RETRO IMAGING		1749		By Report	$0.00			
C1750	N	CATH, HEMODIALYSIS,LONG-TERM				Bundled	$0.00			
C1751	N	CATH INF PER/CENT/MIDLINE				Bundled	$0.00			
C1752	N	CATH,HEMODIALYSIS,SHORT-TERM				Bundled	$0.00			
C1753	N	CATH INTRAVAS ULTRASOUND				Bundled	$0.00			
C1754	N	CATHETER, INTRADISCAL				Bundled	$0.00			
C1755	N	CATHETER INTRASPINAL				Bundled	$0.00			
C1756	N	CATH, PACING, TRANSESOPH				Bundled	$0.00			
C1757	N	CATH THROMBECTOMY/EMBOLECT				Bundled	$0.00			
C1758	N	CATHETER, URETERAL				Bundled	$0.00			
C1759	N	CATH INTRA ECHOCARDIOGRAPHY				Bundled	$0.00			
C1760	N	CLOSURE DEV, VASC				Bundled	$0.00			
C1762	N	CONN TISS HUMAN (INC FASCIA)				Bundled	$0.00			
C1763	N	CONN TISS, NON-HUMAN				Bundled	$0.00			
C1764	N	EVENT RECORDER CARDIAC				Bundled	$0.00			
C1765	N	ADHESION BARRIER				Bundled	$0.00			
C1766	N	INTRO/SHEATH STRBLE NON-PEEL				Bundled	$0.00			
C1767	N	GENERATOR, NEUROSTIM, IMP				Bundled	$0.00			
C1768	N	GRAFT VASCULAR				Bundled	$0.00			
C1769	N	GUIDE WIRE				Bundled	$0.00			
C1770	N	IMAGING COIL MR INSERTABLE				Bundled	$0.00			
C1771	N	REP DEV, URINARY, W/SLING				Bundled	$0.00			
C1772	N	INFUSION PUMP PROGRAMMABLE				Bundled	$0.00			
C1773	N	RET DEV, INSERTABLE				Bundled	$0.00			
C1776	N	JOINT DEVICE (IMPLANTABLE)				Bundled	$0.00			
C1777	N	LEAD, AICD, ENDO SINGLE COIL				Bundled	$0.00			
C1778	N	LEAD NEUROSTIMULATOR				Bundled	$0.00			
C1779	N	LEAD, PMKR, TRANSVENOUS VDD				Bundled	$0.00			
C1780	N	LENS INTRAOCULAR (NEW TACH)				Bundled	$0.00			
C1781	N	MESH (IMPLANTABLE)				Bundled	$0.00			
C1782	N	MORCELLATOR				Bundled	$0.00			
C1783	N	OCULAR IMPLANT AQUEOUS DRAIN DEV				Bundled	$0.00			
C1784	N	OCULAR DEV, INTRAOP, DET RET				Bundled	$0.00			
C1785	N	PMKR DUAL RATE-RESP				Bundled	$0.00			
C1786	N	PMKR, SINGLE, RATE-RESP				Bundled	$0.00			
C1787	N	PATIENT PROGR NEUROSTIM				Bundled	$0.00			
C1788	N	PORT, INDWELLING, IMP				Bundled	$0.00			
C1789	N	PROSTHESIS BREAST IMP				Bundled	$0.00			

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C1813	E	PROSTHESIS, PENILE, INFLATAB				Not Allowed	$0.00			
C1814	N	RETINAL TAMP, SILICONE OIL				Bundled	$0.00			
C1815	N	PROS URINARY SPH IMP				Bundled	$0.00			
C1816	N	RECEIVER/TRANSMITTER, NEURO				Bundled	$0.00			
C1817	N	SEPTAL DEFECT IMP SYS				Bundled	$0.00			
C1818	N	INTEGRATED KERATOPROSTHESIS				Bundled	$0.00			
C1819	N	TISSUE LOCALIZATION-EXCISION				Bundled	$0.00			
C1820	N	GENERATOR NEURO RECHG BAT SYS				Bundled	$0.00			
C1821	N	INTERSPINOUS IMPLANT				Bundled	$0.00			
C1830	H	POWER BONE MARROW BX NEEDLE		1830		By Report	$0.00			
C1840	H	TELESCOPIC INTRAOCULAR LENS		1840		By Report	$0.00			
C1874	N	STENT, COATED/COV W/DEL SYS				Bundled	$0.00			
C1875	N	STENT COATED/COV W/O DEL SYS				Bundled	$0.00			
C1876	N	STENT, NON-COA/NON-COV W/DEL				Bundled	$0.00			
C1877	N	STENT NON-COAT/COV W/O DEL				Bundled	$0.00			
C1878	N	MATRL FOR VOCAL CORD				Bundled	$0.00			
C1879	N	TISSUE MARKER (IMPLANTABLE)				Bundled	$0.00			
C1880	N	VENA CAVA FILTER				Bundled	$0.00			
C1881	N	DIALYSIS ACCESS SYSTEM				Bundled	$0.00			
C1882	N	AICD, OTHER THAN SING/DUAL				Bundled	$0.00			
C1883	N	ADAPTOR/EXT PACING/NEURO LEAD				Bundled	$0.00			
C1884	N	EMBOLIZATION PROTECTIVE SYSTEM				Bundled	$0.00			
C1885	N	CATH, TRANSLUMIN ANGIO LASER				Bundled	$0.00			
C1886	H	CATHETER, ABLATION		1886		By Report	$0.00			
C1887	N	CATHETER GUIDING				Bundled	$0.00			
C1888	N	ENDOVAS NON-CARDIAC ABL CATH				Bundled	$0.00			
C1891	N	INFUSION PUMP,NON-PROG, PERM				Bundled	$0.00			
C1892	N	INTRO/SHEATH FIXED PEEL-AWAY				Bundled	$0.00			
C1893	N	INTRO/SHEATH, FIXED,NON-PEEL				Bundled	$0.00			
C1894	N	INTRO/SHEATH NON-LASER				Bundled	$0.00			
C1895	N	LEAD, AICD, ENDO DUAL COIL				Bundled	$0.00			
C1896	N	LEAD AICD NON SING/DUAL				Bundled	$0.00			
C1897	N	LEAD, NEUROSTIM TEST KIT				Bundled	$0.00			
C1898	N	LEAD PMKR OTHER THAN TRANS				Bundled	$0.00			
C1899	N	LEAD, PMKR/AICD COMBINATION				Bundled	$0.00			
C1900	N	LEAD CORONARY VENOUS				Bundled	$0.00			
C2614	N	PROBE PERC LUMB DISC				Bundled	$0.00			
C2615	N	SEALANT, PULMONARY, LIQUID				Bundled	$0.00			
C2616	U	BRACHYTX, NON-STR,YTTRIUM-90		2616	224.6653	APC	$11,370.31			
C2617	N	STENT, NON-COR, TEM W/O DEL				Bundled	$0.00			
C2618	N	PROBE CRYOABLATION				Bundled	$0.00			
C2619	N	PMKR, DUAL, NON RATE-RESP				Bundled	$0.00			
C2620	N	PMKR SINGLE NON RATE-RESP				Bundled	$0.00			
C2621	N	PMKR, OTHER THAN SING/DUAL				Bundled	$0.00			
C2622	E	PROSTHESIS PENILE NON-INF				Not Allowed	$0.00			
C2625	N	STENT, NON-COR, TEM W/DEL SY				Bundled	$0.00			
C2626	N	INFUSION PUMP NON-PROG TEMP				Bundled	$0.00			
C2627	N	CATH, SUPRAPUBIC/CYSTOSCOPIC				Bundled	$0.00			
C2628	N	CATHETER OCCLUSION				Bundled	$0.00			
C2629	N	INTRO/SHEATH, LASER				Bundled	$0.00			
C2630	N	CATH EP COOL-TIP				Bundled	$0.00			
C2631	N	REP DEV, URINARY, W/O SLING				Bundled	$0.00			
C2634	U	BRACHYTX, NON-STR, HA, I-125		2634	0.8943	APC	$45.26			
C2635	U	BRACHYTX, NON-STR, HA, P-103		2635	0.3853	APC	$19.50			
C2636	U	BRACHY LINEAR, NON-STR,P-103		2636	0.5293	APC	$26.79			
C2637	E	BRACHY,NON-STR,YTTERBIUM-169				Not Allowed	$0.00			

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C2638	U	BRACHYTX, STRANDED, I-125		2638	0.6497	APC	$32.88			
C2639	U	BRACHYTX, NON-STRANDED,I-125		2639	0.5077	APC	$25.69			
C2640	U	BRACHYTX, STRANDED, P-103		2640	1.1431	APC	$57.85			
C2641	U	BRACHYTX, NON-STRANDED,P-103		2641	0.9178	APC	$46.45			
C2642	U	BRACHYTX, STRANDED, C-131		2642	1.7377	APC	$87.94			
C2643	U	BRACHYTX, NON-STRANDED,C-131		2643	1.1042	APC	$55.88			
C2698	U	BRACHYTX, STRANDED, NOS		2698	0.6497	APC	$32.88			
C2699	U	BRACHYTX, NON-STRANDED, NOS		2699	0.3853	APC	$19.50			
C8900	N	MRA W/CONT, ABD		0284	6.2303	ed, may be payable in some circumsta	$315.32			
C8901	N	MRA W/O CONT, ABD		0336	4.8375	ed, may be payable in some circumsta	$244.83			
C8902	N	MRA W/O CONT, ABD		0337	7.6340	ed, may be payable in some circumsta	$386.36			
C8903	N	MRI W/CONT, BREAST, UNI		0284	6.2303	ed, may be payable in some circumsta	$315.32			
C8904	N	MRI W/CONT, BREAST, UNI		0336	4.8375	ed, may be payable in some circumsta	$244.83			
C8905	N	MRI W/O FOL W/CONT, BRST, UN		0337	7.6340	ed, may be payable in some circumsta	$386.36			
C8906	N	MRI W/O FOL W/CONT, BRST, UN		0284	6.2303	ed, may be payable in some circumsta	$315.32			
C8907	N	MRI W/O CONT, BREAST, BI		0336	4.8375	ed, may be payable in some circumsta	$244.83			
C8908	N	MRI W/O CONT, BREAST, BI		0337	7.6340	ed, may be payable in some circumsta	$386.36			
C8909	N	MRA W/CONT, CHEST		0284	6.2303	ed, may be payable in some circumsta	$315.32			
C8910	N	MRA W/CONT, CHEST		0336	4.8375	ed, may be payable in some circumsta	$244.83			
C8911	N	MRA W/O FOL W/CONT, CHEST		0337	7.6340	ed, may be payable in some circumsta	$386.36			
C8912	N	MRA W/O FOL W/CONT, CHEST		0284	6.2303	ed, may be payable in some circumsta	$315.32			
C8913	N	MRA W/O CONT, LWR EXT		0336	4.8375	ed, may be payable in some circumsta	$244.83			
C8914	N	MRA W/O CONT, LWR EXT		0337	7.6340	ed, may be payable in some circumsta	$386.36			
C8918	N	MRA W/CONT PELVIS		0284	6.2303	ed, may be payable in some circumsta	$315.32			
C8919	N	MRA W/O CONT PELVIS		0336	4.8375	ed, may be payable in some circumsta	$244.83			
C8920	N	MRA W/O FOL W/CONT PELVIS		0337	7.6340	ed, may be payable in some circumsta	$386.36			
C8921	S	TTE W OR W/O FOL W/CONT, COM		0128	7.9579	APC	$402.75			
C8922	S	TTE W OR W/O FOL W/CONT, F/U		0128	7.9579	APC	$402.75			
C8923	S	2D TTE W OR W/O FOL W/CON,CO		0128	7.9579	APC	$402.75			
C8924	S	2D TTE W OR W/O FOL W/CON,FU		0128	7.9579	APC	$402.75			
C8925	S	2D TEE W OR W/O FOL W/CON,IN		0128	7.9579	APC	$402.75			
C8926	S	TEE W OR W/O FOL W/CONT,CONG		0128	7.9579	APC	$402.75			
C8927	S	TEE W OR W/O FOL W/CONT, MON		0128	7.9579	APC	$402.75			
C8928	S	TEE W OR W/O FOL W/CON,STRES		0128	7.9579	APC	$402.75			
C8929	S	TTE W OR WO FOL WCON,DOPPLER		0128	7.9579	APC	$402.75			
C8930	S	TTE W OR W/O CONTR, CONT ECG		0128	7.9579	APC	$402.75			
C8931	N	MRA, W/DYE, SPINAL CANAL		0284	6.2303	ed, may be payable in some circumsta	$315.32			
C8932	N	MRA, W/O DYE, SPINAL CANAL		0336	4.8375	ed, may be payable in some circumsta	$244.83			
C8933	N	MRA, W/O&W/DYE, SPINAL CANAL		0337	7.6340	ed, may be payable in some circumsta	$386.36			
C8934	N	MRA, W/DYE, UPPER EXTREMITY		0284	6.2303	ed, may be payable in some circumsta	$315.32			
C8935	N	MRA, W/O DYE, UPPER EXTR		0336	4.8375	ed, may be payable in some circumsta	$244.83			
C8936	N	MRA, W/O&W/DYE, UPPER EXTR		0337	7.6340	ed, may be payable in some circumsta	$386.36			
C8957	S	CHEMOTHERAPY ADMINISTRATION IV PUSH TECH		0440	2.9700	APC	$150.31			
C9113	N	INJ PANTOPRAZOLE SODIUM VIA				Bundled	$0.00			
C9121	K	INJECTION ARGATROBAN		9121		APC	$18.47			
C9248	K	INJ, CLEVIDIPINE BUTYRATE		9248		APC	$2.91			
C9250	K	ARTISS FIBRIN SEALANT		9250		APC	$134.08			
C9254	K	INJECTION, LACOSAMIDE		9254		APC	$0.15			
C9257	K	BEVACIZUMAB INJECTION		1281		APC	$1.53			
C9275	G	HEXAMINOLEVULINATE HCL		9275		APC	$623.28			
C9279	G	INJECTION, IBUPROFEN		9279		APC	$1.30			
C9285	G	PATCH, LIDOCAINE/TETRACAINE		9285		APC	$13.26			
C9286	G	INJECTION, BELATACEPT		9286		APC	$3.81			
C9287	G	INJ, BRENTUXIMAB VEDOTIN		9287		APC	$95.40			
C9288	G	INJ, CENTRUROIDES (SCORPION)		9288		APC	$3,635.80			
C9289	G	INJ, ERWINIA CHRYSANTHEMI		9289		APC	$334.32			

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C9290	G	INJ, BUPIVACAINE LIPOSOME		9290		APC	$1.14			
C9352	N	NEURAGEN NERVE GUIDE, PER CM				Bundled	$0.00			
C9353	N	NEURAWRAP NERVE PROTECTOR,CM				Bundled	$0.00			
C9354	N	VERITAS COLLAGEN MATRIX, CM2				Bundled	$0.00			
C9355	N	NEUROMATRIX NERVE CUFF, CM				Bundled	$0.00			
C9356	N	TENOGLIDE TENDON PROT, CM2				Bundled	$0.00			
C9358	K	SURGIMEND, FETAL		9358		APC	$11.65			
C9359	N	IMPLNT, BON VOID FILLER-PUTTY				Bundled	$0.00			
C9360	K	SURGIMEND, NEONATAL		9360		APC	$11.47			
C9361	N	NEUROMEND NERVE WRAP				Bundled	$0.00			
C9362	N	IMPLNT,BON VOID FILLER-STRIP				Bundled	$0.00			
C9363	K	INTEGRA MESHED BIL WOUND MAT		9363		APC	$19.03			
C9364	N	PORCINE IMPLANT, PERMACOL				Bundled	$0.00			
C9366	G	EPIFIX WOUND COVER		9366		APC	$122.70			
C9367	G	ENDOFORM DERMAL TEMPLATE		9367		APC	$4.35			
C9368	G	GRAFIX CORE		9368		APC	$7.96			
C9369	G	GRAFIX PRIME		9369		APC	$0.61			
C9399	M	UNCLASSIFIED DRUGS/BIOLOGICALS				Fee Schedule	$0.00			
C9724	T	EPS GAST CARDIA PLIC		0422	25.9586	APC	$1,313.76			
C9725	T	PLACE ENDORECTAL APP		0148	5.5610	APC	$281.44			
C9726	T	RXT BREAST APPL PLACE/REMOV		0028	25.5054	APC	$1,290.83			
C9727	T	INSERT PALATE IMPLANTS		0252	7.4604	APC	$377.57			
C9728	X	PLACE DEVICE/MARKER, NON PRO		0310	13.6309	APC	$689.86			
C9733	N	NON-OPHTHALMIC FVA		0397	2.2139	ed, may be payable in some circumst	$112.05			
C9800	T	DERMAL FILLER INJ PX/SUPPL		0135	4.9694	APC	$251.50			
C9898	N	INPNT STAY RADIOLABELED ITEM				Bundled	$0.00			
C9899	E	INPT IMPLANT PROS DEV,NO COV				Not Allowed	$0.00			
D0120	M	PERIODIC ORAL EVALUATION				Fee Schedule	$68.64			
D0140	M	LIMIT ORAL EVAL PROBLM FOCUS				Fee Schedule	$68.64			
D0145	M	ORAL EVALUATION, PT < 3YRS				Fee Schedule	$0.00			
D0150	S	COMPREHENSVE ORAL EVALUATION		0330	8.7656	APC	$443.63			
D0160	E	EXTENSV ORAL EVAL PROB FOCUS				Not Allowed	$0.00			
D0170	E	RE-EVAL,EST PT,PROBLEM FOCUS				Not Allowed	$0.00			
D0180	E	COMP PERIODONTAL EVALUATION				Not Allowed	$0.00			
D0210	M	INTRAOR COMPLETE FILM SERIES				Fee Schedule	$68.64			
D0220	M	INTRAORAL PERIAPICAL FIRST F				Fee Schedule	$68.64			
D0230	M	INTRAORAL PERIAPICAL EA ADD				Fee Schedule	$68.64			
D0240	S	INTRAORAL OCCLUSAL FILM		0330	8.7656	APC	$443.63			
D0250	S	EXTRAORAL FIRST FILM		0330	8.7656	APC	$443.63			
D0260	S	EXTRAORAL EA ADDITIONAL FILM		0330	8.7656	APC	$443.63			
D0270	S	DENTAL BITEWING SINGLE FILM		0330	8.7656	APC	$443.63			
D0272	S	DENTAL BITEWINGS TWO FILMS		0330	8.7656	APC	$443.63			
D0273	M	BITEWINGS - THREE FILMS				Fee Schedule	$68.64			
D0274	S	DENTAL BITEWINGS FOUR FILMS		0330	8.7656	APC	$443.63			
D0277	S	VERT BITEWINGS-SEV TO EIGHT		0330	8.7656	APC	$443.63			
D0290	E	DENTAL FILM SKULL/FACIAL BON				Not Allowed	$0.00			
D0310	E	DENTAL SALIOGRAPHY				Not Allowed	$0.00			
D0320	E	DENTAL TMJ ARTHROGRAM INCL I				Not Allowed	$0.00			
D0321	E	DENTAL OTHER TMJ FILMS				Not Allowed	$0.00			
D0322	E	DENTAL TOMOGRAPHIC SURVEY				Not Allowed	$0.00			
D0330	M	DENTAL PANORAMIC FILM				Fee Schedule	$68.64			
D0340	M	DENTAL CEPHALOMETRIC FILM				Fee Schedule	$68.64			
D0350	M	ORAL/FACIAL IMAGES				Fee Schedule	$68.64			
D0360	E	CONE BEAM CT				Not Allowed	$0.00			
D0362	E	CONE BEAM, TWO DIMENSIONAL				Not Allowed	$0.00			
D0363	E	CONE BEAM, THREE DIMENSIONAL				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D0415	E	BACTERIOLOGIC STUDY				Not Allowed	$0.00			
D0416	E	VIRAL CULTURE				Not Allowed	$0.00			
D0417	E	COLLECT & PREP SALIVA SAMPLE				Not Allowed	$0.00			
D0418	E	ANALYSIS OF SALIVA SAMPLE				Not Allowed	$0.00			
D0421	E	GEN TST SUSCEPT ORAL DISEASE				Not Allowed	$0.00			
D0425	M	CARIES SUSCEPTIBILITY TEST				Fee Schedule	$0.00			
D0431	E	DIAG TST DETECT MUCOS ABNORM				Not Allowed	$0.00			
D0460	S	PULP VITALITY TEST		0330	8.7656	APC	$443.63			
D0470	M	DIAGNOSTIC CASTS				Fee Schedule	$68.64			
D0472	E	GROSS EXAM, PREP & REPORT				Not Allowed	$0.00			
D0473	E	MICRO EXAM, PREP & REPORT				Not Allowed	$0.00			
D0474	E	MICRO W EXAM OF SURG MARGINS				Not Allowed	$0.00			
D0475	E	DECALCIFICATION PROCEDURE				Not Allowed	$0.00			
D0476	E	SPEC STAINS FOR MICROORGANIS				Not Allowed	$0.00			
D0477	E	SPEC STAINS NOT FOR MICROORG				Not Allowed	$0.00			
D0478	E	IMMUNOHISTOCHEMICAL STAINS				Not Allowed	$0.00			
D0479	E	TISSUE IN-SITU HYBRIDIZATION				Not Allowed	$0.00			
D0480	E	CYTOPATH SMEAR PREP & REPORT				Not Allowed	$0.00			
D0481	E	ELECTRON MICROSCOPY DIAGNOST				Not Allowed	$0.00			
D0482	E	DIRECT IMMUNOFLUORESCENCE				Not Allowed	$0.00			
D0483	E	INDIRECT IMMUNOFLUORESCENCE				Not Allowed	$0.00			
D0484	E	CONSULT SLIDES PREP ELSEWHER				Not Allowed	$0.00			
D0485	E	CONSULT INC PREP OF SLIDES				Not Allowed	$0.00			
D0486	E	ACCESSION OF BRUSH BIOPSY				Not Allowed	$0.00			
D0502	E	OTHER ORAL PATHOLOGY PROCEDU				Not Allowed	$0.00			
D0999	E	UNSPECIFIED DIAGNOSTIC PROCE				Not Allowed	$0.00			
D1110	M	DENTAL PROPHYLAXIS ADULT				Fee Schedule	$68.64			
D1120	M	DENTAL PROPHYLAXIS CHILD				Fee Schedule	$68.64			
D1203	M	TOPICAL APP FLUORIDE CHILD				Fee Schedule	$68.64			
D1204	M	TOPICAL APP FLUORIDE ADULT				Fee Schedule	$0.00			
D1206	M	TOPICAL FLUORIDE VARNISH				Fee Schedule	$0.00			
D1310	M	NUTRI COUNSEL-CONTROL CARIES				Fee Schedule	$0.00			
D1320	E	TOBACCO COUNSELING				Not Allowed	$0.00			
D1330	M	ORAL HYGIENE INSTRUCTION				Fee Schedule	$0.00			
D1351	M	DENTAL SEALANT PER TOOTH				Fee Schedule	$68.64			
D1352	E	PREV RESIN REST, PERM TOOTH				Not Allowed	$0.00			
D1510	S	SPACE MAINTAINER FXD UNILAT		0330	8.7656	APC	$443.63			
D1515	S	FIXED BILAT SPACE MAINTAINER		0330	8.7656	APC	$443.63			
D1520	E	REMOVE UNILAT SPACE MAINTAIN				Not Allowed	$0.00			
D1525	E	REMOVE BILAT SPACE MAINTAIN				Not Allowed	$0.00			
D1550	S	RECEMENT SPACE MAINTAINER		0330	8.7656	APC	$443.63			
D1555	M	REMOVE FIX SPACE MAINTAINER				Fee Schedule	$68.64			
D2140	M	AMALGAM ONE SURFACE PERMANEN				Fee Schedule	$68.64			
D2150	M	AMALGAM TWO SURFACES PERMANE				Fee Schedule	$68.64			
D2160	M	AMALGAM THREE SURFACES PERMA				Fee Schedule	$68.64			
D2161	M	AMALGAM 4 OR > SURFACES PERM				Fee Schedule	$68.64			
D2330	M	RESIN ONE SURFACE-ANTERIOR				Fee Schedule	$68.64			
D2331	M	RESIN TWO SURFACES-ANTERIOR				Fee Schedule	$68.64			
D2332	M	RESIN THREE SURFACES-ANTERIO				Fee Schedule	$68.64			
D2335	M	RESIN 4/> SURF OR W INCIS AN				Fee Schedule	$68.64			
D2390	M	ANT RESIN-BASED CMPST CROWN				Fee Schedule	$68.64			
D2391	M	POST 1 SRFC RESINBASED CMPST				Fee Schedule	$68.64			
D2392	M	POST 2 SRFC RESINBASED CMPST				Fee Schedule	$68.64			
D2393	M	POST 3 SRFC RESINBASED CMPST				Fee Schedule	$68.64			
D2394	M	POST >=4SRFC RESINBASE CMPST				Fee Schedule	$68.64			
D2410	E	DENTAL GOLD FOIL ONE SURFACE				Not Allowed	$0.00			

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D2420	E	DENTAL GOLD FOIL TWO SURFACE				Not Allowed	$0.00			
D2430	E	DENTAL GOLD FOIL THREE SURFA				Not Allowed	$0.00			
D2510	E	DENTAL INLAY METALIC 1 SURF				Not Allowed	$0.00			
D2520	E	DENTAL INLAY METALLIC 2 SURF				Not Allowed	$0.00			
D2530	E	DENTAL INLAY METL 3/MORE SUR				Not Allowed	$0.00			
D2542	E	DENTAL ONLAY METALLIC 2 SURF				Not Allowed	$0.00			
D2543	E	DENTAL ONLAY METALLIC 3 SURF				Not Allowed	$0.00			
D2544	E	DENTAL ONLAY METL 4/MORE SUR				Not Allowed	$0.00			
D2610	E	INLAY PORCELAIN/CERAMIC 1 SU				Not Allowed	$0.00			
D2620	E	INLAY PORCELAIN/CERAMIC 2 SU				Not Allowed	$0.00			
D2630	E	DENTAL ONLAY PORC 3/MORE SUR				Not Allowed	$0.00			
D2642	E	DENTAL ONLAY PORCELIN 2 SURF				Not Allowed	$0.00			
D2643	E	DENTAL ONLAY PORCELIN 3 SURF				Not Allowed	$0.00			
D2644	E	DENTAL ONLAY PORC 4/MORE SUR				Not Allowed	$0.00			
D2650	E	INLAY COMPOSITE/RESIN ONE SU				Not Allowed	$0.00			
D2651	E	INLAY COMPOSITE/RESIN TWO SU				Not Allowed	$0.00			
D2652	E	DENTAL INLAY RESIN 3/MRE SUR				Not Allowed	$0.00			
D2662	E	DENTAL ONLAY RESIN 2 SURFACE				Not Allowed	$0.00			
D2663	E	DENTAL ONLAY RESIN 3 SURFACE				Not Allowed	$0.00			
D2664	E	DENTAL ONLAY RESIN 4/MRE SUR				Not Allowed	$0.00			
D2710	M	CROWN RESIN LABORATORY				Fee Schedule	$68.64			
D2712	M	CROWN 3/4 RESIN-BASED COMPOS				Fee Schedule	$68.64			
D2720	M	CROWN RESIN W/ HIGH NOBLE ME				Fee Schedule	$68.64			
D2721	M	CROWN RESIN W/ BASE METAL				Fee Schedule	$68.64			
D2722	M	CROWN RESIN W/ NOBLE METAL				Fee Schedule	$68.64			
D2740	M	CROWN PORCELAIN/CERAMIC SUBS				Fee Schedule	$68.64			
D2750	M	CROWN PORCELAIN W/ H NOBLE M				Fee Schedule	$68.64			Y
D2751	M	CROWN PORCELAIN FUSED BASE M				Fee Schedule	$68.64			Y
D2752	M	CROWN PORCELAIN W/ NOBLE MET				Fee Schedule	$68.64			
D2780	M	CROWN 3/4 CAST HI NOBLE MET				Fee Schedule	$68.64			
D2781	M	CROWN 3/4 CAST BASE METAL				Fee Schedule	$68.64			Y
D2782	M	CROWN 3/4 CAST NOBLE METAL				Fee Schedule	$68.64			
D2783	M	CROWN 3/4 PORCELAIN/CERAMIC				Fee Schedule	$68.64			
D2790	M	CROWN FULL CAST HIGH NOBLE M				Fee Schedule	$68.64			
D2791	M	CROWN FULL CAST BASE METAL				Fee Schedule	$68.64			Y
D2792	M	CROWN FULL CAST NOBLE METAL				Fee Schedule	$68.64			
D2794	M	CROWN-TITANIUM				Fee Schedule	$68.64			
D2799	M	PROVISIONAL CROWN				Fee Schedule	$68.64			
D2910	M	DENTAL RECEMENT INLAY				Fee Schedule	$68.64			
D2915	E	RECEMENT CAST OR PREFAB POST				Not Allowed	$0.00			
D2920	M	DENTAL RECEMENT CROWN				Fee Schedule	$68.64			
D2930	M	PREFAB STNLSS STEEL CRWN PRI				Fee Schedule	$68.64			
D2931	M	PREFAB STNLSS STEEL CROWN PE				Fee Schedule	$68.64			
D2932	M	PREFABRICATED RESIN CROWN				Fee Schedule	$68.64			
D2933	M	PREFAB STAINLESS STEEL CROWN				Fee Schedule	$68.64			
D2934	E	PREFAB STEEL CROWN PRIMARY				Not Allowed	$0.00			
D2940	M	DENTAL SEDATIVE FILLING				Fee Schedule	$68.64			
D2950	M	CORE BUILD-UP INCL ANY PINS				Fee Schedule	$68.64			
D2951	M	TOOTH PIN RETENTION				Fee Schedule	$68.64			
D2952	M	POST AND CORE CAST + CROWN				Fee Schedule	$68.64			
D2953	M	EACH ADDTNL CAST POST				Fee Schedule	$68.64			
D2954	M	PREFAB POST/CORE + CROWN				Fee Schedule	$68.64			
D2955	E	POST REMOVAL				Not Allowed	$0.00			
D2957	M	EACH ADDTNL PREFAB POST				Fee Schedule	$68.64			
D2960	M	LAMINATE LABIAL VENEER				Fee Schedule	$68.64			Y
D2961	M	LAB LABIAL VENEER RESIN				Fee Schedule	$68.64			Y

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D2962	M	LAB LABIAL VENEER PORCELAIN				Fee Schedule	$68.64			Y
D2970	M	TEMPORARY- FRACTURED TOOTH				Fee Schedule	$68.64			
D2971	E	ADD PROC CONSTRUCT NEW CROWN				Not Allowed	$0.00			
D2975	E	COPING				Not Allowed	$0.00			
D2980	M	CROWN REPAIR				Fee Schedule	$68.64			
D2999	S	DENTAL UNSPEC RESTORATIVE PR		0330	8.7656	APC	$443.63			
D3110	M	PULP CAP DIRECT				Fee Schedule	$68.64			
D3120	M	PULP CAP INDIRECT				Fee Schedule	$68.64			
D3220	M	THERAPEUTIC PULPOTOMY				Fee Schedule	$68.64			
D3221	M	GROSS PULPAL DEBRIDEMENT				Fee Schedule	$68.64			
D3222	E	PART PULP FOR APEXOGENESIS				Not Allowed	$0.00			
D3230	M	PULPAL THERAPY ANTERIOR PRIM				Fee Schedule	$68.64			
D3240	M	PULPAL THERAPY POSTERIOR PRI				Fee Schedule	$68.64			
D3310	M	END THXPY, ANTERIOR TOOTH				Fee Schedule	$68.64			
D3320	M	END THXPY, BICUSPID TOOTH				Fee Schedule	$68.64			
D3330	M	END THXPY, MOLAR				Fee Schedule	$68.64			
D3331	M	NON-SURG TX ROOT CANAL OBS				Fee Schedule	$68.64			
D3332	E	INCOMPLETE ENDODONTIC TX				Not Allowed	$0.00			
D3333	E	INTERNAL ROOT REPAIR				Not Allowed	$0.00			
D3346	M	RETREAT ROOT CANAL ANTERIOR				Fee Schedule	$68.64			
D3347	M	RETREAT ROOT CANAL BICUSPID				Fee Schedule	$68.64			
D3348	M	RETREAT ROOT CANAL MOLAR				Fee Schedule	$68.64			
D3351	E	APEXIFICATION/RECALC INITIAL				Not Allowed	$0.00			
D3352	E	APEXIFICATION/RECALC INTERIM				Not Allowed	$0.00			
D3353	E	APEXIFICATION/RECALC FINAL				Not Allowed	$0.00			
D3354	E	PULPAL REGENERATION				Not Allowed	$0.00			
D3410	M	APICOECT/PERIRAD SURG ANTER				Fee Schedule	$68.64			
D3421	M	ROOT SURGERY BICUSPID				Fee Schedule	$68.64			
D3425	M	ROOT SURGERY MOLAR				Fee Schedule	$68.64			
D3426	M	ROOT SURGERY EA ADD ROOT				Fee Schedule	$68.64			
D3430	M	RETROGRADE FILLING				Fee Schedule	$68.64			
D3450	E	ROOT AMPUTATION				Not Allowed	$0.00			
D3460	E	ENDODONTIC ENDOSSEOUS IMPLAN				Not Allowed	$0.00			
D3470	E	INTENTIONAL REPLANTATION				Not Allowed	$0.00			
D3910	E	ISOLATION- TOOTH W RUBB DAM				Not Allowed	$0.00			
D3920	E	TOOTH SPLITTING				Not Allowed	$0.00			
D3950	E	CANAL PREP/FITTING OF DOWEL				Not Allowed	$0.00			
D3999	E	ENDODONTIC PROCEDURE				Not Allowed	$0.00			
D4210	M	GINGIVECTOMY/PLASTY PER QUAD				Fee Schedule	$68.64			
D4211	M	GINGIVECTOMY/PLASTY PER TOOT				Fee Schedule	$68.64			
D4230	E	ANA CROWN EXP 4 OR> PER QUAD				Not Allowed	$0.00			
D4231	E	ANA CROWN EXP 1-3 PER QUAD				Not Allowed	$0.00			
D4240	M	GINGIVAL FLAP PROC W/ PLANIN				Fee Schedule	$68.64			
D4241	M	GNGVL FLAP W ROOTPLAN 1-3 TH				Fee Schedule	$68.64			
D4245	E	APICALLY POSITIONED FLAP				Not Allowed	$0.00			
D4249	E	CROWN LENGTHEN HARD TISSUE				Not Allowed	$0.00			
D4260	S	OSSEOUS SURGERY PER QUADRANT		0330	8.7656	APC	$443.63			
D4261	M	OSSEOUS SURGERY INCL FLAP ONE TO THREE TEETH PER Q				Fee Schedule	$68.64			
D4263	E	BONE REPLCE GRAFT FIRST SITE				Not Allowed	$0.00			
D4264	E	BONE REPLCE GRAFT EACH ADD				Not Allowed	$0.00			
D4265	E	BIO MTRLS TO AID SOFT/OS REG				Not Allowed	$0.00			
D4266	E	GUIDED TISS REGEN RESORBLE				Not Allowed	$0.00			
D4267	E	GUIDED TISS REGEN NONRESORB				Not Allowed	$0.00			
D4268	E	SURGICAL REVISION PROCEDURE				Not Allowed	$0.00			
D4270	S	PEDICLE SOFT TISSUE GRAFT PR		0330	8.7656	APC	$443.63			
D4271	S	FREE SOFT TISSUE GRAFT PROC		0330	8.7656	APC	$443.63			

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D4273	E	SUBEPITHELIAL TISSUE GRAFT				Not Allowed	$0.00			
D4274	E	DISTAL/PROXIMAL WEDGE PROC				Not Allowed	$0.00			
D4275	E	SOFT TISSUE ALLOGRAFT				Not Allowed	$0.00			
D4276	E	CON TISSUE W DBLE PED GRAFT				Not Allowed	$0.00			
D4320	M	PROVISION SPLNT INTRACORONAL				Fee Schedule	$68.64			
D4321	E	PROVISIONAL SPLINT EXTRACORO				Not Allowed	$0.00			
D4341	M	PERIODONTAL SCALING & ROOT				Fee Schedule	$68.64			
D4342	M	PERIODONTAL SCALING 1-3 TEETH				Fee Schedule	$68.64			
D4355	S	FULL MOUTH DEBRIDEMENT		0330	8.7656	APC	$443.63			
D4381	E	LOCALIZED DELIVERY ANTIMICRO				Not Allowed	$0.00			
D4910	M	PERIODONTAL MAINT PROCEDURES				Fee Schedule	$68.64			
D4920	M	UNSCHEDULED DRESSING CHANGE				Fee Schedule	$68.64			
D4999	M	UNSPECIFIED PERIODONTAL PROC				Fee Schedule	$68.64			
D5110	M	DENTURES COMPLETE MAXILLARY				Fee Schedule	$68.64			
D5120	M	DENTURES COMPLETE MANDIBLE				Fee Schedule	$68.64			
D5130	M	DENTURES IMMEDIAT MAXILLARY				Fee Schedule	$68.64			
D5140	M	DENTURES IMMEDIAT MANDIBLE				Fee Schedule	$68.64			
D5211	M	DENTURES MAXILL PART RESIN				Fee Schedule	$68.64			
D5212	M	DENTURES MAND PART RESIN				Fee Schedule	$68.64			
D5213	M	DENTURES MAXILL PART METAL				Fee Schedule	$68.64			
D5214	M	DENTURES MANDIBL PART METAL				Fee Schedule	$68.64			
D5225	M	MAXILLARY PART DENTURE FLEX				Fee Schedule	$68.64			
D5226	M	MANDIBULAR PART DENTURE FLEX				Fee Schedule	$68.64			
D5281	E	REMOVABLE PARTIAL DENTURE				Not Allowed	$0.00			
D5410	M	DENTURES ADJUST CMPLT MAXIL				Fee Schedule	$68.64			
D5411	M	DENTURES ADJUST CMPLT MAND				Fee Schedule	$68.64			
D5421	M	DENTURES ADJUST PART MAXILL				Fee Schedule	$68.64			
D5422	M	DENTURES ADJUST PART MANDBL				Fee Schedule	$68.64			
D5510	M	DENTUR REPR BROKEN COMPL BAS				Fee Schedule	$68.64			
D5520	M	REPLACE DENTURE TEETH COMPLT				Fee Schedule	$68.64			
D5610	M	DENTURES REPAIR RESIN BASE				Fee Schedule	$68.64			
D5620	M	REP PART DENTURE CAST FRAME				Fee Schedule	$68.64			
D5630	M	REP PARTIAL DENTURE CLASP				Fee Schedule	$68.64			
D5640	M	REPLACE PART DENTURE TEETH				Fee Schedule	$68.64			
D5650	M	ADD TOOTH TO PARTIAL DENTURE				Fee Schedule	$68.64			
D5660	M	ADD CLASP TO PARTIAL DENTURE				Fee Schedule	$68.64			
D5670	E	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAME M				Not Allowed	$0.00			
D5671	E	REPLC TTH&ACRLC MANDIBULAR				Not Allowed	$0.00			
D5710	M	DENTURES REBASE CMPLT MAXIL				Fee Schedule	$68.64			
D5711	M	DENTURES REBASE CMPLT MAND				Fee Schedule	$68.64			
D5720	M	DENTURES REBASE PART MAXILL				Fee Schedule	$68.64			
D5721	M	DENTURES REBASE PART MANDBL				Fee Schedule	$68.64			
D5730	M	DENTURE RELN CMPLT MAXIL CH				Fee Schedule	$68.64			
D5731	M	DENTURE RELN CMPLT MAND CHR				Fee Schedule	$68.64			
D5740	M	DENTURE RELN PART MAXIL CHR				Fee Schedule	$68.64			
D5741	M	DENTURE RELN PART MAND CHR				Fee Schedule	$68.64			
D5750	M	DENTURE RELN CMPLT MAX LAB				Fee Schedule	$68.64			
D5751	M	DENTURE RELN CMPLT MAND LAB				Fee Schedule	$68.64			
D5760	M	DENTURE RELN PART MAXIL LAB				Fee Schedule	$68.64			
D5761	M	DENTURE RELN PART MAND LAB				Fee Schedule	$68.64			
D5810	E	DENTURE INTERM CMPLT MAXILL				Not Allowed	$0.00			
D5811	E	DENTURE INTERM CMPLT MANDBL				Not Allowed	$0.00			
D5820	M	DENTURE INTERM PART MAXILL				Fee Schedule	$68.64			
D5821	M	DENTURE INTERM PART MANDBL				Fee Schedule	$68.64			
D5850	M	DENTURE TISS CONDITN MAXILL				Fee Schedule	$68.64			Y
D5851	M	DENTURE TISS CONDTIN MANDBL				Fee Schedule	$68.64			Y

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D5860	E	OVERDENTURE COMPLETE				Not Allowed	$0.00			
D5861	E	OVERDENTURE PARTIAL				Not Allowed	$0.00			
D5862	E	PRECISION ATTACHMENT				Not Allowed	$0.00			
D5867	E	REPLACEMENT OF PRECISION ATT				Not Allowed	$0.00			
D5875	E	PROSTHESIS MODIFICATION				Not Allowed	$0.00			
D5899	M	REMOVABLE PROSTHODONTIC PROC				Fee Schedule	$68.64			
D5911	E	FACIAL MOULAGE SECTIONAL				Not Allowed	$0.00			
D5912	E	FACIAL MOULAGE COMPLETE				Not Allowed	$0.00			
D5913	E	NASAL PROSTHESIS				Not Allowed	$0.00			
D5914	E	AURICULAR PROSTHESIS				Not Allowed	$0.00			
D5915	E	ORBITAL PROSTHESIS				Not Allowed	$0.00			
D5916	E	OCULAR PROSTHESIS				Not Allowed	$0.00			
D5919	E	FACIAL PROSTHESIS				Not Allowed	$0.00			
D5922	E	NASAL SEPTAL PROSTHESIS				Not Allowed	$0.00			
D5923	E	OCULAR PROSTHESIS INTERIM				Not Allowed	$0.00			
D5924	E	CRANIAL PROSTHESIS				Not Allowed	$0.00			
D5925	E	FACIAL AUGMENTATION IMPLANT				Not Allowed	$0.00			
D5926	E	REPLACEMENT NASAL PROSTHESIS				Not Allowed	$0.00			
D5927	E	AURICULAR REPLACEMENT				Not Allowed	$0.00			
D5928	E	ORBITAL REPLACEMENT				Not Allowed	$0.00			
D5929	E	FACIAL REPLACEMENT				Not Allowed	$0.00			
D5931	E	SURGICAL OBTURATOR				Not Allowed	$0.00			
D5932	E	POSTSURGICAL OBTURATOR				Not Allowed	$0.00			
D5933	E	REFITTING OF OBTURATOR				Not Allowed	$0.00			
D5934	E	MANDIBULAR FLANGE PROSTHESIS				Not Allowed	$0.00			
D5935	E	MANDIBULAR DENTURE PROSTH				Not Allowed	$0.00			
D5936	E	TEMP OBTURATOR PROSTHESIS				Not Allowed	$0.00			
D5937	E	TRISMUS APPLIANCE				Not Allowed	$0.00			
D5951	E	FEEDING AID				Not Allowed	$0.00			
D5952	E	PEDIATRIC SPEECH AID				Not Allowed	$0.00			
D5953	E	ADULT SPEECH AID				Not Allowed	$0.00			
D5954	E	SUPERIMPOSED PROSTHESIS				Not Allowed	$0.00			
D5955	E	PALATAL LIFT PROSTHESIS				Not Allowed	$0.00			
D5958	E	INTRAORAL CON DEF INTER PLT				Not Allowed	$0.00			
D5959	E	INTRAORAL CON DEF MOD PALAT				Not Allowed	$0.00			
D5960	E	MODIFY SPEECH AID PROSTHESIS				Not Allowed	$0.00			
D5982	E	SURGICAL STENT				Not Allowed	$0.00			
D5983	E	RADIATION APPLICATOR				Not Allowed	$0.00			
D5984	E	RADIATION SHIELD				Not Allowed	$0.00			
D5985	E	RADIATION CONE LOCATOR				Not Allowed	$0.00			
D5986	E	FLUORIDE APPLICATOR				Not Allowed	$0.00			
D5987	E	COMMISSURE SPLINT				Not Allowed	$0.00			
D5988	E	SURGICAL SPLINT				Not Allowed	$0.00			
D5991	E	TOPICAL MEDICAMENT CARRIER				Not Allowed	$0.00			
D5992	E	ADJUST MAX PROST APPLIANCE				Not Allowed	$0.00			
D5993	E	MAIN/CLEAN MAX PROSTHESIS				Not Allowed	$0.00			
D5999	E	MAXILLOFACIAL PROSTHESIS				Not Allowed	$0.00			
D6010	E	ODONTICS ENDOSTEAL IMPLANT				Not Allowed	$0.00			
D6012	E	ENDOSTEAL IMPLANT				Not Allowed	$0.00			
D6040	E	ODONTICS EPOSTEAL IMPLANT				Not Allowed	$0.00			
D6050	E	ODONTICS TRANSOSTEAL IMPLNT				Not Allowed	$0.00			
D6053	E	IMPLNT/ABTMNT SPPRT REMV DNT				Not Allowed	$0.00			
D6054	E	IMPLNT/ABTMNT SPPRT REMVPRTL				Not Allowed	$0.00			
D6055	E	IMPLANT CONNECTING BAR				Not Allowed	$0.00			
D6056	E	PREFABRICATED ABUTMENT				Not Allowed	$0.00			
D6057	E	CUSTOM ABUTMENT				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D6058	E	ABUTMENT SUPPORTED CROWN				Not Allowed	$0.00			
D6059	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6060	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6061	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6062	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6063	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6064	E	ABUTMENT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6065	E	IMPLANT SUPPORTED CROWN				Not Allowed	$0.00			
D6066	E	IMPLANT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6067	E	IMPLANT SUPPORTED MTL CROWN				Not Allowed	$0.00			
D6068	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			
D6069	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			
D6070	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			
D6071	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			
D6072	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			
D6073	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			
D6074	E	ABUTMENT SUPPORTED RETAINER				Not Allowed	$0.00			
D6075	E	IMPLANT SUPPORTED RETAINER				Not Allowed	$0.00			
D6076	E	IMPLANT SUPPORTED RETAINER				Not Allowed	$0.00			
D6077	E	IMPLANT SUPPORTED RETAINER				Not Allowed	$0.00			
D6078	E	IMPLNT/ABUT SUPRTD FIXD DENT				Not Allowed	$0.00			
D6079	E	IMPLNT/ABUT SUPRTD FIXD DENT				Not Allowed	$0.00			
D6080	E	IMPLANT MAINTENANCE				Not Allowed	$0.00			
D6090	E	REPAIR IMPLANT				Not Allowed	$0.00			
D6091	E	REPL SEMI/PRECISION ATTACH				Not Allowed	$0.00			
D6092	E	RECEMENT SUPP CROWN				Not Allowed	$0.00			
D6093	E	RECEMENT SUPP PART DENTURE				Not Allowed	$0.00			
D6094	E	ABUT SUPPORT CROWN TITANIUM				Not Allowed	$0.00			
D6095	E	ODONTICS REPR ABUTMENT				Not Allowed	$0.00			
D6100	E	REMOVAL OF IMPLANT				Not Allowed	$0.00			
D6190	E	RADIO/SURGICAL IMPLANT INDEX				Not Allowed	$0.00			
D6194	E	ABUT SUPPORT RETAINER TITANI				Not Allowed	$0.00			
D6199	E	IMPLANT PROCEDURE				Not Allowed	$0.00			
D6205	M	PONTIC-INDIRECT RESIN BASED				Fee Schedule	$68.64			
D6210	M	PROSTHODONT HIGH NOBLE METAL				Fee Schedule	$68.64			
D6211	M	BRIDGE BASE METAL CAST				Fee Schedule	$68.64			
D6212	M	BRIDGE NOBLE METAL CAST				Fee Schedule	$68.64			
D6214	M	PONTIC TITANIUM				Fee Schedule	$68.64			
D6240	M	BRIDGE PORCELAIN HIGH NOBLE				Fee Schedule	$68.64			
D6241	M	BRIDGE PORCELAIN BASE METAL				Fee Schedule	$68.64			
D6242	M	BRIDGE PORCELAIN NOBEL METAL				Fee Schedule	$68.64			
D6245	M	BRIDGE PORCELAIN/CERAMIC				Fee Schedule	$68.64			
D6250	M	BRIDGE RESIN W/HIGH NOBLE				Fee Schedule	$68.64			
D6251	M	BRIDGE RESIN BASE METAL				Fee Schedule	$68.64			
D6252	M	BRIDGE RESIN W/NOBLE METAL				Fee Schedule	$68.64			
D6253	E	PROVISIONAL PONTIC				Not Allowed	$0.00			
D6254	E	INTERIM PONTIC				Not Allowed	$0.00			
D6545	E	DENTAL RETAINR CAST METL				Not Allowed	$0.00			
D6548	E	PORCELAIN/CERAMIC RETAINER				Not Allowed	$0.00			
D6600	E	PORCELAIN/CERAMIC INLAY 2SRF				Not Allowed	$0.00			
D6601	E	PORC/CERAM INLAY >= 3 SURFAC				Not Allowed	$0.00			
D6602	E	CST HGH NBLE MTL INLAY 2 SRF				Not Allowed	$0.00			
D6603	E	CST HGH NBLE MTL INLAY >=3SR				Not Allowed	$0.00			
D6604	E	CST BSE MTL INLAY 2 SURFACES				Not Allowed	$0.00			
D6605	E	CST BSE MTL INLAY >= 3 SURFA				Not Allowed	$0.00			
D6606	E	CAST NOBLE METAL INLAY 2 SUR				Not Allowed	$0.00			

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D6607	E	CST NOBLE MTL INLAY >=3 SURF				Not Allowed	$0.00			
D6608	E	ONLAY PORC/CRMC 2 SURFACES				Not Allowed	$0.00			
D6609	E	ONLAY PORC/CRMC >=3 SURFACES				Not Allowed	$0.00			
D6610	E	ONLAY CAST HIGH NOBLE METAL TWO SURFACES				Not Allowed	$0.00			
D6611	E	ONLAY CST HGH NBL MTL >=3SRF				Not Allowed	$0.00			
D6612	E	ONLAY CST BASE MTL 2 SURFACE				Not Allowed	$0.00			
D6613	E	ONLAY CST BASE MTL >=3 SURFA				Not Allowed	$0.00			
D6614	E	ONLAY CST NBL MTL 2 SURFACES				Not Allowed	$0.00			
D6615	E	ONLAY CST NBL MTL >=3 SURFAC				Not Allowed	$0.00			
D6624	E	INLAY TITANIUM				Not Allowed	$0.00			
D6634	E	ONLAY TITANIUM				Not Allowed	$0.00			
D6710	M	CROWN-INDIRECT RESIN BASED				Fee Schedule	$68.64			
D6720	M	RETAIN CROWN RESIN W HI NBLE				Fee Schedule	$68.64			
D6721	M	CROWN RESIN W/BASE METAL				Fee Schedule	$68.64			
D6722	M	CROWN RESIN W/NOBLE METAL				Fee Schedule	$68.64			
D6740	M	CROWN PORCELAIN/CERAMIC				Fee Schedule	$68.64			
D6750	M	CROWN PORCELAIN HIGH NOBLE				Fee Schedule	$68.64			
D6751	M	CROWN PORCELAIN BASE METAL				Fee Schedule	$68.64			
D6752	M	CROWN PORCELAIN NOBLE METAL				Fee Schedule	$68.64			
D6780	M	CROWN 3/4 HIGH NOBLE METAL				Fee Schedule	$68.64			
D6781	M	CROWN 3/4 CAST BASED METAL				Fee Schedule	$68.64			
D6782	M	CROWN 3/4 CAST NOBLE METAL				Fee Schedule	$68.64			
D6783	M	CROWN 3/4 PORCELAIN/CERAMIC				Fee Schedule	$68.64			
D6790	M	CROWN FULL HIGH NOBLE METAL				Fee Schedule	$68.64			
D6791	M	CROWN FULL BASE METAL CAST				Fee Schedule	$68.64			
D6792	M	CROWN FULL NOBLE METAL CAST				Fee Schedule	$68.64			
D6793	E	PROVISIONAL RETAINER CROWN				Not Allowed	$0.00			
D6794	M	CROWN TITANIUM				Fee Schedule	$68.64			
D6795	E	INTERIM RETAINER CROWN				Not Allowed	$0.00			
D6920	E	DENTAL CONNECTOR BAR				Not Allowed	$0.00			
D6930	M	DENTAL RECEMENT BRIDGE				Fee Schedule	$68.64			
D6940	E	STRESS BREAKER				Not Allowed	$0.00			
D6950	M	PRECISION ATTACHMENT				Fee Schedule	$68.64			
D6970	E	POST & CORE PLUS RETAINER				Not Allowed	$0.00			
D6972	E	PREFAB POST & CORE PLUS RETA				Not Allowed	$0.00			
D6973	E	CORE BUILD UP FOR RETAINER				Not Allowed	$0.00			
D6975	E	COPING METAL				Not Allowed	$0.00			
D6976	E	EACH ADDTNL CAST POST				Not Allowed	$0.00			
D6977	E	EACH ADDTL PREFAB POST				Not Allowed	$0.00			
D6980	M	BRIDGE REPAIR				Fee Schedule	$68.64			
D6985	E	PEDIATRIC PARTIAL DENTURE FX				Not Allowed	$0.00			
D6999	M	FIXED PROSTHODONTIC PROC				Fee Schedule	$68.64			
D7111	S	CORONAL REMNANTS DECIDUOUS T		0330	8.7656	APC	$443.63			
D7140	S	EXTRACTION ERUPTED TOOTH/EXR		0330	8.7656	APC	$443.63			
D7210	S	REM IMP TOOTH W MUCOPER FLP		0330	8.7656	APC	$443.63			
D7220	S	IMPACT TOOTH REMOV SOFT TISS		0330	8.7656	APC	$443.63			
D7230	S	IMPACT TOOTH REMOV PART BONY		0330	8.7656	APC	$443.63			
D7240	S	IMPACT TOOTH REMOV COMP BONY		0330	8.7656	APC	$443.63			
D7241	S	IMPACT TOOTH REM BONY W/COMP		0330	8.7656	APC	$443.63			
D7250	S	TOOTH ROOT REMOVAL		0330	8.7656	APC	$443.63			
D7251	E	CORONECTOMY				Not Allowed	$0.00			
D7260	E	ORAL ANTRAL FISTULA CLOSURE				Not Allowed	$0.00			
D7261	E	PRIMARY CLOSURE SINUS PERF				Not Allowed	$0.00			
D7270	M	TOOTH REIMPLANTATION				Fee Schedule	$68.64			
D7272	E	TOOTH TRANSPLANTATION				Not Allowed	$0.00			
D7280	M	EXPOSURE IMPACT TOOTH ORTHOD				Fee Schedule	$68.64			

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D7282	M	MOBILIZE ERUPTED/MALPOS TOOT				Fee Schedule	$68.64			
D7283	E	PLACE DEVICE IMPACTED TOOTH				Not Allowed	$0.00			
D7285	E	BIOPSY OF ORAL TISSUE HARD				Not Allowed	$0.00			
D7286	E	BIOPSY OF ORAL TISSUE SOFT				Not Allowed	$0.00			
D7287	E	CYTOLOGY SAMPLE COLLECTION				Not Allowed	$0.00			
D7288	E	BRUSH BIOPSY				Not Allowed	$0.00			
D7290	E	REPOSITIONING OF TEETH				Not Allowed	$0.00			
D7291	E	TRANSSEPTAL FIBEROTOMY				Not Allowed	$0.00			
D7292	E	SCREW RETAINED PLATE				Not Allowed	$0.00			
D7293	E	TEMP ANCHORAGE DEV W FLAP				Not Allowed	$0.00			
D7294	E	TEMP ANCHORAGE DEV W/O FLAP				Not Allowed	$0.00			
D7295	E	BONE HARVEST,AUTO GRAFT PROC				Not Allowed	$0.00			
D7310	E	ALVEOPLASTY W/ EXTRACTION				Not Allowed	$0.00			
D7311	E	ALVEOLOPLASTY W/EXTRACT 1-3				Not Allowed	$0.00			
D7320	E	ALVEOPLASTY W/O EXTRACTION				Not Allowed	$0.00			
D7321	E	ALVEOLOPLASTY NOT W/EXTRACTS				Not Allowed	$0.00			
D7340	E	VESTIBULOPLASTY RIDGE EXTENS				Not Allowed	$0.00			
D7350	E	VESTIBULOPLASTY EXTEN GRAFT				Not Allowed	$0.00			
D7410	E	RAD EXC LESION UP TO 1.25 CM				Not Allowed	$0.00			
D7411	E	EXCISION BENIGN LESION>1.25C				Not Allowed	$0.00			
D7412	E	EXCISION BENIGN LESION COMPL				Not Allowed	$0.00			
D7413	E	EXCISION MALIG LESION<=1.25C				Not Allowed	$0.00			
D7414	E	EXCISION MALIG LESION>1.25CM				Not Allowed	$0.00			
D7415	E	EXCISION MALIG LES COMPLICAT				Not Allowed	$0.00			
D7440	E	MALIG TUMOR EXC TO 1.25 CM				Not Allowed	$0.00			
D7441	E	MALIG TUMOR > 1.25 CM				Not Allowed	$0.00			
D7450	E	REM ODONTOGEN CYST TO 1.25CM				Not Allowed	$0.00			
D7451	E	REM ODONTOGEN CYST > 1.25 CM				Not Allowed	$0.00			
D7460	E	REM NONODONTO CYST TO 1.25CM				Not Allowed	$0.00			
D7461	E	REM NONODONTO CYST > 1.25 CM				Not Allowed	$0.00			
D7465	E	LESION DESTRUCTION				Not Allowed	$0.00			
D7471	E	REM EXOSTOSIS ANY SITE				Not Allowed	$0.00			
D7472	E	REMOVAL OF TORUS PALATINUS				Not Allowed	$0.00			
D7473	E	REMOVE TORUS MANDIBULARIS				Not Allowed	$0.00			
D7485	E	SURG REDUCT OSSEOUSTUBEROSIT				Not Allowed	$0.00			
D7490	E	MANDIBLE RESECTION				Not Allowed	$0.00			
D7510	M	I&D ABSC INTRAORAL SOFT TISS				Fee Schedule	$68.64			
D7511	M	INCISION/DRAIN ABSCESS INTRA				Fee Schedule	$68.64			
D7520	M	I&D ABSCESS EXTRAORAL				Fee Schedule	$68.64			
D7521	M	INCISION/DRAIN ABSCESS EXTRA				Fee Schedule	$68.64			
D7530	E	REMOVAL FB SKIN/AREOLAR TISS				Not Allowed	$0.00			
D7540	M	REMOVAL OF FB REACTION				Fee Schedule	$68.64			
D7550	M	REMOVAL OF SLOUGHED OFF BONE				Fee Schedule	$68.64			
D7560	M	MAXILLARY SINUSOTOMY				Fee Schedule	$68.64			
D7610	E	MAXILLA OPEN REDUCT SIMPLE				Not Allowed	$0.00			
D7620	E	CLSD REDUCT SIMPL MAXILLA FX				Not Allowed	$0.00			
D7630	E	OPEN RED SIMPL MANDIBLE FX				Not Allowed	$0.00			
D7640	E	CLSD RED SIMPL MANDIBLE FX				Not Allowed	$0.00			
D7650	E	OPEN RED SIMP MALAR/ZYGOM FX				Not Allowed	$0.00			
D7660	E	CLSD RED SIMP MALAR/ZYGOM FX				Not Allowed	$0.00			
D7670	E	CLOSD RDUCTN SPLINT ALVEOLUS				Not Allowed	$0.00			
D7671	E	ALVEOLUS OPEN REDUCTION				Not Allowed	$0.00			
D7680	E	REDUCT SIMPLE FACIAL BONE FX				Not Allowed	$0.00			
D7710	E	MAXILLA OPEN REDUCT COMPOUND				Not Allowed	$0.00			
D7720	E	CLSD REDUCT COMPD MAXILLA FX				Not Allowed	$0.00			
D7730	E	OPEN REDUCT COMPD MANDBLE FX				Not Allowed	$0.00			

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

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D7996	E	IMPLANT MANDIBLE FOR AUGMENT				Not Allowed	$0.00			
D7997	E	APPLIANCE REMOVAL				Not Allowed	$0.00			
D7998	E	INTRAORAL PLACE OF FIX DEV				Not Allowed	$0.00			
D7999	E	ORAL SURGERY PROCEDURE				Not Allowed	$0.00			
D8010	E	LIMITED DENTAL TX PRIMARY				Not Allowed	$0.00			
D8020	E	LIMITED DENTAL TX TRANSITION				Not Allowed	$0.00			
D8030	E	LIMITED DENTAL TX ADOLESCENT				Not Allowed	$0.00			
D8040	E	LIMITED DENTAL TX ADULT				Not Allowed	$0.00			
D8050	M	INTERCEP DENTAL TX PRIMARY				Fee Schedule	$68.64			Y
D8060	M	INTERCEP DENTAL TX TRANSITN				Fee Schedule	$68.64			Y
D8070	M	COMPRE DENTAL TX TRANSITION				Fee Schedule	$68.64			Y
D8080	M	COMPRE DENTAL TX ADOLESCENT				Fee Schedule	$68.64			Y
D8090	M	COMPRE DENTAL TX ADULT				Fee Schedule	$68.64			Y
D8210	E	ORTHODONTIC REM APPLIANCE TX				Not Allowed	$0.00			
D8220	M	FIXED APPLIANCE THERAPY HABT				Fee Schedule	$68.64			
D8660	E	PREORTHODONTIC TX VISIT				Not Allowed	$0.00			
D8670	M	PERIODIC ORTHODONTC TX VISIT				Fee Schedule	$68.64			Y
D8680	E	ORTHODONTIC RETENTION				Not Allowed	$0.00			
D8690	E	ORTHODONTIC TREATMENT				Not Allowed	$0.00			
D8691	E	REPAIR ORTHO APPLIANCE				Not Allowed	$0.00			
D8692	E	REPLACEMENT RETAINER				Not Allowed	$0.00			
D8693	E	REBOND/CEMENT/REPAIR RETAIN				Not Allowed	$0.00			
D8999	E	ORTHODONTIC PROCEDURE				Not Allowed	$0.00			
D9110	N	TX DENTAL PAIN MINOR PROC				Bundled	$0.00			
D9120	E	FIX PARTIAL DENTURE SECTION				Not Allowed	$0.00			
D9210	E	DENT ANESTHESIA W/O SURGERY				Not Allowed	$0.00			
D9211	E	REGIONAL BLOCK ANESTHESIA				Not Allowed	$0.00			
D9212	E	TRIGEMINAL BLOCK ANESTHESIA				Not Allowed	$0.00			
D9215	E	LOCAL ANESTHESIA				Not Allowed	$0.00			
D9220	E	GENERAL ANESTHESIA				Not Allowed	$0.00			
D9221	E	GENERAL ANESTHESIA EA AD 15M				Not Allowed	$0.00			
D9230	E	ANALGESIA				Not Allowed	$0.00			
D9241	M	INTRAVENOUS SEDATION				Fee Schedule	$68.64			
D9242	M	IV SEDATION EA AD 30 M				Fee Schedule	$68.64			
D9248	N	SEDATION (NON-IV)				Bundled	$0.00			
D9310	M	DENTAL CONSULTATION				Fee Schedule	$68.64			
D9410	E	DENTAL HOUSE CALL				Not Allowed	$0.00			
D9420	M	HOSPITAL CALL				Fee Schedule	$68.64			
D9430	E	OFFICE VISIT DURING HOURS				Not Allowed	$0.00			
D9440	E	OFFICE VISIT AFTER HOURS				Not Allowed	$0.00			
D9450	E	CASE PRESENTATION TX PLAN				Not Allowed	$0.00			
D9610	E	DENT THERAPEUTIC DRUG INJECT				Not Allowed	$0.00			
D9612	E	THERA PAR DRUGS 2 OR > ADMIN				Not Allowed	$0.00			
D9630	S	OTHER DRUGS/MEDICAMENTS		0330	8.7656	APC	$443.63			
D9910	E	DENT APPL DESENSITIZING MED				Not Allowed	$0.00			
D9911	E	APPL DESENSITIZING RESIN				Not Allowed	$0.00			
D9920	M	BEHAVIOR MANAGEMENT				Fee Schedule	$68.64			
D9930	E	TREATMENT OF COMPLICATIONS				Not Allowed	$0.00			
D9940	E	DENTAL OCCLUSAL GUARD				Not Allowed	$0.00			
D9941	E	FABRICATION ATHLETIC GUARD				Not Allowed	$0.00			
D9942	E	REPAIR/RELINE OCCLUSAL GUARD				Not Allowed	$0.00			
D9950	E	OCCLUSION ANALYSIS				Not Allowed	$0.00			
D9951	E	LIMITED OCCLUSAL ADJUSTMENT				Not Allowed	$0.00			
D9952	E	COMPLETE OCCLUSAL ADJUSTMENT				Not Allowed	$0.00			
D9970	E	ENAMEL MICROABRASION				Not Allowed	$0.00			
D9971	E	ODONTOPLASTY 1-2 TEETH				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
D9972	E	EXTRNL BLEACHING PER ARCH				Not Allowed	$0.00			
D9973	E	EXTRNL BLEACHING PER TOOTH				Not Allowed	$0.00			
D9974	E	INTRNL BLEACHING PER TOOTH				Not Allowed	$0.00			
D9999	E	ADJUNCTIVE PROCEDURE				Not Allowed	$0.00			
E0100	E	CANE INCLUDES CANES OF ALL MATERIALS ADJUSTABLE OF				Not Allowed	$0.00			
E0105	E	CANE QUAD OR THREE PRONG INCLUDES CANES OF ALL MA				Not Allowed	$0.00			
E0110	E	CRUTCHES FOREARM INCLUDES CRUTCHES OF VARIOUS M				Not Allowed	$0.00			
E0111	E	CRUTCH FOREARM INCLUDES CRUTCHES OF VARIOUS MATE				Not Allowed	$0.00			
E0112	E	CRUTCHES UNDERARM WOOD ADJUSTABLE OR FIXED PAIR				Not Allowed	$0.00			
E0113	E	CRUTCH UNDERAR WOOD ADJ. OR FIXED EA. W/PAD TIP &				Not Allowed	$0.00			
E0114	E	CRUTCHES UNDERARM ALUMINUM ADJUSTABLE OR FIXED P				Not Allowed	$0.00			
E0116	E	CRUTCH UNDERARM EACH NO WOOD				Not Allowed	$0.00			
E0117	E	UNDERARM SPRINGASSIST CRUTCH				Not Allowed	$0.00			
E0118	E	CRUTCH SUBSTITUTE				Not Allowed	$0.00			
E0130	E	WALKER RIGID (PICKUP) ADJUSTABLE OR FIXED HEIGHT				Not Allowed	$0.00			
E0135	E	WALKER FOLDING (PICKUP) ADJUSTABLE OR FIXED HEIGHT				Not Allowed	$0.00			
E0140	E	WALKER W TRUNK SUPPORT				Not Allowed	$0.00			
E0141	E	RIGID WHEELED WALKER ADJ/FIX				Not Allowed	$0.00			
E0143	E	WALKER FOLDING WHEELED W/O S				Not Allowed	$0.00			
E0144	E	ENCLOSED WALKER W REAR SEAT				Not Allowed	$0.00			
E0147	E	WALKER VARIABLE WHEEL RESIST				Not Allowed	$0.00			
E0148	E	WALKER HEAVY DUTY W/O WHEELS RIGID OR FOLDING ANY				Not Allowed	$0.00			
E0149	E	HEAVY DUTY WHEELED WALKER				Not Allowed	$0.00			
E0153	E	PLATFORM ATTACHMENT FOREARM CRUTCH EACH				Not Allowed	$0.00			
E0154	E	PLATFORM ATTACHMENT WALKER EACH				Not Allowed	$0.00			
E0155	E	WHEEL ATTACHMENT RIGID PICK-UP WALKER PER PAIR				Not Allowed	$0.00			
E0156	E	SEAT ATTACHMENT WALKER				Not Allowed	$0.00			
E0157	E	CRUTCH ATTACHMENT WALKER EACH				Not Allowed	$0.00			
E0158	E	LEG EXTENSIONS FOR WALKER PER SET OF FOUR (4)				Not Allowed	$0.00			
E0159	E	BRAKE ATTACHMENT FOR WHEELED WALKER REPLACEMENT				Not Allowed	$0.00			
E0160	E	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT				Not Allowed	$0.00			
E0161	E	SITZ TYPE BATH PORTABLE FITS OVER COMMODE SEAT				Not Allowed	$0.00			
E0162	E	SITZ BATH CHAIR				Not Allowed	$0.00			
E0163	E	COMMODE CHAIR STATIONARY WITH FIXED ARMS				Not Allowed	$0.00			
E0165	E	COMMODE CHAIR STATIONARY WITH DETACHABLE ARMS				Not Allowed	$0.00			
E0167	E	PAIL OR PAN FOR USE WITH COMMODE CHAIR				Not Allowed	$0.00			
E0168	E	COMMODE CHAIR EXTRA WIDE AND/OR HEAVY DUTY STATIC				Not Allowed	$0.00			
E0170	E	COMMODE CHAIR STATIONARY WITH PAIL OR PAN DETACHA				Not Allowed	$0.00			
E0171	E	COMMODE CHAIR NON-ELECTRIC				Not Allowed	$0.00			
E0172	E	SEAT LIFT MECHANISM TOILET				Not Allowed	$0.00			
E0175	E	FOOT REST FOR USE WITH COMMODE CHAIR EACH				Not Allowed	$0.00			
E0181	E	PRESSURE PAD ALTERNATING WITH PUMP HEAVY DUTY				Not Allowed	$0.00			
E0182	E	PUMP FOR ALTERNATING PRESSURE PAD				Not Allowed	$0.00			
E0184	E	PRESSURE MATTRESS DRY				Not Allowed	$0.00			
E0185	E	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS STND LEN				Not Allowed	$0.00			
E0186	E	AIR PRESSURE MATTRESS				Not Allowed	$0.00			
E0187	E	WATER PRESSURE MATTRESS				Not Allowed	$0.00			
E0188	E	SYNTHETIC SHEEPSKIN PAD				Not Allowed	$0.00			
E0189	E	LAMBSWOOL SHEEPSKIN PAD ANY SIZE				Not Allowed	$0.00			
E0190	E	POSITIONING CUSHION				Not Allowed	$0.00			
E0191	E	HEEL OR ELBOW PROTECTOR EACH				Not Allowed	$0.00			
E0193	E	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)				Not Allowed	$0.00			
E0194	E	AIR FLUIDIZED BED				Not Allowed	$0.00			
E0196	E	GEL PRESSURE MATTRESS				Not Allowed	$0.00			
E0197	E	AIR PRESSURE PAD FOR MATTRESS STND MATTRESS LENGT				Not Allowed	$0.00			
E0198	E	WATER PRESSURE PAD FOR MATTRESS STND MATTRESS LE				Not Allowed	$0.00			

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E0199	E	DRY PRESSURE PAD FOR MATTRESS STANDARD MATTRESS I				Not Allowed	$0.00			
E0200	E	HEAT LAMP WITHOUT STAND (TABLE MODEL) INCLUDES BUL				Not Allowed	$0.00			
E0202	E	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER				Not Allowed	$0.00			
E0203	E	THERAPEUTIC LIGHTBOX TABLETP				Not Allowed	$0.00			
E0205	E	HEAT LAMP WITH STAND INCLUDES BULB OR INFRARED				Not Allowed	$0.00			
E0210	E	ELECTRIC HEAT PAD STANDARD				Not Allowed	$0.00			
E0215	E	ELECTRIC HEAT PAD MOIST				Not Allowed	$0.00			
E0217	E	WATER CIRCULATING HEAT PAD WITH PUMP				Not Allowed	$0.00			
E0218	E	WATER CIRCULATING COLD PAD WITH PUMP				Not Allowed	$0.00			
E0221	E	INFRARED HEATING PAD SYSTEM				Not Allowed	$0.00			
E0225	E	HYDROCOLLATOR UNIT INCLUDING PADS				Not Allowed	$0.00			
E0231	E	WOUND WARMING DEVICE				Not Allowed	$0.00			
E0232	E	WARMING CARD FOR NWT				Not Allowed	$0.00			
E0235	E	PARAFFIN BATH UNIT PORTABLE (SEE MEDICAL SUPPLY COD				Not Allowed	$0.00			
E0236	E	PUMP FOR WATER CIRCULATING PAD				Not Allowed	$0.00			
E0239	E	HYDROCOLLATOR UNIT PORTABLE				Not Allowed	$0.00			
E0240	E	BATH/SHOWER CHAIR				Not Allowed	$0.00			
E0241	E	BATH TUB WALL RAIL EACH				Not Allowed	$0.00			
E0242	E	BATH TUB RAIL FLOOR BASE				Not Allowed	$0.00			
E0243	E	TOILET RAIL EACH				Not Allowed	$0.00			
E0244	E	RAISED TOILET SEAT				Not Allowed	$0.00			
E0245	E	TUB STOOL OR BENCH				Not Allowed	$0.00			
E0246	E	TRANSFER TUB RAIL ATTACHMENT				Not Allowed	$0.00			
E0247	E	TRANS BENCH W/WO COMM OPEN				Not Allowed	$0.00			
E0248	E	HDTRANS BENCH W/WO COMM OPEN				Not Allowed	$0.00			
E0249	E	PAD FOR WATER CIRCULATING HEAT UNIT				Not Allowed	$0.00			
E0250	E	HOSPITAL BED W/ 2 SIDE RAILS FIXED HEIGHT WITH MATTRE				Not Allowed	$0.00			
E0251	E	HOSPITAL BED WITH SIDE RAILS FIXED HEIGHT W/OUT MAT				Not Allowed	$0.00			
E0255	E	HOSP BED W/ 2 SIDE RAILS VARIABLE HEIGHT HI-LO W/MATT				Not Allowed	$0.00			
E0256	E	HOSP BED VAR HT HI-LO W/ANY TYPE SIDE RAILS W/OUT MA				Not Allowed	$0.00			
E0260	E	HOSP BED W/ 2 SIDE RAILS SEMI-ELECTRIC W/ MATTRESS				Not Allowed	$0.00			
E0261	E	HOSP BED SEMI-ELECTRIC W/ANY TYPE SIDE RAILS W/OUT M				Not Allowed	$0.00			
E0265	E	HOSPITAL BED TOTAL ELECTRIC WITH 2 SIDERAILS				Not Allowed	$0.00			
E0266	E	HOSP BED W/SIDE RAILS TOTAL ELECTRIC W/OUT MATTRES				Not Allowed	$0.00			
E0270	E	HOSPITAL BED INSTITUTIONAL TYPE INCLUDES: OSCILLATIN				Not Allowed	$0.00			
E0271	E	MATTRESS INNERSPRING				Not Allowed	$0.00			
E0272	E	MATTRESS FOAM RUBBER				Not Allowed	$0.00			
E0273	E	BED BOARD				Not Allowed	$0.00			
E0274	E	OVERBED TABLE				Not Allowed	$0.00			
E0275	E	BED PAN STANDARD METAL OR PLASTIC				Not Allowed	$0.00			
E0276	E	BED PAN FRACTURE METAL OR PLASTIC				Not Allowed	$0.00			
E0277	E	POWERED PRESSURE-REDUCING AIR MATTRESS				Not Allowed	$0.00			
E0280	E	BED CRADLE ANY TYPE				Not Allowed	$0.00			
E0290	E	HOSP BED FIXED HEIGHT WITHOUT SIDE RAILS WITH MATTR				Not Allowed	$0.00			
E0291	E	HOSPITAL BED FIXED HEIGHT W/OUT SIDE RAILS W/OUT MA				Not Allowed	$0.00			
E0292	E	HOSPITAL BED VAR HT HI-LO W/OUT SIDE RAILS W/MATTRE				Not Allowed	$0.00			
E0293	E	HOSP BED VARIABLE HT HI-LO W/OUT SIDE RAILS OR MATTR				Not Allowed	$0.00			
E0294	E	HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/MATTRESS				Not Allowed	$0.00			
E0295	E	HOSP BED SEMI-ELECTRIC W/OUT SIDE RAILS W/OUT MATTR				Not Allowed	$0.00			
E0296	E	HOSP BED TOTAL ELECTRIC W/O SIDE RAILS WITH MATTRES				Not Allowed	$0.00			
E0297	E	HOSP BED TOTAL ELECTRIC W/OUT SIDE RAILS W/OUT MATT				Not Allowed	$0.00			
E0300	E	ENCLOSED PED CRIB HOSP GRADE				Not Allowed	$0.00			
E0301	E	HD HOSP BED 350-600 LBS				Not Allowed	$0.00			
E0302	E	EX HD HOSP BED > 600 LBS				Not Allowed	$0.00			
E0303	E	HOSP BED HVY DTY XTRA WIDE				Not Allowed	$0.00			
E0304	E	HOSP BED XTRA HVY DTY X WIDE				Not Allowed	$0.00			

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E0305	E	BED SIDE RAILS HALF LENGTH EACH				Not Allowed	$0.00			
E0310	E	BEDSIDE RAILS FULL-LENGTH				Not Allowed	$0.00			
E0315	E	BED ACCESSORIES: BOARDS OR TABLES ANY TYPE				Not Allowed	$0.00			
E0316	E	BED SAFETY ENCLOSURE				Not Allowed	$0.00			
E0325	E	URINAL MALE ANY MATERIAL				Not Allowed	$0.00			
E0326	E	URINAL FEMALE ANY MATERIAL				Not Allowed	$0.00			
E0328	E	PED HOSPITAL BED, MANUAL				Not Allowed	$0.00			
E0329	E	PED HOSPITAL BED SEMI/ELECT				Not Allowed	$0.00			
E0350	E	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/EVACU				Not Allowed	$0.00			
E0352	E	DISPOSABLE PACK FOR USE W/ELECTRONIC BOWEL EVAC/IR				Not Allowed	$0.00			
E0370	E	AIR PRESSURE ELEVATOR FOR HEEL				Not Allowed	$0.00			
E0371	E	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY F				Not Allowed	$0.00			
E0372	E	POWERED AIR OVERLAY FOR MATTRESS STD MATTRESS LG				Not Allowed	$0.00			
E0373	E	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS				Not Allowed	$0.00			
E0424	E	STN O2 COMP GAS SYS RENT CONTENT AND SUPPLIES UNIT				Not Allowed	$0.00			
E0425	E	STN O2 COMP GAS SYS PURCHASE INCLUDES ALL SUPPLIES				Not Allowed	$0.00			
E0430	E	PORT GAS O2 SYS PURCHASE INCLUDES ALL SUPPLIES				Not Allowed	$0.00			
E0431	E	PORT GAS O2SYS RENTAL MC REG FLOW HUMID CANNULA M				Not Allowed	$0.00			
E0433	E	PORTABLE LIQUID OXYGEN SYS				Not Allowed	$0.00			
E0434	E	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUP				Not Allowed	$0.00			
E0435	E	PORT O2 LIQ SYS RENT INC PORT CONTAINER AND ALL SUP				Not Allowed	$0.00			
E0439	E	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNI				Not Allowed	$0.00			
E0440	E	STN O2 COMP LIQ SYS RENT RESERVOIR AND SUPPLIES UNI				Not Allowed	$0.00			
E0441	E	OXYGEN CONTENTS GASEOUS				Not Allowed	$0.00			
E0442	E	OXYGEN CONTENTS LIQUID				Not Allowed	$0.00			
E0443	E	PORTABLE 02 CONTENTS GAS				Not Allowed	$0.00			
E0444	E	PORTABLE 02 CONTENTS LIQUID				Not Allowed	$0.00			
E0445	E	OXIMETER DEVICE FOR MEASURING BLOOD O2 LEVELS NON-				Not Allowed	$0.00			
E0446	E	TOPICAL OX DELIVER SYS, NOS				Not Allowed	$0.00			
E0450	E	VOLUME VENTILATOR STATIONARY OR PORTABLE W/BACKU				Not Allowed	$0.00			
E0455	E	PRESSURE VENTILATOR				Not Allowed	$0.00			
E0457	E	CHEST SHELL (CUIRASS)				Not Allowed	$0.00			
E0459	E	CHEST WRAP				Not Allowed	$0.00			
E0460	E	NEGATIVE PRESSURE PUMP				Not Allowed	$0.00			
E0461	E	VOL VENT NONINVASIVE INTERFACE				Not Allowed	$0.00			
E0462	E	ROCKING BED WITH OR WITHOUT SIDE RAILS				Not Allowed	$0.00			
E0463	E	PRESS SUPP VENT INVASIVE INT				Not Allowed	$0.00			
E0464	E	PRESS SUPP VENT NONINV INT				Not Allowed	$0.00			
E0470	E	RAD W/O BACKUP NON-INV INTFC				Not Allowed	$0.00			
E0471	E	RAD W/BACKUP NON INV INTRFC				Not Allowed	$0.00			
E0472	E	RAD W BACKUP INVASIVE INTRFC				Not Allowed	$0.00			
E0480	E	PERCUSSOR ELECTRIC OR PNEUMATIC HOME MODEL				Not Allowed	$0.00			
E0481	E	INTRPULMNRY PERCUSS VENT SYS				Not Allowed	$0.00			
E0482	E	COUGH STIMULATING DEVICE				Not Allowed	$0.00			
E0483	E	CHEST COMPRESSION GEN SYSTEM				Not Allowed	$0.00			
E0484	E	NON-ELEC OSCILLATORY PEP DVC				Not Allowed	$0.00			
E0485	E	ORAL DEVICE/APPLIANCE PREFAB				Not Allowed	$0.00			
E0486	E	ORAL DEVICE/APPLIANCE CUSFAB				Not Allowed	$0.00			
E0487	N	ELECTRONIC SPIROMETER				Bundled	$0.00			
E0500	E	IPPB MACHINES WITH MANUAL VALVES EXTERNAL POWER SO				Not Allowed	$0.00			
E0550	E	HUMIDIF EXTENS SUPPLE W IPPB				Not Allowed	$0.00			
E0555	E	HUMIDIFIER DURABLE FOR EXTENSIVE SUPPLEMENTAL HUM				Not Allowed	$0.00			
E0560	E	HUMIDIFIER SUPPLEMENTAL W/ I				Not Allowed	$0.00			
E0561	E	HUMIDIFIER NONHEATED W PAP				Not Allowed	$0.00			
E0562	E	HUMIDIFIER HEATED USED W PAP				Not Allowed	$0.00			
E0565	E	COMPRESSOR AIR POWER SOURCE FOR EQUIPMENT WHICH				Not Allowed	$0.00			

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E0570	E	NEBULIZER WITH COMPRESSOR E.G. DEVILBISS PULMO-AID				Not Allowed	$0.00			
E0572	E	AEROSOL COMPRESSOR ADJUSTABLE PRESSURE LIGHT DU				Not Allowed	$0.00			
E0574	E	ULTRASONIC GENERATOR W SVNEB				Not Allowed	$0.00			
E0575	E	NEBULIZER ULTRASONIC LARGE VOLUME				Not Allowed	$0.00			
E0580	E	NEBULIZER DURABLE GLASS OR AUTOCLAVABLE PLASTIC B				Not Allowed	$0.00			
E0585	E	NEBULIZER WITH COMPRESSOR AND HEATER				Not Allowed	$0.00			
E0600	E	SUCTION PUMP PORTAB HOM MODL				Not Allowed	$0.00			
E0601	E	NASAL CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE				Not Allowed	$0.00			
E0602	E	MANUAL BREAST PUMP				Not Allowed	$0.00			
E0603	E	ELECTRIC BREAST PUMP				Not Allowed	$0.00			
E0604	E	HOSP GRADE ELEC BREAST PUMP				Not Allowed	$0.00			
E0605	E	VAPORIZER ROOM TYPE				Not Allowed	$0.00			
E0606	E	POSTURAL DRAINAGE BOARD				Not Allowed	$0.00			
E0607	E	HOME BLOOD GLUCOSE MONITOR				Not Allowed	$0.00			
E0610	E	PACEMAKER MONITOR SELF-CONTAINED (CHECKS BATTERY				Not Allowed	$0.00			
E0615	E	PACEMAKER MONITOR SELF CONTAINED CHECKS BATTERY				Not Allowed	$0.00			
E0616	N	CARDIAC EVENT RECORDER				Bundled	$0.00			
E0617	E	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARI				Not Allowed	$0.00			
E0618	E	APNEA MONITOR				Not Allowed	$0.00			
E0619	E	APNEA MONITOR W RECORDER				Not Allowed	$0.00			
E0620	E	CAP BLD SKIN PIERCING LASER				Not Allowed	$0.00			
E0621	E	SLING OR SEAT PATIENT LIFT CANVAS OR NYLON				Not Allowed	$0.00			
E0625	E	PATIENT LIFT KARTOP BATHROOM OR TOILET				Not Allowed	$0.00			
E0627	E	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION				Not Allowed	$0.00			
E0628	E	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT O				Not Allowed	$0.00			
E0629	E	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT O				Not Allowed	$0.00			
E0630	E	PATIENT LIFT HYDRAULIC WITH SEAT OR SLING				Not Allowed	$0.00			
E0635	E	PATIENT LIFT ELECTRIC WITH SEAT OR SLING				Not Allowed	$0.00			
E0636	E	PT SUPPORT & POSITIONING SYS				Not Allowed	$0.00			
E0637	E	COMBINATION SIT TO STAND SYS				Not Allowed	$0.00			
E0638	E	STANDING FRAME SYS				Not Allowed	$0.00			
E0639	E	MOVEABLE PATIENT LIFT SYSTEM				Not Allowed	$0.00			
E0640	E	FIXED PATIENT LIFT SYSTEM				Not Allowed	$0.00			
E0641	E	MULTI-POSITION STND FRAM SYS				Not Allowed	$0.00			
E0642	E	DYNAMIC STANDING FRAME				Not Allowed	$0.00			
E0650	E	PNEUMATIC COMPRESSOR NON-SEGMENTAL HOME MODEL				Not Allowed	$0.00			
E0651	E	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL W/O C				Not Allowed	$0.00			
E0652	E	PNEUMATIC COMPRESSOR SEGMENTAL HOME MODEL WITH				Not Allowed	$0.00			
E0655	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRE				Not Allowed	$0.00			
E0656	E	SEGMENTAL PNEUMATIC TRUNK				Not Allowed	$0.00			
E0657	E	SEGMENTAL PNEUMATIC CHEST				Not Allowed	$0.00			
E0660	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRE				Not Allowed	$0.00			
E0665	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRE				Not Allowed	$0.00			
E0666	E	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRE				Not Allowed	$0.00			
E0667	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR LEG				Not Allowed	$0.00			
E0668	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR ARM				Not Allowed	$0.00			
E0669	E	PNEUMATIC APPLIANCE FOR USE WITH COMPRESSOR HALF				Not Allowed	$0.00			
E0671	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE F				Not Allowed	$0.00			
E0672	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE F				Not Allowed	$0.00			
E0673	E	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE H				Not Allowed	$0.00			
E0675	E	PNEUMATIC COMPRESSION DEVICE				Not Allowed	$0.00			
E0676	E	INTER LIMB COMPRESS DEV NOS				Not Allowed	$0.00			
E0691	E	UVL PNL 2 SQ FT OR LESS				Not Allowed	$0.00			
E0692	E	UVL SYS PANEL 4 FT				Not Allowed	$0.00			
E0693	E	UVL SYS PANEL 6 FT				Not Allowed	$0.00			
E0694	E	UVL MD CABINET SYS 6 FT				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
E0700	E	SAFETY EQUIPMENT (E.G. BELT HARNESS OR VEST)				Not Allowed	$0.00			
E0705	E	TRANSFER BOARD OR DEVICE				Not Allowed	$0.00			
E0710	E	RESTRAINTS ANY TYPE (BODY CHEST WRIST OR ANKLE)				Not Allowed	$0.00			
E0720	E	TENS TWO LEAD LOCALIZED STIMULATION				Not Allowed	$0.00			
E0730	E	TENS FOUR LEAD				Not Allowed	$0.00			
E0731	E	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TE				Not Allowed	$0.00			
E0740	E	INCONTINENCE TREATMENT SYSTM				Not Allowed	$0.00			
E0744	E	NEUROMUSCULAR STIMULATOR FOR SCOLOSIS				Not Allowed	$0.00			
E0745	E	NEUROMUSCULAR STIMULATOR ELECTRONIC SHOCK UNIT				Not Allowed	$0.00			
E0746	E	ELECTROMYOGRAPHY (EMG) BIOFEEDBACK DEVICE				Not Allowed	$0.00			
E0747	E	OSTEOGENESIS STIMULATOR (NON-INVASIVE)				Not Allowed	$0.00			
E0748	E	OSTEOGENIC STIMULATOR NONINVASIVE SPINAL APPLICAT(				Not Allowed	$0.00			
E0749	N	OSTEOGENESIS STIMULATOR (SURGICALLY IMPLANTED)				Bundled	$0.00			
E0755	E	ELECTRONIC SALIVARY REFLEX STIMULATOR(INTRAORAL/NO				Not Allowed	$0.00			
E0760	E	OSTEOGEN ULTRASOUND STIMLTOR				Not Allowed	$0.00			
E0761	E	NONTHERM ELECTROMGNTC DEVICE				Not Allowed	$0.00			
E0762	E	TRANS ELEC JT STIM DEV SYS				Not Allowed	$0.00			
E0764	E	FUNCTIONAL NEUROMUSCULARSTIM				Not Allowed	$0.00			
E0765	E	FDA APPROVED NERVE STIMULATOR WITH REPLACEMENT B/				Not Allowed	$0.00			
E0769	E	ELECTRIC WOUND TREATMENT DEV				Not Allowed	$0.00			
E0770	E	FUNCTIONAL ELECTRIC STIM NOS				Not Allowed	$0.00			
E0776	E	IV POLE				Not Allowed	$0.00			
E0779	E	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION =				Not Allowed	$0.00			
E0780	E	AMBUL INFUSION PUMP MECHANICAL REUSABLE INFUSION <				Not Allowed	$0.00			
E0781	E	AMBULATORY INFUSION PUMP SING OR MULT CHAN W/ADMI				Not Allowed	$0.00			
E0782	N	NON-PROGRAMBLE INFUSION PUMP				Bundled	$0.00			
E0783	N	INFUSION PUMP SYSTEM IMPLANTABLE PROGRAMMABLE (IN				Bundled	$0.00			
E0784	E	EXTERNAL AMBULATORY INFUSION PUMP INSULIN				Not Allowed	$0.00			
E0785	N	IMPLANTABLE INTRASPINAL CATH USED W/INFUSION PUMP R				Bundled	$0.00			
E0786	N	IMPLANTABLE PROGRAMMABLE INFUSION PUMP REPLACEME				Bundled	$0.00			
E0791	E	PARENTERAL INFUSION PUMP STATIONARY				Not Allowed	$0.00			
E0830	N	AMBULATORY TRACTION DEVICE ALL TYPES EACH				Bundled	$0.00			
E0840	E	TRACTION FRAME ATTACHED TO HEADBOARD SIMPLE CERV				Not Allowed	$0.00			
E0849	E	CERVICAL PNEUM TRAC EQUIP				Not Allowed	$0.00			
E0850	E	TRACTION STAND FREE STANDING SIMPLE CERVICAL TRACT				Not Allowed	$0.00			
E0855	E	CERVICAL TRACTION EQUIP. NOT REQUIRING ADD'L STAND O				Not Allowed	$0.00			
E0856	E	CERVIC COLLAR W AIR BLADDER				Not Allowed	$0.00			
E0860	E	TRACTION EQUIPMENT OVERDOOR CERVICAL				Not Allowed	$0.00			
E0870	E	TRACTION FRAME ATTACHED TO FOOTBOARD SIMPLE EXTR				Not Allowed	$0.00			
E0880	E	TRACTION STAND FREE STANDING SIMPLE EXTREMITY TRA				Not Allowed	$0.00			
E0890	E	TRACTION FRAME ATTACHED TO FOOTBOARD PELVIC TRAC				Not Allowed	$0.00			
E0900	E	TRACTION STAND FREE STANDING SIMPLE PELVIC TRACTIC				Not Allowed	$0.00			
E0910	E	TRAPEZE BARS A/K/A PATIENT HELPER ATTACHED TO BED				Not Allowed	$0.00			
E0911	E	HD TRAPEZE BAR ATTACH TO BED				Not Allowed	$0.00			
E0912	E	HD TRAPEZE BAR FREE STANDING				Not Allowed	$0.00			
E0920	E	FRACTURE FRAME ATTACHED TO BED INCLUDES WEIGHTS				Not Allowed	$0.00			
E0930	E	FRACTURE FRAME FREE STANDING INCLUDES WEIGHTS				Not Allowed	$0.00			
E0935	E	CONT PAS MOTION EXERCISE DEV				Not Allowed	$0.00			
E0936	E	CPM DEVICE, OTHER THAN KNEE				Not Allowed	$0.00			
E0940	E	TRAPEZE BAR FREE STANDING COMPLETE WITH GRAB BAR				Not Allowed	$0.00			
E0941	E	GRAVITY ASSISTED TRACTION DEVICE ANY TYPE				Not Allowed	$0.00			
E0942	E	CERVICAL HEAD HARNESS/HALTER				Not Allowed	$0.00			
E0944	E	PELVIC BELT/HARNESS/BOOT				Not Allowed	$0.00			
E0945	E	EXTREMITY BELT/HARNESS				Not Allowed	$0.00			
E0946	E	FRACTURE FRAME DUAL WITH CROSS BARS ATTACHED TO				Not Allowed	$0.00			
E0947	E	FRACTURE FRAME ATTACHMENTS FOR COMPLEX PELVIC TF				Not Allowed	$0.00			

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E0948	E	FRACTURE FRAME ATTACHMENTS FOR COMPLEX CERVICAL				Not Allowed	$0.00			
E0950	E	TRAY				Not Allowed	$0.00			
E0951	E	LOOP HEEL				Not Allowed	$0.00			
E0952	E	TOE LOOP/HOLDER EACH				Not Allowed	$0.00			
E0955	E	CUSHIONED HEADREST				Not Allowed	$0.00			
E0956	E	W/C LATERAL TRUNK/HIP SUPPOR				Not Allowed	$0.00			
E0957	E	W/C MEDIAL THIGH SUPPORT				Not Allowed	$0.00			
E0958	E	WHLCHR ATT- CONV 1 ARM DRIVE				Not Allowed	$0.00			
E0959	E	AMPUTEE ADAPTER				Not Allowed	$0.00			
E0960	E	W/C SHOULDER HARNESS/STRAPS				Not Allowed	$0.00			
E0961	E	WHEELCHAIR BRAKE EXTENSION				Not Allowed	$0.00			
E0966	E	WHEELCHAIR HEAD REST EXTENSI				Not Allowed	$0.00			
E0967	E	WHEELCHAIR HAND RIMS				Not Allowed	$0.00			
E0968	E	COMMODE SEAT WHEELCHAIR				Not Allowed	$0.00			
E0969	E	NARROWING DEVICE WHEELCHAIR				Not Allowed	$0.00			
E0970	E	WHEELCHAIR NO. 2 FOOTPLATES				Not Allowed	$0.00			
E0971	E	WHEELCHAIR ANTI-TIPPING DEVI				Not Allowed	$0.00			
E0973	E	W/CH ACCESS DET ADJ ARMREST				Not Allowed	$0.00			
E0974	E	W/CH ACCESS ANTI-ROLLBACK				Not Allowed	$0.00			
E0978	E	W/C ACC SAF BELT PELV STRAP				Not Allowed	$0.00			
E0980	E	SAFETY VEST WHEELCHAIR				Not Allowed	$0.00			
E0981	E	SEAT UPHOLSTERY REPLACEMENT				Not Allowed	$0.00			
E0982	E	BACK UPHOLSTERY REPLACEMENT				Not Allowed	$0.00			
E0983	E	ADD PWR JOYSTICK				Not Allowed	$0.00			
E0984	E	ADD PWR TILLER				Not Allowed	$0.00			
E0985	E	W/C SEAT LIFT MECHANISM				Not Allowed	$0.00			
E0986	E	MAN W/C PUSH-RIM POW ASSIST				Not Allowed	$0.00			
E0988	E	LEVER-ACTIVATED WHEEL DRIVE				Not Allowed	$0.00			
E0990	E	WHELLCHAIR ELEVATING LEG RES				Not Allowed	$0.00			
E0992	E	WHEELCHAIR SOLID SEAT INSERT				Not Allowed	$0.00			
E0994	E	ARMREST EACH				Not Allowed	$0.00			
E0995	E	WHEELCHAIR CALF REST				Not Allowed	$0.00			
E1002	E	PWR SEAT TILT				Not Allowed	$0.00			
E1003	E	PWR SEAT RECLINE				Not Allowed	$0.00			
E1004	E	PWR SEAT RECLINE MECH				Not Allowed	$0.00			
E1005	E	PWR SEAT RECLINE PWR				Not Allowed	$0.00			
E1006	E	PWR SEAT COMBO W/O SHEAR				Not Allowed	$0.00			
E1007	E	PWR SEAT COMBO W/SHEAR				Not Allowed	$0.00			
E1008	E	PWR SEAT COMBO PWR SHEAR				Not Allowed	$0.00			
E1009	E	ADD MECH LEG ELEVATION				Not Allowed	$0.00			
E1010	E	ADD PWR LEG ELEVATION				Not Allowed	$0.00			
E1011	E	PED WC MODIFY WIDTH ADJUSTM				Not Allowed	$0.00			
E1014	E	RECLINING BACK ADD PED W/C				Not Allowed	$0.00			
E1015	E	SHOCK ABSORBER FOR MAN W/C				Not Allowed	$0.00			
E1016	E	SHOCK ABSORBER FOR POWER W/C				Not Allowed	$0.00			
E1017	E	HD SHCK ABSRBR FOR HD MAN WC				Not Allowed	$0.00			
E1018	E	HD SHCK ABSRBER FOR HD POWWC				Not Allowed	$0.00			
E1020	E	RESIDUAL LIMB SUPPORT SYSTEM				Not Allowed	$0.00			
E1028	E	W/C MANUAL SWINGAWAY				Not Allowed	$0.00			
E1029	E	W/C VENT TRAY FIXED				Not Allowed	$0.00			
E1030	E	W/C VENT TRAY GIMBALED				Not Allowed	$0.00			
E1031	E	ROLLABOUT CHAIR ANY AND ALL TYPES W/CASTORS 5" OR G				Not Allowed	$0.00			
E1035	E	PATIENT TRANSFER SYSTEM				Not Allowed	$0.00			
E1036	E	PATIENT TRANSFER SYSTEM >300				Not Allowed	$0.00			
E1037	E	TRANSPORT CHAIR PED SIZE				Not Allowed	$0.00			
E1038	E	TRANSPORT CHAIR PT WT<=300LB				Not Allowed	$0.00			

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E1039	E	TRANSPORT CHAIR PT WT >300LB				Not Allowed	$0.00			
E1050	E	FULLY-RECLINING WHEELCH FULL ARMS SWING AWAY DET				Not Allowed	$0.00			
E1060	E	FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET				Not Allowed	$0.00			
E1070	E	FULLY-RECLINING WHEELCH DET ARMS DESK OR FULL DET				Not Allowed	$0.00			
E1083	E	HEMI-WHEELCHAIR FULL ARMS SWING AWAY DET ELEVATE				Not Allowed	$0.00			
E1084	E	HEMI-WHEELCHAIR DET ARMS DESK OR FULL DET ELEVATE				Not Allowed	$0.00			
E1085	E	HEMI-WHEELCHAIR FIXED ARMS				Not Allowed	$0.00			
E1086	E	HEMI-WHEELCHAIR DET ARMS DESK OR FULL DETACH FOO				Not Allowed	$0.00			
E1087	E	HIGH-STREN LIGHTWT WHEELCH FULL ARMS SWING-AWAY				Not Allowed	$0.00			
E1088	E	HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL D				Not Allowed	$0.00			
E1089	E	WHEELCHAIR LIGHTWT FIXED ARM				Not Allowed	$0.00			
E1090	E	HIGH-STREN LIGHTWT WHEELCH DET ARMS DESK OR FULL D				Not Allowed	$0.00			
E1092	E	WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET				Not Allowed	$0.00			
E1093	E	WIDE HEAVY-DUTY WHEELCH DET ARMS DESK OR FULL DET				Not Allowed	$0.00			
E1100	E	SEMI-RECLIN WHEELCH FULL ARMS SWING-AWAY DET LEGR				Not Allowed	$0.00			
E1110	E	SEMI-RECLIN WHEELCH DET ARMS DESK OR FULL ELEV LEG				Not Allowed	$0.00			
E1130	E	WHLCHR STAND FXD ARM FT REST				Not Allowed	$0.00			
E1140	E	WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET				Not Allowed	$0.00			
E1150	E	WHEELCHAIR DET ARMS DESK OR FULL SWING-AWAY DET				Not Allowed	$0.00			
E1160	E	WHEELCHAIR FIXED ARMS SWING-AWAY DETACH ELEVATIN				Not Allowed	$0.00			
E1161	E	3ANUAL ADULT WC W TILTINSPAC				Not Allowed	$0.00			
E1170	E	AMPUTEE WHEELCH FIXED FULL ARMS SWING-AWAY DET LI				Not Allowed	$0.00			
E1171	E	AMPUTEE WHEELCH FULL ARMS WITHOUT FOOTRESTS OR L				Not Allowed	$0.00			
E1172	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL W/OUT FOOT				Not Allowed	$0.00			
E1180	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY				Not Allowed	$0.00			
E1190	E	AMPUTEE WHEELCH DET ARMS DESK OR FULL SWING-AWAY				Not Allowed	$0.00			
E1195	E	HEAVY DUTY WHEELCH FIXED ARMS SWING-AWAYDET ELEV				Not Allowed	$0.00			
E1200	E	AMPUTEE WHEELCH FIXED ARMS SWING-AWAY DETACH FO				Not Allowed	$0.00			
E1220	E	WHEELCHAIR SPECIALLY SIZED OR CONSTRUCTED				Not Allowed	$0.00			
E1221	E	WHEELCHAIR WITH FIXED ARM FOOTRESTS				Not Allowed	$0.00			
E1222	E	WHEELCHAIR WITH FIXED ARM ELEVATING LEGRESTS				Not Allowed	$0.00			
E1223	E	WHEELCHAIR WITH DETACHABLE ARMS FOOTRESTS				Not Allowed	$0.00			
E1224	E	WHEELCHAIR WITH DETACHABLE ARMS ELEVATING LEGREST				Not Allowed	$0.00			
E1225	E	WHEELCHAIR SPEC SZ SEMI-RECL				Not Allowed	$0.00			
E1226	E	W/C ACCESS FULLY RECLINEBACK				Not Allowed	$0.00			
E1227	E	SPECIAL HEIGHT ARMS FOR WHEELCHAIR				Not Allowed	$0.00			
E1228	E	SPECIAL BACK HEIGHT FOR WHEELCHAIR				Not Allowed	$0.00			
E1229	E	PEDIATRIC WHEELCHAIR NOS				Not Allowed	$0.00			
E1230	E	POWER OPERATED VEHICLE (3- OR 4-WHEEL NONHIGHWAY) S				Not Allowed	$0.00			
E1231	E	RIGID PED W/C TILT-IN-SPACE				Not Allowed	$0.00			
E1232	E	FOLDING PED WC TILT-IN-SPACE				Not Allowed	$0.00			
E1233	E	RIG PED WC TLTNSPC W/O SEAT				Not Allowed	$0.00			
E1234	E	FLD PED WC TLTNSPC W/O SEAT				Not Allowed	$0.00			
E1235	E	RIGID PED WC ADJUSTABLE				Not Allowed	$0.00			
E1236	E	FOLDING PED WC ADJUSTABLE				Not Allowed	$0.00			
E1237	E	RGD PED WC ADJSTABL W/O SEAT				Not Allowed	$0.00			
E1238	E	FLD PED WC ADJSTABL W/O SEAT				Not Allowed	$0.00			
E1239	E	PED POWER WHEELCHAIR NOS				Not Allowed	$0.00			
E1240	E	LIGHTWT WHEELCH DET ARMS DESK/FULL SWING-AWAY DE				Not Allowed	$0.00			
E1250	E	WHEELCHAIR LIGHTWT FIXED ARM				Not Allowed	$0.00			
E1260	E	LIGHTWEIGHT WHEELCHAIR DETACHABLE ARMS(DESK OR FU				Not Allowed	$0.00			
E1270	E	LIGHTWT WHEELCH FIXED ARMS SWING-AWAY DET ELEV LE				Not Allowed	$0.00			
E1280	E	HEAVY-DUTY WHEELCH DETACH ARMS DESK/FULL ELEV LE				Not Allowed	$0.00			
E1285	E	WHEELCHAIR HEAVY DUTY FIXED				Not Allowed	$0.00			
E1290	E	HEAVY-DUTY WHEELCH DET ARMS DESK/FULL SWING-AWAY				Not Allowed	$0.00			
E1295	E	HEAVY-DUTY WHEELCH FIXED ARMS ELEVATING LEGRESTS				Not Allowed	$0.00			

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E1296	E	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR				Not Allowed	$0.00			
E1297	E	SPECIAL WHEELCHAIR SEAT DEPTH BY UPHOLSTERY				Not Allowed	$0.00			
E1298	E	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH BY CONS				Not Allowed	$0.00			
E1300	E	WHIRLPOOL PORTABLE (OVERTUB TYPE)				Not Allowed	$0.00			
E1310	E	WHIRLPOOL NON-PORTABLE (BUILT-IN TYPE)				Not Allowed	$0.00			
E1353	E	REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF				Not Allowed	$0.00			
E1354	E	WHEELED CART, PORT CYL/CONC				Not Allowed	$0.00			
E1355	E	REPAIR OR NONROUTINE SVC FOR DME REQUIRING SKILL OF				Not Allowed	$0.00			
E1356	E	BATT PACK/CART, PORT CONC				Not Allowed	$0.00			
E1357	E	BATTERY CHARGER, PORT CONC				Not Allowed	$0.00			
E1358	E	DC POWER ADAPTER, PORT CONC				Not Allowed	$0.00			
E1372	E	IMMERSION EXTERNAL HEATER FOR NEBULIZER				Not Allowed	$0.00			
E1390	E	OXYGEN CONCENTRATOR				Not Allowed	$0.00			
E1391	E	OXYGEN CONCENTRATOR DUAL				Not Allowed	$0.00			
E1392	E	PORTABLE OXYGEN CONCENTRATOR				Not Allowed	$0.00			
E1399	E	DURABLE MEDICAL EQUIPMENT, MISCELLANEOUS				Not Allowed	$0.00			
E1405	E	OXY & WATER VAPOR ENRICHING SYSTEM WITH HEATED DEL				Not Allowed	$0.00			
E1406	E	OXY & WATER VAPOR ENRICHING SYSTEM W/O HEATED DELI				Not Allowed	$0.00			
E1500	E	CENTRIFUGE				Not Allowed	$0.00			
E1510	E	KIDNEY DIALYSATE DELIVERY SYST. KIDNEY MACHINE PUMP				Not Allowed	$0.00			
E1520	E	HEPARIN INFUSION PUMP				Not Allowed	$0.00			
E1530	E	AIR BUBBLE DETECTOR FOR DIALYSIS				Not Allowed	$0.00			
E1540	E	REPLACEMENT PRESSURE ALARM				Not Allowed	$0.00			
E1550	E	BATH CONDUCTIVITY METER FOR DIALYSIS				Not Allowed	$0.00			
E1560	E	REPLACE BLOOD LEAK DETECTOR				Not Allowed	$0.00			
E1570	E	ADJUSTABLE CHAIR FOR ESRD PATIENTS				Not Allowed	$0.00			
E1575	E	TRANSDUCER PROTECT/FLD BAR				Not Allowed	$0.00			
E1580	E	UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS				Not Allowed	$0.00			
E1590	E	HEMODIALYSIS MACHINE				Not Allowed	$0.00			
E1592	E	AUTOMATIC INTERMITTENT PERITIONEAL DIALYSIS SYSTEM				Not Allowed	$0.00			
E1594	E	CYCLER DIALYSIS MACHINE				Not Allowed	$0.00			
E1600	E	DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIAL				Not Allowed	$0.00			
E1610	E	REVERSE OSMOSIS H2O PURI SYS				Not Allowed	$0.00			
E1615	E	DEIONIZER WATER PURIFICATION SYSTEM				Not Allowed	$0.00			
E1620	E	REPLACEMENT BLOOD PUMP				Not Allowed	$0.00			
E1625	E	WATER SOFTENING SYSTEM				Not Allowed	$0.00			
E1630	E	RECIPROCATING PERITONEAL DIA				Not Allowed	$0.00			
E1632	E	WEARABLE ARTIFICAL KIDNEY				Not Allowed	$0.00			
E1634	E	PERITONEAL DIALYSIS CLAMP				Not Allowed	$0.00			
E1635	E	COMPACT TRAVEL HEMODIALYZER				Not Allowed	$0.00			
E1636	E	SORBENT CARTRIDGES PER CASE				Not Allowed	$0.00			
E1637	E	HEMOSTATS FOR DIALYSIS EACH				Not Allowed	$0.00			
E1639	E	DIALYSIS SCALE				Not Allowed	$0.00			
E1699	E	DIALYSIS EQUIPMENT NOC				Not Allowed	$0.00			
E1700	E	JAW MOTION REHAB SYSTEM				Not Allowed	$0.00			
E1701	E	REPL CUSHIONS FOR JAW MOTION				Not Allowed	$0.00			
E1702	E	REPL MEASR SCALES JAW MOTION				Not Allowed	$0.00			
E1800	E	ADJUST ELBOW EXT/FLEX DEVICE				Not Allowed	$0.00			
E1801	E	SPS ELBOW DEVICE				Not Allowed	$0.00			
E1802	E	ADJST FOREARM PRO/SUP DEVICE				Not Allowed	$0.00			
E1805	E	ADJUST WRIST EXT/FLEX DEVICE				Not Allowed	$0.00			
E1806	E	SPS WRIST DEVICE				Not Allowed	$0.00			
E1810	E	ADJUST KNEE EXT/FLEX DEVICE				Not Allowed	$0.00			
E1811	E	SPS KNEE DEVICE				Not Allowed	$0.00			
E1812	E	KNEE EXT/FLEX W ACT RES CTRL				Not Allowed	$0.00			
E1815	E	ADJUST ANKLE EXT/FLEX DEVICE				Not Allowed	$0.00			

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E1816	E	SPS ANKLE DEVICE				Not Allowed	$0.00			
E1818	E	SPS FOREARM DEVICE				Not Allowed	$0.00			
E1820	E	SOFT INTERFACE MATERIAL FOR DYNAMIC ADJ EXT/FLEXION				Not Allowed	$0.00			
E1821	E	REPLACEMENT INTERFACE SPSD				Not Allowed	$0.00			
E1825	E	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE				Not Allowed	$0.00			
E1830	E	ADJUST TOE EXT/FLEX DEVICE				Not Allowed	$0.00			
E1831	E	STATIC STR TOE DEV EXT/FLEX				Not Allowed	$0.00			
E1840	E	ADJ SHOULDER EXT/FLEX DEVICE				Not Allowed	$0.00			
E1841	E	STATIC STR SHLDR DEV ROM ADJ				Not Allowed	$0.00			
E1902	E	AAC NON-ELECTRONIC BOARD				Not Allowed	$0.00			
E2000	E	GASTRIC SUCTION PUMP HME MDL				Not Allowed	$0.00			
E2100	E	BLD GLUCOSE MONITOR W VOICE				Not Allowed	$0.00			
E2101	E	BLD GLUCOSE MONITOR W LANCE				Not Allowed	$0.00			
E2120	E	PULSE GEN SYS TX ENDOLYMP FL				Not Allowed	$0.00			
E2201	E	MAN W/CH ACC SEAT W>=20¿<24¿				Not Allowed	$0.00			
E2202	E	SEAT WIDTH 24-27 IN				Not Allowed	$0.00			
E2203	E	FRAME DEPTH LESS THAN 22 IN				Not Allowed	$0.00			
E2204	E	FRAME DEPTH 22 TO 25 IN				Not Allowed	$0.00			
E2205	E	MANUAL WC ACCESSORY HANDRIM				Not Allowed	$0.00			
E2206	E	COMPLETE WHEEL LOCK ASSEMBLY				Not Allowed	$0.00			
E2207	E	CRUTCH AND CANE HOLDER				Not Allowed	$0.00			
E2208	E	CYLINDER TANK CARRIER				Not Allowed	$0.00			
E2209	E	ARM TROUGH EACH				Not Allowed	$0.00			
E2210	E	WHEELCHAIR BEARINGS				Not Allowed	$0.00			
E2211	E	PNEUMATIC PROPULSION TIRE				Not Allowed	$0.00			
E2212	E	PNEUMATIC PROP TIRE TUBE				Not Allowed	$0.00			
E2213	E	PNEUMATIC PROP TIRE INSERT				Not Allowed	$0.00			
E2214	E	PNEUMATIC CASTER TIRE EACH				Not Allowed	$0.00			
E2215	E	PNEUMATIC CASTER TIRE TUBE				Not Allowed	$0.00			
E2216	E	FOAM FILLED PROPULSION TIRE				Not Allowed	$0.00			
E2217	E	FOAM FILLED CASTER TIRE EACH				Not Allowed	$0.00			
E2218	E	FOAM PROPULSION TIRE EACH				Not Allowed	$0.00			
E2219	E	FOAM CASTER TIRE ANY SIZE EA				Not Allowed	$0.00			
E2220	E	SOLID PROPULSION TIRE EACH				Not Allowed	$0.00			
E2221	E	SOLID CASTER TIRE EACH				Not Allowed	$0.00			
E2222	E	SOLID CASTER INTEGRATED WHL				Not Allowed	$0.00			
E2224	E	PROPULSION WHL EXCLUDES TIRE				Not Allowed	$0.00			
E2225	E	CASTER WHEEL EXCLUDES TIRE				Not Allowed	$0.00			
E2226	E	CASTER FORK REPLACEMENT ONLY				Not Allowed	$0.00			
E2227	E	GEAR REDUCTION DRIVE WHEEL				Not Allowed	$0.00			
E2228	E	MWC ACC, WHEELCHAIR BRAKE				Not Allowed	$0.00			
E2230	E	MANUAL STANDING SYSTEM				Not Allowed	$0.00			
E2231	E	SOLID SEAT SUPPORT BASE				Not Allowed	$0.00			
E2291	E	PLANAR BACK FOR PED SIZE WC				Not Allowed	$0.00			
E2292	E	PLANAR SEAT FOR PED SIZE WC				Not Allowed	$0.00			
E2293	E	CONTOUR BACK FOR PED SIZE WC				Not Allowed	$0.00			
E2294	E	CONTOUR SEAT FOR PED SIZE WC				Not Allowed	$0.00			
E2295	E	PED DYNAMIC SEATING FRAME				Not Allowed	$0.00			
E2300	E	PWR SEAT ELEVATION SYS				Not Allowed	$0.00			
E2301	E	PWR STANDING				Not Allowed	$0.00			
E2310	E	ELECTRO CONNECT BTW CONTROL				Not Allowed	$0.00			
E2311	E	ELECTRO CONNECT BTW 2 SYS				Not Allowed	$0.00			
E2312	E	MINI-PROP REMOTE JOYSTICK				Not Allowed	$0.00			
E2313	E	PWC HARNESS, EXPAND CONTROL				Not Allowed	$0.00			
E2321	E	HAND INTERFACE JOYSTICK				Not Allowed	$0.00			
E2322	E	MULT MECH SWITCHES				Not Allowed	$0.00			

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E2323	E	SPECIAL JOYSTICK HANDLE				Not Allowed	$0.00			
E2324	E	CHIN CUP INTERFACE				Not Allowed	$0.00			
E2325	E	SIP AND PUFF INTERFACE				Not Allowed	$0.00			
E2326	E	BREATH TUBE KIT				Not Allowed	$0.00			
E2327	E	HEAD CONTROL INTERFACE MECH				Not Allowed	$0.00			
E2328	E	HEAD/EXTREMITY CONTROL INTER				Not Allowed	$0.00			
E2329	E	HEAD CONTROL NONPROPORTIONAL				Not Allowed	$0.00			
E2330	E	HEAD CONTROL PROXIMITY SWITC				Not Allowed	$0.00			
E2331	E	ATTENDANT CONTROL				Not Allowed	$0.00			
E2340	E	W/C WDTH 20-23 IN SEAT FRAME				Not Allowed	$0.00			
E2341	E	W/C WDTH 24-27 IN SEAT FRAME				Not Allowed	$0.00			
E2342	E	W/C DPTH 20-21 IN SEAT FRAME				Not Allowed	$0.00			
E2343	E	W/C DPTH 22-25 IN SEAT FRAME				Not Allowed	$0.00			
E2351	E	ELECTRONIC SGD INTERFACE				Not Allowed	$0.00			
E2358	E	GR 34 NONSEALED LEADACID				Not Allowed	$0.00			
E2359	E	GR34 SEALED LEADACID BATTERY				Not Allowed	$0.00			
E2360	E	22NF NONSEALED LEADACID				Not Allowed	$0.00			
E2361	E	22NF SEALED LEADACID BATTERY				Not Allowed	$0.00			
E2362	E	GR24 NONSEALED LEADACID				Not Allowed	$0.00			
E2363	E	GR24 SEALED LEADACID BATTERY				Not Allowed	$0.00			
E2364	E	U1NONSEALED LEADACID BATTERY				Not Allowed	$0.00			
E2365	E	U1 SEALED LEADACID BATTERY				Not Allowed	$0.00			
E2366	E	BATTERY CHARGER SINGLE MODE				Not Allowed	$0.00			
E2367	E	BATTERY CHARGER DUAL MODE				Not Allowed	$0.00			
E2368	E	POWER WC MOTOR REPLACEMENT				Not Allowed	$0.00			
E2369	E	PWR WC GEAR BOX REPLACEMENT				Not Allowed	$0.00			
E2370	E	PWR WC MOTOR/GEAR BOX COMBO				Not Allowed	$0.00			
E2371	E	GR27 SEALED LEADACID BATTERY				Not Allowed	$0.00			
E2372	E	GR27 NON-SEALED LEADACID				Not Allowed	$0.00			
E2373	E	HAND/CHIN CTRL SPEC JOYSTICK				Not Allowed	$0.00			
E2374	E	HAND/CHIN CTRL STD JOYSTICK				Not Allowed	$0.00			
E2375	E	NON-EXPANDABLE CONTROLLER				Not Allowed	$0.00			
E2376	E	EXPANDABLE CONTROLLER, REPL				Not Allowed	$0.00			
E2377	E	EXPANDABLE CONTROLLER, INITL				Not Allowed	$0.00			
E2381	E	PNEUM DRIVE WHEEL TIRE				Not Allowed	$0.00			
E2382	E	TUBE, PNEUM WHEEL DRIVE TIRE				Not Allowed	$0.00			
E2383	E	INSERT, PNEUM WHEEL DRIVE				Not Allowed	$0.00			
E2384	E	PNEUMATIC CASTER TIRE				Not Allowed	$0.00			
E2385	E	TUBE, PNEUMATIC CASTER TIRE				Not Allowed	$0.00			
E2386	E	FOAM FILLED DRIVE WHEEL TIRE				Not Allowed	$0.00			
E2387	E	FOAM FILLED CASTER TIRE				Not Allowed	$0.00			
E2388	E	FOAM DRIVE WHEEL TIRE				Not Allowed	$0.00			
E2389	E	FOAM CASTER TIRE				Not Allowed	$0.00			
E2390	E	SOLID DRIVE WHEEL TIRE				Not Allowed	$0.00			
E2391	E	SOLID CASTER TIRE				Not Allowed	$0.00			
E2392	E	SOLID CASTER TIRE, INTEGRATE				Not Allowed	$0.00			
E2394	E	DRIVE WHEEL EXCLUDES TIRE				Not Allowed	$0.00			
E2395	E	CASTER WHEEL EXCLUDES TIRE				Not Allowed	$0.00			
E2396	E	CASTER FORK				Not Allowed	$0.00			
E2397	E	PWC ACC, LITH-BASED BATTERY				Not Allowed	$0.00			
E2402	E	NEG PRESS WOUND THERAPY PUMP				Not Allowed	$0.00			
E2500	E	SGD DIGITIZED PRE-REC <=8MIN				Not Allowed	$0.00			
E2502	E	SGD PREREC MSG >8MIN <=20MIN				Not Allowed	$0.00			
E2504	E	SGD PREREC MSG>20MIN <=40MIN				Not Allowed	$0.00			
E2506	E	SGD PREREC MSG > 40 MIN				Not Allowed	$0.00			
E2508	E	SGD SPELLING PHYS CONTACT				Not Allowed	$0.00			

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E2510	E	SGD W MULTI METHODS MSG/ACCS				Not Allowed	$0.00			
E2511	E	SGD SFTWRE PRGRM FOR PC/PDA				Not Allowed	$0.00			
E2512	E	SGD ACCESSORY MOUNTING SYS				Not Allowed	$0.00			
E2599	E	SGD ACCESSORY NOC				Not Allowed	$0.00			
E2601	E	GEN W/C CUSHION WDTH < 22 IN				Not Allowed	$0.00			
E2602	E	GEN W/C CUSHION WDTH >=22 IN				Not Allowed	$0.00			
E2603	E	SKIN PROTECT WC CUS WD <22IN				Not Allowed	$0.00			
E2604	E	SKIN PROTECT WC CUS WD>=22IN				Not Allowed	$0.00			
E2605	E	POSITION WC CUSH WDTH <22 IN				Not Allowed	$0.00			
E2606	E	POSITION WC CUSH WDTH>=22 IN				Not Allowed	$0.00			
E2607	E	SKIN PRO/POS WC CUS WD <22IN				Not Allowed	$0.00			
E2608	E	SKIN PRO/POS WC CUS WD>=22IN				Not Allowed	$0.00			
E2609	E	CUSTOM FABRICATE W/C CUSHION				Not Allowed	$0.00			
E2610	E	POWERED W/C CUSHION				Not Allowed	$0.00			
E2611	E	GEN USE BACK CUSH WDTH <22IN				Not Allowed	$0.00			
E2612	E	GEN USE BACK CUSH WDTH>=22IN				Not Allowed	$0.00			
E2613	E	POSITION BACK CUSH WD <22IN				Not Allowed	$0.00			
E2614	E	POSITION BACK CUSH WD>=22IN				Not Allowed	$0.00			
E2615	E	POS BACK POST/LAT WDTH <22IN				Not Allowed	$0.00			
E2616	E	POS BACK POST/LAT WDTH>=22IN				Not Allowed	$0.00			
E2617	E	CUSTOM FAB W/C BACK CUSHION				Not Allowed	$0.00			
E2619	E	REPLACE COVER W/C SEAT CUSH				Not Allowed	$0.00			
E2620	E	WC PLANAR BACK CUSH WD <22IN				Not Allowed	$0.00			
E2621	E	WC PLANAR BACK CUSH WD>=22IN				Not Allowed	$0.00			
E2622	E	ADJ SKIN PRO W/C CUS WD<22IN				Not Allowed	$0.00			
E2623	E	ADJ SKIN PRO WC CUS WD>=22IN				Not Allowed	$0.00			
E2624	E	ADJ SKIN PRO/POS CUS<22IN				Not Allowed	$0.00			
E2625	E	ADJ SKIN PRO/POS WC CUS>=22				Not Allowed	$0.00			
E2626	E	SEO MOBILE ARM SUP ATT TO WC				Not Allowed	$0.00			
E2627	E	ARM SUPP ATT TO WC RANCHO TY				Not Allowed	$0.00			
E2628	E	MOBILE ARM SUPPORTS RECLININ				Not Allowed	$0.00			
E2629	E	FRICTION DAMPENING ARM SUPP				Not Allowed	$0.00			
E2630	E	MONOSUSPENSION ARM/HAND SUPP				Not Allowed	$0.00			
E2631	E	ELEVAT PROXIMAL ARM SUPPORT				Not Allowed	$0.00			
E2632	E	OFFSET/LAT ROCKER ARM W/ELA				Not Allowed	$0.00			
E2633	E	MOBILE ARM SUPPORT SUPINATOR				Not Allowed	$0.00			
E8000	E	POSTERIOR GAIT TRAINER				Not Allowed	$0.00			
E8001	E	UPRIGHT GAIT TRAINER				Not Allowed	$0.00			
E8002	E	ANTERIOR GAIT TRAINER				Not Allowed	$0.00			
G0008	E	ADMIN INFLUENZA VIRUS VAC				Not Allowed	$0.00			
G0009	E	ADMIN PNEUMOCOCCAL VACCINE				Not Allowed	$0.00			
G0010	E	ADMIN HEPATITIS B VACCINE				Not Allowed	$0.00			
G0027	E	SEMEN ANALYSIS PRESENCE &/OR MOBILITY OF SPERM				Not Allowed	$0.00			
G0101	V	CA SCREEN;PELVIC/BREAST EXAM		0604	0.7689	APC	$38.91			
G0102	N	PROSTATE CA SCREENING; DRE				Bundled	$0.00			
G0103	Q	PSA SCREENING				Medicare	$43.43	$26.93	$26.06	
G0104	S	CA SCREEN;FLEXI SIGMOIDSCOPE		0159	5.4078	APC	$273.69			
G0105	T	COLORECTAL SCRN; HI RISK IND		0158	8.3099	APC	$420.56			
G0106	S	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104		0157	2.7505	APC	$139.20			
G0108	M	DIAB MANAGE TRN PER INDIV				Fee Schedule	$50.18			
G0109	M	DIAB MANAGE TRN IND/GROUP				Fee Schedule	$12.15			
G0117	S	GLAUCOMA SCRN HGH RISK DIREC		0698	1.0587	APC	$53.58			
G0118	S	GLAUCOMA SCRN HGH RISK DIREC		0230	0.6423	APC	$32.51			
G0120	S	COLORECTAL CA SCREENING; ALTERNATIVE TO G0105 BARIU		0157	2.7505	APC	$139.20			
G0121	T	COLON CA SCRN NOT HI RSK IND		0158	8.3099	APC	$420.56			
G0122	E	COLORECTAL CANCER SCREENING; BARIUM ENEMA				Not Allowed	$0.00			

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G0123	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOT				Medicare	$47.83	$29.65	$28.70	
G0124	E	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSI				Not Allowed	$0.00			
G0127	T	TRIM NAIL(S)		0012	0.3878	APC	$19.63			
G0128	E	CORF SKILLED NURSING SERVICE				Not Allowed	$0.00			
G0129	E	OCCUPATIONAL TX AS COMPONENT A PARTIAL HOSP TX PRO				Not Allowed	$0.00			
G0130	X	SEXA BONE DENSITY STUDY/ONE OR MORE SITES/APPENDICU		0260	0.6404	APC	$32.41			
G0141	E	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSI				Not Allowed	$0.00			
G0143	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOT				Medicare	$47.83	$29.65	$28.70	
G0144	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOT				Medicare	$50.43	$31.27	$30.26	
G0145	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL CYTOT				Medicare	$62.53	$38.77	$37.52	
G0147	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL PHYSI				Medicare	$26.87	$16.66	$16.12	
G0148	Q	SCREENING CYTOPATHOLOGY/CERVICAL OR VAGINAL AUTOM				Medicare	$35.88	$22.25	$21.53	
G0151	M	SERVICES OF PHYSICAL TX IN HOME HEALTH SETTING EACH				Fee Schedule	$0.00			
G0152	M	SERVICES OF OCCUPATIONAL TX IN HOME HEALTH SETTING				Fee Schedule	$0.00			
G0153	M	SERVICES OF SPEECH/LANG PATH HOME HEALTH SETTING E				Fee Schedule	$0.00			
G0154	M	SERVICES OF SKILLED NURSE IN HOME HEALTH SETTING EA				Fee Schedule	$0.00			
G0155	E	SERVICES OF CLINICAL SW IN HOME HEALTH SETTING EA 15				Not Allowed	$0.00			
G0156	M	SERVICES OF HOME HEALTH AIDE HOME HEALTH SETTING E				Fee Schedule	$0.00			
G0157	E	HHC PT ASSISTANT EA 15				Not Allowed	$0.00			
G0158	E	HHC OT ASSISTANT EA 15				Not Allowed	$0.00			
G0159	E	HHC PT MAINT EA 15 MIN				Not Allowed	$0.00			
G0160	E	HHC OCCUP THERAPY EA 15				Not Allowed	$0.00			
G0161	E	HHC SLP EA 15 MIN				Not Allowed	$0.00			
G0162	E	HHC RN E&M PLAN SVS, 15 MIN				Not Allowed	$0.00			
G0163	E	HHC LPN/RN OBS/ASSES EA 15				Not Allowed	$0.00			
G0164	E	HHC LIS NURSE TRAIN EA 15				Not Allowed	$0.00			
G0166	T	EXTRNL COUNTERPULSE, PER TX		0678	1.3374	APC	$67.69			
G0168	E	WOUND CLOSURE BY ADHESIVE				Not Allowed	$0.00			
G0173	S	STEREO RADOISURGERY,COMPLETE		0067	48.1747	APC	$2,438.12			
G0175	V	OPPS SERVICE,SCHED TEAM CONF		0607	1.8643	APC	$94.35			
G0176	E	OPPS/PHP;ACTIVITY THERAPY				Not Allowed	$0.00			
G0177	E	OPPS/PHP; TRAIN & EDUC SERV				Not Allowed	$0.00			
G0179	E	MD RECERTIFICATION HHA PT				Not Allowed	$0.00			
G0180	E	MD CERTIFICATION HHA PATIENT				Not Allowed	$0.00			
G0181	E	HOME HEALTH CARE SUPERVISION				Not Allowed	$0.00			
G0182	E	HOSPICE CARE SUPERVISION				Not Allowed	$0.00			
G0186	T	DSTRY EYE LESN,FDR VSSL TECH		0235	4.8127	APC	$243.57			
G0202	M	SCREENING MAMMOGRAPHY DIGITAL				Fee Schedule	$131.10			
G0204	M	DIAGNOSTIC MAMMOGRAPHY DIRECT DIGITAL IMAGE BILAT				Fee Schedule	$158.22			
G0206	M	DIAGNOSTIC MAMMOGRAPHY DIRECT DIGITAL IMAGE UNILAT				Fee Schedule	$125.05			
G0219	E	PET IMG WH BD RING NONCOV IND				Not Allowed	$0.00			
G0235	E	PET NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			
G0237	S	THERAPEUTIC PROCD STRG ENDUR		0077	0.4248	APC	$21.50			
G0238	S	OTH RESP PROC, INDIV		0077	0.4248	APC	$21.50			
G0239	S	OTH RESP PROC GROUP		0077	0.4248	APC	$21.50			
G0245	V	INITIAL FOOT EXAM PTLOPS		0604	0.7689	APC	$38.91			
G0246	V	FOLLOWUP EVAL OF FOOT PT LOP		0605	1.0309	APC	$52.17			
G0247	T	ROUTINE FOOTCARE PT W LOPS		0013	0.8785	APC	$44.46			
G0248	V	DEMONSTRATE USE HOME INR MON		0607	1.8643	APC	$94.35			
G0249	V	PROVIDE INR TEST MATER/EQUIP		0607	1.8643	APC	$94.35			
G0250	E	MD INR TEST REVIE INTER MGMT				Not Allowed	$0.00			
G0251	S	LINEAR ACC BASED STERO RADIO		0065	12.8879	APC	$652.26			
G0252	E	PET IMAGING FOR INITIAL DIAGNOSIS OF BREAST CANCER				Not Allowed	$0.00			
G0255	E	CURRENT PERCEP THRESHOLD TST				Not Allowed	$0.00			
G0257	S	UNSCHED DIALYSIS ESRD PT HOS		0170	6.6871	APC	$338.43			
G0259	N	INJECT FOR SACROILIAC JOINT				Bundled	$0.00			

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G0260	T	INJ FOR SACROILIAC JT ANESTH		0207	7.4744	APC	$378.28			
G0268	N	REMOVAL OF IMPACTED WAX MD				Bundled	$0.00			
G0269	N	OCCLUSIVE DEVICE IN VEIN ART				Bundled	$0.00			
G0270	M	MNT SUBS TX FOR CHANGE DX				Fee Schedule	$25.58			
G0271	M	GROUP MNT 2 OR MORE 30 MINS				Fee Schedule	$13.73			
G0275	N	RENAL ANGIO CARDIAC CATH				Bundled	$0.00			
G0278	N	ILIAC ART ANGIO CARDIAC CATH				Bundled	$0.00			
G0281	E	ELEC STIM UNATTEND FOR PRESS				Not Allowed	$0.00			
G0282	E	ELECT STIM WOUND CARE NOT PD				Not Allowed	$0.00			
G0283	Y	ELEC STIM OTHER THAN WOUND				Fee Schedule	$12.46			
G0288	N	RECON CTA FOR SURG PLAN				Bundled	$0.00			
G0289	N	ARTHRO LOOSE BODY + CHONDRO				Bundled	$0.00			
G0290	T	DRUG-ELUTING STENTS SINGLE		0656	105.8208	APC	$5,355.59			
G0291	T	DRUG-ELUTING STENTS EACH ADD		0656	105.8208	APC	$5,355.59			
G0293	X	NON-COV SURG PROC CLIN TRIAL		0340	0.6525	APC	$33.02			
G0294	X	NON-COV PROC CLINICAL TRIAL		0340	0.6525	APC	$33.02			
G0295	E	ELECTROMAGNETIC THERAPY ONC				Not Allowed	$0.00			
G0302	S	PRE-OP SERVICE LVRS COMPLETE		0209	11.3584	APC	$574.85			
G0303	S	PRE-OP SERVICE LVRS 10-15DOS		0209	11.3584	APC	$574.85			
G0304	S	PRE-OP SERVICE LVRS 1-9 DOS		0213	2.4311	APC	$123.04			
G0305	S	POST OP SERVICE LVRS MIN 6		0213	2.4311	APC	$123.04			
G0306	Q	CBC/DIFFWBC W/O PLATELET				Medicare	$18.37	$11.39	$11.02	
G0307	Q	CBC WITHOUT PLATELET				Medicare	$15.28	$9.47	$9.17	
G0328	Q	FECAL BLOOD SCRN IMMUNOASSAY				Medicare	$37.55	$23.28	$22.53	
G0329	M	ELECTROMAGNETIC TX FOR ULCERS				Fee Schedule	$0.00			
G0333	E	DISPENSE FEE INITIAL 30 DAY				Not Allowed	$0.00			
G0337	E	HOSPICE EVALUATION PREELECTI				Not Allowed	$0.00			
G0339	S	ROBOT LIN-RADSURG COM FIRST		0067	48.1747	APC	$2,438.12			
G0340	S	ROBT LIN-RADSURG FRACTX 2-5		0066	35.9898	APC	$1,821.44			
G0341	C	PERCUTANEOUS ISLET CELL TRANS				Inpatient Only	$0.00			
G0342	C	LAPAROSCOPY ISLET CELL TRANS				Inpatient Only	$0.00			
G0343	C	LAPAROTOMY ISLET CELL TRANSP				Inpatient Only	$0.00			
G0364	X	BONE MARROW ASPIRATE &BIOPSY		0340	0.6525	APC	$33.02			
G0365	S	VESSEL MAPPING HEMO ACCESS		0267	2.1747	APC	$110.06			
G0372	E	MD SERVICE REQUIRED FOR PMD				Not Allowed	$0.00			
G0378	N	HOSPITAL OBSERVATION PER HR				Bundled	$0.00			
G0379	N	DIRECT REFER HOSPITAL OBSERV		0604	0.7689	ed, may be payable in some circumst	$38.91			
G0380	E	LEV 1 HOSP TYPE B ED VISIT				Not Allowed	$0.00			
G0381	E	LEV 2 HOSP TYPE B ED VISIT				Not Allowed	$0.00			
G0382	E	LEV 3 HOSP TYPE B ED VISIT				Not Allowed	$0.00			
G0383	E	LEV 4 HOSP TYPE B ED VISIT				Not Allowed	$0.00			
G0384	E	LEV 5 HOSP TYPE B ED VISIT				Not Allowed	$0.00			
G0389	S	ULTRASOUND EXAM AAA SCREEN		0266	1.3767	APC	$69.67			
G0390	S	TRAUMA RESPONS W/HOSP CRITI		0618	11.5153	APC	$582.79			
G0396	S	ALCOHOL/SUBS INTERV 15-30MN		0432	0.5098	APC	$25.80			
G0397	S	ALCOHOL/SUBS INTERV >30 MIN		0322	1.1393	APC	$57.66			
G0398	S	HOME SLEEP TEST/TYPE 2 PORTA		0213	2.4311	APC	$123.04			
G0399	S	HOME SLEEP TEST/TYPE 3 PORTA		0213	2.4311	APC	$123.04			
G0400	S	HOME SLEEP TEST/TYPE 4 PORTA		0213	2.4311	APC	$123.04			
G0402	V	INITIAL PREVENTIVE EXAM		0606	1.3597	APC	$68.81			
G0403	E	EKG FOR INITIAL PREVENT EXAM				Not Allowed	$0.00			
G0404	S	EKG TRACING FOR INITIAL PREV		0099	0.3823	APC	$19.35			
G0405	E	EKG INTERPRET & REPORT PREVE				Not Allowed	$0.00			
G0406	E	TELHEALTH INPT CONSULT 15MIN				Not Allowed	$0.00			
G0407	E	TELHEATH INPT CONSULT 25MIN				Not Allowed	$0.00			
G0408	E	TELHEALTH INPT CONSULT 35MIN				Not Allowed	$0.00			

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G0409	E	CORF RELATED SERV 15 MINS EA				Not Allowed	$0.00			
G0410	E	GRP PSYCH PARTIAL HOSP 45-50				Not Allowed	$0.00			
G0411	E	INTER ACTIVE GRP PSYCH PARTI				Not Allowed	$0.00			
G0412	C	OPEN TX ILIAC SPINE UNI/BIL				Inpatient Only	$0.00			
G0413	T	PELVIC RING FRACTURE UNI/BIL		0050	32.4068	APC	$1,640.11			
G0414	C	PELVIC RING FX TREAT INT FIX				Inpatient Only	$0.00			
G0415	C	OPEN TX POST PELVIC FXCTURE				Inpatient Only	$0.00			
G0416	X	SAT BIOPSY PROSTATE 1-20 SPC		0661	2.3494	APC	$118.90			
G0417	S	SAT BIOPSY PROSTATE 21-40		1505	6.9156	APC	$350.00			
G0418	S	SAT BIOPSY PROSTATE 41-60		1506	8.8915	APC	$450.00			
G0419	S	SAT BIOPSY PROSTATE: >60		1508	12.8433	APC	$650.00			
G0420	E	ED SVC CKD IND PER SESSION				Not Allowed	$0.00			
G0421	E	ED SVC CKD GRP PER SESSION				Not Allowed	$0.00			
G0422	S	INTENS CARDIAC REHAB W/EXERC		0095	0.9950	APC	$50.36			
G0423	S	INTENS CARDIAC REHAB NO EXER		0095	0.9950	APC	$50.36			
G0424	S	PULMONARY REHAB W EXER		0102	0.5344	APC	$27.05			
G0425	E	INPT TELEHEALTH CONSULT 30M				Not Allowed	$0.00			
G0426	E	INPT TELEHEALTH CONSULT 50M				Not Allowed	$0.00			
G0427	E	INPT TELEHEALTH CON 70/>M				Not Allowed	$0.00			
G0428	E	COLLAGEN MENISCUS IMPLANT				Not Allowed	$0.00			
G0429	E	DERMAL FILLER INJECTION(S)				Not Allowed	$0.00			
G0431	Q	DRUG SCREEN MULTIPLE CLASS				Medicare	$171.65	$106.42	$102.99	
G0432	Q	EIA HIV-1/HIV-2 SCREEN				Medicare	$32.38	$20.08	$19.43	
G0433	Q	ELISA HIV-1/HIV-2 SCREEN				Medicare	$32.38	$20.08	$19.43	
G0434	Q	DRUG SCREEN MULTI DRUG CLASS				Medicare	$34.33	$21.28	$20.60	
G0435	Q	ORAL HIV-1/HIV-2 SCREEN				Medicare	$28.32	$17.56	$16.99	
G0436	X	TOBACCO-USE COUNSEL 3-10 MIN		0031	0.2997	APC	$15.17			
G0437	X	TOBACCO-USE COUNSEL>10MIN		0031	0.2997	APC	$15.17			
G0438	E	PPPS, INITIAL VISIT				Not Allowed	$0.00			
G0439	E	PPPS, SUBSEQ VISIT				Not Allowed	$0.00			
G0442	S	ANNUAL ALCOHOL SCREEN 15 MIN		0432	0.5098	APC	$25.80			
G0443	S	BRIEF ALCOHOL MISUSE COUNSEL		0432	0.5098	APC	$25.80			
G0444	S	DEPRESSION SCREEN ANNUAL		0432	0.5098	APC	$25.80			
G0445	S	HIGH INTEN BEH COUNS STD 30M		0432	0.5098	APC	$25.80			
G0446	S	INTENS BEHAVE THER CARDIO DX		0432	0.5098	APC	$25.80			
G0447	S	BEHAVIOR COUNSEL OBESITY 15M		0432	0.5098	APC	$25.80			
G0448	E	PLACE PERM PACING CARDIOVERT				Not Allowed	$0.00			
G0451	N	DEVLOPMENT TEST INTERPT&REP		0432	0.5098	ed, may be payable in some circumst	$25.80			
G0908	E	HGB > 12 G/DL				Not Allowed	$0.00			
G0909	E	HBG NOT DOC				Not Allowed	$0.00			
G0910	E	HGB <= 12 G/DL				Not Allowed	$0.00			
G0911	E	ASSESS ACTIVITY SYMPTOMS				Not Allowed	$0.00			
G0912	E	NO ASSESS ACTIVITY SYMPTOMS				Not Allowed	$0.00			
G0913	E	IMPROVE VISUAL FUNCT				Not Allowed	$0.00			
G0914	E	SURVEY NOT COMPLETE				Not Allowed	$0.00			
G0915	E	NO IMPROVE VISUAL FUNCT				Not Allowed	$0.00			
G0916	E	SATISFY WITH CARE				Not Allowed	$0.00			
G0917	E	SATISFY SURVEY NOT COMPLETE				Not Allowed	$0.00			
G0918	E	NO SATISFY WITH CARE				Not Allowed	$0.00			
G0919	E	FLU IMMUNIZE NOT AVAIL				Not Allowed	$0.00			
G0920	E	TYPE LOC ACT DOC				Not Allowed	$0.00			
G0921	E	DOC PT REAS NO ASSESS				Not Allowed	$0.00			
G0922	E	TYPE LOC ACT NOT DOC				Not Allowed	$0.00			
G3001	S	ADMIN + SUPPLY TOSITUMOMAB		0442	24.3143	APC	$1,230.55			
G8126	E	PT TREAT W/ANTIDEPRESS12WKS				Not Allowed	$0.00			
G8127	E	PT NOT TREAT W/ANTIDEPRES12W				Not Allowed	$0.00			

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G8128	E	PT INELIG FOR ANTIDEPRES MED				Not Allowed	$0.00			
G8395	E	LVEF>=40% DOC NORMAL OR MILD				Not Allowed	$0.00			
G8396	E	LVEF NOT PERFORMED				Not Allowed	$0.00			
G8397	E	DIL MACULA/FUNDUS EXAM/W DOC				Not Allowed	$0.00			
G8398	E	DIL MACULAR/FUNDUS NOT PERFO				Not Allowed	$0.00			
G8399	E	PT W/DXA DOCUMENT OR ORDER				Not Allowed	$0.00			
G8400	E	PT W/DXA NO DOCUMENT OR ORDE				Not Allowed	$0.00			
G8401	E	PT INELIG OSTEO SCREEN MEASU				Not Allowed	$0.00			
G8404	E	LOW EXTEMITY NEUR EXAM DOCUM				Not Allowed	$0.00			
G8405	E	LOW EXTEMITY NEUR NOT PERFOR				Not Allowed	$0.00			
G8406	E	PT INELIG LOWER EXTREM NEURO				Not Allowed	$0.00			
G8410	E	EVAL ON FOOT DOCUMENTED				Not Allowed	$0.00			
G8415	E	EVAL ON FOOT NOT PERFORMED				Not Allowed	$0.00			
G8416	E	PT INELIG FOOTWEAR EVALUATIO				Not Allowed	$0.00			
G8417	E	BMI >=30 CALCUATE W/FOLLOWUP				Not Allowed	$0.00			
G8418	E	BMI < 22 CALCUATE W/FOLLOWUP				Not Allowed	$0.00			
G8419	E	BMI>=30OR<22 CAL NO FOLLOWUP				Not Allowed	$0.00			
G8420	E	BMI<30 AND >=22 CALC & DOCU				Not Allowed	$0.00			
G8421	E	BMI NOT CALCULATED				Not Allowed	$0.00			
G8422	E	PT INELIG BMI CALCULATION				Not Allowed	$0.00			
G8427	E	DOC MEDS VERIFIED W/PT OR RE				Not Allowed	$0.00			
G8428	E	MEDS DOCUMENT W/O VERIFICA				Not Allowed	$0.00			
G8430	E	PT INELIG MED CHECK				Not Allowed	$0.00			
G8431	E	CLIN DEPRESSION SCREEN DOC				Not Allowed	$0.00			
G8432	E	CLIN DEPRESSION SCREEN NOT D				Not Allowed	$0.00			
G8433	E	PT INELIG FOR DEPRESSION SCR				Not Allowed	$0.00			
G8442	E	PT INELIG PAIN ASSESSMENT				Not Allowed	$0.00			
G8447	E	PT VISIT DOC USING CCHIT CER				Not Allowed	$0.00			
G8448	E	PT VISIT DOCUM W/NON-CCHIT C				Not Allowed	$0.00			
G8450	E	BETA-BLOC RX PT W/ABN LVEF				Not Allowed	$0.00			
G8451	E	PT W/ABN LVEF INELIG B-BLOC				Not Allowed	$0.00			
G8452	E	PT W/ABN LVEF B-BLOC NO RX				Not Allowed	$0.00			
G8458	E	PT INELIG GENO NO ANTVIR TX				Not Allowed	$0.00			
G8459	E	DOC PT REC ANTIVIR TREAT				Not Allowed	$0.00			
G8460	E	PT INELIG RNA NO ANTVIR TX				Not Allowed	$0.00			
G8461	E	PT REC ANTIVIR TREAT HEP C				Not Allowed	$0.00			
G8462	E	PT INELIG COUNS NO ANTVIR TX				Not Allowed	$0.00			
G8463	E	PT REC ANTIVIRAL TREAT DOC				Not Allowed	$0.00			
G8464	E	PT INELIG; LO TO NO DTER RSK				Not Allowed	$0.00			
G8465	E	HIGH RISK RECURRENCE PRO CA				Not Allowed	$0.00			
G8468	E	ACE/ARB RX PT W/ABN LVEF				Not Allowed	$0.00			
G8469	E	PT W/ABN LVEF INELIG ACE/ARB				Not Allowed	$0.00			
G8470	E	PT W/ NORMAL LVEF				Not Allowed	$0.00			
G8471	E	LVEF NOT PERFORMED/DOC				Not Allowed	$0.00			
G8472	E	ACE/ARB NO RX PT W/ABN LVEF				Not Allowed	$0.00			
G8473	E	ACE/ARB THXPY RX'D				Not Allowed	$0.00			
G8474	E	ACE/ARB NOT RX'D; DOC REAS				Not Allowed	$0.00			
G8475	E	ACE/ARB THXPY NOT RX'D				Not Allowed	$0.00			
G8476	E	BP SYS <130 AND DIAS <80				Not Allowed	$0.00			
G8477	E	BP SYS>=130 AND/OR DIAS >=80				Not Allowed	$0.00			
G8478	E	BP NOT PERFORMED/DOC				Not Allowed	$0.00			
G8482	E	FLU IMMUNIZE ORDER/ADMIN				Not Allowed	$0.00			
G8483	E	FLU IMM NO ORD/ADMIN DOC REA				Not Allowed	$0.00			
G8484	E	FLU IMMUNIZE NO ORDER/ADMIN				Not Allowed	$0.00			
G8485	E	REPORT DIABETES MEASURES				Not Allowed	$0.00			
G8486	E	REPORT PREV CARE MEASURES				Not Allowed	$0.00			

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G8487	E	REPORT CKD MEASURES				Not Allowed	$0.00			
G8489	E	CAD MEASURES GRP				Not Allowed	$0.00			
G8490	E	RA MEASURES GRP				Not Allowed	$0.00			
G8491	E	HIV/AIDS MEASURES GRP				Not Allowed	$0.00			
G8492	E	PERIOP CARE MEASURES GRP				Not Allowed	$0.00			
G8493	E	BACK PAIN MEASURES GRP				Not Allowed	$0.00			
G8494	E	DM MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8495	E	CKD MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8496	E	PREV CARE MG QUAL ACT PERFRM				Not Allowed	$0.00			
G8497	E	CABG MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8498	E	CAD MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8499	E	RA MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8500	E	HIV MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8501	E	PERIO MEAS QUAL ACT PERFORM				Not Allowed	$0.00			
G8502	E	BACK PAIN MG QUAL ACT PERFRM				Not Allowed	$0.00			
G8506	E	PT REC ACE/ARB				Not Allowed	$0.00			
G8509	E	PAIN ASSESS NO F/U PLN DOC				Not Allowed	$0.00			
G8510	E	PT INELIG NEG SCRN DEPRES				Not Allowed	$0.00			
G8511	E	CLIN DEPRES SCRN NO F/U DOC				Not Allowed	$0.00			
G8524	E	PATCH CLOSURE CONV CEA				Not Allowed	$0.00			
G8525	E	NO PATCH CLOSURE CEA				Not Allowed	$0.00			
G8526	E	NO PATCH CLOSURE CONV CEA				Not Allowed	$0.00			
G8530	E	AUTO AV FISTULA RECD				Not Allowed	$0.00			
G8531	E	PT INELIG; AUTO AV FISTULA				Not Allowed	$0.00			
G8532	E	NO AUTO AV FISTULA; NO REAS				Not Allowed	$0.00			
G8535	E	PT INELIG NO ELD MAL SCRN				Not Allowed	$0.00			
G8536	E	NO DOC ELDER MAL SCRN				Not Allowed	$0.00			
G8539	E	CUR FUNCT ASSESS & CARE PLN				Not Allowed	$0.00			
G8540	E	PT INELIG FUNCT ASSESS				Not Allowed	$0.00			
G8541	E	NO DOC CUR FUNCT ASSESS				Not Allowed	$0.00			
G8542	E	PT INELIG FUNC ASSES NO PLN				Not Allowed	$0.00			
G8543	E	CUR FUNCT ASSES; NO CARE PLN				Not Allowed	$0.00			
G8544	E	CABG MEASURES GRP				Not Allowed	$0.00			
G8545	E	HEPC MEASURES GRP				Not Allowed	$0.00			
G8546	E	CAP MEASURES GRP				Not Allowed	$0.00			
G8547	E	IVD MEASURES GRP				Not Allowed	$0.00			
G8548	E	HF MEASURES GRP				Not Allowed	$0.00			
G8549	E	HEPC MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8550	E	CAP MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8551	E	HF MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8552	E	IVD MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8553	E	PRESCRIP TRANSMIT VIA ERX SY				Not Allowed	$0.00			
G8556	E	REF TO DOC OTOLOG EVAL				Not Allowed	$0.00			
G8557	E	PT INELIG REF OTOLOG EVAL				Not Allowed	$0.00			
G8558	E	NO REF TO DOC OTOLOG EVAL				Not Allowed	$0.00			
G8559	E	PT REF DOC OTO EVAL				Not Allowed	$0.00			
G8560	E	PT HX ACT DRAIN PREV 90 DAYS				Not Allowed	$0.00			
G8561	E	PT INELIG FOR REF OTO EVAL				Not Allowed	$0.00			
G8562	E	PT NO HX ACT DRAIN 90 D				Not Allowed	$0.00			
G8563	E	PT NO REF OTO REAS NO SPEC				Not Allowed	$0.00			
G8564	E	PT REF OTO EVAL				Not Allowed	$0.00			
G8565	E	VER DOC HEAR LOSS				Not Allowed	$0.00			
G8566	E	PT INELIG REF OTO EVAL				Not Allowed	$0.00			
G8567	E	PT NO DOC HEAR LOSS				Not Allowed	$0.00			
G8568	E	PT NO REF OTOLO NO SPEC				Not Allowed	$0.00			
G8569	E	PROL INTUBATION REQ				Not Allowed	$0.00			

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G8570	E	NO PROL INTUB REQ				Not Allowed	$0.00			
G8571	E	STER WD IFX 30 D POSTOP				Not Allowed	$0.00			
G8572	E	NO STER WD IFX				Not Allowed	$0.00			
G8573	E	STK/CVA CABG				Not Allowed	$0.00			
G8574	E	NO STRK/CVA CABG				Not Allowed	$0.00			
G8575	E	POSTOP REN INSUF				Not Allowed	$0.00			
G8576	E	NO POSTOP REN INSUF				Not Allowed	$0.00			
G8577	E	REOP REQ BLD GRFT OTH				Not Allowed	$0.00			
G8578	E	NO REOP REQ BLD GRFT OTH				Not Allowed	$0.00			
G8579	E	ANTPLT MED DISCH				Not Allowed	$0.00			
G8580	E	ANTPLT MED CONTRAIND				Not Allowed	$0.00			
G8581	E	NO ANTPLT MED DISCH				Not Allowed	$0.00			
G8582	E	BBLOCK DISCH				Not Allowed	$0.00			
G8583	E	BBLOCK CONTRAIND				Not Allowed	$0.00			
G8584	E	NO BBLOCK DISCH				Not Allowed	$0.00			
G8585	E	ANTILIPID TREAT DISCH				Not Allowed	$0.00			
G8586	E	ANTLIP DISCH CONTRA				Not Allowed	$0.00			
G8587	E	NO ANTLIPID TREAT DISCH				Not Allowed	$0.00			
G8588	E	SYS BP <140				Not Allowed	$0.00			
G8589	E	SYS BP >= 140				Not Allowed	$0.00			
G8590	E	DIA BP < 90				Not Allowed	$0.00			
G8591	E	DIA BP >= 90				Not Allowed	$0.00			
G8592	E	NO BP MEASURE				Not Allowed	$0.00			
G8593	E	LIPID PN RESULTS				Not Allowed	$0.00			
G8594	E	NO LIPID PROF PERF				Not Allowed	$0.00			
G8595	E	LDL < 100				Not Allowed	$0.00			
G8596	E	NO LDL PERF				Not Allowed	$0.00			
G8597	E	LDL >= 100				Not Allowed	$0.00			
G8598	E	ASP THERP USED				Not Allowed	$0.00			
G8599	E	NO ASP THERP USED				Not Allowed	$0.00			
G8600	E	TPA INITI W/IN 3 HRS				Not Allowed	$0.00			
G8601	E	NO ELIG TPA INIT W/IN 3 HRS				Not Allowed	$0.00			
G8602	E	NO TPA INIT W/IN 3 HRS				Not Allowed	$0.00			
G8603	E	SPOK LANG COMP SCORE				Not Allowed	$0.00			
G8604	E	NO HIGH SCORE SPOK LANG				Not Allowed	$0.00			
G8605	E	NO SPOK LANG COMP SCORE				Not Allowed	$0.00			
G8606	E	ATTENTION SCORE				Not Allowed	$0.00			
G8607	E	NO HIGH SCORE ATTENTION				Not Allowed	$0.00			
G8608	E	NO ATTENTION SCORE				Not Allowed	$0.00			
G8609	E	MEMORY SCORE				Not Allowed	$0.00			
G8610	E	NO HIGH SCORE MEMORY				Not Allowed	$0.00			
G8611	E	NO MEMORY SCORE				Not Allowed	$0.00			
G8612	E	MOTO SPEECH SCORE				Not Allowed	$0.00			
G8613	E	NO HIGH SCORE MOTO SPEECH				Not Allowed	$0.00			
G8614	E	NO MOTO SPEECH SCORE				Not Allowed	$0.00			
G8615	E	READING SCORE				Not Allowed	$0.00			
G8616	E	NO HIGH SCORE READING				Not Allowed	$0.00			
G8617	E	NO READING SCORE				Not Allowed	$0.00			
G8618	E	SPOK LANG EXP SCORE				Not Allowed	$0.00			
G8619	E	NO HIGH SCORE SPOK LANG EXP				Not Allowed	$0.00			
G8620	E	NO SPOK LANG EXP SCORE				Not Allowed	$0.00			
G8621	E	WRITING SCORE				Not Allowed	$0.00			
G8622	E	NO HIGH SCORE WRITING				Not Allowed	$0.00			
G8623	E	NO WRITING SCORE				Not Allowed	$0.00			
G8624	E	SWALLOWING SCORE				Not Allowed	$0.00			
G8625	E	NO HIGH SCORE SWALLOWING				Not Allowed	$0.00			

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G8626	E	NO SWALLOWING SCORE				Not Allowed	$0.00			
G8627	E	SURG PROC W/IN 30 DAYS				Not Allowed	$0.00			
G8628	E	NO SURG PROC W/IN 30 DAYS				Not Allowed	$0.00			
G8629	E	DOC ANTIBIO ORDER B/4 SURG				Not Allowed	$0.00			
G8630	E	DOC ANTIBIO GIVEN B/4 SURG				Not Allowed	$0.00			
G8631	E	PT NO ELG 4 ORDER ANTBI GIVE				Not Allowed	$0.00			
G8632	E	DOC NO ANTIBI ORDER B/4 SURG				Not Allowed	$0.00			
G8633	E	PHARM THER OSTEO RX				Not Allowed	$0.00			
G8634	E	PT NO ELG PHAR THER OSTEO				Not Allowed	$0.00			
G8635	E	NO PHARM THER OSTEO RX				Not Allowed	$0.00			
G8642	E	HRDSHP RURAL W/O INTERNET				Not Allowed	$0.00			
G8643	E	HRDSHP W/O SUFF PHARM W/ERX				Not Allowed	$0.00			
G8644	E	EP NO PRESCRIBE PRIV				Not Allowed	$0.00			
G8645	E	ASTHMA MEASURES GRP				Not Allowed	$0.00			
G8646	E	ASTHMA MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8647	E	FUN STAT SCORE KNEE >= 0				Not Allowed	$0.00			
G8648	E	FUN STAT SCORE KNEE < 0				Not Allowed	$0.00			
G8649	E	FUN STAT SCORE KNEE PT NOELG				Not Allowed	$0.00			
G8650	E	FUN STAT SCORE KNEE NOT DONE				Not Allowed	$0.00			
G8651	E	FUN STAT SCORE HIP >= 0				Not Allowed	$0.00			
G8652	E	FUN STAT SCORE HIP < 0				Not Allowed	$0.00			
G8653	E	FUN STAT SCORE HIP PT NO ELG				Not Allowed	$0.00			
G8654	E	FUN STAT SCORE HIP NOT DONE				Not Allowed	$0.00			
G8655	E	FUN STAT SCORE LE >= 0				Not Allowed	$0.00			
G8656	E	FUN STAT SCORE LE < 0				Not Allowed	$0.00			
G8657	E	FUN STAT SCORE LE PT NO ELG				Not Allowed	$0.00			
G8658	E	FUN STAT SCORE LE NOT DONE				Not Allowed	$0.00			
G8659	E	FUN STAT SCORE LS >= 0				Not Allowed	$0.00			
G8660	E	FUN STAT SCORE LS < 0				Not Allowed	$0.00			
G8661	E	FUN STAT SCORE LS PT NO ELG				Not Allowed	$0.00			
G8662	E	FUN STAT SCORE LS NOT DONE				Not Allowed	$0.00			
G8663	E	FUN STAT SCORE SHDL >=0				Not Allowed	$0.00			
G8664	E	FUN STAT SCORE SHDL < 0				Not Allowed	$0.00			
G8665	E	FUN STAT SCORE SHDL PT NO EL				Not Allowed	$0.00			
G8666	E	FUN STAT SCORE SHDL NOT DONE				Not Allowed	$0.00			
G8667	E	FUN STAT SCORE UE >=0				Not Allowed	$0.00			
G8668	E	FUN STAT SCORE UE < 0				Not Allowed	$0.00			
G8669	E	FUN STAT SCORE UE PT NO ELG				Not Allowed	$0.00			
G8670	E	FUN STAT SCORE UE NOT DONE				Not Allowed	$0.00			
G8671	E	FUN STAT SCORE NECK/TS >=0				Not Allowed	$0.00			
G8672	E	FUN STAT SCORE NECK/TS < 0				Not Allowed	$0.00			
G8673	E	FUN STAT SCOR NEK/TS PT NO E				Not Allowed	$0.00			
G8674	E	FUN STAT SCOR NEK/TS NOT DON				Not Allowed	$0.00			
G8675	E	BP SYST >= 140 MMHG				Not Allowed	$0.00			
G8676	E	BP DIAST >= 90 MMHG				Not Allowed	$0.00			
G8677	E	BP SYST < 130 MMHG				Not Allowed	$0.00			
G8678	E	BP SYST >=130 - 139 MMHG				Not Allowed	$0.00			
G8679	E	BP DIAST < 80 MMHG				Not Allowed	$0.00			
G8680	E	BP DIAST 80-89 MMHG				Not Allowed	$0.00			
G8682	E	LVG TEST PERF				Not Allowed	$0.00			
G8683	E	PT NOT ELIG FOR LVF TEST				Not Allowed	$0.00			
G8685	E	LVF TEST NOT PERF				Not Allowed	$0.00			
G8694	E	LVEF <40%				Not Allowed	$0.00			
G8695	E	LVEF >=40%				Not Allowed	$0.00			
G8696	E	ANTITHROMB THX PRESC				Not Allowed	$0.00			
G8697	E	ANTITHROMB NO PRESC DOC REAS				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
G8698	E	ANTITHROMB NO PRESC NO REAS				Not Allowed	$0.00			
G8699	E	REHAB ORDERED DISCH				Not Allowed	$0.00			
G8700	E	REHAB NOT INDICATED DISCH				Not Allowed	$0.00			
G8701	E	REHAB NOT ORDERED				Not Allowed	$0.00			
G8702	E	ANTIOBIOTICS 4 HR PRIOR SURG				Not Allowed	$0.00			
G8703	E	ANTIBIOTICS NOT PRIOR SURG				Not Allowed	$0.00			
G8704	E	ECG PERFORMED				Not Allowed	$0.00			
G8705	E	MED REAS NO ECG				Not Allowed	$0.00			
G8706	E	PT REAS NO ECG				Not Allowed	$0.00			
G8707	E	ECG NOT PERFORMED				Not Allowed	$0.00			
G8708	E	ANTIBIOTIC NOT PRES				Not Allowed	$0.00			
G8709	E	MED REAS ANTIBIOTIC PRES				Not Allowed	$0.00			
G8710	E	PT PRES ANTIBIOTIC				Not Allowed	$0.00			
G8711	E	PRES ANTIBIOTIC				Not Allowed	$0.00			
G8712	E	NOT PRES ANTIBIOTIC				Not Allowed	$0.00			
G8713	E	SPKT/V GREAT 1.2 KT/V				Not Allowed	$0.00			
G8714	E	HEMODIALYSIS 3 TIMES WEEK				Not Allowed	$0.00			
G8715	E	HEMODIALYSIS NOT 3 TIMES WK				Not Allowed	$0.00			
G8716	E	PT REAS NOT GREAT 1.2KT/V				Not Allowed	$0.00			
G8717	E	LESS 1.2 KT/V				Not Allowed	$0.00			
G8718	E	GREAT 1.7 KT/V PER WEEK				Not Allowed	$0.00			
G8720	E	LESS 1.7 KT/V PER WEEK				Not Allowed	$0.00			
G8721	E	PT, PN, HIST GRADE DOC				Not Allowed	$0.00			
G8722	E	MED REAS PT, PN, NOT DOC				Not Allowed	$0.00			
G8723	E	SPEC SIT NOT PRIM TUMOR				Not Allowed	$0.00			
G8724	E	PT, PN, HIST GRADE NOT DOC				Not Allowed	$0.00			
G8725	E	LIPID PROFILE PERF DOC				Not Allowed	$0.00			
G8726	E	DOC REAS NO LIPID PROFILE				Not Allowed	$0.00			
G8727	E	HEMO, PERIT, OR KIDNEY TRANS				Not Allowed	$0.00			
G8728	E	LIPID PROFILE NOT PERF				Not Allowed	$0.00			
G8730	E	PAIN DOC POS AND PLAN				Not Allowed	$0.00			
G8731	E	PAIN NEG NO PLAN				Not Allowed	$0.00			
G8732	E	NO DOC OF PAIN				Not Allowed	$0.00			
G8733	E	DOC POS ELDER MAL SCRN PLAN				Not Allowed	$0.00			
G8734	E	DOC NEG ELDER MAL NO PLAN				Not Allowed	$0.00			
G8735	E	ELD MAL SCRN POS NO PLAN				Not Allowed	$0.00			
G8736	E	LDL-C <100MG/DL				Not Allowed	$0.00			
G8737	E	LDL-C >=100MG/DL				Not Allowed	$0.00			
G8738	E	LVEF < 40%				Not Allowed	$0.00			
G8739	E	LVEF >= 40%				Not Allowed	$0.00			
G8740	E	LVEF NOT PERFRMD				Not Allowed	$0.00			
G8741	E	NOT TX SPOKEN LANG				Not Allowed	$0.00			
G8742	E	NOT TX ATTENTION				Not Allowed	$0.00			
G8743	E	NOT TX MEMORY				Not Allowed	$0.00			
G8744	E	NOT TX MOTOR SPEECH				Not Allowed	$0.00			
G8745	E	NOT TX READING				Not Allowed	$0.00			
G8746	E	NOT TX SPOKEN LANG EXPRESS				Not Allowed	$0.00			
G8747	E	NOT TX WRITING				Not Allowed	$0.00			
G8748	E	NOT TX SWALLOWING				Not Allowed	$0.00			
G8749	E	SIGNS OF MELANOMA ABSENT				Not Allowed	$0.00			
G8750	E	SIGNS OF MELANOMA PRESENT				Not Allowed	$0.00			
G8751	E	SMKG STATUS NOT ASSESS				Not Allowed	$0.00			
G8752	E	SYS BP LESS 140				Not Allowed	$0.00			
G8753	E	SYS BP > OR = 140				Not Allowed	$0.00			
G8754	E	DIAS BP LESS 90				Not Allowed	$0.00			
G8755	E	DIAS BP > OR = 90				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
G8756	E	NO BP MEASURE DOC				Not Allowed	$0.00			
G8757	E	COPD MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8758	E	IBD MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8759	E	OSA MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8760	E	EPILEPSY MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8761	E	DEMENTIA MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8762	E	PD MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8763	E	HYPERTEN MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8764	E	CAR PREV MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8765	E	CATARACT MG QUAL ACT PERFORM				Not Allowed	$0.00			
G8767	E	LIPID PANEL RES DOC REV				Not Allowed	$0.00			
G8768	E	DOC MED REAS NO LIPID PROFLE				Not Allowed	$0.00			
G8769	E	LIPID PROFILE NOT PERFORM				Not Allowed	$0.00			
G8770	E	URINE PROTEIN TEST DOC REV				Not Allowed	$0.00			
G8771	E	DOC DX CKD				Not Allowed	$0.00			
G8772	E	DOC MED REAS NO URINE PROTN				Not Allowed	$0.00			
G8773	E	NO URINE PROTEIN TEST				Not Allowed	$0.00			
G8774	E	SERUM CREATININE DOC REV				Not Allowed	$0.00			
G8775	E	DOC MED REAS NO SERUM CRTN				Not Allowed	$0.00			
G8776	E	NO SERUM CREATININE TEST				Not Allowed	$0.00			
G8777	E	DIABETES SCREEN				Not Allowed	$0.00			
G8778	E	DOC MED REAS NO DIABETE SCRN				Not Allowed	$0.00			
G8779	E	NO DIABETES SCREEN				Not Allowed	$0.00			
G8780	E	COUNSEL DIET PHYS ACTIVITY				Not Allowed	$0.00			
G8781	E	DOC MED REAS NO COUNSEL DIET				Not Allowed	$0.00			
G8782	E	NO COUNSEL DIET PHYS ACT				Not Allowed	$0.00			
G8783	E	BP SCRN PERF REC INTERVAL				Not Allowed	$0.00			
G8784	E	PT NO ELIG FOR BP ASSESS				Not Allowed	$0.00			
G8785	E	BP SCRN NO PERF AT INTERVAL				Not Allowed	$0.00			
G8786	E	SEVERITY OF ANGINA ASSESS				Not Allowed	$0.00			
G8787	E	ANGINA PRESENT				Not Allowed	$0.00			
G8788	E	ANGINA ABSENT				Not Allowed	$0.00			
G8789	E	SEVERITY ANGINA NOT ASSESS				Not Allowed	$0.00			
G8790	E	SYSTOLIC <130MMHG				Not Allowed	$0.00			
G8791	E	SYSTOLIC 130-139MMHG				Not Allowed	$0.00			
G8792	E	SYSTOLIC >=140MMHG				Not Allowed	$0.00			
G8793	E	DIASTOLIC <80MMHG				Not Allowed	$0.00			
G8794	E	DIASTOLIC 80-89MMHG				Not Allowed	$0.00			
G8795	E	DIASTOLIC >=90MMHG				Not Allowed	$0.00			
G8796	E	BP NOT DOC				Not Allowed	$0.00			
G8797	E	SPECIMEN SITE NOT ESOPHAGUS				Not Allowed	$0.00			
G8798	E	SPECIMEN SITE NOT PROSTATE				Not Allowed	$0.00			
G8799	E	ANTICOAG ORDERED				Not Allowed	$0.00			
G8800	E	DOC REAS ANTICOAG NOT ORDER				Not Allowed	$0.00			
G8801	E	ANTICOAG NOT ORDERED				Not Allowed	$0.00			
G8802	E	PREGNANCY TEST ORDER				Not Allowed	$0.00			
G8803	E	DOC REAS NO PREGNANCY TEST				Not Allowed	$0.00			
G8805	E	PREGNANCY TEST NOT ORDER				Not Allowed	$0.00			
G8806	E	TRANSAB OR TRANSVAG US				Not Allowed	$0.00			
G8807	E	DOC REAS NO US				Not Allowed	$0.00			
G8808	E	NO TRANSAB OR TRANSVAG US				Not Allowed	$0.00			
G8809	E	RH-IMMUNOGLOBULIN ORDER				Not Allowed	$0.00			
G8810	E	DOC REAS NO RH-IMMUNO				Not Allowed	$0.00			
G8811	E	NO RH-IMMUNOGLOBULIN ORDER				Not Allowed	$0.00			
G8812	E	PT NOT ELIG CTA, DUPLEX, MRA				Not Allowed	$0.00			
G8813	E	CTA, DUPLEX, MRA PERFORMED				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
G8814	E	NO CTA, DUPLEX, MRA				Not Allowed	$0.00			
G8815	E	DOC REAS NO STATIN THERAPY				Not Allowed	$0.00			
G8816	E	STATIN MED PRES AT DISCH				Not Allowed	$0.00			
G8817	E	DOC REAS NO STATIN MED DISCH				Not Allowed	$0.00			
G8818	E	PT DISCH TO HOME BY DAY#7				Not Allowed	$0.00			
G8819	E	ANEURYSM <= 5.5 CM				Not Allowed	$0.00			
G8820	E	ANEURYSM 5.6-6.0 CM				Not Allowed	$0.00			
G8821	E	ANEURYSM NOT INFARENAL				Not Allowed	$0.00			
G8822	E	MALE ANEURYSMS >6CM				Not Allowed	$0.00			
G8823	E	FEMALE ANEURYSM >6CM				Not Allowed	$0.00			
G8824	E	FEMALE ANEURYSM 5.6-6.0 CM				Not Allowed	$0.00			
G8825	E	PT NOT DISCH TO HOME DAY#7				Not Allowed	$0.00			
G8826	E	PT DISCH HOME DAY #2 EVAR				Not Allowed	$0.00			
G8827	E	ANEURYSM <= 5.5CM FOR WOMEN				Not Allowed	$0.00			
G8828	E	ANEURYSM <= 5.5CM FOR MEN				Not Allowed	$0.00			
G8829	E	ANEURYSM 5.6-6.0 CM FOR MEN				Not Allowed	$0.00			
G8830	E	ANEURYSM >6CM FOR MEN				Not Allowed	$0.00			
G8831	E	ANEURYSM >-6CM FOR WOMEN				Not Allowed	$0.00			
G8832	E	ANEURYSM 5.6-6.0 WOMEN				Not Allowed	$0.00			
G8833	E	PT NOT DISCH HOME DAY#2 EVAR				Not Allowed	$0.00			
G8834	E	PT DISCH HOME DAY #2 CEA				Not Allowed	$0.00			
G8835	E	ASYMPTOM NO TRANS				Not Allowed	$0.00			
G8836	E	STROKE OR TIA <120 DAYS CEA				Not Allowed	$0.00			
G8837	E	STROKE OR TIA >120 DAYS CEA				Not Allowed	$0.00			
G8838	E	NOT DISCH HOME BY DAY #2				Not Allowed	$0.00			
G8839	E	SLEEP APNEA ASSESS				Not Allowed	$0.00			
G8840	E	DOC REAS NO SLEEP APNEA				Not Allowed	$0.00			
G8841	E	NO SLEEP APNEA ASSESS				Not Allowed	$0.00			
G8842	E	AHI OR RDI INITIAL DX				Not Allowed	$0.00			
G8843	E	DOC REAS NO AHI OR RDI				Not Allowed	$0.00			
G8844	E	NO AHI OR RDI INITIAL DX				Not Allowed	$0.00			
G8845	E	POS AIRWAY PRESS PRESCRIBED				Not Allowed	$0.00			
G8846	E	MOD OR SEVERE OSA				Not Allowed	$0.00			
G8847	E	POS AIR PRESS NOT PRESCRIBED				Not Allowed	$0.00			
G8848	E	MILD OSA				Not Allowed	$0.00			
G8849	E	DOC REAS NO POS AIR PRESS				Not Allowed	$0.00			
G8850	E	NO PAP PRESCRIBED				Not Allowed	$0.00			
G8851	E	ADHERE POS AIR PRESS THERAPY				Not Allowed	$0.00			
G8852	E	POS AIR PRESS PRESCRIBE				Not Allowed	$0.00			
G8853	E	POS AIR PRESS NOT PRESCRIBE				Not Allowed	$0.00			
G8854	E	REAS NO ADHERE POS AIR PRES				Not Allowed	$0.00			
G8855	E	POS AIR PRESS ADHERE NO PERF				Not Allowed	$0.00			
G8856	E	REF FOR OTO EVAL				Not Allowed	$0.00			
G8857	E	NO ELIG REF FOR OTO EVAL				Not Allowed	$0.00			
G8858	E	NOT REF FOR OTO EVAL				Not Allowed	$0.00			
G8859	E	CORTICOSTEROIDS 10MG 60 DAYS				Not Allowed	$0.00			
G8860	E	CORTICOSTEROID 10 MG 60 DAYS				Not Allowed	$0.00			
G8861	E	DXA ORDERED FOR OSTEO				Not Allowed	$0.00			
G8862	E	NO CORTICOSTRD 10MG 60 DAYS				Not Allowed	$0.00			
G8863	E	NO ASSESS BONE LOSS				Not Allowed	$0.00			
G8864	E	PNEUMOCOCCAL VACCINE ADMIN				Not Allowed	$0.00			
G8865	E	DOC MED REAS NO PNEUMOCOCCAL				Not Allowed	$0.00			
G8866	E	DOC PT REAS NO PNEUMOCOCCAL				Not Allowed	$0.00			
G8867	E	NO PNEUMOCOCCAL ADMIN				Not Allowed	$0.00			
G8868	E	1ST COURSE ANTITNF				Not Allowed	$0.00			
G8869	E	DOC IMMUN HEP B 1ST ANTITNF				Not Allowed	$0.00			

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G8870	E	HEPB ADMIN 1ST ANTITNF				Not Allowed	$0.00			
G8871	E	NO 1ST ANTITNF				Not Allowed	$0.00			
G8872	E	INTRAOP IMAGE CONFIRM EXCISE				Not Allowed	$0.00			
G8873	E	SPECIMEN NOT INTRAOP IMAGE				Not Allowed	$0.00			
G8874	E	TISSUE NOT IMAGE INTRAOP				Not Allowed	$0.00			
G8875	E	BREAST CANCER DX MIN INVSIVE				Not Allowed	$0.00			
G8876	E	DOC REAS NO MIN INV DX				Not Allowed	$0.00			
G8877	E	NO BRST CNCR DX MIN INVASIVE				Not Allowed	$0.00			
G8878	E	SENT LYMPH NODE BIOPSY				Not Allowed	$0.00			
G8879	E	NODE NEG INV BRST CNCR				Not Allowed	$0.00			
G8880	E	DOC REAS NO LYMPH NODE BIOP				Not Allowed	$0.00			
G8881	E	BRST CNCR STAGE > T1N0M0				Not Allowed	$0.00			
G8882	E	NO SENT LYMPH NODE BIOPSY				Not Allowed	$0.00			
G8883	E	REV, COMM, TRACK, DOC BIOPSY				Not Allowed	$0.00			
G8884	E	DOC REAS BIOPSY NOT REVIEW				Not Allowed	$0.00			
G8885	E	NO REV, COMM, TRACK BIOPSY				Not Allowed	$0.00			
G8886	E	BP UNDER CONTROL				Not Allowed	$0.00			
G8887	E	DOC MED REAS BP NOT CONTROL				Not Allowed	$0.00			
G8888	E	BP NOT UNDER CONTROL				Not Allowed	$0.00			
G8889	E	NO DOC BP				Not Allowed	$0.00			
G8890	E	LDL-C UNDER CONTROL				Not Allowed	$0.00			
G8891	E	DOC MED REAS NO LDL-C CONTRL				Not Allowed	$0.00			
G8892	E	DOC MED REAS NO LDL-C TEST				Not Allowed	$0.00			
G8893	E	LDL-C NOT UNDER CONTROL				Not Allowed	$0.00			
G8894	E	LDL-C NOT PERFORMED				Not Allowed	$0.00			
G8895	E	ANTICOAG PRESCRIBE				Not Allowed	$0.00			
G8896	E	DOC MED REAS NO ANTICOAG				Not Allowed	$0.00			
G8897	E	ANTICOAG NOT PRESCRIBE				Not Allowed	$0.00			
G8898	E	COPD MEASURES GROUP				Not Allowed	$0.00			
G8899	E	INFLAMMATORY BOWEL DIS MG				Not Allowed	$0.00			
G8900	E	OBSTRUCTIVE SLEEP APNEA MG				Not Allowed	$0.00			
G8901	E	EPILEPSY MEASURES GROUP				Not Allowed	$0.00			
G8902	E	DEMENTIA MEASURES GROUP				Not Allowed	$0.00			
G8903	E	PARKINSONFS DISEASE MG				Not Allowed	$0.00			
G8904	E	HYPERTENSION MG				Not Allowed	$0.00			
G8905	E	CARDIOVASCULAR PREVENTION MG				Not Allowed	$0.00			
G8906	E	CATARACT MEASURES GROUP				Not Allowed	$0.00			
G8907	E	PT DOC NO EVENTS ON DISCHARG				Not Allowed	$0.00			
G8908	E	PT DOC W BURN PRIOR TO D/C				Not Allowed	$0.00			
G8909	E	PT DOC NO BURN PRIOR TO D/C				Not Allowed	$0.00			
G8910	E	PT DOC TO HAVE FALL IN ASC				Not Allowed	$0.00			
G8911	E	PT DOC NO FALL IN ASC				Not Allowed	$0.00			
G8912	E	PT DOC WITH WRONG EVENT				Not Allowed	$0.00			
G8913	E	PT DOC NO WRONG EVENT				Not Allowed	$0.00			
G8914	E	PT TRANS TO HOSP POST D/C				Not Allowed	$0.00			
G8915	E	PT NOT TRANS TO HOSP AT D/C				Not Allowed	$0.00			
G8916	E	PT W IV AB GIVEN ON TIME				Not Allowed	$0.00			
G8917	E	PT W IV AB NOT GIVEN ON TIME				Not Allowed	$0.00			
G8918	E	PT W/O PREOP ORDER IV AB PRO				Not Allowed	$0.00			
G9001	E	MCCD, INITIAL RATE				Not Allowed	$0.00			
G9002	E	MCCD,MAINTENANCE RATE				Not Allowed	$0.00			
G9003	E	MCCD, RISK ADJ HI, INITIAL				Not Allowed	$0.00			
G9004	E	MCCD, RISK ADJ LO, INITIAL				Not Allowed	$0.00			
G9005	E	MCCD, RISK ADJ, MAINTENANCE				Not Allowed	$0.00			
G9006	E	MCCD, HOME MONITORING				Not Allowed	$0.00			
G9007	E	MCCD, SCH TEAM CONF				Not Allowed	$0.00			

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G9008	E	MCCD,PHYS COOR-CARE OVRSGHT				Not Allowed	$0.00			
G9009	E	MCCD, RISK ADJ, LEVEL 3				Not Allowed	$0.00			
G9010	E	MCCD, RISK ADJ, LEVEL 4				Not Allowed	$0.00			
G9011	E	MCCD, RISK ADJ, LEVEL 5				Not Allowed	$0.00			
G9012	E	OTHER SPECIFIED CASE MGMT				Not Allowed	$0.00			
G9013	E	ESRD DEMO BUNDLE LEVEL I				Not Allowed	$0.00			
G9014	E	ESRD DEMO BUNDLE-LEVEL II				Not Allowed	$0.00			
G9016	E	DEMO-SMOKING CESSATION COUN				Not Allowed	$0.00			
G9017	E	AMANTADINE HCL ORAL				Not Allowed	$0.00			
G9018	E	ZANAMIVIR INH PWDR				Not Allowed	$0.00			
G9019	E	OSELTAMIVIR PHOSP				Not Allowed	$0.00			
G9020	E	RIMANTADINE HCL				Not Allowed	$0.00			
G9033	E	AMANTADINE HCL, ORAL, BRAND				Not Allowed	$0.00			
G9034	E	ZANAMIVIR POWDER VIA INHALER				Not Allowed	$0.00			
G9035	E	OSELTAMIVIR PHOSPHATE 75MG, ORAL				Not Allowed	$0.00			
G9036	E	RIMANTADINE HCL 100MG				Not Allowed	$0.00			
G9050	E	ONCOLOGY WORK-UP EVALUATION				Not Allowed	$0.00			
G9051	E	ONCOLOGY TREATMENT DECISION				Not Allowed	$0.00			
G9052	E	ONC SURVEILLANCE FOR DISEASE				Not Allowed	$0.00			
G9053	E	ONC EXPECTANT MANAGEMENT PT				Not Allowed	$0.00			
G9054	E	ONC SUPERVISION PALLIATIVE				Not Allowed	$0.00			
G9055	E	ONC VISIT UNSPECIFIED NOS				Not Allowed	$0.00			
G9056	E	ONC PRAC MGMT ADHERES GUIDE				Not Allowed	$0.00			
G9057	E	ONC PRACT MGMT DIFFERS GUIDE				Not Allowed	$0.00			
G9058	E	ONC PRAC MGMT DISAGREE W/GUI				Not Allowed	$0.00			
G9059	E	ONC PRAC MGMT PT OPT ALTERNA				Not Allowed	$0.00			
G9060	E	ONC PRAC MGMT DIF PT COMORB				Not Allowed	$0.00			
G9061	E	ONC PRAC COND NOADD BY GUIDE				Not Allowed	$0.00			
G9062	E	ONC PRAC GUIDE DIFFERS NOS				Not Allowed	$0.00			
G9063	E	ONC DX NSCLC STGI NO DX PROG				Not Allowed	$0.00			
G9064	E	ONC DX NSCLC STG2 NO DX PROG				Not Allowed	$0.00			
G9065	E	ONC DX NSCLC STG3A NODX PROG				Not Allowed	$0.00			
G9066	E	ONC DX NSCLC STG3B-4 METASTA				Not Allowed	$0.00			
G9067	E	ONC DX NSCLC DX UNKNOWN NOS				Not Allowed	$0.00			
G9068	E	ONC DX NSCLC/SCLC LIMITED				Not Allowed	$0.00			
G9069	E	ONC DX SCLC/NSCLC EXT AT DX				Not Allowed	$0.00			
G9070	E	ONC DX SCLC/NSCLC EXT UNKNWN				Not Allowed	$0.00			
G9071	E	ONC DX BRST STG1 2B NO DX PR				Not Allowed	$0.00			
G9072	E	ONC DX BRST STG1-2 NOPROGRES				Not Allowed	$0.00			
G9073	E	ONC DX BRST STG3-W/PROGRES				Not Allowed	$0.00			
G9074	E	ONC DX BRST STG3-NOPROGRESS				Not Allowed	$0.00			
G9075	E	ONC DX BRST METASTIC/ RECUR				Not Allowed	$0.00			
G9077	E	ONC DX PROSTATE T1NO PROGRES				Not Allowed	$0.00			
G9078	E	ONC DX PROSTATE T2NO PROGRES				Not Allowed	$0.00			
G9079	E	ONC DX PROSTATE T3B-T4NOPROG				Not Allowed	$0.00			
G9080	E	ONC DX PROSTATE W/RISE PSA				Not Allowed	$0.00			
G9083	E	ONC DX PROSTATE UNKNOWN NOS				Not Allowed	$0.00			
G9084	E	ONC DX COLON T1-3 N1-2 NO PR				Not Allowed	$0.00			
G9085	E	ONC DX COLON T4 N0 W/O PROG				Not Allowed	$0.00			
G9086	E	ONC DX COLON T1-4 NO DX PROG				Not Allowed	$0.00			
G9087	E	ONC DX COLON RADIOLG EVID DX				Not Allowed	$0.00			
G9088	E	ONC DX COLON M1/METS W/O RAD				Not Allowed	$0.00			
G9089	E	ONC DX COLON EXTENT UNKNOWN				Not Allowed	$0.00			
G9090	E	ONC DX RECTAL T1-2 NO PROGR				Not Allowed	$0.00			
G9091	E	ONC DX RECTAL T3 N0 NO PROG				Not Allowed	$0.00			
G9092	E	ONC DX RECTAL T1-3 N1-2NOPRG				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
G9093	E	ONC DX RECTAL T4 N M0 NO PRG				Not Allowed	$0.00			
G9094	E	ONC DX RECTAL M1 W/METS PROG				Not Allowed	$0.00			
G9095	E	ONC DX RECTAL EXTENT UNKNWN				Not Allowed	$0.00			
G9096	E	ONC DX ESOPHAG T1-T3 NOPROG				Not Allowed	$0.00			
G9097	E	ONC DX ESOPHAGEAL T4 NO PROG				Not Allowed	$0.00			
G9098	E	ONC DX ESOPHAGEAL METS RECUR				Not Allowed	$0.00			
G9099	E	ONC DX ESOPHAGEAL UNKNOWN				Not Allowed	$0.00			
G9100	E	ONC DX GASTRIC NO RECURRENCE				Not Allowed	$0.00			
G9101	E	ONC DX GASTRIC P R1-R2NOPROG				Not Allowed	$0.00			
G9102	E	ONC DX GASTRIC UNRESECTABLE				Not Allowed	$0.00			
G9103	E	ONC DX GASTRIC RECURRENT				Not Allowed	$0.00			
G9104	E	ONC DX GASTRIC UNKNOWN NOS				Not Allowed	$0.00			
G9105	E	ONC DX PANCREATC P R0 RES NO				Not Allowed	$0.00			
G9106	E	ONC DX PANCREATC P R1/R2 NO				Not Allowed	$0.00			
G9107	E	ONC DX PANCREATIC UNRESECTAB				Not Allowed	$0.00			
G9108	E	ONC DX PANCREATIC UNKNWN NOS				Not Allowed	$0.00			
G9109	E	ONC DX HEAD/NECK T1-T2NO PRG				Not Allowed	$0.00			
G9110	E	ONC DX HEAD/NECK T3-4 NOPROG				Not Allowed	$0.00			
G9111	E	ONC DX HEAD/NECK M1 METS REC				Not Allowed	$0.00			
G9112	E	ONC DX HEAD/NECK EXT UNKNOWN				Not Allowed	$0.00			
G9113	E	ONC DX OVARIAN STG1A-B NO PR				Not Allowed	$0.00			
G9114	E	ONC DX OVARIAN STG1A-B OR 2				Not Allowed	$0.00			
G9115	E	ONC DX OVARIAN STG3/4 NOPROG				Not Allowed	$0.00			
G9116	E	ONC DX OVARIAN RECURRENCE				Not Allowed	$0.00			
G9117	E	ONC DX OVARIAN UNKNOWN NOS				Not Allowed	$0.00			
G9123	E	ONC DX NHL LGE BCELL RELAP				Not Allowed	$0.00			
G9124	E	ONC DX NHL RELAPSE/REFRACTOR				Not Allowed	$0.00			
G9125	E	ONC DX NHL STG UNKNOWN				Not Allowed	$0.00			
G9126	E	ONC DX OVARIAN STG IA/B				Not Allowed	$0.00			
G9128	E	ONC DX MULT MYELOMA STG2 HIG				Not Allowed	$0.00			
G9129	E	ONC DX MULT MYELOMA UNKWN OP				Not Allowed	$0.00			
G9130	E	ONC DX MULTI MYELOMA UNKNOWN				Not Allowed	$0.00			
G9131	E	ONC DX BRST UNKNOWN NOS				Not Allowed	$0.00			
G9132	E	ONC DX PROSTATE METS NO CAST				Not Allowed	$0.00			
G9133	E	ONC DX PROSTATE CLINICAL MET				Not Allowed	$0.00			
G9134	E	ONC NHLSTG 1-2 NO RELAP NO				Not Allowed	$0.00			
G9135	E	ONC DX NHL STG 3-4 NOT RELAP				Not Allowed	$0.00			
G9136	E	ONC DX NHL TRANS TO LG BCELL				Not Allowed	$0.00			
G9137	E	ONC DX NHL RELAPSE/REFRACTOR				Not Allowed	$0.00			
G9138	E	ONC DX NHL STG UNKNOWN				Not Allowed	$0.00			
G9139	E	ONC DX CML DX STATUS UNKNOWN				Not Allowed	$0.00			
G9140	E	FRONTIER EXTENDED STAY DEMO				Not Allowed	$0.00			
G9141	E	INFLUENZA A H1N1, ADMIN W CO				Not Allowed	$0.00			
G9142	E	INFLUENZA A H1N1, VACCINE				Not Allowed	$0.00			
G9143	Q	WARFARIN RESPON GENETIC TEST				Medicare	$284.97	$176.68	$170.98	
G9147	Q	OUTPT IV INSULIN TX ANY MEA				By Report	$0.00			
G9148	E	MEDICAL HOME LEVEL I				Not Allowed	$0.00			
G9149	E	MEDICAL HOME LEVEL II				Not Allowed	$0.00			
G9150	E	MEDICAL HOME LEVEL III				Not Allowed	$0.00			
G9151	E	MAPCP DEMO STATE				Not Allowed	$0.00			
G9152	E	MAPCP DEMO COMMUNITY				Not Allowed	$0.00			
G9153	E	MAPCP DEMO PHYSICIAN				Not Allowed	$0.00			
G9156	E	EVALUATION FOR WHEELCHAIR				Not Allowed	$0.00			
H0001	E	ALCOHOL AND/OR DRUG ASSESS				Not Allowed	$0.00			
H0002	E	ALCOHOL AND/OR DRUG SCREENIN				Not Allowed	$0.00			
H0003	E	ALCOHOL AND/OR DRUG SCREENIN				Not Allowed	$0.00			

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H0004	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0005	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0006	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0007	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0008	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0009	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0010	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0011	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0012	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0013	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0014	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0015	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0016	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0017	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0018	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0019	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0020	E	ALCOHOL AND/OR DRUG SERVICES				Not Allowed	$0.00			
H0021	E	ALCOHOL AND/OR DRUG TRAINING				Not Allowed	$0.00			
H0022	E	ALCOHOL AND/OR DRUG INTERVEN				Not Allowed	$0.00			
H0023	E	ALCOHOL AND/OR DRUG OUTREACH				Not Allowed	$0.00			
H0024	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			
H0025	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			
H0026	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			
H0027	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			
H0028	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			
H0029	E	ALCOHOL AND/OR DRUG PREVENTI				Not Allowed	$0.00			
H0030	E	ALCOHOL AND/OR DRUG HOTLINE				Not Allowed	$0.00			
H0031	E	MH HEALTH ASSESS BY NON-MD				Not Allowed	$0.00			
H0032	E	MH SVC PLAN DEV BY NON-MD				Not Allowed	$0.00			
H0033	E	ORAL MED ADM DIRECT OBSERVE				Not Allowed	$0.00			
H0034	E	MED TRNG & SUPPORT PER 15MIN				Not Allowed	$0.00			
H0035	M	MH PARTIAL HOSP TX UNDER 24H				Fee Schedule	$75.62			Y
H0036	E	COMM PSY FACE-FACE PER 15MIN				Not Allowed	$0.00			
H0037	E	COMM PSY SUP TX PGM PER DIEM				Not Allowed	$0.00			
H0038	E	SELF-HELP/PEER SVC PER 15MIN				Not Allowed	$0.00			
H0039	E	ASSER COM TX FACE-FACE/15MIN				Not Allowed	$0.00			
H0040	E	ASSERT COMM TX PGM PER DIEM				Not Allowed	$0.00			
H0041	E	FOS C CHLD NON-THER PER DIEM				Not Allowed	$0.00			
H0042	E	FOS C CHLD NON-THER PER MON				Not Allowed	$0.00			
H0043	E	SUPPORTED HOUSING PER DIEM				Not Allowed	$0.00			
H0044	E	SUPPORTED HOUSING PER MONTH				Not Allowed	$0.00			
H0045	E	RESPITE NOT-IN-HOME PER DIEM				Not Allowed	$0.00			
H0046	E	MENTAL HEALTH SERVICE NOS				Not Allowed	$0.00			
H0047	E	ALCOHOL/DRUG ABUSE SVC NOS				Not Allowed	$0.00			
H0048	E	SPEC COLL NON-BLOOD:A/D TEST				Not Allowed	$0.00			
H0049	E	ALCOHOL/DRUG SCREENING				Not Allowed	$0.00			
H0050	E	ALCOHOL/DRUG SERVICE 15 MIN				Not Allowed	$0.00			
H1000	E	PRENATAL CARE ATRISK ASSESSM				Not Allowed	$0.00			
H1001	E	ANTEPARTUM MANAGEMENT				Not Allowed	$0.00			
H1002	E	CARECOORDINATION PRENATAL				Not Allowed	$0.00			
H1003	E	PRENATAL AT RISK EDUCATION				Not Allowed	$0.00			
H1004	E	FOLLOW UP HOME VISIT/PRENTAL				Not Allowed	$0.00			
H1005	E	PRENATALCARE ENHANCED SRV PK				Not Allowed	$0.00			
H1010	E	NONMED FAMILY PLANNING ED				Not Allowed	$0.00			
H1011	E	FAMILY ASSESSMENT				Not Allowed	$0.00			
H2000	E	COMP MULTIDISIPLN EVALUATION				Not Allowed	$0.00			

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H2001	E	REHABILITATION PROGRAM 1/2 D				Not Allowed	$0.00			
H2010	E	COMPREHENSIVE MED SVC 15 MIN				Not Allowed	$0.00			
H2011	M	CRISIS INTERVEN SVC, 15 MIN				Fee Schedule	$12.24			
H2012	E	BEHAV HLTH DAY TREAT, PER HR				Not Allowed	$0.00			
H2013	E	PSYCH HLTH FAC SVC, PER DIEM				Not Allowed	$0.00			
H2014	E	SKILLS TRAIN AND DEV, 15 MIN				Not Allowed	$0.00			
H2015	E	COMP COMM SUPP SVC, 15 MIN				Not Allowed	$0.00			
H2016	E	COMP COMM SUPP SVC, PER DIEM				Not Allowed	$0.00			
H2017	E	PSYSOC REHAB SVC, PER 15 MIN				Not Allowed	$0.00			
H2018	E	PSYSOC REHAB SVC, PER DIEM				Not Allowed	$0.00			
H2019	E	THER BEHAV SVC, PER 15 MIN				Not Allowed	$0.00			
H2020	E	THER BEHAV SVC, PER DIEM				Not Allowed	$0.00			
H2021	E	COM WRAP-AROUND SV, 15 MIN				Not Allowed	$0.00			
H2022	E	COM WRAP-AROUND SV, PER DIEM				Not Allowed	$0.00			
H2023	E	SUPPORTED EMPLOY, PER 15 MIN				Not Allowed	$0.00			
H2024	E	SUPPORTED EMPLOY, PER DIEM				Not Allowed	$0.00			
H2025	E	SUPP MAINT EMPLOY, 15 MIN				Not Allowed	$0.00			
H2026	E	SUPP MAINT EMPLOY, PER DIEM				Not Allowed	$0.00			
H2027	E	PSYCHOED SVC, PER 15 MIN				Not Allowed	$0.00			
H2028	E	SEX OFFEND TX SVC, 15 MIN				Not Allowed	$0.00			
H2029	E	SEX OFFEND TX SVC, PER DIEM				Not Allowed	$0.00			
H2030	E	MH CLUBHOUSE SVC, PER 15 MIN				Not Allowed	$0.00			
H2031	E	MH CLUBHOUSE SVC, PER DIEM				Not Allowed	$0.00			
H2032	E	ACTIVITY THERAPY, PER 15 MIN				Not Allowed	$0.00			
H2033	E	MULTISYS THER/JUVENILE 15MIN				Not Allowed	$0.00			
H2034	E	A/D HALFWAY HOUSE, PER DIEM				Not Allowed	$0.00			
H2035	E	A/D TX PROGRAM, PER HOUR				Not Allowed	$0.00			
H2036	E	A/D TX PROGRAM, PER DIEM				Not Allowed	$0.00			
H2037	E	DEV DELAY PREV DP CH, 15 MIN				Not Allowed	$0.00			
J0120	N	TETRACYCLIN INJECTION				Bundled	$0.00			
J0129	K	ABATACEPT INJECTION		9230		APC	$21.52			
J0130	K	ABCIXIMAB INJECTION		1605		APC	$566.57			
J0131	G	ACETAMINOPHEN INJECTION		9283		APC	$0.11			
J0132	K	ACETYLCYSTEINE INJECTION		1272		APC	$3.00			
J0133	N	ACYCLOVIR INJECTION				Bundled	$0.00			
J0135	K	ADALIMUMAB INJECTION		1083		APC	$450.77			
J0150	N	INJECTION ADENOSINE 6 MG				Bundled	$0.00			
J0152	K	ADENOSINE INJECTION		0917		APC	$106.83			
J0171	N	ADRENALIN EPINEPHRINE INJECT				Bundled	$0.00			
J0180	K	AGALSIDASE BETA INJECTION		9208		APC	$137.68			
J0190	E	INJ BIPERIDEN LACTATE/5 MG				Not Allowed	$0.00			
J0200	N	ALATROFLOXACIN MESYLATE				Bundled	$0.00			
J0205	K	ALGLUCERASE INJECTION		0900		APC	$41.20			
J0207	K	AMIFOSTINE		7000		APC	$308.62			
J0210	K	METHYLDOPATE HCL INJECTION		2210		APC	$41.60			
J0215	K	ALEFACEPT		1633		APC	$40.86			
J0220	K	ALGLUCOSIDASE ALFA INJECTION		9234		APC	$201.35			
J0221	G	LUMIZYME INJECTION		1413		APC	$153.60			
J0256	K	ALPHA 1 PROTEINASE INHIBITOR		0901		APC	$3.83			
J0257	K	GLASSIA INJECTION		1415		APC	$3.85			
J0270	E	ALPROSTADIL FOR INJECTION				Not Allowed	$0.00			
J0275	E	ALPROSTADIL URETHRAL SUPPOS				Not Allowed	$0.00			
J0278	N	AMIKACIN SULFATE INJECTION				Bundled	$0.00			
J0280	N	AMINOPHYLLIN 250 MG INJ				Bundled	$0.00			
J0282	N	AMIODARONE HCL				Bundled	$0.00			
J0285	N	AMPHOTERICIN B				Bundled	$0.00			

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J0287	K	AMPHOTERICIN B LIPID COMPLEX		9024		APC	$10.93			
J0288	K	AMPHO B CHOLESTERYL SULFATE		0735		APC	$14.84			
J0289	K	AMPHOTERICIN B LIPOSOME INJ		0736		APC	$14.24			
J0290	N	AMPICILLIN 500 MG INJ				Bundled	$0.00			
J0295	N	AMPICILLIN SODIUM PER 1.5 GM				Bundled	$0.00			
J0300	K	AMOBARBITAL 125 MG INJ		1341		APC	$130.05			
J0330	N	SUCCINYCHOLINE CHLORIDE INJ				Bundled	$0.00			
J0348	K	ANADULAFUNGIN INJECTION		1349		APC	$1.19			
J0350	E	INJECTION ANISTREPLASE 30 U				Not Allowed	$0.00			
J0360	N	HYDRALAZINE HCL INJECTION				Bundled	$0.00			
J0364	K	APOMORPHINE HYDROCHLORIDE		1360		APC	$30.53			
J0365	N	APROTONIN 10 000 KIU				Bundled	$0.00			
J0380	N	INJ METARAMINOL BITARTRATE				Bundled	$0.00			
J0390	N	CHLOROQUINE INJECTION				Bundled	$0.00			
J0395	E	ARBUTAMINE HCL INJECTION				Not Allowed	$0.00			
J0400	N	ARIPIPRAZOLE INJECTION				Bundled	$0.00			
J0456	N	AZITHROMYCIN				Bundled	$0.00			
J0461	N	ATROPINE SULFATE INJECTION				Bundled	$0.00			
J0470	N	DIMECAPROL INJECTION				Bundled	$0.00			
J0475	K	BACLOFEN 10 MG INJECTION		9032		APC	$177.50			
J0476	K	BACLOFEN INTRATHECAL TRIAL		1631		APC	$74.52			
J0480	K	BASILIXIMAB		1683		APC	$2,280.37			
J0490	G	BELIMUMAB INJECTION		1353		APC	$38.33			
J0500	N	DICYCLOMINE INJECTION				Bundled	$0.00			
J0515	N	INJ BENZTROPINE MESYLATE				Bundled	$0.00			
J0520	N	BETHANECHOL CHLORIDE INJECT				Bundled	$0.00			
J0558	N	PENG BENZATHINE/PROCAINE INJ				Bundled	$0.00			
J0561	N	PENICILLIN G BENZATHINE INJ				Bundled	$0.00			
J0583	K	BIVALIRUDIN		3041		APC	$2.93			
J0585	K	INJECTION,ONABOTULINUMTOXINA		0902		APC	$5.37			Y
J0586	K	ABOBOTULINUMTOXINA		1289		APC	$6.89			Y
J0587	K	INJ, RIMABOTULINUMTOXINB		9018		APC	$10.77			Y
J0588	G	INCOBOTULINUMTOXIN A		9278		APC	$4.47			
J0592	N	BUPRENORPHINE HYDROCHLORIDE				Bundled	$0.00			
J0594	K	BUSULFAN INJECTION		1178		APC	$21.36			
J0595	N	BUTORPHANOL TARTRATE 1 MG				Bundled	$0.00			
J0597	G	C-1 ESTERASE, BERINERT		9269		APC	$30.23			
J0598	K	C-1 ESTERASE, CINRYZE		9251		APC	$44.84			
J0600	K	EDETATE CALCIUM DISODIUM INJ		1274		APC	$197.60			
J0610	N	CALCIUM GLUCONATE INJECTION				Bundled	$0.00			
J0620	N	CALCIUM GLYCER & LACT/10 ML				Bundled	$0.00			
J0630	N	CALCITONIN SALMON INJECTION				Bundled	$0.00			
J0636	N	INJ CALCITRIOL PER 0.1 MCG				Bundled	$0.00			
J0637	K	CASPOFUNGIN ACETATE		9019		APC	$12.86			
J0638	G	CANAKINUMAB INJECTION		1311		APC	$89.23			
J0640	N	LEUCOVORIN CALCIUM INJECTION				Bundled	$0.00			
J0641	K	LEVOLEUCOVORIN INJECTION		1236		APC	$1.79			
J0670	N	INJ MEPIVACAINE HCL/10 ML				Bundled	$0.00			
J0690	N	CEFAZOLIN SODIUM INJECTION				Bundled	$0.00			
J0692	N	CEFEPIME HCL FOR INJECTION				Bundled	$0.00			
J0694	N	CEFOXITIN SODIUM INJECTION				Bundled	$0.00			
J0696	N	CEFTRIAXONE SODIUM INJECTION				Bundled	$0.00			
J0697	N	STERILE CEFUROXIME INJECTION				Bundled	$0.00			
J0698	N	CEFOTAXIME SODIUM INJECTION				Bundled	$0.00			
J0702	N	BETAMETHASONE ACET&SOD PHOSP				Bundled	$0.00			
J0706	N	CAFFEINE CITRATE INJECTION				Bundled	$0.00			

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J0710	N	CEPHAPIRIN SODIUM INJECTION				Bundled	$0.00			
J0712	G	CEFTAROLINE FOSAMIL INJ		9282		APC	$0.76			
J0713	N	INJ CEFTAZIDIME PER 500 MG				Bundled	$0.00			
J0715	N	CEFTIZOXIME SODIUM / 500 MG				Bundled	$0.00			
J0718	K	CERTOLIZUMAB PEGOL INJ		9249		APC	$4.64			
J0720	N	CHLORAMPHENICOL SODIUM INJEC				Bundled	$0.00			
J0725	N	CHORIONIC GONADOTROPIN/1000U				Bundled	$0.00			
J0735	N	CLONIDINE HYDROCHLORIDE				Bundled	$0.00			
J0740	K	CIDOFOVIR INJECTION		9033		APC	$742.89			
J0743	N	CILASTATIN SODIUM INJECTION				Bundled	$0.00			
J0744	N	CIPROFLOXACIN IV				Bundled	$0.00			
J0745	N	INJ CODEINE PHOSPHATE /30 MG				Bundled	$0.00			
J0760	N	COLCHICINE INJECTION				Bundled	$0.00			
J0770	N	COLISTIMETHATE SODIUM INJ				Bundled	$0.00			
J0775	G	COLLAGENASE, CLOST HIST INJ		1340		APC	$37.51			
J0780	N	PROCHLORPERAZINE INJECTION				Bundled	$0.00			
J0795	K	CORTICORELIN OVINE TRIFLUTAL		1684		APC	$4.84			
J0800	K	CORTICOTROPIN INJECTION		1280		APC	$2,823.79			
J0833	K	COSYNTROPIN INJECTION NOS		0835		APC	$99.76			
J0834	N	COSYNTROPIN CORTROSYN INJ				Bundled	$0.00			
J0840	G	CROTALIDAE POLY IMMUNE FAB		9274		APC	$2,217.32			
J0850	K	CYTOMEGALOVIRUS IMM IV /VIAL		0903		APC	$991.56			
J0878	K	DAPTOMYCIN INJECTION		9124		APC	$0.53			
J0881	K	DARBEPOETIN ALFA NON-ESRD		1685		APC	$3.24			
J0882	M	DARBEPOETIN ALFA ESRD USE				Fee Schedule	$3.31			
J0885	K	EPOETIN ALFA NON-ESRD		1686		APC	$9.56			
J0886	E	EPOETIN ALFA ESRD				Not Allowed	$0.00			
J0894	K	DECITABINE INJECTION		9231		APC	$33.10			
J0895	N	DEFEROXAMINE MESYLATE INJ				Bundled	$0.00			
J0897	G	DENOSUMAB INJECTION		9272		APC	$14.39			
J0900	N	TESTOSTERONE ENANTHATE INJ				Bundled	$0.00			
J0945	N	BROMPHENIRAMINE MALEATE INJ				Bundled	$0.00			
J1000	N	DEPO-ESTRADIOL CYPIONATE INJ				Bundled	$0.00			
J1020	N	METHYLPREDNISOLONE 20 MG INJ				Bundled	$0.00			
J1030	N	METHYLPREDNISOLONE 40 MG INJ				Bundled	$0.00			
J1040	N	METHYLPREDNISOLONE 80 MG INJ				Bundled	$0.00			
J1051	N	MEDROXYPROGESTERONE INJ				Bundled	$0.00			
J1055	M	MEDRXYPROGESTER ACETATE INJ				Fee Schedule	$68.40			
J1056	M	MA/EC CONTRACEPTIVEINJECTION				Fee Schedule	$22.89			
J1060	N	TESTOSTERONE CYPIONATE 1 ML				Bundled	$0.00			
J1070	N	TESTOSTERONE CYPIONAT 100 MG				Bundled	$0.00			
J1080	N	TESTOSTERONE CYPIONAT 200 MG				Bundled	$0.00			
J1094	N	INJ DEXAMETHASONE ACETATE				Bundled	$0.00			
J1100	N	DEXAMETHASONE SODIUM PHOS				Bundled	$0.00			
J1110	N	INJ DIHYDROERGOTAMINE MESYLT				Bundled	$0.00			
J1120	N	ACETAZOLAMID SODIUM INJECTIO				Bundled	$0.00			
J1160	N	DIGOXIN INJECTION				Bundled	$0.00			
J1162	K	DIGOXIN IMMUNE FAB (OVINE)		1687		APC	$769.71			
J1165	N	PHENYTOIN SODIUM INJECTION				Bundled	$0.00			
J1170	N	HYDROMORPHONE INJECTION				Bundled	$0.00			
J1180	N	DYPHYLLINE INJECTION				Bundled	$0.00			
J1190	K	DEXRAZOXANE HCL INJECTION		0726		APC	$171.95			
J1200	N	DIPHENHYDRAMINE HCL INJECTIO				Bundled	$0.00			
J1205	K	CHLOROTHIAZIDE SODIUM INJ		0747		APC	$265.97			
J1212	K	DIMETHYL SULFOXIDE 50% 50 ML		1221		APC	$85.26			
J1230	N	METHADONE INJECTION				Bundled	$0.00			

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J1240	N	DIMENHYDRINATE INJECTION				Bundled	$0.00			
J1245	N	DIPYRIDAMOLE INJECTION				Bundled	$0.00			
J1250	N	INJ DOBUTAMINE HCL/250 MG				Bundled	$0.00			
J1260	N	DOLASETRON MESYLATE				Bundled	$0.00			
J1265	N	DOPAMINE INJECTION				Bundled	$0.00			
J1267	N	DORIPENEM INJECTION				Bundled	$0.00			
J1270	N	INJECTION, DOXERCALCIFEROL				Bundled	$0.00			
J1290	G	ECALLANTIDE INJECTION		9263		APC	$285.03			
J1300	K	ECULIZUMAB INJECTION		9236		APC	$191.78			
J1320	N	AMITRIPTYLINE INJECTION				Bundled	$0.00			
J1324	K	ENFUVIRTIDE INJECTION		1361		APC	$0.52			
J1325	N	EPOPROSTENOL INJECTION				Bundled	$0.00			
J1327	K	EPTIFIBATIDE INJECTION		1607		APC	$23.52			
J1330	N	ERGONOVINE MALEATE INJECTION				Bundled	$0.00			
J1335	N	ERTAPENEM INJECTION				Bundled	$0.00			
J1364	N	ERYTHRO LACTOBIONATE /500 MG				Bundled	$0.00			
J1380	N	ESTRADIOL VALERATE 10 MG INJ				Bundled	$0.00			
J1410	K	INJ ESTROGEN CONJUGATE 25 MG		9038		APC	$122.81			
J1430	K	ETHANOLAMINE OLEATE 100 MG		1688		APC	$294.28			
J1435	E	INJECTION ESTRONE PER 1 MG				Not Allowed	$0.00			
J1436	N	ETIDRONATE DISODIUM INJ				Bundled	$0.00			
J1438	K	ETANERCEPT INJECTION		1608		APC	$224.26			
J1440	K	FILGRASTIM 300 MCG INJECITON		0728		APC	$261.92			
J1441	K	FILGRASTIM 480 MCG INJECTION		7049		APC	$415.38			
J1450	N	FLUCONAZOLE				Bundled	$0.00			
J1451	K	FOMEPIZOLE 15 MG		1689		APC	$6.28			
J1452	E	INTRAOCULAR FOMIVIRSEN NA				Not Allowed	$0.00			
J1453	K	FOSAPREPITANT INJECTION		9242		APC	$1.68			
J1455	K	FOSCARNET SODIUM INJECTION		1359		APC	$13.06			
J1457	N	GALLIUM NITRATE INJECTION				Bundled	$0.00			
J1458	K	GALSULFASE INJECTION		9224		APC	$343.14			
J1459	K	INJ IVIG PRIVIGEN 500 MG		1214		APC	$34.38			
J1460	K	GAMMA GLOBULIN 1 CC INJ		3043		APC	$22.47			
J1557	G	GAMMAPLEX INJECTION		9270		APC	$37.29			
J1559	K	HIZENTRA INJECTION		1312		APC	$7.15			
J1560	K	GAMMA GLOBULIN > 10 CC INJ		0933		APC	$224.67			
J1561	K	GAMUNEX/GAMUNEX C		0948		APC	$37.67			
J1562	K	IMMUNE GLOBULIN SUBCUTANEOUS		1275		APC	$12.48			
J1566	K	IMMUNE GLOBULIN POWDER		2731		APC	$30.52			
J1568	K	OCTAGAM INJECTION		0943		APC	$33.56			
J1569	K	GAMMAGARD LIQUID INJECTION		0944		APC	$38.53			
J1570	K	GANCICLOVIR SODIUM INJECTION		1343		APC	$81.15			
J1571	K	HEPAGAM B IM INJECTION		0946		APC	$50.09			
J1572	G	FLEBOGAMMA INJECTION		0947		APC	$34.30			
J1573	K	HEPAGAM B INTRAVENOUS, INJ		1138		APC	$50.09			
J1580	N	GARAMYCIN GENTAMICIN INJ				Bundled	$0.00			
J1590	N	GATIFLOXACIN INJECTION				Bundled	$0.00			
J1595	K	INJECTION GLATIRAMER ACETATE		1015		APC	$127.41			
J1599	N	IVIG NON-LYOPHILIZED, NOS				Bundled	$0.00			
J1600	N	GOLD SODIUM THIOMALEATE INJ				Bundled	$0.00			
J1610	K	GLUCAGON HYDROCHLORIDE/1 MG		9042		APC	$111.70			
J1620	K	GONADORELIN HYDROCH/ 100 MCG		1344		APC	$93.03			
J1626	N	GRANISETRON HCL INJECTION				Bundled	$0.00			
J1630	N	HALOPERIDOL INJECTION				Bundled	$0.00			
J1631	N	HALOPERIDOL DECANOATE INJ				Bundled	$0.00			
J1640	K	HEMIN, 1 MG		1690		APC	$12.97			

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J1642	N	INJ HEPARIN SODIUM PER 10 U				Bundled	$0.00			
J1644	N	INJ HEPARIN SODIUM PER 1000U				Bundled	$0.00			
J1645	N	DALTEPARIN SODIUM				Bundled	$0.00			
J1650	N	INJ ENOXAPARIN SODIUM				Bundled	$0.00			
J1652	N	FONDAPARINUX SODIUM				Bundled	$0.00			
J1655	N	TINZAPARIN SODIUM INJECTION				Bundled	$0.00			
J1670	K	TETANUS IMMUNE GLOBULIN INJ		1670		APC	$269.19			
J1675	E	HISTRELIN ACETATE				Not Allowed	$0.00			
J1680	E	HUMAN FIBRINOGEN CONC INJ				Not Allowed	$0.00			
J1700	N	HYDROCORTISONE ACETATE INJ				Bundled	$0.00			
J1710	N	HYDROCORTISONE SODIUM PH INJ				Bundled	$0.00			
J1720	N	HYDROCORTISONE SODIUM SUCC I				Bundled	$0.00			
J1725	K	HYDROXYPROGESTERONE CAPROATE		1354		APC	$2.87			
J1730	N	DIAZOXIDE INJECTION				Bundled	$0.00			
J1740	K	IBANDRONATE SODIUM INJECTION		9229		APC	$148.97			
J1742	K	IBUTILIDE FUMARATE INJECTION		9044		APC	$175.52			
J1743	K	IDURSULFASE INJECTION		9232		APC	$446.44			
J1745	K	INFLIXIMAB INJECTION		7043		APC	$63.05			
J1750	K	INJ IRON DEXTRAN		1237		APC	$11.76			
J1756	K	IRON SUCROSE INJECTION		9046		APC	$0.28			
J1786	K	IMUGLUCERASE INJECTION		1327		APC	$40.95			
J1790	N	DROPERIDOL INJECTION				Bundled	$0.00			
J1800	N	PROPRANOLOL INJECTION				Bundled	$0.00			
J1810	E	DROPERIDOL/FENTANYL INJ				Not Allowed	$0.00			
J1815	N	INSULIN INJECTION				Bundled	$0.00			
J1817	N	INSULIN FOR INSULIN PUMP USE				Bundled	$0.00			
J1826	E	INTERFERON BETA-1A INJ				Not Allowed	$0.00			
J1830	K	INTERFERON BETA-1B / .25 MG		0910		APC	$237.15			
J1835	K	INTRACONAZOLE INJECTION		1355		APC	$372.55			
J1840	N	KANAMYCIN SULFATE 500 MG INJ				Bundled	$0.00			
J1850	N	KANAMYCIN SULFATE 75 MG INJ				Bundled	$0.00			
J1885	N	KETOROLAC TROMETHAMINE INJ				Bundled	$0.00			
J1890	N	CEPHALOTHIN SODIUM INJECTION				Bundled	$0.00			
J1930	K	LANREOTIDE INJECTION		9237		APC	$32.95			
J1931	K	LARONIDASE INJECTION		9209		APC	$26.14			
J1940	N	FUROSEMIDE INJECTION				Bundled	$0.00			
J1945	K	LEPIRIDIN		1693		APC	$389.37			
J1950	K	LEUPROLIDE ACETATE /3.75 MG		0800		APC	$640.97			
J1953	N	LEVETIRACETAM INJECTION				Bundled	$0.00			
J1955	M	INJ LEVOCARNITINE PER 1 GM				Fee Schedule	$7.45			
J1956	N	LEVOFLOXACIN INJECTION				Bundled	$0.00			
J1960	N	LEVORPHANOL TARTRATE INJ				Bundled	$0.00			
J1980	N	HYOSCYAMINE SULFATE INJ				Bundled	$0.00			
J1990	N	CHLORDIAZEPOXIDE INJECTION				Bundled	$0.00			
J2001	N	LIDOCAINE INJECTION				Bundled	$0.00			
J2010	N	LINCOMYCIN INJECTION				Bundled	$0.00			
J2020	K	LINEZOLID INJECTION		9001		APC	$37.88			
J2060	N	LORAZEPAM INJECTION				Bundled	$0.00			
J2150	N	MANNITOL INJECTION				Bundled	$0.00			
J2170	K	MECASERMIN INJECTION		1308		APC	$28.82			
J2175	N	MEPERIDINE HYDROCHL /100 MG				Bundled	$0.00			
J2180	N	MEPERIDINE/PROMETHAZINE INJ				Bundled	$0.00			
J2185	N	MEROPENEM				Bundled	$0.00			
J2210	N	METHYLERGONOVIN MALEATE INJ				Bundled	$0.00			
J2248	K	MICAFUNGIN SODIUM INJECTION		9227		APC	$0.91			
J2250	N	INJ MIDAZOLAM HYDROCHLORIDE				Bundled	$0.00			

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J2260	N	INJ MILRINONE LACTATE / 5 MG				Bundled	$0.00			
J2265	K	MINOCYCLINE HYDROCHLORIDE		1423		APC	$0.57			
J2270	N	MORPHINE SULFATE INJECTION				Bundled	$0.00			
J2271	N	MORPHINE SO4 INJECTION 100MG				Bundled	$0.00			
J2275	N	MORPHINE SULFATE INJECTION				Bundled	$0.00			
J2278	K	ZICONOTIDE INJECTION		1694		APC	$6.49			
J2280	N	INJ, MOXIFLOXACIN 100 MG				Bundled	$0.00			
J2300	N	INJ NALBUPHINE HYDROCHLORIDE				Bundled	$0.00			
J2310	N	INJ NALOXONE HYDROCHLORIDE				Bundled	$0.00			
J2315	K	NALTREXONE, DEPOT FORM		0759		APC	$2.78			
J2320	N	NANDROLONE DECANOATE 50 MG				Bundled	$0.00			
J2323	K	NATALIZUMAB INJECTION		9126		APC	$11.34			
J2325	K	NESIRITIDE INJECTION		1695		APC	$50.65			
J2353	K	OCTREOTIDE INJECTION DEPOT		1207		APC	$123.40			
J2354	N	OCTREOTIDE INJ NON-DEPOT				Bundled	$0.00			
J2355	K	OPRELVEKIN INJECTION		7011		APC	$239.90			
J2357	K	OMALIZUMAB INJECTION		9300		APC	$22.36			
J2358	K	OLANZAPINE LONG-ACTING INJ		1331		APC	$2.70			
J2360	N	ORPHENADRINE INJECTION				Bundled	$0.00			
J2370	N	PHENYLEPHRINE HCL INJECTION				Bundled	$0.00			
J2400	N	CHLOROPROCAINE HCL INJECTION				Bundled	$0.00			
J2405	N	ONDANSETRON HCL INJECTION				Bundled	$0.00			
J2410	N	OXYMORPHONE HCL INJECTION				Bundled	$0.00			
J2425	K	PALIFERMIN INJECTION		1696		APC	$11.76			
J2426	K	PALIPERIDONE PALMITATE INJ		9255		APC	$6.87			
J2430	N	PAMIDRONATE DISODIUM /30 MG				Bundled	$0.00			
J2440	N	PAPAVERIN HCL INJECTION				Bundled	$0.00			
J2460	E	OXYTETRACYCLINE INJECTION				Not Allowed	$0.00			
J2469	K	PALONOSETRON HCL		9210		APC	$18.52			
J2501	N	PARICALCITOL				Bundled	$0.00			
J2503	K	PEGAPTANIB SODIUM INJECTION		1697		APC	$1,016.35			
J2504	K	PEGADEMASE BOVINE 25 IU		1739		APC	$254.80			
J2505	K	INJECTION PEGFILGRASTIM 6MG		9119		APC	$2,799.63			
J2507	G	PEGLOTICASE INJECTION		9281		APC	$301.94			
J2510	N	PENICILLIN G PROCAINE INJ				Bundled	$0.00			
J2513	K	PENTASTARCH 10% SOLUTION		1222		APC	$13.23			
J2515	N	PENTOBARBITAL SODIUM INJ				Bundled	$0.00			
J2540	N	PENICILLIN G POTASSIUM INJ				Bundled	$0.00			
J2543	N	PIPERACILLIN/TAZOBACTAM				Bundled	$0.00			
J2545	M	PENTAMIDINE ISETHIONTE/300MG				Fee Schedule	$59.84			
J2550	N	PROMETHAZINE HCL INJECTION				Bundled	$0.00			
J2560	N	PHENOBARBITAL SODIUM INJ				Bundled	$0.00			
J2562	K	PLERIXAFOR INJECTION		9252		APC	$282.78			
J2590	N	OXYTOCIN INJECTION				Bundled	$0.00			
J2597	N	INJ DESMOPRESSIN ACETATE				Bundled	$0.00			
J2650	N	PREDNISOLONE ACETATE INJ				Bundled	$0.00			
J2670	N	TOTAZOLINE HCL INJECTION				Bundled	$0.00			
J2675	N	INJ PROGESTERONE PER 50 MG				Bundled	$0.00			
J2680	N	FLUPHENAZINE DECANOATE 25 MG				Bundled	$0.00			
J2690	N	PROCAINAMIDE HCL INJECTION				Bundled	$0.00			
J2700	K	OXACILLIN SODIUM INJECITON		1347		APC	$2.22			
J2710	N	NEOSTIGMINE METHYLSLFTE INJ				Bundled	$0.00			
J2720	N	INJ PROTAMINE SULFATE/10 MG				Bundled	$0.00			
J2724	K	PROTEIN C CONCENTRATE		1139		APC	$13.28			
J2725	K	INJ PROTIRELIN PER 250 MCG		1357		APC	$27.03			
J2730	K	PRALIDOXIME CHLORIDE INJ		1023		APC	$86.99			

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J2760	K	PHENTOLAINE MESYLATE INJ		1358		APC	$53.55			
J2765	N	METOCLOPRAMIDE HCL INJECTION				Bundled	$0.00			
J2770	K	QUINUPRISTIN/DALFOPRISTIN		2770		APC	$171.67			
J2778	K	RANIBIZUMAB INJECTION		9233		APC	$391.31			
J2780	N	RANITIDINE HYDROCHLORIDE INJ				Bundled	$0.00			
J2783	K	RASBURICASE		0738		APC	$201.01			
J2785	K	REGADENOSON INJECTION		9244		APC	$51.92			
J2788	K	RHO D IMMUNE GLOBULIN 50 MCG		9023		APC	$25.50			
J2790	K	RHO D IMMUNE GLOBULIN INJ		0884		APC	$82.07			
J2791	K	RHOPHYLAC INJECTION		0945		APC	$5.08			
J2792	K	RHO(D) IMMUNE GLOBULIN H, SD		1609		APC	$17.85			
J2793	K	RILONACEPT INJECTION		1291		APC	$23.64			
J2794	K	RISPERIDONE LONG ACTING		9125		APC	$5.34			
J2795	N	ROPIVACAINE HCL INJECTION				Bundled	$0.00			
J2796	K	ROMIPLOSTIM INJECTION		9245		APC	$47.07			
J2800	N	METHOCARBAMOL INJECTION				Bundled	$0.00			
J2805	N	SINCALIDE INJECTION				Bundled	$0.00			
J2810	N	INJ THEOPHYLLINE PER 40 MG				Bundled	$0.00			
J2820	K	SARGRAMOSTIM INJECTION		0731		APC	$24.64			
J2850	K	INJ SECRETIN SYNTHETIC HUMAN		1700		APC	$26.98			
J2910	N	AUROTHIOGLUCOSE INJECITON				Bundled	$0.00			
J2916	N	NA FERRIC GLUCONATE COMPLEX				Bundled	$0.00			
J2920	N	METHYLPREDNISOLONE INJECTION				Bundled	$0.00			
J2930	N	METHYLPREDNISOLONE INJECTION				Bundled	$0.00			
J2940	E	SOMATREM INJECTION				Not Allowed	$0.00			
J2941	K	SOMATROPIN INJECTION		7034		APC	$64.90			
J2950	N	PROMAZINE HCL INJECITON				Bundled	$0.00			
J2993	K	RETEPLASE INJECTION		9005		APC	$2,258.46			
J2995	K	INJ STREPTOKINASE /250000 IU		1226		APC	$33.43			
J2997	K	ALTEPLASE RECOMBINANT		7048		APC	$47.98			
J3000	N	STREPTOMYCIN INJECTION				Bundled	$0.00			
J3010	N	FENTANYL CITRATE INJECITON				Bundled	$0.00			
J3030	K	SUMATRIPTAN SUCCINATE / 6 MG		1374		APC	$58.42			
J3070	N	PENTAZOCINE INJECTION				Bundled	$0.00			
J3095	G	TELAVANCIN INJECTION		9258		APC	$1.93			
J3101	K	TENECTEPLASE INJECTION		9002		APC	$65.26			
J3105	N	TERBUTALINE SULFATE INJ				Bundled	$0.00			
J3110	M	TERIPARATIDE INJECTION				Fee Schedule	$6.99			
J3120	N	TESTOSTERONE ENANTHATE INJ				Bundled	$0.00			
J3130	N	TESTOSTERONE ENANTHATE INJ				Bundled	$0.00			
J3140	N	TESTOSTERONE SUSPENSION INJ				Bundled	$0.00			
J3150	N	TESTOSTERON PROPIONATE INJ				Bundled	$0.00			
J3230	N	CHLORPROMAZINE HCL INJECTION				Bundled	$0.00			
J3240	K	THYROTROPIN INJECTION		9108		APC	$1,034.39			
J3243	K	TIGECYCLINE INJECTION		9228		APC	$1.42			
J3246	K	TIROFIBAN HCL		7041		APC	$9.94			
J3250	N	TRIMETHOBENZAMIDE HCL INJ				Bundled	$0.00			
J3260	N	TOBRAMYCIN SULFATE INJECTION				Bundled	$0.00			
J3262	G	TOCILIZUMAB INJECTION		9264		APC	$3.49			
J3265	N	INJECTION TORSEMIDE 10 MG/ML				Bundled	$0.00			
J3280	N	THIETHYLPERAZINE MALEATE INJ				Bundled	$0.00			
J3285	K	TREPROSTINIL INJECTION		1701		APC	$60.08			
J3300	K	TRIAMCINOLONE A INJ PRS-FREE		1253		APC	$3.47			
J3301	N	TRIAMCINOLONE ACETONIDE INJ				Bundled	$0.00			
J3302	N	TRIAMCINOLONE DIACETATE INJ				Bundled	$0.00			
J3303	N	TRIAMCINOLONE HEXACETONL INJ				Bundled	$0.00			

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J3305	E	INJ TRIMETREXATE GLUCORONATE				Not Allowed	$0.00			
J3310	K	PERPHENAZINE INJECITON		1304		APC	$19.54			
J3315	K	TRIPTORELIN PAMOATE		9122		APC	$167.88			
J3320	E	SPECTINOMYCN DI-HCL INJ				Not Allowed	$0.00			
J3350	K	UREA INJECTION		1306		APC	$72.00			
J3355	K	UROFOLLITROPIN, 75 IU		1741		APC	$60.09			
J3357	G	USTEKINUMAB INJECTION		9261		APC	$129.16			
J3360	N	DIAZEPAM INJECTION				Bundled	$0.00			
J3364	N	UROKINASE 5000 IU INJECTION				Bundled	$0.00			
J3365	K	UROKINASE 250,000 IU INJ		7036		APC	$449.09			
J3370	N	VANCOMYCIN HCL INJECITON				Bundled	$0.00			
J3385	G	VELAGLUCERASE ALFA		9271		APC	$349.20			
J3396	K	VERTEPORFIN INJECTION		1203		APC	$9.87			
J3400	E	TRIFLUPROMAZINE HCL INJ				Not Allowed	$0.00			
J3410	N	HYDROXYZINE HCL INJECITON				Bundled	$0.00			
J3411	N	THIAMINE HCL 100 MG				Bundled	$0.00			
J3415	N	PYRIDOXINE HCL 100 MG				Bundled	$0.00			
J3420	N	VITAMIN B12 INJECTION				Bundled	$0.00			
J3430	N	VITAMIN K PHYTONADIONE INJ				Bundled	$0.00			
J3465	K	INJECTION VORICONAZOLE		1052		APC	$6.73			
J3470	N	HYALURONIDASE INJECTION				Bundled	$0.00			
J3471	N	OVINE UP TO 999 USP UNITS				Bundled	$0.00			
J3472	N	OVINE 1000 USP UNITS				Bundled	$0.00			
J3473	N	HYALURONIDASE RECOMBINANT				Bundled	$0.00			
J3475	N	INJ MAGNESIUM SULFATE				Bundled	$0.00			
J3480	N	INJ POTASSIUM CHLORIDE				Bundled	$0.00			
J3485	N	ZIDOVUDINE				Bundled	$0.00			
J3486	N	ZIPRASIDONE MESYLATE				Bundled	$0.00			
J3487	K	ZOLEDRONIC ACID		9115		APC	$221.04			
J3488	K	RECLAST INJECTION		0951		APC	$220.39			
J3490	N	DRUGS UNCLASSIFIED INJECTION				Bundled	$0.00			
J3520	E	EDETATE DISODIUM PER 150 MG				Not Allowed	$0.00			
J3530	N	NASAL VACCINE INHALATION				Bundled	$0.00			
J3535	E	METERED DOSE INHALER DRUG				Not Allowed	$0.00			
J3570	E	LAETRILE AMYGDALIN VIT B17				Not Allowed	$0.00			
J3590	N	UNCLASSIFIED BIOLOGICS				Bundled	$0.00			
J7030	N	NORMAL SALINE SOLUTION INFUS				Bundled	$0.00			
J7040	N	NORMAL SALINE SOLUTION INFUS				Bundled	$0.00			
J7042	N	5% DEXTROSE/NORMAL SALINE				Bundled	$0.00			
J7050	N	NORMAL SALINE SOLUTION INFUS				Bundled	$0.00			
J7060	N	5% DEXTROSE/WATER				Bundled	$0.00			
J7070	N	D5W INFUSION				Bundled	$0.00			
J7100	N	DEXTRAN 40 INFUSION				Bundled	$0.00			
J7110	N	DEXTRAN 75 INFUSION				Bundled	$0.00			
J7120	N	RINGERS LACTATE INFUSION				Bundled	$0.00			
J7131	N	HYPERTONIC SALINE SOL				Bundled	$0.00			
J7180	G	FACTOR XIII ANTI-HEM FACTOR		1416		APC	$6.41			
J7183	G	WILATE INJECTION		1352		APC	$0.88			
J7185	K	XYNTHA INJ		1268		APC	$1.06			
J7186	K	ANTIHEMOPHILIC VIII/VWF COMP		1213		APC	$0.91			
J7187	K	INJ VONWILLEBRAND FACTOR IU		1704		APC	$0.88			
J7189	K	FACTOR VIIA		1705		APC	$1.58			
J7190	K	FACTOR VIII		0925		APC	$0.88			
J7191	K	FACTOR VIII (PORCINE)		1279		APC	$9.12			
J7192	K	FACTOR VIII RECOMBINANT		0927		APC	$1.10			
J7193	K	FACTOR IX NON-RECOMBINANT		0931		APC	$0.91			

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J7194	K	FACTOR IX COMPLEX		0928		APC	$1.01			
J7195	K	FACTOR IX RECOMBINANT		0932		APC	$1.21			
J7196	K	ANTITHROMBIN RECOMBINANT		1332		APC	$101.40			
J7197	K	ANTITHROMBIN III INJECTION		1263		APC	$2.83			
J7198	K	ANTI-INHIBITOR		0929		APC	$1.61			
J7199	M	HEMOPHILIA CLOT FACTOR NOC				By Report	$0.00			
J7300	M	INTRAUT COPPER CONTRACEPTIVE				Fee Schedule	$609.96			
J7302	M	LEVONORGESTREL IU CONTRACEPT				Fee Schedule	$717.11			
J7303	M	CONTRACEPTIVE VAGINAL RING				Fee Schedule	$80.79			
J7304	M	CONTRACEPTIVE HORMONE PATCH				Fee Schedule	$25.69			
J7306	E	LEVONORGESTREL IMPLANT SYS				Not Allowed	$0.00			
J7307	M	ETONOGESTREL IMPLANT SYSTEM				Fee Schedule	$672.60			
J7308	K	AMINOLEVULINIC ACID HCL TOP		7308		APC	$158.78			
J7309	K	METHYL AMINOLEVULINATE, TOP		1338		APC	$74.39			
J7310	K	GANCICLOVIR LONG ACT IMPLANT		0913		APC	$16,640.00			Y
J7311	K	FLUOCINOLONE ACETONIDE IMPLT		9225		APC	$18,980.00			Y
J7312	K	DEXAMETHASONE INTRA IMPLANT		9256		APC	$192.12			
J7321	K	HYALGAN/SUPARTZ INJ PER DOSE		0873		APC	$87.51			
J7323	K	EUFLEXXA INJ PER DOSE		0875		APC	$153.08			
J7324	K	ORTHOVISC INJ PER DOSE		0877		APC	$165.64			
J7325	K	SYNVISC OR SYNVISC-ONE		0874		APC	$12.08			
J7326	K	GEL-ONE		1417		APC	$1,014.00			
J7330	E	CULTURED CHONDROCYTES IMPLNT				Not Allowed	$0.00			
J7335	G	CAPSAICIN 8% PATCH		9268		APC	$25.55			
J7500	N	AZATHIOPRINE ORAL 50MG				Bundled	$0.00			
J7501	K	AZATHIOPRINE PARENTERAL		0887		APC	$129.56			
J7502	N	CYCLOSPORINE ORAL 100 MG				Bundled	$0.00			
J7504	K	LYMPHOCYTE IMMUNE GLOBULIN		0890		APC	$634.00			
J7505	K	MONOCLONAL ANTIBODIES		7038		APC	$1,134.27			
J7506	N	PREDNISONE ORAL				Bundled	$0.00			
J7507	N	TACROLIMUS ORAL PER 1 MG				Bundled	$0.00			
J7509	N	METHYLPREDNISOLONE ORAL				Bundled	$0.00			
J7510	N	PREDNISOLONE ORAL PER 5 MG				Bundled	$0.00			
J7511	K	ANTITHYMOCYTE GLOBULN RABBIT		9104		APC	$460.61			
J7513	K	DACLIZUMAB, PARENTERAL		1612		APC	$516.41			
J7515	N	CYCLOSPORINE ORAL 25 MG				Bundled	$0.00			
J7516	N	CYCLOSPORIN PARENTERAL 250MG				Bundled	$0.00			
J7517	N	MYCOPHENOLATE MOFETIL ORAL				Bundled	$0.00			
J7518	N	MYCOPHENOLIC ACID				Bundled	$0.00			
J7520	N	SIROLIMUS, ORAL				Bundled	$0.00			
J7525	K	TACROLIMUS INJECTION		9006		APC	$136.81			
J7599	N	IMMUNOSUPPRESSIVE DRUG NOC				Bundled	$0.00			
J7604	E	ACETYLCYSTEINE COMP UNIT				Not Allowed	$0.00			
J7605	E	ARFORMOTEROL NON-COMP UNIT				Not Allowed	$0.00			
J7606	E	FORMOTEROL FUMARATE, INH				Not Allowed	$0.00			
J7607	E	LEVALBUTEROL COMP CON				Not Allowed	$0.00			
J7608	E	ACETYLCYSTEINE INH SOL U D				Not Allowed	$0.00			
J7609	E	ALBUTEROL COMP UNIT				Not Allowed	$0.00			
J7610	E	ALBUTEROL COMP CON				Not Allowed	$0.00			
J7611	E	ALBUTEROL NON-COMP CON				Not Allowed	$0.00			
J7612	E	LEVALBUTEROL NON-COMP CON				Not Allowed	$0.00			
J7613	E	ALBUTEROL NON-COMP UNIT				Not Allowed	$0.00			
J7614	E	LEVALBUTEROL NON-COMP UNIT				Not Allowed	$0.00			
J7615	E	LEVALBUTEROL COMP UNIT				Not Allowed	$0.00			
J7620	E	ALBUTEROL NON-COMPOUNDED				Not Allowed	$0.00			
J7622	E	BECLOMETHASONE COMP UNIT				Not Allowed	$0.00			

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J7624	E	BETAMETHASONE COMP UNIT				Not Allowed	$0.00			
J7626	E	BUDESONIDE NON-COMP UNIT				Not Allowed	$0.00			
J7627	E	BUDESONIDE COMP UNIT				Not Allowed	$0.00			
J7628	E	BITOLTEROL MES INHAL SOL CON				Not Allowed	$0.00			
J7629	E	BITOLTEROL MES INH SOL U D				Not Allowed	$0.00			
J7631	E	CROMOLYN SODIUM INH SOL U D				Not Allowed	$0.00			
J7632	E	CROMOLYN SODIUM COMP UNIT				Not Allowed	$0.00			
J7633	E	BUDESONIDE NON-COMP CON				Not Allowed	$0.00			
J7634	E	BUDESONIDE COMP CON				Not Allowed	$0.00			
J7635	E	ATROPINE INHAL SOL CON				Not Allowed	$0.00			
J7636	E	ATROPINE INHAL SOL UNIT DOSE				Not Allowed	$0.00			
J7637	E	DEXAMETHASONE INHAL SOL CON				Not Allowed	$0.00			
J7638	E	DEXAMETHASONE INHAL SOL U D				Not Allowed	$0.00			
J7639	E	DORNASE ALPHA INHAL SOL U D				Not Allowed	$0.00			
J7640	E	FORMOTEROL COMP UNIT				Not Allowed	$0.00			
J7641	E	FLUNISOLIDE COMP UNIT				Not Allowed	$0.00			
J7642	E	GLYCOPYRROLATE INHAL SOL CON				Not Allowed	$0.00			
J7643	E	GLYCOPYRROLATE INHAL SOL U D				Not Allowed	$0.00			
J7644	E	IPRATROPIUM BROM INH SOL U D				Not Allowed	$0.00			
J7645	E	IPRATROPIUM BROMIDE COMP				Not Allowed	$0.00			
J7647	E	ISOETHARINE COMP CON				Not Allowed	$0.00			
J7648	E	ISOETHARINE HCL INH SOL CON				Not Allowed	$0.00			
J7649	E	ISOETHARINE HCL INH SOL U D				Not Allowed	$0.00			
J7650	E	ISOETHARINE COMP UNIT				Not Allowed	$0.00			
J7657	E	ISOPROTERENOL COMP CON				Not Allowed	$0.00			
J7658	E	ISOPROTERENOLHCL INH SOL CON				Not Allowed	$0.00			
J7659	E	ISOPROTERENOL HCL INH SOL UD				Not Allowed	$0.00			
J7660	E	ISOPROTERENOL COMP UNIT				Not Allowed	$0.00			
J7665	E	MANNITOL FOR INHALER				Not Allowed	$0.00			
J7667	E	METAPROTERENOL COMP CON				Not Allowed	$0.00			
J7668	E	METAPROTERENOL INH SOL CON				Not Allowed	$0.00			
J7669	E	METAPROTERENOL INH SOL U D				Not Allowed	$0.00			
J7670	E	METAPROTERENOL COMP UNIT				Not Allowed	$0.00			
J7674	N	METHACHOLINE CHLORIDE NEB				Bundled	$0.00			
J7676	E	PENTAMIDINE COMP UNIT DOSE				Not Allowed	$0.00			
J7680	E	TERBUTALINE SO4 INH SOL CON				Not Allowed	$0.00			
J7681	E	TERBUTALINE SO4 INH SOL U D				Not Allowed	$0.00			
J7682	E	TOBRAMYCIN INHALATION SOL				Not Allowed	$0.00			
J7683	E	TRIAMCINOLONE INH SOL CON				Not Allowed	$0.00			
J7684	E	TRIAMCINOLONE INH SOL U D				Not Allowed	$0.00			
J7685	E	TOBRAMYCIN COMP UNIT				Not Allowed	$0.00			
J7686	E	TREPROSTINIL, NON-COMP UNIT				Not Allowed	$0.00			
J7699	E	INHALATION SOLUTION FOR DME				Not Allowed	$0.00			
J7799	N	NON-INHALATION DRUG FOR DME				Bundled	$0.00			
J8498	E	ANTIEMETIC RECTAL/SUPP NOS				Not Allowed	$0.00			
J8499	E	ORAL PRESCRIP DRUG NON CHEMO				Not Allowed	$0.00			
J8501	K	ORAL APREPITANT		0868		APC	$6.11			
J8510	K	ORAL BUSULFAN		1307		APC	$4.64			
J8515	E	CABERGOLINE ORAL 0.25MG				Not Allowed	$0.00			
J8520	K	CAPECITABINE, ORAL, 150 MG		7042		APC	$8.08			
J8521	K	CAPECITABINE, ORAL, 500 MG		0934		APC	$26.80			
J8530	N	CYCLOPHOSPHAMIDE ORAL 25 MG				Bundled	$0.00			
J8540	N	ORAL DEXAMETHASONE				Bundled	$0.00			
J8560	K	ETOPOSIDE ORAL 50 MG		0802		APC	$49.99			
J8561	K	ORAL EVEROLIMUS		1418		APC	$6.05			
J8562	G	ORAL FLUDARABINE PHOSPHATE		1339		APC	$81.77			

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J8565	E	GEFITINIB ORAL				Not Allowed	$0.00			
J8597	N	ANTIEMETIC DRUG ORAL NOS				Bundled	$0.00			
J8600	N	MELPHALAN ORAL 2 MG				Bundled	$0.00			
J8610	N	METHOTREXATE ORAL 2.5 MG				Bundled	$0.00			
J8650	K	NABILONE ORAL		1424		APC	$22.99			
J8700	K	TEMOZOLMIDE		1086		APC	$9.93			
J8705	K	TOPOTECAN ORAL		1238		APC	$80.30			
J8999	E	ORAL PRESCRIPTION DRUG CHEMO				Not Allowed	$0.00			
J9000	N	DOXORUBIC HCL 10 MG VL CHEMO				Bundled	$0.00			
J9001	E	DOXORUBICIN HCL LIPOSOME INJ				Not Allowed	$0.00			
J9010	K	ALEMTUZUMAB 10 MG		9110		APC	$589.51			
J9015	K	ALDESLEUKIN/SINGLE USE VIAL		0807		APC	$1,223.46			
J9017	K	ARSENIC TRIOXIDE		9012		APC	$41.65			
J9020	K	ASPARAGINASE INJECTION		0814		APC	$62.08			
J9025	K	AZACITIDINE INJECTION		1709		APC	$5.29			
J9027	K	CLOFARABINE INJECTION		1710		APC	$123.69			
J9031	K	BCG LIVE INTRAVESICAL VAC		0809		APC	$117.05			
J9033	K	BENDAMUSTINE INJECTION		9243		APC	$18.57			
J9035	K	BEVACIZUMAB INJECTION		9214		APC	$61.15			
J9040	N	BLEOMYCIN SULFATE INJECTION				Bundled	$0.00			
J9041	K	BORTEZOMIB INJECTION		9207		APC	$42.65			
J9043	G	CABAZITAXEL INJECTION		9276		APC	$135.20			
J9045	N	CARBOPLATIN INJECTION				Bundled	$0.00			
J9050	K	CARMUS BISCHL NITRO INJ		0812		APC	$172.00			
J9055	K	CETUXIMAB INJECTION		9215		APC	$50.17			
J9060	N	CISPLATIN 10 MG INJECITON				Bundled	$0.00			
J9065	K	INJ CLADRIBINE PER 1 MG		0858		APC	$28.26			
J9070	K	CYCLOPHOSPHAMIDE 100 MG INJ		1408		APC	$22.63			
J9098	K	CYTARABINE LIPOSOME		1166		APC	$503.48			
J9100	N	CYTARABINE HCL 100 MG INJ				Bundled	$0.00			
J9120	K	DACTINOMYCIN ACTINOMYCIN D		0752		APC	$564.31			
J9130	N	DACARBAZINE 100 MG INJ				Bundled	$0.00			
J9150	K	DAUNORUBICIN		0820		APC	$18.60			
J9151	K	DAUNORUBICIN CITRATE LIPOSOM		0821		APC	$56.58			
J9155	K	DEGARELIX INJECTION		1296		APC	$2.94			
J9160	K	DENILEUKIN DIFTITOX, 300 MCG		1084		APC	$1,615.12			
J9165	E	DIETHYLSTILBESTROL INJECTION				Not Allowed	$0.00			
J9171	K	DOCETAXEL INJECTION		0823		APC	$8.25			
J9175	N	ELLIOTTS B SOLUTION PER ML				Bundled	$0.00			
J9178	K	INJ EPIRUBICIN HCL 2 MG		1167		APC	$1.52			
J9179	G	ERIBULIN MESYLATE INJECTION		1426		APC	$92.82			
J9181	N	ETOPOSIDE 10 MG INJ				Bundled	$0.00			
J9185	K	FLUDARABINE PHOSPHATE INJ		0842		APC	$81.56			
J9190	N	FLUOROURACIL INJECTION				Bundled	$0.00			
J9200	K	FLOXURIDINE INJECTION		0827		APC	$52.28			
J9201	K	GEMCITABINE HCL, 200 MG		0828		APC	$25.73			
J9202	K	GOSERELIN ACETATE IMPLANT		0810		APC	$147.73			
J9206	K	IRINOTECAN 20 MG		0830		APC	$3.72			
J9207	K	IXABEPILONE INJECTION		9240		APC	$64.31			
J9208	K	IFOSFAMIDE INJECTION		0831		APC	$29.60			
J9209	N	MESNA INJECTION				Bundled	$0.00			
J9211	K	IDARUBICIN HCL INJECITON		0832		APC	$85.48			
J9212	N	INTERFERON ALFACON-1				Bundled	$0.00			
J9213	N	INTERFERON ALFA-2A INJ				Bundled	$0.00			
J9214	K	INTERFERON ALFA-2B INJ		0836		APC	$18.15			
J9215	K	INTERFERON ALFA-N3 INJ		0865		APC	$31.20			

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J9216	K	INTERFERON GAMMA 1-B INJ		0838		APC	$582.59			
J9217	K	LEUPROLIDE ACETATE SUSPNSION		9217		APC	$212.66			
J9218	K	LEUPROLIDE ACETATE INJECITON		0861		APC	$5.57			
J9219	K	LEUPROLIDE ACETATE IMPLANT		7051		APC	$4,728.88			
J9225	K	HISTRELIN IMPLANT		1711		APC	$2,965.96			
J9226	K	SUPPRELIN LA IMPLANT		1142		APC	$15,632.91			
J9228	G	IPILIMUMAB INJECTION		9284		APC	$125.17			
J9230	K	MECHLORETHAMINE HCL INJ		0751		APC	$154.88			
J9245	K	INJ MELPHALAN HYDROCHL 50 MG		0840		APC	$1,289.78			
J9250	N	METHOTREXATE SODIUM INJ				Bundled	$0.00			
J9260	N	METHOTREXATE SODIUM INJ				Bundled	$0.00			
J9261	K	NELARABINE INJECTION		0825		APC	$117.26			
J9263	K	OXALIPLATIN		1738		APC	$9.26			
J9264	K	PACLITAXEL INJECTION		1712		APC	$9.39			
J9265	N	PACLITAXEL INJECTION				Bundled	$0.00			
J9266	K	PEGASPARGASE/SINGL DOSE VIAL		0843		APC	$5,778.86			
J9268	K	PENTOSTATIN INJECTION		0844		APC	$905.09			
J9270	N	PLICAMYCIN (MITHRAMYCIN) INJ				Bundled	$0.00			
J9280	K	MITOMYCIN 5 MG INJ		1232		APC	$17.81			
J9293	K	MITOXANTRONE HYDROCHL / 5 MG		0864		APC	$28.45			
J9300	K	GEMTUZUMAB OZOGAMICIN		9004		APC	$2,690.84			
J9302	G	OFATUMUMAB INJECTION		9260		APC	$45.42			
J9303	K	PANITUMUMAB INJECTION		9235		APC	$87.19			
J9305	K	PEMETREXED INJECTION		9213		APC	$55.32			
J9307	G	PRALATREXATE INJECTION		9259		APC	$174.03			
J9310	K	RITUXIMAB CANCER TREATMENT		0849		APC	$630.99			
J9315	G	ROMIDEPSIN INJECTION		9265		APC	$231.56			
J9320	K	STREPTOZOCIN INJECTION		0850		APC	$271.07			
J9328	K	TEMOZOLOMIDE INJECTION		9253		APC	$4.72			
J9330	K	TEMSIROLIMUS INJECTION		1168		APC	$52.29			
J9340	K	THIOTEPA INJECTION		0851		APC	$140.31			
J9351	K	TOPOTECAN INJECTION		1350		APC	$3.96			
J9355	K	TRASTUZUMAB		1613		APC	$73.11			
J9357	K	VALRUBICIN, 200 MG		1235		APC	$987.84			
J9360	N	VINBLASTINE SULFATE INJ				Bundled	$0.00			
J9370	N	VINCRISTINE SULFATE 1 MG INJ				Bundled	$0.00			
J9390	K	VINORELBINE TARTRATE/10 MG		1412		APC	$9.69			
J9395	K	INJECTION FULVESTRANT		9120		APC	$85.45			
J9600	K	PORFIMER SODIUM		0856		APC	$18,961.14			
J9999	N	CHEMOTHERAPY DRUG				Bundled	$0.00			
K0001	E	STANDARD WHEELCHAIR				Not Allowed	$0.00			
K0002	E	STANDARD HEMI (LOW SEAT) WHEELCHAIR				Not Allowed	$0.00			
K0003	E	LIGHTWEIGHT WHEELCHAIR				Not Allowed	$0.00			
K0004	E	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR				Not Allowed	$0.00			
K0005	E	ULTRALIGHTWEIGHT WHEELCHAIR				Not Allowed	$0.00			
K0006	E	HEAVY DUTY WHEELCHAIR				Not Allowed	$0.00			
K0007	E	EXTRA HEAVY DUTY WHEELCHAIR				Not Allowed	$0.00			
K0009	E	OTHER MANUAL WHEELCHAIR/BASE				Not Allowed	$0.00			
K0010	E	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHA				Not Allowed	$0.00			
K0011	E	STANDARD - WEIGHT FRAME MOTORIZED/POWER WHEELCHA				Not Allowed	$0.00			
K0012	E	LIGHTWEIGHT PORTABLE MOTORIZED/POWER WHEELCHAIR				Not Allowed	$0.00			
K0014	E	OTHER MOTORIZED/POWER WHEELCHAIR BASE				Not Allowed	$0.00			
K0015	E	DETACHABLE NON-ADJUSTABLE HEIGHT ARMREST EACH				Not Allowed	$0.00			
K0017	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST BASE EACH				Not Allowed	$0.00			
K0018	E	DETACHABLE ADJUSTABLE HEIGHT ARMREST UPPER PORTI				Not Allowed	$0.00			
K0019	E	ARM PAD EACH				Not Allowed	$0.00			

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K0020	E	FIXED ADJUSTABLE HEIGHT ARMREST PAIR				Not Allowed	$0.00			
K0037	E	HIGH MOUNT FLIP-UP FOOTREST EACH				Not Allowed	$0.00			
K0038	E	LEG STRAP EACH				Not Allowed	$0.00			
K0039	E	LEG STRAP H STYLE EACH				Not Allowed	$0.00			
K0040	E	ADJUSTABLE ANGLE FOOTPLATE EACH				Not Allowed	$0.00			
K0041	E	LARGE SIZE FOOTPLATE EACH				Not Allowed	$0.00			
K0042	E	STANDARD SIZE FOOTPLATE EACH				Not Allowed	$0.00			
K0043	E	FOOTREST LOWER EXTENSION TUBE EACH				Not Allowed	$0.00			
K0044	E	FOOTREST UPPER HANGER BRACKET EACH				Not Allowed	$0.00			
K0045	E	FOOTREST COMPLETE ASSEMBLY				Not Allowed	$0.00			
K0046	E	ELEVATING LEGREST LOWER EXTENSION TUBE EACH				Not Allowed	$0.00			
K0047	E	ELEVATING LEGREST UPPER HANGER BRACKET EACH				Not Allowed	$0.00			
K0050	E	RATCHET ASSEMBLY				Not Allowed	$0.00			
K0051	E	CAM RELEASE ASSEMBLY FOOTREST OR LEGREST EACH				Not Allowed	$0.00			
K0052	E	SWINGAWAY DETACHABLE FOOTRESTS EACH				Not Allowed	$0.00			
K0053	E	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) EAC				Not Allowed	$0.00			
K0056	E	SEAT HEIGHT < 17" OR <= 21" HIGH STRENGTH LTWT WHEELC				Not Allowed	$0.00			
K0065	E	SPOKE PROTECTORS EACH				Not Allowed	$0.00			
K0069	E	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRE SPOK				Not Allowed	$0.00			
K0070	E	REAR WHEEL ASSEMBLY COMPLETE WITH PNEUMATIC TIRE				Not Allowed	$0.00			
K0071	E	FRONT CASTER ASSEMBLY COMPLETE WITH PNEUMATIC TIR				Not Allowed	$0.00			
K0072	E	FRONT CASTER ASSEMBLY COMPLETE WITH SEMI-PNEUMAT				Not Allowed	$0.00			
K0073	E	CASTER PIN LOCK EACH				Not Allowed	$0.00			
K0077	E	FRONT CASTER ASSEMBLY COMPLETE WITH SOLID TIRE EA				Not Allowed	$0.00			
K0098	E	DRIVE BELT FOR POWER WHEELCHAIR				Not Allowed	$0.00			
K0105	E	IV HANGER EACH				Not Allowed	$0.00			
K0108	E	WHEELCHAIR COMPONENT OR ACCESSORY NOT OTHERWISI				Not Allowed	$0.00			
K0195	E	ELEVATING LEG RESTS PAIR (WHEELCHAIR)				Not Allowed	$0.00			
K0455	E	PUMP UNINTERRUPTED INFUSION				Not Allowed	$0.00			
K0462	E	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIP.BE				Not Allowed	$0.00			
K0552	E	SUPPY/EXT INF PUMP SYR TYPE				Not Allowed	$0.00			
K0601	E	REPL BATT SILVER OXIDE 1.5V				Not Allowed	$0.00			
K0602	E	REPL BATT SILVER OXIDE 3 V				Not Allowed	$0.00			
K0603	E	REPL BATT ALKALINE 1.5 V				Not Allowed	$0.00			
K0604	E	REPL BATT LITHIUM 3.6 V				Not Allowed	$0.00			
K0605	E	REPL BATT LITHIUM 4.5 V				Not Allowed	$0.00			
K0606	E	AED GARMENT W ELEC ANALYSIS				Not Allowed	$0.00			
K0607	E	REPL BATT FOR AED				Not Allowed	$0.00			
K0608	E	REPL GARMENT FOR AED				Not Allowed	$0.00			
K0609	E	REPL ELECTRODE FOR AED				Not Allowed	$0.00			
K0669	E	SEAT/BACK CUS NO DMEPDAC VER				Not Allowed	$0.00			
K0672	E	REMOVE SOFT INTERFACE, REPL				Not Allowed	$0.00			
K0730	E	CTRL DOSE INH DRUG DELIV SYS				Not Allowed	$0.00			
K0733	E	12-24HR SEALED LEAD ACID				Not Allowed	$0.00			
K0738	E	PORTABLE GAS OXYGEN SYSTEM				Not Allowed	$0.00			
K0739	E	REPAIR/SVC DME NON-OXYGEN EQ				Not Allowed	$0.00			
K0740	E	REPAIR/SVC OXYGEN EQUIPMENT				Not Allowed	$0.00			
K0741	E	PORTABLE GASEOUS OXYGEN SYS				Not Allowed	$0.00			
K0742	E	PORTABLE GASEOUS OXYGEN				Not Allowed	$0.00			
K0743	E	PORTABLE HOME SUCTION PUMP				Not Allowed	$0.00			
K0744	E	ABSORP DRG <= 16 SUC PUMP				Not Allowed	$0.00			
K0745	E	ABSORP DRG >16 <=48 SUC PUMP				Not Allowed	$0.00			
K0746	E	ABSORP DRG >48 SUC PUMP				Not Allowed	$0.00			
K0800	E	POV GROUP 1 STD UP TO 300 LBS				Not Allowed	$0.00			
K0801	E	POV GROUP 1 HD 301-450 LBS				Not Allowed	$0.00			
K0802	E	POV GROUP 1 VHD 451-600 LBS				Not Allowed	$0.00			

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K0806	E	POV GROUP 2 STD UP TO 300LBS				Not Allowed	$0.00			
K0807	E	POV GROUP 2 HD 301-450 LBS				Not Allowed	$0.00			
K0808	E	POV GROUP 2 VHD 451-600 LBS				Not Allowed	$0.00			
K0812	E	POWER OPERATED VEHICLE NOC				Not Allowed	$0.00			
K0813	E	PWC GP 1 STD PORT SEAT/BACK				Not Allowed	$0.00			
K0814	E	PWC GP 1 STD PORT CAP CHAIR				Not Allowed	$0.00			
K0815	E	PWC GP 1 STD SEAT/BACK				Not Allowed	$0.00			
K0816	E	PWC GP 1 STD CAP CHAIR				Not Allowed	$0.00			
K0820	E	PWC GP 2 STD PORT SEAT/BACK				Not Allowed	$0.00			
K0821	E	PWC GP 2 STD PORT CAP CHAIR				Not Allowed	$0.00			
K0822	E	PWC GP 2 STD SEAT/BACK				Not Allowed	$0.00			
K0823	E	PWC GP 2 STD CAP CHAIR				Not Allowed	$0.00			
K0824	E	PWC GP 2 HD SEAT/BACK				Not Allowed	$0.00			
K0825	E	PWC GP 2 HD CAP CHAIR				Not Allowed	$0.00			
K0826	E	PWC GP2 VHD SEAT/BACK				Not Allowed	$0.00			
K0827	E	PWC GP 2 VHD CAP CHAIR				Not Allowed	$0.00			
K0828	E	PWC GP 2 XTRA HD SEAT/BACK				Not Allowed	$0.00			
K0829	E	PWC GP 2 XTRA HD CAP CHAIR				Not Allowed	$0.00			
K0830	E	PWC GP2 STD SEAT ELEVATE S/B				Not Allowed	$0.00			
K0831	E	PWC GP2 STD SEAT ELEVATE CAP				Not Allowed	$0.00			
K0835	E	PWC GP2 STD SING POW OPT S/B				Not Allowed	$0.00			
K0836	E	PWC GP2 STD SING POW OPT CAP				Not Allowed	$0.00			
K0837	E	PWC GP 2 HD SING POW OPT S/B				Not Allowed	$0.00			
K0838	E	PWC GP 2 HD SING POW OPT CAP				Not Allowed	$0.00			
K0839	E	PWC GP2 VHD SING POW OPT S/B				Not Allowed	$0.00			
K0840	E	PWC GP2 XHD SING POW OPT S/B				Not Allowed	$0.00			
K0841	E	PWC GP2 STD MULT POW OPT S/B				Not Allowed	$0.00			
K0842	E	PWC GP2 STD MULT POW OPT CAP				Not Allowed	$0.00			
K0843	E	PWC GP2 HD MULT POW OPT S/B				Not Allowed	$0.00			
K0848	E	PWC GP 3 STD SEAT/BACK				Not Allowed	$0.00			
K0849	E	PWC GP 3 STD CAP CHAIR				Not Allowed	$0.00			
K0850	E	PWC GP 3 HD SEAT/BACK				Not Allowed	$0.00			
K0851	E	PWC GP 3 HD CAP CHAIR				Not Allowed	$0.00			
K0852	E	PWC GP 3 VHD SEAT/BACK				Not Allowed	$0.00			
K0853	E	PWC GP 3 VHD CAP CHAIR				Not Allowed	$0.00			
K0854	E	PWC GP 3 XHD SEAT/BACK				Not Allowed	$0.00			
K0855	E	PWC GP 3 XHD CAP CHAIR				Not Allowed	$0.00			
K0856	E	PWC GP3 STD SING POW OPT S/B				Not Allowed	$0.00			
K0857	E	PWC GP3 STD SING POW OPT CAP				Not Allowed	$0.00			
K0858	E	PWC GP3 HD SING POW OPT S/B				Not Allowed	$0.00			
K0859	E	PWC GP3 HD SING POW OPT CAP				Not Allowed	$0.00			
K0860	E	PWC GP3 VHD SING POW OPT S/B				Not Allowed	$0.00			
K0861	E	PWC GP3 STD MULT POW OPT S/B				Not Allowed	$0.00			
K0862	E	PWC GP3 HD MULT POW OPT S/B				Not Allowed	$0.00			
K0863	E	PWC GP3 VHD MULT POW OPT S/B				Not Allowed	$0.00			
K0864	E	PWC GP3 XHD MULT POW OPT S/B				Not Allowed	$0.00			
K0868	E	PWC GP 4 STD SEAT/BACK				Not Allowed	$0.00			
K0869	E	PWC GP 4 STD CAP CHAIR				Not Allowed	$0.00			
K0870	E	PWC GP 4 HD SEAT/BACK				Not Allowed	$0.00			
K0871	E	PWC GP 4 VHD SEAT/BACK				Not Allowed	$0.00			
K0877	E	PWC GP4 STD SING POW OPT S/B				Not Allowed	$0.00			
K0878	E	PWC GP4 STD SING POW OPT CAP				Not Allowed	$0.00			
K0879	E	PWC GP4 HD SING POW OPT S/B				Not Allowed	$0.00			
K0880	E	PWC GP4 VHD SING POW OPT S/B				Not Allowed	$0.00			
K0884	E	PWC GP4 STD MULT POW OPT S/B				Not Allowed	$0.00			
K0885	E	PWC GP4 STD MULT POW OPT CAP				Not Allowed	$0.00			

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K0886	E	PWC GP4 HD MULT POW S/B				Not Allowed	$0.00			
K0890	E	PWC GP5 PED SING POW OPT S/B				Not Allowed	$0.00			
K0891	E	PWC GP5 PED MULT POW OPT S/B				Not Allowed	$0.00			
K0898	E	POWER WHEELCHAIR NOC				Not Allowed	$0.00			
K0899	E	POW MOBIL DEV NO DMEPDAC				Not Allowed	$0.00			
L0112	E	CRANIAL CERVICAL ORTHOSIS				Not Allowed	$0.00			
L0113	E	CRANIAL CERVICAL TORTICOLLIS				Not Allowed	$0.00			
L0120	E	CERVICAL FLEXIBLE NON-ADJUSTABLE (FOAM COLLAR)				Not Allowed	$0.00			
L0130	E	CERVICAL FLEXIBLE THERMOPLASTIC COLLAR MOLDED TO				Not Allowed	$0.00			
L0140	E	CERVICAL SEMI-RIGID ADJUSTABLE (PLASTIC COLLAR)				Not Allowed	$0.00			
L0150	E	CERVICAL SEMI-RIGID ADJUSTABLE MOLDED CHIN CUP (PLA				Not Allowed	$0.00			
L0160	E	CERVICAL SEMI-RIGID WIRE FRAME OCCIPITAL/MANDIB. SUP				Not Allowed	$0.00			
L0170	E	CERVICAL COLLAR MOLDED TO PATIENT MODEL				Not Allowed	$0.00			
L0172	E	CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO				Not Allowed	$0.00			
L0174	E	CERVICAL COLLAR SEMI-RIGID THERMOPLASTIC FOAM TWO				Not Allowed	$0.00			
L0180	E	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUP				Not Allowed	$0.00			
L0190	E	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUP				Not Allowed	$0.00			
L0200	E	CERVICAL MULTIPLE POST COLLAR OCCIPITAL/MANDIB. SUP				Not Allowed	$0.00			
L0220	E	THORACIC RIB BELT CUSTOM FABRICATED				Not Allowed	$0.00			
L0430	E	DEWALL POSTURE PROTECTOR				Not Allowed	$0.00			
L0450	E	TLSO FLEX PREFAB THORACIC				Not Allowed	$0.00			
L0452	E	TLSO FLEX CUSTOM FAB THORACI				Not Allowed	$0.00			
L0454	E	TLSO FLEX PREFAB SACROCOC-T9				Not Allowed	$0.00			
L0456	E	TLSO FLEX PREFAB				Not Allowed	$0.00			
L0458	E	TLSO 2MOD SYMPHIS-XIPHO PRE				Not Allowed	$0.00			
L0460	E	TLSO2MOD SYMPHYSIS-STERN PRE				Not Allowed	$0.00			
L0462	E	TLSO 3MOD SACRO-SCAP PRE				Not Allowed	$0.00			
L0464	E	TLSO 4MOD SACRO-SCAP PRE				Not Allowed	$0.00			
L0466	E	TLSO RIGID FRAME PRE SOFT AP				Not Allowed	$0.00			
L0468	E	TLSO RIGID FRAME PREFAB PELV				Not Allowed	$0.00			
L0470	E	TLSO RIGID FRAME PRE SUBCLAV				Not Allowed	$0.00			
L0472	E	TLSO RIGID FRAME HYPEREX PRE				Not Allowed	$0.00			
L0480	E	TLSO RIGID PLASTIC CUSTOM FA				Not Allowed	$0.00			
L0482	E	TLSO RIGID LINED CUSTOM FAB				Not Allowed	$0.00			
L0484	E	TLSO RIGID PLASTIC CUST FAB				Not Allowed	$0.00			
L0486	E	TLSO RIGIDLINED CUST FAB TWO				Not Allowed	$0.00			
L0488	E	TLSO RIGID LINED PRE ONE PIE				Not Allowed	$0.00			
L0490	E	TLSO RIGID PLASTIC PRE ONE				Not Allowed	$0.00			
L0491	E	TLSO 2 PIECE RIGID SHELL				Not Allowed	$0.00			
L0492	E	TLSO 3 PIECE RIGID SHELL				Not Allowed	$0.00			
L0621	E	SIO FLEX PELVISACRAL PREFAB				Not Allowed	$0.00			
L0622	E	SIO FLEX PELVISACRAL CUSTOM				Not Allowed	$0.00			
L0623	E	SIO PANEL PREFAB				Not Allowed	$0.00			
L0624	E	SIO PANEL CUSTOM				Not Allowed	$0.00			
L0625	E	LO FLEXIBL L1-BELOW L5 PRE				Not Allowed	$0.00			
L0626	E	LO SAG STAYS/PANELS PRE-FAB				Not Allowed	$0.00			
L0627	E	LO SAGITT RIGID PANEL PREFAB				Not Allowed	$0.00			
L0628	E	LO FLEX W/O RIGID STAYS PRE				Not Allowed	$0.00			
L0629	E	LSO FLEX W/RIGID STAYS CUST				Not Allowed	$0.00			
L0630	E	LSO POST RIGID PANEL PRE				Not Allowed	$0.00			
L0631	E	LSO SAG-CORO RIGID FRAME PRE				Not Allowed	$0.00			
L0632	E	LSO SAG RIGID FRAME CUST				Not Allowed	$0.00			
L0633	E	LSO FLEXION CONTROL PREFAB				Not Allowed	$0.00			
L0634	E	LSO FLEXION CONTROL CUSTOM				Not Allowed	$0.00			
L0635	E	LSO SAGIT RIGID PANEL PREFAB				Not Allowed	$0.00			
L0636	E	LSO SAGITTAL RIGID PANEL CUS				Not Allowed	$0.00			

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L0637	E	LSO SAG-CORONAL PANEL PREFAB				Not Allowed	$0.00			
L0638	E	LSO SAG-CORONAL PANEL CUSTOM				Not Allowed	$0.00			
L0639	E	LSO S/C SHELL/PANEL PREFAB				Not Allowed	$0.00			
L0640	E	LSO S/C SHELL/PANEL CUSTOM				Not Allowed	$0.00			
L0700	E	CTLSO ANT.-POST.-LAT. CONTROL MOLDED TO PATIENT MOD				Not Allowed	$0.00			
L0710	E	CTLSO ANT.-POST.-LAT. CTRL. MOLDED TO PT. MODEL W/INT				Not Allowed	$0.00			
L0810	E	HALO PROCEDURE CERVICAL HALO INCORPORATED INTO JA				Not Allowed	$0.00			
L0820	E	HALO PROCEDURE CERV. HALO INCORP. INTO PLASTER BOD				Not Allowed	$0.00			
L0830	E	HALO PROCEDURE CERV. HALO INCORP. INTO MILWAUKEE (				Not Allowed	$0.00			
L0859	E	MRI COMPATIBLE SYSTEM				Not Allowed	$0.00			
L0861	E	HALO REPL LINER/INTERFACE				Not Allowed	$0.00			
L0970	E	TLSO CORSET FRONT				Not Allowed	$0.00			
L0972	E	LSO CORSET FRONT				Not Allowed	$0.00			
L0974	E	TLSO FULL CORSET				Not Allowed	$0.00			
L0976	E	LSO FULL CORSET				Not Allowed	$0.00			
L0978	E	AXILLARY CRUTCH EXTENSION				Not Allowed	$0.00			
L0980	E	PERONEAL STRAPS PAIR				Not Allowed	$0.00			
L0982	E	STOCKING SUPPORTER GRIPS SET OF FOUR (4)				Not Allowed	$0.00			
L0984	E	PROTECTIVE BODY SOCK EACH				Not Allowed	$0.00			
L0999	E	ADDITION TO SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			
L1000	E	CTLSO (MILWAUKEE) INCLUS. OF INITIAL ORTHOSIS INCL. MOI				Not Allowed	$0.00			
L1001	E	CTLSO INFANT IMMOBILIZER				Not Allowed	$0.00			
L1005	E	TENSION BASED SCOLIOSIS ORTH				Not Allowed	$0.00			
L1010	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS AXILLA SLING				Not Allowed	$0.00			
L1020	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPHOSIS PA				Not Allowed	$0.00			
L1025	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS KYPH. PAD FU				Not Allowed	$0.00			
L1030	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR BOLS				Not Allowed	$0.00			
L1040	E	ADD'N TO CTLSO OR SCOLIOSIS ORTHO. LUMBAR OR LUMBAF				Not Allowed	$0.00			
L1050	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS STERNAL PAD				Not Allowed	$0.00			
L1060	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS THORACIC PA				Not Allowed	$0.00			
L1070	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS TRAPEZIUS SI				Not Allowed	$0.00			
L1080	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS OUTRIGGER				Not Allowed	$0.00			
L1085	E	ADD'N TO CTLSO OR SCOLIOSIS ORTHO. OUTRIGGER BILAT.				Not Allowed	$0.00			
L1090	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS LUMBAR SLIN				Not Allowed	$0.00			
L1100	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE				Not Allowed	$0.00			
L1110	E	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS RING FLANGE				Not Allowed	$0.00			
L1120	E	ADD'N TO CTLSO SCOLIOSIS ORTHO. COVER FOR UPRIGHT				Not Allowed	$0.00			
L1200	E	TLSO INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY				Not Allowed	$0.00			
L1210	E	ADDITION TO TLSO (LOW PROFILE) LATERAL THORACIC EXT				Not Allowed	$0.00			
L1220	E	ADDITION TO TLSO (LOW PROFILE) ANTERIOR THORACIC EX				Not Allowed	$0.00			
L1230	E	ADDITION TO TLSO (LOW PROFILE) MILWAUKEE TYPE SUPEF				Not Allowed	$0.00			
L1240	E	ADDITION TO TLSO (LOW PROFILE) LUMBAR DEROTATION PA				Not Allowed	$0.00			
L1250	E	ADDITION TO TLSO (LOW PROFILE) ANTERIOR ASIS PAD				Not Allowed	$0.00			
L1260	E	ADDITION TO TLSO (LOW PROFILE) ANT. THOR. DEROTATION				Not Allowed	$0.00			
L1270	E	ADDITION TO TLSO (LOW PROFILE) ABDOMINAL PAD				Not Allowed	$0.00			
L1280	E	ADDITION TO TLSO (LOW PROFILE) RIB GUSSET (ELASTIC) E				Not Allowed	$0.00			
L1290	E	ADDITION TO TLSO (LOW PROFILE) LATERAL TROCHANTERIC				Not Allowed	$0.00			
L1300	E	OTHER SCOLIOSIS PROCEDURE BODY JACKET MOLDED TO F				Not Allowed	$0.00			
L1310	E	OTHER SCOLIOSIS PROCEDURE POSTOPERATIVE BODY JAC				Not Allowed	$0.00			
L1499	E	SPINAL ORTHOSIS NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			
L1600	E	HO ABDUCTION CONTROL OF HIP JOINTS FLEX. FREJKA TYP				Not Allowed	$0.00			
L1610	E	HO ABDUCTION CONTROL OF HIP JOINTS FLEX.(FREJKA COV				Not Allowed	$0.00			
L1620	E	HO ABDUCTION CONTROL OF HIP JOINTS FLEX. (PAVLIK HAR				Not Allowed	$0.00			
L1630	E	HO ABDUCTION CONTROL OF HIP JOINTS SEMI-FLEX. (VON R				Not Allowed	$0.00			
L1640	E	HO ABDUCTION CONTROL OF HIP JOINTS STATIC PELVIC				Not Allowed	$0.00			
L1650	E	HO ABDUCTION CONTROL OF HIP JOINTS STATIC ADJUSTAE				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L1652	E	HO BI THIGHCUFFS W SPRDR BAR				Not Allowed	$0.00			
L1660	E	HO ABDUCTION CONTROL OF HIP JOINTS STATIC PLASTIC				Not Allowed	$0.00			
L1680	E	HO ABDUCTION CONTROL OF HIP JOINTS DYNAMIC PELVIC				Not Allowed	$0.00			
L1685	E	HO ABDUC. CTRL. OF HIP JOINT POSTOP HIP ABDUC. CUSTO				Not Allowed	$0.00			
L1686	E	HO ABDUCTION CONTROL OF HIP JOINT POSTOP HIP ABDUC				Not Allowed	$0.00			
L1690	E	COMBO BILAT/L-S/HIP/FEMUR ORTHOSIS ADDUC/INT ROTATI				Not Allowed	$0.00			
L1700	E	LEGG PERTHES ORTHOSIS (TORONTO TYPE) CUSTOM-FABRI				Not Allowed	$0.00			
L1710	E	LEGG PERTHES ORTHOSIS (NEWINGTON TYPE) CUSTOM-FAB				Not Allowed	$0.00			
L1720	E	LEGG PERTHES ORTHOSIS TRILATERAL (TACHDIJAN TYPE) C				Not Allowed	$0.00			
L1730	E	LEGG PERTHES ORTHOSIS (SCOTTISH RITE TYPE) CUSTOM				Not Allowed	$0.00			
L1755	E	LEGG PERTHES ORTHOSIS (PATTEN BOTTOM TYPE) CUSTOM				Not Allowed	$0.00			
L1810	E	KO ELASTIC WITH JOINTS PREFABRICATED INCL FITTING/AD				Not Allowed	$0.00			
L1820	E	KO ELASTIC WITH CONDYLAR PADS AND JOINTS PREFABRIC				Not Allowed	$0.00			
L1830	E	KO IMMOBILIZER CANVAS LONGITUDINAL PREFAB INCL FIT				Not Allowed	$0.00			
L1831	E	KNEE ORTH POS LOCKING JOINT				Not Allowed	$0.00			
L1832	E	KO ADJ JNT POS RIGID SUPPORT				Not Allowed	$0.00			
L1834	E	KO WITHOUT KNEE JOINT RIGID CUSTOM FABRICATED				Not Allowed	$0.00			
L1836	E	RIGID KO WO JOINTS				Not Allowed	$0.00			
L1840	E	KO DEROTATION MED.-LAT. AC LIGAMENT CUSTOM FABRIC				Not Allowed	$0.00			
L1843	E	KO SINGLE UPRIGHT CUSTOM FIT				Not Allowed	$0.00			
L1844	E	KO W/ADJ JT ROT CNTRL MOLDED				Not Allowed	$0.00			
L1845	E	KO W/ ADJ FLEX/EXT ROTAT CUS				Not Allowed	$0.00			
L1846	E	KO W ADJ FLEX/EXT ROTAT MOLD				Not Allowed	$0.00			
L1847	E	KNEE ORTHOSIS DOUBLE UPRIGHT W/ADJ JOINT INFL. AIR C				Not Allowed	$0.00			
L1850	E	KO SWEDISH TYPE PREFABRICATED INCL FITTING AND ADJU				Not Allowed	$0.00			
L1860	E	KO MODIF. OF SUPRACONDYLAR PROSTHETIC SOCKET CUS				Not Allowed	$0.00			
L1900	E	AFO SPRING WIRE DORSIFLEXION ASSIST CALF BAND CUSTO				Not Allowed	$0.00			
L1902	E	AFO ANKLE GAUNTLET PREFABRICATED INCL FIT AND ADJU				Not Allowed	$0.00			
L1904	E	AFO MOLDED ANKLE GAUNTLET CUSTOM FABRICATED				Not Allowed	$0.00			
L1906	E	AFO MULTILIGAMENTUS ANKLE SUPPORT PREFAB INCL FIT				Not Allowed	$0.00			
L1907	E	AFO SUPRAMALLEOLAR CUSTOM				Not Allowed	$0.00			
L1910	E	AFO POSTERIOR SINGLE BAR CLASP ATTACHMENT TO SHO				Not Allowed	$0.00			
L1920	E	AFO SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP C				Not Allowed	$0.00			
L1930	E	AFO PLASTIC				Not Allowed	$0.00			
L1932	E	AFO RIG ANT TIB PREFAB TCF/=				Not Allowed	$0.00			
L1940	E	AFO MOLDED TO PATIENT MODEL PLASTIC CUSTOM FABRIC				Not Allowed	$0.00			
L1945	E	AFO PLASTIC RIGID ANTERIOR TIBIAL SEC CUSTOM FABRIC				Not Allowed	$0.00			
L1950	E	AFO SPIRAL MOLDED TO PT PLAS				Not Allowed	$0.00			
L1951	E	AFO SPIRAL PREFABRICATED				Not Allowed	$0.00			
L1960	E	AFO POSTERIOR SOLID ANKLE PLASTIC CUSTOM FABRICAT				Not Allowed	$0.00			
L1970	E	AFO PLASTIC WITH ANKLE JOINT CUSTOM FABRICATED				Not Allowed	$0.00			
L1971	E	AFO W/ANKLE JOINT PREFAB				Not Allowed	$0.00			
L1980	E	AFO SNGL. UPRIGHT FREE PLANTAR DORSIFLEX. (SNGL BAR				Not Allowed	$0.00			
L1990	E	AFO DBL. UPRIGHT FREE PLANTAR DORSIFLEX. (DBL. BAR "B				Not Allowed	$0.00			
L2000	E	KAFO SINGLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM				Not Allowed	$0.00			
L2005	E	KAFO SNG/DBL MECHANICAL ACT				Not Allowed	$0.00			
L2010	E	KAFO SINGLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE JO				Not Allowed	$0.00			
L2020	E	KAFO DOUBLE UPRIGHT FREE KNEE/ANKLE SOLID CUSTOM				Not Allowed	$0.00			
L2030	E	KAFO DOUBLE UPRIGHT FREE ANKLE SOLID W/OUT KNEE J				Not Allowed	$0.00			
L2034	E	KAFO PLA SIN UP W/WO K/A CUS				Not Allowed	$0.00			
L2035	E	KAFO FULL PLASTIC STATIC PREFABRICATED (PEDIATRIC S				Not Allowed	$0.00			
L2036	E	KAFO PLAS DOUB FREE KNEE MOL				Not Allowed	$0.00			
L2037	E	KAFO PLAS SING FREE KNEE MOL				Not Allowed	$0.00			
L2038	E	KAFO W/O JOINT MULTI-AXIS AN				Not Allowed	$0.00			
L2040	E	HKAFO TORSION CTRL. BILAT. ROTATION STRAPS PELVIC BA				Not Allowed	$0.00			
L2050	E	HKAFO TORSION CTRL. BILAT. TORSION CABLES HIP JT. PEL				Not Allowed	$0.00			

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L2060	E	HKAFO TORSION CTRL. BILAT. TORSION CABLES BALL BEAR				Not Allowed	$0.00			
L2070	E	HKAFO TORSION CTRL. UNILAT. ROTATION STRAPS PELVIC B				Not Allowed	$0.00			
L2080	E	HKAFO TORSION CTRL. UNILAT. TORSION CABLES HIP JT. PE				Not Allowed	$0.00			
L2090	E	HKAFO TORSION CTRL. UNILAT. TORSION CABLES BALL BEA				Not Allowed	$0.00			
L2106	E	AFO FX ORTHO. TIBIAL FX CAST ORTHOSIS THERMOPLAS C				Not Allowed	$0.00			
L2108	E	AFO FX ORTHOSIS TIBIAL FX CAST ORTHOSIS CUSTOM FAB				Not Allowed	$0.00			
L2112	E	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SOFT PREFABRICA				Not Allowed	$0.00			
L2114	E	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS SEMI-RIGID PREFA				Not Allowed	$0.00			
L2116	E	AFO FX ORTHOSIS TIBIAL FX ORTHOSIS RIGID PREFABRICA				Not Allowed	$0.00			
L2126	E	KAFO FX ORTHO. FEMORAL FX CAST ORTHO. THERMOPLAS				Not Allowed	$0.00			
L2128	E	KAFO FX ORTHO. FEMORAL FX CAST ORTHOSIS CUSTOM FA				Not Allowed	$0.00			
L2132	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SOFT PR				Not Allowed	$0.00			
L2134	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS SEMI-RIG				Not Allowed	$0.00			
L2136	E	KAFO FX ORTHOSIS FEMORAL FX CAST ORTHOSIS RIGID PR				Not Allowed	$0.00			
L2180	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS PLASTIC SHOE I				Not Allowed	$0.00			
L2182	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS DROP LOCK KNE				Not Allowed	$0.00			
L2184	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS LMTD MOTION K				Not Allowed	$0.00			
L2186	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS ADJUS. MOTION				Not Allowed	$0.00			
L2188	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS QUADRILATERAL				Not Allowed	$0.00			
L2190	E	ADD'N TO LOWER EXTREMITY FX ORTHOSIS WAIST BELT				Not Allowed	$0.00			
L2192	E	ADD'N TO LOWER EXTREM. FX ORTHO. HIP JT./PELVIC BAND/				Not Allowed	$0.00			
L2200	E	ADD'N TO LOWER EXTREMITY LIMITED ANKLE MOTION EACH				Not Allowed	$0.00			
L2210	E	ADD'N TO LOWER EXTREMITY DORSIFLEXION ASSIST EACH				Not Allowed	$0.00			
L2220	E	ADD'N TO LOWER EXTREMITY DORSIFLEX/PLANTAR FLEX EA				Not Allowed	$0.00			
L2230	E	ADD'N TO LOWER EXTREM. SPLIT FLAT CALIPER STIRRUPS/P				Not Allowed	$0.00			
L2232	E	ROCKER BOTTOM CONTACT AFO				Not Allowed	$0.00			
L2240	E	ADD'N TO LOWER EXTREMITY ROUND CALIPER AND PLATE A				Not Allowed	$0.00			
L2250	E	ADD'N TO LOWER EXTREMITY FOOT PLATE MOLDED STIRRU				Not Allowed	$0.00			
L2260	E	ADD'N TO LOWER EXTREMITY REINFORCED SOLID STIRRUP				Not Allowed	$0.00			
L2265	E	ADD'N TO LOWER EXTREMITY LONG TONGUE STIRRUP				Not Allowed	$0.00			
L2270	E	ADD'N TO LOWER EXTREMITY "T" STRAP PADDED/LINED OR				Not Allowed	$0.00			
L2275	E	ADD'N TO LOWER EXTREMITY VARUS/VALGUS CORREC. PLA				Not Allowed	$0.00			
L2280	E	ADD'N TO LOWER EXTREMITY MOLDED INNER BOOT				Not Allowed	$0.00			
L2300	E	ADD'N TO LOWER EXTREMITY ABDUC. BAR JOINTED ADJUST				Not Allowed	$0.00			
L2310	E	ADD'N TO LOWER EXTREMITY ABDUCTION BAR STRAIGHT				Not Allowed	$0.00			
L2320	E	ADD'N TO LOWER EXTREMITY NONMOLDED LACER				Not Allowed	$0.00			
L2330	E	ADD'N TO LOWER EXTREMITY LACER MOLDED TO PATIENT M				Not Allowed	$0.00			
L2335	E	ADD'N TO LOWER EXTREMITY ANTERIOR SWING BAND				Not Allowed	$0.00			
L2340	E	ADD'N TO LOWER EXTREMITY PRETIBIAL SHELL MOLDED TO				Not Allowed	$0.00			
L2350	E	ADD'N TO LOWER EXTREMITY PROSTHETIC TYPE (BK) SOCKE				Not Allowed	$0.00			
L2360	E	ADD'N TO LOWER EXTREMITY EXTENDED STEEL SHANK				Not Allowed	$0.00			
L2370	E	ADD'N TO LOWER EXTREMITY PATTEN BOTTOM				Not Allowed	$0.00			
L2375	E	ADD'N TO LOWER EXTREM. TORSION CTRL. ANKLE JT.& HAL				Not Allowed	$0.00			
L2380	E	ADD'N TO LOWER EXTREM. TORSION CTRL. STRAIGHT KNEE				Not Allowed	$0.00			
L2385	E	ADD'N TO LOWER EXTREM. STRAIGHT KNEE JT. HEAVY DUT				Not Allowed	$0.00			
L2387	E	ADD LE POLY KNEE CUSTOM KAFO				Not Allowed	$0.00			
L2390	E	ADD'N TO LOWER EXTREMITY OFFSET KNEE JOINT EACH JO				Not Allowed	$0.00			
L2395	E	ADD'N TO LOWER EXTREMITY OFFSET KNEE JT. HEAVY DUT				Not Allowed	$0.00			
L2397	E	ADD'N TO LOWER EXTREMITY ORTHOSIS SUSPENSION SLEE				Not Allowed	$0.00			
L2405	E	KNEE JOINT DROP LOCK EA JNT				Not Allowed	$0.00			
L2415	E	KNEE JOINT CAM LOCK EACH JOI				Not Allowed	$0.00			
L2425	E	ADD'N TO KNEE JT. DISC OR DIAL LOCK FOR ADJ. KNEE FLEX				Not Allowed	$0.00			
L2430	E	ADD'N TO KNEE JOINT RATCHET LOCK FOR KNEE EXTENSION				Not Allowed	$0.00			
L2492	E	ADD'N TO KNEE JOINT LIFT LOOP FOR DROP LOCK RING				Not Allowed	$0.00			
L2500	E	ADD'N TO LOWER EXTREM. THIGH/WEIGHT BEARING GLUT/IS				Not Allowed	$0.00			
L2510	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT				Not Allowed	$0.00			

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L2520	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING QUADRILAT E				Not Allowed	$0.00			
L2525	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BR				Not Allowed	$0.00			
L2526	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEAR ISCHIAL/NAR. BR				Not Allowed	$0.00			
L2530	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER NON				Not Allowed	$0.00			
L2540	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING LACER MOL				Not Allowed	$0.00			
L2550	E	ADD'N TO LOWER EXTREM. THIGH/WT. BEARING HIGH ROLL C				Not Allowed	$0.00			
L2570	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT 2 POSITI				Not Allowed	$0.00			
L2580	E	ADD'N TO LOWER EXTREMITY PELVIC CONTROL PELVIC SLIN				Not Allowed	$0.00			
L2600	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT FREE E				Not Allowed	$0.00			
L2610	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT LOCK E				Not Allowed	$0.00			
L2620	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT HEAVY-D				Not Allowed	$0.00			
L2622	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL HIP JT ADJUS F				Not Allowed	$0.00			
L2624	E	ADD'N TO LOWER EXTREM. PELVIC CTRL. HIP JT ADJUS F/E/A				Not Allowed	$0.00			
L2627	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL PLASTIC MOLD				Not Allowed	$0.00			
L2628	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL METAL FRAME				Not Allowed	$0.00			
L2630	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BEL				Not Allowed	$0.00			
L2640	E	ADD'N TO LOWER EXTREM. PELVIC CONTROL BAND AND BEL				Not Allowed	$0.00			
L2650	E	ADD'N TO LOWER EXTREM. PELV.&THORACIC CTRL. GLUTEAL				Not Allowed	$0.00			
L2660	E	ADD'N TO LOWER EXTREM. THORACIC CONTROL THORACIC I				Not Allowed	$0.00			
L2670	E	ADD'N TO LOWER EXTREM. THORACIC CONTROL PARASPINA				Not Allowed	$0.00			
L2680	E	ADD'N TO LOWER EXTREM. THORACIC CTRL. LATERAL SUPPO				Not Allowed	$0.00			
L2750	E	ADD'N TO LOWER EXTREM. ORTHO. PLATING CHROME/NICKE				Not Allowed	$0.00			
L2755	E	CARBON GRAPHITE LAMINATION				Not Allowed	$0.00			
L2760	E	ADD'N TO LOWER EXTREM. ORTHO. EXTENSION PER EXTEN.				Not Allowed	$0.00			
L2768	E	ORTHO SIDEBAR DISCONNECT				Not Allowed	$0.00			
L2780	E	ADD'N TO LOWER EXTREM. ORTHO. NONCORROSIVE FINISH				Not Allowed	$0.00			
L2785	E	ADD'N TO LOWER EXTREM. ORTHOSIS DROP LOCK RETAINER				Not Allowed	$0.00			
L2795	E	ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL FULL				Not Allowed	$0.00			
L2800	E	ADD'N TO LOWER EXTREM. ORTHO. KNEE CTRL. KNEECAP MI				Not Allowed	$0.00			
L2810	E	ADD'N TO LOWER EXTREM. ORTHOSIS KNEE CONTROL CONI				Not Allowed	$0.00			
L2820	E	ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED BE				Not Allowed	$0.00			
L2830	E	ADD'N TO LOWER EXTREM. ORTHO. SOFT INTER. MOLDED AE				Not Allowed	$0.00			
L2840	E	ADD'N TO LOWER EXTREM. ORTHO. TIBIAL LENGTH SOCK FX (				Not Allowed	$0.00			
L2850	E	ADD'N TO LOWER EXTREM. ORTHO. FEM. LENGTH SOCK FX O				Not Allowed	$0.00			
L2861	E	TORSION MECHANISM KNEE/ANKLE				Not Allowed	$0.00			
L2999	E	LOWER EXTREMITY ORTHOSES NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			
L3000	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL "UCB" TY				Not Allowed	$0.00			
L3001	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SPENCO				Not Allowed	$0.00			
L3002	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL PLASTAZ				Not Allowed	$0.00			
L3003	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL SILICON				Not Allowed	$0.00			
L3010	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL ARCH SU				Not Allowed	$0.00			
L3020	E	FOOT INSERT REMOVABLE MOLDED TO PT. MODEL MT SUPP				Not Allowed	$0.00			
L3030	E	FOOT INSERT REMOVABLE FORMED TO PATIENT FOOT EAC				Not Allowed	$0.00			
L3031	E	FOOT LAMIN/PREPREG COMPOSITE				Not Allowed	$0.00			
L3040	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUD				Not Allowed	$0.00			
L3050	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED METATAR				Not Allowed	$0.00			
L3060	E	FOOT ARCH SUPPORT REMOVABLE PREMOLDED LONGITUD.				Not Allowed	$0.00			
L3070	E	FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE				Not Allowed	$0.00			
L3080	E	FOOT ARCH SUPPORT NONREMOVABLE ATTACHED TO SHOE				Not Allowed	$0.00			
L3090	E	FOOT ARCH SUPPORT NONREMOV. ATTACHED TO SHOE LOI				Not Allowed	$0.00			
L3100	E	HALLUS-VALGUS NIGHT DYNAMIC SPLINT				Not Allowed	$0.00			
L3140	E	FOOT ABDUCTION ROTATION BAR INCLUDING SHOES				Not Allowed	$0.00			
L3150	E	FOOT ABDUCTION ROTATION BAR WITHOUT SHOES				Not Allowed	$0.00			
L3160	E	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE				Not Allowed	$0.00			
L3170	E	FOOT PLASTIC HEEL STABILIZER				Not Allowed	$0.00			
L3201	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATO				Not Allowed	$0.00			

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L3202	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATC				Not Allowed	$0.00			
L3203	E	ORTHOPEDIC SHOE OXFORD WITH SUPINATOR OR PRONATC				Not Allowed	$0.00			
L3204	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONAT				Not Allowed	$0.00			
L3206	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONAT				Not Allowed	$0.00			
L3207	E	ORTHOPEDIC SHOE HIGHTOP WITH SUPINATOR OR PRONAT				Not Allowed	$0.00			
L3208	E	SURGICAL BOOT EACH INFANT				Not Allowed	$0.00			
L3209	E	SURGICAL BOOT EACH CHILD				Not Allowed	$0.00			
L3211	E	SURGICAL BOOT EACH JUNIOR				Not Allowed	$0.00			
L3212	E	BENESCH BOOT PAIR INFANT				Not Allowed	$0.00			
L3213	E	BENESCH BOOT PAIR CHILD				Not Allowed	$0.00			
L3214	E	BENESCH BOOT PAIR JUNIOR				Not Allowed	$0.00			
L3215	E	ORTHOPEDIC FTWEAR LADIES OXF				Not Allowed	$0.00			
L3216	E	ORTHOPED LADIES SHOES DPTH I				Not Allowed	$0.00			
L3217	E	LADIES SHOES HIGHTOP DEPTH I				Not Allowed	$0.00			
L3219	E	ORTHOPEDIC MENS SHOES OXFORD				Not Allowed	$0.00			
L3221	E	ORTHOPEDIC MENS SHOES DPTH I				Not Allowed	$0.00			
L3222	E	MENS SHOES HIGHTOP DEPTH INL				Not Allowed	$0.00			
L3224	E	ORTH FOOTWEAR WOMAN'S OXFORD SHOE AS INTEGRAL PA				Not Allowed	$0.00			
L3225	E	ORTH FOOTWEAR MAN'S OXFORD SHOE AS INTEGRAL PART (				Not Allowed	$0.00			
L3230	E	CUSTOM SHOES DEPTH INLAY				Not Allowed	$0.00			
L3250	E	ORTHOPEDIC FOOTWEAR CUSTOM MOLDED SHOE EACH				Not Allowed	$0.00			
L3251	E	FOOT SHOE MOLDED TO PATIENT MODEL SILICONE SHOE E				Not Allowed	$0.00			
L3252	E	FOOT SHOE MOLDED TO PT. MODEL PLASTAZOTE CUSTOM				Not Allowed	$0.00			
L3253	E	FOOT MOLDED SHOE PLASTAZOTE(OR SIMILAR) CUSTOM FIT				Not Allowed	$0.00			
L3254	E	ORTHOPEDIC FOOTWEAR NONSTANDARD SIZE OR WIDTH				Not Allowed	$0.00			
L3255	E	ORTHOPEDIC FOOTWEAR NONSTANDARD SIZE OR LENGTH				Not Allowed	$0.00			
L3257	E	ORTHOPEDIC FOOTWEAR ADDITIONAL CHARGE FOR SPLIT S				Not Allowed	$0.00			
L3260	E	AMBULATORY SURGICAL BOOT EAC				Not Allowed	$0.00			
L3265	E	PLASTAZOTE SANDAL EACH				Not Allowed	$0.00			
L3300	E	LIFT ELEVATION HEEL TAPERED TO METATARSALS PER INC				Not Allowed	$0.00			
L3310	E	LIFT ELEVATION HEEL AND SOLE NEOPRENE PER INCH				Not Allowed	$0.00			
L3320	E	LIFT ELEVATION HEEL AND SOLE CORK PER INCH				Not Allowed	$0.00			
L3330	E	LIFT ELEVATION METAL EXTENSION (SKATE)				Not Allowed	$0.00			
L3332	E	LIFT ELEVATION INSIDE SHOE TAPERED UP TO ONE-HALF IN				Not Allowed	$0.00			
L3334	E	LIFT ELEVATION HEEL PER INCH				Not Allowed	$0.00			
L3340	E	HEEL WEDGE SACH				Not Allowed	$0.00			
L3350	E	HEEL WEDGE				Not Allowed	$0.00			
L3360	E	SOLE WEDGE OUTSIDE SOLE				Not Allowed	$0.00			
L3370	E	SOLE WEDGE BETWEEN SOLE				Not Allowed	$0.00			
L3380	E	CLUBFOOT WEDGE				Not Allowed	$0.00			
L3390	E	OUTFLARE WEDGE				Not Allowed	$0.00			
L3400	E	METATARSAL BAR WEDGE ROCKER				Not Allowed	$0.00			
L3410	E	METATARSAL BAR WEDGE BETWEEN SOLE				Not Allowed	$0.00			
L3420	E	FULL SOLE AND HEEL WEDGE BETWEEN SOLE				Not Allowed	$0.00			
L3430	E	HEEL COUNTER PLASTIC REINFORCED				Not Allowed	$0.00			
L3440	E	HEEL COUNTER LEATHER REINFORCED				Not Allowed	$0.00			
L3450	E	HEEL SACH CUSHION TYPE				Not Allowed	$0.00			
L3455	E	HEEL NEW LEATHER STANDARD				Not Allowed	$0.00			
L3460	E	HEEL NEW RUBBER STANDARD				Not Allowed	$0.00			
L3465	E	HEEL THOMAS WITH WEDGE				Not Allowed	$0.00			
L3470	E	HEEL THOMAS EXTENDED TO BALL				Not Allowed	$0.00			
L3480	E	HEEL PAD AND DEPRESSION FOR SPUR				Not Allowed	$0.00			
L3485	E	HEEL PAD REMOVABLE FOR SPUR				Not Allowed	$0.00			
L3500	E	ORTHOPEDIC SHOE ADDITION INSOLE LEATHER				Not Allowed	$0.00			
L3510	E	ORTHOPEDIC SHOE ADDITION INSOLE RUBBER				Not Allowed	$0.00			
L3520	E	ORTHOPEDIC SHOE ADDITION INSOLE FELT COVERED WITH				Not Allowed	$0.00			

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L3530	E	ORTHOPEDIC SHOE ADDITION SOLE HALF				Not Allowed	$0.00			
L3540	E	ORTHOPEDIC SHOE ADDITION SOLE FULL				Not Allowed	$0.00			
L3550	E	ORTHOPEDIC SHOE ADDITION TOE TAP STANDARD				Not Allowed	$0.00			
L3560	E	ORTHOPEDIC SHOE ADDITION TOE TAP HORSESHOE				Not Allowed	$0.00			
L3570	E	ORTHOPEDIC SHOE ADDITION SPECIAL EXTENSION TO INSTE				Not Allowed	$0.00			
L3580	E	ORTHOPEDIC SHOE ADDITION CONVERT INSTEP TO VELCRO				Not Allowed	$0.00			
L3590	E	ORTHOPEDIC SHOE ADDITION CONVERT FIRM TO SOFT SHOE				Not Allowed	$0.00			
L3595	E	ORTHOPEDIC SHOE ADDITION MARCH BAR				Not Allowed	$0.00			
L3600	E	TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE E				Not Allowed	$0.00			
L3610	E	TRANSFER ORTHOSIS TO ANOTHER SHOE CALIPER PLATE N				Not Allowed	$0.00			
L3620	E	TRANSFER ORTHOSIS TO ANOTHER SHOE SOLID STIRRUP E				Not Allowed	$0.00			
L3630	E	TRANSFER ORTHOSIS TO ANOTHER SHOE SOLIC STIRRUP N				Not Allowed	$0.00			
L3640	E	TRANS. ORTHO. TO ANOTHER SHOE DENNIS BROWNE SPLIN				Not Allowed	$0.00			
L3649	E	ORTHOPEDIC SHOE MODIFICATION ADDITION OR TRANSFER				Not Allowed	$0.00			
L3650	E	SO FIGURE EIGHT DESIGN ABDUCTION RESTRAINER PREFA				Not Allowed	$0.00			
L3660	E	SO FIGURE OF 8 DESIGN ABDUCTION RESTRAINER CANVAS &				Not Allowed	$0.00			
L3670	E	SO ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE) PR				Not Allowed	$0.00			
L3671	E	SO CAP DESIGN W/O JNTS CF				Not Allowed	$0.00			
L3674	E	SO AIRPLANE W/WO JOINT CF				Not Allowed	$0.00			
L3675	E	SO VEST TYPE ABDUCTION RESTRAINER CANVAS WEBBING				Not Allowed	$0.00			
L3677	E	SO HARD PLASTIC STABILIZER				Not Allowed	$0.00			
L3702	E	EO W/O JOINTS CF				Not Allowed	$0.00			
L3710	E	EO ELASTIC WITH METAL JOINTS PREFABRICATED				Not Allowed	$0.00			
L3720	E	EO DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS FREE MO				Not Allowed	$0.00			
L3730	E	EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS EXT./FLEX ASSI				Not Allowed	$0.00			
L3740	E	EO DBL. UPRIGHT W/ FOREARM/ARM CUFFS ADJUSTABLE PO				Not Allowed	$0.00			
L3760	E	ELBOW ORTHOSIS ADJUSTABLE POSITIONLOCKING JOINT PI				Not Allowed	$0.00			
L3762	E	RIGID EO WO JOINTS				Not Allowed	$0.00			
L3763	E	EWHO RIGID W/O JNTS CF				Not Allowed	$0.00			
L3764	E	EWHO W/JOINT(S) CF				Not Allowed	$0.00			
L3765	E	EWHFO RIGID W/O JNTS CF				Not Allowed	$0.00			
L3766	E	EWHFO W/JOINT(S) CF				Not Allowed	$0.00			
L3806	E	WHFO W/JOINT(S) CUSTOM FAB				Not Allowed	$0.00			
L3807	E	WHFO WITHOUT JOINT(S) PREFABRICATED INCL FIT AND AD				Not Allowed	$0.00			
L3808	E	WHFO, RIGID W/O JOINTS				Not Allowed	$0.00			
L3891	E	TORSION MECHANISM WRIST/ELBO				Not Allowed	$0.00			
L3900	E	WHFO DYNAMIC FLEXOR HINGE WRIST OR FINGER DRIVEN				Not Allowed	$0.00			
L3901	E	WHFO DYNAMIC FLEXOR HINGE CABLE DRIVEN CUSTOM FA				Not Allowed	$0.00			
L3904	E	WHFO EXTERNAL POWERED ELECTRIC CUSTOM FABRICATE				Not Allowed	$0.00			
L3905	E	WHO W/NONTORSION JNT(S) CF				Not Allowed	$0.00			
L3906	E	WHO W/O JOINTS CF				Not Allowed	$0.00			
L3908	E	WHO WRIST EXTENSION CONTROL COCK-UP NON MOLDED				Not Allowed	$0.00			
L3912	E	HFO FLEXION GLOVE WITH ELASTIC FINGER CONTROL PREF				Not Allowed	$0.00			
L3913	E	HFO W/O JOINTS CF				Not Allowed	$0.00			
L3915	E	WHO W NONTOR JNT(S) PREFAB				Not Allowed	$0.00			
L3917	E	PREFAB METACARPL FX ORTHOSIS				Not Allowed	$0.00			
L3919	E	HO W/O JOINTS CF				Not Allowed	$0.00			
L3921	E	HFO W/JOINT(S) CF				Not Allowed	$0.00			
L3923	E	HFO W/O JOINTS PF				Not Allowed	$0.00			
L3925	E	FO PIP/DIP WITH JOINT/SPRING				Not Allowed	$0.00			
L3927	E	FO PIP/DIP W/O JOINT/SPRING				Not Allowed	$0.00			
L3929	E	HFO NONTORSION JOINT, PREFAB				Not Allowed	$0.00			
L3931	E	WHFO NONTORSION JOINT PREFAB				Not Allowed	$0.00			
L3933	E	FO W/O JOINTS CF				Not Allowed	$0.00			
L3935	E	FO NONTORSION JOINT CF				Not Allowed	$0.00			
L3956	E	ADD'N JOINT TO UPPER EXTREM. ORTHOSIS ANY MATERIAL;				Not Allowed	$0.00			

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L3960	E	SEWHO ABDUCTION POSITIONING AIRPLANE DESIGN PREFA				Not Allowed	$0.00			
L3961	E	SEWHO CAP DESIGN W/O JNTS CF				Not Allowed	$0.00			
L3962	E	SEWHO ABDUCTION POSITIONING ERBS PALSEY DESIGN PR				Not Allowed	$0.00			
L3967	E	SEWHO AIRPLANE W/O JNTS CF				Not Allowed	$0.00			
L3971	E	SEWHO CAP DESIGN W/JNT(S) CF				Not Allowed	$0.00			
L3973	E	SEWHO AIRPLANE W/JNT(S) CF				Not Allowed	$0.00			
L3975	E	SEWHFO CAP DESIGN W/O JNT CF				Not Allowed	$0.00			
L3976	E	SEWHFO AIRPLANE W/O JNTS CF				Not Allowed	$0.00			
L3977	E	SEWHFO CAP DESGN W/JNT(S) CF				Not Allowed	$0.00			
L3978	E	SEWHFO AIRPLANE W/JNT(S) CF				Not Allowed	$0.00			
L3980	E	UPPER EXTREMITY FX ORTHOSIS HUMERAL PREFABRICATE				Not Allowed	$0.00			
L3982	E	UPPER EXTREMITY FX ORTHOSIS RADIUS/ULNAR PREFABRI				Not Allowed	$0.00			
L3984	E	UPPER EXTREMITY FX ORTHOSIS WRIST PREFABRICATED				Not Allowed	$0.00			
L3995	E	ADD'N TO UPPER EXTREM. ORTHOSIS SOCK FX OR EQUAL E				Not Allowed	$0.00			
L3999	E	UPPER LIMB ORTHOSIS NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			
L4000	E	REPL GIRDLE MILWAUKEE ORTH				Not Allowed	$0.00			
L4002	E	REPLACE STRAP ANY ORTHOSIS				Not Allowed	$0.00			
L4010	E	REPLACE TRILATERAL SOCKET BRIM				Not Allowed	$0.00			
L4020	E	REPLACE QUADRILATERAL SOCKET BRIM MOLDED TO PATIE				Not Allowed	$0.00			
L4030	E	REPLACE QUADRILATERAL SOCKET BRIM CUSTOM FITTED				Not Allowed	$0.00			
L4040	E	REPLACE MOLDED THIGH LACER				Not Allowed	$0.00			
L4045	E	REPLACE NONMOLDED THIGH LACER				Not Allowed	$0.00			
L4050	E	REPLACE MOLDED CALF LACER				Not Allowed	$0.00			
L4055	E	REPLACE NONMOLDED CALF LACER				Not Allowed	$0.00			
L4060	E	REPLACE HIGH ROLL CUFF				Not Allowed	$0.00			
L4070	E	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO				Not Allowed	$0.00			
L4080	E	REPLACE METAL BANDS KAFO PROXIMAL THIGH				Not Allowed	$0.00			
L4090	E	REPLACE METAL BANDS KAFO-AFO CALF OR DISTAL THIGH				Not Allowed	$0.00			
L4100	E	REPLACE LEATHER CUFF KAFO PROXIMAL THIGH				Not Allowed	$0.00			
L4110	E	REPLACE LEATHER CUFF KAFO-AFO CALF OR DISTAL THIGH				Not Allowed	$0.00			
L4130	E	REPLACE PRETIBIAL SHELL				Not Allowed	$0.00			
L4205	E	REPAIR OF ORTHOTIC DEVICE LABOR COMPONENT PER 15 M				Not Allowed	$0.00			
L4210	E	REPAIR OF ORTHOTIC DEVICE REPAIR OR REPLACE MINOR P				Not Allowed	$0.00			
L4350	E	ANKLE CONTROL ORTHOSI PREFAB				Not Allowed	$0.00			
L4360	E	PNEUMATI WALKING BOOT PREFAB				Not Allowed	$0.00			
L4370	E	PNEUMATIC FULL LEG SPLINT				Not Allowed	$0.00			
L4386	E	NON-PNEUM WALK BOOT PREFAB				Not Allowed	$0.00			
L4392	E	REPLACEMENT SOFT INTERFACE MATERIAL STATIC AFO				Not Allowed	$0.00			
L4394	E	REPLACE SOFT INTERFACE MATERIAL FOOT DROP SPLINT				Not Allowed	$0.00			
L4396	E	STATIC AFO				Not Allowed	$0.00			
L4398	E	FOOT DROP SPLINT RECUMBENT POSITIONING DEVICE PREF				Not Allowed	$0.00			
L4631	E	AFO, WALK BOOT TYPE, CUS FAB				Not Allowed	$0.00			
L5000	E	PARTIAL FOOT SHOE INSERT WITH LONGITUDINAL ARCH TO				Not Allowed	$0.00			
L5010	E	PARTIAL FOOT MOLDED SOCKET ANKLE HEIGHT WITH TOE				Not Allowed	$0.00			
L5020	E	PARTIAL FOOT MOLDED SOCKET TIBIAL TUBERCLE HT. W/ T				Not Allowed	$0.00			
L5050	E	ANKLE SYMES MOLDED SOCKET SACH FOOT				Not Allowed	$0.00			
L5060	E	ANKLE SYMES METAL FRAME MOLDED LEATHER SOCKET				Not Allowed	$0.00			
L5100	E	BELOW KNEE MOLDED SOCKET SHIN SACH FOOT				Not Allowed	$0.00			
L5105	E	BELOW KNEE PLASTIC SOCKET JOINTS & THIGH LACER SAC				Not Allowed	$0.00			
L5150	E	KNEE DISARTIC. MOLDED SOCKET SACH FOOT				Not Allowed	$0.00			
L5160	E	KNEE DISARTIC. MOLDED SOCKET BENT KNEE CONFIGURAT				Not Allowed	$0.00			
L5200	E	ABOVE KNEE MOLDED SOCK. SNGL. AXIS CONSTANT FRICTI				Not Allowed	$0.00			
L5210	E	ABOVE KNEE SHORT PROS. NO KNEE JT. W/FOOT BLOCKS E				Not Allowed	$0.00			
L5220	E	ABOVE KNEE SHORT PROS. NO KNEE JT. W/ARTIC. ANKLE/FO				Not Allowed	$0.00			
L5230	E	ABOVE KNEE FOR PROX. FEMRAL FOCAL DEF CONSTANT FR				Not Allowed	$0.00			
L5250	E	HIP DISARTICULATION CANADIAN TYPE; MOLDED SOCKET SN				Not Allowed	$0.00			

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L5270	E	HIP DISARTICULATION TILT TABLE TYPE; MOLDED SOCK. SNG				Not Allowed	$0.00			
L5280	E	HEMIPELVECTOMY CANADIAN TYPE;				Not Allowed	$0.00			
L5301	E	BK MOLD SOCKET SACH FT ENDO				Not Allowed	$0.00			
L5312	E	KNEE DISART, SACH FT, ENDO				Not Allowed	$0.00			
L5321	E	AK OPEN END SACH				Not Allowed	$0.00			
L5331	E	HIP DISART CANADIAN SACH FT				Not Allowed	$0.00			
L5341	E	HEMIPELVECTOMY CANADIAN SACH				Not Allowed	$0.00			
L5400	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BELOW				Not Allowed	$0.00			
L5410	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. BK EA.				Not Allowed	$0.00			
L5420	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. "AK" OI				Not Allowed	$0.00			
L5430	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. AK EA.				Not Allowed	$0.00			
L5450	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWE				Not Allowed	$0.00			
L5460	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. NONWE				Not Allowed	$0.00			
L5500	E	INITIAL BELOW KNEE "PTB" TYPE SOCKET				Not Allowed	$0.00			
L5505	E	INITIAL ABOVE KNEE - KNEE DISARTIC. ISCHIAL LEVEL SOCKI				Not Allowed	$0.00			
L5510	E	PREP. BELOW KNEE "PTB" TYPE SOCKET PLASTER SOCKET				Not Allowed	$0.00			
L5520	E	PREPARATORY BELOW KNEE "PTB" TYPE SOCKET DIRECT F				Not Allowed	$0.00			
L5530	E	PREP. BELOW KNEE "PTB" TYPE SOCKET THERMOPLASTIC M				Not Allowed	$0.00			
L5535	E	PREP. BELOW KNEE "PTB" TYPE SOCKET PREFABRICATED A				Not Allowed	$0.00			
L5540	E	PREP. BELOW KNEE "PTB" TYPE SOCKET LAMINATED SOCK.				Not Allowed	$0.00			
L5560	E	PREP. ABOVE KNEE - PLASTER SOCKET MOLDED TO MODEL				Not Allowed	$0.00			
L5570	E	PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL DIRECT FC				Not Allowed	$0.00			
L5580	E	PREP. ABOVE KNEE - THERMOPLASTIC OR EQUAL MOLDED T				Not Allowed	$0.00			
L5585	E	PREP. ABOVE KNEE - PREFABRICATED ADJUSTABLE OPEN EN				Not Allowed	$0.00			
L5590	E	PREP. ABOVE KNEE - LAMINATED SOCKET MOLDED TO MODE				Not Allowed	$0.00			
L5595	E	PREP. HIP DISARTIC. - HEMIPELVECTOMY THERMOPLASTIC M				Not Allowed	$0.00			
L5600	E	PREP. HIP DISARTIC. - HEMIPELVECTOMY LAMINATED SOCK.				Not Allowed	$0.00			
L5610	E	ADD'N TO LOWER EXTREMITY ENDOSKEL ABOVE KNEE HYD				Not Allowed	$0.00			
L5611	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/FRICTIO				Not Allowed	$0.00			
L5613	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/HYDRAU				Not Allowed	$0.00			
L5614	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK 4-BAR W/PNEUMA				Not Allowed	$0.00			
L5616	E	ADD'N TO LOWER EXTREM. ENDOSKEL. AK UNIVERS. FRICTIC				Not Allowed	$0.00			
L5617	E	ADD'N TO LOWER EXTREM. QUICK CHANGE SELF-ALIGN AK C				Not Allowed	$0.00			
L5618	E	ADDITION TO LOWER EXTREMITY TEST SOCKET SYMES				Not Allowed	$0.00			
L5620	E	ADDITION TO LOWER EXTREMITY TEST SOCKET BELOW KNE				Not Allowed	$0.00			
L5622	E	ADD'N TO LOWER EXTREMITY TEST SOCKET KNEE DISARTIC				Not Allowed	$0.00			
L5624	E	ADDITION TO LOWER EXTREMITY TEST SOCKET ABOVE KNE				Not Allowed	$0.00			
L5626	E	ADD'N TO LOWER EXTREMITY TEST SOCKET HIP DISARTICUL				Not Allowed	$0.00			
L5628	E	ADDITION TO LOWER EXTREMITY TEST SOCKET HEMIPELVE				Not Allowed	$0.00			
L5629	E	ADDITION TO LOWER EXTREMITY BELOW KNEE ACRYLIC SO				Not Allowed	$0.00			
L5630	E	ADD'N TO LOWER EXTREMITY SYMES TYPE EXPANDABLE WA				Not Allowed	$0.00			
L5631	E	ADD'N TO LOWER EXTREMITY AK OR KNEE DISARTIC. ACRYL				Not Allowed	$0.00			
L5632	E	ADD'N TO LOWER EXTREM. SYMES TYPE "PTB" BRIM DESIGN				Not Allowed	$0.00			
L5634	E	ADD'N TO LOWER EXTREM. SYMES TYPE POSTERIOR OPENI				Not Allowed	$0.00			
L5636	E	ADD'N TO LOWER EXTREMITY SYMES TYPE MEDIAL OPENING				Not Allowed	$0.00			
L5637	E	ADDITION TO LOWER EXTREMITY BELOW KNEE TOTAL CONT				Not Allowed	$0.00			
L5638	E	ADDITION TO LOWER EXTREMITY BELOW KNEE LEATHER SO				Not Allowed	$0.00			
L5639	E	ADDITION TO LOWER EXTREMITY BELOW KNEE WOOD SOCK				Not Allowed	$0.00			
L5640	E	ADD'N TO LOWER EXTREMITY KNEE DISARTIC. LEATHER SOC				Not Allowed	$0.00			
L5642	E	ADDITION TO LOWER EXTREMITY ABOVE KNEE LEATHER SO				Not Allowed	$0.00			
L5643	E	ADD'N TO LOWER EXTREM. HIP DISARTIC. FLEX. INNER/EXT R				Not Allowed	$0.00			
L5644	E	ADDITION TO LOWER EXTREMITY ABOVE KNEE WOOD SOCK				Not Allowed	$0.00			
L5645	E	ADD'N TO LOWER EXTREM. BELOW KNEE FLEX. INNER / EXT.				Not Allowed	$0.00			
L5646	E	BELOW KNEE CUSHION SOCKET				Not Allowed	$0.00			
L5647	E	ADDITION TO LOWER EXTREMITY BELOW KNEE SUCTION SOC				Not Allowed	$0.00			
L5648	E	ABOVE KNEE CUSHION SOCKET				Not Allowed	$0.00			

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L5649	E	ADD'N TO LOWER EXTREM. ISCHIAL CONTAINMENT/NARROW				Not Allowed	$0.00			
L5650	E	ADD'N TO LOWER EXTREM. TOTAL CONTACT AK OR KNEE DI				Not Allowed	$0.00			
L5651	E	ADD'N TO LOWER EXTREM. ABOVE KNEE FLEX. INNER /EXT. I				Not Allowed	$0.00			
L5652	E	ADD'N TO LOWER EXTREM. SUCTION SUSPENSION AK OR KN				Not Allowed	$0.00			
L5653	E	ADD'N TO LOWER EXTREMITY KNEE DISARTICULATION EXP.				Not Allowed	$0.00			
L5654	E	ADD'N TO LOWER EXTREM. SOCKET INSERT SYMES				Not Allowed	$0.00			
L5655	E	ADD'N TO LOWER EXTREMITY SOCKET INSERT BELOW KNEE				Not Allowed	$0.00			
L5656	E	ADD'N TO LOWER EXTREM. SOCKET INSERT KNEE DISARTIC				Not Allowed	$0.00			
L5658	E	ADD'N TO LOWER EXTREM. SOCKET INSERT ABOVE KNEE				Not Allowed	$0.00			
L5661	E	ADD'N TO LOWER EXTREM. SOCKET INSERT MULTIDUROMET				Not Allowed	$0.00			
L5665	E	ADD'N TO LOWER EXTREM. SOCKET INSERT MULTIDUROMET				Not Allowed	$0.00			
L5666	E	ADDITION TO LOWER EXTREMITY BELOW KNEE CUFF SUSPE				Not Allowed	$0.00			
L5668	E	ADD'N TO LOWER EXTREMITY BELOW KNEE MOLDED DISTAL				Not Allowed	$0.00			
L5670	E	ADD'N TO LOWER EXTREM. BELOW KNEE MOLDED SUPRACO				Not Allowed	$0.00			
L5671	E	BK/AK LOCKING MECHANISM				Not Allowed	$0.00			
L5672	E	ADD'N TO LOWER EXTREM. BELOW KNEE REMOV. MEDIAL BF				Not Allowed	$0.00			
L5673	E	SOCKET INSERT W LOCK MECH				Not Allowed	$0.00			
L5676	E	ADD'N TO LOWER EXTREM. BELOW KNEE KNEE JTS. SINGLE				Not Allowed	$0.00			
L5677	E	ADD'N TO LOWER EXTREM. BELOW KNEE KNEE JTS. POLYCE				Not Allowed	$0.00			
L5678	E	ADD'N TO LOWER EXTREM. BELOW KNEE JOINT COVERS PAI				Not Allowed	$0.00			
L5679	E	SOCKET INSERT W/O LOCK MECH				Not Allowed	$0.00			
L5680	E	ADD'N TO LOWER EXTREM. BELOW KNEE THIGH LACER NON				Not Allowed	$0.00			
L5681	E	INTL CUSTM CONG/LATYP INSERT				Not Allowed	$0.00			
L5682	E	ADD'N TO LOWER EXTREM. BK THIGH LACER GLUTEAL/ISCHI				Not Allowed	$0.00			
L5683	E	INITIAL CUSTOM SOCKET INSERT				Not Allowed	$0.00			
L5684	E	ADD'N TO LOWER EXTREM. BELOW KNEE FORK STRAP				Not Allowed	$0.00			
L5685	E	BELOW KNEE SUS/SEAL SLEEVE				Not Allowed	$0.00			
L5686	E	ADD'N TO LOWER EXTREM. BELOW KNEE BACK CHECK (EXT.				Not Allowed	$0.00			
L5688	E	ADD'N TO LOWER EXTREM. BELOW KNEE WAIST BELT WEBE				Not Allowed	$0.00			
L5690	E	ADD'N TO LOWER EXTREM. BELOW KNEE WAIST BELT PADD				Not Allowed	$0.00			
L5692	E	ADD'N TO LOWER EXTREM. ABOVE KNEE PELVIC CONTROL B				Not Allowed	$0.00			
L5694	E	ADD'N TO LOWER EXREM. ABOVE KNEE PELVIC CTRL. PADDE				Not Allowed	$0.00			
L5695	E	ADD'N TO LOWER EXTREM. AK PELVIC CTRL. SLEEVESUSP.				Not Allowed	$0.00			
L5696	E	ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. PELVIC JC				Not Allowed	$0.00			
L5697	E	ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. PELVIC B				Not Allowed	$0.00			
L5698	E	ADD'N TO LOWER EXTREM. AK OR KNEE DISARTIC. SILESIAN				Not Allowed	$0.00			
L5699	E	ALL LOWER EXTREMITY PROSTHESES SHOULDER HARNESS				Not Allowed	$0.00			
L5700	E	REPLACEMENT SOCKET BELOW KNEE MOLDED TO PATIENT				Not Allowed	$0.00			
L5701	E	REPLACEMENT SOCKET AK/KNEE DISARTIC. INCL ATTACHME				Not Allowed	$0.00			
L5702	E	REPLACEMENT SOCKET HIP DISARTIC. INC. HIP JOINT MOLD				Not Allowed	$0.00			
L5703	E	SYMES ANKLE W/O (SACH) FOOT				Not Allowed	$0.00			
L5704	E	CUSTOM SHAPE COVER BK				Not Allowed	$0.00			
L5705	E	REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER ABOV				Not Allowed	$0.00			
L5706	E	CUSTOM SHAPE CVR KNEE DISART				Not Allowed	$0.00			
L5707	E	REPLACEMENT CUSTOM SHAPED PROTECTIVE COVER HIP D				Not Allowed	$0.00			
L5710	E	ADD'N EXOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MANU				Not Allowed	$0.00			
L5711	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL L				Not Allowed	$0.00			
L5712	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION				Not Allowed	$0.00			
L5714	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS VARIAB F				Not Allowed	$0.00			
L5716	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECH				Not Allowed	$0.00			
L5718	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT				Not Allowed	$0.00			
L5722	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMAT				Not Allowed	$0.00			
L5724	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SW				Not Allowed	$0.00			
L5726	E	ADD'N EXOSKEL. KNEE-SHIN SYS. SNGL. AXIS EXT. JTS. FLU				Not Allowed	$0.00			
L5728	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SW				Not Allowed	$0.00			
L5780	E	ADD'N EXOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMAT				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
L5781	E	LOWER LIMB PROS VACUUM PUMP				Not Allowed	$0.00			
L5782	E	HD LOW LIMB PROS VACUUM PUMP				Not Allowed	$0.00			
L5785	E	ADD'N EXOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT M				Not Allowed	$0.00			
L5790	E	ADD'N EXOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT M				Not Allowed	$0.00			
L5795	E	ADD'N EXOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT M				Not Allowed	$0.00			
L5810	E	ADD'N ENDOSKELETAL KNEE-SHIN SYSTEM SNGL. AXIS MAN				Not Allowed	$0.00			
L5811	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS MANUAL L				Not Allowed	$0.00			
L5812	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FRICTION				Not Allowed	$0.00			
L5814	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC HYDR				Not Allowed	$0.00			
L5816	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC MECH				Not Allowed	$0.00			
L5818	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. POLYCENTRIC FRICT				Not Allowed	$0.00			
L5822	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMA				Not Allowed	$0.00			
L5824	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SV				Not Allowed	$0.00			
L5826	E	ADD'N ENDOSKEL. KNEE-SHIN SYS. SNGL. AXIS HYDRAULIC				Not Allowed	$0.00			
L5828	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS FLUID SV				Not Allowed	$0.00			
L5830	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. SNGL. AXIS PNEUMA				Not Allowed	$0.00			
L5840	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. 4-BAR OR MULTIAXIA				Not Allowed	$0.00			
L5845	E	ADD'N ENDOSKELETAL KNEE-SHIN SYS. STANCE FLEXION AD				Not Allowed	$0.00			
L5848	E	KNEE-SHIN SYS HYDRAUL STANCE				Not Allowed	$0.00			
L5850	E	ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. EXT. A				Not Allowed	$0.00			
L5855	E	ADD'N ENDOSKELETAL SYS. HIP DISARTIC. MECHAN. HIP EXT				Not Allowed	$0.00			
L5856	E	ELEC KNEE-SHIN SWING/STANCE				Not Allowed	$0.00			
L5857	E	ELEC KNEE-SHIN SWING ONLY				Not Allowed	$0.00			
L5858	E	STANCE PHASE ONLY				Not Allowed	$0.00			
L5910	E	ADDITION ENDOSKELETAL SYSTEM BELOW KNEE ALIGNABL				Not Allowed	$0.00			
L5920	E	ADD'N ENDOSKELETAL SYSTEM AK OR HIP DISARTIC. ALIGNA				Not Allowed	$0.00			
L5925	E	ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE OR HIP DISART				Not Allowed	$0.00			
L5930	E	ADD'N ENDOSKELETAL SYSTEM HIGH ACTIVITY KNEE CONTR				Not Allowed	$0.00			
L5940	E	ADD'N ENDOSKELETAL SYSTEM BELOW KNEE ULTRA-LIGHT				Not Allowed	$0.00			
L5950	E	ADD'N ENDOSKELETAL SYSTEM ABOVE KNEE ULTRA-LIGHT M				Not Allowed	$0.00			
L5960	E	ADD'N ENDOSKELETAL SYSTEM HIP DISARTIC. ULTRA-LIGHT				Not Allowed	$0.00			
L5961	E	ENDO POLY HIP, PNEU/HYD/ROT				Not Allowed	$0.00			
L5962	E	ADD'N ENDOSKELETAL SYSTEM BK FLEX. PROTEC OUTER SU				Not Allowed	$0.00			
L5964	E	ADD'N ENDOSKELETAL SYSTEM AK FLEX. PROTEC OUTER SU				Not Allowed	$0.00			
L5966	E	ADD'N ENDOSKELETAL SYSTEM HIP DISAR. PRTEC OUTER SU				Not Allowed	$0.00			
L5968	E	ADD'N TO LOWER LIMB PROSTHESIS MULTIAXIAL ANKLE W/SV				Not Allowed	$0.00			
L5970	E	ALL LOWER EXTREM. PROS. FOOT EXTERNAL KEEL SACH FO				Not Allowed	$0.00			
L5971	E	SACH FOOT REPLACEMENT				Not Allowed	$0.00			
L5972	E	ALL LOWER EXTREM. PROS. FLEXIBLE KEEL FOOT				Not Allowed	$0.00			
L5973	E	ANK-FOOT SYS DORS-PLANT FLEX				Not Allowed	$0.00			
L5974	E	ALL LOWER EXTREM. PROS. FOOT SINGLE AXIS ANKLE/FOO				Not Allowed	$0.00			
L5975	E	ALL LOWER EXTREM. PROS. COMBO SNGL. AXIS ANKLE/FLEX				Not Allowed	$0.00			
L5976	E	ALL LOWER EXTREM. PROS. ENERGY STORING FOOT				Not Allowed	$0.00			
L5978	E	ALL LOWER EXTREM. PROS. FOOT MULTIAXIAL ANKLE/FOOT				Not Allowed	$0.00			
L5979	E	ALL LOWER EXTREM. PROS. MULTIAXIAL ANKLE/DYNAMIC RE				Not Allowed	$0.00			
L5980	E	ALL LOWER EXTREM. PROS. FLEX FOOT SYSTEM				Not Allowed	$0.00			
L5981	E	ALL LOWER EXTREM. PROS. FLEX-WALK SYSTEM OR EQUAL				Not Allowed	$0.00			
L5982	E	ALL LOWER EXTREM. PROS. AXIAL ROTATION UNIT				Not Allowed	$0.00			
L5984	E	ENDOSKELETAL AXIAL ROTATION				Not Allowed	$0.00			
L5985	E	ALL LOWER EXTREM. PROS. DYNAMIC PROSTHETIC PYLON				Not Allowed	$0.00			
L5986	E	ALL LOWER EXTREM. PROS. MULTIAXIAL ROTATION UNIT				Not Allowed	$0.00			
L5987	E	ALL LOWER EXTREM. PROS. SHANK FOOT SYSTEM W/VERT. L				Not Allowed	$0.00			
L5988	E	ADD'N TO LOWER LIMB PROSTHESIS VERTICAL SHOCK REDU				Not Allowed	$0.00			
L5990	E	USER ADJUSTABLE HEEL HEIGHT				Not Allowed	$0.00			
L5999	E	LOWER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIE				Not Allowed	$0.00			
L6000	E	PARTIAL HAND ROBIN-AIDS THUMB REMAINING (OR EQUAL)				Not Allowed	$0.00			

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L6010	E	PARTIAL HAND ROBIN-AIDS LITTLE &/OR RING FINGER REMA				Not Allowed	$0.00			
L6020	E	PARTIAL HAND ROBIN-AIDS NO FINGER REMAINING (OR EQU				Not Allowed	$0.00			
L6025	E	PART HAND DISART MYOELECTRIC				Not Allowed	$0.00			
L6050	E	WRIST DISARTIC. MOLDED SOCK. FLEX. ELBOW HINGES TRIC				Not Allowed	$0.00			
L6055	E	WRIST DISARTIC. MOLDED SOCK. W/ EXPANDABLE INTERFAC				Not Allowed	$0.00			
L6100	E	BELOW ELBOW MOLDED SOCKET FLEX. ELBOW HINGE TRIC				Not Allowed	$0.00			
L6110	E	BELOW ELBOW MOLDED SOCKET (MUENSTER OR NW SUSPE				Not Allowed	$0.00			
L6120	E	BELOW ELBOW MOLDED DOUBLE WALL SPLIT SOCKET STEP				Not Allowed	$0.00			
L6130	E	BELOW ELBOW MOLDED DBL. WALL SPLIT SOCK. STUMP ACT				Not Allowed	$0.00			
L6200	E	ELBOW DISARTIC. MOLDED SOCK. OUTSIDE LOCKING HINGE				Not Allowed	$0.00			
L6205	E	ELBOW DISARTIC. MOLDED SOCK. EXP. INTFACE LOCKING F				Not Allowed	$0.00			
L6250	E	ABOVE ELBOW MOLDED DBL. WALL SOCK. INT.LOCK ELBOW				Not Allowed	$0.00			
L6300	E	SHOULDER DISARTIC. MOLDED SOCK. SHLDR BULKHEAD HU				Not Allowed	$0.00			
L6310	E	SHOULDER DISARTIC. PASSIVE RESTORATION(COMPLETE PF				Not Allowed	$0.00			
L6320	E	SHOULDER DISARTIC. PASSIVE RESTORATION (SHOULDER C				Not Allowed	$0.00			
L6350	E	INTERSCAP. THORACIC MOLDED SOCKET SHOULDER BULKH				Not Allowed	$0.00			
L6360	E	INTERSCAP. THORACIC PASSIVE RESTORATION(COMPLETE P				Not Allowed	$0.00			
L6370	E	INTERSCAP. THORACIC PASSIVE RESTORATION (SHOULDER				Not Allowed	$0.00			
L6380	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. WRIST				Not Allowed	$0.00			
L6382	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. ELBOW				Not Allowed	$0.00			
L6384	E	IMMED. POSTSURG. OR EARLY FIT DRESSING APPLIC. SHLDR.				Not Allowed	$0.00			
L6386	E	IMMED. POSTSURG. OR EARLY FIT EA ADD'L CAST CHANGE/R				Not Allowed	$0.00			
L6388	E	IMMED. POSTSURG. OR EARLY FIT APPLIC. RIGID DRESSING (				Not Allowed	$0.00			
L6400	E	BELOW ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE				Not Allowed	$0.00			
L6450	E	ELBOW DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISS				Not Allowed	$0.00			
L6500	E	ABOVE ELBOW MOLDED SOCK. ENDOSKEL SYS. INC. TISSUE				Not Allowed	$0.00			
L6550	E	SHLDR. DISARTIC MOLDED SOCK. ENDOSKEL INC. SOFT TISS				Not Allowed	$0.00			
L6570	E	INTERSCAPULAR THORACIC MOLDED SOCKET ENDOSKELET				Not Allowed	$0.00			
L6580	E	PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW				Not Allowed	$0.00			
L6582	E	PREPARATORY WRIST DISARTICULATION OR BELOW ELBOW				Not Allowed	$0.00			
L6584	E	PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW				Not Allowed	$0.00			
L6586	E	PREPARATORY ELBOW DISARTICULATION OR ABOVE ELBOW				Not Allowed	$0.00			
L6588	E	PREPARATORY SHOULDER DISARTICULATION OR INTERSCAF				Not Allowed	$0.00			
L6590	E	PREPARATORY SHOULDER DISARTICULATION OR INTERSCAF				Not Allowed	$0.00			
L6600	E	UPPER EXTREMITY ADDITIONS POLYCENTRIC HINGE PAIR				Not Allowed	$0.00			
L6605	E	UPPER EXTREMITY ADDITIONS SINGLE PIVOT HINGE PAIR				Not Allowed	$0.00			
L6610	E	UPPER EXTREMITY ADDITIONS FLEXIBLE METAL HINGE PAIR				Not Allowed	$0.00			
L6611	E	ADDITIONAL SWITCH, EXT POWER				Not Allowed	$0.00			
L6615	E	UPPER EXTREMITY ADDITIONS DISCONNECT LOCKING WRIST				Not Allowed	$0.00			
L6616	E	UPPER EXTREMITY ADDITION ADDITIONAL DISCONNECT INSE				Not Allowed	$0.00			
L6620	E	FLEXION/EXTENSION WRIST UNIT				Not Allowed	$0.00			
L6621	E	FLEX/EXT WRIST W/WO FRICTION				Not Allowed	$0.00			
L6623	E	UPPER EXTREMITY ADDITION SPRING ASSISTED ROTATIONA				Not Allowed	$0.00			
L6624	E	FLEX/EXT/ROTATION WRIST UNIT				Not Allowed	$0.00			
L6625	E	UPPER EXTREMITY ADDITIONS ROTATION WRIST UNIT WITH (				Not Allowed	$0.00			
L6628	E	UPPER EXTREMITY ADDITION QUICK DISCONNECT HOOK AD				Not Allowed	$0.00			
L6629	E	UPPER EXTREMITY ADDITION QUICK DISCONNECT LAMINATI				Not Allowed	$0.00			
L6630	E	UPPER EXTREMITY ADDITIONS STAINLESS STEEL ANY WRIST				Not Allowed	$0.00			
L6632	E	UPPER EXTREMITY ADDITION LATEX SUSPENSION SLEEVE E				Not Allowed	$0.00			
L6635	E	UPPER EXTREMITY ADDITIONS LIFT ASSIST FOR ELBOW				Not Allowed	$0.00			
L6637	E	UPPER EXTREMITY ADDITION NUDGE CONTROL ELBOW LOC				Not Allowed	$0.00			
L6638	E	ELEC LOCK ON MANUAL PW ELBOW				Not Allowed	$0.00			
L6640	E	UPPER EXTREMITY ADDITIONS SHOULDER ABDUCTION JOINT				Not Allowed	$0.00			
L6641	E	UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER PULLE				Not Allowed	$0.00			
L6642	E	UPPER EXTREMITY ADDITION EXCURSION AMPLIFIER LEVEF				Not Allowed	$0.00			
L6645	E	UPPER EXTREMITY ADDITIONS SHOULDER FLEXION-ABDUCT				Not Allowed	$0.00			

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L6646	E	MULTIPO LOCKING SHOULDER JNT				Not Allowed	$0.00			
L6647	E	SHOULDER LOCK ACTUATOR				Not Allowed	$0.00			
L6648	E	EXT PWRD SHLDER LOCK/UNLOCK				Not Allowed	$0.00			
L6650	E	UPPER EXTREMITY ADDITIONS SHOULDER UNIVERSAL JOINT				Not Allowed	$0.00			
L6655	E	UPPER EXTREMITY ADDITIONS STANDARD CONTROL CABLE				Not Allowed	$0.00			
L6660	E	UPPER EXTREMITY ADDITIONS HEAVY DUTY CONTROL CABL				Not Allowed	$0.00			
L6665	E	UPPER EXTREMITY ADDITIONS TEFLON OR EQUAL CABLE LI				Not Allowed	$0.00			
L6670	E	UPPER EXTREMITY ADDITIONS HOOK TO HAND CABLE ADAP				Not Allowed	$0.00			
L6672	E	UPPER EXTREMITY ADDITIONS HARNESS CHEST OR				Not Allowed	$0.00			
L6675	E	HARNESS FIGURE OF 8 SING CON				Not Allowed	$0.00			
L6676	E	HARNESS FIGURE OF 8 DUAL CON				Not Allowed	$0.00			
L6677	E	UE TRIPLE CONTROL HARNESS				Not Allowed	$0.00			
L6680	E	UPPER EXTREMITY ADDITIONS TEST SOCKET WRIST DISART				Not Allowed	$0.00			
L6682	E	UPPER EXTREMITY ADDITIONS TEST SOCKET ELBOW DISAR				Not Allowed	$0.00			
L6684	E	UPPER EXTREMITY ADDITIONS TEST SOCKET SHOULDER DI				Not Allowed	$0.00			
L6686	E	UPPER EXTREMITY ADDITION SUCTION SOCKET				Not Allowed	$0.00			
L6687	E	UPPER EXTREMITY FRAME TYPE SOCKET BELOW ELBOW				Not Allowed	$0.00			
L6688	E	UPPER EXTREMITY FRAME TYPE SOCKET ABOVE ELBOW				Not Allowed	$0.00			
L6689	E	UPPER EXTREMITY ADDITION FRAME TYPE SOCKET SHOUL				Not Allowed	$0.00			
L6690	E	UPPER EXTREMITY ADDITION FRAME TYPE SOCKET INTERS				Not Allowed	$0.00			
L6691	E	UPPER EXTREMITY ADDITION REMOVABLE INSERT EACH				Not Allowed	$0.00			
L6692	E	UPPER EXTREMITY ADDITION SILICONE GEL INSERT OR EQU				Not Allowed	$0.00			
L6693	E	UPPER EXTREM ADD'N EXT LOCKING ELBOW/FOREARM COU				Not Allowed	$0.00			
L6694	E	ELBOW SOCKET INS USE W/LOCK				Not Allowed	$0.00			
L6695	E	ELBOW SOCKET INS USE W/O LCK				Not Allowed	$0.00			
L6696	E	CUS ELBO SKT IN FOR CON/ATYP				Not Allowed	$0.00			
L6697	E	CUS ELBO SKT IN NOT CON/ATYP				Not Allowed	$0.00			
L6698	E	BELOW/ABOVE ELBOW LOCK MECH				Not Allowed	$0.00			
L6703	E	TERM DEV, PASSIVE HAND MITT				Not Allowed	$0.00			
L6704	E	TERM DEV, SPORT/REC/WORK ATT				Not Allowed	$0.00			
L6706	E	TERM DEV MECH HOOK VOL OPEN				Not Allowed	$0.00			
L6707	E	TERM DEV MECH HOOK VOL CLOSE				Not Allowed	$0.00			
L6708	E	TERM DEV MECH HAND VOL OPEN				Not Allowed	$0.00			
L6709	E	TERM DEV MECH HAND VOL CLOSE				Not Allowed	$0.00			
L6711	E	PED TERM DEV, HOOK, VOL OPEN				Not Allowed	$0.00			
L6712	E	PED TERM DEV, HOOK, VOL CLOS				Not Allowed	$0.00			
L6713	E	PED TERM DEV, HAND, VOL OPEN				Not Allowed	$0.00			
L6714	E	PED TERM DEV, HAND, VOL CLOS				Not Allowed	$0.00			
L6715	E	TERM DEVICE, MULTI ART DIGIT				Not Allowed	$0.00			
L6721	E	HOOK/HAND, HVY DTY, VOL OPEN				Not Allowed	$0.00			
L6722	E	HOOK/HAND, HVY DTY, VOL CLOS				Not Allowed	$0.00			
L6805	E	TERM DEV MODIFIER WRIST UNIT				Not Allowed	$0.00			
L6810	E	TERM DEV PRECISION PINCH DEV				Not Allowed	$0.00			
L6880	E	ELEC HAND IND ART DIGITS				Not Allowed	$0.00			
L6881	E	TERM DEV AUTO GRASP FEATURE				Not Allowed	$0.00			
L6882	E	MICROPROCESSOR CONTROL UPLMB				Not Allowed	$0.00			
L6883	E	REPLC SOCKT BELOW E/W DISA				Not Allowed	$0.00			
L6884	E	REPLC SOCKT ABOVE ELBOW DISA				Not Allowed	$0.00			
L6885	E	REPLC SOCKT SHLDR DIS/INTERC				Not Allowed	$0.00			
L6890	E	TERMINAL DEVICE GLOVES FOR ABOVE HANDS PRODUCTIO				Not Allowed	$0.00			
L6895	E	TERMINAL DEVICES GLOVES FOR ABOVE HANDS CUSTOM G				Not Allowed	$0.00			
L6900	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS				Not Allowed	$0.00			
L6905	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS				Not Allowed	$0.00			
L6910	E	HAND RESTORATION (CASTS SHADING AND MEASUREMENTS				Not Allowed	$0.00			
L6915	E	HAND RESTORATION (SHADING AND MEASUREMENTS INCLU				Not Allowed	$0.00			
L6920	E	WRIST DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			

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L6925	E	WRIST DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL				Not Allowed	$0.00			
L6930	E	BELOW ELBOW SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			
L6935	E	BELOW ELBOW MYOELECTRONIC CONTROL OF TERMINAL DE				Not Allowed	$0.00			
L6940	E	ELBOW DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			
L6945	E	ELBOW DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL				Not Allowed	$0.00			
L6950	E	ABOVE ELBOW SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			
L6955	E	ABOVE ELBOW MYOELECTRONIC CONTROL OF TERMINAL DE				Not Allowed	$0.00			
L6960	E	SHLDR DISARTIC. SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			
L6965	E	SHLDR DISARTIC. MYOELECTRONIC CONTROL OF TERMINAL				Not Allowed	$0.00			
L6970	E	INTERSCAP-THOR. SWITCH CONTROL OF TERMINAL DEVICE				Not Allowed	$0.00			
L6975	E	INTERSCAP-THOR. MYOELECTRONIC CONTROL OF TERMINAL				Not Allowed	$0.00			
L7007	E	ADULT ELECTRIC HAND				Not Allowed	$0.00			
L7008	E	PEDIATRIC ELECTRIC HAND				Not Allowed	$0.00			
L7009	E	ADULT ELECTRIC HOOK				Not Allowed	$0.00			
L7040	E	PREHENSILE ACTUATOR				Not Allowed	$0.00			
L7045	E	PEDIATRIC ELECTRIC HOOK				Not Allowed	$0.00			
L7170	E	ELECTRONIC ELBOW HOSMER OR EQUAL SWITCH CONTROL				Not Allowed	$0.00			
L7180	E	ELECTRONIC ELBOW UTAH OR EQUAL MYOELECTRONICALL				Not Allowed	$0.00			
L7181	E	ELECTRONIC ELBO SIMULTANEOUS				Not Allowed	$0.00			
L7185	E	ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL SWITCH C				Not Allowed	$0.00			
L7186	E	ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL SV				Not Allowed	$0.00			
L7190	E	ELECTRONIC ELBOW VARIETY VILLAGE OR EQUAL MYOELEC				Not Allowed	$0.00			
L7191	E	ELECTRONIC ELBOW CHILD VARIETY VILLAGE OR EQUAL MY				Not Allowed	$0.00			
L7260	E	ELECTRONIC WRIST ROTATOR OTTO BOCK OR EQUAL				Not Allowed	$0.00			
L7261	E	ELECTRONIC WRIST ROTATOR FOR UTAH ARM				Not Allowed	$0.00			
L7360	E	SIX VOLT BATTERY OTTO BOCK OR EQUAL EACH				Not Allowed	$0.00			
L7362	E	BATTERY CHARGER SIX VOLT OTTO BOCK OR EQUAL				Not Allowed	$0.00			
L7364	E	TWELVE VOLT BATTERY UTAH OR EQUAL EACH				Not Allowed	$0.00			
L7366	E	BATTERY CHARGER TWELVE VOLT UTAH OR EQUAL				Not Allowed	$0.00			
L7367	E	REPLACEMNT LITHIUM IONBATTER				Not Allowed	$0.00			
L7368	E	3ITHIUM ION BATTERY CHARGER				Not Allowed	$0.00			
L7400	E	ADD UE PROST BE/WD ULTLITE				Not Allowed	$0.00			
L7401	E	ADD UE PROST A/E ULTLITE MAT				Not Allowed	$0.00			
L7402	E	ADD UE PROST S/D ULTLITE MAT				Not Allowed	$0.00			
L7403	E	ADD UE PROST B/E ACRYLIC				Not Allowed	$0.00			
L7404	E	ADD UE PROST A/E ACRYLIC				Not Allowed	$0.00			
L7405	E	ADD UE PROST S/D ACRYLIC				Not Allowed	$0.00			
L7499	E	UPPER EXTREMITY PROSTHESIS NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			
L7510	E	PROSTHETIC DEVICE REPAIR REP				Not Allowed	$0.00			
L7520	E	REPAIR PROSTHETIC DEVICE LABOR COMPONENT PER 15 M				Not Allowed	$0.00			
L7600	E	PROSTHETIC DONNING SLEEVE				Not Allowed	$0.00			
L7900	E	MALE VACUUM ERECTION SYSTEM				Not Allowed	$0.00			
L8000	E	BREAST PROSTHESIS MASTECTOMY BRA				Not Allowed	$0.00			
L8001	E	BREAST PROSTHESIS BRA & FORM				Not Allowed	$0.00			
L8002	E	BRST PRSTH BRA & BILAT FORM				Not Allowed	$0.00			
L8010	E	MASTECTOMY SLEEVE				Not Allowed	$0.00			
L8015	E	EXT BREAST PROSTHESIS GARMENT W/MASTECTOMY FORM				Not Allowed	$0.00			
L8020	E	BREAST PROSTHESIS MASTECTOMY FORM				Not Allowed	$0.00			
L8030	E	BREAST PROSTHESIS SILICONE OR EQUAL				Not Allowed	$0.00			
L8031	E	BREAST PROSTHESIS W ADHESIVE				Not Allowed	$0.00			
L8032	E	REUSABLE NIPPLE PROSTHESIS				Not Allowed	$0.00			
L8035	E	CUSTOM BREAST PROSTH. POST MASTECTOMY MOLDED TO				Not Allowed	$0.00			
L8039	E	BREAST PROSTHESIS NOT OTHERWISE SPECIFIED				Not Allowed	$0.00			
L8040	E	NASAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			
L8041	E	MIDFACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			
L8042	E	ORBITAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			

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L8043	E	UPPER FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			
L8044	E	HEMI-FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			
L8045	E	AURICULAR PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			
L8046	E	PARTIAL FACIAL PROSTHESIS PROVIDED BY A NON PHYSICIA				Not Allowed	$0.00			
L8047	E	NASAL SEPTAL PROSTHESIS PROVIDED BY A NON PHYSICIAN				Not Allowed	$0.00			
L8048	E	UNSPECIFIED MAXILLOFACIAL PROSTHESIS BY A NON PHYSI				Not Allowed	$0.00			
L8049	E	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS				Not Allowed	$0.00			
L8300	E	TRUSSES SINGLE WITH STANDARD PAD				Not Allowed	$0.00			
L8310	E	TRUSSES DOUBLE WITH STANDARD PADS				Not Allowed	$0.00			
L8320	E	TRUSSES ADDITION TO STANDARD PADS WATER PAD				Not Allowed	$0.00			
L8330	E	TRUSSES ADDITION TO STANDARD PADS SCROTAL PAD				Not Allowed	$0.00			
L8400	E	PROSTHETIC SHEATH BELOW KNEE EACH				Not Allowed	$0.00			
L8410	E	PROSTHETIC SHEATH ABOVE KNEE EACH				Not Allowed	$0.00			
L8415	E	PROSTHETIC SHEATH UPPER LIMB EACH				Not Allowed	$0.00			
L8417	E	PROS SHEATH/SOCK GEL CUSHION BELOW OR ABOVE KNEE				Not Allowed	$0.00			
L8420	E	PROSTHETIC SOCK MULTIPLE PLY BELOW KNEE EACH				Not Allowed	$0.00			
L8430	E	PROSTHETIC SOCK MULTIPLE PLY ABOVE KNEE EACH				Not Allowed	$0.00			
L8435	E	PROSTHETIC SOCK MULTIPLE PLY UPPER LIMB EACH				Not Allowed	$0.00			
L8440	E	PROSTHETIC SHRINKER BELOW KNEE EACH				Not Allowed	$0.00			
L8460	E	PROSTHETIC SHRINKER ABOVE KNEE EACH				Not Allowed	$0.00			
L8465	E	PROSTHETIC SHRINKER UPPER LIMB EACH				Not Allowed	$0.00			
L8470	E	PROSTHETIC SOCK SINGLE PLY FITTING BELOW KNEE EAC				Not Allowed	$0.00			
L8480	E	PROSTHETIC SOCK SINGLE PLY FITTING ABOVE KNEE EACH				Not Allowed	$0.00			
L8485	E	PROSTHETIC SOCK SINGLE PLY FITTING UPPER LIMB EACH				Not Allowed	$0.00			
L8499	E	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC				Not Allowed	$0.00			
L8500	E	ARTIFICIAL LARYNX ANY TYPE				Not Allowed	$0.00			
L8501	E	TRACHEOSTOMY SPEAKING VALVE				Not Allowed	$0.00			
L8505	E	ARTIFICIAL LARYNX ACCESSORY				Not Allowed	$0.00			
L8507	E	TRACH-ESOPH VOICE PROS PT IN				Not Allowed	$0.00			
L8509	E	TRACH-ESOPH VOICE PROS MD IN				Not Allowed	$0.00			
L8510	E	VOICE AMPLIFIER				Not Allowed	$0.00			
L8511	E	INDWELLING TRACH INSERT				Not Allowed	$0.00			
L8512	E	GEL CAP FOR TRACH VOICE PROS				Not Allowed	$0.00			
L8513	E	TRACH PROS CLEANING DEVICE				Not Allowed	$0.00			
L8514	E	REPL TRACH PUNCTURE DILATOR				Not Allowed	$0.00			
L8515	E	GEL CAP APP DEVICE FOR TRACH				Not Allowed	$0.00			
L8600	N	IMPLANTABLE BREAST PROSTHESIS SILICONE OR EQUAL				Bundled	$0.00			
L8603	N	COLLAGEN IMPLANT URINARY TRACT PER 2.5 ML SYRINGE IN				Bundled	$0.00			
L8604	N	DEXTRANOMER/HYALURONIC ACID				Bundled	$0.00			
L8606	N	INJECTABLE BULKING AGENT SYNTHETIC IMPLANT URINARY				Bundled	$0.00			
L8609	N	ARTIFICIAL CORNEA				Bundled	$0.00			
L8610	N	OCULAR IMPLANT				Bundled	$0.00			
L8612	N	AQUEOUS SHUNT				Bundled	$0.00			
L8613	N	OSSICULAR IMPLANT				Bundled	$0.00			
L8614	N	COCHLEAR DEVICE				Bundled	$0.00			
L8615	E	COCH IMPLANT HEADSET REPLACE				Not Allowed	$0.00			
L8616	E	COCH IMPLANT MICROPHONE REPL				Not Allowed	$0.00			
L8617	E	COCH IMPLANT TRANS COIL REPL				Not Allowed	$0.00			
L8618	E	COCH IMPLANT TRAN CABLE REPL				Not Allowed	$0.00			
L8619	E	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR REPLA				Not Allowed	$0.00			
L8621	E	REPL ZINC AIR BATTERY				Not Allowed	$0.00			
L8622	E	REPL ALKALINE BATTERY				Not Allowed	$0.00			
L8623	E	LITH ION BATT CID,NON-EARLVL				Not Allowed	$0.00			
L8624	E	LITH ION BATT CID, EAR LEVEL				Not Allowed	$0.00			
L8627	E	CID EXT SPEECH PROCESS REPL				Not Allowed	$0.00			
L8628	E	CID EXT CONTROLLER REPL				Not Allowed	$0.00			

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L8629	E	CID TRANSMIT COIL AND CABLE				Not Allowed	$0.00			
L8630	N	METACARPOPHALANGEAL JOINT IMPLANT				Bundled	$0.00			
L8631	N	MCP JOINT REPL 2 PC OR MORE				Bundled	$0.00			
L8641	N	METATARSAL JOINT IMPLANT				Bundled	$0.00			
L8642	N	HALLUX IMPLANT				Bundled	$0.00			
L8658	N	INTERPHALANGEAL JOINT SPACER				Bundled	$0.00			
L8659	N	INTERPHALANGEAL JOINT REPL				Bundled	$0.00			
L8670	N	VASCULAR GRAFT MATERIAL SYNTHETIC IMPLANT				Bundled	$0.00			
L8680	E	IMPLT NEUROSTIM ELCTR EACH				Not Allowed	$0.00			
L8681	E	PT PRGRM FOR IMPLT NEUROSTIM				Not Allowed	$0.00			
L8682	N	IMPLT NEUROSTIM RADIOFQ REC				Bundled	$0.00			
L8683	E	RADIOFQ TRSMTR FOR IMPLT NEU				Not Allowed	$0.00			
L8684	E	RADIOF TRSMTR IMPLT SCRL NEU				Not Allowed	$0.00			
L8685	N	IMPLT NROSTM PLS GEN SNG REC				Bundled	$0.00			
L8686	N	IMPLT NROSTM PLS GEN SNG NON				Bundled	$0.00			
L8687	N	IMPLT NROSTM PLS GEN DUA REC				Bundled	$0.00			
L8688	N	IMPLT NROSTM PLS GEN DUA NON				Bundled	$0.00			
L8689	E	EXTERNAL RECHARG SYS INTERN				Not Allowed	$0.00			
L8690	N	AUD OSSEO DEV, INT/EXT COMP				Bundled	$0.00			
L8691	E	OSSEOINTEGRATED SND PROC RPL				Not Allowed	$0.00			
L8692	E	NON-OSSEOINTEGRATED SND PROC				Not Allowed	$0.00			
L8693	E	AUD OSSEO DEV, ABUTMENT				Not Allowed	$0.00			
L8695	E	EXTERNAL RECHARG SYS EXTERN				Not Allowed	$0.00			
L8699	N	PROSTHETIC IMPLANT NOT OTHERWISE SPECIFIED				Bundled	$0.00			
L9900	E	ORTHO/PROSTHETIC SUPP ACCESS &/OR SRVC COMPONT OF				Not Allowed	$0.00			
M0064	N	VISIT FOR DRUG MONITORING		0607	1.8643	ed, may be payable in some circumst	$94.35			
M0075	E	CELLULAR THERAPY				Not Allowed	$0.00			
M0076	E	PROLOTHERAPY				Not Allowed	$0.00			
M0100	E	INTRAGASTRIC HYPOTHERMIA				Not Allowed	$0.00			
M0300	E	IV CHELATIONTHERAPY				Not Allowed	$0.00			
M0301	E	FABRIC WRAPPING OF ANEURYSM				Not Allowed	$0.00			
P2028	Q	CEPHALIN FLOCULATION BLOOD				By Report	$0.00			
P2029	Q	CONGO RED BLOOD				By Report	$0.00			
P2031	E	HAIR ANALYSIS (EXCLUDING ARSENIC)				Not Allowed	$0.00			
P2033	Q	THYMOL TURBIDITY BLOOD				By Report	$0.00			
P2038	Q	MUCOPROTEIN BLOOD (SEROMUCOID) (MEDICAL NECESSITY				Medicare	$11.87	$7.36	$7.12	
P3000	Q	SCREENING PAPANICOLAOU SMEAR CERVICAL OR VAGINAL				Medicare	$24.95	$15.47	$14.97	
P3001	E	SCREENING PAP SMEAR BY PHYS				Not Allowed	$0.00			
P7001	E	CULTURE BACTERIAL URINE; QUANTITATIVE SENSITIVITY ST				Not Allowed	$0.00			
P9010	R	WHOLE BLOOD FOR TRANSFUSION		0950	2.7242	APC	$137.87			
P9011	R	BLOOD, SPLIT UNIT		0967	1.6758	APC	$84.81			
P9012	R	CRYOPRECIPITATE EACH UNIT		0952	1.1821	APC	$59.83			
P9016	R	RBC LEUKOCYTES REDUCED		0954	2.8403	APC	$143.75			
P9017	R	PLASMA 1 DONOR FRZ W/IN 8 HR		9508	1.1407	APC	$57.73			
P9019	R	PLATELETS, EACH UNIT		0957	1.2819	APC	$64.88			
P9020	R	PLATELET RICH PLASMA EACH UNIT		0958	2.0254	APC	$102.51			
P9021	R	RED BLOOD CELLS UNIT		0959	2.1300	APC	$107.80			
P9022	R	WASHED RED BLOOD CELLS EACH UNIT		0960	4.1038	APC	$207.69			
P9023	R	FROZEN PLASMA, POOLED, SD		0949	0.9545	APC	$48.31			
P9031	R	PLATELETS LEUKOCYTES REDUCED EACH UNIT		1013	1.8718	APC	$94.73			
P9032	R	PLATELETS, IRRADIATED		9500	1.8338	APC	$92.81			
P9033	R	PLATELETS LEUKOCYTES REDUCED IRRADIATED EACH UNI		0968	1.9992	APC	$101.18			
P9034	R	PLATELETS, PHERESIS		9507	6.3136	APC	$319.53			
P9035	R	PLATELETS PHERESIS LEUKOCYTES REDUCED EACH UNIT		9501	7.6945	APC	$389.42			
P9036	R	PLATELET PHERESIS IRRADIATED		9502	7.9243	APC	$401.05			
P9037	R	PLATELETS PHERESIS LEUKOCYTES REDUCED IRRADIATED		1019	9.8786	APC	$499.96			

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P9038	R	RBC IRRADIATED		9505	2.8415	APC	$143.81			
P9039	R	RED BLOOD CELLS DEGLYCEROLIZED EACH UNIT		9504	3.4077	APC	$172.46			
P9040	R	RBC LEUKOREDUCED IRRADIATED		0969	3.7302	APC	$188.79			
P9041	K	INFUSION ALBUMIN(HUMAN) 5% 50ML		0961	0.4193	APC	$21.22			
P9043	R	INFUSION PLASMA PROTEIN FRACTION(HUMAN) 5% 50 ML		0956	0.2573	APC	$13.02			
P9044	R	CRYOPRECIPITATEREDUCEDPLASMA		1009	1.0621	APC	$53.75			
P9045	K	INFUSION ALBUMIN (HUMAN) 5% 250 ML		0963	1.2253	APC	$62.01			
P9046	K	ALBUMIN (HUMAN) 25% 20 ML		0964	0.5309	APC	$26.87			
P9047	K	INFUSION ALBUMIN (HUMAN) 25% 50 ML		0965	1.3444	APC	$68.04			
P9048	R	PLASMAPROTEIN FRACT 5% 250ML		0966	1.0360	APC	$52.43			
P9050	R	GRANULOCYTES PHERESIS EACH UNIT		9506	19.1444	APC	$968.90			
P9051	R	BLOOD L/R CMV-NEG		1010	2.6926	APC	$136.27			
P9052	R	PLATELETS HLA-M L/R UNIT		1011	11.4674	APC	$580.37			
P9053	R	PLT PHER L/R CMV-NEG IRR		1020	8.7920	APC	$444.96			
P9054	R	BLOOD L/R FROZ/DEGLY/WASH		1016	1.4987	APC	$75.85			
P9055	R	PLT APH/PHER L/R CMV-NEG		1017	5.4792	APC	$277.30			
P9056	R	BLOOD L/R IRRADIATED		1018	2.0962	APC	$106.09			
P9057	R	RBC FRZ/DEG/WSH L/R IRRAD		1021	6.4091	APC	$324.36			
P9058	R	RBC L/R CMV-NEG IRRAD		1022	4.3693	APC	$221.13			
P9059	R	PLASMA FRZ BETWEEN 8-24HOUR		0955	1.0399	APC	$52.63			
P9060	R	FR FRZ PLASMA DONOR RETESTED		9503	1.1560	APC	$58.51			
P9603	E	ONE-WAY TRAVEL ALLOWANCE PRORATED MILES				Not Allowed	$0.00			
P9604	E	ONE-WAY TRAVEL ALLOWANCE PRORATED TRIP				Not Allowed	$0.00			
P9612	N	CATHETERIZATION FOR SPECIMEN COLLECTION SINGLE PT.				Bundled	$0.00			
P9615	N	CATHETERIZATION FOR COLLECTION OF SPECIMEN(S)				Bundled	$0.00			
Q0035	X	CARDIOKYMOGRAPHY		0100	2.5475	APC	$128.93			
Q0081	E	INFUSION THERAPY USING OTHER THAN CHEMOTHERAPEUT				Not Allowed	$0.00			
Q0083	E	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION				Not Allowed	$0.00			
Q0084	E	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE				Not Allowed	$0.00			
Q0085	E	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECH				Not Allowed	$0.00			
Q0091	T	SCREENING PAPANICOLAOU SMEAR; OBTAINING PREPARING		0191	0.1309	APC	$6.62			
Q0092	N	SET UP PORTABLE X-RAY EQUIPMENT				Bundled	$0.00			
Q0111	Q	WET MOUNTS INCL PREP OF VAGINAL CERVICAL OR SKIN SP				Medicare	$10.08	$6.25	$6.05	
Q0112	Q	ALL POTASSIUM HYDROXIDE (KOH) PREPARATIONS				Medicare	$10.08	$6.25	$6.05	
Q0113	Q	PINWORM EXAMINATIONS				Medicare	$10.77	$6.68	$6.46	
Q0114	Q	FERN TEST				Medicare	$16.88	$10.47	$10.13	
Q0115	E	POST COITAL DIRECT QUALITATIVE EXAM OF VAG OR CERV				Not Allowed	$0.00			
Q0138	K	FERUMOXYTOL, NON-ESRD		1297		APC	$0.62			
Q0139	M	FERUMOXYTOL, ESRD USE				Fee Schedule	$0.63			
Q0144	E	AZITHROMYCIN DIHYDRATE, ORAL				Not Allowed	$0.00			
Q0162	N	ONDANSETRON ORAL				Bundled	$0.00			
Q0163	N	DIPHENHYDRAMINE HCL 50MG				Bundled	$0.00			
Q0164	N	PROCHLORPERAZINE MALEATE 5MG				Bundled	$0.00			
Q0165	N	PROCHLORPERAZINE MALEATE10MG				Bundled	$0.00			
Q0166	N	GRANISETRON HCL 1 MG ORAL				Bundled	$0.00			
Q0167	N	DRONABINOL 2.5MG ORAL				Bundled	$0.00			
Q0168	N	DRONABINOL 5MG ORAL				Bundled	$0.00			
Q0169	N	PROMETHAZINE HCL 12.5MG ORAL				Bundled	$0.00			
Q0170	N	PROMETHAZINE HCL 25 MG ORAL				Bundled	$0.00			
Q0171	N	CHLORPROMAZINE HCL 10MG ORAL				Bundled	$0.00			
Q0172	N	CHLORPROMAZINE HCL 25MG ORAL				Bundled	$0.00			
Q0173	N	TRIMETHOBENZAMIDE HCL 250MG				Bundled	$0.00			
Q0174	K	THIETHYLPERAZINE MALEATE10MG		1425		APC	$0.78			
Q0175	N	PERPHENAZINE 4MG ORAL				Bundled	$0.00			
Q0176	N	PERPHENAZINE 8MG ORAL				Bundled	$0.00			
Q0177	N	HYDROXYZINE PAMOATE 25MG				Bundled	$0.00			

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Q0178	N	HYDROXYZINE PAMOATE 50MG				Bundled	$0.00			
Q0180	N	DOLASETRON MESYLATE ORAL				Bundled	$0.00			
Q0181	E	UNSPECIFIED ORAL ANTI-EMETIC				Not Allowed	$0.00			
Q0478	E	POWER ADAPTER, COMBO VAD				Not Allowed	$0.00			
Q0479	E	POWER MODULE COMBO VAD, REP				Not Allowed	$0.00			
Q0480	E	DRIVER PNEUMATIC VAD, REP				Not Allowed	$0.00			
Q0481	E	MICROPRCSR CU ELEC VAD, REP				Not Allowed	$0.00			
Q0482	E	MICROPRCSR CU COMBO VAD, REP				Not Allowed	$0.00			
Q0483	E	MONITOR ELEC VAD, REP				Not Allowed	$0.00			
Q0484	E	MONITOR ELEC OR COMB VAD REP				Not Allowed	$0.00			
Q0485	E	MONITOR CABLE ELEC VAD, REP				Not Allowed	$0.00			
Q0486	E	MON CABLE ELEC/PNEUM VAD REP				Not Allowed	$0.00			
Q0487	E	LEADS ANY TYPE VAD, REP ONLY				Not Allowed	$0.00			
Q0488	E	PWR PACK BASE ELEC VAD, REP				Not Allowed	$0.00			
Q0489	E	PWR PCK BASE COMBO VAD, REP				Not Allowed	$0.00			
Q0490	E	EMR PWR SOURCE ELEC VAD, REP				Not Allowed	$0.00			
Q0491	E	EMR PWR SOURCE COMBO VAD REP				Not Allowed	$0.00			
Q0492	E	EMR PWR CBL ELEC VAD, REP				Not Allowed	$0.00			
Q0493	E	EMR PWR CBL COMBO VAD, REP				Not Allowed	$0.00			
Q0494	E	EMR HD PMP ELEC/COMBO, REP				Not Allowed	$0.00			
Q0495	E	CHARGER ELEC/COMBO VAD REP				Not Allowed	$0.00			
Q0496	E	BATTERY ELEC/COMBO VAD REP				Not Allowed	$0.00			
Q0497	E	BAT CLPS ELEC/COMB VAD REP				Not Allowed	$0.00			
Q0498	E	HOLSTER ELEC/COMBO VAD REP				Not Allowed	$0.00			
Q0499	E	BELT/VEST ELEC/COMBO VAD REP				Not Allowed	$0.00			
Q0500	E	FILTERS ELEC/COMBO VAD, REP				Not Allowed	$0.00			
Q0501	E	SHWR COV ELEC/COMBO VAD, REP				Not Allowed	$0.00			
Q0502	E	MOBILITY CART PNEUM VAD, REP				Not Allowed	$0.00			
Q0503	E	BATTERY PNEUM VAD REPLACEMNT				Not Allowed	$0.00			
Q0504	E	PWR ADPT PNEUM VAD, REP VEH				Not Allowed	$0.00			
Q0505	E	MISCL SUPPLY/ACCESSORY VAD				Not Allowed	$0.00			
Q0506	E	LITH-ION BATT ELEC/PNEUM VAD				Not Allowed	$0.00			
Q0510	E	DISPENS FEE IMMUNOSUPRESSIVE				Not Allowed	$0.00			
Q0511	E	SUP FEE ANTIEM ANTICA IMMUNO				Not Allowed	$0.00			
Q0512	E	PX SUP FEE ANTI-CAN SUB PRES				Not Allowed	$0.00			
Q0513	E	DISP FEE INHAL DRUGS/30 DAYS				Not Allowed	$0.00			
Q0514	E	DISP FEE INHAL DRUGS/90 DAYS				Not Allowed	$0.00			
Q0515	K	SERMORELIN ACETATE INJECTION		3050		APC	$1.77			
Q1004	E	NTIOL CATEGORY 4				Not Allowed	$0.00			
Q1005	E	NTIOL CATEGORY 5				Not Allowed	$0.00			
Q2004	N	BLADDER CALCULI IRRIG SOL				Bundled	$0.00			
Q2009	N	FOSPHENYTOIN, 50 MG				Bundled	$0.00			
Q2017	K	TENIPOSIDE, 50 MG		7035		APC	$314.99			
Q2026	E	RADIESSE INJECTION				Not Allowed	$0.00			
Q2027	E	SCULPTRA INJECTION				Not Allowed	$0.00			
Q2034	M	AGRIFLU VACCINE				By Report	$0.00			
Q2035	M	AFLURIA VACC, 3 YRS & >, IM				Fee Schedule	$10.33			
Q2036	M	FLULAVAL VACC, 3 YRS & >, IM				Fee Schedule	$7.86			
Q2037	M	FLUVIRIN VACC, 3 YRS & >, IM				Fee Schedule	$12.21			
Q2038	M	FLUZONE VACC, 3 YRS & >, IM				Fee Schedule	$11.91			
Q2039	M	NOS VACC, 3 YRS & >, IM				Fee Schedule	$0.00			
Q2043	G	SIPULEUCEL-T AUTO CD54+		9273		APC	$32,811.85			
Q2045	K	HUMAN FIBRINOGEN CONC INJ		1414		APC	$0.72			
Q2046	G	AFLIBERCEPT INJECTION		1420		APC	$980.50			
Q2047	E	PEGINESATIDE INJECTION				Not Allowed	$0.00			
Q2048	K	DOXIL INJECTION		7046		APC	$527.07			

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Q2049	K	IMPORTED LIPODOX INJ		1421		APC	$488.86			
Q3001	E	BRACHYTHERAPY RADIOELEMENTS				Not Allowed	$0.00			
Q3014	E	TELEHEALTH FACILITY FEE				Not Allowed	$0.00			
Q3025	K	IM INJ INTERFERON BETA 1-A		9022		APC	$265.43			
Q3026	E	SUBC INJ INTERFERON BETA-1A				Not Allowed	$0.00			
Q3031	N	COLLAGEN SKIN TEST				Bundled	$0.00			
Q4001	E	CAST SUP BODY CAST PLASTER				Not Allowed	$0.00			
Q4002	E	CAST SUP BODY CAST FIBERGLAS				Not Allowed	$0.00			
Q4003	E	CAST SUP SHOULDER CAST PLSTR				Not Allowed	$0.00			
Q4004	E	CAST SUP SHOULDER CAST FBRGL				Not Allowed	$0.00			
Q4005	E	CAST SUP LONG ARM ADULT PLST				Not Allowed	$0.00			
Q4006	E	CAST SUP LONG ARM ADULT FBRG				Not Allowed	$0.00			
Q4007	E	CAST SUP LONG ARM PED PLSTER				Not Allowed	$0.00			
Q4008	E	CAST SUP LONG ARM PED FBRGLS				Not Allowed	$0.00			
Q4009	E	CAST SUP SHT ARM ADULT PLSTR				Not Allowed	$0.00			
Q4010	E	CAST SUP SHT ARM ADULT FBRGL				Not Allowed	$0.00			
Q4011	E	CAST SUP SHT ARM PED PLASTER				Not Allowed	$0.00			
Q4012	E	CAST SUP SHT ARM PED FBRGLAS				Not Allowed	$0.00			
Q4013	E	CAST SUP GAUNTLET PLASTER				Not Allowed	$0.00			
Q4014	E	CAST SUP GAUNTLET FIBERGLASS				Not Allowed	$0.00			
Q4015	E	CAST SUP GAUNTLET PED PLSTER				Not Allowed	$0.00			
Q4016	E	CAST SUP GAUNTLET PED FBRGLS				Not Allowed	$0.00			
Q4017	E	CAST SUP LNG ARM SPLINT PLST				Not Allowed	$0.00			
Q4018	E	CAST SUP LNG ARM SPLINT FBRG				Not Allowed	$0.00			
Q4019	E	CAST SUP LNG ARM SPLNT PED P				Not Allowed	$0.00			
Q4020	E	CAST SUP LNG ARM SPLNT PED F				Not Allowed	$0.00			
Q4021	E	CAST SUP SHT ARM SPLINT PLST				Not Allowed	$0.00			
Q4022	E	CAST SUP SHT ARM SPLINT FBRG				Not Allowed	$0.00			
Q4023	E	CAST SUP SHT ARM SPLNT PED P				Not Allowed	$0.00			
Q4024	E	CAST SUP SHT ARM SPLNT PED F				Not Allowed	$0.00			
Q4025	E	CAST SUP HIP SPICA PLASTER				Not Allowed	$0.00			
Q4026	E	CAST SUP HIP SPICA FIBERGLAS				Not Allowed	$0.00			
Q4027	E	CAST SUP HIP SPICA PED PLSTR				Not Allowed	$0.00			
Q4028	E	CAST SUP HIP SPICA PED FBRGL				Not Allowed	$0.00			
Q4029	E	CAST SUP LONG LEG PLASTER				Not Allowed	$0.00			
Q4030	E	CAST SUP LONG LEG FIBERGLASS				Not Allowed	$0.00			
Q4031	E	CAST SUP LNG LEG PED PLASTER				Not Allowed	$0.00			
Q4032	E	CAST SUP LNG LEG PED FBRGLS				Not Allowed	$0.00			
Q4033	E	CAST SUP LNG LEG CYLINDER PL				Not Allowed	$0.00			
Q4034	E	CAST SUP LNG LEG CYLINDER FB				Not Allowed	$0.00			
Q4035	E	CAST SUP LNGLEG CYLNDR PED P				Not Allowed	$0.00			
Q4036	E	CAST SUP LNGLEG CYLNDR PED F				Not Allowed	$0.00			
Q4037	E	CAST SUP SHRT LEG PLASTER				Not Allowed	$0.00			
Q4038	E	CAST SUP SHRT LEG FIBERGLASS				Not Allowed	$0.00			
Q4039	E	CAST SUP SHRT LEG PED PLSTER				Not Allowed	$0.00			
Q4040	E	CAST SUP SHRT LEG PED FBRGLS				Not Allowed	$0.00			
Q4041	E	CAST SUP LNG LEG SPLNT PLSTR				Not Allowed	$0.00			
Q4042	E	CAST SUP LNG LEG SPLNT FBRGL				Not Allowed	$0.00			
Q4043	E	CAST SUP LNG LEG SPLNT PED P				Not Allowed	$0.00			
Q4044	E	CAST SUP LNG LEG SPLNT PED F				Not Allowed	$0.00			
Q4045	E	CAST SUP SHT LEG SPLNT PLSTR				Not Allowed	$0.00			
Q4046	E	CAST SUP SHT LEG SPLNT FBRGL				Not Allowed	$0.00			
Q4047	E	CAST SUP SHT LEG SPLNT PED P				Not Allowed	$0.00			
Q4048	E	CAST SUP SHT LEG SPLNT PED F				Not Allowed	$0.00			
Q4049	E	FINGER SPLINT, STATIC				Not Allowed	$0.00			
Q4050	E	CAST SUPPLIES UNLISTED				Not Allowed	$0.00			

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Q4051	E	SPLINT SUPPLIES MISC				Not Allowed	$0.00			
Q4074	E	ILOPROST NON-COMP UNIT DOSE				Not Allowed	$0.00			
Q4081	E	EPOETIN ALFA, 100 UNITS ESRD				Not Allowed	$0.00			
Q4082	E	DRUG/BIO NOC PART B DRUG CAP				Not Allowed	$0.00			
Q4100	N	SKIN SUBSTITUTE, NOS				Bundled	$0.00			
Q4101	K	APLIGRAF		1240		APC	$37.33			
Q4102	K	OASIS WOUND MATRIX		1241		APC	$7.36			
Q4103	K	OASIS BURN MATRIX		1242		APC	$7.36			
Q4104	K	INTEGRA BMWD		1243		APC	$16.16			
Q4105	K	INTEGRA DRT		1244		APC	$13.92			
Q4106	K	DERMAGRAFT		1245		APC	$41.86			
Q4107	K	GRAFTJACKET		1246		APC	$92.32			
Q4108	K	INTEGRA MATRIX		1247		APC	$25.81			
Q4110	K	PRIMATRIX		1248		APC	$34.69			
Q4111	K	GAMMAGRAFT		1252		APC	$7.10			
Q4112	K	CYMETRA INJECTABLE		1249		APC	$163.76			
Q4113	K	GRAFTJACKET XPRESS		1250		APC	$323.65			
Q4114	K	INTEGRA FLOWABLE WOUND MATRI		1251		APC	$1,085.76			
Q4115	K	ALLOSKIN		1287		APC	$8.35			
Q4116	K	ALLODERM		1270		APC	$31.64			
Q4117	E	HYALOMATRIX				Not Allowed	$0.00			
Q4118	K	MATRISTEM MICROMATRIX		1342		APC	$2.91			
Q4119	K	MATRISTEM WOUND MATRIX		1351		APC	$4.94			
Q4120	E	MATRISTEM BURN MATRIX				Not Allowed	$0.00			
Q4121	K	THERASKIN		1345		APC	$22.30			
Q4122	K	DERMACELL		1419		APC	$36.62			
Q4123	K	ALLOSKIN		1427		APC	$13.33			
Q4124	G	OASIS TRI-LAYER WOUND MATRIX		9365		APC	$10.36			
Q4125	K	ARTHROFLEX		1428		APC	$125.33			
Q4126	E	MEMODERM				Not Allowed	$0.00			
Q4127	E	TALYMED				Not Allowed	$0.00			
Q4128	K	FLEXHD OR ALLOPATCH HD		1429		APC	$45.25			
Q4129	K	UNITE BIOMATRIX		1430		APC	$36.52			
Q4130	N	STRATTICE TM				Bundled	$0.00			
Q5001	E	HOSPICE IN PATIENT HOME				Not Allowed	$0.00			
Q5002	E	HOSPICE IN ASSISTED LIVING				Not Allowed	$0.00			
Q5003	E	HOSPICE IN LT/NON-SKILLED NF				Not Allowed	$0.00			
Q5004	E	HOSPICE IN SNF				Not Allowed	$0.00			
Q5005	E	HOSPICE, INPATIENT HOSPITAL				Not Allowed	$0.00			
Q5006	E	HOSPICE IN HOSPICE FACILITY				Not Allowed	$0.00			
Q5007	E	HOSPICE IN LTCH				Not Allowed	$0.00			
Q5008	E	HOSPICE IN INPATIENT PSYCH				Not Allowed	$0.00			
Q5009	E	HOSPICE CARE, NOS				Not Allowed	$0.00			
Q5010	E	HOSPICE HOME CARE IN HOSPICE				Not Allowed	$0.00			
Q9951	N	LOCM >=400MG/ML IODINE, 1ML				Bundled	$0.00			
Q9953	N	INJ FE-BASED MR CONTRAST, ML				Bundled	$0.00			
Q9954	N	ORAL MR CONTRAST, 100ML				Bundled	$0.00			
Q9955	N	INJ PERFLEXANE LIP MICROS, ML				Bundled	$0.00			
Q9956	N	INJ OCTAFLUOROPROPANE MIC, ML				Bundled	$0.00			
Q9957	N	INJ PERFLUTREN LIP MICROS, ML				Bundled	$0.00			
Q9958	N	HOCM <= 149 MG/ML IODINE, 1ML				Bundled	$0.00			
Q9959	N	HOCM 150-199MG/ML IODINE, 1ML				Bundled	$0.00			
Q9960	N	HOCM 200-249 MG/ML IODINE, 1ML				Bundled	$0.00			
Q9961	N	HOCM 250-299 MG/ML IODINE, 1ML				Bundled	$0.00			
Q9962	N	HOCM 300-349 MG/ML IODINE, 1ML				Bundled	$0.00			
Q9963	N	HOCM 350-399 MG/ML IODINE, 1ML				Bundled	$0.00			

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Q9964	N	HOCM >= 400 MG/ML IODINE, 1ML				Bundled	$0.00			
Q9965	N	LOCM 100-199MG/ML IODINE,1ML				Bundled	$0.00			
Q9966	N	LOCM 200-299MG/ML IODINE,1ML				Bundled	$0.00			
Q9967	N	LOCM 300-399MG/ML IODINE,1ML				Bundled	$0.00			
Q9968	N	VISUALIZATION ADJUNCT				Bundled	$0.00			
R0070	E	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PE				Not Allowed	$0.00			
R0075	E	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PE				Not Allowed	$0.00			
R0076	E	TRANSPORT PORTABLE EKG				Not Allowed	$0.00			
S0073	E	INJECTION, AZTREONAM, 500 MG				Not Allowed	$0.00			
S0074	E	INJECTION, CEFOTETAN DISODIU				Not Allowed	$0.00			
S0078	E	INJECTION, FOSPHENYTOIN SODI				Not Allowed	$0.00			
S0080	E	INJECTION, PENTAMIDINE ISETH				Not Allowed	$0.00			
S0081	E	INJECTION, PIPERACILLIN SODI				Not Allowed	$0.00			
S0086	E	INJECTION, VERTEPORFIN, 15MG				Not Allowed	$0.00			
S0088	E	IMATINIB 100 MG				Not Allowed	$0.00			
S0090	E	SILDENAFIL CITRATE, 25 MG				Not Allowed	$0.00			
S0106	E	BUPROPION HCL SR 60 TABLETS				Not Allowed	$0.00			
S0108	E	MERCAPTOPURINE ORAL 50 MG				Not Allowed	$0.00			
S0117	E	TRETINOIN TOPICAL 5 G				Not Allowed	$0.00			
S0122	E	INJECTION MENOTROPINS 75 IU				Not Allowed	$0.00			
S0126	E	INJECTION FOLLITROPIN ALFA 75 IU				Not Allowed	$0.00			
S0128	E	INJECTION FOLLITROPIN BETA 75 IU				Not Allowed	$0.00			
S0132	E	INJECTION GANIRELIX ACETATE 250 MCG				Not Allowed	$0.00			
S0145	E	PEG INTERFERON ALFA-2A/180				Not Allowed	$0.00			
S0155	E	EPOPROSTENOL DILUTANT				Not Allowed	$0.00			
S0156	E	EXEMESTANE, 25 MG				Not Allowed	$0.00			
S0157	E	BECAPLERMIN GEL 1%, 0.5 GM				Not Allowed	$0.00			
S0160	E	DEXTROAMPHETAMINE				Not Allowed	$0.00			
S0164	E	INJECTION PANTROPRAZOLE				Not Allowed	$0.00			
S0170	E	ANASTROZOLE 1 MG				Not Allowed	$0.00			
S0171	E	BUMETANIDE 0.5 MG				Not Allowed	$0.00			
S0172	E	CHLORAMBUCIL 2 MG				Not Allowed	$0.00			
S0174	E	DOLASETRON 50 MG				Not Allowed	$0.00			
S0175	E	FLUTAMIDE 125 MG				Not Allowed	$0.00			
S0176	E	HYDROXYUREA 500 MG				Not Allowed	$0.00			
S0177	E	LEVAMISOLE 50 MG				Not Allowed	$0.00			
S0178	E	LOMUSTINE 10 MG				Not Allowed	$0.00			
S0179	E	MEGESTROL 20 MG				Not Allowed	$0.00			
S0182	E	PROCARBAZINE 5 MG				Not Allowed	$0.00			
S0183	E	PROCHLORPERAZINE 5 MG				Not Allowed	$0.00			
S0187	E	TAMOXIFEN 10 MG				Not Allowed	$0.00			
S0189	E	TESTOSTERONE PELLET 75 MG				Not Allowed	$0.00			
S0190	M	MITEPRISTONE, ORAL, 200MG				Fee Schedule	$76.50			
S0191	M	MISOPROSTOL, ORAL, 200 MCG				Fee Schedule	$1.02			
S0194	E	VITAMIN SUPPL 100 CAPS				Not Allowed	$0.00			
S0195	E	PNEUMOCOCCAL CONJUGATE VAC				Not Allowed	$0.00			
S0208	E	PARAMED INTRCEPT NONVOL				Not Allowed	$0.00			
S0209	E	WC VAN MILEAGE PER MI				Not Allowed	$0.00			
S0215	E	NONEMERG TRANSP MILEAGE				Not Allowed	$0.00			
S0220	E	MEDICAL CONFERENCE BY PHYSIC				Not Allowed	$0.00			
S0221	E	MEDICAL CONFERENCE, 60 MIN				Not Allowed	$0.00			
S0250	E	COMP GERIATR ASSMT TEAM				Not Allowed	$0.00			
S0255	E	HOSPICE REFER VISIT NONMD				Not Allowed	$0.00			
S0257	E	END OF LIFE COUNSELING				Not Allowed	$0.00			
S0260	E	H&P FOR SURGERY				Not Allowed	$0.00			
S0265	E	GENETIC COUNSEL 15 MINS				Not Allowed	$0.00			

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S0280	E	MEDICAL HOME, INITIAL PLAN				Not Allowed	$0.00			
S0302	E	COMPLETED EPSDT				Not Allowed	$0.00			
S0310	E	HOSPITALIST VISIT				Not Allowed	$0.00			
S0340	E	LIFESTYLE MOD 1ST STAGE				Not Allowed	$0.00			
S0341	E	LIFESTYLE MOD 2 OR 3 STAGE				Not Allowed	$0.00			
S0342	E	LIFESTYLE MOD 4TH STAGE				Not Allowed	$0.00			
S0353	E	CANCER TREATMENT PLAN INITIAL				Not Allowed	$0.00			
S0354	E	CANCER TREATMENT PLAN CHANGE				Not Allowed	$0.00			
S0390	E	ROUTINE FOOT CARE PER VISIT				Not Allowed	$0.00			
S0395	E	IMPRESSION CASTING FT				Not Allowed	$0.00			
S0400	E	GLOBAL ESWL KIDNEY				Not Allowed	$0.00			
S0500	E	DISPOS CONT LENS				Not Allowed	$0.00			
S0504	E	SINGL PRSCRP LENS				Not Allowed	$0.00			
S0506	E	BIFOC PRSCP LENS				Not Allowed	$0.00			
S0508	E	TRIFOC PRSCRP LENS				Not Allowed	$0.00			
S0510	E	NON-PRSCRP LENS				Not Allowed	$0.00			
S0512	E	DAILY CONT LENS				Not Allowed	$0.00			
S0514	E	COLOR CONT LENS				Not Allowed	$0.00			
S0516	E	SAFETY FRAMES				Not Allowed	$0.00			
S0518	E	SUNGLASS FRAMES				Not Allowed	$0.00			
S0580	E	POLYCARB LENS				Not Allowed	$0.00			
S0581	E	NONSTND LENS				Not Allowed	$0.00			
S0590	E	MISC INTEGRAL LENS SERV				Not Allowed	$0.00			
S0592	E	COMP CONT LENS EVAL				Not Allowed	$0.00			
S0596	E	PHAKIC IOL REFRACTIVE ERROR				Not Allowed	$0.00			
S0601	E	SCREENING PROCTOSCOPY				Not Allowed	$0.00			
S0610	E	ANNUAL GYNECOLOGICAL EXAMINA				Not Allowed	$0.00			
S0612	E	ANNUAL GYNECOLOGICAL EXAMINA				Not Allowed	$0.00			
S0613	M	ANN BREAST EXAM				By Report	$0.00			
S0618	E	AUDIOMETRY FOR HEARING AID				Not Allowed	$0.00			
S0620	E	ROUTINE OPHTHALMOLOGICAL EXA				Not Allowed	$0.00			
S0621	E	ROUTINE OPHTHALMOLOGICAL EXA				Not Allowed	$0.00			
S0622	E	PHYS EXAM FOR COLLEGE				Not Allowed	$0.00			
S0630	E	REMOVAL OF SUTURES				Not Allowed	$0.00			
S0800	E	LASER IN SITU KERATOMILEUSIS				Not Allowed	$0.00			
S0810	E	PHOTOREFRACTIVE KERATECTOMY				Not Allowed	$0.00			
S0812	E	PHOTOTHERAP KERATECT				Not Allowed	$0.00			
S1001	E	DELUXE ITEM				Not Allowed	$0.00			
S1002	E	CUSTOM ITEM				Not Allowed	$0.00			
S1015	E	IV TUBING EXTENSION SET				Not Allowed	$0.00			
S1016	E	NON-PVC INTRAVENOUS ADMINIST				Not Allowed	$0.00			
S1030	E	GLUC MONITOR PURCHASE				Not Allowed	$0.00			
S1031	E	GLUC MONITOR RENTAL				Not Allowed	$0.00			
S1090	E	MOMETASONE SINUS IMPLANT				Not Allowed	$0.00			
S2053	E	TRANSPLANTATION OF SMALL INT				Not Allowed	$0.00			
S2054	E	TRANSPLANTATION OF MULTIVISC				Not Allowed	$0.00			
S2055	E	HARVESTING OF DONOR MULTIVIS				Not Allowed	$0.00			
S2060	E	LOBAR LUNG TRANSPLANTATION				Not Allowed	$0.00			
S2061	E	DONOR LOBECTOMY (LUNG)				Not Allowed	$0.00			
S2065	E	SIMULT PANC KIDN TRANS				Not Allowed	$0.00			
S2068	E	BREAST DIEP FLAP RECONSTRUCT				Not Allowed	$0.00			
S2070	E	CYSTO LASER TX URETERAL CALC				Not Allowed	$0.00			
S2079	E	LAP ESOPHAGOMYOTOMY				Not Allowed	$0.00			
S2080	E	LAUP				Not Allowed	$0.00			
S2083	E	ADJUSTMENT GASTRIC BAND				Not Allowed	$0.00			
S2095	E	TRANSCATH EMBOLIZ MICROSPHER				Not Allowed	$0.00			

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S2102	E	ISLET CELL TISSUE TRANSPLANT				Not Allowed	$0.00			
S2103	E	ADRENAL TISSUE TRANSPLANT				Not Allowed	$0.00			
S2107	E	ADOPTIVE IMMUNOTHERAPY				Not Allowed	$0.00			
S2109	E	AUTOLOGOUS CHONDROCYTE TRANSPLANTATION				Not Allowed	$0.00			
S2112	E	KNEE ARTHROSCP HARV				Not Allowed	$0.00			
S2115	E	PERIACETABULAR OSTEOTOMY				Not Allowed	$0.00			
S2120	E	LOW DENSITY LIPOPROTEIN(LDL)				Not Allowed	$0.00			
S2140	E	CORD BLOOD HARVESTING				Not Allowed	$0.00			
S2142	E	CORD BLOOD-DERIVED STEM-CELL				Not Allowed	$0.00			
S2150	E	BMT HARV/TRANSPL 28D PKG				Not Allowed	$0.00			
S2152	E	SOLID ORGAN TRANSPL PKG				Not Allowed	$0.00			
S2202	E	ECHOSCLEROTHERAPY				Not Allowed	$0.00			
S2205	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			
S2206	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			
S2207	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			
S2208	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			
S2209	E	MINIMALLY INVASIVE DIRECT CO				Not Allowed	$0.00			
S2225	E	MYRINGOTOMY LASER-ASSIST				Not Allowed	$0.00			
S2230	E	IMPLANT SEMI-IMP HEAR				Not Allowed	$0.00			
S2235	E	IMPLANT AUDITORY BRAIN IMP				Not Allowed	$0.00			
S2260	E	INDUCED ABORTION 17-24 WEEKS				Not Allowed	$0.00			
S2300	E	ARTHROSCOPY, SHOULDER, SURGI				Not Allowed	$0.00			
S2340	E	CHEMODENERVATION OF ABDUCTOR				Not Allowed	$0.00			
S2341	E	CHEMODENERV ADDUCT VOCAL				Not Allowed	$0.00			
S2342	E	NASAL ENDOSCOP PO DEBRID				Not Allowed	$0.00			
S2348	E	DECOMPRESS DISC RF LUMBAR				Not Allowed	$0.00			
S2350	E	DISKECTOMY, ANTERIOR, WITH D				Not Allowed	$0.00			
S2351	E	DISKECTOMY, ANTERIOR, WITH D				Not Allowed	$0.00			
S2360	E	VERTEBROPLAST CERV 1ST				Not Allowed	$0.00			
S2361	E	VERTEBROPLAST CERV ADDL				Not Allowed	$0.00			
S2400	E	FETAL SURG CONGEN HERNIA				Not Allowed	$0.00			
S2401	E	FETAL SURG URIN TRAC OBSTR				Not Allowed	$0.00			
S2402	E	FETAL SURG CONG CYST MALF				Not Allowed	$0.00			
S2403	E	FETAL SURG PULMON SEQUEST				Not Allowed	$0.00			
S2404	E	FETAL SURG MYELOMENINGO				Not Allowed	$0.00			
S2405	E	FETAL SURG SACROCOC TERATOMA				Not Allowed	$0.00			
S2409	E	FETAL SURG NOC				Not Allowed	$0.00			
S2411	E	FETOSCOP LASER THER TTTS				Not Allowed	$0.00			
S2900	E	ROBOTIC SURGICAL SYSTEM				Not Allowed	$0.00			
S3600	E	STAT LAB				Not Allowed	$0.00			
S3601	E	STAT LAB HOME/NF				Not Allowed	$0.00			
S3620	E	NEWBORN METABOLIC SCREENING				Not Allowed	$0.00			
S3630	E	EOSINOPHIL BLOOD COUNT				Not Allowed	$0.00			
S3645	E	HIV-1 ANTIBODY TESTING OF OR				Not Allowed	$0.00			
S3650	E	SALIVA TEST, HORMONE LEVEL;				Not Allowed	$0.00			
S3652	E	SALIVA TEST, HORMONE LEVEL;				Not Allowed	$0.00			
S3708	E	GASTROINTESTINAL FAT ABSORPT				Not Allowed	$0.00			
S3721	E	PCA3 TESTING				Not Allowed	$0.00			
S3853	E	GENE TEST MYO MUSCLR DYST				Not Allowed	$0.00			
S3854	E	GENE PROFILE PANEL BREAST				Not Allowed	$0.00			
S3890	E	FECAL DNA ANALYSIS				Not Allowed	$0.00			
S3900	E	SURFACE EMG				Not Allowed	$0.00			
S3902	E	BALLISTOCARDIOGRAM				Not Allowed	$0.00			
S3904	E	MASTERS TWO STEP				Not Allowed	$0.00			
S4005	E	INTERIM LABOR FACILITY GLOBAL				Not Allowed	$0.00			
S4011	E	IVF PACKAGE				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
S4013	E	COMPLETE GIFT CASE RATE				Not Allowed	$0.00			
S4014	E	COMPLETE ZIFT CASE RATE				Not Allowed	$0.00			
S4015	E	COMPLETE IVF NOS CASE RATE				Not Allowed	$0.00			
S4016	E	FROZEN IVF CASE RATE				Not Allowed	$0.00			
S4017	E	IVF CANC A STIM CASE RATE				Not Allowed	$0.00			
S4018	E	F EMB TRNS CANC CASE RATE				Not Allowed	$0.00			
S4020	E	IVF CANC A ASPIR CASE RATE				Not Allowed	$0.00			
S4021	E	IVF CANC P ASPIR CASE RATE				Not Allowed	$0.00			
S4022	E	ASST OOCYTE FERT CASE RATE				Not Allowed	$0.00			
S4023	E	DONOR EGG CYCLE INCOMPLETE CASE RATE				Not Allowed	$0.00			
S4025	E	DONOR SERV IVF CASE RATE				Not Allowed	$0.00			
S4026	E	PROCURE DONOR SPERM				Not Allowed	$0.00			
S4027	E	STORE PREV FROZ EMBRYOS				Not Allowed	$0.00			
S4028	E	MICROSURG EPI SPERM ASP				Not Allowed	$0.00			
S4030	E	SPERM PROCURE INIT VISIT				Not Allowed	$0.00			
S4031	E	SPERM PROCURE SUBS VISIT				Not Allowed	$0.00			
S4035	E	STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE RATE				Not Allowed	$0.00			
S4037	E	CRYOPRESERVED EMBRYO TRANSFER CASE RATE				Not Allowed	$0.00			
S4040	E	MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS				Not Allowed	$0.00			
S4042	E	OVULATION MGMT PER CYCLE				Not Allowed	$0.00			
S4980	E	LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EA				Not Allowed	$0.00			
S4981	E	INSERT LEVONORGESTREL IUS				Not Allowed	$0.00			
S4989	E	CONTRACEPT IUD				Not Allowed	$0.00			
S4990	E	NICOTINE PATCH LEGEND				Not Allowed	$0.00			
S4991	E	NICOTINE PATCH NONLEGEND				Not Allowed	$0.00			
S4993	N	CONTRACEPTIVE PILLS FOR BIRTH CONTROL				Bundled	$0.00			
S4995	E	SMOKING CESSATION GUM				Not Allowed	$0.00			
S5000	E	PRESCRIPTION DRUG, GENERIC				Not Allowed	$0.00			
S5001	E	PRESCRIPTION DRUG,BRAND NAME				Not Allowed	$0.00			
S5010	E	5% DEXTROSE AND 0.45% SALINE				Not Allowed	$0.00			
S5011	E	5% DEXTROSE IN LACTATED RING				Not Allowed	$0.00			
S5012	E	5% DEXTROSE WITH POTASSIUM				Not Allowed	$0.00			
S5014	E	D5W/0.45NS W KCL AND MGS04				Not Allowed	$0.00			
S5016	E	ANTIBIOTIC ADMIN SUPPLIES W/				Not Allowed	$0.00			
S5017	E	ANTIBIOTIC ADMINSUPPLIES W/O				Not Allowed	$0.00			
S5018	E	PAIN THERAPY ADMIN SUPPLIES				Not Allowed	$0.00			
S5020	E	CHEMOTHERAPY ADMIN SUPPLIES				Not Allowed	$0.00			
S5021	E	HYDRATION THERAPY ADMIN SUPP				Not Allowed	$0.00			
S5022	E	GROWTH HORMONE THERAPY				Not Allowed	$0.00			
S5025	E	INFUSION PUMP RENTAL,PERDIEM				Not Allowed	$0.00			
S5035	E	HIT ROUTINE DEVICE MAINT				Not Allowed	$0.00			
S5497	E	HIT CATH CARE NOC				Not Allowed	$0.00			
S5498	E	HIT SIMPLE CATH CARE				Not Allowed	$0.00			
S5501	E	HIT COMPLEX CATH CARE				Not Allowed	$0.00			
S5502	E	HIT INTERIM CATH CARE				Not Allowed	$0.00			
S5517	E	HIT DECLOTTING KIT				Not Allowed	$0.00			
S5518	E	HIT CATH REPAIR KIT				Not Allowed	$0.00			
S5520	E	HIT PICC INSERT KIT				Not Allowed	$0.00			
S5521	E	HIT MIDLINE CATH INSERT KIT				Not Allowed	$0.00			
S5522	E	HIT PICC INSERT NO SUPP				Not Allowed	$0.00			
S5523	E	HIP MIDLINE CATH INSERT KIT				Not Allowed	$0.00			
S5550	E	INSULIN RAPID 5 U				Not Allowed	$0.00			
S5551	E	INSULIN MOST RAPID 5 U				Not Allowed	$0.00			
S5552	E	INSULIN INTERMED 5 U				Not Allowed	$0.00			
S5553	E	INSULIN LONG ACTING 5 U				Not Allowed	$0.00			
S5560	E	INSULIN REUSE PEN 1.5 ML				Not Allowed	$0.00			

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S5561	E	INSULIN REUSE PEN 3 ML				Not Allowed	$0.00			
S5565	E	INSULIN CARTRIDGE 150 U				Not Allowed	$0.00			
S5566	E	INSULIN CARTRIDGE 300 U				Not Allowed	$0.00			
S5570	E	INSULIN DISPOS PEN 1.5 ML				Not Allowed	$0.00			
S5571	E	INSULIN DISPOS PEN 3 ML				Not Allowed	$0.00			
S8030	E	TANTALUM RING APPLICATION				Not Allowed	$0.00			
S8035	E	MAGNETIC SOURCE IMAGING				Not Allowed	$0.00			
S8037	E	MRCP				Not Allowed	$0.00			
S8040	E	TOPOGRAPHIC BRAIN MAPPING				Not Allowed	$0.00			
S8042	E	MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD				Not Allowed	$0.00			
S8055	E	US GUIDANCE FETAL REDUCT				Not Allowed	$0.00			
S8080	E	SCINTIMAMMOGRAPHY				Not Allowed	$0.00			
S8085	E	FLUORINE-18 FLUORODEOXYGLUCO				Not Allowed	$0.00			
S8092	E	ELECTRON BEAM COMPUTED TOMOG				Not Allowed	$0.00			
S8096	E	PORTABLE PEAK FLOW METER				Not Allowed	$0.00			
S8097	E	ASTHMA KIT				Not Allowed	$0.00			
S8100	E	SPACER WITHOUT MASK				Not Allowed	$0.00			
S8101	E	SPACER WITH MASK				Not Allowed	$0.00			
S8110	E	PEAK EXPIRATORY FLOW RATE (P				Not Allowed	$0.00			
S8120	E	O2 CONTENTS GAS CUBIC FT				Not Allowed	$0.00			
S8121	E	O2 CONTENTS LIQUID LB				Not Allowed	$0.00			
S8185	E	FLUTTER DEVICE				Not Allowed	$0.00			
S8186	E	SWIVEL ADAPTOR				Not Allowed	$0.00			
S8189	E	TRACH SUPPLY NOC				Not Allowed	$0.00			
S8205	E	CHEST COMPRESSION SYSTEM GEN				Not Allowed	$0.00			
S8210	E	MUCUS TRAP				Not Allowed	$0.00			
S8262	E	MANDIBULAR ORTHOPEDIC REPOSITIONING DEVICE EACH				Not Allowed	$0.00			
S8265	E	HABERMAN FEEDER FOR CLEFT LIP/PALATE				Not Allowed	$0.00			
S8270	E	ENURESIS ALARM				Not Allowed	$0.00			
S8300	E	SACRAL NERVE STIMULATION TEST LEAD KIT				Not Allowed	$0.00			
S8301	E	INFECT CONTROL SUPPLIES NOS				Not Allowed	$0.00			
S8400	E	INCONTINENCE PANTS, EACH				Not Allowed	$0.00			
S8402	E	DIAPERS, EACH				Not Allowed	$0.00			
S8415	E	SUPPLIES FOR HOME DELIVERY				Not Allowed	$0.00			
S8420	E	CUSTOM GRADIENT SLEEV/GLOV				Not Allowed	$0.00			
S8421	E	READY GRADIENT SLEEV/GLOV				Not Allowed	$0.00			
S8422	E	CUSTOM GRAD SLEEVE MED				Not Allowed	$0.00			
S8423	E	CUSTOM GRAD SLEEVE HEAVY				Not Allowed	$0.00			
S8424	E	READY GRADIENT SLEEVE				Not Allowed	$0.00			
S8425	E	CUSTOM GRAD GLOVE MED				Not Allowed	$0.00			
S8426	E	CUSTOM GRAD GLOVE HEAVY				Not Allowed	$0.00			
S8427	E	READY GRADIENT GLOVE				Not Allowed	$0.00			
S8428	E	READY GRADIENT GAUNTLET				Not Allowed	$0.00			
S8429	E	GRADIENT PRESSURE WRAP				Not Allowed	$0.00			
S8430	E	PADDING FOR COMPRSSN BDG				Not Allowed	$0.00			
S8431	E	COMPRESSION BANDAGE				Not Allowed	$0.00			
S8450	E	SPLINT DIGIT				Not Allowed	$0.00			
S8451	E	SPLINT WRIST OR ANKLE				Not Allowed	$0.00			
S8452	E	SPLINT ELBOW				Not Allowed	$0.00			
S8490	E	100 INSULIN SYRINGES				Not Allowed	$0.00			
S8930	E	AURICULAR ELECTROSTIMULATION				Not Allowed	$0.00			
S8948	E	LOW-LEVEL LASER TRMT 15 MIN				Not Allowed	$0.00			
S8950	E	COMPLEX LYMPHEDEMA THERAPY,				Not Allowed	$0.00			
S8999	E	RESUSCITATION BAG				Not Allowed	$0.00			
S9001	E	HOME UTERINE MONITOR WITH OR				Not Allowed	$0.00			
S9007	E	ULTRAFILTRATION MONITOR				Not Allowed	$0.00			

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S9015	E	AUTOMATED EEG MONITORING				Not Allowed	$0.00			
S9024	E	PARANASAL SINUS ULTRASOUND				Not Allowed	$0.00			
S9025	E	OMNICARDIOGRAM/CARDIOINTEGRA				Not Allowed	$0.00			
S9034	E	ESWL FOR GALLSTONES				Not Allowed	$0.00			
S9055	E	PROCUREN OR OTHER GROWTH FAC				Not Allowed	$0.00			
S9056	E	COMA STIMULATION PER DIEM				Not Allowed	$0.00			
S9061	E	MEDICAL SUPPLIES AND EQUIPME				Not Allowed	$0.00			
S9083	E	URGENT CARE CENTER GLOBAL				Not Allowed	$0.00			
S9088	E	SERVICES PROVIDED IN URGENT				Not Allowed	$0.00			
S9090	E	VERTEBRAL AXIAL DECOMPRESSIO				Not Allowed	$0.00			
S9097	E	HOME VISIT FOR WOUND CARE				Not Allowed	$0.00			
S9098	E	HOME PHOTOTHERAPY VISIT				Not Allowed	$0.00			
S9109	E	CHF TELEMONITORING MONTH				Not Allowed	$0.00			
S9117	E	BACK SCHOOL VISIT				Not Allowed	$0.00			
S9122	E	HOME HEALTH AIDE OR CERTIFIE				Not Allowed	$0.00			
S9123	E	NURSING CARE IN HOME RN				Not Allowed	$0.00			
S9124	E	NURSING CARE, IN THE HOME; B				Not Allowed	$0.00			
S9125	E	RESPITE CARE, IN THE HOME, P				Not Allowed	$0.00			
S9126	E	HOSPICE CARE, IN THE HOME, P				Not Allowed	$0.00			
S9127	E	SOCIAL WORK VISIT, IN THE HO				Not Allowed	$0.00			
S9128	E	SPEECH THERAPY, IN THE HOME,				Not Allowed	$0.00			
S9129	E	OCCUPATIONAL THERAPY, IN THE				Not Allowed	$0.00			
S9131	E	PT IN THE HOME PER DIEM				Not Allowed	$0.00			
S9140	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed	$0.00			
S9141	E	DIABETIC MANAGEMENT PROGRAM,				Not Allowed	$0.00			
S9145	E	INSULIN PUMP INITIATION				Not Allowed	$0.00			
S9208	E	HOME MGMT PRETERM LABOR				Not Allowed	$0.00			
S9209	E	HOME MGMT PPROM				Not Allowed	$0.00			
S9211	E	HOME MGMT GEST HYPERTENSION				Not Allowed	$0.00			
S9212	E	HM POSTPAR HYPER PER DIEM				Not Allowed	$0.00			
S9213	E	HM PREECLAMP PER DIEM				Not Allowed	$0.00			
S9214	E	HM GEST DM PER DIEM				Not Allowed	$0.00			
S9325	E	HIT PAIN MGMT PER DIEM				Not Allowed	$0.00			
S9326	E	HIT CONT PAIN PER DIEM				Not Allowed	$0.00			
S9327	E	HIT INT PAIN PER DIEM				Not Allowed	$0.00			
S9328	E	HIT PAIN IMP PUMP DIEM				Not Allowed	$0.00			
S9329	E	HIT CHEMO PER DIEM				Not Allowed	$0.00			
S9330	E	HIT CONT CHEM DIEM				Not Allowed	$0.00			
S9331	E	HIT INTERMIT CHEMO DIEM				Not Allowed	$0.00			
S9336	E	HIT CONT ANTICOAG DIEM				Not Allowed	$0.00			
S9338	E	HIT IMMUNOTHERAPY DIEM				Not Allowed	$0.00			
S9339	E	HIT PERITON DIALYSIS DIEM				Not Allowed	$0.00			
S9340	E	HIT ENTERAL PER DIEM				Not Allowed	$0.00			
S9341	E	HIT ENTERAL GRAV DIEM				Not Allowed	$0.00			
S9342	E	HIT ENTERAL PUMP DIEM				Not Allowed	$0.00			
S9343	E	HIT ENTERAL BOLUS NURS				Not Allowed	$0.00			
S9345	E	HIT ANTI-HEMOPHIL DIEM				Not Allowed	$0.00			
S9346	E	HIT ALPHA-1-PROTEINAS DIEM				Not Allowed	$0.00			
S9347	E	HIT LONGTERM INFUSION DIEM				Not Allowed	$0.00			
S9348	E	HIT SYMPATHOMIM DIEM				Not Allowed	$0.00			
S9349	E	HIT TOCOLYSIS DIEM				Not Allowed	$0.00			
S9351	E	HIT CONT ANTIEMETIC DIEM				Not Allowed	$0.00			
S9353	E	HIT CONT INSULIN DIEM				Not Allowed	$0.00			
S9355	E	HIT CHELATION DIEM				Not Allowed	$0.00			
S9357	E	HIT ENZYME REPLACE DIEM				Not Allowed	$0.00			
S9359	E	HIT ANTI-TNF PER DIEM				Not Allowed	$0.00			

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

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S9529	E	VENIPUNCTURE HOME/SNF				Not Allowed	$0.00			
S9537	E	HT HEM HORM INJ DIEM				Not Allowed	$0.00			
S9538	E	HIT BLOOD PRODUCTS DIEM				Not Allowed	$0.00			
S9542	E	HT INJ NOC PER DIEM				Not Allowed	$0.00			
S9558	E	HT INJ GROWTH HORM DIEM				Not Allowed	$0.00			
S9559	E	HIT INJ INTERFERON DIEM				Not Allowed	$0.00			
S9560	E	HT INJ HORMONE DIEM				Not Allowed	$0.00			
S9562	E	PALIVIZUMAB HOME INJ PERDIEM				Not Allowed	$0.00			
S9590	E	IN HOME IRRIGATION THERAPY				Not Allowed	$0.00			
S9810	E	HT PHARM PER HOUR				Not Allowed	$0.00			
S9970	E	HEALTH CLUB MEMBERSHIP ANNUAL				Not Allowed	$0.00			
S9975	E	TRANSPLANT RELATED PER DIEM				Not Allowed	$0.00			
S9976	E	LODGING PER DIEM				Not Allowed	$0.00			
S9977	E	MEALS PER DIEM				Not Allowed	$0.00			
S9981	E	MED RECORD COPY ADMIN				Not Allowed	$0.00			
S9982	E	MED RECORD COPY PER PAGE				Not Allowed	$0.00			
S9986	E	NOT MEDICALLY NECESSARY SVC				Not Allowed	$0.00			
S9988	E	SERV PART OF PHASE I TRIAL				Not Allowed	$0.00			
S9989	E	SERVICES OUTSIDE US				Not Allowed	$0.00			
S9990	E	SERVICES PROVIDED AS PART OF				Not Allowed	$0.00			
S9991	E	SERVICES PROVIDED AS PART OF				Not Allowed	$0.00			
S9992	E	TRANSPORTATION COSTS TO AND				Not Allowed	$0.00			
T1000	E	PRIVATE DUTY/INDEPENDENT NSG				Not Allowed	$0.00			
T1001	E	NURSING ASSESSMENT/EVALUATN				Not Allowed	$0.00			
T1002	E	RN SERVICES UP TO 15 MINUTES				Not Allowed	$0.00			
T1003	E	LPN/LVN SERVICES UP TO 15MIN				Not Allowed	$0.00			
T1004	E	NSG AIDE SERVICE UP TO 15MIN				Not Allowed	$0.00			
T1005	E	RESPITE CARE SERVICE 15 MIN				Not Allowed	$0.00			
T1006	E	FAMILY/COUPLE COUNSELING				Not Allowed	$0.00			
T1007	E	TREATMENT PLAN DEVELOPMENT				Not Allowed	$0.00			
T1009	E	CHILD SITTING SERVICES				Not Allowed	$0.00			
T1010	E	MEALS WHEN RECEIVE SERVICES				Not Allowed	$0.00			
T1012	E	ALCOHOL/SUBSTANCE ABUSE SKIL				Not Allowed	$0.00			
T1013	E	SIGN LANG/ORAL INTERPRETER				Not Allowed	$0.00			
T1014	E	TELEHEALTH TRANSMIT, PER MIN				Not Allowed	$0.00			
T1015	E	CLINIC SERVICE				Not Allowed	$0.00			
T1016	M	CASE MANAGEMENT				Fee Schedule	$0.00			
T1016	M	CASE MANAGEMENT, EACH 15 MINUTES	HD			Fee Schedule	$0.00			
T1017	E	TARGETED CASE MANAGEMENT				Not Allowed	$0.00			
T1018	E	SCHOOL-BASED IEP SER BUNDLED				Not Allowed	$0.00			
T1019	E	PERSONAL CARE SER PER 15 MIN				Not Allowed	$0.00			
T1020	E	EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE				Not Allowed	$0.00			
T1021	E	HH AIDE OR CN AIDE PER VISIT				Not Allowed	$0.00			
T1022	E	CONTRACTED SERVICES PER DAY				Not Allowed	$0.00			
T1023	E	PROGRAM INTAKE ASSESSMENT				Not Allowed	$0.00			
T1024	M	TEAM EVALUATION & MANAGEMENT				Fee Schedule	$100.00			
T1025	M	PED COMPR CARE PKG PER DIEM				Fee Schedule	$1,000.00			
T1026	E	PED COMPR CARE PKG PER HOUR				Not Allowed	$0.00			
T1027	E	FAMILY TRAINING & COUNSELING				Not Allowed	$0.00			
T1028	E	HOME ENVIRONMENT ASSESSMENT				Not Allowed	$0.00			
T1029	E	NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND ARI				Not Allowed	$0.00			
T1030	E	REMOVAL OF SUTURES BY ANOTHER PHYSICIAN				Not Allowed	$0.00			
T1031	E	LPN HOME CARE PER DIEM				Not Allowed	$0.00			
T1502	E	MEDICATION ADMIN VISIT				Not Allowed	$0.00			
T1505	E	ELEC MED COMP DEV, NOC				Not Allowed	$0.00			
T1999	E	NOC RETAIL ITEMS AND SUPPLIES				Not Allowed	$0.00			

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
T2001	E	N-ET; PATIENT ATTEND/ESCORT				Not Allowed	$0.00			
T2002	E	N-ET; PER DIEM				Not Allowed	$0.00			
T2003	E	N-ET; ENCOUNTER/TRIP				Not Allowed	$0.00			
T2004	E	N-ET; COMMERC CARRIER PASS				Not Allowed	$0.00			
T2005	E	N-ET; STRETCHER VAN				Not Allowed	$0.00			
T2007	E	NON-EMER TRANSPORT WAIT TIME				Not Allowed	$0.00			
T2010	E	PASRR LEVEL I				Not Allowed	$0.00			
T2011	E	PASRR LEVEL II				Not Allowed	$0.00			
T2012	E	HABIL ED WAIVER, PER DIEM				Not Allowed	$0.00			
T2013	E	HABIL ED WAIVER PER HOUR				Not Allowed	$0.00			
T2014	E	HABIL PREVOC WAIVER, PER D				Not Allowed	$0.00			
T2015	E	HABIL PREVOC WAIVER PER HR				Not Allowed	$0.00			
T2016	E	HABIL RES WAIVER PER DIEM				Not Allowed	$0.00			
T2017	E	HABIL RES WAIVER 15 MIN				Not Allowed	$0.00			
T2018	E	HABIL SUP EMPL WAIVER/DIEM				Not Allowed	$0.00			
T2019	E	HABIL SUP EMPL WAIVER 15MIN				Not Allowed	$0.00			
T2020	E	DAY HABIL WAIVER PER DIEM				Not Allowed	$0.00			
T2021	E	DAY HABIL WAIVER PER 15 MIN				Not Allowed	$0.00			
T2022	E	CASE MANAGEMENT, PER MONTH				Not Allowed	$0.00			
T2023	E	TARGETED CASE MGMT PER MONTH				Not Allowed	$0.00			
T2024	E	SERV ASMNT/CARE PLAN WAIVER				Not Allowed	$0.00			
T2025	E	WAIVER SERVICE, NOS				Not Allowed	$0.00			
T2026	E	SPECIAL CHILDCARE WAIVER/D				Not Allowed	$0.00			
T2027	E	SPEC CHILDCARE WAIVER 15 MIN				Not Allowed	$0.00			
T2028	E	SPECIAL SUPPLY, NOS WAIVER				Not Allowed	$0.00			
T2029	E	SPECIAL MED EQUIP, NOSWAIVER				Not Allowed	$0.00			
T2030	E	ASSIST LIVING WAIVER/MONTH				Not Allowed	$0.00			
T2031	E	ASSIST LIVING WAIVER/DIEM				Not Allowed	$0.00			
T2032	E	RES CARE, NOS WAIVER/MONTH				Not Allowed	$0.00			
T2033	E	RES, NOS WAIVER PER DIEM				Not Allowed	$0.00			
T2034	E	CRISIS INTERVEN WAIVER/DIEM				Not Allowed	$0.00			
T2035	E	UTILITY SERVICES WAIVER				Not Allowed	$0.00			
T2036	E	CAMP OVERNITE WAIVER/SESSION				Not Allowed	$0.00			
T2037	E	CAMP DAY WAIVER/SESSION				Not Allowed	$0.00			
T2038	E	COMM TRANS WAIVER/SERVICE				Not Allowed	$0.00			
T2039	E	VEHICLE MOD WAIVER/SERVICE				Not Allowed	$0.00			
T2040	E	FINANCIAL MGT WAIVER/15MIN				Not Allowed	$0.00			
T2041	E	SUPPORT BROKER WAIVER/15 MIN				Not Allowed	$0.00			
T2042	E	HOSPICE ROUTINE HOME CARE				Not Allowed	$0.00			
T2043	E	HOSPICE CONTINUOUS HOME CARE				Not Allowed	$0.00			
T2044	E	HOSPICE RESPITE CARE				Not Allowed	$0.00			
T2045	E	HOSPICE GENERAL CARE				Not Allowed	$0.00			
T2046	E	HOSPICE LONG TERM CARE R&B				Not Allowed	$0.00			
T2048	E	BH LTC RES R&B, PER DIEM				Not Allowed	$0.00			
T2049	E	N-ET; STRETCHER VAN MILEAGE				Not Allowed	$0.00			
T2101	E	BREAST MILK PROC/STORE/DIST				Not Allowed	$0.00			
T4521	E	ADULT SIZE BRIEF/DIAPER SM				Not Allowed	$0.00			
T4522	E	ADULT SIZE BRIEF/DIAPER MED				Not Allowed	$0.00			
T4523	E	ADULT SIZE BRIEF/DIAPER LG				Not Allowed	$0.00			
T4524	E	ADULT SIZE BRIEF/DIAPER XL				Not Allowed	$0.00			
T4525	E	ADULT SIZE PULL-ON SM				Not Allowed	$0.00			
T4526	E	ADULT SIZE PULL-ON MED				Not Allowed	$0.00			
T4527	E	ADULT SIZE PULL-ON LG				Not Allowed	$0.00			
T4528	E	ADULT SIZE PULL-ON XL				Not Allowed	$0.00			
T4529	E	PED SIZE BRIEF/DIAPER SM/MED				Not Allowed	$0.00			
T4530	E	PED SIZE BRIEF/DIAPER LG				Not Allowed	$0.00			

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T4531	E	PED SIZE PULL-ON SM/MED				Not Allowed	$0.00			
T4532	E	PED SIZE PULL-ON LG				Not Allowed	$0.00			
T4533	E	YOUTH SIZE BRIEF/DIAPER				Not Allowed	$0.00			
T4534	E	YOUTH SIZE PULL-ON				Not Allowed	$0.00			
T4535	E	DISPOSABLE LINER/SHIELD/PAD				Not Allowed	$0.00			
T4536	E	REUSABLE PULL-ON ANY SIZE				Not Allowed	$0.00			
T4537	E	REUSABLE UNDERPAD BED SIZE				Not Allowed	$0.00			
T4538	E	DIAPER SERV REUSABLE DIAPER				Not Allowed	$0.00			
T4539	E	REUSE DIAPER/BRIEF ANY SIZE				Not Allowed	$0.00			
T4540	E	REUSABLE UNDERPAD CHAIR SIZE				Not Allowed	$0.00			
T4541	E	LARGE DISPOSABLE UNDERPAD				Not Allowed	$0.00			
T4542	E	SMALL DISPOSABLE UNDERPAD				Not Allowed	$0.00			
T5001	E	SPECIAL POSITION SEAT/VEHICL				Not Allowed	$0.00			
T5999	E	SUPPLY, NOS				Not Allowed	$0.00			
V2020	E	VISION SVCS FRAMES PURCHASES				Not Allowed	$0.00			
V2025	E	EYEGLASSES DELUX FRAMES				Not Allowed	$0.00			
V2100	E	LENS SPHER SINGLE PLANO 4.00				Not Allowed	$0.00			
V2101	E	SINGLE VISN SPHERE 4.12-7.00				Not Allowed	$0.00			
V2102	E	SINGL VISN SPHERE 7.12-20.00				Not Allowed	$0.00			
V2103	E	SPHEROCYLINDR 4.00D/12-2.00D				Not Allowed	$0.00			
V2104	E	SPHEROCYLINDR 4.00D/2.12-4D				Not Allowed	$0.00			
V2105	E	SPHEROCYLINDER 4.00D/4.25-6D				Not Allowed	$0.00			
V2106	E	SPHEROCYLINDER 4.00D/>6.00D				Not Allowed	$0.00			
V2107	E	SPHEROCYLINDER 4.25D/12-2D				Not Allowed	$0.00			
V2108	E	SPHEROCYLINDER 4.25D/2.12-4D				Not Allowed	$0.00			
V2109	E	SPHEROCYLINDER 4.25D/4.25-6D				Not Allowed	$0.00			
V2110	E	SPHEROCYLINDER 4.25D/OVER 6D				Not Allowed	$0.00			
V2111	E	SPHEROCYLINDR 7.25D/.25-2.25				Not Allowed	$0.00			
V2112	E	SPHEROCYLINDR 7.25D/2.25-4D				Not Allowed	$0.00			
V2113	E	SPHEROCYLINDR 7.25D/4.25-6D				Not Allowed	$0.00			
V2114	E	SPHEROCYLINDER OVER 12.00D				Not Allowed	$0.00			
V2115	E	LENS LENTICULAR BIFOCAL				Not Allowed	$0.00			
V2118	E	LENS ANISEIKONIC SINGLE				Not Allowed	$0.00			
V2121	E	LENTICULAR LENS SINGLE				Not Allowed	$0.00			
V2199	E	LENS SINGLE VISION NOT OTH C				Not Allowed	$0.00			
V2200	E	LENS SPHER BIFOC PLANO 4.00D				Not Allowed	$0.00			
V2201	E	LENS SPHERE BIFOCAL 4.12-7.0				Not Allowed	$0.00			
V2202	E	LENS SPHERE BIFOCAL 7.12-20.				Not Allowed	$0.00			
V2203	E	LENS SPHCYL BIFOCAL 4.00D/.1				Not Allowed	$0.00			
V2204	E	LENS SPHCY BIFOCAL 4.00D/2.1				Not Allowed	$0.00			
V2205	E	LENS SPHCY BIFOCAL 4.00D/4.2				Not Allowed	$0.00			
V2206	E	LENS SPHCY BIFOCAL 4.00D/OVE				Not Allowed	$0.00			
V2207	E	LENS SPHCY BIFOCAL 4.25-7D/.				Not Allowed	$0.00			
V2208	E	LENS SPHCY BIFOCAL 4.25-7/2.				Not Allowed	$0.00			
V2209	E	LENS SPHCY BIFOCAL 4.25-7/4.				Not Allowed	$0.00			
V2210	E	LENS SPHCY BIFOCAL 4.25-7/OV				Not Allowed	$0.00			
V2211	E	LENS SPHCY BIFO 7.25-12/.25-				Not Allowed	$0.00			
V2212	E	LENS SPHCYL BIFO 7.25-12/2.2				Not Allowed	$0.00			
V2213	E	LENS SPHCYL BIFO 7.25-12/4.2				Not Allowed	$0.00			
V2214	E	LENS SPHCYL BIFOCAL OVER 12.				Not Allowed	$0.00			
V2215	E	LENS LENTICULAR BIFOCAL				Not Allowed	$0.00			
V2218	E	LENS ANISEIKONIC BIFOCAL				Not Allowed	$0.00			
V2219	E	LENS BIFOCAL SEG WIDTH OVER				Not Allowed	$0.00			
V2220	E	LENS BIFOCAL ADD OVER 3.25D				Not Allowed	$0.00			
V2221	E	LENTICULAR LENS BIFOCAL				Not Allowed	$0.00			
V2299	E	LENS BIFOCAL SPECIALITY				Not Allowed	$0.00			

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V2300	E	LENS SPHERE TRIFOCAL 4.00D				Not Allowed	$0.00			
V2301	E	LENS SPHERE TRIFOCAL 4.12-7.				Not Allowed	$0.00			
V2302	E	LENS SPHERE TRIFOCAL 7.12-20				Not Allowed	$0.00			
V2303	E	LENS SPHCY TRIFOCAL 4.0/.12-				Not Allowed	$0.00			
V2304	E	LENS SPHCY TRIFOCAL 4.0/2.25				Not Allowed	$0.00			
V2305	E	LENS SPHCY TRIFOCAL 4.0/4.25				Not Allowed	$0.00			
V2306	E	LENS SPHCYL TRIFOCAL 4.00/>6				Not Allowed	$0.00			
V2307	E	LENS SPHCY TRIFOCAL 4.25-7/.				Not Allowed	$0.00			
V2308	E	LENS SPHC TRIFOCAL 4.25-7/2.				Not Allowed	$0.00			
V2309	E	LENS SPHC TRIFOCAL 4.25-7/4.				Not Allowed	$0.00			
V2310	E	LENS SPHC TRIFOCAL 4.25-7/>6				Not Allowed	$0.00			
V2311	E	LENS SPHC TRIFO 7.25-12/.25-				Not Allowed	$0.00			
V2312	E	LENS SPHC TRIFO 7.25-12/2.25				Not Allowed	$0.00			
V2313	E	LENS SPHC TRIFO 7.25-12/4.25				Not Allowed	$0.00			
V2314	E	LENS SPHCYL TRIFOCAL OVER 12				Not Allowed	$0.00			
V2315	E	LENS LENTICULAR TRIFOCAL				Not Allowed	$0.00			
V2318	E	LENS ANISEIKONIC TRIFOCAL				Not Allowed	$0.00			
V2319	E	LENS TRIFOCAL SEG WIDTH > 28				Not Allowed	$0.00			
V2320	E	LENS TRIFOCAL ADD OVER 3.25D				Not Allowed	$0.00			
V2321	E	LENTICULAR LENS TRIFOCAL				Not Allowed	$0.00			
V2399	E	LENS TRIFOCAL SPECIALITY				Not Allowed	$0.00			
V2410	E	LENS VARIAB ASPHERICITY SING				Not Allowed	$0.00			
V2430	E	LENS VARIABLE ASPHERICITY BI				Not Allowed	$0.00			
V2499	E	VARIABLE ASPHERICITY LENS				Not Allowed	$0.00			
V2500	E	CONTACT LENS PMMA SPHERICAL				Not Allowed	$0.00			
V2501	E	CNTCT LENS PMMA-TORIC/PRISM				Not Allowed	$0.00			
V2502	E	CONTACT LENS PMMA BIFOCAL				Not Allowed	$0.00			
V2503	E	CNTCT LENS PMMA COLOR VISION				Not Allowed	$0.00			
V2510	E	CNTCT GAS PERMEABLE SPHERICL				Not Allowed	$0.00			
V2511	E	CNTCT TORIC PRISM BALLAST				Not Allowed	$0.00			
V2512	E	CNTCT LENS GAS PERMBL BIFOCL				Not Allowed	$0.00			
V2513	E	CONTACT LENS EXTENDED WEAR				Not Allowed	$0.00			
V2520	E	CONTACT LENS HYDROPHILIC				Not Allowed	$0.00			
V2521	E	CNTCT LENS HYDROPHILIC TORIC				Not Allowed	$0.00			
V2522	E	CNTCT LENS HYDROPHIL BIFOCL				Not Allowed	$0.00			
V2523	E	CNTCT LENS HYDROPHIL EXTEND				Not Allowed	$0.00			
V2530	E	CONTACT LENS GAS IMPERMEABLE				Not Allowed	$0.00			
V2531	E	CONTACT LENS GAS IMPERMEABLE				Not Allowed	$0.00			
V2599	E	CONTACT LENS/ES OTHER TYPE				Not Allowed	$0.00			
V2600	E	HAND HELD LOW VISION AIDS				Not Allowed	$0.00			
V2610	E	SINGLE LENS SPECTACLE MOUNT				Not Allowed	$0.00			
V2615	E	TELESCOP/OTHR COMPOUND LENS				Not Allowed	$0.00			
V2623	E	PLASTIC EYE PROSTH CUSTOM				Not Allowed	$0.00			
V2624	E	POLISHING ARTIFICAL EYE				Not Allowed	$0.00			
V2625	E	ENLARGEMNT OF EYE PROSTHESIS				Not Allowed	$0.00			
V2626	E	REDUCTION OF EYE PROSTHESIS				Not Allowed	$0.00			
V2627	E	SCLERAL COVER SHELL				Not Allowed	$0.00			
V2628	E	FABRICATION & FITTING				Not Allowed	$0.00			
V2629	E	PROSTHETIC EYE OTHER TYPE				Not Allowed	$0.00			
V2630	N	ANTER CHAMBER INTRAOCUL LENS				Bundled	$0.00			
V2631	N	IRIS SUPPORT INTRAOCLR LENS				Bundled	$0.00			
V2632	N	POST CHMBR INTRAOCULAR LENS				Bundled	$0.00			
V2700	E	BALANCE LENS				Not Allowed	$0.00			
V2702	E	DELUXE LENS FEATURE				Not Allowed	$0.00			
V2710	E	GLASS/PLASTIC SLAB OFF PRISM				Not Allowed	$0.00			
V2715	E	PRISM LENS/ES				Not Allowed	$0.00			

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

Proc Cd	2012 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2012 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
V5246	E	HEARING AID, PROG, MON, ITE				Not Allowed	$0.00			
V5247	E	HEARING AID, PROG, MON, BTE				Not Allowed	$0.00			
V5248	E	HEARING AID, BINAURAL, CIC				Not Allowed	$0.00			
V5249	E	HEARING AID, BINAURAL, ITC				Not Allowed	$0.00			
V5250	E	HEARING AID, PROG, BIN, CIC				Not Allowed	$0.00			
V5251	E	HEARING AID, PROG, BIN, ITC				Not Allowed	$0.00			
V5252	E	HEARING AID, PROG, BIN, ITE				Not Allowed	$0.00			
V5253	E	HEARING AID, PROG, BIN, BTE				Not Allowed	$0.00			
V5254	E	HEARING ID, DIGIT, MON, CIC				Not Allowed	$0.00			
V5255	E	HEARING AID, DIGIT, MON, ITC				Not Allowed	$0.00			
V5256	E	HEARING AID, DIGIT, MON, ITE				Not Allowed	$0.00			
V5257	E	HEARING AID, DIGIT, MON, BTE				Not Allowed	$0.00			
V5258	E	HEARING AID, DIGIT, BIN, CIC				Not Allowed	$0.00			
V5259	E	HEARING AID, DIGIT, BIN, ITC				Not Allowed	$0.00			
V5260	E	HEARING AID, DIGIT, BIN, ITE				Not Allowed	$0.00			
V5261	E	HEARING AID, DIGIT, BIN, BTE				Not Allowed	$0.00			
V5262	E	HEARING AID, DISP, MONAURAL				Not Allowed	$0.00			
V5263	E	HEARING AID, DISP, BINAURAL				Not Allowed	$0.00			
V5264	E	EAR MOLD/INSERT				Not Allowed	$0.00			
V5265	E	EAR MOLD/INSERT, DISP				Not Allowed	$0.00			
V5266	E	BATTERY FOR HEARING DEVICE				Not Allowed	$0.00			
V5267	E	HEARING AID SUPPLY/ACCESSORY				Not Allowed	$0.00			
V5268	E	ALD TELEPHONE AMPLIFIER				Not Allowed	$0.00			
V5269	E	ALERTING DEVICE, ANY TYPE				Not Allowed	$0.00			
V5270	E	ALD, TV AMPLIFIER, ANY TYPE				Not Allowed	$0.00			
V5271	E	ALD, TV CAPTION DECODER				Not Allowed	$0.00			
V5272	E	TDD				Not Allowed	$0.00			
V5273	E	ALD FOR COCHLEAR IMPLANT				Not Allowed	$0.00			
V5274	E	ALD UNSPECIFIED				Not Allowed	$0.00			
V5275	E	EAR IMPRESSION				Not Allowed	$0.00			
V5298	E	HEARING AID NOC				Not Allowed	$0.00			
V5299	E	HEARING SERVICE				Not Allowed	$0.00			
V5336	E	REPAIR COMMUNICATION DEVICE				Not Allowed	$0.00			
V5362	E	SPEECH SCREENING				Not Allowed	$0.00			
V5363	E	LANGUAGE SCREENING				Not Allowed	$0.00			
V5364	E	DYSPHAGIA SCREENING				Not Allowed	$0.00			