Montana Medicaid

ASC Covered Surgical and Ancillary Services for CY 2012
(Including Services for Which Payment is Packaged)

Revised October 2012

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Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
0027T	ENDOSCOPIC EPIDURAL LYSIS			7/1/2009	Not Allowed	$0.00
0042T	CT PERFUSION W/CONTRAST CBF			1/1/2009	No Separate Payment	$0.00
0071T	U/S LEIOMYOMATA ABLATE <200		Y	1/1/2009	Not Allowed	$0.00
0072T	U/S LEIOMYOMATA ABLATE >200		Y	1/1/2009	Not Allowed	$0.00
0073T	DELIVERY COMP IMRT		Y	4/1/2012	Fee Schedule	$264.62
0099T	IMPLANT CORNEAL RING	Y	Y	4/1/2012	Fee Schedule	$940.49
0100T	PROSTH RETINA RECEIVE&GEN	Y	Y	4/1/2012	Fee Schedule	$1,655.65
0101T	EXTRACORP SHOCKWV TX HI ENRG	Y	Y	4/1/2012	Fee Schedule	$1,309.16
0102T	EXTRACORP SHOCKWV TX ANESTH	Y	Y	4/1/2012	Fee Schedule	$1,309.16
0123T	SCLERAL FISTULIZATION	Y	Y	4/1/2012	Fee Schedule	$940.49
0124T	CONJUNCTIVAL DRUG PLACEMENT	Y	Y	4/1/2012	Fee Schedule	$115.98
0126T	CHD RISK IMT STUDY		Y	1/1/2009	No Separate Payment	$0.00
0159T	CAD BREAST MRI			1/1/2009	No Separate Payment	$0.00
0174T	CAD CXR WITH INTERP			1/1/2009	No Separate Payment	$0.00
0175T	CAD CXR REMOTE			1/1/2009	No Separate Payment	$0.00
0182T	HDR ELECT BRACHYTHERAPY		Y	4/1/2012	Fee Schedule	$404.21
0185T	COMPTR PROBABILITY ANALYSIS			1/1/2009	No Separate Payment	$0.00
0186T	SUPRACHOROIDAL DRUG DELIVERY	Y	Y	4/1/2012	Fee Schedule	$871.79
0190T	PLACE INTRAOC RADIATION SRC	Y	Y	4/1/2012	Fee Schedule	$871.79
0191T	INSERT ANT SEGMENT DRAIN INT	Y	Y	4/1/2012	Fee Schedule	$1,681.49
0192T	INSERT ANT SEGMENT DRAIN EXT	Y	Y	4/1/2012	Fee Schedule	$1,681.49
0200T	PERQ SACRAL AUGMT UNILAT INJ	Y	Y	4/1/2012	Fee Schedule	$1,309.16
0201T	PERQ SACRAL AUGMT BILAT INJ	Y	Y	4/1/2012	Fee Schedule	$1,309.16
0213T	NJX PARAVERT W/US CER/THOR	Y	Y	4/1/2012	Fee Schedule	$301.95
0214T	NJX PARAVERT W/US CER/THOR	Y	Y	4/1/2012	Fee Schedule	$105.52
0215T	NJX PARAVERT W/US CER/THOR	Y	Y	4/1/2012	Fee Schedule	$105.52
0216T	NJX PARAVERT W/US LUMB/SAC	Y	Y	4/1/2012	Fee Schedule	$301.95
0217T	NJX PARAVERT W/US LUMB/SAC	Y	Y	4/1/2012	Fee Schedule	$105.52
0218T	NJX PARAVERT W/US LUMB/SAC	Y	Y	4/1/2012	Fee Schedule	$105.52
0226T	ANOSCOPY HRA W/SPEC COLLECT		Y	4/1/2012	Fee Schedule	$26.36
0227T	ANOSCOPY HRA W/BIOPSY	Y	Y	4/1/2012	Fee Schedule	$251.67
0228T	NJX TFRML EPRL W/US CER/THOR	Y	Y	4/1/2012	Fee Schedule	$301.95
0229T	NJX TFRML EPRL W/US CER/THOR	Y	Y	4/1/2012	Fee Schedule	$157.50
0230T	NJX TFRML EPRL W/US LUMB/SAC	Y	Y	4/1/2012	Fee Schedule	$301.95
0231T	NJX TFRML EPRL W/US LUMB/SAC	Y	Y	4/1/2012	Fee Schedule	$157.50
0232T	NJX PLATELET PLASMA		Y	4/1/2012	Fee Schedule	$26.36
0238T	TRLUML PERIP ATHRC ILIAC ART			3/1/2011	Not Allowed	$0.00
0249T	LIGATION HEMORRHOID W/US			3/1/2011	Not Allowed	$0.00
0250T	INSERT BRONCHIAL VALVE			3/1/2011	Not Allowed	$0.00
0251T	REMOV BRONCHIAL VALVE			3/1/2011	Not Allowed	$0.00
0252T	REMOV BRONCH VALVE ADDL			3/1/2011	Not Allowed	$0.00
0253T	INSERT AQUEOUS DRAIN DEVICE			3/1/2011	Not Allowed	$0.00
0260T	HYPTHRM BDY NEONATE 28D/<			3/1/2011	Not Allowed	$0.00
0261T	HYPTHRM HEAD NEONATE 28D/<			3/1/2011	Not Allowed	$0.00
0263T	IM B1 MRW CEL THER CMPL		Y	4/1/2012	Fee Schedule	$1,317.63
0264T	IM B1 MRW CEL THER XCL HRVST		Y	4/1/2012	Fee Schedule	$1,317.63
0265T	IM B1 MRW CEL THER HRVST ONL		Y	4/1/2012	Fee Schedule	$1,317.63
0269T	REV/REMVL CRTD SNS DEV TOTAL	Y	Y	4/1/2012	Fee Schedule	$1,455.98
0270T	REV/REMVL CRTD SNS DEV LEAD	Y	Y	4/1/2012	Fee Schedule	$846.11
0271T	REV/REMVL CRTD SNS DEV GEN	Y	Y	4/1/2012	Fee Schedule	$1,250.59

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
0282T	PERIPH FIELD STIMUL TRIAL			4/1/2012	Fee Schedule	$3,627.72
0283T	PERIPH FIELD STIMUL PERM			4/1/2012	Fee Schedule	$22,898.89
0284T	PERIPH FIELD STIMUL REVISE	Y		4/1/2012	Fee Schedule	$846.11
0286T	NEAR IFR SPECTRSC OF WOUNDS			1/1/2012	No Separate Payment	$0.00
0287T	NEAR IFR GUIDE OF VASC SITE			1/1/2012	No Separate Payment	$0.00
0288T	ANOSCOPY W/RF DELIVERY	Y		4/1/2012	Fee Schedule	$1,332.09
0289T	LASER INC FOR PKP/LKP DONOR			1/1/2012	No Separate Payment	$0.00
0290T	LASER INC FOR PKP/LKP RECIP			1/1/2012	No Separate Payment	$0.00
0291T	IV OCT FOR PROC INIT VESSEL			1/1/2012	No Separate Payment	$0.00
0292T	IV OCT FOR PROC ADDL VESSEL			1/1/2012	No Separate Payment	$0.00
0301T	MW THERAPY FOR BREAST TUMOR			4/1/2012	Fee Schedule	$520.64
0302T	ICAR ISCHM MNTRNG SYS COMPL	Y		7/1/2012	Fee Schedule	$6,879.69
0303T	ICAR ISCHM MNTRNG SYS ELTRD	Y		7/1/2012	Fee Schedule	$2,005.81
0304T	ICAR ISCHM MNTRNG SYS DEVICE	Y		7/1/2012	Fee Schedule	$5,854.41
0307T	RMVL ICAR ISCHM MNTRNG DVICE	Y		7/1/2012	Fee Schedule	$920.67
0308T	INSERT OCULAR TELESCOPE PROS	Y		7/1/2012	Fee Schedule	$940.49
10021	FNA W/O IMAGE	Y		4/1/2012	Fee Schedule	$65.10
10022	FNA W/IMAGE	Y		4/1/2012	Fee Schedule	$184.80
10040	ACNE SURGERY	Y		4/1/2012	Fee Schedule	$35.49
10060	DRAINAGE OF SKIN ABSCESS	Y		4/1/2012	Fee Schedule	$57.39
10061	DRAINAGE OF SKIN ABSCESS	Y		4/1/2012	Fee Schedule	$57.39
10080	DRAINAGE OF PILONIDAL CYST	Y		4/1/2012	Fee Schedule	$57.39
10081	DRAINAGE OF PILONIDAL CYST	Y		4/1/2012	Fee Schedule	$167.46
10120	REMOVE FOREIGN BODY	Y		4/1/2012	Fee Schedule	$91.56
10121	REMOVE FOREIGN BODY	Y		4/1/2012	Fee Schedule	$687.06
10140	DRAINAGE OF HEMATOMA/FLUID	Y		4/1/2012	Fee Schedule	$98.71
10160	PUNCTURE DRAINAGE OF LESION	Y		4/1/2012	Fee Schedule	$57.39
10180	COMPLEX DRAINAGE WOUND	Y		4/1/2012	Fee Schedule	$830.77
11000	DEBRIDE INFECTED SKIN	Y		4/1/2012	Fee Schedule	$30.97
11001	DEBRIDE INFECTED SKIN ADD-ON	Y		4/1/2012	Fee Schedule	$9.87
11010	DEBRIDE SKIN AT FX SITE	Y		4/1/2012	Fee Schedule	$178.71
11011	DEBRIDE SKIN MUSC AT FX SITE	Y		4/1/2012	Fee Schedule	$178.71
11012	DEB SKIN BONE AT FX SITE	Y		4/1/2012	Fee Schedule	$178.71
11042	DEB SUBQ TISSUE 20 SQ CM/<	Y		4/1/2012	Fee Schedule	$111.47
11043	DEB MUSC/FASCIA 20 SQ CM/<	Y		4/1/2012	Fee Schedule	$111.47
11044	DEB BONE 20 SQ CM/<	Y		4/1/2012	Fee Schedule	$334.27
11045	DEB SUBQ TISSUE ADD-ON	Y		4/1/2012	Fee Schedule	$111.47
11046	DEB MUSC/FASCIA ADD-ON	Y		4/1/2012	Fee Schedule	$111.47
11047	DEB BONE ADD-ON	Y		4/1/2012	Fee Schedule	$334.27
11055	TRIM SKIN LESION	Y		4/1/2012	Fee Schedule	$34.04
11056	TRIM SKIN LESIONS 2 TO 4	Y		4/1/2012	Fee Schedule	$35.49
11057	TRIM SKIN LESIONS OVER 4	Y		4/1/2012	Fee Schedule	$41.19
11100	BIOPSY SKIN LESION	Y		4/1/2012	Fee Schedule	$60.55
11101	BIOPSY SKIN ADD-ON	Y		4/1/2012	Fee Schedule	$17.02
11200	REMOVAL OF SKIN TAGS	Y		4/1/2012	Fee Schedule	$35.49
11201	REMOVE SKIN TAGS ADD-ON	Y		4/1/2012	Fee Schedule	$7.49
11300	SHAVE SKIN LESION	Y		4/1/2012	Fee Schedule	$35.49
11301	SHAVE SKIN LESION	Y		4/1/2012	Fee Schedule	$35.49
11302	SHAVE SKIN LESION	Y		4/1/2012	Fee Schedule	$35.49
11303	SHAVE SKIN LESION	Y		4/1/2012	Fee Schedule	$60.55
11305	SHAVE SKIN LESION	Y		4/1/2012	Fee Schedule	$35.49
11306	SHAVE SKIN LESION	Y		4/1/2012	Fee Schedule	$35.49
11307	SHAVE SKIN LESION	Y		4/1/2012	Fee Schedule	$35.49
11308	SHAVE SKIN LESION	Y		4/1/2012	Fee Schedule	$60.55
11310	SHAVE SKIN LESION	Y		4/1/2012	Fee Schedule	$35.49
11311	SHAVE SKIN LESION	Y		4/1/2012	Fee Schedule	$35.49
11312	SHAVE SKIN LESION	Y		4/1/2012	Fee Schedule	$60.55
11313	SHAVE SKIN LESION	Y		4/1/2012	Fee Schedule	$60.55
11400	EXC TR-EXT B9+MARG 0.5 < CM	Y		4/1/2012	Fee Schedule	$86.80
11401	EXC TR-EXT B9+MARG 0.6-1 CM	Y		4/1/2012	Fee Schedule	$97.01
11402	EXC TR-EXT B9+MARG 1.1-2 CM	Y		4/1/2012	Fee Schedule	$106.54
11403	EXC TR-EXT B9+MARG 2.1-3 CM	Y		4/1/2012	Fee Schedule	$115.73

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11404	EXC TR-EXT B9+MARG 3.1-4 CM	Y		4/1/2012	Fee Schedule	$687.06
11406	EXC TR-EXT B9+MARG > 4.0 CM	Y		4/1/2012	Fee Schedule	$687.06
11420	EXC H-F-NK-SP B9+MARG 0.5 <	Y		4/1/2012	Fee Schedule	$81.69
11421	EXC H-F-NK-SP B9+MARG 0.6-1	Y		4/1/2012	Fee Schedule	$98.37
11422	EXC H-F-NK-SP B9+MARG 1.1-2	Y		4/1/2012	Fee Schedule	$107.56
11423	EXC H-F-NK-SP B9+MARG 2.1-3	Y		4/1/2012	Fee Schedule	$119.13
11424	EXC H-F-NK-SP B9+MARG 3.1-4	Y		4/1/2012	Fee Schedule	$687.06
11426	EXC H-F-NK-SP B9+MARG > 4 CM	Y		4/1/2012	Fee Schedule	$939.90
11440	EXC FACE-MM B9+MARG 0.5 < CM	Y		4/1/2012	Fee Schedule	$91.90
11441	EXC FACE-MM B9+MARG 0.6-1 CM	Y		4/1/2012	Fee Schedule	$106.54
11442	EXC FACE-MM B9+MARG 1.1-2 CM	Y		4/1/2012	Fee Schedule	$117.43
11443	EXC FACE-MM B9+MARG 2.1-3 CM	Y		4/1/2012	Fee Schedule	$130.70
11444	EXC FACE-MM B9+MARG 3.1-4 CM	Y		4/1/2012	Fee Schedule	$334.27
11446	EXC FACE-MM B9+MARG > 4 CM	Y		4/1/2012	Fee Schedule	$939.90
11450	REMOVAL SWEAT GLAND LESION	Y		4/1/2012	Fee Schedule	$939.90
11451	REMOVAL SWEAT GLAND LESION	Y		4/1/2012	Fee Schedule	$939.90
11462	REMOVAL SWEAT GLAND LESION	Y		4/1/2012	Fee Schedule	$939.90
11463	REMOVAL SWEAT GLAND LESION	Y		4/1/2012	Fee Schedule	$939.90
11470	REMOVAL SWEAT GLAND LESION	Y		4/1/2012	Fee Schedule	$939.90
11471	REMOVAL SWEAT GLAND LESION	Y		4/1/2012	Fee Schedule	$939.90
11600	EXC TR-EXT MAL+MARG 0.5 < CM	Y		4/1/2012	Fee Schedule	$124.58
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	Y		4/1/2012	Fee Schedule	$146.02
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	Y		4/1/2012	Fee Schedule	$158.62
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	Y		4/1/2012	Fee Schedule	$170.87
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	Y		4/1/2012	Fee Schedule	$334.27
11606	EXC TR-EXT MAL+MARG > 4 CM	Y		4/1/2012	Fee Schedule	$687.06
11620	EXC H-F-NK-SP MAL+MARG 0.5 <	Y		4/1/2012	Fee Schedule	$127.30
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	Y		4/1/2012	Fee Schedule	$147.38
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	Y		4/1/2012	Fee Schedule	$161.34
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	Y		4/1/2012	Fee Schedule	$177.00
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	Y		4/1/2012	Fee Schedule	$687.06
11626	EXC S/N/H/F/G MAL+MRG > 4 CM	Y		4/1/2012	Fee Schedule	$939.90
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	Y		4/1/2012	Fee Schedule	$133.09
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	Y		4/1/2012	Fee Schedule	$152.83
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	Y		4/1/2012	Fee Schedule	$169.17
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	Y		4/1/2012	Fee Schedule	$185.50
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	Y		4/1/2012	Fee Schedule	$687.06
11646	EXC F/E/E/N/L MAL+MRG > 4 CM	Y		4/1/2012	Fee Schedule	$939.90
11719	TRIM NAIL(S)	Y		4/1/2012	Fee Schedule	$15.67
11720	DEBRIDE NAIL 1-5	Y		4/1/2012	Fee Schedule	$19.40
11721	DEBRIDE NAIL 6 OR MORE	Y		4/1/2012	Fee Schedule	$23.83
11730	REMOVAL OF NAIL PLATE	Y		4/1/2012	Fee Schedule	$35.49
11732	REMOVE NAIL PLATE ADD-ON	Y		4/1/2012	Fee Schedule	$19.74
11740	DRAIN BLOOD FROM UNDER NAIL	Y		4/1/2012	Fee Schedule	$15.67
11750	REMOVAL OF NAIL BED	Y		4/1/2012	Fee Schedule	$125.26
11752	REMOVE NAIL BED/FINGER TIP	Y		4/1/2012	Fee Schedule	$178.02
11755	BIOPSY NAIL UNIT	Y		4/1/2012	Fee Schedule	$84.41
11760	REPAIR OF NAIL BED	Y		4/1/2012	Fee Schedule	$48.25
11762	RECONSTRUCTION OF NAIL BED	Y		4/1/2012	Fee Schedule	$164.40
11765	EXCISION OF NAIL FOLD TOE	Y		4/1/2012	Fee Schedule	$35.49
11770	REMOVAL OF PILONIDAL LESION	Y		4/1/2012	Fee Schedule	$939.90
11771	REMOVAL OF PILONIDAL LESION	Y		4/1/2012	Fee Schedule	$939.90
11772	REMOVAL OF PILONIDAL LESION	Y		4/1/2012	Fee Schedule	$939.90
11900	INJECTION INTO SKIN LESIONS	Y		4/1/2012	Fee Schedule	$35.49
11901	ADDED SKIN LESIONS INJECTION	Y		4/1/2012	Fee Schedule	$35.49
11920	CORRECT SKIN COLOR DEFECTS	Y		4/1/2012	Fee Schedule	$111.64
11921	CORRECT SKIN COLOR DEFECTS	Y		4/1/2012	Fee Schedule	$124.92
11922	CORRECT SKIN COLOR DEFECTS	Y		4/1/2012	Fee Schedule	$42.55
11950	THERAPY FOR CONTOUR DEFECTS			3/1/2011	Not Allowed	$0.00
11951	THERAPY FOR CONTOUR DEFECTS			3/1/2011	Not Allowed	$0.00
11952	THERAPY FOR CONTOUR DEFECTS			3/1/2011	Not Allowed	$0.00
11954	THERAPY FOR CONTOUR DEFECTS			3/1/2011	Not Allowed	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
11960	INSERT TISSUE EXPANDER(S)	Y	Y	4/1/2012	Fee Schedule	$861.74
11970	REPLACE TISSUE EXPANDER	Y	Y	4/1/2012	Fee Schedule	$1,917.60
11971	REMOVE TISSUE EXPANDER(S)	Y	Y	4/1/2012	Fee Schedule	$939.90
11976	REMOVAL OF CONTRACEPTIVE CAP	Y		4/1/2012	Fee Schedule	$74.88
11980	IMPLANT HORMONE PELLET(S)			4/1/2012	Fee Schedule	$26.36
11981	INSERT DRUG IMPLANT DEVICE			4/1/2012	Fee Schedule	$26.36
11982	REMOVE DRUG IMPLANT DEVICE			4/1/2012	Fee Schedule	$26.36
11983	REMOVE/INSERT DRUG IMPLANT			4/1/2012	Fee Schedule	$26.36
12001	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2012	Fee Schedule	$48.25
12002	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2012	Fee Schedule	$48.25
12004	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2012	Fee Schedule	$48.25
12005	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2012	Fee Schedule	$48.25
12006	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2012	Fee Schedule	$48.25
12007	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2012	Fee Schedule	$48.25
12011	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2012	Fee Schedule	$48.25
12013	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2012	Fee Schedule	$48.25
12014	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2012	Fee Schedule	$48.25
12015	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2012	Fee Schedule	$48.25
12016	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2012	Fee Schedule	$48.25
12017	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2012	Fee Schedule	$48.25
12018	REPAIR SUPERFICIAL WOUND(S)	Y		4/1/2012	Fee Schedule	$131.55
12020	CLOSURE OF SPLIT WOUND	Y		4/1/2012	Fee Schedule	$200.75
12021	CLOSURE OF SPLIT WOUND	Y		4/1/2012	Fee Schedule	$131.55
12031	INTMD WND REPAIR S/A/T/EXT	Y		4/1/2012	Fee Schedule	$131.55
12032	INTMD WND REPAIR S/A/T/EXT	Y		4/1/2012	Fee Schedule	$131.55
12034	INTMD WND REPAIR S/TR/EXT	Y		4/1/2012	Fee Schedule	$131.55
12035	INTMD WND REPAIR S/A/T/EXT	Y		4/1/2012	Fee Schedule	$131.55
12036	INTMD WND REPAIR S/A/T/EXT	Y		4/1/2012	Fee Schedule	$131.55
12037	INTMD WND REPAIR S/TR/EXT	Y		4/1/2012	Fee Schedule	$131.55
12041	INTMD WND REPAIR N-HF/GENIT	Y		4/1/2012	Fee Schedule	$48.25
12042	INTMD WND REPAIR N-HF/GENIT	Y		4/1/2012	Fee Schedule	$131.55
12044	INTMD WND REPAIR N-HF/GENIT	Y		4/1/2012	Fee Schedule	$131.55
12045	INTMD WND REPAIR N-HF/GENIT	Y		4/1/2012	Fee Schedule	$131.55
12046	INTMD WND REPAIR N-HF/GENIT	Y		4/1/2012	Fee Schedule	$131.55
12047	INTMD WND REPAIR N-HF/GENIT	Y		4/1/2012	Fee Schedule	$131.55
12051	INTMD WND REPAIR FACE/MM	Y		4/1/2012	Fee Schedule	$131.55
12052	INTMD WND REPAIR FACE/MM	Y		4/1/2012	Fee Schedule	$131.55
12053	INTMD WND REPAIR FACE/MM	Y		4/1/2012	Fee Schedule	$131.55
12054	INTMD WND REPAIR FACE/MM	Y		4/1/2012	Fee Schedule	$48.25
12055	INTMD WND REPAIR FACE/MM	Y		4/1/2012	Fee Schedule	$131.55
12056	INTMD WND REPAIR FACE/MM	Y		4/1/2012	Fee Schedule	$131.55
12057	INTMD WND REPAIR FACE/MM	Y		4/1/2012	Fee Schedule	$131.55
13100	REPAIR OF WOUND OR LESION	Y		4/1/2012	Fee Schedule	$200.75
13101	REPAIR OF WOUND OR LESION	Y		4/1/2012	Fee Schedule	$200.75
13102	REPAIR WOUND/LESION ADD-ON	Y		4/1/2012	Fee Schedule	$131.55
13120	REPAIR OF WOUND OR LESION	Y		4/1/2012	Fee Schedule	$131.55
13121	REPAIR OF WOUND OR LESION	Y		4/1/2012	Fee Schedule	$131.55
13122	REPAIR WOUND/LESION ADD-ON	Y		4/1/2012	Fee Schedule	$48.25
13131	REPAIR OF WOUND OR LESION	Y		4/1/2012	Fee Schedule	$131.55
13132	REPAIR OF WOUND OR LESION	Y		4/1/2012	Fee Schedule	$200.75
13133	REPAIR WOUND/LESION ADD-ON	Y		4/1/2012	Fee Schedule	$131.55
13150	REPAIR OF WOUND OR LESION	Y		4/1/2012	Fee Schedule	$200.75
13151	REPAIR OF WOUND OR LESION	Y		4/1/2012	Fee Schedule	$200.75
13152	REPAIR OF WOUND OR LESION	Y		4/1/2012	Fee Schedule	$200.75
13153	REPAIR WOUND/LESION ADD-ON	Y		4/1/2012	Fee Schedule	$131.55
13160	LATE CLOSURE OF WOUND	Y		4/1/2012	Fee Schedule	$861.74
14000	SKIN TISSUE REARRANGEMENT	Y		4/1/2012	Fee Schedule	$676.48
14001	SKIN TISSUE REARRANGEMENT	Y		4/1/2012	Fee Schedule	$676.48
14020	SKIN TISSUE REARRANGEMENT	Y		4/1/2012	Fee Schedule	$676.48
14021	SKIN TISSUE REARRANGEMENT	Y		4/1/2012	Fee Schedule	$676.48
14040	SKIN TISSUE REARRANGEMENT	Y		4/1/2012	Fee Schedule	$676.48
14041	SKIN TISSUE REARRANGEMENT	Y		4/1/2012	Fee Schedule	$676.48

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14060	SKIN TISSUE REARRANGEMENT	Y		4/1/2012	Fee Schedule	$676.48
14061	SKIN TISSUE REARRANGEMENT	Y		4/1/2012	Fee Schedule	$676.48
14301	SKIN TISSUE REARRANGEMENT	Y		4/1/2012	Fee Schedule	$861.74
14302	SKIN TISSUE REARRANGE ADD-ON	Y		4/1/2012	Fee Schedule	$861.74
14350	SKIN TISSUE REARRANGEMENT	Y		4/1/2012	Fee Schedule	$861.74
15002	WOUND PREP TRK/ARM/LEG	Y		4/1/2012	Fee Schedule	$200.75
15003	WOUND PREP ADDL 100 CM	Y		4/1/2012	Fee Schedule	$200.75
15004	WOUND PREP F/N/HF/G	Y		4/1/2012	Fee Schedule	$131.55
15005	WND PREP F/N/HF/G ADDL CM	Y		4/1/2012	Fee Schedule	$200.75
15040	HARVEST CULTURED SKIN GRAFT	Y		4/1/2012	Fee Schedule	$131.55
15050	SKIN PINCH GRAFT	Y		4/1/2012	Fee Schedule	$131.55
15100	SKIN SPLT GRFT TRNK/ARM/LEG	Y		4/1/2012	Fee Schedule	$861.74
15101	SKIN SPLT GRFT T/A/L ADD-ON	Y		4/1/2012	Fee Schedule	$861.74
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	Y		4/1/2012	Fee Schedule	$200.75
15111	EPIDRM AUTOGRFT T/A/L ADD-ON	Y		4/1/2012	Fee Schedule	$200.75
15115	EPIDRM A-GRFT FACE/NCK/HF/G	Y		4/1/2012	Fee Schedule	$200.75
15116	EPIDRM A-GRFT F/N/HF/G ADDL	Y		4/1/2012	Fee Schedule	$131.55
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	Y		4/1/2012	Fee Schedule	$861.74
15121	SKN SPLT A-GRFT F/N/HF/G ADD	Y		4/1/2012	Fee Schedule	$861.74
15130	DERM AUTOGRAFT TRNK/ARM/LEG	Y		4/1/2012	Fee Schedule	$676.48
15131	DERM AUTOGRAFT T/A/L ADD-ON	Y		4/1/2012	Fee Schedule	$676.48
15135	DERM AUTOGRAFT FACE/NCK/HF/G	Y		4/1/2012	Fee Schedule	$676.48
15136	DERM AUTOGRAFT F/N/HF/G ADD	Y		4/1/2012	Fee Schedule	$676.48
15150	CULT SKIN GRFT T/ARM/LEG	Y		4/1/2012	Fee Schedule	$131.55
15151	CULT SKIN GRFT T/A/L ADDL	Y		4/1/2012	Fee Schedule	$131.55
15152	CULT SKIN GRAFT T/A/L +%	Y		4/1/2012	Fee Schedule	$131.55
15155	CULT SKIN GRAFT F/N/HF/G	Y		4/1/2012	Fee Schedule	$131.55
15156	CULT SKIN GRFT F/N/HFG ADD	Y		4/1/2012	Fee Schedule	$131.55
15157	CULT EPIDERM GRFT F/N/HFG +%	Y		4/1/2012	Fee Schedule	$131.55
15170	ACELL GRAFT TRUNK/ARMS/LEGS			1/1/2012	Deleted	$0.00
15171	ACELL GRAFT T/ARM/LEG ADD-ON			1/1/2012	Deleted	$0.00
15175	ACELLULAR GRAFT F/N/HF/G			1/1/2012	Deleted	$0.00
15176	ACELL GRAFT F/N/HF/G ADD-ON			1/1/2012	Deleted	$0.00
15200	SKIN FULL GRAFT TRUNK	Y		4/1/2012	Fee Schedule	$676.48
15201	SKIN FULL GRAFT TRUNK ADD-ON	Y		4/1/2012	Fee Schedule	$676.48
15220	SKIN FULL GRAFT SCLP/ARM/LEG	Y		4/1/2012	Fee Schedule	$676.48
15221	SKIN FULL GRAFT ADD-ON	Y		4/1/2012	Fee Schedule	$200.75
15240	SKIN FULL GRFT FACE/GENIT/HF	Y		4/1/2012	Fee Schedule	$676.48
15241	SKIN FULL GRAFT ADD-ON	Y		4/1/2012	Fee Schedule	$131.55
15260	SKIN FULL GRAFT EEN & LIPS	Y		4/1/2012	Fee Schedule	$676.48
15261	SKIN FULL GRAFT ADD-ON	Y		4/1/2012	Fee Schedule	$676.48
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Y		4/1/2012	Fee Schedule	$131.55
15272	SKIN SUB GRAFT T/A/L ADD-ON	Y		4/1/2012	Fee Schedule	$48.25
15273	SKIN SUB GRFT T/ARM/LG CHILD	Y		4/1/2012	Fee Schedule	$200.75
15274	SKN SUB GRFT T/A/L CHILD ADD	Y		4/1/2012	Fee Schedule	$131.55
15275	SKIN SUB GRAFT FACE/NK/HF/G	Y		4/1/2012	Fee Schedule	$131.55
15276	SKIN SUB GRAFT F/N/HF/G ADDL	Y		4/1/2012	Fee Schedule	$48.25
15277	SKN SUB GRFT F/N/HF/G CHILD	Y		4/1/2012	Fee Schedule	$200.75
15278	SKN SUB GRFT F/N/HF/G CH ADD	Y		4/1/2012	Fee Schedule	$131.55
15300	APPLY SKINALLOGRFT T/ARM/LG			1/1/2012	Deleted	$0.00
15301	APPLY SKNALLOGRFT T/A/L ADDL			1/1/2012	Deleted	$0.00
15320	APPLY SKIN ALLOGRFT F/N/HF/G			1/1/2012	Deleted	$0.00
15321	APLY SKNALLOGRFT F/N/HFG ADD			1/1/2012	Deleted	$0.00
15330	APLY ACELL ALOGRFT T/ARM/LEG			1/1/2012	Deleted	$0.00
15331	APLY ACELL GRFT T/A/L ADD-ON			1/1/2012	Deleted	$0.00
15335	APPLY ACELL GRAFT F/N/HF/G			1/1/2012	Deleted	$0.00
15336	APLY ACELL GRFT F/N/HF/G ADD			1/1/2012	Deleted	$0.00
15340	APPLY CULT SKIN SUBSTITUTE			1/1/2012	Deleted	$0.00
15341	APPLY CULT SKIN SUB ADD-ON			1/1/2012	Deleted	$0.00
15360	APPLY CULT DERM SUB T/A/L			1/1/2012	Deleted	$0.00
15361	APLY CULT DERM SUB T/A/L ADD			1/1/2012	Deleted	$0.00
15365	APPLY CULT DERM SUB F/N/HF/G			1/1/2012	Deleted	$0.00

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15366	APPLY CULT DERM F/HF/G ADD			1/1/2012	Deleted	$0.00
15400	APPLY SKIN XENOGRAFT T/A/L			1/1/2012	Deleted	$0.00
15401	APPLY SKN XENOGRFT T/A/L ADD			1/1/2012	Deleted	$0.00
15420	APPLY SKIN XGRAFT F/N/HF/G			1/1/2012	Deleted	$0.00
15421	APPLY SKN XGRFT F/N/HF/G ADD			1/1/2012	Deleted	$0.00
15430	APPLY ACELLULAR XENOGRAFT			1/1/2012	Deleted	$0.00
15431	APPLY ACELLULAR XGRAFT ADD			1/1/2012	Deleted	$0.00
15570	FORM SKIN PEDICLE FLAP	Y		4/1/2012	Fee Schedule	$861.74
15572	FORM SKIN PEDICLE FLAP	Y		4/1/2012	Fee Schedule	$861.74
15574	FORM SKIN PEDICLE FLAP	Y		4/1/2012	Fee Schedule	$861.74
15576	FORM SKIN PEDICLE FLAP	Y		4/1/2012	Fee Schedule	$861.74
15600	SKIN GRAFT	Y		4/1/2012	Fee Schedule	$861.74
15610	SKIN GRAFT	Y		4/1/2012	Fee Schedule	$861.74
15620	SKIN GRAFT	Y		4/1/2012	Fee Schedule	$861.74
15630	SKIN GRAFT	Y		4/1/2012	Fee Schedule	$861.74
15650	TRANSFER SKIN PEDICLE FLAP	Y		4/1/2012	Fee Schedule	$861.74
15731	FOREHEAD FLAP W/VASC PEDICLE	Y		4/1/2012	Fee Schedule	$861.74
15732	MUSCLE-SKIN GRAFT HEAD/NECK	Y		4/1/2012	Fee Schedule	$861.74
15734	MUSCLE-SKIN GRAFT TRUNK	Y		4/1/2012	Fee Schedule	$861.74
15736	MUSCLE-SKIN GRAFT ARM	Y		4/1/2012	Fee Schedule	$861.74
15738	MUSCLE-SKIN GRAFT LEG	Y		4/1/2012	Fee Schedule	$861.74
15740	ISLAND PEDICLE FLAP GRAFT	Y		4/1/2012	Fee Schedule	$676.48
15750	NEUROVASCULAR PEDICLE GRAFT	Y		4/1/2012	Fee Schedule	$861.74
15760	COMPOSITE SKIN GRAFT	Y		4/1/2012	Fee Schedule	$861.74
15770	DERMA-FAT-FASCIA GRAFT	Y		4/1/2012	Fee Schedule	$861.74
15775	HAIR TRANSPLANT PUNCH GRAFTS			3/1/2011	Not Allowed	$0.00
15776	HAIR TRANSPLANT PUNCH GRAFTS			3/1/2011	Not Allowed	$0.00
15777	ACELLULAR DERM MATRIX IMPLT	Y		4/1/2012	Fee Schedule	$676.48
15780	ABRASION TREATMENT OF SKIN			3/1/2011	Not Allowed	$0.00
15781	ABRASION TREATMENT OF SKIN			3/1/2011	Not Allowed	$0.00
15782	ABRASION TREATMENT OF SKIN			3/1/2011	Not Allowed	$0.00
15783	ABRASION TREATMENT OF SKIN			3/1/2011	Not Allowed	$0.00
15786	ABRASION LESION SINGLE			3/1/2011	Not Allowed	$0.00
15787	ABRASION LESIONS ADD-ON			3/1/2011	Not Allowed	$0.00
15788	CHEMICAL PEEL FACE EPIDERM			3/1/2011	Not Allowed	$0.00
15789	CHEMICAL PEEL FACE DERMAL			3/1/2011	Not Allowed	$0.00
15792	CHEMICAL PEEL NONFACIAL			3/1/2011	Not Allowed	$0.00
15793	CHEMICAL PEEL NONFACIAL			3/1/2011	Not Allowed	$0.00
15819	PLASTIC SURGERY NECK			3/1/2011	Not Allowed	$0.00
15820	REVISION OF LOWER EYELID	Y	Y	4/1/2012	Fee Schedule	$861.74
15821	REVISION OF LOWER EYELID	Y	Y	4/1/2012	Fee Schedule	$861.74
15822	REVISION OF UPPER EYELID	Y	Y	4/1/2012	Fee Schedule	$861.74
15823	REVISION OF UPPER EYELID	Y	Y	4/1/2012	Fee Schedule	$861.74
15824	REMOVAL OF FOREHEAD WRINKLES			3/1/2011	Not Allowed	$0.00
15825	REMOVAL OF NECK WRINKLES			3/1/2011	Not Allowed	$0.00
15826	REMOVAL OF BROW WRINKLES			3/1/2011	Not Allowed	$0.00
15828	REMOVAL OF FACE WRINKLES			3/1/2011	Not Allowed	$0.00
15829	REMOVAL OF SKIN WRINKLES			3/1/2011	Not Allowed	$0.00
15830	EXC SKIN ABD	Y	Y	4/1/2012	Fee Schedule	$939.90
15832	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	4/1/2012	Fee Schedule	$939.90
15833	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	4/1/2012	Fee Schedule	$939.90
15834	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	4/1/2012	Fee Schedule	$939.90
15835	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	4/1/2012	Fee Schedule	$939.90
15836	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	4/1/2012	Fee Schedule	$687.06
15837	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	4/1/2012	Fee Schedule	$687.06
15838	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	4/1/2012	Fee Schedule	$687.06
15839	EXCISE EXCESSIVE SKIN TISSUE	Y	Y	4/1/2012	Fee Schedule	$687.06
15840	GRAFT FOR FACE NERVE PALSY	Y		4/1/2012	Fee Schedule	$861.74
15841	GRAFT FOR FACE NERVE PALSY	Y		4/1/2012	Fee Schedule	$861.74
15842	FLAP FOR FACE NERVE PALSY	Y		4/1/2012	Fee Schedule	$861.74
15845	SKIN AND MUSCLE REPAIR FACE	Y		4/1/2012	Fee Schedule	$861.74
15847	EXC SKIN ABD ADD-ON	Y		4/1/2012	Fee Schedule	$939.90

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15850	REMOVAL OF SUTURES	Y		4/1/2012	Fee Schedule	$111.47
15851	REMOVAL OF SUTURES	Y		4/1/2012	Fee Schedule	$63.99
15852	DRESSING CHANGE NOT FOR BURN			4/1/2012	Fee Schedule	$26.36
15860	TEST FOR BLOOD FLOW IN GRAFT			4/1/2012	Fee Schedule	$26.36
15876	SUCTION ASSISTED LIPECTOMY			3/1/2011	Not Allowed	$0.00
15877	SUCTION ASSISTED LIPECTOMY			3/1/2011	Not Allowed	$0.00
15878	SUCTION ASSISTED LIPECTOMY			3/1/2011	Not Allowed	$0.00
15879	SUCTION ASSISTED LIPECTOMY			3/1/2011	Not Allowed	$0.00
15920	REMOVAL OF TAIL BONE ULCER	Y		4/1/2012	Fee Schedule	$178.71
15922	REMOVAL OF TAIL BONE ULCER	Y		4/1/2012	Fee Schedule	$861.74
15931	REMOVE SACRUM PRESSURE SORE	Y		4/1/2012	Fee Schedule	$939.90
15933	REMOVE SACRUM PRESSURE SORE	Y		4/1/2012	Fee Schedule	$939.90
15934	REMOVE SACRUM PRESSURE SORE	Y		4/1/2012	Fee Schedule	$861.74
15935	REMOVE SACRUM PRESSURE SORE	Y		4/1/2012	Fee Schedule	$861.74
15936	REMOVE SACRUM PRESSURE SORE	Y		4/1/2012	Fee Schedule	$676.48
15937	REMOVE SACRUM PRESSURE SORE	Y		4/1/2012	Fee Schedule	$861.74
15940	REMOVE HIP PRESSURE SORE	Y		4/1/2012	Fee Schedule	$939.90
15941	REMOVE HIP PRESSURE SORE	Y		4/1/2012	Fee Schedule	$939.90
15944	REMOVE HIP PRESSURE SORE	Y		4/1/2012	Fee Schedule	$861.74
15945	REMOVE HIP PRESSURE SORE	Y		4/1/2012	Fee Schedule	$861.74
15946	REMOVE HIP PRESSURE SORE	Y		4/1/2012	Fee Schedule	$861.74
15950	REMOVE THIGH PRESSURE SORE	Y		4/1/2012	Fee Schedule	$939.90
15951	REMOVE THIGH PRESSURE SORE	Y		4/1/2012	Fee Schedule	$939.90
15952	REMOVE THIGH PRESSURE SORE	Y		4/1/2012	Fee Schedule	$676.48
15953	REMOVE THIGH PRESSURE SORE	Y		4/1/2012	Fee Schedule	$676.48
15956	REMOVE THIGH PRESSURE SORE	Y		4/1/2012	Fee Schedule	$676.48
15958	REMOVE THIGH PRESSURE SORE	Y		4/1/2012	Fee Schedule	$676.48
16000	INITIAL TREATMENT OF BURN(S)	Y		4/1/2012	Fee Schedule	$34.38
16020	DRESS/DEBRID P-THICK BURN S	Y		4/1/2012	Fee Schedule	$53.10
16025	DRESS/DEBRID P-THICK BURN M	Y		4/1/2012	Fee Schedule	$60.55
16030	DRESS/DEBRID P-THICK BURN L	Y		4/1/2012	Fee Schedule	$60.55
16035	INCISION OF BURN SCAB INITI	Y		4/1/2012	Fee Schedule	$60.55
17000	DESTRUCT PREMALG LESION	Y		4/1/2012	Fee Schedule	$35.49
17003	DESTRUCT PREMALG LES 2-14	Y		4/1/2012	Fee Schedule	$4.42
17004	DESTROY PREMAL LESIONS 15/>	Y		4/1/2012	Fee Schedule	$99.73
17106	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$111.47
17107	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$111.47
17108	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$111.47
17110	DESTRUCT B9 LESION 1-14	Y		4/1/2012	Fee Schedule	$35.49
17111	DESTRUCT LESION 15 OR MORE	Y		4/1/2012	Fee Schedule	$60.55
17250	CHEMICAL CAUTERY TISSUE	Y		4/1/2012	Fee Schedule	$58.54
17260	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$57.86
17261	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$60.55
17262	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$60.55
17263	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$60.55
17264	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$60.55
17266	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$111.47
17270	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$60.55
17271	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$60.55
17272	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$60.55
17273	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$111.47
17274	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$111.47
17276	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$111.47
17280	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$60.55
17281	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$109.26
17282	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$111.47
17283	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$111.47
17284	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$111.47
17286	DESTRUCTION OF SKIN LESIONS	Y		4/1/2012	Fee Schedule	$111.47
17311	MOHS 1 STAGE H/N/HF/G	Y		4/1/2012	Fee Schedule	$204.84
17312	MOHS ADDL STAGE	Y		4/1/2012	Fee Schedule	$204.84
17313	MOHS 1 STAGE T/A/L	Y		4/1/2012	Fee Schedule	$204.84

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17314	MOHS ADDL STAGE T/A/L	Y		4/1/2012	Fee Schedule	$204.84
17315	MOHS SURG ADDL BLOCK	Y		4/1/2012	Fee Schedule	$45.95
17340	CRYOTHERAPY OF SKIN	Y		4/1/2012	Fee Schedule	$20.76
17360	SKIN PEEL THERAPY	Y		4/1/2012	Fee Schedule	$60.55
17380	HAIR REMOVAL BY ELECTROLYSIS			3/1/2011	Not Allowed	$0.00
19000	DRAINAGE OF BREAST LESION	Y		4/1/2012	Fee Schedule	$77.61
19001	DRAIN BREAST LESION ADD-ON	Y		4/1/2012	Fee Schedule	$10.21
19020	INCISION OF BREAST LESION	Y		4/1/2012	Fee Schedule	$830.77
19030	INJECTION FOR BREAST X-RAY			1/1/2009	No Separate Payment	$0.00
19100	BX BREAST PERCUT W/O IMAGE	Y		4/1/2012	Fee Schedule	$184.80
19101	BIOPSY OF BREAST OPEN	Y		4/1/2012	Fee Schedule	$1,030.36
19102	BX BREAST PERCUT W/IMAGE	Y		4/1/2012	Fee Schedule	$329.51
19103	BX BREAST PERCUT W/DEVICE	Y		4/1/2012	Fee Schedule	$620.10
19105	CRYOSURG ABLATE FA EACH	Y		4/1/2012	Fee Schedule	$1,349.56
19110	NIPPLE EXPLORATION	Y		4/1/2012	Fee Schedule	$1,030.36
19112	EXCISE BREAST DUCT FISTULA	Y		4/1/2012	Fee Schedule	$1,030.36
19120	REMOVAL OF BREAST LESION	Y		4/1/2012	Fee Schedule	$1,030.36
19125	EXCISION BREAST LESION	Y		4/1/2012	Fee Schedule	$1,030.36
19126	EXCISION ADDL BREAST LESION	Y		4/1/2012	Fee Schedule	$1,030.36
19290	PLACE NEEDLE WIRE BREAST			1/1/2009	No Separate Payment	$0.00
19291	PLACE NEEDLE WIRE BREAST			1/1/2009	No Separate Payment	$0.00
19295	PLACE BREAST CLIP PERCUT			1/1/2009	No Separate Payment	$0.00
19296	PLACE PO BREAST CATH FOR RAD	Y		4/1/2012	Fee Schedule	$2,535.31
19297	PLACE BREAST CATH FOR RAD	Y		4/1/2012	Fee Schedule	$2,535.31
19298	PLACE BREAST RAD TUBE/CATHS	Y		4/1/2012	Fee Schedule	$2,535.31
19300	REMOVAL OF BREAST TISSUE	Y		4/1/2012	Fee Schedule	$1,030.36
19301	PARTICAL MASTECTOMY	Y		4/1/2012	Fee Schedule	$1,030.36
19302	P-MASTECTOMY W/LN REMOVAL	Y		4/1/2012	Fee Schedule	$1,813.85
19303	MAST SIMPLE COMPLETE	Y		4/1/2012	Fee Schedule	$1,349.56
19304	MAST SUBQ	Y		4/1/2012	Fee Schedule	$1,349.56
19316	SUSPENSION OF BREAST	Y		4/1/2012	Fee Schedule	$1,349.56
19318	REDUCTION OF LARGE BREAST	Y	Y	4/1/2012	Fee Schedule	$1,813.85
19324	ENLARGE BREAST	Y	Y	4/1/2012	Fee Schedule	$1,813.85
19325	ENLARGE BREAST WITH IMPLANT	Y	Y	4/1/2012	Fee Schedule	$2,535.31
19328	REMOVAL OF BREAST IMPLANT	Y		4/1/2012	Fee Schedule	$1,349.56
19330	REMOVAL OF IMPLANT MATERIAL	Y		4/1/2012	Fee Schedule	$1,349.56
19340	IMMEDIATE BREAST PROSTHESIS	Y		4/1/2012	Fee Schedule	$1,813.85
19342	DELAYED BREAST PROSTHESIS	Y		4/1/2012	Fee Schedule	$2,535.31
19350	BREAST RECONSTRUCTION	Y		4/1/2012	Fee Schedule	$1,030.36
19355	CORRECT INVERTED NIPPLE(S)			3/1/2011	Not Allowed	$0.00
19357	BREAST RECONSTRUCTION	Y		4/1/2012	Fee Schedule	$2,535.31
19366	BREAST RECONSTRUCTION	Y		4/1/2012	Fee Schedule	$1,349.56
19370	SURGERY OF BREAST CAPSULE	Y		4/1/2012	Fee Schedule	$1,349.56
19371	REMOVAL OF BREAST CAPSULE	Y		4/1/2012	Fee Schedule	$1,349.56
19380	REVISE BREAST RECONSTRUCTION	Y		4/1/2012	Fee Schedule	$1,813.85
19396	DESIGN CUSTOM BREAST IMPLANT	Y		4/1/2012	Fee Schedule	$1,349.56
20005	I&D ABSCESS SUBFASCIAL	Y		4/1/2012	Fee Schedule	$334.27
20103	EXPLORE WOUND EXTREMITY	Y		4/1/2012	Fee Schedule	$530.22
20150	EXCISE EPIPHYSEAL BAR	Y		4/1/2012	Fee Schedule	$1,917.60
20200	MUSCLE BIOPSY	Y		4/1/2012	Fee Schedule	$687.06
20205	DEEP MUSCLE BIOPSY	Y		4/1/2012	Fee Schedule	$687.06
20206	NEEDLE BIOPSY MUSCLE	Y		4/1/2012	Fee Schedule	$329.51
20220	BONE BIOPSY TROCAR/NEEDLE	Y		4/1/2012	Fee Schedule	$334.27
20225	BONE BIOPSY TROCAR/NEEDLE	Y		4/1/2012	Fee Schedule	$687.06
20240	BONE BIOPSY EXCISIONAL	Y		4/1/2012	Fee Schedule	$939.90
20245	BONE BIOPSY EXCISIONAL	Y		4/1/2012	Fee Schedule	$939.90
20250	OPEN BONE BIOPSY	Y		4/1/2012	Fee Schedule	$1,309.16
20251	OPEN BONE BIOPSY	Y		4/1/2012	Fee Schedule	$1,309.16
20500	INJECTION OF SINUS TRACT	Y		4/1/2012	Fee Schedule	$60.25
20501	INJECT SINUS TRACT FOR X-RAY			1/1/2009	No Separate Payment	$0.00
20520	REMOVAL OF FOREIGN BODY	Y		4/1/2012	Fee Schedule	$125.26
20525	REMOVAL OF FOREIGN BODY	Y		4/1/2012	Fee Schedule	$939.90

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20526	THER INJECTION CARP TUNNEL	Y		4/1/2012	Fee Schedule	$38.12
20527	INJ DUPUYTREN CORD W/ENZYME	Y		4/1/2012	Fee Schedule	$36.76
20550	INJ TENDON SHEATH/LIGAMENT	Y		4/1/2012	Fee Schedule	$28.93
20551	INJ TENDON ORIGIN/INSERTION	Y		4/1/2012	Fee Schedule	$30.29
20552	INJ TRIGGER POINT 1/2 MUSCL	Y		4/1/2012	Fee Schedule	$28.93
20553	INJECT TRIGGER POINTS =/> 3	Y		4/1/2012	Fee Schedule	$33.70
20555	PLACE NDL MUSC/TIS FOR RT	Y		4/1/2012	Fee Schedule	$1,309.16
20600	DRAIN/INJECT JOINT/BURSA	Y		4/1/2012	Fee Schedule	$29.27
20605	DRAIN/INJECT JOINT/BURSA	Y		4/1/2012	Fee Schedule	$31.31
20610	DRAIN/INJECT JOINT/BURSA	Y		4/1/2012	Fee Schedule	$38.80
20612	ASPIRATE/INJ GANGLION CYST	Y		4/1/2012	Fee Schedule	$32.34
20615	TREATMENT OF BONE CYST	Y		4/1/2012	Fee Schedule	$142.62
20650	INSERT AND REMOVE BONE PIN	Y		4/1/2012	Fee Schedule	$1,309.16
20662	APPLICATION OF PELVIS BRACE	Y		4/1/2012	Fee Schedule	$891.88
20663	APPLICATION OF THIGH BRACE	Y		4/1/2012	Fee Schedule	$1,309.16
20665	REMOVAL OF FIXATION DEVICE			4/1/2012	Fee Schedule	$26.36
20670	REMOVAL OF SUPPORT IMPLANT	Y		4/1/2012	Fee Schedule	$687.06
20680	REMOVAL OF SUPPORT IMPLANT	Y		4/1/2012	Fee Schedule	$939.90
20690	APPLY BONE FIXATION DEVICE	Y		4/1/2012	Fee Schedule	$1,309.16
20692	APPLY BONE FIXATION DEVICE	Y		4/1/2012	Fee Schedule	$1,309.16
20693	ADJUST BONE FIXATION DEVICE	Y		4/1/2012	Fee Schedule	$1,309.16
20694	REMOVE BONE FIXATION DEVICE	Y		4/1/2012	Fee Schedule	$891.88
20696	COMP MULTIPLANE EXT FIXATION	Y		4/1/2012	Fee Schedule	$1,309.16
20697	COMP EXT FIXATE STRUT CHANGE	Y		4/1/2012	Fee Schedule	$774.04
20822	REPLANTATION DIGIT COMPLETE	Y		4/1/2012	Fee Schedule	$1,165.61
20900	REMOVAL OF BONE FOR GRAFT	Y		4/1/2012	Fee Schedule	$1,309.16
20902	REMOVAL OF BONE FOR GRAFT	Y		4/1/2012	Fee Schedule	$1,309.16
20910	REMOVE CARTILAGE FOR GRAFT	Y		4/1/2012	Fee Schedule	$861.74
20912	REMOVE CARTILAGE FOR GRAFT	Y		4/1/2012	Fee Schedule	$861.74
20920	REMOVAL OF FASCIA FOR GRAFT	Y		4/1/2012	Fee Schedule	$676.48
20922	REMOVAL OF FASCIA FOR GRAFT	Y		4/1/2012	Fee Schedule	$676.48
20924	REMOVAL OF TENDON FOR GRAFT	Y		4/1/2012	Fee Schedule	$1,309.16
20926	REMOVAL OF TISSUE FOR GRAFT	Y		4/1/2012	Fee Schedule	$200.75
20950	FLUID PRESSURE MUSCLE	Y		4/1/2012	Fee Schedule	$57.39
20972	BONE/SKIN GRAFT METATARSAL	Y		4/1/2012	Fee Schedule	$2,357.58
20973	BONE/SKIN GRAFT GREAT TOE	Y		4/1/2012	Fee Schedule	$2,357.58
20975	ELECTRICAL BONE STIMULATION			1/1/2009	No Separate Payment	$0.00
20979	US BONE STIMULATION			4/1/2012	Fee Schedule	$26.36
20982	ABLATE BONE TUMOR(S) PERQ	Y		4/1/2012	Fee Schedule	$1,917.60
20985	CPTR-ASST DIR MS PX			1/1/2009	No Separate Payment	$0.00
21010	INCISION OF JAW JOINT	Y		4/1/2012	Fee Schedule	$1,006.35
21011	EXC FACE LES SC < 2 CM	Y		4/1/2012	Fee Schedule	$237.24
21012	EXC FACE LES SBQ 2 CM/>	Y		4/1/2012	Fee Schedule	$334.27
21013	EXC FACE TUM DEEP < 2 CM	Y		4/1/2012	Fee Schedule	$318.59
21014	EXC FACE TUM DEEP 2 CM/>	Y		4/1/2012	Fee Schedule	$334.27
21015	RESECT FACE TUM < 2 CM	Y		4/1/2012	Fee Schedule	$687.06
21016	RESECT FACE TUM 2 CM/>	Y		4/1/2012	Fee Schedule	$939.90
21025	EXCISION OF BONE LOWER JAW	Y		4/1/2012	Fee Schedule	$1,825.94
21026	EXCISION OF FACIAL BONE(S)	Y		4/1/2012	Fee Schedule	$1,825.94
21029	CONTOUR OF FACE BONE LESION	Y		4/1/2012	Fee Schedule	$1,825.94
21030	EXCISE MAX/ZYGOMA B9 TUMOR	Y		4/1/2012	Fee Schedule	$322.34
21031	REMOVE EXOSTOSIS MANDIBLE	Y		4/1/2012	Fee Schedule	$261.07
21032	REMOVE EXOSTOSIS MAXILLA	Y		4/1/2012	Fee Schedule	$265.49
21034	EXCISE MAX/ZYGOMA MAL TUMOR	Y		4/1/2012	Fee Schedule	$1,825.94
21040	EXCISE MANDIBLE LESION	Y		4/1/2012	Fee Schedule	$1,006.35
21044	REMOVAL OF JAW BONE LESION	Y		4/1/2012	Fee Schedule	$1,825.94
21046	REMOVE MANDIBLE CYST COMPLEX	Y		4/1/2012	Fee Schedule	$1,825.94
21047	EXCISE LWR JAW CYST W/REPAIR	Y		4/1/2012	Fee Schedule	$1,825.94
21048	REMOVE MAXILLA CYST COMPLEX	Y		4/1/2012	Fee Schedule	$1,825.94
21050	REMOVAL OF JAW JOINT	Y		4/1/2012	Fee Schedule	$1,825.94
21060	REMOVE JAW JOINT CARTILAGE	Y		4/1/2012	Fee Schedule	$1,825.94
21070	REMOVE CORONOID PROCESS	Y		4/1/2012	Fee Schedule	$1,825.94

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21073	MNPJ OF TMJ W/ANESTH	Y		4/1/2012	Fee Schedule	$247.45
21076	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2012	Fee Schedule	$464.95
21077	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2012	Fee Schedule	$1,147.41
21079	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2012	Fee Schedule	$798.86
21080	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2012	Fee Schedule	$899.95
21081	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2012	Fee Schedule	$836.64
21082	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2012	Fee Schedule	$816.90
21083	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2012	Fee Schedule	$801.59
21084	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2012	Fee Schedule	$901.66
21085	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2012	Fee Schedule	$390.41
21086	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2012	Fee Schedule	$851.62
21087	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2012	Fee Schedule	$845.49
21088	PREPARE FACE/ORAL PROSTHESIS	Y		4/1/2012	Fee Schedule	$1,825.94
21100	MAXILLOFACIAL FIXATION	Y		4/1/2012	Fee Schedule	$1,825.94
21110	INTERDENTAL FIXATION	Y		4/1/2012	Fee Schedule	$301.38
21116	INJECTION JAW JOINT X-RAY			1/1/2009	No Separate Payment	$0.00
21120	RECONSTRUCTION OF CHIN	Y	Y	4/1/2012	Fee Schedule	$1,006.35
21121	RECONSTRUCTION OF CHIN	Y	Y	4/1/2012	Fee Schedule	$1,006.35
21122	RECONSTRUCTION OF CHIN	Y	Y	4/1/2012	Fee Schedule	$1,006.35
21123	RECONSTRUCTION OF CHIN	Y	Y	4/1/2012	Fee Schedule	$1,006.35
21125	AUGMENTATION LOWER JAW BONE	Y	Y	4/1/2012	Fee Schedule	$1,006.35
21127	AUGMENTATION LOWER JAW BONE	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21137	REDUCTION OF FOREHEAD	Y	Y	4/1/2012	Fee Schedule	$1,006.35
21138	REDUCTION OF FOREHEAD	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21139	REDUCTION OF FOREHEAD	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21150	RECONSTRUCT MIDFACE LEFORT	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21181	CONTOUR CRANIAL BONE LESION	Y	Y	4/1/2012	Fee Schedule	$1,006.35
21198	RECONSTR LWR JAW SEGMENT	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21199	RECONSTR LWR JAW W/ADVANCE	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21206	RECONSTRUCT UPPER JAW BONE	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21208	AUGMENTATION OF FACIAL BONES	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21209	REDUCTION OF FACIAL BONES	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21210	FACE BONE GRAFT	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21215	LOWER JAW BONE GRAFT	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21230	RIB CARTILAGE GRAFT	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21235	EAR CARTILAGE GRAFT	Y	Y	4/1/2012	Fee Schedule	$1,006.35
21240	RECONSTRUCTION OF JAW JOINT	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21242	RECONSTRUCTION OF JAW JOINT	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21243	RECONSTRUCTION OF JAW JOINT	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21244	RECONSTRUCTION OF LOWER JAW	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21245	RECONSTRUCTION OF JAW	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21246	RECONSTRUCTION OF JAW	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21248	RECONSTRUCTION OF JAW	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21249	RECONSTRUCTION OF JAW	Y	Y	4/1/2012	Fee Schedule	$1,825.94
21260	REVISE EYE SOCKETS	Y		4/1/2012	Fee Schedule	$1,825.94
21267	REVISE EYE SOCKETS	Y		4/1/2012	Fee Schedule	$1,825.94
21270	AUGMENTATION CHEEK BONE	Y		4/1/2012	Fee Schedule	$1,825.94
21275	REVISION ORBITOFACIAL BONES	Y		4/1/2012	Fee Schedule	$1,825.94
21280	REVISION OF EYELID	Y		4/1/2012	Fee Schedule	$1,825.94
21282	REVISION OF EYELID	Y		4/1/2012	Fee Schedule	$681.79
21295	REVISION OF JAW MUSCLE/BONE	Y		4/1/2012	Fee Schedule	$301.38
21296	REVISION OF JAW MUSCLE/BONE	Y		4/1/2012	Fee Schedule	$1,006.35
21310	TREATMENT OF NOSE FRACTURE	Y		4/1/2012	Fee Schedule	$43.26
21315	TREATMENT OF NOSE FRACTURE	Y		4/1/2012	Fee Schedule	$681.79
21320	TREATMENT OF NOSE FRACTURE	Y		4/1/2012	Fee Schedule	$681.79
21325	TREATMENT OF NOSE FRACTURE	Y		4/1/2012	Fee Schedule	$1,006.35
21330	TREATMENT OF NOSE FRACTURE	Y		4/1/2012	Fee Schedule	$1,006.35
21335	TREATMENT OF NOSE FRACTURE	Y		4/1/2012	Fee Schedule	$1,006.35
21336	TREAT NASAL SEPTAL FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
21337	TREAT NASAL SEPTAL FRACTURE	Y		4/1/2012	Fee Schedule	$681.79
21338	TREAT NASOETHMOID FRACTURE	Y		4/1/2012	Fee Schedule	$1,006.35
21339	TREAT NASOETHMOID FRACTURE	Y		4/1/2012	Fee Schedule	$1,006.35

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21340	TREATMENT OF NOSE FRACTURE	Y		4/1/2012	Fee Schedule	$1,825.94
21345	TREAT NOSE/JAW FRACTURE	Y		4/1/2012	Fee Schedule	$1,006.35
21355	TREAT CHEEK BONE FRACTURE	Y		4/1/2012	Fee Schedule	$1,825.94
21356	TREAT CHEEK BONE FRACTURE	Y		4/1/2012	Fee Schedule	$1,006.35
21360	TREAT CHEEK BONE FRACTURE	Y		4/1/2012	Fee Schedule	$1,006.35
21390	TREAT EYE SOCKET FRACTURE	Y		4/1/2012	Fee Schedule	$1,825.94
21400	TREAT EYE SOCKET FRACTURE	Y		4/1/2012	Fee Schedule	$301.38
21401	TREAT EYE SOCKET FRACTURE	Y		4/1/2012	Fee Schedule	$681.79
21406	TREAT EYE SOCKET FRACTURE	Y		4/1/2012	Fee Schedule	$1,825.94
21407	TREAT EYE SOCKET FRACTURE	Y		4/1/2012	Fee Schedule	$1,825.94
21421	TREAT MOUTH ROOF FRACTURE	Y		4/1/2012	Fee Schedule	$1,006.35
21440	TREAT DENTAL RIDGE FRACTURE	Y		4/1/2012	Fee Schedule	$433.98
21445	TREAT DENTAL RIDGE FRACTURE	Y		4/1/2012	Fee Schedule	$1,006.35
21450	TREAT LOWER JAW FRACTURE	Y		4/1/2012	Fee Schedule	$125.82
21451	TREAT LOWER JAW FRACTURE	Y		4/1/2012	Fee Schedule	$301.38
21452	TREAT LOWER JAW FRACTURE	Y		4/1/2012	Fee Schedule	$681.79
21453	TREAT LOWER JAW FRACTURE	Y		4/1/2012	Fee Schedule	$1,825.94
21454	TREAT LOWER JAW FRACTURE	Y		4/1/2012	Fee Schedule	$1,006.35
21461	TREAT LOWER JAW FRACTURE	Y		4/1/2012	Fee Schedule	$1,825.94
21462	TREAT LOWER JAW FRACTURE	Y		4/1/2012	Fee Schedule	$1,825.94
21465	TREAT LOWER JAW FRACTURE	Y		4/1/2012	Fee Schedule	$1,825.94
21480	RESET DISLOCATED JAW	Y		4/1/2012	Fee Schedule	$43.26
21485	RESET DISLOCATED JAW	Y		4/1/2012	Fee Schedule	$681.79
21490	REPAIR DISLOCATED JAW	Y		4/1/2012	Fee Schedule	$1,825.94
21495	TREAT HYOID BONE FRACTURE	Y		4/1/2012	Fee Schedule	$681.79
21497	INTERDENTAL WIRING	Y		4/1/2012	Fee Schedule	$681.79
21501	DRAIN NECK/CHEST LESION	Y		4/1/2012	Fee Schedule	$830.77
21502	DRAIN CHEST LESION	Y		4/1/2012	Fee Schedule	$891.88
21550	BIOPSY OF NECK/CHEST	Y		4/1/2012	Fee Schedule	$687.06
21552	EXC NECK LES SC 3 CM/>	Y		4/1/2012	Fee Schedule	$939.90
21554	EXC NECK TUM DEEP 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
21555	EXC NECK LES SC < 3 CM	Y		4/1/2012	Fee Schedule	$687.06
21556	EXC NECK TUM DEEP < 5 CM	Y		4/1/2012	Fee Schedule	$939.90
21557	RESECT NECK TUM < 5 CM	Y		4/1/2012	Fee Schedule	$687.06
21558	RESECT NECK TUM 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
21600	PARTIAL REMOVAL OF RIB	Y		4/1/2012	Fee Schedule	$1,309.16
21610	PARTIAL REMOVAL OF RIB	Y		4/1/2012	Fee Schedule	$1,309.16
21685	HYOID MYOTOMY & SUSPENSION	Y		4/1/2012	Fee Schedule	$301.38
21700	REVISION OF NECK MUSCLE	Y		4/1/2012	Fee Schedule	$891.88
21720	REVISION OF NECK MUSCLE	Y		4/1/2012	Fee Schedule	$891.88
21725	REVISION OF NECK MUSCLE	Y		4/1/2012	Fee Schedule	$57.39
21800	TREATMENT OF RIB FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
21805	TREATMENT OF RIB FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
21820	TREAT STERNUM FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
21920	BIOPSY SOFT TISSUE OF BACK	Y		4/1/2012	Fee Schedule	$177.68
21925	BIOPSY SOFT TISSUE OF BACK	Y		4/1/2012	Fee Schedule	$939.90
21930	EXC BACK LES SC < 3 CM	Y		4/1/2012	Fee Schedule	$687.06
21931	EXC BACK LES SC 3 CM/>	Y		4/1/2012	Fee Schedule	$939.90
21932	EXC BACK TUM DEEP < 5 CM	Y		4/1/2012	Fee Schedule	$687.06
21933	EXC BACK TUM DEEP 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
21935	RESECT BACK TUM < 5 CM	Y		4/1/2012	Fee Schedule	$687.06
21936	RESECT BACK TUM 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
22102	REMOVE PART LUMBAR VERTEBRA	Y		4/1/2012	Fee Schedule	$2,055.97
22103	REMOVE EXTRA SPINE SEGMENT	Y		4/1/2012	Fee Schedule	$2,055.97
22305	TREAT SPINE PROCESS FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
22310	TREAT SPINE FRACTURE	Y		4/1/2012	Fee Schedule	$205.70
22315	TREAT SPINE FRACTURE	Y		4/1/2012	Fee Schedule	$774.04
22505	MANIPULATION OF SPINE	Y		4/1/2012	Fee Schedule	$624.52
22520	PERCUT VERTEBROPLASTY THOR	Y		4/1/2012	Fee Schedule	$1,309.16
22521	PERCUT VERTEBROPLASTY LUMB	Y		4/1/2012	Fee Schedule	$1,309.16
22522	PERCUT VERTEBROPLASTY ADDL	Y		4/1/2012	Fee Schedule	$1,309.16
22523	PERCUT KYPHOPLASTY THOR	Y		4/1/2012	Fee Schedule	$3,584.53

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22524	PERCUT KYPHOPLASTY LUMBAR	Y		4/1/2012	Fee Schedule	$3,584.53
22525	PERCUT KYPHOPLASTY ADD-ON	Y		4/1/2012	Fee Schedule	$3,584.53
22526	IDET SINGLE LEVEL			1/1/2012	Not Allowed	$0.00
22527	IDET 1 OR MORE LEVELS			1/1/2012	Not Allowed	$0.00
22900	EXC ABDL TUM DEEP < 5 CM	Y		4/1/2012	Fee Schedule	$939.90
22901	EXC ABDL TUM DEEP 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
22902	EXC ABD LES SC < 3 CM	Y		4/1/2012	Fee Schedule	$687.06
22903	EXC ABD LES SC 3 CM/>	Y		4/1/2012	Fee Schedule	$939.90
22904	RESECT ABD TUM < 5 CM	Y		4/1/2012	Fee Schedule	$687.06
22905	RESECT ABD TUM 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
23000	REMOVAL OF CALCIUM DEPOSITS	Y		4/1/2012	Fee Schedule	$687.06
23020	RELEASE SHOULDER JOINT	Y		4/1/2012	Fee Schedule	$1,309.16
23030	DRAIN SHOULDER LESION	Y		4/1/2012	Fee Schedule	$830.77
23031	DRAIN SHOULDER BURSA	Y		4/1/2012	Fee Schedule	$830.77
23035	DRAIN SHOULDER BONE LESION	Y		4/1/2012	Fee Schedule	$891.88
23040	EXPLORATORY SHOULDER SURGERY	Y		4/1/2012	Fee Schedule	$1,309.16
23044	EXPLORATORY SHOULDER SURGERY	Y		4/1/2012	Fee Schedule	$1,309.16
23065	BIOPSY SHOULDER TISSUES	Y		4/1/2012	Fee Schedule	$128.32
23066	BIOPSY SHOULDER TISSUES	Y		4/1/2012	Fee Schedule	$939.90
23071	EXC SHOULDER LES SC 3 CM/>	Y		4/1/2012	Fee Schedule	$939.90
23073	EXC SHOULDER TUM DEEP 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
23075	EXC SHOULDER LES SC < 3 CM	Y		4/1/2012	Fee Schedule	$687.06
23076	EXC SHOULDER TUM DEEP < 5 CM	Y		4/1/2012	Fee Schedule	$687.06
23077	RESECT SHOULDER TUM < 5 CM	Y		4/1/2012	Fee Schedule	$687.06
23078	RESECT SHOULDER TUM 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
23100	BIOPSY OF SHOULDER JOINT	Y		4/1/2012	Fee Schedule	$891.88
23101	SHOULDER JOINT SURGERY	Y		4/1/2012	Fee Schedule	$1,309.16
23105	REMOVE SHOULDER JOINT LINING	Y		4/1/2012	Fee Schedule	$1,309.16
23106	INCISION OF COLLARBONE JOINT	Y		4/1/2012	Fee Schedule	$1,309.16
23107	EXPLORE TREAT SHOULDER JOINT	Y		4/1/2012	Fee Schedule	$1,309.16
23120	PARTIAL REMOVAL COLLAR BONE	Y		4/1/2012	Fee Schedule	$1,309.16
23125	REMOVAL OF COLLAR BONE	Y		4/1/2012	Fee Schedule	$1,309.16
23130	REMOVE SHOULDER BONE PART	Y		4/1/2012	Fee Schedule	$1,917.60
23140	REMOVAL OF BONE LESION	Y		4/1/2012	Fee Schedule	$891.88
23145	REMOVAL OF BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
23146	REMOVAL OF BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
23150	REMOVAL OF HUMERUS LESION	Y		4/1/2012	Fee Schedule	$1,309.16
23155	REMOVAL OF HUMERUS LESION	Y		4/1/2012	Fee Schedule	$1,309.16
23156	REMOVAL OF HUMERUS LESION	Y		4/1/2012	Fee Schedule	$1,309.16
23170	REMOVE COLLAR BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
23172	REMOVE SHOULDER BLADE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
23174	REMOVE HUMERUS LESION	Y		4/1/2012	Fee Schedule	$1,309.16
23180	REMOVE COLLAR BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
23182	REMOVE SHOULDER BLADE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
23184	REMOVE HUMERUS LESION	Y		4/1/2012	Fee Schedule	$1,309.16
23190	PARTIAL REMOVAL OF SCAPULA	Y		4/1/2012	Fee Schedule	$1,309.16
23195	REMOVAL OF HEAD OF HUMERUS	Y		4/1/2012	Fee Schedule	$1,309.16
23330	REMOVE SHOULDER FOREIGN BODY	Y		4/1/2012	Fee Schedule	$334.27
23331	REMOVE SHOULDER FOREIGN BODY	Y		4/1/2012	Fee Schedule	$939.90
23350	INJECTION FOR SHOULDER X-RAY			1/1/2009	No Separate Payment	$0.00
23395	MUSCLE TRANSFER SHOULDER/ARM	Y		4/1/2012	Fee Schedule	$1,917.60
23397	MUSCLE TRANSFERS	Y		4/1/2012	Fee Schedule	$3,584.53
23400	FIXATION OF SHOULDER BLADE	Y		4/1/2012	Fee Schedule	$1,309.16
23405	INCISION OF TENDON & MUSCLE	Y		4/1/2012	Fee Schedule	$1,309.16
23406	INCISE TENDON(S) & MUSCLE(S)	Y		4/1/2012	Fee Schedule	$1,309.16
23410	REPAIR ROTATOR CUFF ACUTE	Y		4/1/2012	Fee Schedule	$1,917.60
23412	REPAIR ROTATOR CUFF CHRONIC	Y		4/1/2012	Fee Schedule	$1,917.60
23415	RELEASE OF SHOULDER LIGAMENT	Y		4/1/2012	Fee Schedule	$1,917.60
23420	REPAIR OF SHOULDER	Y		4/1/2012	Fee Schedule	$1,917.60
23430	REPAIR BICEPS TENDON	Y		4/1/2012	Fee Schedule	$1,917.60
23440	REMOVE/TRANSPLANT TENDON	Y		4/1/2012	Fee Schedule	$1,309.16
23450	REPAIR SHOULDER CAPSULE	Y		4/1/2012	Fee Schedule	$3,584.53

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23455	REPAIR SHOULDER CAPSULE	Y		4/1/2012	Fee Schedule	$3,584.53
23460	REPAIR SHOULDER CAPSULE	Y		4/1/2012	Fee Schedule	$3,584.53
23462	REPAIR SHOULDER CAPSULE	Y		4/1/2012	Fee Schedule	$1,917.60
23465	REPAIR SHOULDER CAPSULE	Y		4/1/2012	Fee Schedule	$3,584.53
23466	REPAIR SHOULDER CAPSULE	Y		4/1/2012	Fee Schedule	$1,917.60
23480	REVISION OF COLLAR BONE	Y		4/1/2012	Fee Schedule	$1,917.60
23485	REVISION OF COLLAR BONE	Y		4/1/2012	Fee Schedule	$3,584.53
23490	REINFORCE CLAVICLE	Y		4/1/2012	Fee Schedule	$3,584.53
23491	REINFORCE SHOULDER BONES	Y		4/1/2012	Fee Schedule	$3,584.53
23500	TREAT CLAVICLE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
23505	TREAT CLAVICLE FRACTURE	Y		4/1/2012	Fee Schedule	$774.04
23515	TREAT CLAVICLE FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
23520	TREAT CLAVICLE DISLOCATION	Y		4/1/2012	Fee Schedule	$205.70
23525	TREAT CLAVICLE DISLOCATION	Y		4/1/2012	Fee Schedule	$205.70
23530	TREAT CLAVICLE DISLOCATION	Y		4/1/2012	Fee Schedule	$2,016.46
23532	TREAT CLAVICLE DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
23540	TREAT CLAVICLE DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
23545	TREAT CLAVICLE DISLOCATION	Y		4/1/2012	Fee Schedule	$205.70
23550	TREAT CLAVICLE DISLOCATION	Y		4/1/2012	Fee Schedule	$2,016.46
23552	TREAT CLAVICLE DISLOCATION	Y		4/1/2012	Fee Schedule	$2,016.46
23570	TREAT SHOULDER BLADE FX	Y		4/1/2012	Fee Schedule	$60.69
23575	TREAT SHOULDER BLADE FX	Y		4/1/2012	Fee Schedule	$205.70
23585	TREAT SCAPULA FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
23600	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
23605	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$774.04
23615	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
23616	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
23620	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
23625	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$774.04
23630	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
23650	TREAT SHOULDER DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
23655	TREAT SHOULDER DISLOCATION	Y		4/1/2012	Fee Schedule	$624.52
23660	TREAT SHOULDER DISLOCATION	Y		4/1/2012	Fee Schedule	$2,016.46
23665	TREAT DISLOCATION/FRACTURE	Y		4/1/2012	Fee Schedule	$205.70
23670	TREAT DISLOCATION/FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
23675	TREAT DISLOCATION/FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
23680	TREAT DISLOCATION/FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
23700	FIXATION OF SHOULDER	Y		4/1/2012	Fee Schedule	$624.52
23800	FUSION OF SHOULDER JOINT	Y		4/1/2012	Fee Schedule	$3,584.53
23802	FUSION OF SHOULDER JOINT	Y		4/1/2012	Fee Schedule	$3,584.53
23921	AMPUTATION FOLLOW-UP SURGERY	Y		4/1/2012	Fee Schedule	$676.48
23930	DRAINAGE OF ARM LESION	Y		4/1/2012	Fee Schedule	$830.77
23931	DRAINAGE OF ARM BURSA	Y		4/1/2012	Fee Schedule	$830.77
23935	DRAIN ARM/ELBOW BONE LESION	Y		4/1/2012	Fee Schedule	$891.88
24000	EXPLORATORY ELBOW SURGERY	Y		4/1/2012	Fee Schedule	$1,309.16
24006	RELEASE ELBOW JOINT	Y		4/1/2012	Fee Schedule	$1,309.16
24065	BIOPSY ARM/ELBOW SOFT TISSUE	Y		4/1/2012	Fee Schedule	$173.59
24066	BIOPSY ARM/ELBOW SOFT TISSUE	Y		4/1/2012	Fee Schedule	$687.06
24071	EXC ARM/ELBOW LES SC 3 CM/>	Y		4/1/2012	Fee Schedule	$939.90
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
24075	EXC ARM/ELBOW LES SC < 3 CM	Y		4/1/2012	Fee Schedule	$687.06
24076	EX ARM/ELBOW TUM DEEP < 5 CM	Y		4/1/2012	Fee Schedule	$687.06
24077	RESECT ARM/ELBOW TUM < 5 CM	Y		4/1/2012	Fee Schedule	$687.06
24079	RESECT ARM/ELBOW TUM 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
24100	BIOPSY ELBOW JOINT LINING	Y		4/1/2012	Fee Schedule	$891.88
24101	EXPLORE/TREAT ELBOW JOINT	Y		4/1/2012	Fee Schedule	$1,309.16
24102	REMOVE ELBOW JOINT LINING	Y		4/1/2012	Fee Schedule	$1,309.16
24105	REMOVAL OF ELBOW BURSA	Y		4/1/2012	Fee Schedule	$891.88
24110	REMOVE HUMERUS LESION	Y		4/1/2012	Fee Schedule	$891.88
24115	REMOVE/GRAFT BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
24116	REMOVE/GRAFT BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
24120	REMOVE ELBOW LESION	Y		4/1/2012	Fee Schedule	$891.88

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24125	REMOVE/GRAFT BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
24126	REMOVE/GRAFT BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
24130	REMOVAL OF HEAD OF RADIUS	Y		4/1/2012	Fee Schedule	$1,309.16
24134	REMOVAL OF ARM BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
24136	REMOVE RADIUS BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
24138	REMOVE ELBOW BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
24140	PARTIAL REMOVAL OF ARM BONE	Y		4/1/2012	Fee Schedule	$1,309.16
24145	PARTIAL REMOVAL OF RADIUS	Y		4/1/2012	Fee Schedule	$1,309.16
24147	PARTIAL REMOVAL OF ELBOW	Y		4/1/2012	Fee Schedule	$1,309.16
24149	RADICAL RESECTION OF ELBOW	Y		4/1/2012	Fee Schedule	$1,309.16
24152	RESECT RADIUS TUMOR	Y		4/1/2012	Fee Schedule	$1,917.60
24155	REMOVAL OF ELBOW JOINT	Y		4/1/2012	Fee Schedule	$1,309.16
24160	REMOVE ELBOW JOINT IMPLANT	Y		4/1/2012	Fee Schedule	$1,309.16
24164	REMOVE RADIUS HEAD IMPLANT	Y		4/1/2012	Fee Schedule	$1,309.16
24200	REMOVAL OF ARM FOREIGN BODY	Y		4/1/2012	Fee Schedule	$131.39
24201	REMOVAL OF ARM FOREIGN BODY	Y		4/1/2012	Fee Schedule	$687.06
24220	INJECTION FOR ELBOW X-RAY			1/1/2009	No Separate Payment	$0.00
24300	MANIPULATE ELBOW W/ANESTH	Y		4/1/2012	Fee Schedule	$624.52
24301	MUSCLE/TENDON TRANSFER	Y		4/1/2012	Fee Schedule	$1,309.16
24305	ARM TENDON LENGTHENING	Y		4/1/2012	Fee Schedule	$1,309.16
24310	REVISION OF ARM TENDON	Y		4/1/2012	Fee Schedule	$891.88
24320	REPAIR OF ARM TENDON	Y		4/1/2012	Fee Schedule	$1,309.16
24330	REVISION OF ARM MUSCLES	Y		4/1/2012	Fee Schedule	$3,584.53
24331	REVISION OF ARM MUSCLES	Y		4/1/2012	Fee Schedule	$1,917.60
24332	TENOLYSIS TRICEPS	Y		4/1/2012	Fee Schedule	$1,309.16
24340	REPAIR OF BICEPS TENDON	Y		4/1/2012	Fee Schedule	$1,917.60
24341	REPAIR ARM TENDON/MUSCLE	Y		4/1/2012	Fee Schedule	$1,917.60
24342	REPAIR OF RUPTURED TENDON	Y		4/1/2012	Fee Schedule	$1,917.60
24343	REPR ELBOW LAT LIGMNT W/TISS	Y		4/1/2012	Fee Schedule	$1,309.16
24344	RECONSTRUCT ELBOW LAT LIGMNT	Y		4/1/2012	Fee Schedule	$3,584.53
24345	REPR ELBW MED LIGMNT W/TISSU	Y		4/1/2012	Fee Schedule	$1,309.16
24346	RECONSTRUCT ELBOW MED LIGMNT	Y		4/1/2012	Fee Schedule	$3,584.53
24357	REPAIR ELBOW PERC	Y		4/1/2012	Fee Schedule	$1,309.16
24358	REPAIR ELBOW W/DEB OPEN	Y		4/1/2012	Fee Schedule	$1,309.16
24359	REPAIR ELBOW DEB/ATTCH OPEN	Y		4/1/2012	Fee Schedule	$1,309.16
24360	RECONSTRUCT ELBOW JOINT	Y		4/1/2012	Fee Schedule	$1,665.49
24361	RECONSTRUCT ELBOW JOINT	Y		4/1/2012	Fee Schedule	$7,764.43
24362	RECONSTRUCT ELBOW JOINT	Y		4/1/2012	Fee Schedule	$2,450.29
24363	REPLACE ELBOW JOINT	Y		4/1/2012	Fee Schedule	$7,764.43
24365	RECONSTRUCT HEAD OF RADIUS	Y		4/1/2012	Fee Schedule	$1,665.49
24366	RECONSTRUCT HEAD OF RADIUS	Y		4/1/2012	Fee Schedule	$7,764.43
24400	REVISION OF HUMERUS	Y		4/1/2012	Fee Schedule	$3,584.53
24410	REVISION OF HUMERUS	Y		4/1/2012	Fee Schedule	$1,917.60
24420	REVISION OF HUMERUS	Y		4/1/2012	Fee Schedule	$1,917.60
24430	REPAIR OF HUMERUS	Y		4/1/2012	Fee Schedule	$3,584.53
24435	REPAIR HUMERUS WITH GRAFT	Y		4/1/2012	Fee Schedule	$3,584.53
24470	REVISION OF ELBOW JOINT	Y		4/1/2012	Fee Schedule	$1,917.60
24495	DECOMPRESSION OF FOREARM	Y		4/1/2012	Fee Schedule	$1,309.16
24498	REINFORCE HUMERUS	Y		4/1/2012	Fee Schedule	$3,584.53
24500	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
24505	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
24515	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
24516	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
24530	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
24535	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$205.70
24538	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
24545	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
24546	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
24560	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
24565	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
24566	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
24575	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86

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24576	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
24577	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
24579	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
24582	TREAT HUMERUS FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
24586	TREAT ELBOW FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
24587	TREAT ELBOW FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
24600	TREAT ELBOW DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
24605	TREAT ELBOW DISLOCATION	Y		4/1/2012	Fee Schedule	$624.52
24615	TREAT ELBOW DISLOCATION	Y		4/1/2012	Fee Schedule	$2,752.86
24620	TREAT ELBOW FRACTURE	Y		4/1/2012	Fee Schedule	$774.04
24635	TREAT ELBOW FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
24640	TREAT ELBOW DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
24650	TREAT RADIUS FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
24655	TREAT RADIUS FRACTURE	Y		4/1/2012	Fee Schedule	$205.70
24665	TREAT RADIUS FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
24666	TREAT RADIUS FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
24670	TREAT ULNAR FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
24675	TREAT ULNAR FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
24685	TREAT ULNAR FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
24800	FUSION OF ELBOW JOINT	Y		4/1/2012	Fee Schedule	$1,917.60
24802	FUSION/GRAFT OF ELBOW JOINT	Y		4/1/2012	Fee Schedule	$3,584.53
24925	AMPUTATION FOLLOW-UP SURGERY	Y		4/1/2012	Fee Schedule	$891.88
25000	INCISION OF TENDON SHEATH	Y		4/1/2012	Fee Schedule	$891.88
25001	INCISE FLEXOR CARPI RADIALIS	Y		4/1/2012	Fee Schedule	$891.88
25020	DECOMPRESS FOREARM 1 SPACE	Y		4/1/2012	Fee Schedule	$1,309.16
25023	DECOMPRESS FOREARM 1 SPACE	Y		4/1/2012	Fee Schedule	$1,309.16
25024	DECOMPRESS FOREARM 2 SPACES	Y		4/1/2012	Fee Schedule	$1,309.16
25025	DECOMPRESS FOREARM 2 SPACES	Y		4/1/2012	Fee Schedule	$1,309.16
25028	DRAINAGE OF FOREARM LESION	Y		4/1/2012	Fee Schedule	$891.88
25031	DRAINAGE OF FOREARM BURSA	Y		4/1/2012	Fee Schedule	$891.88
25035	TREAT FOREARM BONE LESION	Y		4/1/2012	Fee Schedule	$891.88
25040	EXPLORE/TREAT WRIST JOINT	Y		4/1/2012	Fee Schedule	$1,309.16
25065	BIOPSY FOREARM SOFT TISSUES	Y		4/1/2012	Fee Schedule	$174.95
25066	BIOPSY FOREARM SOFT TISSUES	Y		4/1/2012	Fee Schedule	$939.90
25071	EXC FOREARM LES SC 3 CM/>	Y		4/1/2012	Fee Schedule	$939.90
25073	EXC FOREARM TUM DEEP 3 CM/>	Y		4/1/2012	Fee Schedule	$939.90
25075	EXC FOREARM LES SC < 3 CM	Y		4/1/2012	Fee Schedule	$687.06
25076	EXC FOREARM TUM DEEP < 3 CM	Y		4/1/2012	Fee Schedule	$687.06
25077	RESECT FOREARM/WRIST TUM<3CM	Y		4/1/2012	Fee Schedule	$687.06
25078	RESECT FORARM/WRIST TUM 3CM>	Y		4/1/2012	Fee Schedule	$939.90
25085	INCISION OF WRIST CAPSULE	Y		4/1/2012	Fee Schedule	$891.88
25100	BIOPSY OF WRIST JOINT	Y		4/1/2012	Fee Schedule	$891.88
25101	EXPLORE/TREAT WRIST JOINT	Y		4/1/2012	Fee Schedule	$1,309.16
25105	REMOVE WRIST JOINT LINING	Y		4/1/2012	Fee Schedule	$1,309.16
25107	REMOVE WRIST JOINT CARTILAGE	Y		4/1/2012	Fee Schedule	$1,309.16
25109	EXCISE TENDON FOREARM/WRIST	Y		4/1/2012	Fee Schedule	$891.88
25110	REMOVE WRIST TENDON LESION	Y		4/1/2012	Fee Schedule	$891.88
25111	REMOVE WRIST TENDON LESION	Y		4/1/2012	Fee Schedule	$891.88
25112	REREMOVE WRIST TENDON LESION	Y		4/1/2012	Fee Schedule	$891.88
25115	REMOVE WRIST/FOREARM LESION	Y		4/1/2012	Fee Schedule	$891.88
25116	REMOVE WRIST/FOREARM LESION	Y		4/1/2012	Fee Schedule	$891.88
25118	EXCISE WRIST TENDON SHEATH	Y		4/1/2012	Fee Schedule	$1,309.16
25119	PARTIAL REMOVAL OF ULNA	Y		4/1/2012	Fee Schedule	$1,309.16
25120	REMOVAL OF FOREARM LESION	Y		4/1/2012	Fee Schedule	$1,309.16
25125	REMOVE/GRAFT FOREARM LESION	Y		4/1/2012	Fee Schedule	$1,309.16
25126	REMOVE/GRAFT FOREARM LESION	Y		4/1/2012	Fee Schedule	$1,309.16
25130	REMOVAL OF WRIST LESION	Y		4/1/2012	Fee Schedule	$1,309.16
25135	REMOVE & GRAFT WRIST LESION	Y		4/1/2012	Fee Schedule	$1,309.16
25136	REMOVE & GRAFT WRIST LESION	Y		4/1/2012	Fee Schedule	$1,309.16
25145	REMOVE FOREARM BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
25150	PARTIAL REMOVAL OF ULNA	Y		4/1/2012	Fee Schedule	$1,309.16
25151	PARTIAL REMOVAL OF RADIUS	Y		4/1/2012	Fee Schedule	$1,309.16

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25210	REMOVAL OF WRIST BONE	Y		4/1/2012	Fee Schedule	$1,309.16
25215	REMOVAL OF WRIST BONES	Y		4/1/2012	Fee Schedule	$1,309.16
25230	PARTIAL REMOVAL OF RADIUS	Y		4/1/2012	Fee Schedule	$1,309.16
25240	PARTIAL REMOVAL OF ULNA	Y		4/1/2012	Fee Schedule	$1,309.16
25246	INJECTION FOR WRIST X-RAY			1/1/2009	No Separate Payment	$0.00
25248	REMOVE FOREARM FOREIGN BODY	Y		4/1/2012	Fee Schedule	$891.88
25250	REMOVAL OF WRIST PROSTHESIS	Y		4/1/2012	Fee Schedule	$1,309.16
25251	REMOVAL OF WRIST PROSTHESIS	Y		4/1/2012	Fee Schedule	$1,309.16
25259	MANIPULATE WRIST W/ANESTHES	Y		4/1/2012	Fee Schedule	$774.04
25260	REPAIR FOREARM TENDON/MUSCLE	Y		4/1/2012	Fee Schedule	$1,309.16
25263	REPAIR FOREARM TENDON/MUSCLE	Y		4/1/2012	Fee Schedule	$1,309.16
25265	REPAIR FOREARM TENDON/MUSCLE	Y		4/1/2012	Fee Schedule	$1,309.16
25270	REPAIR FOREARM TENDON/MUSCLE	Y		4/1/2012	Fee Schedule	$1,309.16
25272	REPAIR FOREARM TENDON/MUSCLE	Y		4/1/2012	Fee Schedule	$1,309.16
25274	REPAIR FOREARM TENDON/MUSCLE	Y		4/1/2012	Fee Schedule	$1,309.16
25275	REPAIR FOREARM TENDON SHEATH	Y		4/1/2012	Fee Schedule	$1,309.16
25280	REVISE WRIST/FOREARM TENDON	Y		4/1/2012	Fee Schedule	$1,309.16
25290	INCISE WRIST/FOREARM TENDON	Y		4/1/2012	Fee Schedule	$1,309.16
25295	RELEASE WRIST/FOREARM TENDON	Y		4/1/2012	Fee Schedule	$891.88
25300	FUSION OF TENDONS AT WRIST	Y		4/1/2012	Fee Schedule	$1,309.16
25301	FUSION OF TENDONS AT WRIST	Y		4/1/2012	Fee Schedule	$1,309.16
25310	TRANSPLANT FOREARM TENDON	Y		4/1/2012	Fee Schedule	$1,309.16
25312	TRANSPLANT FOREARM TENDON	Y		4/1/2012	Fee Schedule	$1,917.60
25315	REVISE PALSY HAND TENDON(S)	Y		4/1/2012	Fee Schedule	$1,309.16
25316	REVISE PALSY HAND TENDON(S)	Y		4/1/2012	Fee Schedule	$3,584.53
25320	REPAIR/REVISE WRIST JOINT	Y		4/1/2012	Fee Schedule	$1,917.60
25332	REVISE WRIST JOINT	Y		4/1/2012	Fee Schedule	$1,665.49
25335	REALIGNMENT OF HAND	Y		4/1/2012	Fee Schedule	$1,917.60
25337	RECONSTRUCT ULNA/RADIOULNAR	Y		4/1/2012	Fee Schedule	$1,917.60
25350	REVISION OF RADIUS	Y		4/1/2012	Fee Schedule	$1,917.60
25355	REVISION OF RADIUS	Y		4/1/2012	Fee Schedule	$1,917.60
25360	REVISION OF ULNA	Y		4/1/2012	Fee Schedule	$1,917.60
25365	REVISE RADIUS & ULNA	Y		4/1/2012	Fee Schedule	$3,584.53
25370	REVISE RADIUS OR ULNA	Y		4/1/2012	Fee Schedule	$1,917.60
25375	REVISE RADIUS & ULNA	Y		4/1/2012	Fee Schedule	$1,917.60
25390	SHORTEN RADIUS OR ULNA	Y		4/1/2012	Fee Schedule	$1,917.60
25391	LENGTHEN RADIUS OR ULNA	Y		4/1/2012	Fee Schedule	$3,584.53
25392	SHORTEN RADIUS & ULNA	Y		4/1/2012	Fee Schedule	$1,309.16
25393	LENGTHEN RADIUS & ULNA	Y		4/1/2012	Fee Schedule	$1,917.60
25394	REPAIR CARPAL BONE SHORTEN	Y		4/1/2012	Fee Schedule	$1,917.60
25400	REPAIR RADIUS OR ULNA	Y		4/1/2012	Fee Schedule	$3,584.53
25405	REPAIR/GRAFT RADIUS OR ULNA	Y		4/1/2012	Fee Schedule	$3,584.53
25415	REPAIR RADIUS & ULNA	Y		4/1/2012	Fee Schedule	$3,584.53
25420	REPAIR/GRAFT RADIUS & ULNA	Y		4/1/2012	Fee Schedule	$3,584.53
25425	REPAIR/GRAFT RADIUS OR ULNA	Y		4/1/2012	Fee Schedule	$3,584.53
25426	REPAIR/GRAFT RADIUS & ULNA	Y		4/1/2012	Fee Schedule	$1,917.60
25430	VASC GRAFT INTO CARPAL BONE	Y		4/1/2012	Fee Schedule	$1,917.60
25431	REPAIR NONUNION CARPAL BONE	Y		4/1/2012	Fee Schedule	$1,917.60
25440	REPAIR/GRAFT WRIST BONE	Y		4/1/2012	Fee Schedule	$3,584.53
25441	RECONSTRUCT WRIST JOINT	Y		4/1/2012	Fee Schedule	$7,764.43
25442	RECONSTRUCT WRIST JOINT	Y		4/1/2012	Fee Schedule	$7,764.43
25443	RECONSTRUCT WRIST JOINT	Y		4/1/2012	Fee Schedule	$2,450.29
25444	RECONSTRUCT WRIST JOINT	Y		4/1/2012	Fee Schedule	$2,450.29
25445	RECONSTRUCT WRIST JOINT	Y		4/1/2012	Fee Schedule	$2,450.29
25446	WRIST REPLACEMENT	Y		4/1/2012	Fee Schedule	$7,764.43
25447	REPAIR WRIST JOINTS	Y		4/1/2012	Fee Schedule	$1,665.49
25449	REMOVE WRIST JOINT IMPLANT	Y		4/1/2012	Fee Schedule	$1,665.49
25450	REVISION OF WRIST JOINT	Y		4/1/2012	Fee Schedule	$1,917.60
25455	REVISION OF WRIST JOINT	Y		4/1/2012	Fee Schedule	$1,917.60
25490	REINFORCE RADIUS	Y		4/1/2012	Fee Schedule	$1,917.60
25491	REINFORCE ULNA	Y		4/1/2012	Fee Schedule	$1,917.60
25492	REINFORCE RADIUS AND ULNA	Y		4/1/2012	Fee Schedule	$1,917.60

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25500	TREAT FRACTURE OF RADIUS	Y		4/1/2012	Fee Schedule	$60.69
25505	TREAT FRACTURE OF RADIUS	Y		4/1/2012	Fee Schedule	$205.70
25515	TREAT FRACTURE OF RADIUS	Y		4/1/2012	Fee Schedule	$2,016.46
25520	TREAT FRACTURE OF RADIUS	Y		4/1/2012	Fee Schedule	$205.70
25525	TREAT FRACTURE OF RADIUS	Y		4/1/2012	Fee Schedule	$2,016.46
25526	TREAT FRACTURE OF RADIUS	Y		4/1/2012	Fee Schedule	$2,016.46
25530	TREAT FRACTURE OF ULNA	Y		4/1/2012	Fee Schedule	$60.69
25535	TREAT FRACTURE OF ULNA	Y		4/1/2012	Fee Schedule	$60.69
25545	TREAT FRACTURE OF ULNA	Y		4/1/2012	Fee Schedule	$2,016.46
25560	TREAT FRACTURE RADIUS & ULNA	Y		4/1/2012	Fee Schedule	$60.69
25565	TREAT FRACTURE RADIUS & ULNA	Y		4/1/2012	Fee Schedule	$205.70
25574	TREAT FRACTURE RADIUS & ULNA	Y		4/1/2012	Fee Schedule	$2,752.86
25575	TREAT FRACTURE RADIUS/ULNA	Y		4/1/2012	Fee Schedule	$2,752.86
25600	TREAT FRACTURE RADIUS/ULNA	Y		4/1/2012	Fee Schedule	$60.69
25605	TREAT FRACTURE RADIUS/ULNA	Y		4/1/2012	Fee Schedule	$205.70
25606	TREAT FX DISTAL RADIAL	Y		4/1/2012	Fee Schedule	$1,057.20
25607	TREAT FX RAD EXTRA-ARTICUL	Y		4/1/2012	Fee Schedule	$2,752.86
25608	TREAT FX RAD INTRA-ARTICUL	Y		4/1/2012	Fee Schedule	$2,752.86
25609	TREAT FX RADIAL 3+ FRAG	Y		4/1/2012	Fee Schedule	$2,752.86
25622	TREAT WRIST BONE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
25624	TREAT WRIST BONE FRACTURE	Y		4/1/2012	Fee Schedule	$205.70
25628	TREAT WRIST BONE FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
25630	TREAT WRIST BONE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
25635	TREAT WRIST BONE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
25645	TREAT WRIST BONE FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
25650	TREAT WRIST BONE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
25651	PIN ULNAR STYLOID FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
25652	TREAT FRACTURE ULNAR STYLOID	Y		4/1/2012	Fee Schedule	$2,016.46
25660	TREAT WRIST DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
25670	TREAT WRIST DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
25671	PIN RADIOULNAR DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
25675	TREAT WRIST DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
25676	TREAT WRIST DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
25680	TREAT WRIST FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
25685	TREAT WRIST FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
25690	TREAT WRIST DISLOCATION	Y		4/1/2012	Fee Schedule	$774.04
25695	TREAT WRIST DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
25800	FUSION OF WRIST JOINT	Y		4/1/2012	Fee Schedule	$3,584.53
25805	FUSION/GRAFT OF WRIST JOINT	Y		4/1/2012	Fee Schedule	$3,584.53
25810	FUSION/GRAFT OF WRIST JOINT	Y		4/1/2012	Fee Schedule	$3,584.53
25820	FUSION OF HAND BONES	Y		4/1/2012	Fee Schedule	$1,917.60
25825	FUSE HAND BONES WITH GRAFT	Y		4/1/2012	Fee Schedule	$3,584.53
25830	FUSION RADIOULNAR JNT/ULNA	Y		4/1/2012	Fee Schedule	$3,584.53
25907	AMPUTATION FOLLOW-UP SURGERY	Y		4/1/2012	Fee Schedule	$891.88
25922	AMPUTATE HAND AT WRIST	Y		4/1/2012	Fee Schedule	$891.88
25929	AMPUTATION FOLLOW-UP SURGERY	Y		4/1/2012	Fee Schedule	$676.48
25931	AMPUTATION FOLLOW-UP SURGERY	Y		4/1/2012	Fee Schedule	$891.88
26010	DRAINAGE OF FINGER ABSCESS	Y		4/1/2012	Fee Schedule	$57.39
26011	DRAINAGE OF FINGER ABSCESS	Y		4/1/2012	Fee Schedule	$530.22
26020	DRAIN HAND TENDON SHEATH	Y		4/1/2012	Fee Schedule	$694.51
26025	DRAINAGE OF PALM BURSA	Y		4/1/2012	Fee Schedule	$694.51
26030	DRAINAGE OF PALM BURSAS	Y		4/1/2012	Fee Schedule	$694.51
26034	TREAT HAND BONE LESION	Y		4/1/2012	Fee Schedule	$694.51
26035	DECOMPRESS FINGERS/HAND	Y		4/1/2012	Fee Schedule	$694.51
26037	DECOMPRESS FINGERS/HAND	Y		4/1/2012	Fee Schedule	$694.51
26040	RELEASE PALM CONTRACTURE	Y		4/1/2012	Fee Schedule	$694.51
26045	RELEASE PALM CONTRACTURE	Y		4/1/2012	Fee Schedule	$1,165.61
26055	INCISE FINGER TENDON SHEATH	Y		4/1/2012	Fee Schedule	$694.51
26060	INCISION OF FINGER TENDON	Y		4/1/2012	Fee Schedule	$694.51
26070	EXPLORE/TREAT HAND JOINT	Y		4/1/2012	Fee Schedule	$694.51
26075	EXPLORE/TREAT FINGER JOINT	Y		4/1/2012	Fee Schedule	$694.51
26080	EXPLORE/TREAT FINGER JOINT	Y		4/1/2012	Fee Schedule	$694.51

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26100	BIOPSY HAND JOINT LINING	Y		4/1/2012	Fee Schedule	$694.51
26105	BIOPSY FINGER JOINT LINING	Y		4/1/2012	Fee Schedule	$694.51
26110	BIOPSY FINGER JOINT LINING	Y		4/1/2012	Fee Schedule	$694.51
26111	EXC HAND LES SC 1.5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
26113	EXC HAND TUM DEEP 1.5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
26115	EXC HAND LES SC < 1.5 CM	Y		4/1/2012	Fee Schedule	$687.06
26116	EXC HAND TUM DEEP < 1.5 CM	Y		4/1/2012	Fee Schedule	$687.06
26117	EXC HAND TUM RA < 3 CM	Y		4/1/2012	Fee Schedule	$687.06
26118	EXC HAND TUM RA 3 CM/>	Y		4/1/2012	Fee Schedule	$939.90
26121	RELEASE PALM CONTRACTURE	Y		4/1/2012	Fee Schedule	$1,165.61
26123	RELEASE PALM CONTRACTURE	Y		4/1/2012	Fee Schedule	$1,165.61
26125	RELEASE PALM CONTRACTURE	Y		4/1/2012	Fee Schedule	$694.51
26130	REMOVE WRIST JOINT LINING	Y		4/1/2012	Fee Schedule	$694.51
26135	REVISE FINGER JOINT EACH	Y		4/1/2012	Fee Schedule	$1,165.61
26140	REVISE FINGER JOINT EACH	Y		4/1/2012	Fee Schedule	$694.51
26145	TENDON EXCISION PALM/FINGER	Y		4/1/2012	Fee Schedule	$694.51
26160	REMOVE TENDON SHEATH LESION	Y		4/1/2012	Fee Schedule	$694.51
26170	REMOVAL OF PALM TENDON EACH	Y		4/1/2012	Fee Schedule	$694.51
26180	REMOVAL OF FINGER TENDON	Y		4/1/2012	Fee Schedule	$694.51
26185	REMOVE FINGER BONE	Y		4/1/2012	Fee Schedule	$694.51
26200	REMOVE HAND BONE LESION	Y		4/1/2012	Fee Schedule	$694.51
26205	REMOVE/GRAFT BONE LESION	Y		4/1/2012	Fee Schedule	$1,165.61
26210	REMOVAL OF FINGER LESION	Y		4/1/2012	Fee Schedule	$694.51
26215	REMOVE/GRAFT FINGER LESION	Y		4/1/2012	Fee Schedule	$694.51
26230	PARTIAL REMOVAL OF HAND BONE	Y		4/1/2012	Fee Schedule	$694.51
26235	PARTIAL REMOVAL FINGER BONE	Y		4/1/2012	Fee Schedule	$694.51
26236	PARTIAL REMOVAL FINGER BONE	Y		4/1/2012	Fee Schedule	$694.51
26250	EXTENSIVE HAND SURGERY	Y		4/1/2012	Fee Schedule	$694.51
26260	RESECT PROX FINGER TUMOR	Y		4/1/2012	Fee Schedule	$694.51
26262	RESECT DISTAL FINGER TUMOR	Y		4/1/2012	Fee Schedule	$694.51
26320	REMOVAL OF IMPLANT FROM HAND	Y		4/1/2012	Fee Schedule	$687.06
26340	MANIPULATE FINGER W/ANESTH	Y		4/1/2012	Fee Schedule	$205.70
26341	MANIPULAT PALM CORD POST INJ	Y		4/1/2012	Fee Schedule	$205.70
26350	REPAIR FINGER/HAND TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26352	REPAIR/GRAFT HAND TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26356	REPAIR FINGER/HAND TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26357	REPAIR FINGER/HAND TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26358	REPAIR/GRAFT HAND TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26370	REPAIR FINGER/HAND TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26372	REPAIR/GRAFT HAND TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26373	REPAIR FINGER/HAND TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26390	REVISE HAND/FINGER TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26392	REPAIR/GRAFT HAND TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26410	REPAIR HAND TENDON	Y		4/1/2012	Fee Schedule	$694.51
26412	REPAIR/GRAFT HAND TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26415	EXCISION HAND/FINGER TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26416	GRAFT HAND OR FINGER TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26418	REPAIR FINGER TENDON	Y		4/1/2012	Fee Schedule	$694.51
26420	REPAIR/GRAFT FINGER TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26426	REPAIR FINGER/HAND TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26428	REPAIR/GRAFT FINGER TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26432	REPAIR FINGER TENDON	Y		4/1/2012	Fee Schedule	$694.51
26433	REPAIR FINGER TENDON	Y		4/1/2012	Fee Schedule	$694.51
26434	REPAIR/GRAFT FINGER TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26437	REALIGNMENT OF TENDONS	Y		4/1/2012	Fee Schedule	$694.51
26440	RELEASE PALM/FINGER TENDON	Y		4/1/2012	Fee Schedule	$694.51
26442	RELEASE PALM & FINGER TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26445	RELEASE HAND/FINGER TENDON	Y		4/1/2012	Fee Schedule	$694.51
26449	RELEASE FOREARM/HAND TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26450	INCISION OF PALM TENDON	Y		4/1/2012	Fee Schedule	$694.51
26455	INCISION OF FINGER TENDON	Y		4/1/2012	Fee Schedule	$694.51
26460	INCISE HAND/FINGER TENDON	Y		4/1/2012	Fee Schedule	$694.51

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26471	FUSION OF FINGER TENDONS	Y		4/1/2012	Fee Schedule	$694.51
26474	FUSION OF FINGER TENDONS	Y		4/1/2012	Fee Schedule	$694.51
26476	TENDON LENGTHENING	Y		4/1/2012	Fee Schedule	$694.51
26477	TENDON SHORTENING	Y		4/1/2012	Fee Schedule	$694.51
26478	LENGTHENING OF HAND TENDON	Y		4/1/2012	Fee Schedule	$694.51
26479	SHORTENING OF HAND TENDON	Y		4/1/2012	Fee Schedule	$694.51
26480	TRANSPLANT HAND TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26483	TRANSPLANT/GRAFT HAND TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26485	TRANSPLANT PALM TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26489	TRANSPLANT/GRAFT PALM TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26490	REVISE THUMB TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26492	TENDON TRANSFER WITH GRAFT	Y		4/1/2012	Fee Schedule	$1,165.61
26494	HAND TENDON/MUSCLE TRANSFER	Y		4/1/2012	Fee Schedule	$1,165.61
26496	REVISE THUMB TENDON	Y		4/1/2012	Fee Schedule	$1,165.61
26497	FINGER TENDON TRANSFER	Y		4/1/2012	Fee Schedule	$1,165.61
26498	FINGER TENDON TRANSFER	Y		4/1/2012	Fee Schedule	$1,165.61
26499	REVISION OF FINGER	Y		4/1/2012	Fee Schedule	$1,165.61
26500	HAND TENDON RECONSTRUCTION	Y		4/1/2012	Fee Schedule	$694.51
26502	HAND TENDON RECONSTRUCTION	Y		4/1/2012	Fee Schedule	$1,165.61
26508	RELEASE THUMB CONTRACTURE	Y		4/1/2012	Fee Schedule	$694.51
26510	THUMB TENDON TRANSFER	Y		4/1/2012	Fee Schedule	$1,165.61
26516	FUSION OF KNUCKLE JOINT	Y		4/1/2012	Fee Schedule	$1,165.61
26517	FUSION OF KNUCKLE JOINTS	Y		4/1/2012	Fee Schedule	$1,165.61
26518	FUSION OF KNUCKLE JOINTS	Y		4/1/2012	Fee Schedule	$1,165.61
26520	RELEASE KNUCKLE CONTRACTURE	Y		4/1/2012	Fee Schedule	$694.51
26525	RELEASE FINGER CONTRACTURE	Y		4/1/2012	Fee Schedule	$694.51
26530	REVISE KNUCKLE JOINT	Y		4/1/2012	Fee Schedule	$1,665.49
26531	REVISE KNUCKLE WITH IMPLANT	Y		4/1/2012	Fee Schedule	$2,450.29
26535	REVISE FINGER JOINT	Y		4/1/2012	Fee Schedule	$1,665.49
26536	REVISE/IMPLANT FINGER JOINT	Y		4/1/2012	Fee Schedule	$2,450.29
26540	REPAIR HAND JOINT	Y		4/1/2012	Fee Schedule	$694.51
26541	REPAIR HAND JOINT WITH GRAFT	Y		4/1/2012	Fee Schedule	$1,165.61
26542	REPAIR HAND JOINT WITH GRAFT	Y		4/1/2012	Fee Schedule	$694.51
26545	RECONSTRUCT FINGER JOINT	Y		4/1/2012	Fee Schedule	$1,165.61
26546	REPAIR NONUNION HAND	Y		4/1/2012	Fee Schedule	$1,165.61
26548	RECONSTRUCT FINGER JOINT	Y		4/1/2012	Fee Schedule	$1,165.61
26550	CONSTRUCT THUMB REPLACEMENT	Y		4/1/2012	Fee Schedule	$1,165.61
26555	POSITIONAL CHANGE OF FINGER	Y		4/1/2012	Fee Schedule	$1,165.61
26560	REPAIR OF WEB FINGER	Y		4/1/2012	Fee Schedule	$694.51
26561	REPAIR OF WEB FINGER	Y		4/1/2012	Fee Schedule	$1,165.61
26562	REPAIR OF WEB FINGER	Y		4/1/2012	Fee Schedule	$1,165.61
26565	CORRECT METACARPAL FLAW	Y		4/1/2012	Fee Schedule	$1,165.61
26567	CORRECT FINGER DEFORMITY	Y		4/1/2012	Fee Schedule	$1,165.61
26568	LENGTHEN METACARPAL/FINGER	Y		4/1/2012	Fee Schedule	$1,165.61
26580	REPAIR HAND DEFORMITY	Y		4/1/2012	Fee Schedule	$694.51
26587	RECONSTRUCT EXTRA FINGER	Y		4/1/2012	Fee Schedule	$694.51
26590	REPAIR FINGER DEFORMITY	Y		4/1/2012	Fee Schedule	$694.51
26591	REPAIR MUSCLES OF HAND	Y		4/1/2012	Fee Schedule	$1,165.61
26593	RELEASE MUSCLES OF HAND	Y		4/1/2012	Fee Schedule	$694.51
26596	EXCISION CONSTRICTING TISSUE	Y		4/1/2012	Fee Schedule	$694.51
26600	TREAT METACARPAL FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
26605	TREAT METACARPAL FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
26607	TREAT METACARPAL FRACTURE	Y		4/1/2012	Fee Schedule	$774.04
26608	TREAT METACARPAL FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
26615	TREAT METACARPAL FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
26641	TREAT THUMB DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
26645	TREAT THUMB FRACTURE	Y		4/1/2012	Fee Schedule	$205.70
26650	TREAT THUMB FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
26665	TREAT THUMB FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
26670	TREAT HAND DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
26675	TREAT HAND DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
26676	PIN HAND DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20

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26685	TREAT HAND DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
26686	TREAT HAND DISLOCATION	Y		4/1/2012	Fee Schedule	$2,752.86
26700	TREAT KNUCKLE DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
26705	TREAT KNUCKLE DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
26706	PIN KNUCKLE DISLOCATION	Y		4/1/2012	Fee Schedule	$774.04
26715	TREAT KNUCKLE DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
26720	TREAT FINGER FRACTURE EACH	Y		4/1/2012	Fee Schedule	$60.69
26725	TREAT FINGER FRACTURE EACH	Y		4/1/2012	Fee Schedule	$60.69
26727	TREAT FINGER FRACTURE EACH	Y		4/1/2012	Fee Schedule	$1,057.20
26735	TREAT FINGER FRACTURE EACH	Y		4/1/2012	Fee Schedule	$1,057.20
26740	TREAT FINGER FRACTURE EACH	Y		4/1/2012	Fee Schedule	$60.69
26742	TREAT FINGER FRACTURE EACH	Y		4/1/2012	Fee Schedule	$60.69
26746	TREAT FINGER FRACTURE EACH	Y		4/1/2012	Fee Schedule	$1,057.20
26750	TREAT FINGER FRACTURE EACH	Y		4/1/2012	Fee Schedule	$60.69
26755	TREAT FINGER FRACTURE EACH	Y		4/1/2012	Fee Schedule	$60.69
26756	PIN FINGER FRACTURE EACH	Y		4/1/2012	Fee Schedule	$1,057.20
26765	TREAT FINGER FRACTURE EACH	Y		4/1/2012	Fee Schedule	$1,057.20
26770	TREAT FINGER DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
26775	TREAT FINGER DISLOCATION	Y		4/1/2012	Fee Schedule	$223.63
26776	PIN FINGER DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
26785	TREAT FINGER DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
26820	THUMB FUSION WITH GRAFT	Y		4/1/2012	Fee Schedule	$1,165.61
26841	FUSION OF THUMB	Y		4/1/2012	Fee Schedule	$1,165.61
26842	THUMB FUSION WITH GRAFT	Y		4/1/2012	Fee Schedule	$1,165.61
26843	FUSION OF HAND JOINT	Y		4/1/2012	Fee Schedule	$1,165.61
26844	FUSION/GRAFT OF HAND JOINT	Y		4/1/2012	Fee Schedule	$1,165.61
26850	FUSION OF KNUCKLE	Y		4/1/2012	Fee Schedule	$1,165.61
26852	FUSION OF KNUCKLE WITH GRAFT	Y		4/1/2012	Fee Schedule	$1,165.61
26860	FUSION OF FINGER JOINT	Y		4/1/2012	Fee Schedule	$1,165.61
26861	FUSION OF FINGER JNT ADD-ON	Y		4/1/2012	Fee Schedule	$1,165.61
26862	FUSION/GRAFT OF FINGER JOINT	Y		4/1/2012	Fee Schedule	$1,165.61
26863	FUSE/GRAFT ADDED JOINT	Y		4/1/2012	Fee Schedule	$1,165.61
26910	AMPUTATE METACARPAL BONE	Y		4/1/2012	Fee Schedule	$1,165.61
26951	AMPUTATION OF FINGER/THUMB	Y		4/1/2012	Fee Schedule	$694.51
26952	AMPUTATION OF FINGER/THUMB	Y		4/1/2012	Fee Schedule	$694.51
26990	DRAINAGE OF PELVIS LESION	Y		4/1/2012	Fee Schedule	$891.88
26991	DRAINAGE OF PELVIS BURSA	Y		4/1/2012	Fee Schedule	$891.88
27000	INCISION OF HIP TENDON	Y		4/1/2012	Fee Schedule	$891.88
27001	INCISION OF HIP TENDON	Y		4/1/2012	Fee Schedule	$1,309.16
27003	INCISION OF HIP TENDON	Y		4/1/2012	Fee Schedule	$1,309.16
27033	EXPLORATION OF HIP JOINT	Y		4/1/2012	Fee Schedule	$1,917.60
27035	DENERVATION OF HIP JOINT	Y		4/1/2012	Fee Schedule	$1,309.16
27040	BIOPSY OF SOFT TISSUES	Y		4/1/2012	Fee Schedule	$334.27
27041	BIOPSY OF SOFT TISSUES	Y		4/1/2012	Fee Schedule	$334.27
27043	EXC HIP PELVIS LES SC 3 CM/>	Y		4/1/2012	Fee Schedule	$939.90
27045	EXC HIP/PELV TUM DEEP 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
27047	EXC HIP/PELVIS LES SC < 3 CM	Y		4/1/2012	Fee Schedule	$687.06
27048	EXC HIP/PELV TUM DEEP < 5 CM	Y		4/1/2012	Fee Schedule	$687.06
27049	RESECT HIP/PELV TUM < 5 CM	Y		4/1/2012	Fee Schedule	$687.06
27050	BIOPSY OF SACROILIAC JOINT	Y		4/1/2012	Fee Schedule	$891.88
27052	BIOPSY OF HIP JOINT	Y		4/1/2012	Fee Schedule	$891.88
27059	RESECT HIP/PELV TUM 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
27060	REMOVAL OF ISCHIAL BURSA	Y		4/1/2012	Fee Schedule	$891.88
27062	REMOVE FEMUR LESION/BURSA	Y		4/1/2012	Fee Schedule	$891.88
27065	REMOVE HIP BONE LES SUPER	Y		4/1/2012	Fee Schedule	$891.88
27066	REMOVE HIP BONE LES DEEP	Y		4/1/2012	Fee Schedule	$1,309.16
27067	REMOVE/GRAFT HIP BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
27080	REMOVAL OF TAIL BONE	Y		4/1/2012	Fee Schedule	$1,309.16
27086	REMOVE HIP FOREIGN BODY	Y		4/1/2012	Fee Schedule	$334.27
27087	REMOVE HIP FOREIGN BODY	Y		4/1/2012	Fee Schedule	$891.88
27093	INJECTION FOR HIP X-RAY			1/1/2009	No Separate Payment	$0.00
27095	INJECTION FOR HIP X-RAY			1/1/2009	No Separate Payment	$0.00

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27097	REVISION OF HIP TENDON	Y		4/1/2012	Fee Schedule	$1,309.16
27098	TRANSFER TENDON TO PELVIS	Y		4/1/2012	Fee Schedule	$1,309.16
27100	TRANSFER OF ABDOMINAL MUSCLE	Y		4/1/2012	Fee Schedule	$1,917.60
27105	TRANSFER OF SPINAL MUSCLE	Y		4/1/2012	Fee Schedule	$1,917.60
27110	TRANSFER OF ILIOPSOAS MUSCLE	Y		4/1/2012	Fee Schedule	$1,917.60
27111	TRANSFER OF ILIOPSOAS MUSCLE	Y		4/1/2012	Fee Schedule	$1,917.60
27193	TREAT PELVIC RING FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27194	TREAT PELVIC RING FRACTURE	Y		4/1/2012	Fee Schedule	$624.52
27200	TREAT TAIL BONE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27202	TREAT TAIL BONE FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
27220	TREAT HIP SOCKET FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27230	TREAT THIGH FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27238	TREAT THIGH FRACTURE	Y		4/1/2012	Fee Schedule	$205.70
27246	TREAT THIGH FRACTURE	Y		4/1/2012	Fee Schedule	$205.70
27250	TREAT HIP DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
27252	TREAT HIP DISLOCATION	Y		4/1/2012	Fee Schedule	$624.52
27256	TREAT HIP DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
27257	TREAT HIP DISLOCATION	Y		4/1/2012	Fee Schedule	$624.52
27265	TREAT HIP DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
27266	TREAT HIP DISLOCATION	Y		4/1/2012	Fee Schedule	$624.52
27267	CLTX THIGH FX	Y		4/1/2012	Fee Schedule	$60.69
27275	MANIPULATION OF HIP JOINT	Y		4/1/2012	Fee Schedule	$624.52
27301	DRAIN THIGH/KNEE LESION	Y		4/1/2012	Fee Schedule	$830.77
27305	INCISE THIGH TENDON & FASCIA	Y		4/1/2012	Fee Schedule	$891.88
27306	INCISION OF THIGH TENDON	Y		4/1/2012	Fee Schedule	$891.88
27307	INCISION OF THIGH TENDONS	Y		4/1/2012	Fee Schedule	$1,309.16
27310	EXPLORATION OF KNEE JOINT	Y		4/1/2012	Fee Schedule	$1,309.16
27323	BIOPSY THIGH SOFT TISSUES	Y		4/1/2012	Fee Schedule	$334.27
27324	BIOPSY THIGH SOFT TISSUES	Y		4/1/2012	Fee Schedule	$939.90
27325	NEURECTOMY HAMSTRING	Y		4/1/2012	Fee Schedule	$762.87
27326	NEURECTOMY POPLITEAL	Y		4/1/2012	Fee Schedule	$762.87
27327	EXC THIGH/KNEE LES SC < 3 CM	Y		4/1/2012	Fee Schedule	$939.90
27328	EXC THIGH/KNEE TUM DEEP <5CM	Y		4/1/2012	Fee Schedule	$687.06
27329	RESECT THIGH/KNEE TUM < 5 CM	Y		4/1/2012	Fee Schedule	$687.06
27330	BIOPSY KNEE JOINT LINING	Y		4/1/2012	Fee Schedule	$1,309.16
27331	EXPLORE/TREAT KNEE JOINT	Y		4/1/2012	Fee Schedule	$1,309.16
27332	REMOVAL OF KNEE CARTILAGE	Y		4/1/2012	Fee Schedule	$1,309.16
27333	REMOVAL OF KNEE CARTILAGE	Y		4/1/2012	Fee Schedule	$1,309.16
27334	REMOVE KNEE JOINT LINING	Y		4/1/2012	Fee Schedule	$1,309.16
27335	REMOVE KNEE JOINT LINING	Y		4/1/2012	Fee Schedule	$1,309.16
27337	EXC THIGH/KNEE LES SC 3 CM/>	Y		4/1/2012	Fee Schedule	$939.90
27339	EXC THIGH/KNEE TUM DEP 5CM/>	Y		4/1/2012	Fee Schedule	$939.90
27340	REMOVAL OF KNEECAP BURSA	Y		4/1/2012	Fee Schedule	$891.88
27345	REMOVAL OF KNEE CYST	Y		4/1/2012	Fee Schedule	$891.88
27347	REMOVE KNEE CYST	Y		4/1/2012	Fee Schedule	$891.88
27350	REMOVAL OF KNEECAP	Y		4/1/2012	Fee Schedule	$1,309.16
27355	REMOVE FEMUR LESION	Y		4/1/2012	Fee Schedule	$1,309.16
27356	REMOVE FEMUR LESION/GRAFT	Y		4/1/2012	Fee Schedule	$1,309.16
27357	REMOVE FEMUR LESION/GRAFT	Y		4/1/2012	Fee Schedule	$1,309.16
27358	REMOVE FEMUR LESION/FIXATION	Y		4/1/2012	Fee Schedule	$1,309.16
27360	PARTIAL REMOVAL LEG BONE(S)	Y		4/1/2012	Fee Schedule	$1,309.16
27364	RESECT THIGH/KNEE TUM 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
27370	INJECTION FOR KNEE X-RAY			1/1/2009	No Separate Payment	$0.00
27372	REMOVAL OF FOREIGN BODY	Y		4/1/2012	Fee Schedule	$939.90
27380	REPAIR OF KNEECAP TENDON	Y		4/1/2012	Fee Schedule	$1,309.16
27381	REPAIR/GRAFT KNEECAP TENDON	Y		4/1/2012	Fee Schedule	$1,309.16
27385	REPAIR OF THIGH MUSCLE	Y		4/1/2012	Fee Schedule	$1,309.16
27386	REPAIR/GRAFT OF THIGH MUSCLE	Y		4/1/2012	Fee Schedule	$1,309.16
27390	INCISION OF THIGH TENDON	Y		4/1/2012	Fee Schedule	$891.88
27391	INCISION OF THIGH TENDONS	Y		4/1/2012	Fee Schedule	$891.88
27392	INCISION OF THIGH TENDONS	Y		4/1/2012	Fee Schedule	$1,309.16
27393	LENGTHENING OF THIGH TENDON	Y		4/1/2012	Fee Schedule	$1,309.16

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27394	LENGTHENING OF THIGH TENDONS	Y		4/1/2012	Fee Schedule	$1,309.16
27395	LENGTHENING OF THIGH TENDONS	Y		4/1/2012	Fee Schedule	$1,917.60
27396	TRANSPLANT OF THIGH TENDON	Y		4/1/2012	Fee Schedule	$1,309.16
27397	TRANSPLANTS OF THIGH TENDONS	Y		4/1/2012	Fee Schedule	$1,917.60
27400	REVISE THIGH MUSCLES/TENDONS	Y		4/1/2012	Fee Schedule	$1,917.60
27403	REPAIR OF KNEE CARTILAGE	Y		4/1/2012	Fee Schedule	$1,309.16
27405	REPAIR OF KNEE LIGAMENT	Y		4/1/2012	Fee Schedule	$1,917.60
27407	REPAIR OF KNEE LIGAMENT	Y		4/1/2012	Fee Schedule	$3,584.53
27409	REPAIR OF KNEE LIGAMENTS	Y		4/1/2012	Fee Schedule	$3,584.53
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Y		4/1/2012	Fee Schedule	$1,917.60
27418	REPAIR DEGENERATED KNEECAP	Y		4/1/2012	Fee Schedule	$1,917.60
27420	REVISION OF UNSTABLE KNEECAP	Y		4/1/2012	Fee Schedule	$1,917.60
27422	REVISION OF UNSTABLE KNEECAP	Y		4/1/2012	Fee Schedule	$1,917.60
27424	REVISION/REMOVAL OF KNEECAP	Y		4/1/2012	Fee Schedule	$1,917.60
27425	LAT RETINACULAR RELEASE OPEN	Y		4/1/2012	Fee Schedule	$1,309.16
27427	RECONSTRUCTION KNEE	Y		4/1/2012	Fee Schedule	$3,584.53
27428	RECONSTRUCTION KNEE	Y		4/1/2012	Fee Schedule	$3,584.53
27429	RECONSTRUCTION KNEE	Y		4/1/2012	Fee Schedule	$3,584.53
27430	REVISION OF THIGH MUSCLES	Y		4/1/2012	Fee Schedule	$1,917.60
27435	INCISION OF KNEE JOINT	Y		4/1/2012	Fee Schedule	$1,309.16
27437	REVISE KNEECAP	Y		4/1/2012	Fee Schedule	$1,665.49
27438	REVISE KNEECAP WITH IMPLANT	Y		4/1/2012	Fee Schedule	$2,450.29
27440	REVISION OF KNEE JOINT	Y		4/1/2012	Fee Schedule	$1,665.49
27441	REVISION OF KNEE JOINT	Y		4/1/2012	Fee Schedule	$1,665.49
27442	REVISION OF KNEE JOINT	Y		4/1/2012	Fee Schedule	$1,665.49
27443	REVISION OF KNEE JOINT	Y		4/1/2012	Fee Schedule	$1,665.49
27446	REVISION OF KNEE JOINT	Y		4/1/2012	Fee Schedule	$7,764.43
27475	SURGERY TO STOP LEG GROWTH	Y		4/1/2012	Fee Schedule	$1,309.16
27479	SURGERY TO STOP LEG GROWTH	Y		4/1/2012	Fee Schedule	$1,309.16
27496	DECOMPRESSION OF THIGH/KNEE	Y		4/1/2012	Fee Schedule	$1,309.16
27497	DECOMPRESSION OF THIGH/KNEE	Y		4/1/2012	Fee Schedule	$891.88
27498	DECOMPRESSION OF THIGH/KNEE	Y		4/1/2012	Fee Schedule	$1,309.16
27499	DECOMPRESSION OF THIGH/KNEE	Y		4/1/2012	Fee Schedule	$1,309.16
27500	TREATMENT OF THIGH FRACTURE	Y		4/1/2012	Fee Schedule	$205.70
27501	TREATMENT OF THIGH FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27502	TREATMENT OF THIGH FRACTURE	Y		4/1/2012	Fee Schedule	$774.04
27503	TREATMENT OF THIGH FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27508	TREATMENT OF THIGH FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27509	TREATMENT OF THIGH FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
27510	TREATMENT OF THIGH FRACTURE	Y		4/1/2012	Fee Schedule	$205.70
27516	TREAT THIGH FX GROWTH PLATE	Y		4/1/2012	Fee Schedule	$60.69
27517	TREAT THIGH FX GROWTH PLATE	Y		4/1/2012	Fee Schedule	$60.69
27520	TREAT KNEECAP FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27530	TREAT KNEE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27532	TREAT KNEE FRACTURE	Y		4/1/2012	Fee Schedule	$774.04
27538	TREAT KNEE FRACTURE(S)	Y		4/1/2012	Fee Schedule	$60.69
27550	TREAT KNEE DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
27552	TREAT KNEE DISLOCATION	Y		4/1/2012	Fee Schedule	$624.52
27560	TREAT KNEECAP DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
27562	TREAT KNEECAP DISLOCATION	Y		4/1/2012	Fee Schedule	$624.52
27566	TREAT KNEECAP DISLOCATION	Y		4/1/2012	Fee Schedule	$2,016.46
27570	FIXATION OF KNEE JOINT	Y		4/1/2012	Fee Schedule	$624.52
27594	AMPUTATION FOLLOW-UP SURGERY	Y		4/1/2012	Fee Schedule	$891.88
27600	DECOMPRESSION OF LOWER LEG	Y		4/1/2012	Fee Schedule	$891.88
27601	DECOMPRESSION OF LOWER LEG	Y		4/1/2012	Fee Schedule	$891.88
27602	DECOMPRESSION OF LOWER LEG	Y		4/1/2012	Fee Schedule	$1,309.16
27603	DRAIN LOWER LEG LESION	Y		4/1/2012	Fee Schedule	$830.77
27604	DRAIN LOWER LEG BURSA	Y		4/1/2012	Fee Schedule	$1,309.16
27605	INCISION OF ACHILLES TENDON	Y		4/1/2012	Fee Schedule	$892.95
27606	INCISION OF ACHILLES TENDON	Y		4/1/2012	Fee Schedule	$891.88
27607	TREAT LOWER LEG BONE LESION	Y		4/1/2012	Fee Schedule	$891.88
27610	EXPLORE/TREAT ANKLE JOINT	Y		4/1/2012	Fee Schedule	$1,309.16

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27612	EXPLORATION OF ANKLE JOINT	Y		4/1/2012	Fee Schedule	$1,309.16
27613	BIOPSY LOWER LEG SOFT TISSUE	Y		4/1/2012	Fee Schedule	$168.83
27614	BIOPSY LOWER LEG SOFT TISSUE	Y		4/1/2012	Fee Schedule	$939.90
27615	RESECT LEG/ANKLE TUM < 5 CM	Y		4/1/2012	Fee Schedule	$687.06
27616	RESECT LEG/ANKLE TUM 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
27618	EXC LEG/ANKLE TUM < 3 CM	Y		4/1/2012	Fee Schedule	$687.06
27619	EXC LEG/ANKLE TUM DEEP <5 CM	Y		4/1/2012	Fee Schedule	$687.06
27620	EXPLORE/TREAT ANKLE JOINT	Y		4/1/2012	Fee Schedule	$1,309.16
27625	REMOVE ANKLE JOINT LINING	Y		4/1/2012	Fee Schedule	$1,309.16
27626	REMOVE ANKLE JOINT LINING	Y		4/1/2012	Fee Schedule	$1,309.16
27630	REMOVAL OF TENDON LESION	Y		4/1/2012	Fee Schedule	$891.88
27632	EXC LEG/ANKLE LES SC 3 CM/>	Y		4/1/2012	Fee Schedule	$939.90
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
27635	REMOVE LOWER LEG BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
27637	REMOVE/GRAFT LEG BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
27638	REMOVE/GRAFT LEG BONE LESION	Y		4/1/2012	Fee Schedule	$1,309.16
27640	PARTIAL REMOVAL OF TIBIA	Y		4/1/2012	Fee Schedule	$1,309.16
27641	PARTIAL REMOVAL OF FIBULA	Y		4/1/2012	Fee Schedule	$1,309.16
27647	RESECT TALUS/CALCANEUS TUM	Y		4/1/2012	Fee Schedule	$1,309.16
27648	INJECTION FOR ANKLE X-RAY			1/1/2009	No Separate Payment	$0.00
27650	REPAIR ACHILLES TENDON	Y		4/1/2012	Fee Schedule	$1,917.60
27652	REPAIR/GRAFT ACHILLES TENDON	Y		4/1/2012	Fee Schedule	$3,584.53
27654	REPAIR OF ACHILLES TENDON	Y		4/1/2012	Fee Schedule	$1,917.60
27656	REPAIR LEG FASCIA DEFECT	Y		4/1/2012	Fee Schedule	$891.88
27658	REPAIR OF LEG TENDON EACH	Y		4/1/2012	Fee Schedule	$891.88
27659	REPAIR OF LEG TENDON EACH	Y		4/1/2012	Fee Schedule	$891.88
27664	REPAIR OF LEG TENDON EACH	Y		4/1/2012	Fee Schedule	$1,309.16
27665	REPAIR OF LEG TENDON EACH	Y		4/1/2012	Fee Schedule	$1,309.16
27675	REPAIR LOWER LEG TENDONS	Y		4/1/2012	Fee Schedule	$891.88
27676	REPAIR LOWER LEG TENDONS	Y		4/1/2012	Fee Schedule	$1,309.16
27680	RELEASE OF LOWER LEG TENDON	Y		4/1/2012	Fee Schedule	$1,309.16
27681	RELEASE OF LOWER LEG TENDONS	Y		4/1/2012	Fee Schedule	$1,309.16
27685	REVISION OF LOWER LEG TENDON	Y		4/1/2012	Fee Schedule	$1,309.16
27686	REVISE LOWER LEG TENDONS	Y		4/1/2012	Fee Schedule	$1,309.16
27687	REVISION OF CALF TENDON	Y		4/1/2012	Fee Schedule	$1,309.16
27690	REVISE LOWER LEG TENDON	Y		4/1/2012	Fee Schedule	$1,917.60
27691	REVISE LOWER LEG TENDON	Y		4/1/2012	Fee Schedule	$1,917.60
27692	REVISE ADDITIONAL LEG TENDON	Y		4/1/2012	Fee Schedule	$1,917.60
27695	REPAIR OF ANKLE LIGAMENT	Y		4/1/2012	Fee Schedule	$1,309.16
27696	REPAIR OF ANKLE LIGAMENTS	Y		4/1/2012	Fee Schedule	$1,309.16
27698	REPAIR OF ANKLE LIGAMENT	Y		4/1/2012	Fee Schedule	$1,309.16
27700	REVISION OF ANKLE JOINT	Y		4/1/2012	Fee Schedule	$1,665.49
27704	REMOVAL OF ANKLE IMPLANT	Y		4/1/2012	Fee Schedule	$891.88
27705	INCISION OF TIBIA	Y		4/1/2012	Fee Schedule	$1,917.60
27707	INCISION OF FIBULA	Y		4/1/2012	Fee Schedule	$1,309.16
27709	INCISION OF TIBIA & FIBULA	Y		4/1/2012	Fee Schedule	$1,309.16
27720	REPAIR OF TIBIA	Y		4/1/2012	Fee Schedule	$2,016.46
27726	REPAIR FIBULA NONUNION	Y		4/1/2012	Fee Schedule	$2,016.46
27730	REPAIR OF TIBIA EPIPHYSIS	Y		4/1/2012	Fee Schedule	$1,309.16
27732	REPAIR OF FIBULA EPIPHYSIS	Y		4/1/2012	Fee Schedule	$1,309.16
27734	REPAIR LOWER LEG EPIPHYSES	Y		4/1/2012	Fee Schedule	$1,309.16
27740	REPAIR OF LEG EPIPHYSES	Y		4/1/2012	Fee Schedule	$1,309.16
27742	REPAIR OF LEG EPIPHYSES	Y		4/1/2012	Fee Schedule	$1,917.60
27745	REINFORCE TIBIA	Y		4/1/2012	Fee Schedule	$3,584.53
27750	TREATMENT OF TIBIA FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27752	TREATMENT OF TIBIA FRACTURE	Y		4/1/2012	Fee Schedule	$774.04
27756	TREATMENT OF TIBIA FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
27758	TREATMENT OF TIBIA FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
27759	TREATMENT OF TIBIA FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
27760	CLTX MEDIAL ANKLE FX	Y		4/1/2012	Fee Schedule	$60.69
27762	CLTX MED ANKLE FX W/MNPJ	Y		4/1/2012	Fee Schedule	$774.04
27766	OPTX MEDIAL ANKLE FX	Y		4/1/2012	Fee Schedule	$2,016.46

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27767	CLTX POST ANKLE FX	Y		4/1/2012	Fee Schedule	$60.69
27768	CLTX POST ANKLE FX W/MNPJ	Y		4/1/2012	Fee Schedule	$60.69
27769	OPTX POST ANKLE FX	Y		4/1/2012	Fee Schedule	$2,016.46
27780	TREATMENT OF FIBULA FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27781	TREATMENT OF FIBULA FRACTURE	Y		4/1/2012	Fee Schedule	$774.04
27784	TREATMENT OF FIBULA FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
27786	TREATMENT OF ANKLE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27788	TREATMENT OF ANKLE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27792	TREATMENT OF ANKLE FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
27808	TREATMENT OF ANKLE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27810	TREATMENT OF ANKLE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27814	TREATMENT OF ANKLE FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
27816	TREATMENT OF ANKLE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27818	TREATMENT OF ANKLE FRACTURE	Y		4/1/2012	Fee Schedule	$205.70
27822	TREATMENT OF ANKLE FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
27823	TREATMENT OF ANKLE FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
27824	TREAT LOWER LEG FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
27825	TREAT LOWER LEG FRACTURE	Y		4/1/2012	Fee Schedule	$774.04
27826	TREAT LOWER LEG FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
27827	TREAT LOWER LEG FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
27828	TREAT LOWER LEG FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
27829	TREAT LOWER LEG JOINT	Y		4/1/2012	Fee Schedule	$2,016.46
27830	TREAT LOWER LEG DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
27831	TREAT LOWER LEG DISLOCATION	Y		4/1/2012	Fee Schedule	$774.04
27832	TREAT LOWER LEG DISLOCATION	Y		4/1/2012	Fee Schedule	$2,016.46
27840	TREAT ANKLE DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
27842	TREAT ANKLE DISLOCATION	Y		4/1/2012	Fee Schedule	$624.52
27846	TREAT ANKLE DISLOCATION	Y		4/1/2012	Fee Schedule	$2,016.46
27848	TREAT ANKLE DISLOCATION	Y		4/1/2012	Fee Schedule	$2,016.46
27860	FIXATION OF ANKLE JOINT	Y		4/1/2012	Fee Schedule	$624.52
27870	FUSION OF ANKLE JOINT OPEN	Y		4/1/2012	Fee Schedule	$3,584.53
27871	FUSION OF TIBIOFIBULAR JOINT	Y		4/1/2012	Fee Schedule	$3,584.53
27884	AMPUTATION FOLLOW-UP SURGERY	Y		4/1/2012	Fee Schedule	$891.88
27889	AMPUTATION OF FOOT AT ANKLE	Y		4/1/2012	Fee Schedule	$1,309.16
27892	DECOMPRESSION OF LEG	Y		4/1/2012	Fee Schedule	$1,309.16
27893	DECOMPRESSION OF LEG	Y		4/1/2012	Fee Schedule	$1,309.16
27894	DECOMPRESSION OF LEG	Y		4/1/2012	Fee Schedule	$1,309.16
28001	DRAINAGE OF BURSA OF FOOT	Y		4/1/2012	Fee Schedule	$168.83
28002	TREATMENT OF FOOT INFECTION	Y		4/1/2012	Fee Schedule	$891.88
28003	TREATMENT OF FOOT INFECTION	Y		4/1/2012	Fee Schedule	$891.88
28005	TREAT FOOT BONE LESION	Y		4/1/2012	Fee Schedule	$892.95
28008	INCISION OF FOOT FASCIA	Y		4/1/2012	Fee Schedule	$892.95
28010	INCISION OF TOE TENDON	Y		4/1/2012	Fee Schedule	$121.51
28011	INCISION OF TOE TENDONS	Y		4/1/2012	Fee Schedule	$892.95
28020	EXPLORATION OF FOOT JOINT	Y		4/1/2012	Fee Schedule	$892.95
28022	EXPLORATION OF FOOT JOINT	Y		4/1/2012	Fee Schedule	$892.95
28024	EXPLORATION OF TOE JOINT	Y		4/1/2012	Fee Schedule	$892.95
28035	DECOMPRESSION OF TIBIA NERVE	Y		4/1/2012	Fee Schedule	$762.87
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	Y		4/1/2012	Fee Schedule	$939.90
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	Y		4/1/2012	Fee Schedule	$939.90
28043	EXC FOOT/TOE TUM SC < 1.5 CM	Y		4/1/2012	Fee Schedule	$687.06
28045	EXC FOOT/TOE TUM DEEP <1.5CM	Y		4/1/2012	Fee Schedule	$687.06
28046	RESECT FOOT/TOE TUMOR < 3 CM	Y		4/1/2012	Fee Schedule	$687.06
28047	RESECT FOOT/TOE TUMOR 3 CM/>	Y		4/1/2012	Fee Schedule	$939.90
28050	BIOPSY OF FOOT JOINT LINING	Y		4/1/2012	Fee Schedule	$892.95
28052	BIOPSY OF FOOT JOINT LINING	Y		4/1/2012	Fee Schedule	$892.95
28054	BIOPSY OF TOE JOINT LINING	Y		4/1/2012	Fee Schedule	$892.95
28055	NEURECTOMY FOOT	Y		4/1/2012	Fee Schedule	$762.87
28060	PARTIAL REMOVAL FOOT FASCIA	Y		4/1/2012	Fee Schedule	$892.95
28062	REMOVAL OF FOOT FASCIA	Y		4/1/2012	Fee Schedule	$892.95
28070	REMOVAL OF FOOT JOINT LINING	Y		4/1/2012	Fee Schedule	$892.95
28072	REMOVAL OF FOOT JOINT LINING	Y		4/1/2012	Fee Schedule	$892.95

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28080	REMOVAL OF FOOT LESION	Y		4/1/2012	Fee Schedule	$892.95
28086	EXCISE FOOT TENDON SHEATH	Y		4/1/2012	Fee Schedule	$892.95
28088	EXCISE FOOT TENDON SHEATH	Y		4/1/2012	Fee Schedule	$892.95
28090	REMOVAL OF FOOT LESION	Y		4/1/2012	Fee Schedule	$892.95
28092	REMOVAL OF TOE LESIONS	Y		4/1/2012	Fee Schedule	$892.95
28100	REMOVAL OF ANKLE/HEEL LESION	Y		4/1/2012	Fee Schedule	$892.95
28102	REMOVE/GRAFT FOOT LESION	Y		4/1/2012	Fee Schedule	$2,357.58
28103	REMOVE/GRAFT FOOT LESION	Y		4/1/2012	Fee Schedule	$2,357.58
28104	REMOVAL OF FOOT LESION	Y		4/1/2012	Fee Schedule	$892.95
28106	REMOVE/GRAFT FOOT LESION	Y		4/1/2012	Fee Schedule	$2,357.58
28107	REMOVE/GRAFT FOOT LESION	Y		4/1/2012	Fee Schedule	$2,357.58
28108	REMOVAL OF TOE LESIONS	Y		4/1/2012	Fee Schedule	$892.95
28110	PART REMOVAL OF METATARSAL	Y		4/1/2012	Fee Schedule	$892.95
28111	PART REMOVAL OF METATARSAL	Y		4/1/2012	Fee Schedule	$892.95
28112	PART REMOVAL OF METATARSAL	Y		4/1/2012	Fee Schedule	$892.95
28113	PART REMOVAL OF METATARSAL	Y		4/1/2012	Fee Schedule	$892.95
28114	REMOVAL OF METATARSAL HEADS	Y		4/1/2012	Fee Schedule	$892.95
28116	REVISION OF FOOT	Y		4/1/2012	Fee Schedule	$892.95
28118	REMOVAL OF HEEL BONE	Y		4/1/2012	Fee Schedule	$892.95
28119	REMOVAL OF HEEL SPUR	Y		4/1/2012	Fee Schedule	$892.95
28120	PART REMOVAL OF ANKLE/HEEL	Y		4/1/2012	Fee Schedule	$892.95
28122	PARTIAL REMOVAL OF FOOT BONE	Y		4/1/2012	Fee Schedule	$892.95
28124	PARTIAL REMOVAL OF TOE	Y		4/1/2012	Fee Schedule	$287.28
28126	PARTIAL REMOVAL OF TOE	Y		4/1/2012	Fee Schedule	$892.95
28130	REMOVAL OF ANKLE BONE	Y		4/1/2012	Fee Schedule	$892.95
28140	REMOVAL OF METATARSAL	Y		4/1/2012	Fee Schedule	$892.95
28150	REMOVAL OF TOE	Y		4/1/2012	Fee Schedule	$892.95
28153	PARTIAL REMOVAL OF TOE	Y		4/1/2012	Fee Schedule	$892.95
28160	PARTIAL REMOVAL OF TOE	Y		4/1/2012	Fee Schedule	$892.95
28171	RESECT TARSAL TUMOR	Y		4/1/2012	Fee Schedule	$892.95
28173	RESECT METATARSAL TUMOR	Y		4/1/2012	Fee Schedule	$892.95
28175	RESECT PHALANX OF TOE TUMOR	Y		4/1/2012	Fee Schedule	$892.95
28190	REMOVAL OF FOOT FOREIGN BODY	Y		4/1/2012	Fee Schedule	$177.68
28192	REMOVAL OF FOOT FOREIGN BODY	Y		4/1/2012	Fee Schedule	$687.06
28193	REMOVAL OF FOOT FOREIGN BODY	Y		4/1/2012	Fee Schedule	$334.27
28200	REPAIR OF FOOT TENDON	Y		4/1/2012	Fee Schedule	$892.95
28202	REPAIR/GRAFT OF FOOT TENDON	Y		4/1/2012	Fee Schedule	$892.95
28208	REPAIR OF FOOT TENDON	Y		4/1/2012	Fee Schedule	$892.95
28210	REPAIR/GRAFT OF FOOT TENDON	Y		4/1/2012	Fee Schedule	$2,357.58
28220	RELEASE OF FOOT TENDON	Y		4/1/2012	Fee Schedule	$271.96
28222	RELEASE OF FOOT TENDONS	Y		4/1/2012	Fee Schedule	$892.95
28225	RELEASE OF FOOT TENDON	Y		4/1/2012	Fee Schedule	$892.95
28226	RELEASE OF FOOT TENDONS	Y		4/1/2012	Fee Schedule	$892.95
28230	INCISION OF FOOT TENDON(S)	Y		4/1/2012	Fee Schedule	$266.17
28232	INCISION OF TOE TENDON	Y		4/1/2012	Fee Schedule	$258.35
28234	INCISION OF FOOT TENDON	Y		4/1/2012	Fee Schedule	$892.95
28238	REVISION OF FOOT TENDON	Y		4/1/2012	Fee Schedule	$2,357.58
28240	RELEASE OF BIG TOE	Y		4/1/2012	Fee Schedule	$892.95
28250	REVISION OF FOOT FASCIA	Y		4/1/2012	Fee Schedule	$892.95
28260	RELEASE OF MIDFOOT JOINT	Y		4/1/2012	Fee Schedule	$892.95
28261	REVISION OF FOOT TENDON	Y		4/1/2012	Fee Schedule	$892.95
28262	REVISION OF FOOT AND ANKLE	Y		4/1/2012	Fee Schedule	$892.95
28264	RELEASE OF MIDFOOT JOINT	Y		4/1/2012	Fee Schedule	$2,357.58
28270	RELEASE OF FOOT CONTRACTURE	Y		4/1/2012	Fee Schedule	$892.95
28272	RELEASE OF TOE JOINT EACH	Y		4/1/2012	Fee Schedule	$245.41
28280	FUSION OF TOES	Y		4/1/2012	Fee Schedule	$892.95
28285	REPAIR OF HAMMERTOE	Y		4/1/2012	Fee Schedule	$892.95
28286	REPAIR OF HAMMERTOE	Y		4/1/2012	Fee Schedule	$892.95
28288	PARTIAL REMOVAL OF FOOT BONE	Y		4/1/2012	Fee Schedule	$892.95
28289	REPAIR HALLUX RIGIDUS	Y		4/1/2012	Fee Schedule	$892.95
28290	CORRECTION OF BUNION	Y		4/1/2012	Fee Schedule	$1,321.48
28292	CORRECTION OF BUNION	Y		4/1/2012	Fee Schedule	$1,321.48

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28293	CORRECTION OF BUNION	Y		4/1/2012	Fee Schedule	$1,321.48
28294	CORRECTION OF BUNION	Y		4/1/2012	Fee Schedule	$1,321.48
28296	CORRECTION OF BUNION	Y		4/1/2012	Fee Schedule	$1,321.48
28297	CORRECTION OF BUNION	Y		4/1/2012	Fee Schedule	$1,321.48
28298	CORRECTION OF BUNION	Y		4/1/2012	Fee Schedule	$1,321.48
28299	CORRECTION OF BUNION	Y		4/1/2012	Fee Schedule	$1,321.48
28300	INCISION OF HEEL BONE	Y		4/1/2012	Fee Schedule	$2,357.58
28302	INCISION OF ANKLE BONE	Y		4/1/2012	Fee Schedule	$892.95
28304	INCISION OF MIDFOOT BONES	Y		4/1/2012	Fee Schedule	$2,357.58
28305	INCISE/GRAFT MIDFOOT BONES	Y		4/1/2012	Fee Schedule	$2,357.58
28306	INCISION OF METATARSAL	Y		4/1/2012	Fee Schedule	$892.95
28307	INCISION OF METATARSAL	Y		4/1/2012	Fee Schedule	$892.95
28308	INCISION OF METATARSAL	Y		4/1/2012	Fee Schedule	$892.95
28309	INCISION OF METATARSALS	Y		4/1/2012	Fee Schedule	$2,357.58
28310	REVISION OF BIG TOE	Y		4/1/2012	Fee Schedule	$892.95
28312	REVISION OF TOE	Y		4/1/2012	Fee Schedule	$892.95
28313	REPAIR DEFORMITY OF TOE	Y		4/1/2012	Fee Schedule	$892.95
28315	REMOVAL OF SESAMOID BONE	Y		4/1/2012	Fee Schedule	$892.95
28320	REPAIR OF FOOT BONES	Y		4/1/2012	Fee Schedule	$2,357.58
28322	REPAIR OF METATARSALS	Y		4/1/2012	Fee Schedule	$2,357.58
28340	RESECT ENLARGED TOE TISSUE	Y		4/1/2012	Fee Schedule	$892.95
28341	RESECT ENLARGED TOE	Y		4/1/2012	Fee Schedule	$892.95
28344	REPAIR EXTRA TOE(S)	Y		4/1/2012	Fee Schedule	$892.95
28345	REPAIR WEBBED TOE(S)	Y		4/1/2012	Fee Schedule	$892.95
28400	TREATMENT OF HEEL FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
28405	TREATMENT OF HEEL FRACTURE	Y		4/1/2012	Fee Schedule	$774.04
28406	TREATMENT OF HEEL FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
28415	TREAT HEEL FRACTURE	Y		4/1/2012	Fee Schedule	$2,752.86
28420	TREAT/GRAFT HEEL FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
28430	TREATMENT OF ANKLE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
28435	TREATMENT OF ANKLE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
28436	TREATMENT OF ANKLE FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
28445	TREAT ANKLE FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
28446	OSTEOCHONDRAL TALUS AUTOGRFT	Y		4/1/2012	Fee Schedule	$2,357.58
28450	TREAT MIDFOOT FRACTURE EACH	Y		4/1/2012	Fee Schedule	$60.69
28455	TREAT MIDFOOT FRACTURE EACH	Y		4/1/2012	Fee Schedule	$60.69
28456	TREAT MIDFOOT FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
28465	TREAT MIDFOOT FRACTURE EACH	Y		4/1/2012	Fee Schedule	$2,016.46
28470	TREAT METATARSAL FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
28475	TREAT METATARSAL FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
28476	TREAT METATARSAL FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
28485	TREAT METATARSAL FRACTURE	Y		4/1/2012	Fee Schedule	$2,016.46
28490	TREAT BIG TOE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
28495	TREAT BIG TOE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
28496	TREAT BIG TOE FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
28505	TREAT BIG TOE FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
28510	TREATMENT OF TOE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
28515	TREATMENT OF TOE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
28525	TREAT TOE FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
28530	TREAT SESAMOID BONE FRACTURE	Y		4/1/2012	Fee Schedule	$60.69
28531	TREAT SESAMOID BONE FRACTURE	Y		4/1/2012	Fee Schedule	$1,057.20
28540	TREAT FOOT DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
28545	TREAT FOOT DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
28546	TREAT FOOT DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
28555	REPAIR FOOT DISLOCATION	Y		4/1/2012	Fee Schedule	$2,016.46
28570	TREAT FOOT DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
28575	TREAT FOOT DISLOCATION	Y		4/1/2012	Fee Schedule	$774.04
28576	TREAT FOOT DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
28585	REPAIR FOOT DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
28600	TREAT FOOT DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
28605	TREAT FOOT DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
28606	TREAT FOOT DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20

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28615	REPAIR FOOT DISLOCATION	Y		4/1/2012	Fee Schedule	$2,016.46
28630	TREAT TOE DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
28635	TREAT TOE DISLOCATION	Y		4/1/2012	Fee Schedule	$624.52
28636	TREAT TOE DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
28645	REPAIR TOE DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
28660	TREAT TOE DISLOCATION	Y		4/1/2012	Fee Schedule	$60.69
28665	TREAT TOE DISLOCATION	Y		4/1/2012	Fee Schedule	$624.52
28666	TREAT TOE DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
28675	REPAIR OF TOE DISLOCATION	Y		4/1/2012	Fee Schedule	$1,057.20
28705	FUSION OF FOOT BONES	Y		4/1/2012	Fee Schedule	$2,357.58
28715	FUSION OF FOOT BONES	Y		4/1/2012	Fee Schedule	$3,584.53
28725	FUSION OF FOOT BONES	Y		4/1/2012	Fee Schedule	$2,357.58
28730	FUSION OF FOOT BONES	Y		4/1/2012	Fee Schedule	$2,357.58
28735	FUSION OF FOOT BONES	Y		4/1/2012	Fee Schedule	$2,357.58
28737	REVISION OF FOOT BONES	Y		4/1/2012	Fee Schedule	$2,357.58
28740	FUSION OF FOOT BONES	Y		4/1/2012	Fee Schedule	$2,357.58
28750	FUSION OF BIG TOE JOINT	Y		4/1/2012	Fee Schedule	$2,357.58
28755	FUSION OF BIG TOE JOINT	Y		4/1/2012	Fee Schedule	$892.95
28760	FUSION OF BIG TOE JOINT	Y		4/1/2012	Fee Schedule	$2,357.58
28810	AMPUTATION TOE & METATARSAL	Y		4/1/2012	Fee Schedule	$892.95
28820	AMPUTATION OF TOE	Y		4/1/2012	Fee Schedule	$892.95
28825	PARTIAL AMPUTATION OF TOE	Y		4/1/2012	Fee Schedule	$892.95
28890	HIGH ENERGY ESWT PLANTAR F	Y		4/1/2012	Fee Schedule	$207.63
29000	APPLICATION OF BODY CAST			4/1/2012	Fee Schedule	$45.55
29010	APPLICATION OF BODY CAST			4/1/2012	Fee Schedule	$103.69
29015	APPLICATION OF BODY CAST			4/1/2012	Fee Schedule	$103.69
29020	APPLICATION OF BODY CAST			4/1/2012	Fee Schedule	$45.55
29025	APPLICATION OF BODY CAST			4/1/2012	Fee Schedule	$45.55
29035	APPLICATION OF BODY CAST			4/1/2012	Fee Schedule	$103.69
29040	APPLICATION OF BODY CAST			4/1/2012	Fee Schedule	$45.55
29044	APPLICATION OF BODY CAST			4/1/2012	Fee Schedule	$103.69
29046	APPLICATION OF BODY CAST			4/1/2012	Fee Schedule	$103.69
29049	APPLICATION OF FIGURE EIGHT			4/1/2012	Fee Schedule	$45.55
29055	APPLICATION OF SHOULDER CAST			4/1/2012	Fee Schedule	$103.69
29058	APPLICATION OF SHOULDER CAST			4/1/2012	Fee Schedule	$44.93
29065	APPLICATION OF LONG ARM CAST			4/1/2012	Fee Schedule	$60.59
29075	APPLICATION OF FOREARM CAST			4/1/2012	Fee Schedule	$58.54
29085	APPLY HAND/WRIST CAST			4/1/2012	Fee Schedule	$45.55
29086	APPLY FINGER CAST			4/1/2012	Fee Schedule	$45.55
29105	APPLY LONG ARM SPLINT			4/1/2012	Fee Schedule	$45.55
29125	APPLY FOREARM SPLINT			4/1/2012	Fee Schedule	$44.25
29126	APPLY FOREARM SPLINT			4/1/2012	Fee Schedule	$45.55
29130	APPLICATION OF FINGER SPLINT			4/1/2012	Fee Schedule	$20.76
29131	APPLICATION OF FINGER SPLINT			4/1/2012	Fee Schedule	$30.29
29200	STRAPPING OF CHEST			4/1/2012	Fee Schedule	$27.91
29240	STRAPPING OF SHOULDER			4/1/2012	Fee Schedule	$30.29
29260	STRAPPING OF ELBOW OR WRIST			4/1/2012	Fee Schedule	$30.97
29280	STRAPPING OF HAND OR FINGER			4/1/2012	Fee Schedule	$30.97
29305	APPLICATION OF HIP CAST			4/1/2012	Fee Schedule	$103.69
29325	APPLICATION OF HIP CASTS			4/1/2012	Fee Schedule	$103.69
29345	APPLICATION OF LONG LEG CAST			4/1/2012	Fee Schedule	$78.63
29355	APPLICATION OF LONG LEG CAST			4/1/2012	Fee Schedule	$78.97
29358	APPLY LONG LEG CAST BRACE			4/1/2012	Fee Schedule	$99.39
29365	APPLICATION OF LONG LEG CAST			4/1/2012	Fee Schedule	$73.86
29405	APPLY SHORT LEG CAST			4/1/2012	Fee Schedule	$51.06
29425	APPLY SHORT LEG CAST			4/1/2012	Fee Schedule	$49.01
29435	APPLY SHORT LEG CAST			4/1/2012	Fee Schedule	$71.14
29440	ADDITION OF WALKER TO CAST			4/1/2012	Fee Schedule	$34.38
29445	APPLY RIGID LEG CAST			4/1/2012	Fee Schedule	$68.42
29450	APPLICATION OF LEG CAST			4/1/2012	Fee Schedule	$45.55
29505	APPLICATION LONG LEG SPLINT			4/1/2012	Fee Schedule	$45.55
29515	APPLICATION LOWER LEG SPLINT			4/1/2012	Fee Schedule	$42.21

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
29520	STRAPPING OF HIP			4/1/2012	Fee Schedule	$29.27
29530	STRAPPING OF KNEE			4/1/2012	Fee Schedule	$30.29
29540	STRAPPING OF ANKLE AND/OR FT			4/1/2012	Fee Schedule	$22.12
29550	STRAPPING OF TOES			4/1/2012	Fee Schedule	$21.78
29580	APPLICATION OF PASTE BOOT			4/1/2012	Fee Schedule	$30.97
29581	APPLY MULTLAY COMPRS LWR LEG			4/1/2012	Fee Schedule	$45.55
29582	APPLY MULTLAY COMPRS UPR LEG			4/1/2012	Fee Schedule	$45.55
29583	APPLY MULTLAY COMPRS UPR ARM			4/1/2012	Fee Schedule	$34.38
29584	APPL MULTLAY COMPRS ARM/HAND			4/1/2012	Fee Schedule	$45.55
29590	APPLICATION OF FOOT SPLINT			4/1/2012	Fee Schedule	$24.85
29700	REMOVAL/REVISION OF CAST			4/1/2012	Fee Schedule	$42.55
29705	REMOVAL/REVISION OF CAST			4/1/2012	Fee Schedule	$36.08
29710	REMOVAL/REVISION OF CAST			4/1/2012	Fee Schedule	$53.78
29715	REMOVAL/REVISION OF CAST			4/1/2012	Fee Schedule	$45.55
29720	REPAIR OF BODY CAST			4/1/2012	Fee Schedule	$45.55
29730	WINDOWING OF CAST			4/1/2012	Fee Schedule	$35.40
29740	WEDGING OF CAST			4/1/2012	Fee Schedule	$45.55
29750	WEDGING OF CLUBFOOT CAST			4/1/2012	Fee Schedule	$45.55
29800	JAW ARTHROSCOPY/SURGERY	Y	Y	4/1/2012	Fee Schedule	$1,198.06
29804	JAW ARTHROSCOPY/SURGERY	Y	Y	4/1/2012	Fee Schedule	$1,198.06
29805	SHOULDER ARTHROSCOPY DX	Y		4/1/2012	Fee Schedule	$1,198.06
29806	SHOULDER ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$2,303.22
29807	SHOULDER ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$2,303.22
29819	SHOULDER ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$2,303.22
29820	SHOULDER ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$2,303.22
29821	SHOULDER ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$2,303.22
29822	SHOULDER ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29823	SHOULDER ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$2,303.22
29824	SHOULDER ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29825	SHOULDER ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$2,303.22
29826	SHOULDER ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29827	ARTHROSCOP ROTATOR CUFF REPR	Y		4/1/2012	Fee Schedule	$2,303.22
29828	ARTHROSCOPY BICEPS TENODESIS	Y		4/1/2012	Fee Schedule	$2,303.22
29830	ELBOW ARTHROSCOPY	Y		4/1/2012	Fee Schedule	$1,198.06
29834	ELBOW ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29835	ELBOW ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29836	ELBOW ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29837	ELBOW ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29838	ELBOW ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29840	WRIST ARTHROSCOPY	Y		4/1/2012	Fee Schedule	$1,198.06
29843	WRIST ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29844	WRIST ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29845	WRIST ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29846	WRIST ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29847	WRIST ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$2,303.22
29848	WRIST ENDOSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29850	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29851	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$2,303.22
29855	TIBIAL ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$2,303.22
29856	TIBIAL ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$2,303.22
29860	HIP ARTHROSCOPY DX	Y		4/1/2012	Fee Schedule	$2,303.22
29861	HIP ARTHRO W/FB REMOVAL	Y		4/1/2012	Fee Schedule	$2,303.22
29862	HIP ARTHR0 W/DEBRIDEMENT	Y		4/1/2012	Fee Schedule	$2,303.22
29863	HIP ARTHR0 W/SYNOVECTOMY	Y		4/1/2012	Fee Schedule	$2,303.22
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Y		4/1/2012	Fee Schedule	$2,303.22
29870	KNEE ARTHROSCOPY DX	Y		4/1/2012	Fee Schedule	$1,198.06
29871	KNEE ARTHROSCOPY/DRAINAGE	Y		4/1/2012	Fee Schedule	$1,198.06
29873	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29874	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29875	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29876	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29877	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
29879	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29880	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29881	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29882	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29883	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29884	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29885	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$2,303.22
29886	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29887	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29888	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$3,584.53
29889	KNEE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$3,584.53
29891	ANKLE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$2,303.22
29892	ANKLE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$3,584.53
29893	SCOPE PLANTAR FASCIOTOMY	Y		4/1/2012	Fee Schedule	$892.95
29894	ANKLE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29895	ANKLE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29897	ANKLE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29898	ANKLE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$1,198.06
29899	ANKLE ARTHROSCOPY/SURGERY	Y		4/1/2012	Fee Schedule	$2,303.22
29900	MCP JOINT ARTHROSCOPY DX	Y		4/1/2012	Fee Schedule	$1,198.06
29901	MCP JOINT ARTHROSCOPY SURG	Y		4/1/2012	Fee Schedule	$1,198.06
29902	MCP JOINT ARTHROSCOPY SURG	Y		4/1/2012	Fee Schedule	$1,198.06
29904	SUBTALAR ARTHRO W/FB RMVL	Y		4/1/2012	Fee Schedule	$1,198.06
29905	SUBTALAR ARTHRO W/EXC	Y		4/1/2012	Fee Schedule	$1,198.06
29906	SUBTALAR ARTHRO W/DEB	Y		4/1/2012	Fee Schedule	$1,198.06
29907	SUBTALAR ARTHRO W/FUSION	Y		4/1/2012	Fee Schedule	$2,303.22
29914	HIP ARTHRO W/FEMOROPLASTY	Y		4/1/2012	Fee Schedule	$2,303.22
29915	HIP ARTHRO ACETABULOPLASTY	Y		4/1/2012	Fee Schedule	$2,303.22
29916	HIP ARTHRO W/LABRAL REPAIR	Y		4/1/2012	Fee Schedule	$2,303.22
30000	DRAINAGE OF NOSE LESION	Y		4/1/2012	Fee Schedule	$125.82
30020	DRAINAGE OF NOSE LESION	Y		4/1/2012	Fee Schedule	$125.82
30100	INTRANASAL BIOPSY	Y		4/1/2012	Fee Schedule	$109.26
30110	REMOVAL OF NOSE POLYP(S)	Y		4/1/2012	Fee Schedule	$170.19
30115	REMOVAL OF NOSE POLYP(S)	Y		4/1/2012	Fee Schedule	$681.79
30117	REMOVAL OF INTRANASAL LESION	Y		4/1/2012	Fee Schedule	$681.79
30118	REMOVAL OF INTRANASAL LESION	Y		4/1/2012	Fee Schedule	$1,006.35
30120	REVISION OF NOSE	Y		4/1/2012	Fee Schedule	$1,006.35
30124	REMOVAL OF NOSE LESION	Y		4/1/2012	Fee Schedule	$301.38
30125	REMOVAL OF NOSE LESION	Y		4/1/2012	Fee Schedule	$1,825.94
30130	EXCISE INFERIOR TURBINATE	Y		4/1/2012	Fee Schedule	$681.79
30140	RESECT INFERIOR TURBINATE	Y		4/1/2012	Fee Schedule	$1,006.35
30150	PARTIAL REMOVAL OF NOSE	Y		4/1/2012	Fee Schedule	$1,825.94
30160	REMOVAL OF NOSE	Y		4/1/2012	Fee Schedule	$1,825.94
30200	INJECTION TREATMENT OF NOSE	Y		4/1/2012	Fee Schedule	$86.80
30210	NASAL SINUS THERAPY	Y		4/1/2012	Fee Schedule	$109.94
30220	INSERT NASAL SEPTAL BUTTON	Y		4/1/2012	Fee Schedule	$301.38
30300	REMOVE NASAL FOREIGN BODY			4/1/2012	Fee Schedule	$26.36
30310	REMOVE NASAL FOREIGN BODY	Y		4/1/2012	Fee Schedule	$681.79
30320	REMOVE NASAL FOREIGN BODY	Y		4/1/2012	Fee Schedule	$681.79
30400	RECONSTRUCTION OF NOSE	Y	Y	4/1/2012	Fee Schedule	$1,825.94
30410	RECONSTRUCTION OF NOSE	Y	Y	4/1/2012	Fee Schedule	$1,825.94
30420	RECONSTRUCTION OF NOSE	Y	Y	4/1/2012	Fee Schedule	$1,825.94
30430	REVISION OF NOSE	Y	Y	4/1/2012	Fee Schedule	$1,006.35
30435	REVISION OF NOSE	Y	Y	4/1/2012	Fee Schedule	$1,825.94
30450	REVISION OF NOSE	Y	Y	4/1/2012	Fee Schedule	$1,825.94
30460	REVISION OF NOSE	Y	Y	4/1/2012	Fee Schedule	$1,825.94
30462	REVISION OF NOSE	Y	Y	4/1/2012	Fee Schedule	$1,825.94
30465	REPAIR NASAL STENOSIS	Y	Y	4/1/2012	Fee Schedule	$1,825.94
30520	REPAIR OF NASAL SEPTUM	Y		4/1/2012	Fee Schedule	$1,006.35
30540	REPAIR NASAL DEFECT	Y		4/1/2012	Fee Schedule	$1,825.94
30545	REPAIR NASAL DEFECT	Y		4/1/2012	Fee Schedule	$1,825.94
30560	RELEASE OF NASAL ADHESIONS	Y		4/1/2012	Fee Schedule	$125.82

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30580	REPAIR UPPER JAW FISTULA	Y		4/1/2012	Fee Schedule	$1,825.94
30600	REPAIR MOUTH/NOSE FISTULA	Y		4/1/2012	Fee Schedule	$1,825.94
30620	INTRANASAL RECONSTRUCTION	Y		4/1/2012	Fee Schedule	$1,825.94
30630	REPAIR NASAL SEPTUM DEFECT	Y		4/1/2012	Fee Schedule	$1,006.35
30801	ABLATE INF TURBINATE SUPERF	Y		4/1/2012	Fee Schedule	$301.38
30802	ABLATE INF TURBINATE SUBMUC	Y		4/1/2012	Fee Schedule	$681.79
30901	CONTROL OF NOSEBLEED	Y		4/1/2012	Fee Schedule	$43.26
30903	CONTROL OF NOSEBLEED	Y		4/1/2012	Fee Schedule	$43.26
30905	CONTROL OF NOSEBLEED	Y		4/1/2012	Fee Schedule	$43.26
30906	REPEAT CONTROL OF NOSEBLEED	Y		4/1/2012	Fee Schedule	$43.26
30915	LIGATION NASAL SINUS ARTERY	Y		4/1/2012	Fee Schedule	$1,085.72
30920	LIGATION UPPER JAW ARTERY	Y		4/1/2012	Fee Schedule	$1,085.72
30930	THER FX NASAL INF TURBINATE	Y		4/1/2012	Fee Schedule	$681.79
31000	IRRIGATION MAXILLARY SINUS	Y		4/1/2012	Fee Schedule	$125.82
31002	IRRIGATION SPHENOID SINUS	Y		4/1/2012	Fee Schedule	$301.38
31020	EXPLORATION MAXILLARY SINUS	Y		4/1/2012	Fee Schedule	$1,006.35
31030	EXPLORATION MAXILLARY SINUS	Y		4/1/2012	Fee Schedule	$1,825.94
31032	EXPLORE SINUS REMOVE POLYPS	Y		4/1/2012	Fee Schedule	$1,825.94
31040	EXPLORATION BEHIND UPPER JAW	Y		4/1/2012	Fee Schedule	$1,006.35
31050	EXPLORATION SPHENOID SINUS	Y		4/1/2012	Fee Schedule	$1,825.94
31051	SPHENOID SINUS SURGERY	Y		4/1/2012	Fee Schedule	$1,825.94
31070	EXPLORATION OF FRONTAL SINUS	Y		4/1/2012	Fee Schedule	$1,006.35
31075	EXPLORATION OF FRONTAL SINUS	Y		4/1/2012	Fee Schedule	$1,825.94
31080	REMOVAL OF FRONTAL SINUS	Y		4/1/2012	Fee Schedule	$1,825.94
31081	REMOVAL OF FRONTAL SINUS	Y		4/1/2012	Fee Schedule	$1,825.94
31084	REMOVAL OF FRONTAL SINUS	Y		4/1/2012	Fee Schedule	$1,825.94
31085	REMOVAL OF FRONTAL SINUS	Y		4/1/2012	Fee Schedule	$1,825.94
31086	REMOVAL OF FRONTAL SINUS	Y		4/1/2012	Fee Schedule	$1,825.94
31087	REMOVAL OF FRONTAL SINUS	Y		4/1/2012	Fee Schedule	$1,825.94
31090	EXPLORATION OF SINUSES	Y		4/1/2012	Fee Schedule	$1,825.94
31200	REMOVAL OF ETHMOID SINUS	Y		4/1/2012	Fee Schedule	$1,825.94
31201	REMOVAL OF ETHMOID SINUS	Y		4/1/2012	Fee Schedule	$1,825.94
31205	REMOVAL OF ETHMOID SINUS	Y		4/1/2012	Fee Schedule	$1,825.94
31231	NASAL ENDOSCOPY DX	Y		4/1/2012	Fee Schedule	$75.30
31233	NASAL/SINUS ENDOSCOPY DX	Y		4/1/2012	Fee Schedule	$75.30
31235	NASAL/SINUS ENDOSCOPY DX	Y		4/1/2012	Fee Schedule	$862.30
31237	NASAL/SINUS ENDOSCOPY SURG	Y		4/1/2012	Fee Schedule	$862.30
31238	NASAL/SINUS ENDOSCOPY SURG	Y		4/1/2012	Fee Schedule	$862.30
31239	NASAL/SINUS ENDOSCOPY SURG	Y		4/1/2012	Fee Schedule	$1,228.90
31240	NASAL/SINUS ENDOSCOPY SURG	Y		4/1/2012	Fee Schedule	$862.30
31254	REVISION OF ETHMOID SINUS	Y		4/1/2012	Fee Schedule	$1,228.90
31255	REMOVAL OF ETHMOID SINUS	Y		4/1/2012	Fee Schedule	$1,228.90
31256	EXPLORATION MAXILLARY SINUS	Y		4/1/2012	Fee Schedule	$1,228.90
31267	ENDOSCOPY MAXILLARY SINUS	Y		4/1/2012	Fee Schedule	$1,228.90
31276	SINUS ENDOSCOPY SURGICAL	Y		4/1/2012	Fee Schedule	$1,228.90
31287	NASAL/SINUS ENDOSCOPY SURG	Y		4/1/2012	Fee Schedule	$1,228.90
31288	NASAL/SINUS ENDOSCOPY SURG	Y		4/1/2012	Fee Schedule	$1,228.90
31295	SINUS ENDO W/BALLOON DIL	Y		4/1/2012	Fee Schedule	$1,228.90
31296	SINUS ENDO W/BALLOON DIL	Y		4/1/2012	Fee Schedule	$1,228.90
31297	SINUS ENDO W/BALLOON DIL	Y		4/1/2012	Fee Schedule	$1,228.90
31300	REMOVAL OF LARYNX LESION	Y		4/1/2012	Fee Schedule	$1,006.35
31320	DIAGNOSTIC INCISION LARYNX	Y		4/1/2012	Fee Schedule	$1,825.94
31400	REVISION OF LARYNX	Y		4/1/2012	Fee Schedule	$1,825.94
31420	REMOVAL OF EPIGLOTTIS	Y		4/1/2012	Fee Schedule	$1,825.94
31500	INSERT EMERGENCY AIRWAY			4/1/2012	Fee Schedule	$90.14
31502	CHANGE OF WINDPIPE AIRWAY			4/1/2012	Fee Schedule	$57.05
31505	DIAGNOSTIC LARYNGOSCOPY	Y		4/1/2012	Fee Schedule	$43.43
31510	LARYNGOSCOPY WITH BIOPSY	Y		4/1/2012	Fee Schedule	$862.30
31511	REMOVE FOREIGN BODY LARYNX	Y		4/1/2012	Fee Schedule	$75.30
31512	REMOVAL OF LARYNX LESION	Y		4/1/2012	Fee Schedule	$862.30
31513	INJECTION INTO VOCAL CORD	Y		4/1/2012	Fee Schedule	$75.30
31515	LARYNGOSCOPY FOR ASPIRATION	Y		4/1/2012	Fee Schedule	$862.30

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31520	DX LARYNGOSCOPY NEWBORN	Y		4/1/2012	Fee Schedule	$75.30
31525	DX LARYNGOSCOPY EXCL NB	Y		4/1/2012	Fee Schedule	$862.30
31526	DX LARYNGOSCOPY W/OPER SCOPE	Y		4/1/2012	Fee Schedule	$862.30
31527	LARYNGOSCOPY FOR TREATMENT	Y		4/1/2012	Fee Schedule	$1,228.90
31528	LARYNGOSCOPY AND DILATION	Y		4/1/2012	Fee Schedule	$862.30
31529	LARYNGOSCOPY AND DILATION	Y		4/1/2012	Fee Schedule	$862.30
31530	LARYNGOSCOPY W/FB REMOVAL	Y		4/1/2012	Fee Schedule	$862.30
31531	LARYNGOSCOPY W/FB & OP SCOPE	Y		4/1/2012	Fee Schedule	$862.30
31535	LARYNGOSCOPY W/BIOPSY	Y		4/1/2012	Fee Schedule	$862.30
31536	LARYNGOSCOPY W/BX & OP SCOPE	Y		4/1/2012	Fee Schedule	$862.30
31540	LARYNGOSCOPY W/EXC OF TUMOR	Y		4/1/2012	Fee Schedule	$862.30
31541	LARYNSCOP W/TUMR EXC + SCOPE	Y		4/1/2012	Fee Schedule	$862.30
31545	REMOVE VC LESION W/SCOPE	Y		4/1/2012	Fee Schedule	$1,228.90
31546	REMOVE VC LESION SCOPE/GRAFT	Y		4/1/2012	Fee Schedule	$1,228.90
31560	LARYNGOSCOP W/ARYTENOIDECTOM	Y		4/1/2012	Fee Schedule	$1,228.90
31561	LARYNSCOP REMVE CART + SCOP	Y		4/1/2012	Fee Schedule	$1,228.90
31570	LARYNGOSCOPE W/VC INJ	Y		4/1/2012	Fee Schedule	$862.30
31571	LARYNGOSCOP W/VC INJ + SCOPE	Y		4/1/2012	Fee Schedule	$1,228.90
31575	DIAGNOSTIC LARYNGOSCOPY	Y		4/1/2012	Fee Schedule	$75.30
31576	LARYNGOSCOPY WITH BIOPSY	Y		4/1/2012	Fee Schedule	$862.30
31577	REMOVE FOREIGN BODY LARYNX	Y		4/1/2012	Fee Schedule	$178.49
31578	REMOVAL OF LARYNX LESION	Y		4/1/2012	Fee Schedule	$1,228.90
31579	DIAGNOSTIC LARYNGOSCOPY	Y		4/1/2012	Fee Schedule	$131.04
31580	REVISION OF LARYNX	Y		4/1/2012	Fee Schedule	$1,825.94
31582	REVISION OF LARYNX	Y		4/1/2012	Fee Schedule	$1,825.94
31588	REVISION OF LARYNX	Y		4/1/2012	Fee Schedule	$1,825.94
31590	REINNERVATE LARYNX	Y		4/1/2012	Fee Schedule	$1,825.94
31595	LARYNX NERVE SURGERY	Y		4/1/2012	Fee Schedule	$1,825.94
31603	INCISION OF WINDPIPE	Y		4/1/2012	Fee Schedule	$301.38
31605	INCISION OF WINDPIPE	Y		4/1/2012	Fee Schedule	$301.38
31611	SURGERY/SPEECH PROSTHESIS	Y		4/1/2012	Fee Schedule	$1,006.35
31612	PUNCTURE/CLEAR WINDPIPE	Y		4/1/2012	Fee Schedule	$1,006.35
31613	REPAIR WINDPIPE OPENING	Y		4/1/2012	Fee Schedule	$1,006.35
31614	REPAIR WINDPIPE OPENING	Y		4/1/2012	Fee Schedule	$1,825.94
31615	VISUALIZATION OF WINDPIPE	Y		4/1/2012	Fee Schedule	$301.38
31620	ENDOBRONCHIAL US ADD-ON			1/1/2009	No Separate Payment	$0.00
31622	DX BRONCHOSCOPE/WASH	Y		4/1/2012	Fee Schedule	$423.05
31623	DX BRONCHOSCOPE/BRUSH	Y		4/1/2012	Fee Schedule	$423.05
31624	DX BRONCHOSCOPE/LAVAGE	Y		4/1/2012	Fee Schedule	$423.05
31625	BRONCHOSCOPY W/BIOPSY(S)	Y		4/1/2012	Fee Schedule	$423.05
31626	BRONCHOSCOPY W/MARKERS	Y		4/1/2012	Fee Schedule	$1,168.35
31627	NAVIGATIONAL BRONCHOSCOPY			1/1/2010	No Separate Payment	$0.00
31628	BRONCHOSCOPY/LUNG BX EACH	Y		4/1/2012	Fee Schedule	$423.05
31629	BRONCHOSCOPY/NEEDLE BX EACH	Y		4/1/2012	Fee Schedule	$423.05
31630	BRONCHOSCOPY DILATE/FX REPR	Y		4/1/2012	Fee Schedule	$1,168.35
31631	BRONCHOSCOPY DILATE W/STENT	Y		4/1/2012	Fee Schedule	$1,168.35
31632	BRONCHOSCOPY/LUNG BX ADDL	Y		4/1/2012	Fee Schedule	$423.05
31633	BRONCHOSCOPY/NEEDLE BX ADDL	Y		4/1/2012	Fee Schedule	$423.05
31634	BRONCH W/BALLOON OCCLUSION	Y		4/1/2012	Fee Schedule	$423.05
31635	BRONCHOSCOPY W/FB REMOVAL	Y		4/1/2012	Fee Schedule	$423.05
31636	BRONCHOSCOPY BRONCH STENTS	Y		4/1/2012	Fee Schedule	$1,168.35
31637	BRONCHOSCOPY STENT ADD-ON	Y		4/1/2012	Fee Schedule	$423.05
31638	BRONCHOSCOPY REVISE STENT	Y		4/1/2012	Fee Schedule	$1,168.35
31640	BRONCHOSCOPY W/TUMOR EXCISE	Y		4/1/2012	Fee Schedule	$1,168.35
31641	BRONCHOSCOPY TREAT BLOCKAGE	Y		4/1/2012	Fee Schedule	$1,168.35
31643	DIAG BRONCHOSCOPE/CATHETER	Y		4/1/2012	Fee Schedule	$423.05
31645	BRONCHOSCOPY CLEAR AIRWAYS	Y		4/1/2012	Fee Schedule	$423.05
31646	BRONCHOSCOPY RECLEAR AIRWAY	Y		4/1/2012	Fee Schedule	$423.05
31656	BRONCHOSCOPY INJ FOR X-RAY	Y		4/1/2012	Fee Schedule	$423.05
31715	INJECTION FOR BRONCHUS X-RAY			1/1/2009	No Separate Payment	$0.00
31717	BRONCHIAL BRUSH BIOPSY	Y		4/1/2012	Fee Schedule	$178.49
31720	CLEARANCE OF AIRWAYS			4/1/2012	Fee Schedule	$17.16

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
31730	INTRO WINDPIPE WIRE/TUBE	Y		4/1/2012	Fee Schedule	$178.49
31750	REPAIR OF WINDPIPE	Y		4/1/2012	Fee Schedule	$1,825.94
31755	REPAIR OF WINDPIPE	Y		4/1/2012	Fee Schedule	$1,825.94
31820	CLOSURE OF WINDPIPE LESION	Y		4/1/2012	Fee Schedule	$1,006.35
31825	REPAIR OF WINDPIPE DEFECT	Y		4/1/2012	Fee Schedule	$1,006.35
31830	REVISE WINDPIPE SCAR	Y		4/1/2012	Fee Schedule	$1,006.35
32400	NEEDLE BIOPSY CHEST LINING	Y		4/1/2012	Fee Schedule	$390.78
32405	PERCUT BX LUNG/MEDIASTINUM	Y		4/1/2012	Fee Schedule	$390.78
32420	PUNCTURE/CLEAR LUNG	Y		4/1/2012	Fee Schedule	$222.50
32421	THORACENTESIS FOR ASPIRATION	Y		4/1/2012	Fee Schedule	$222.50
32422	THORACENTESIS W/TUBE INSERT	Y		4/1/2012	Fee Schedule	$222.50
32550	INSERT PLEURAL CATH	Y		4/1/2012	Fee Schedule	$1,244.10
32552	REMOVE LUNG CATHETER			4/1/2012	Fee Schedule	$57.05
32553	INS MARK THOR FOR RT PERQ			4/1/2012	Fee Schedule	$550.66
32960	THERAPEUTIC PNEUMOTHORAX	Y		4/1/2012	Fee Schedule	$222.50
32998	PERQ RF ABLATE TX PUL TUMOR	Y		4/1/2012	Fee Schedule	$2,361.71
33010	DRAINAGE OF HEART SAC	Y		4/1/2012	Fee Schedule	$222.50
33011	REPEAT DRAINAGE OF HEART SAC	Y		4/1/2012	Fee Schedule	$222.50
33206	INSERT HEART PM ATRIAL	Y		4/1/2012	Fee Schedule	$6,879.69
33207	INSERT HEART PM VENTRICULAR	Y		4/1/2012	Fee Schedule	$6,879.69
33208	INSRT HEART PM ATRIAL & VENT	Y		4/1/2012	Fee Schedule	$8,627.57
33210	INSERT ELECTRD/PM CATH SNGL	Y		4/1/2012	Fee Schedule	$2,005.81
33211	INSERT CARD ELECTRODES DUAL	Y		4/1/2012	Fee Schedule	$2,005.81
33212	INSERT PULSE GEN SNGL LEAD	Y		4/1/2012	Fee Schedule	$5,854.41
33213	INSERT PULSE GEN DUAL LEADS	Y		4/1/2012	Fee Schedule	$6,458.78
33214	UPGRADE OF PACEMAKER SYSTEM	Y		4/1/2012	Fee Schedule	$8,627.57
33215	REPOSITION PACING-DEFIB LEAD	Y		4/1/2012	Fee Schedule	$920.67
33216	INSERT 1 ELECTRODE PM-DEFIB	Y		4/1/2012	Fee Schedule	$2,005.81
33217	INSERT 2 ELECTRODE PM-DEFIB	Y		4/1/2012	Fee Schedule	$2,005.81
33218	REPAIR LEAD PACE-DEFIB ONE	Y		4/1/2012	Fee Schedule	$920.67
33220	REPAIR LEAD PACE-DEFIB DUAL	Y		4/1/2012	Fee Schedule	$920.67
33221	INSERT PULSE GEN MULT LEADS	Y		4/1/2012	Fee Schedule	$6,458.78
33222	REVISE POCKET PACEMAKER	Y		4/1/2012	Fee Schedule	$676.48
33223	REVISE POCKET FOR DEFIB	Y		4/1/2012	Fee Schedule	$676.48
33224	INSERT PACING LEAD & CONNECT	Y		4/1/2012	Fee Schedule	$8,627.57
33225	L VENTRIC PACING LEAD ADD-ON			4/1/2012	Fee Schedule	$8,627.57
33226	REPOSITION L VENTRIC LEAD	Y		4/1/2012	Fee Schedule	$920.67
33227	REMOVE&REPLACE PM GEN SINGL	Y		4/1/2012	Fee Schedule	$5,854.41
33228	REMV&REPLC PM GEN DUAL LEAD	Y		4/1/2012	Fee Schedule	$6,458.78
33229	REMV&REPLC PM GEN MULT LEADS	Y		4/1/2012	Fee Schedule	$6,458.78
33230	INSRT PULSE GEN W/DUAL LEADS	Y		4/1/2012	Fee Schedule	$23,154.37
33231	INSRT PULSE GEN W/MULT LEADS	Y		4/1/2012	Fee Schedule	$23,154.37
33233	REMOVAL OF PM GENERATOR	Y		4/1/2012	Fee Schedule	$920.67
33234	REMOVAL OF PACEMAKER SYSTEM	Y		4/1/2012	Fee Schedule	$920.67
33235	REMOVAL PACEMAKER ELECTRODE	Y		4/1/2012	Fee Schedule	$920.67
33240	INSRT PULSE GEN W/SINGL LEAD	Y		4/1/2012	Fee Schedule	$23,154.37
33241	REMOVE PULSE GENERATOR	Y		4/1/2012	Fee Schedule	$920.67
33249	NSERT PACE-DEFIB W/LEAD			4/1/2012	Fee Schedule	$28,008.16
33262	REMV&REPLC CVD GEN SING LEAD	Y		4/1/2012	Fee Schedule	$23,154.37
33263	REMV&REPLC CVD GEN DUAL LEAD	Y		4/1/2012	Fee Schedule	$23,154.37
33264	REMV&REPLC CVD GEN MULT LEAD	Y		4/1/2012	Fee Schedule	$23,154.37
33282	IMPLANT PAT-ACTIVE HT RECORD			4/1/2012	Fee Schedule	$4,988.47
33284	REMOVE PAT-ACTIVE HT RECORD	Y		4/1/2012	Fee Schedule	$334.27
33508	ENDOSCOPIC VEIN HARVEST			1/1/2009	No Separate Payment	$0.00
34490	REMOVAL OF VEIN CLOT	Y		4/1/2012	Fee Schedule	$1,658.21
35188	REPAIR BLOOD VESSEL LESION	Y		4/1/2012	Fee Schedule	$1,658.21
35207	REPAIR BLOOD VESSEL LESION	Y		4/1/2012	Fee Schedule	$1,658.21
35460	REPAIR VENOUS BLOCKAGE	Y		4/1/2012	Fee Schedule	$2,667.89
35475	REPAIR ARTERIAL BLOCKAGE	Y		4/1/2012	Fee Schedule	$1,971.46
35476	REPAIR VENOUS BLOCKAGE	Y		4/1/2012	Fee Schedule	$1,542.24
35572	HARVEST FEMOROPOPLITEAL VEIN			1/1/2009	No Separate Payment	$0.00
35761	EXPLORATION OF ARTERY/VEIN	Y		4/1/2012	Fee Schedule	$1,245.07

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
35875	REMOVAL OF CLOT IN GRAFT	Y		4/1/2012	Fee Schedule	$1,658.21
35876	REMOVAL OF CLOT IN GRAFT	Y		4/1/2012	Fee Schedule	$1,658.21
36000	PLACE NEEDLE IN VEIN			1/1/2009	No Separate Payment	$0.00
36002	PSEUDOANEURYSM INJECTION TRT			4/1/2012	Fee Schedule	$87.85
36005	INJECTION EXT VENOGRAPHY			1/1/2009	No Separate Payment	$0.00
36010	PLACE CATHETER IN VEIN			1/1/2009	No Separate Payment	$0.00
36011	PLACE CATHETER IN VEIN			1/1/2009	No Separate Payment	$0.00
36012	PLACE CATHETER IN VEIN			1/1/2009	No Separate Payment	$0.00
36013	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36014	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36015	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36100	ESTABLISH ACCESS TO ARTERY			1/1/2009	No Separate Payment	$0.00
36120	ESTABLISH ACCESS TO ARTERY			1/1/2009	No Separate Payment	$0.00
36140	ESTABLISH ACCESS TO ARTERY			1/1/2009	No Separate Payment	$0.00
36147	ACCESS AV DIAL GRFT FOR EVAL	Y		4/1/2012	Fee Schedule	$380.83
36148	ACCESS AV DIAL GRFT FOR PROC			1/1/2010	No Separate Payment	$0.00
36160	ESTABLISH ACCESS TO AORTA			1/1/2009	No Separate Payment	$0.00
36200	PLACE CATHETER IN AORTA			1/1/2009	No Separate Payment	$0.00
36215	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36216	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36217	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36218	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36245	INS CATH ABD/L-EXT ART 1ST			1/1/2009	No Separate Payment	$0.00
36246	INS CATH ABD/L-EXT ART 2ND			1/1/2009	No Separate Payment	$0.00
36247	INS CATH ABD/L-EXT ART 3RD			1/1/2009	No Separate Payment	$0.00
36248	INS CATH ABD/L-EXT ART ADDL			1/1/2009	No Separate Payment	$0.00
36251	INS CATH REN ART 1ST UNILAT			1/1/2012	No Separate Payment	$0.00
36252	INS CATH REN ART 1ST BILAT			1/1/2012	No Separate Payment	$0.00
36253	INS CATH REN ART 2ND+ UNILAT			1/1/2012	No Separate Payment	$0.00
36254	INS CATH REN ART 2ND+ BILAT			1/1/2012	No Separate Payment	$0.00
36260	INSERTION OF INFUSION PUMP	Y		4/1/2012	Fee Schedule	$1,226.28
36261	REVISION OF INFUSION PUMP	Y		4/1/2012	Fee Schedule	$920.67
36262	REMOVAL OF INFUSION PUMP	Y		4/1/2012	Fee Schedule	$920.67
36400	BL DRAW < 3 YRS FEM/JUGULAR			1/1/2009	No Separate Payment	$0.00
36405	BL DRAW < 3 YRS SCALP VEIN			1/1/2009	No Separate Payment	$0.00
36406	BL DRAW < 3 YRS OTHER VEIN			1/1/2009	No Separate Payment	$0.00
36410	NON-ROUTINE BL DRAW > 3 YRS			1/1/2009	No Separate Payment	$0.00
36416	CAPILLARY BLOOD DRAW			1/1/2009	No Separate Payment	$0.00
36420	VEIN ACCESS CUTDOWN < 1 YR			4/1/2012	Fee Schedule	$10.87
36425	VEIN ACCESS CUTDOWN > 1 YR			4/1/2012	Fee Schedule	$10.87
36430	BLOOD TRANSFUSION SERVICE			4/1/2012	Fee Schedule	$34.04
36440	BL PUSH TRANSFUSE 2 YR OR <			4/1/2012	Fee Schedule	$138.52
36450	BL EXCHANGE/TRANSFUSE NB			4/1/2012	Fee Schedule	$138.52
36455	BL EXCHANGE/TRANSFUSE NON-NB			4/1/2012	Fee Schedule	$138.52
36468	INJECTION(S) SPIDER VEINS			3/1/2011	Not Allowed	$0.00
36469	INJECTION(S) SPIDER VEINS			3/1/2011	Not Allowed	$0.00
36470	INJECTION THERAPY OF VEIN	Y		4/1/2012	Fee Schedule	$60.55
36471	INJECTION THERAPY OF VEINS	Y		4/1/2012	Fee Schedule	$60.55
36475	ENDOVENOUS RF 1ST VEIN	Y		4/1/2012	Fee Schedule	$1,786.35
36476	ENDOVENOUS RF VEIN ADD-ON	Y		4/1/2012	Fee Schedule	$1,085.72
36478	ENDOVENOUS LASER 1ST VEIN	Y		4/1/2012	Fee Schedule	$1,085.72
36479	ENDOVENOUS LASER VEIN ADDON	Y		4/1/2012	Fee Schedule	$1,085.72
36481	INSERTION OF CATHETER VEIN			1/1/2009	No Separate Payment	$0.00
36500	INSERTION OF CATHETER VEIN			1/1/2009	No Separate Payment	$0.00
36510	INSERTION OF CATHETER VEIN			1/1/2009	No Separate Payment	$0.00
36511	APHERESIS WBC			4/1/2012	Fee Schedule	$470.85
36512	APHERESIS RBC			4/1/2012	Fee Schedule	$470.85
36513	APHERESIS PLATELETS			4/1/2012	Fee Schedule	$470.85
36514	APHERESIS PLASMA			4/1/2012	Fee Schedule	$470.85
36515	APHERESIS ADSORP/REINFUSE			4/1/2012	Fee Schedule	$1,317.63
36516	APHERESIS SELECTIVE			4/1/2012	Fee Schedule	$1,317.63
36522	PHOTOPHERESIS			3/1/2011	Not Allowed	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
36555	INSERT NON-TUNNEL CV CATH	Y		4/1/2012	Fee Schedule	$447.95
36556	INSERT NON-TUNNEL CV CATH	Y		4/1/2012	Fee Schedule	$447.95
36557	INSERT TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$1,021.10
36558	INSERT TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$1,021.10
36560	INSERT TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$1,226.28
36561	INSERT TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$1,226.28
36563	INSERT TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$1,226.28
36565	INSERT TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$1,226.28
36566	INSERT TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$1,226.28
36568	INSERT PICC CATH	Y		4/1/2012	Fee Schedule	$447.95
36569	INSERT PICC CATH	Y		4/1/2012	Fee Schedule	$447.95
36570	INSERT PICVAD CATH	Y		4/1/2012	Fee Schedule	$1,021.10
36571	INSERT PICVAD CATH	Y		4/1/2012	Fee Schedule	$1,021.10
36575	REPAIR TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$251.00
36576	REPAIR TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$447.95
36578	REPLACE TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$1,021.10
36580	REPLACE CVAD CATH	Y		4/1/2012	Fee Schedule	$447.95
36581	REPLACE TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$1,021.10
36582	REPLACE TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$1,226.28
36583	REPLACE TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$1,226.28
36584	REPLACE PICC CATH	Y		4/1/2012	Fee Schedule	$447.95
36585	REPLACE PICVAD CATH	Y		4/1/2012	Fee Schedule	$1,021.10
36589	REMOVAL TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$251.00
36590	REMOVAL TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$447.95
36591	DRAW BLOOD OFF VENOUS DEVICE			1/1/2009	No Separate Payment	$0.00
36592	COLLECT BLOOD FROM PICC			1/1/2009	No Separate Payment	$0.00
36593	DECLOT VASCULAR DEVICE	Y		4/1/2012	Fee Schedule	$29.61
36595	MECH REMOV TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$1,021.10
36596	MECH REMOV TUNNELED CV CATH	Y		4/1/2012	Fee Schedule	$447.95
36597	REPOSITION VENOUS CATHETER	Y		4/1/2012	Fee Schedule	$447.95
36598	INJ W/FLUOR EVAL CV DEVICE	Y		4/1/2012	Fee Schedule	$85.43
36600	WITHDRAWAL OF ARTERIAL BLOOD			1/1/2009	No Separate Payment	$0.00
36620	INSERTION CATHETER ARTERY			1/1/2009	No Separate Payment	$0.00
36625	INSERTION CATHETER ARTERY			1/1/2009	No Separate Payment	$0.00
36640	INSERTION CATHETER ARTERY	Y		4/1/2012	Fee Schedule	$1,226.28
36680	INSERT NEEDLE BONE CAVITY	Y		4/1/2012	Fee Schedule	$65.10
36800	INSERTION OF CANNULA	Y		4/1/2012	Fee Schedule	$1,509.19
36810	INSERTION OF CANNULA	Y		4/1/2012	Fee Schedule	$1,509.19
36815	INSERTION OF CANNULA	Y		4/1/2012	Fee Schedule	$1,509.19
36818	AV FUSE UPPR ARM CEPHALIC	Y		4/1/2012	Fee Schedule	$1,658.21
36819	AV FUSE UPPR ARM BASILIC	Y		4/1/2012	Fee Schedule	$1,658.21
36820	AV FUSION/FOREARM VEIN	Y		4/1/2012	Fee Schedule	$1,658.21
36821	AV FUSION DIRECT ANY SITE	Y		4/1/2012	Fee Schedule	$1,658.21
36825	ARTERY-VEIN AUTOGRAFT	Y		4/1/2012	Fee Schedule	$1,658.21
36830	ARTERY-VEIN NONAUTOGRAFT	Y		4/1/2012	Fee Schedule	$1,658.21
36831	OPEN THROMBECT AV FISTULA	Y		4/1/2012	Fee Schedule	$1,658.21
36832	AV FISTULA REVISION OPEN	Y		4/1/2012	Fee Schedule	$1,658.21
36833	AV FISTULA REVISION	Y		4/1/2012	Fee Schedule	$1,658.21
36835	ARTERY TO VEIN SHUNT	Y		4/1/2012	Fee Schedule	$1,509.19
36860	EXTERNAL CANNULA DECLOTTING	Y		4/1/2012	Fee Schedule	$93.15
36861	CANNULA DECLOTTING	Y		4/1/2012	Fee Schedule	$1,509.19
36870	PERCUT THROMBECT AV FISTULA	Y		4/1/2012	Fee Schedule	$1,759.05
37184	PRIM ART MECH THROMBECTOMY	Y		4/1/2012	Fee Schedule	$1,658.21
37185	PRIM ART M-THROMBECT ADD-ON	Y		4/1/2012	Fee Schedule	$1,658.21
37186	SEC ART M-THROMBECT ADD-ON	Y		4/1/2012	Fee Schedule	$1,658.21
37187	VENOUS MECH THROMBECTOMY	Y		4/1/2012	Fee Schedule	$1,658.21
37188	VENOUS M-THROMBECTOMY ADD-ON	Y		4/1/2012	Fee Schedule	$1,658.21
37200	TRANSCATHETER BIOPSY	Y		4/1/2012	Fee Schedule	$1,226.28
37201	TRANSCATHETER THERAPY INFUSE	Y		4/1/2012	Fee Schedule	$662.91
37202	TRANSCATHETER THERAPY INFUSE	Y		4/1/2012	Fee Schedule	$662.91
37203	TRANSCATHETER RETRIEVAL	Y		4/1/2012	Fee Schedule	$1,226.28
37204	TRANSCATHETER OCCLUSION	Y		4/1/2012	Fee Schedule	$4,249.34

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
37205	TRANSCATH IV STENT PERCUT			1/1/2012	Not Allowed	$0.00
37206	TRANSCATH IV STENT/PERC ADDL			1/1/2012	Not Allowed	$0.00
37207	TRANSCATH IV STENT OPEN	Y		4/1/2012	Fee Schedule	$4,671.05
37208	TRANSCATH IV STENT/OPEN ADDL	Y		4/1/2012	Fee Schedule	$4,671.05
37210	EMBOLIZATION UTERINE FIBROID	Y		4/1/2012	Fee Schedule	$4,671.05
37220	ILIAC REVASC	Y		4/1/2012	Fee Schedule	$2,667.89
37221	ILIAC REVASC W/STENT	Y		4/1/2012	Fee Schedule	$4,671.05
37222	ILIAC REVASC ADD-ON	Y		4/1/2012	Fee Schedule	$2,667.89
37223	ILIAC REVASC W/STENT ADD-ON	Y		4/1/2012	Fee Schedule	$2,667.89
37250	IV US FIRST VESSEL ADD-ON			1/1/2009	No Separate Payment	$0.00
37251	IV US EACH ADD VESSEL ADD-ON			1/1/2009	No Separate Payment	$0.00
37500	ENDOSCOPY LIGATE PERF VEINS	Y		4/1/2012	Fee Schedule	$1,786.35
37607	LIGATION OF A-V FISTULA	Y		4/1/2012	Fee Schedule	$1,085.72
37609	TEMPORAL ARTERY PROCEDURE	Y		4/1/2012	Fee Schedule	$687.06
37650	REVISION OF MAJOR VEIN	Y		4/1/2012	Fee Schedule	$1,085.72
37700	REVISE LEG VEIN	Y		4/1/2012	Fee Schedule	$1,085.72
37718	LIGATE/STRIP SHORT LEG VEIN	Y		4/1/2012	Fee Schedule	$1,085.72
37722	LIGATE/STRIP LONG LEG VEIN	Y		4/1/2012	Fee Schedule	$1,786.35
37735	REMOVAL OF LEG VEINS/LESION	Y		4/1/2012	Fee Schedule	$1,786.35
37760	LIGATE LEG VEINS RADICAL	Y		4/1/2012	Fee Schedule	$1,085.72
37761	LIGATE LEG VEINS OPEN	Y		4/1/2012	Fee Schedule	$1,085.72
37765	STAB PHLEB VEINS XTR 10-20	Y		4/1/2012	Fee Schedule	$369.65
37766	PHLEB VEINS - EXTREM 20+	Y		4/1/2012	Fee Schedule	$413.56
37780	REVISION OF LEG VEIN	Y		4/1/2012	Fee Schedule	$1,085.72
37785	LIGATE/DIVIDE/EXCISE VEIN	Y		4/1/2012	Fee Schedule	$1,085.72
37790	PENILE VENOUS OCCLUSION	Y		4/1/2012	Fee Schedule	$1,398.69
38200	INJECTION FOR SPLEEN X-RAY			1/1/2009	No Separate Payment	$0.00
38204	BL DONOR SEARCH MANAGEMENT			1/1/2009	No Separate Payment	$0.00
38205	HARVEST ALLOGENIC STEM CELLS		Y	1/1/2012	Not Allowed	$0.00
38206	HARVEST AUTO STEM CELLS		Y	4/1/2012	Fee Schedule	$470.85
38220	BONE MARROW ASPIRATION	Y		4/1/2012	Fee Schedule	$119.13
38221	BONE MARROW BIOPSY	Y		4/1/2012	Fee Schedule	$116.41
38230	BONE MARROW HARVEST ALLOGEN		Y	4/1/2012	Fee Schedule	$1,317.63
38232	BONE MARROW HARVEST AUTOLOG			4/1/2012	Fee Schedule	$1,317.63
38241	BN MARROW/STM TRANSPLT AUTO		Y	4/1/2012	Fee Schedule	$1,317.63
38242	LYMPHOCYTE INFUSE TRANSPLANT		Y	4/1/2012	Fee Schedule	$470.85
38300	DRAINAGE LYMPH NODE LESION	Y		4/1/2012	Fee Schedule	$530.22
38305	DRAINAGE LYMPH NODE LESION	Y		4/1/2012	Fee Schedule	$830.77
38308	INCISION OF LYMPH CHANNELS	Y		4/1/2012	Fee Schedule	$1,020.84
38500	BIOPSY/REMOVAL LYMPH NODES	Y		4/1/2012	Fee Schedule	$1,020.84
38505	NEEDLE BIOPSY LYMPH NODES	Y		4/1/2012	Fee Schedule	$329.51
38510	BIOPSY/REMOVAL LYMPH NODES	Y		4/1/2012	Fee Schedule	$1,020.84
38520	BIOPSY/REMOVAL LYMPH NODES	Y		4/1/2012	Fee Schedule	$1,020.84
38525	BIOPSY/REMOVAL LYMPH NODES	Y		4/1/2012	Fee Schedule	$1,020.84
38530	BIOPSY/REMOVAL LYMPH NODES	Y		4/1/2012	Fee Schedule	$1,020.84
38542	EXPLORE DEEP NODE(S) NECK	Y		4/1/2012	Fee Schedule	$2,075.55
38550	REMOVAL NECK/ARMPIT LESION	Y		4/1/2012	Fee Schedule	$1,020.84
38555	REMOVAL NECK/ARMPIT LESION	Y		4/1/2012	Fee Schedule	$1,020.84
38570	LAPAROSCOPY LYMPH NODE BIOP	Y		4/1/2012	Fee Schedule	$1,939.40
38571	LAPAROSCOPY LYMPHADENECTOMY	Y		4/1/2012	Fee Schedule	$2,890.58
38572	LAPAROSCOPY LYMPHADENECTOMY	Y		4/1/2012	Fee Schedule	$1,939.40
38700	REMOVAL OF LYMPH NODES NECK	Y		4/1/2012	Fee Schedule	$1,020.84
38740	REMOVE ARMPIT LYMPH NODES	Y		4/1/2012	Fee Schedule	$2,075.55
38745	REMOVE ARMPIT LYMPH NODES	Y		4/1/2012	Fee Schedule	$2,075.55
38760	REMOVE GROIN LYMPH NODES	Y		4/1/2012	Fee Schedule	$1,020.84
38790	INJECT FOR LYMPHATIC X-RAY			1/1/2009	No Separate Payment	$0.00
38792	RA TRACER ID OF SENTINL NODE			1/1/2009	No Separate Payment	$0.00
38794	ACCESS THORACIC LYMPH DUCT			1/1/2009	No Separate Payment	$0.00
38900	IO MAP OF SENT LYMPH NODE			1/1/2011	No Separate Payment	$0.00
40490	BIOPSY OF LIP	Y		4/1/2012	Fee Schedule	$82.37
40500	PARTIAL EXCISION OF LIP	Y		4/1/2012	Fee Schedule	$681.79
40510	PARTIAL EXCISION OF LIP	Y		4/1/2012	Fee Schedule	$1,006.35

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
40520	PARTIAL EXCISION OF LIP	Y		4/1/2012	Fee Schedule	$681.79
40525	RECONSTRUCT LIP WITH FLAP	Y		4/1/2012	Fee Schedule	$1,006.35
40527	RECONSTRUCT LIP WITH FLAP	Y		4/1/2012	Fee Schedule	$1,006.35
40530	PARTIAL REMOVAL OF LIP	Y		4/1/2012	Fee Schedule	$1,006.35
40650	REPAIR LIP	Y		4/1/2012	Fee Schedule	$301.38
40652	REPAIR LIP	Y		4/1/2012	Fee Schedule	$301.38
40654	REPAIR LIP	Y		4/1/2012	Fee Schedule	$301.38
40700	REPAIR CLEFT LIP/NASAL	Y		4/1/2012	Fee Schedule	$1,825.94
40701	REPAIR CLEFT LIP/NASAL	Y		4/1/2012	Fee Schedule	$1,825.94
40702	REPAIR CLEFT LIP/NASAL	Y		4/1/2012	Fee Schedule	$1,825.94
40720	REPAIR CLEFT LIP/NASAL	Y		4/1/2012	Fee Schedule	$1,825.94
40761	REPAIR CLEFT LIP/NASAL	Y		4/1/2012	Fee Schedule	$1,825.94
40800	DRAINAGE OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$57.39
40801	DRAINAGE OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$301.38
40804	REMOVAL FOREIGN BODY MOUTH			4/1/2012	Fee Schedule	$26.36
40805	REMOVAL FOREIGN BODY MOUTH	Y		4/1/2012	Fee Schedule	$254.26
40806	INCISION OF LIP FOLD	Y		4/1/2012	Fee Schedule	$125.82
40808	BIOPSY OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$125.82
40810	EXCISION OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$157.59
40812	EXCISE/REPAIR MOUTH LESION	Y		4/1/2012	Fee Schedule	$198.44
40814	EXCISE/REPAIR MOUTH LESION	Y		4/1/2012	Fee Schedule	$681.79
40816	EXCISION OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$1,006.35
40818	EXCISE ORAL MUCOSA FOR GRAFT	Y		4/1/2012	Fee Schedule	$125.82
40819	EXCISE LIP OR CHEEK FOLD	Y		4/1/2012	Fee Schedule	$301.38
40820	TREATMENT OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$220.22
40830	REPAIR MOUTH LACERATION	Y		4/1/2012	Fee Schedule	$125.82
40831	REPAIR MOUTH LACERATION	Y		4/1/2012	Fee Schedule	$301.38
40840	RECONSTRUCTION OF MOUTH	Y		4/1/2012	Fee Schedule	$1,006.35
40842	RECONSTRUCTION OF MOUTH	Y		4/1/2012	Fee Schedule	$1,006.35
40843	RECONSTRUCTION OF MOUTH	Y		4/1/2012	Fee Schedule	$1,006.35
40844	RECONSTRUCTION OF MOUTH	Y		4/1/2012	Fee Schedule	$1,825.94
40845	RECONSTRUCTION OF MOUTH	Y		4/1/2012	Fee Schedule	$1,825.94
41000	DRAINAGE OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$112.32
41005	DRAINAGE OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$125.82
41006	DRAINAGE OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$1,006.35
41007	DRAINAGE OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$681.79
41008	DRAINAGE OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$681.79
41009	DRAINAGE OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$125.82
41010	INCISION OF TONGUE FOLD	Y		4/1/2012	Fee Schedule	$301.38
41015	DRAINAGE OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$125.82
41016	DRAINAGE OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$301.38
41017	DRAINAGE OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$301.38
41018	DRAINAGE OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$301.38
41019	PLACE NEEDLES H&N FOR RT	Y		4/1/2012	Fee Schedule	$1,006.35
41100	BIOPSY OF TONGUE	Y		4/1/2012	Fee Schedule	$117.43
41105	BIOPSY OF TONGUE	Y		4/1/2012	Fee Schedule	$117.43
41108	BIOPSY OF FLOOR OF MOUTH	Y		4/1/2012	Fee Schedule	$109.26
41110	EXCISION OF TONGUE LESION	Y		4/1/2012	Fee Schedule	$158.62
41112	EXCISION OF TONGUE LESION	Y		4/1/2012	Fee Schedule	$681.79
41113	EXCISION OF TONGUE LESION	Y		4/1/2012	Fee Schedule	$681.79
41114	EXCISION OF TONGUE LESION	Y		4/1/2012	Fee Schedule	$1,006.35
41115	EXCISION OF TONGUE FOLD	Y		4/1/2012	Fee Schedule	$187.55
41116	EXCISION OF MOUTH LESION	Y		4/1/2012	Fee Schedule	$681.79
41120	PARTIAL REMOVAL OF TONGUE	Y		4/1/2012	Fee Schedule	$1,006.35
41250	REPAIR TONGUE LACERATION	Y		4/1/2012	Fee Schedule	$43.26
41251	REPAIR TONGUE LACERATION	Y		4/1/2012	Fee Schedule	$125.82
41252	REPAIR TONGUE LACERATION	Y		4/1/2012	Fee Schedule	$301.38
41500	FIXATION OF TONGUE	Y		4/1/2012	Fee Schedule	$1,006.35
41510	TONGUE TO LIP SURGERY	Y		4/1/2012	Fee Schedule	$681.79
41512	TONGUE SUSPENSION	Y		4/1/2012	Fee Schedule	$301.38
41520	RECONSTRUCTION TONGUE FOLD	Y		4/1/2012	Fee Schedule	$301.38
41530	TONGUE BASE VOL REDUCTION	Y		4/1/2012	Fee Schedule	$1,006.35

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
41800	DRAINAGE OF GUM LESION	Y		4/1/2012	Fee Schedule	$57.39
41805	REMOVAL FOREIGN BODY GUM	Y		4/1/2012	Fee Schedule	$195.04
41806	REMOVAL FOREIGN BODY JAWBONE	Y		4/1/2012	Fee Schedule	$250.86
41820	EXCISION GUM EACH QUADRANT	Y		4/1/2012	Fee Schedule	$301.38
41821	EXCISION OF GUM FLAP	Y		4/1/2012	Fee Schedule	$301.38
41822	EXCISION OF GUM LESION	Y		4/1/2012	Fee Schedule	$198.10
41823	EXCISION OF GUM LESION	Y		4/1/2012	Fee Schedule	$284.55
41825	EXCISION OF GUM LESION	Y		4/1/2012	Fee Schedule	$158.27
41826	EXCISION OF GUM LESION	Y		4/1/2012	Fee Schedule	$217.84
41827	EXCISION OF GUM LESION	Y		4/1/2012	Fee Schedule	$1,006.35
41828	EXCISION OF GUM LESION	Y		4/1/2012	Fee Schedule	$184.82
41830	REMOVAL OF GUM TISSUE	Y		4/1/2012	Fee Schedule	$259.37
41850	TREATMENT OF GUM LESION	Y		4/1/2012	Fee Schedule	$681.79
41870	GUM GRAFT	Y		4/1/2012	Fee Schedule	$1,006.35
41872	REPAIR GUM	Y		4/1/2012	Fee Schedule	$298.17
41874	REPAIR TOOTH SOCKET	Y		4/1/2012	Fee Schedule	$250.18
41899	UNLISTED PROCEDURE, DENTOALVEOLAR	Y		4/1/2008	By Report	$0.00
42000	DRAINAGE MOUTH ROOF LESION	Y		4/1/2012	Fee Schedule	$125.82
42100	BIOPSY ROOF OF MOUTH	Y		4/1/2012	Fee Schedule	$100.75
42104	EXCISION LESION MOUTH ROOF	Y		4/1/2012	Fee Schedule	$154.19
42106	EXCISION LESION MOUTH ROOF	Y		4/1/2012	Fee Schedule	$191.97
42107	EXCISION LESION MOUTH ROOF	Y		4/1/2012	Fee Schedule	$1,006.35
42120	REMOVE PALATE/LESION	Y		4/1/2012	Fee Schedule	$1,825.94
42140	EXCISION OF UVULA	Y		4/1/2012	Fee Schedule	$301.38
42145	REPAIR PALATE PHARYNX/UVULA	Y		4/1/2012	Fee Schedule	$1,006.35
42160	TREATMENT MOUTH ROOF LESION	Y		4/1/2012	Fee Schedule	$169.85
42180	REPAIR PALATE	Y		4/1/2012	Fee Schedule	$125.82
42182	REPAIR PALATE	Y		4/1/2012	Fee Schedule	$1,825.94
42200	RECONSTRUCT CLEFT PALATE	Y		4/1/2012	Fee Schedule	$1,825.94
42205	RECONSTRUCT CLEFT PALATE	Y		4/1/2012	Fee Schedule	$1,825.94
42210	RECONSTRUCT CLEFT PALATE	Y		4/1/2012	Fee Schedule	$1,825.94
42215	RECONSTRUCT CLEFT PALATE	Y		4/1/2012	Fee Schedule	$1,825.94
42220	RECONSTRUCT CLEFT PALATE	Y		4/1/2012	Fee Schedule	$1,825.94
42225	RECONSTRUCT CLEFT PALATE	Y		4/1/2012	Fee Schedule	$1,825.94
42226	LENGTHENING OF PALATE	Y		4/1/2012	Fee Schedule	$1,825.94
42227	LENGTHENING OF PALATE	Y		4/1/2012	Fee Schedule	$1,825.94
42235	REPAIR PALATE	Y		4/1/2012	Fee Schedule	$681.79
42260	REPAIR NOSE TO LIP FISTULA	Y		4/1/2012	Fee Schedule	$1,006.35
42280	PREPARATION PALATE MOLD	Y		4/1/2012	Fee Schedule	$101.43
42281	INSERTION PALATE PROSTHESIS	Y		4/1/2012	Fee Schedule	$681.79
42300	DRAINAGE OF SALIVARY GLAND	Y		4/1/2012	Fee Schedule	$681.79
42305	DRAINAGE OF SALIVARY GLAND	Y		4/1/2012	Fee Schedule	$681.79
42310	DRAINAGE OF SALIVARY GLAND	Y		4/1/2012	Fee Schedule	$125.82
42320	DRAINAGE OF SALIVARY GLAND	Y		4/1/2012	Fee Schedule	$125.82
42330	REMOVAL OF SALIVARY STONE	Y		4/1/2012	Fee Schedule	$151.81
42335	REMOVAL OF SALIVARY STONE	Y		4/1/2012	Fee Schedule	$254.60
42340	REMOVAL OF SALIVARY STONE	Y		4/1/2012	Fee Schedule	$681.79
42400	BIOPSY OF SALIVARY GLAND	Y		4/1/2012	Fee Schedule	$80.67
42405	BIOPSY OF SALIVARY GLAND	Y		4/1/2012	Fee Schedule	$1,006.35
42408	EXCISION OF SALIVARY CYST	Y		4/1/2012	Fee Schedule	$681.79
42409	DRAINAGE OF SALIVARY CYST	Y		4/1/2012	Fee Schedule	$681.79
42410	EXCISE PAROTID GLAND/LESION	Y		4/1/2012	Fee Schedule	$1,825.94
42415	EXCISE PAROTID GLAND/LESION	Y		4/1/2012	Fee Schedule	$1,825.94
42420	EXCISE PAROTID GLAND/LESION	Y		4/1/2012	Fee Schedule	$1,825.94
42425	EXCISE PAROTID GLAND/LESION	Y		4/1/2012	Fee Schedule	$1,825.94
42440	EXCISE SUBMAXILLARY GLAND	Y		4/1/2012	Fee Schedule	$1,825.94
42450	EXCISE SUBLINGUAL GLAND	Y		4/1/2012	Fee Schedule	$1,006.35
42500	REPAIR SALIVARY DUCT	Y		4/1/2012	Fee Schedule	$1,006.35
42505	REPAIR SALIVARY DUCT	Y		4/1/2012	Fee Schedule	$1,825.94
42507	PAROTID DUCT DIVERSION	Y		4/1/2012	Fee Schedule	$1,825.94
42508	PAROTID DUCT DIVERSION	Y		4/1/2012	Fee Schedule	$1,825.94
42509	PAROTID DUCT DIVERSION	Y		4/1/2012	Fee Schedule	$1,825.94

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42510	PAROTID DUCT DIVERSION	Y		4/1/2012	Fee Schedule	$1,825.94
42550	INJECTION FOR SALIVARY X-RAY			1/1/2009	No Separate Payment	$0.00
42600	CLOSURE OF SALIVARY FISTULA	Y		4/1/2012	Fee Schedule	$681.79
42650	DILATION OF SALIVARY DUCT	Y		4/1/2012	Fee Schedule	$56.50
42660	DILATION OF SALIVARY DUCT	Y		4/1/2012	Fee Schedule	$65.01
42665	LIGATION OF SALIVARY DUCT	Y		4/1/2012	Fee Schedule	$1,006.35
42700	DRAINAGE OF TONSIL ABSCESS	Y		4/1/2012	Fee Schedule	$125.82
42720	DRAINAGE OF THROAT ABSCESS	Y		4/1/2012	Fee Schedule	$681.79
42725	DRAINAGE OF THROAT ABSCESS	Y		4/1/2012	Fee Schedule	$1,825.94
42800	BIOPSY OF THROAT	Y		4/1/2012	Fee Schedule	$108.58
42802	BIOPSY OF THROAT	Y		4/1/2012	Fee Schedule	$681.79
42804	BIOPSY OF UPPER NOSE/THROAT	Y		4/1/2012	Fee Schedule	$681.79
42806	BIOPSY OF UPPER NOSE/THROAT	Y		4/1/2012	Fee Schedule	$1,006.35
42808	EXCISE PHARYNX LESION	Y		4/1/2012	Fee Schedule	$1,006.35
42809	REMOVE PHARYNX FOREIGN BODY			4/1/2012	Fee Schedule	$26.36
42810	EXCISION OF NECK CYST	Y		4/1/2012	Fee Schedule	$1,006.35
42815	EXCISION OF NECK CYST	Y		4/1/2012	Fee Schedule	$1,825.94
42820	REMOVE TONSILS AND ADENOIDS	Y		4/1/2012	Fee Schedule	$1,006.35
42821	REMOVE TONSILS AND ADENOIDS	Y		4/1/2012	Fee Schedule	$1,006.35
42825	REMOVAL OF TONSILS	Y		4/1/2012	Fee Schedule	$1,006.35
42826	REMOVAL OF TONSILS	Y		4/1/2012	Fee Schedule	$1,006.35
42830	REMOVAL OF ADENOIDS	Y		4/1/2012	Fee Schedule	$1,006.35
42831	REMOVAL OF ADENOIDS	Y		4/1/2012	Fee Schedule	$1,006.35
42835	REMOVAL OF ADENOIDS	Y		4/1/2012	Fee Schedule	$1,006.35
42836	REMOVAL OF ADENOIDS	Y		4/1/2012	Fee Schedule	$1,006.35
42860	EXCISION OF TONSIL TAGS	Y		4/1/2012	Fee Schedule	$1,006.35
42870	EXCISION OF LINGUAL TONSIL	Y		4/1/2012	Fee Schedule	$1,006.35
42890	PARTIAL REMOVAL OF PHARYNX	Y		4/1/2012	Fee Schedule	$1,825.94
42892	REVISION OF PHARYNGEAL WALLS	Y		4/1/2012	Fee Schedule	$1,825.94
42900	REPAIR THROAT WOUND	Y		4/1/2012	Fee Schedule	$301.38
42950	RECONSTRUCTION OF THROAT	Y		4/1/2012	Fee Schedule	$1,006.35
42955	SURGICAL OPENING OF THROAT	Y		4/1/2012	Fee Schedule	$1,006.35
42960	CONTROL THROAT BLEEDING	Y		4/1/2012	Fee Schedule	$43.26
42962	CONTROL THROAT BLEEDING	Y		4/1/2012	Fee Schedule	$1,825.94
42970	CONTROL NOSE/THROAT BLEEDING	Y		4/1/2012	Fee Schedule	$43.26
42972	CONTROL NOSE/THROAT BLEEDING	Y		4/1/2012	Fee Schedule	$681.79
43030	THROAT MUSCLE SURGERY	Y		4/1/2012	Fee Schedule	$681.79
43130	REMOVAL OF ESOPHAGUS POUCH	Y		4/1/2012	Fee Schedule	$1,825.94
43200	ESOPHAGUS ENDOSCOPY	Y		4/1/2012	Fee Schedule	$341.42
43201	ESOPH SCOPE W/SUBMUCOUS INJ	Y		4/1/2012	Fee Schedule	$511.29
43202	ESOPHAGUS ENDOSCOPY BIOPSY	Y		4/1/2012	Fee Schedule	$341.42
43204	ESOPH SCOPE W/SCLEROSIS INJ	Y		4/1/2012	Fee Schedule	$341.42
43205	ESOPHAGUS ENDOSCOPY/LIGATION	Y		4/1/2012	Fee Schedule	$511.29
43215	ESOPHAGUS ENDOSCOPY	Y		4/1/2012	Fee Schedule	$511.29
43216	ESOPHAGUS ENDOSCOPY/LESION	Y		4/1/2012	Fee Schedule	$1,048.67
43217	ESOPHAGUS ENDOSCOPY	Y		4/1/2012	Fee Schedule	$511.29
43219	ESOPHAGUS ENDOSCOPY	Y		4/1/2012	Fee Schedule	$1,180.65
43220	ESOPH ENDOSCOPY DILATION	Y		4/1/2012	Fee Schedule	$511.29
43226	ESOPH ENDOSCOPY DILATION	Y		4/1/2012	Fee Schedule	$511.29
43227	ESOPH ENDOSCOPY REPAIR	Y		4/1/2012	Fee Schedule	$511.29
43228	ESOPH ENDOSCOPY ABLATION	Y		4/1/2012	Fee Schedule	$1,048.67
43231	ESOPH ENDOSCOPY W/US EXAM	Y		4/1/2012	Fee Schedule	$511.29
43232	ESOPH ENDOSCOPY W/US FN BX	Y		4/1/2012	Fee Schedule	$511.29
43234	UPPER GI ENDOSCOPY EXAM	Y		4/1/2012	Fee Schedule	$341.42
43235	UPPR GI ENDOSCOPY DIAGNOSIS	Y		4/1/2012	Fee Schedule	$341.42
43236	UPPR GI SCOPE W/SUBMUC INJ	Y		4/1/2012	Fee Schedule	$341.42
43237	ENDOSCOPIC US EXAM ESOPH	Y		4/1/2012	Fee Schedule	$511.29
43238	UPPR GI ENDOSCOPY W/US FN BX	Y		4/1/2012	Fee Schedule	$511.29
43239	UPPER GI ENDOSCOPY BIOPSY	Y		4/1/2012	Fee Schedule	$341.42
43240	ESOPH ENDOSCOPE W/DRAIN CYST	Y		4/1/2012	Fee Schedule	$511.29
43241	UPPER GI ENDOSCOPY WITH TUBE	Y		4/1/2012	Fee Schedule	$341.42
43242	UPPR GI ENDOSCOPY W/US FN BX	Y		4/1/2012	Fee Schedule	$511.29

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
43243	UPPER GI ENDOSCOPY & INJECT	Y		4/1/2012	Fee Schedule	$341.42
43244	UPPER GI ENDOSCOPY/LIGATION	Y		4/1/2012	Fee Schedule	$511.29
43245	UPPR GI SCOPE DILATE STRICTR	Y		4/1/2012	Fee Schedule	$511.29
43246	PLACE GASTROSTOMY TUBE	Y		4/1/2012	Fee Schedule	$511.29
43247	OPERATIVE UPPER GI ENDOSCOPY	Y		4/1/2012	Fee Schedule	$341.42
43248	UPPR GI ENDOSCOPY/GUIDE WIRE	Y		4/1/2012	Fee Schedule	$341.42
43249	ESOPH ENDOSCOPY DILATION	Y		4/1/2012	Fee Schedule	$511.29
43250	UPPER GI ENDOSCOPY/TUMOR	Y		4/1/2012	Fee Schedule	$511.29
43251	OPERATIVE UPPER GI ENDOSCOPY	Y		4/1/2012	Fee Schedule	$511.29
43255	OPERATIVE UPPER GI ENDOSCOPY	Y		4/1/2012	Fee Schedule	$511.29
43256	UPPR GI ENDOSCOPY W/STENT	Y		4/1/2012	Fee Schedule	$1,180.65
43257	UPPR GI SCOPE W/THRML TXMNT	Y		4/1/2012	Fee Schedule	$1,048.67
43258	OPERATIVE UPPER GI ENDOSCOPY	Y		4/1/2012	Fee Schedule	$511.29
43259	ENDOSCOPIC ULTRASOUND EXAM	Y		4/1/2012	Fee Schedule	$511.29
43260	ENDO CHOLANGIOPANCREATOGRAPH	Y		4/1/2012	Fee Schedule	$997.88
43261	ENDO CHOLANGIOPANCREATOGRAPH	Y		4/1/2012	Fee Schedule	$997.88
43262	ENDO CHOLANGIOPANCREATOGRAPH	Y		4/1/2012	Fee Schedule	$997.88
43263	ENDO CHOLANGIOPANCREATOGRAPH	Y		4/1/2012	Fee Schedule	$997.88
43264	ENDO CHOLANGIOPANCREATOGRAPH	Y		4/1/2012	Fee Schedule	$997.88
43265	ENDO CHOLANGIOPANCREATOGRAPH	Y		4/1/2012	Fee Schedule	$997.88
43267	ENDO CHOLANGIOPANCREATOGRAPH	Y		4/1/2012	Fee Schedule	$997.88
43268	ENDO CHOLANGIOPANCREATOGRAPH	Y		4/1/2012	Fee Schedule	$1,180.65
43269	ENDO CHOLANGIOPANCREATOGRAPH	Y		4/1/2012	Fee Schedule	$1,180.65
43271	ENDO CHOLANGIOPANCREATOGRAPH	Y		4/1/2012	Fee Schedule	$997.88
43272	ENDO CHOLANGIOPANCREATOGRAPH	Y		4/1/2012	Fee Schedule	$997.88
43273	ENDOSCOPIC PANCREATOSCOPY	Y		4/1/2012	Fee Schedule	$997.88
43450	DILATE ESOPHAGUS	Y		4/1/2012	Fee Schedule	$265.98
43453	DILATE ESOPHAGUS	Y		4/1/2012	Fee Schedule	$265.98
43456	DILATE ESOPHAGUS	Y		4/1/2012	Fee Schedule	$265.98
43458	DILATE ESOPHAGUS	Y		4/1/2012	Fee Schedule	$511.29
43653	LAPAROSCOPY GASTROSTOMY	Y		4/1/2012	Fee Schedule	$1,939.40
43752	NASAL/OROGASTRIC W/STENT			4/1/2012	Fee Schedule	$50.90
43753	TX GASTRO INTUB W/ASP			4/1/2012	Fee Schedule	$26.36
43754	DX GASTR INTUB W/ASP SPEC			4/1/2012	Fee Schedule	$26.36
43755	DX GASTR INTUB W/ASP SPECS			4/1/2012	Fee Schedule	$37.76
43756	DX DUOD INTUB W/ASP SPEC			4/1/2012	Fee Schedule	$50.90
43757	DX DUOD INTUB W/ASP SPECS			4/1/2012	Fee Schedule	$50.90
43760	CHANGE GASTROSTOMY TUBE	Y		4/1/2012	Fee Schedule	$93.15
43761	REPOSITION GASTROSTOMY TUBE	Y		4/1/2012	Fee Schedule	$341.42
43870	REPAIR STOMACH OPENING	Y		4/1/2012	Fee Schedule	$1,048.67
43886	REVISE GASTRIC PORT OPEN			3/1/2011	Not Allowed	$0.00
43887	REMOVE GASTRIC PORT OPEN			3/1/2011	Not Allowed	$0.00
43888	CHANGE GASTRIC PORT OPEN			3/1/2011	Not Allowed	$0.00
44100	BIOPSY OF BOWEL	Y		4/1/2012	Fee Schedule	$511.29
44312	REVISION OF ILEOSTOMY	Y		4/1/2012	Fee Schedule	$861.74
44340	REVISION OF COLOSTOMY	Y		4/1/2012	Fee Schedule	$861.74
44360	SMALL BOWEL ENDOSCOPY	Y		4/1/2012	Fee Schedule	$417.89
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	Y		4/1/2012	Fee Schedule	$417.89
44363	SMALL BOWEL ENDOSCOPY	Y		4/1/2012	Fee Schedule	$417.89
44364	SMALL BOWEL ENDOSCOPY	Y		4/1/2012	Fee Schedule	$638.05
44365	SMALL BOWEL ENDOSCOPY	Y		4/1/2012	Fee Schedule	$638.05
44366	SMALL BOWEL ENDOSCOPY	Y		4/1/2012	Fee Schedule	$638.05
44369	SMALL BOWEL ENDOSCOPY	Y		4/1/2012	Fee Schedule	$638.05
44370	SMALL BOWEL ENDOSCOPY/STENT	Y		4/1/2012	Fee Schedule	$1,180.65
44372	SMALL BOWEL ENDOSCOPY	Y		4/1/2012	Fee Schedule	$638.05
44373	SMALL BOWEL ENDOSCOPY	Y		4/1/2012	Fee Schedule	$638.05
44376	SMALL BOWEL ENDOSCOPY	Y		4/1/2012	Fee Schedule	$417.89
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	Y		4/1/2012	Fee Schedule	$417.89
44378	SMALL BOWEL ENDOSCOPY	Y		4/1/2012	Fee Schedule	$638.05
44379	S BOWEL ENDOSCOPE W/STENT	Y		4/1/2012	Fee Schedule	$1,180.65
44380	SMALL BOWEL ENDOSCOPY	Y		4/1/2012	Fee Schedule	$417.89
44382	SMALL BOWEL ENDOSCOPY	Y		4/1/2012	Fee Schedule	$417.89

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44383	ILEOSCOPY W/STENT	Y		4/1/2012	Fee Schedule	$1,180.65
44385	ENDOSCOPY OF BOWEL POUCH	Y		4/1/2012	Fee Schedule	$378.43
44386	ENDOSCOPY BOWEL POUCH/BIOP	Y		4/1/2012	Fee Schedule	$378.43
44388	COLONOSCOPY	Y		4/1/2012	Fee Schedule	$378.43
44389	COLONOSCOPY WITH BIOPSY	Y		4/1/2012	Fee Schedule	$378.43
44390	COLONOSCOPY FOR FOREIGN BODY	Y		4/1/2012	Fee Schedule	$378.43
44391	COLONOSCOPY FOR BLEEDING	Y		4/1/2012	Fee Schedule	$378.43
44392	COLONOSCOPY & POLYPECTOMY	Y		4/1/2012	Fee Schedule	$378.43
44393	COLONOSCOPY LESION REMOVAL	Y		4/1/2012	Fee Schedule	$378.43
44394	COLONOSCOPY W/SNARE	Y		4/1/2012	Fee Schedule	$378.43
44397	COLONOSCOPY W/STENT	Y		4/1/2012	Fee Schedule	$1,180.65
44500	INTRO GASTROINTESTINAL TUBE	Y		4/1/2012	Fee Schedule	$251.00
44701	INTRAOP COLON LAVAGE ADD-ON			1/1/2009	No Separate Payment	$0.00
45000	DRAINAGE OF PELVIC ABSCESS	Y		4/1/2012	Fee Schedule	$985.92
45005	DRAINAGE OF RECTAL ABSCESS	Y		4/1/2012	Fee Schedule	$985.92
45020	DRAINAGE OF RECTAL ABSCESS	Y		4/1/2012	Fee Schedule	$624.80
45100	BIOPSY OF RECTUM	Y		4/1/2012	Fee Schedule	$985.92
45108	REMOVAL OF ANORECTAL LESION	Y		4/1/2012	Fee Schedule	$985.92
45150	EXCISION OF RECTAL STRICTURE	Y		4/1/2012	Fee Schedule	$985.92
45160	EXCISION OF RECTAL LESION	Y		4/1/2012	Fee Schedule	$985.92
45171	EXC RECT TUM TRANSANAL PART	Y		4/1/2012	Fee Schedule	$985.92
45172	EXC RECT TUM TRANSANAL FULL	Y		4/1/2012	Fee Schedule	$985.92
45190	DESTRUCTION RECTAL TUMOR	Y		4/1/2012	Fee Schedule	$985.92
45300	PROCTOSIGMOIDOSCOPY DX	Y		4/1/2012	Fee Schedule	$89.86
45303	PROCTOSIGMOIDOSCOPY DILATE	Y		4/1/2012	Fee Schedule	$447.42
45305	PROCTOSIGMOIDOSCOPY W/BX	Y		4/1/2012	Fee Schedule	$447.42
45307	PROCTOSIGMOIDOSCOPY FB	Y		4/1/2012	Fee Schedule	$960.86
45308	PROCTOSIGMOIDOSCOPY REMOVAL	Y		4/1/2012	Fee Schedule	$447.42
45309	PROCTOSIGMOIDOSCOPY REMOVAL	Y		4/1/2012	Fee Schedule	$447.42
45315	PROCTOSIGMOIDOSCOPY REMOVAL	Y		4/1/2012	Fee Schedule	$447.42
45317	PROCTOSIGMOIDOSCOPY BLEED	Y		4/1/2012	Fee Schedule	$447.42
45320	PROCTOSIGMOIDOSCOPY ABLATE	Y		4/1/2012	Fee Schedule	$960.86
45321	PROCTOSIGMOIDOSCOPY VOLVUL	Y		4/1/2012	Fee Schedule	$960.86
45327	PROCTOSIGMOIDOSCOPY W/STENT	Y		4/1/2012	Fee Schedule	$1,180.65
45330	DIAGNOSTIC SIGMOIDOSCOPY	Y		4/1/2012	Fee Schedule	$105.52
45331	SIGMOIDOSCOPY AND BIOPSY	Y		4/1/2012	Fee Schedule	$251.67
45332	SIGMOIDOSCOPY W/FB REMOVAL	Y		4/1/2012	Fee Schedule	$251.67
45333	SIGMOIDOSCOPY & POLYPECTOMY	Y		4/1/2012	Fee Schedule	$251.67
45334	SIGMOIDOSCOPY FOR BLEEDING	Y		4/1/2012	Fee Schedule	$447.42
45335	SIGMOIDOSCOPY W/SUBMUC INJ	Y		4/1/2012	Fee Schedule	$251.67
45337	SIGMOIDOSCOPY & DECOMPRESS	Y		4/1/2012	Fee Schedule	$251.67
45338	SIGMOIDOSCOPY W/TUMR REMOVE	Y		4/1/2012	Fee Schedule	$251.67
45339	SIGMOIDOSCOPY W/ABLATE TUMR	Y		4/1/2012	Fee Schedule	$447.42
45340	SIG W/BALLOON DILATION	Y		4/1/2012	Fee Schedule	$447.42
45341	SIGMOIDOSCOPY W/ULTRASOUND	Y		4/1/2012	Fee Schedule	$251.67
45342	SIGMOIDOSCOPY W/US GUIDE BX	Y		4/1/2012	Fee Schedule	$447.42
45345	SIGMOIDOSCOPY W/STENT	Y		4/1/2012	Fee Schedule	$1,180.65
45355	SURGICAL COLONOSCOPY	Y		4/1/2012	Fee Schedule	$378.43
45378	DIAGNOSTIC COLONOSCOPY	Y		4/1/2012	Fee Schedule	$378.43
45379	COLONOSCOPY W/FB REMOVAL	Y		4/1/2012	Fee Schedule	$378.43
45380	COLONOSCOPY AND BIOPSY	Y		4/1/2012	Fee Schedule	$378.43
45381	COLONOSCOPY SUBMUCOUS INJ	Y		4/1/2012	Fee Schedule	$378.43
45382	COLONOSCOPY/CONTROL BLEEDING	Y		4/1/2012	Fee Schedule	$378.43
45383	LESION REMOVAL COLONOSCOPY	Y		4/1/2012	Fee Schedule	$378.43
45384	LESION REMOVE COLONOSCOPY	Y		4/1/2012	Fee Schedule	$378.43
45385	LESION REMOVAL COLONOSCOPY	Y		4/1/2012	Fee Schedule	$378.43
45386	COLONOSCOPY DILATE STRICTURE	Y		4/1/2012	Fee Schedule	$378.43
45387	COLONOSCOPY W/STENT	Y		4/1/2012	Fee Schedule	$1,180.65
45391	COLONOSCOPY W/ENDOSCOPE US	Y		4/1/2012	Fee Schedule	$378.43
45392	COLONOSCOPY W/ENDOSCOPIC FNB	Y		4/1/2012	Fee Schedule	$378.43
45500	REPAIR OF RECTUM	Y		4/1/2012	Fee Schedule	$985.92
45505	REPAIR OF RECTUM	Y		4/1/2012	Fee Schedule	$1,332.09

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45520	TREATMENT OF RECTAL PROLAPSE	Y		4/1/2012	Fee Schedule	$60.55
45541	CORRECT RECTAL PROLAPSE	Y		4/1/2012	Fee Schedule	$1,332.09
45560	REPAIR OF RECTOCELE	Y		4/1/2012	Fee Schedule	$1,332.09
45900	REDUCTION OF RECTAL PROLAPSE	Y		4/1/2012	Fee Schedule	$224.65
45905	DILATION OF ANAL SPHINCTER	Y		4/1/2012	Fee Schedule	$985.92
45910	DILATION OF RECTAL NARROWING	Y		4/1/2012	Fee Schedule	$985.92
45915	REMOVE RECTAL OBSTRUCTION	Y		4/1/2012	Fee Schedule	$624.80
45990	SURG DX EXAM ANORECTAL	Y		4/1/2012	Fee Schedule	$985.92
46020	PLACEMENT OF SETON	Y		4/1/2012	Fee Schedule	$985.92
46030	REMOVAL OF RECTAL MARKER	Y		4/1/2012	Fee Schedule	$224.65
46040	INCISION OF RECTAL ABSCESS	Y		4/1/2012	Fee Schedule	$985.92
46045	INCISION OF RECTAL ABSCESS	Y		4/1/2012	Fee Schedule	$985.92
46050	INCISION OF ANAL ABSCESS	Y		4/1/2012	Fee Schedule	$224.65
46060	INCISION OF RECTAL ABSCESS	Y		4/1/2012	Fee Schedule	$985.92
46070	INCISION OF ANAL SEPTUM	Y		4/1/2012	Fee Schedule	$624.80
46080	INCISION OF ANAL SPHINCTER	Y		4/1/2012	Fee Schedule	$985.92
46083	INCISE EXTERNAL HEMORRHOID	Y		4/1/2012	Fee Schedule	$78.75
46200	REMOVAL OF ANAL FISSURE	Y		4/1/2012	Fee Schedule	$985.92
46220	EXCISE ANAL EXT TAG/PAPILLA	Y		4/1/2012	Fee Schedule	$624.80
46221	LIGATION OF HEMORRHOID(S)	Y		4/1/2012	Fee Schedule	$170.53
46230	REMOVAL OF ANAL TAGS	Y		4/1/2012	Fee Schedule	$985.92
46250	REMOVE EXT HEM GROUPS 2+	Y		4/1/2012	Fee Schedule	$985.92
46255	REMOVE INT/EXT HEM 1 GROUP	Y		4/1/2012	Fee Schedule	$985.92
46257	REMOVE IN/EX HEM GRP & FISS	Y		4/1/2012	Fee Schedule	$985.92
46258	REMOVE IN/EX HEM GRP W/FISTU	Y		4/1/2012	Fee Schedule	$985.92
46260	REMOVE IN/EX HEM GROUPS 2+	Y		4/1/2012	Fee Schedule	$985.92
46261	REMOVE IN/EX HEM GRPS & FISS	Y		4/1/2012	Fee Schedule	$985.92
46262	REMOVE IN/EX HEM GRPS W/FIST	Y		4/1/2012	Fee Schedule	$985.92
46270	REMOVE ANAL FIST SUBQ	Y		4/1/2012	Fee Schedule	$985.92
46275	REMOVE ANAL FIST INTER	Y		4/1/2012	Fee Schedule	$985.92
46280	REMOVE ANAL FIST COMPLEX	Y		4/1/2012	Fee Schedule	$985.92
46285	REMOVE ANAL FIST 2 STAGE	Y		4/1/2012	Fee Schedule	$985.92
46288	REPAIR ANAL FISTULA	Y		4/1/2012	Fee Schedule	$985.92
46320	REMOVAL OF HEMORRHOID CLOT	Y		4/1/2012	Fee Schedule	$115.05
46500	INJECTION INTO HEMORRHOID(S)	Y		4/1/2012	Fee Schedule	$164.40
46505	CHEMODENERVATION ANAL MUSC	Y		4/1/2012	Fee Schedule	$985.92
46600	DIAGNOSTIC ANOSCOPY			4/1/2012	Fee Schedule	$26.36
46604	ANOSCOPY AND DILATION	Y		4/1/2012	Fee Schedule	$447.42
46606	ANOSCOPY AND BIOPSY	Y		4/1/2012	Fee Schedule	$175.97
46608	ANOSCOPY REMOVE FOR BODY	Y		4/1/2012	Fee Schedule	$251.67
46610	ANOSCOPY REMOVE LESION	Y		4/1/2012	Fee Schedule	$960.86
46611	ANOSCOPY	Y		4/1/2012	Fee Schedule	$447.42
46612	ANOSCOPY REMOVE LESIONS	Y		4/1/2012	Fee Schedule	$960.86
46614	ANOSCOPY CONTROL BLEEDING	Y		4/1/2012	Fee Schedule	$88.84
46615	ANOSCOPY	Y		4/1/2012	Fee Schedule	$960.86
46700	REPAIR OF ANAL STRICTURE	Y		4/1/2012	Fee Schedule	$985.92
46706	REPR OF ANAL FISTULA W/GLUE	Y		4/1/2012	Fee Schedule	$1,332.09
46707	REPAIR ANORECTAL FIST W/PLUG	Y		4/1/2012	Fee Schedule	$1,332.09
46750	REPAIR OF ANAL SPHINCTER	Y		4/1/2012	Fee Schedule	$1,332.09
46753	RECONSTRUCTION OF ANUS	Y		4/1/2012	Fee Schedule	$985.92
46754	REMOVAL OF SUTURE FROM ANUS	Y		4/1/2012	Fee Schedule	$985.92
46760	REPAIR OF ANAL SPHINCTER	Y		4/1/2012	Fee Schedule	$1,332.09
46761	REPAIR OF ANAL SPHINCTER	Y		4/1/2012	Fee Schedule	$1,332.09
46762	IMPLANT ARTIFICIAL SPHINCTER	Y		4/1/2012	Fee Schedule	$1,332.09
46900	DESTRUCTION ANAL LESION(S)	Y		4/1/2012	Fee Schedule	$111.47
46910	DESTRUCTION ANAL LESION(S)	Y		4/1/2012	Fee Schedule	$174.95
46916	CRYOSURGERY ANAL LESION(S)	Y		4/1/2012	Fee Schedule	$60.55
46917	LASER SURGERY ANAL LESIONS	Y		4/1/2012	Fee Schedule	$875.26
46922	EXCISION OF ANAL LESION(S)	Y		4/1/2012	Fee Schedule	$875.26
46924	DESTRUCTION ANAL LESION(S)	Y		4/1/2012	Fee Schedule	$875.26
46930	DESTROY INTERNAL HEMORRHOIDS	Y		4/1/2012	Fee Schedule	$143.98
46940	TREATMENT OF ANAL FISSURE	Y		4/1/2012	Fee Schedule	$133.09

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46942	TREATMENT OF ANAL FISSURE	Y		4/1/2012	Fee Schedule	$129.34
46945	REMOVE BY LIGAT INT HEM GRP	Y		4/1/2012	Fee Schedule	$214.10
46946	REMOVE BY LIGAT INT HEM GRPS	Y		4/1/2012	Fee Schedule	$985.92
46947	HEMORRHOIDOPEXY BY STAPLING	Y		4/1/2012	Fee Schedule	$1,332.09
47000	NEEDLE BIOPSY OF LIVER	Y		4/1/2012	Fee Schedule	$390.78
47001	NEEDLE BIOPSY LIVER ADD-ON			1/1/2009	No Separate Payment	$0.00
47382	PERCUT ABLATE LIVER RF	Y		4/1/2012	Fee Schedule	$2,361.71
47500	INJECTION FOR LIVER X-RAYS			1/1/2009	No Separate Payment	$0.00
47505	INJECTION FOR LIVER X-RAYS			1/1/2009	No Separate Payment	$0.00
47510	INSERT CATHETER BILE DUCT	Y		4/1/2012	Fee Schedule	$1,178.39
47511	INSERT BILE DUCT DRAIN	Y		4/1/2012	Fee Schedule	$1,178.39
47525	CHANGE BILE DUCT CATHETER	Y		4/1/2012	Fee Schedule	$656.66
47530	REVISE/REINSERT BILE TUBE	Y		4/1/2012	Fee Schedule	$656.66
47552	BILIARY ENDOSCOPY THRU SKIN	Y		4/1/2012	Fee Schedule	$1,178.39
47553	BILIARY ENDOSCOPY THRU SKIN	Y		4/1/2012	Fee Schedule	$1,178.39
47554	BILIARY ENDOSCOPY THRU SKIN	Y		4/1/2012	Fee Schedule	$1,178.39
47555	BILIARY ENDOSCOPY THRU SKIN	Y		4/1/2012	Fee Schedule	$1,178.39
47556	BILIARY ENDOSCOPY THRU SKIN	Y		4/1/2012	Fee Schedule	$2,361.71
47560	LAPAROSCOPY W/CHOLANGIO	Y		4/1/2012	Fee Schedule	$1,570.98
47561	LAPARO W/CHOLANGIO/BIOPSY	Y		4/1/2012	Fee Schedule	$1,570.98
47562	LAPAROSCOPIC CHOLECYSTECTOMY	Y		4/1/2012	Fee Schedule	$1,939.40
47563	LAPARO CHOLECYSTECTOMY/GRAPH	Y		4/1/2012	Fee Schedule	$1,939.40
47564	LAPARO CHOLECYSTECTOMY/EXPLR	Y		4/1/2012	Fee Schedule	$1,939.40
47630	REMOVE BILE DUCT STONE	Y		4/1/2012	Fee Schedule	$1,178.39
48102	NEEDLE BIOPSY PANCREAS	Y		4/1/2012	Fee Schedule	$390.78
49080	PUNCTURE PERITONEAL CAVITY			1/1/2012	Deleted	$0.00
49081	REMOVAL OF ABDOMINAL FLUID			1/1/2012	Deleted	$0.00
49082	ABD PARACENTESIS	Y		4/1/2012	Fee Schedule	$222.50
49083	ABD PARACENTESIS W/IMAGING	Y		4/1/2012	Fee Schedule	$222.50
49084	PERITONEAL LAVAGE	Y		4/1/2012	Fee Schedule	$222.50
49180	BIOPSY ABDOMINAL MASS	Y		4/1/2012	Fee Schedule	$390.78
49250	EXCISION OF UMBILICUS	Y		4/1/2012	Fee Schedule	$1,107.33
49320	DIAG LAPARO SEPARATE PROC	Y		4/1/2012	Fee Schedule	$1,570.98
49321	LAPAROSCOPY BIOPSY	Y		4/1/2012	Fee Schedule	$1,570.98
49322	LAPAROSCOPY ASPIRATION	Y		4/1/2012	Fee Schedule	$1,570.98
49324	LAP INSERT TUNNEL IP CATH	Y		4/1/2012	Fee Schedule	$1,570.98
49325	LAP REVISION PERM IP CATH	Y		4/1/2012	Fee Schedule	$1,570.98
49326	LAP W/OMENTOPEXY ADD-ON	Y		4/1/2012	Fee Schedule	$1,570.98
49327	LAP INS DEVICE FOR RT	Y		4/1/2012	Fee Schedule	$1,570.98
49400	AIR INJECTION INTO ABDOMEN			1/1/2009	No Separate Payment	$0.00
49402	REMOVE FOREIGN BODY ADBOMEN	Y		4/1/2012	Fee Schedule	$1,107.33
49411	INS MARK ABD/PEL FOR RT PERQ			4/1/2012	Fee Schedule	$412.88
49418	INSERT TUN IP CATH PERC	Y		4/1/2012	Fee Schedule	$1,244.10
49419	INSERT TUN IP CATH W/PORT	Y		4/1/2012	Fee Schedule	$1,509.19
49421	INS TUN IP CATH FOR DIAL OPN	Y		4/1/2012	Fee Schedule	$1,244.10
49422	REMOVE TUNNELED IP CATH	Y		4/1/2012	Fee Schedule	$920.67
49423	EXCHANGE DRAINAGE CATHETER	Y		4/1/2012	Fee Schedule	$656.66
49424	ASSESS CYST CONTRAST INJECT			1/1/2009	No Separate Payment	$0.00
49426	REVISE ABDOMEN-VENOUS SHUNT	Y		4/1/2012	Fee Schedule	$1,107.33
49427	INJECTION ABDOMINAL SHUNT			1/1/2009	No Separate Payment	$0.00
49429	REMOVAL OF SHUNT	Y		4/1/2012	Fee Schedule	$920.67
49435	INSERT SUBQ EXTEN TO IP CATH	Y		4/1/2012	Fee Schedule	$656.66
49436	EMBEDDED IP CATH EXIT-SITE	Y		4/1/2012	Fee Schedule	$656.66
49440	PLACE GASTROSTOMY TUBE PERC	Y		4/1/2012	Fee Schedule	$511.29
49441	PLACE DUOD/JEJ TUBE PERC	Y		4/1/2012	Fee Schedule	$511.29
49442	PLACE CECOSTOMY TUBE PERC	Y		4/1/2012	Fee Schedule	$985.92
49446	CHANGE G-TUBE TO G-J PERC	Y		4/1/2012	Fee Schedule	$511.29
49450	REPLACE G/C TUBE PERC	Y		4/1/2012	Fee Schedule	$251.00
49451	REPLACE DUOD/JEJ TUBE PERC	Y		4/1/2012	Fee Schedule	$251.00
49452	REPLACE G-J TUBE PERC	Y		4/1/2012	Fee Schedule	$251.00
49460	FIX G/COLON TUBE W/DEVICE	Y		4/1/2012	Fee Schedule	$251.00
49465	FLUORO EXAM OF G/COLON TUBE			1/1/2009	No Separate Payment	$0.00

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49495	RPR ING HERNIA BABY REDUC	Y		4/1/2012	Fee Schedule	$1,330.28
49496	RPR ING HERNIA BABY BLOCKED	Y		4/1/2012	Fee Schedule	$1,330.28
49500	RPR ING HERNIA INIT REDUCE	Y		4/1/2012	Fee Schedule	$1,330.28
49501	RPR ING HERNIA INIT BLOCKED	Y		4/1/2012	Fee Schedule	$1,330.28
49505	PRP I/HERN INIT REDUC >5 YR	Y		4/1/2012	Fee Schedule	$1,330.28
49507	PRP I/HERN INIT BLOCK >5 YR	Y		4/1/2012	Fee Schedule	$1,330.28
49520	REREPAIR ING HERNIA REDUCE	Y		4/1/2012	Fee Schedule	$1,330.28
49521	REREPAIR ING HERNIA BLOCKED	Y		4/1/2012	Fee Schedule	$1,330.28
49525	REPAIR ING HERNIA SLIDING	Y		4/1/2012	Fee Schedule	$1,330.28
49540	REPAIR LUMBAR HERNIA	Y		4/1/2012	Fee Schedule	$1,330.28
49550	RPR REM HERNIA INIT REDUCE	Y		4/1/2012	Fee Schedule	$1,330.28
49553	RPR FEM HERNIA INIT BLOCKED	Y		4/1/2012	Fee Schedule	$1,330.28
49555	REREPAIR FEM HERNIA REDUCE	Y		4/1/2012	Fee Schedule	$1,330.28
49557	REREPAIR FEM HERNIA BLOCKED	Y		4/1/2012	Fee Schedule	$1,330.28
49560	RPR VENTRAL HERN INIT REDUC	Y		4/1/2012	Fee Schedule	$1,330.28
49561	RPR VENTRAL HERN INIT BLOCK	Y		4/1/2012	Fee Schedule	$1,330.28
49565	REREPAIR VENTRL HERN REDUCE	Y		4/1/2012	Fee Schedule	$1,330.28
49566	REREPAIR VENTRL HERN BLOCK	Y		4/1/2012	Fee Schedule	$1,330.28
49568	HERNIA REPAIR W/MESH	Y		4/1/2012	Fee Schedule	$1,330.28
49570	RPR EPIGASTRIC HERN REDUCE	Y		4/1/2012	Fee Schedule	$1,330.28
49572	RPR EPIGASTRIC HERN BLOCKED	Y		4/1/2012	Fee Schedule	$1,330.28
49580	RPR UMBIL HERN REDUC < 5 YR	Y		4/1/2012	Fee Schedule	$1,330.28
49582	RPR UMBIL HERN BLOCK < 5 YR	Y		4/1/2012	Fee Schedule	$1,330.28
49585	RPR UMBIL HERN REDUC > 5 YR	Y		4/1/2012	Fee Schedule	$1,330.28
49587	RPR UMBIL HERN BLOCK > 5 YR	Y		4/1/2012	Fee Schedule	$1,330.28
49590	REPAIR SPIGELIAN HERNIA	Y		4/1/2012	Fee Schedule	$1,330.28
49600	REPAIR UMBILICAL LESION	Y		4/1/2012	Fee Schedule	$1,330.28
49650	LAP ING HERNIA REPAIR INIT	Y		4/1/2012	Fee Schedule	$1,939.40
49651	LAP ING HERNIA REPAIR RECUR	Y		4/1/2012	Fee Schedule	$1,939.40
49652	LAP VENT/ABD HERNIA REPAIR	Y		4/1/2012	Fee Schedule	$2,890.58
49653	LAP VENT/ABD HERN PROC COMP	Y		4/1/2012	Fee Schedule	$2,890.58
49654	LAP INC HERNIA REPAIR	Y		4/1/2012	Fee Schedule	$2,890.58
49655	LAP INC HERN REPAIR COMP	Y		4/1/2012	Fee Schedule	$2,890.58
49656	LAP INC HERNIA REPAIR RECUR	Y		4/1/2012	Fee Schedule	$2,890.58
49657	LAP INC HERN RECUR COMP	Y		4/1/2012	Fee Schedule	$2,890.58
50080	REMOVAL OF KIDNEY STONE	Y		4/1/2012	Fee Schedule	$1,850.47
50081	REMOVAL OF KIDNEY STONE	Y		4/1/2012	Fee Schedule	$1,850.47
50200	RENAL BIOPSY PERQ	Y		4/1/2012	Fee Schedule	$390.78
50382	CHANGE URETER STENT PERCUT	Y		4/1/2012	Fee Schedule	$1,061.58
50384	REMOVE URETER STENT PERCUT	Y		4/1/2012	Fee Schedule	$706.67
50385	CHANGE STENT VIA TRANSURETH	Y		4/1/2012	Fee Schedule	$1,061.58
50386	REMOVE STENT VIA TRANSURETH	Y		4/1/2012	Fee Schedule	$273.59
50387	CHANGE EXT/INT URETER STENT	Y		4/1/2012	Fee Schedule	$656.66
50389	REMOVE RENAL TUBE W/FLUORO	Y		4/1/2012	Fee Schedule	$273.59
50390	DRAINAGE OF KIDNEY LESION	Y		4/1/2012	Fee Schedule	$390.78
50391	INSTLL RX AGNT INTO RNAL TUB	Y		4/1/2012	Fee Schedule	$44.81
50392	INSERT KIDNEY DRAIN	Y		4/1/2012	Fee Schedule	$706.67
50393	INSERT URETERAL TUBE	Y		4/1/2012	Fee Schedule	$1,061.58
50394	INJECTION FOR KIDNEY X-RAY			1/1/2009	No Separate Payment	$0.00
50395	CREATE PASSAGE TO KIDNEY	Y		4/1/2012	Fee Schedule	$1,061.58
50396	MEASURE KIDNEY PRESSURE	Y		4/1/2012	Fee Schedule	$78.75
50398	CHANGE KIDNEY TUBE	Y		4/1/2012	Fee Schedule	$656.66
50551	KIDNEY ENDOSCOPY	Y		4/1/2012	Fee Schedule	$273.59
50553	KIDNEY ENDOSCOPY	Y		4/1/2012	Fee Schedule	$1,061.58
50555	KIDNEY ENDOSCOPY & BIOPSY	Y		4/1/2012	Fee Schedule	$273.59
50557	KIDNEY ENDOSCOPY & TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
50561	KIDNEY ENDOSCOPY & TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
50562	RENAL SCOPE W/TUMOR RESECT	Y		4/1/2012	Fee Schedule	$273.59
50570	KIDNEY ENDOSCOPY	Y		4/1/2012	Fee Schedule	$273.59
50572	KIDNEY ENDOSCOPY	Y		4/1/2012	Fee Schedule	$273.59
50574	KIDNEY ENDOSCOPY & BIOPSY	Y		4/1/2012	Fee Schedule	$273.59
50575	KIDNEY ENDOSCOPY	Y		4/1/2012	Fee Schedule	$1,496.45

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50576	KIDNEY ENDOSCOPY & TREATMENT	Y		4/1/2012	Fee Schedule	$706.67
50580	KIDNEY ENDOSCOPY & TREATMENT	Y		4/1/2012	Fee Schedule	$706.67
50590	FRAGMENTING OF KIDNEY STONE	Y		4/1/2012	Fee Schedule	$1,665.59
50592	PERC RF ABLATE RENAL TUMOR	Y		4/1/2012	Fee Schedule	$2,361.71
50593	PERC CRYO ABLATE RENAL TUM	Y		4/1/2012	Fee Schedule	$2,361.71
50684	INJECTION FOR URETER X-RAY			1/1/2009	No Separate Payment	$0.00
50686	MEASURE URETER PRESSURE	Y		4/1/2012	Fee Schedule	$44.81
50688	CHANGE OF URETER TUBE/STENT	Y		4/1/2012	Fee Schedule	$656.66
50690	INJECTION FOR URETER X-RAY			1/1/2009	No Separate Payment	$0.00
50727	REVISE URETER	Y		4/1/2012	Fee Schedule	$825.96
50947	LAPARO NEW URETER/BLADDER	Y		4/1/2012	Fee Schedule	$1,939.40
50948	LAPARO NEW URETER/BLADDER	Y		4/1/2012	Fee Schedule	$1,939.40
50951	ENDOSCOPY OF URETER	Y		4/1/2012	Fee Schedule	$273.59
50953	ENDOSCOPY OF URETER	Y		4/1/2012	Fee Schedule	$273.59
50955	URETER ENDOSCOPY & BIOPSY	Y		4/1/2012	Fee Schedule	$1,061.58
50957	URETER ENDOSCOPY & TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
50961	URETER ENDOSCOPY & TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
50970	URETER ENDOSCOPY	Y		4/1/2012	Fee Schedule	$273.59
50972	URETER ENDOSCOPY & CATHETER	Y		4/1/2012	Fee Schedule	$273.59
50974	URETER ENDOSCOPY & BIOPSY	Y		4/1/2012	Fee Schedule	$706.67
50976	URETER ENDOSCOPY & TREATMENT	Y		4/1/2012	Fee Schedule	$706.67
50980	URETER ENDOSCOPY & TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
51020	INCISE & TREAT BLADDER	Y		4/1/2012	Fee Schedule	$1,061.58
51030	INCISE & TREAT BLADDER	Y		4/1/2012	Fee Schedule	$1,061.58
51040	INCISE & DRAIN BLADDER	Y		4/1/2012	Fee Schedule	$1,061.58
51045	INCISE BLADDER/DRAIN URETER	Y		4/1/2012	Fee Schedule	$273.59
51050	REMOVAL OF BLADDER STONE	Y		4/1/2012	Fee Schedule	$1,061.58
51065	REMOVE URETER CALCULUS	Y		4/1/2012	Fee Schedule	$1,061.58
51080	DRAINAGE OF BLADDER ABSCESS	Y		4/1/2012	Fee Schedule	$830.77
51100	DRAIN BLADDER BY NEEDLE	Y		4/1/2012	Fee Schedule	$32.34
51101	DRAIN BLADDER BY TROCAR/CATH	Y		4/1/2012	Fee Schedule	$44.81
51102	DRAIN BL W/CATH INSERTION	Y		4/1/2012	Fee Schedule	$825.96
51500	REMOVAL OF BLADDER CYST	Y		4/1/2012	Fee Schedule	$1,330.28
51520	REMOVAL OF BLADDER LESION	Y		4/1/2012	Fee Schedule	$1,061.58
51535	REPAIR OF URETER LESION	Y		4/1/2012	Fee Schedule	$1,061.58
51600	INJECTION FOR BLADDER X-RAY			1/1/2009	No Separate Payment	$0.00
51605	PREPARATION FOR BLADDER XRAY			1/1/2009	No Separate Payment	$0.00
51610	INJECTION FOR BLADDER X-RAY			1/1/2009	No Separate Payment	$0.00
51700	IRRIGATION OF BLADDER	Y		4/1/2012	Fee Schedule	$52.08
51701	INSERT BLADDER CATHETER			4/1/2012	Fee Schedule	$26.36
51702	INSERT TEMP BLADDER CATH			4/1/2012	Fee Schedule	$26.36
51703	INSERT BLADDER CATH COMPLEX	Y		4/1/2012	Fee Schedule	$44.81
51705	CHANGE OF BLADDER TUBE	Y		4/1/2012	Fee Schedule	$55.14
51710	CHANGE OF BLADDER TUBE	Y		4/1/2012	Fee Schedule	$251.00
51715	ENDOSCOPIC INJECTION/IMPLANT	Y		4/1/2012	Fee Schedule	$1,305.23
51720	TREATMENT OF BLADDER LESION	Y		4/1/2012	Fee Schedule	$55.48
51725	SIMPLE CYSTOMETROGRAM	Y		4/1/2012	Fee Schedule	$122.88
51726	COMPLEX CYSTOMETROGRAM	Y		4/1/2012	Fee Schedule	$128.79
51727	CYSTOMETROGRAM W/UP	Y		4/1/2012	Fee Schedule	$128.79
51728	CYSTOMETROGRAM W/VP	Y		4/1/2012	Fee Schedule	$128.79
51729	CYSTOMETROGRAM W/VP&UP	Y		4/1/2012	Fee Schedule	$128.79
51736	URINE FLOW MEASUREMENT			4/1/2012	Fee Schedule	$11.23
51741	ELECTRO-UROFLOWMETRY FIRST	Y		4/1/2012	Fee Schedule	$12.59
51784	ANAL/URINARY MUSCLE STUDY	Y		4/1/2012	Fee Schedule	$44.81
51785	ANAL/URINARY MUSCLE STUDY	Y		4/1/2012	Fee Schedule	$78.75
51792	URINARY REFLEX STUDY	Y		4/1/2012	Fee Schedule	$44.81
51797	INTRAABDOMINAL PRESSURE TEST	Y		4/1/2012	Fee Schedule	$78.75
51798	US URINE CAPACITY MEASURE			4/1/2012	Fee Schedule	$19.06
51880	REPAIR OF BLADDER OPENING	Y		4/1/2012	Fee Schedule	$1,061.58
51992	LAPARO SLING OPERATION	Y		4/1/2012	Fee Schedule	$1,939.40
52000	CYSTOSCOPY	Y		4/1/2012	Fee Schedule	$273.59
52001	CYSTOSCOPY REMOVAL OF CLOTS	Y		4/1/2012	Fee Schedule	$706.67

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52005	CYSTOSCOPY & URETER CATHETER	Y		4/1/2012	Fee Schedule	$1,061.58
52007	CYSTOSCOPY AND BIOPSY	Y		4/1/2012	Fee Schedule	$1,061.58
52010	CYSTOSCOPY & DUCT CATHETER	Y		4/1/2012	Fee Schedule	$273.59
52204	CYSTOSCOPY W/BIOPSY(S)	Y		4/1/2012	Fee Schedule	$1,061.58
52214	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52224	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52234	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52235	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52240	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52250	CYSTOSCOPY AND RADIOTRACER	Y		4/1/2012	Fee Schedule	$1,061.58
52260	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$706.67
52265	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$273.59
52270	CYSTOSCOPY & REVISE URETHRA	Y		4/1/2012	Fee Schedule	$706.67
52275	CYSTOSCOPY & REVISE URETHRA	Y		4/1/2012	Fee Schedule	$1,061.58
52276	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52277	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52281	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$706.67
52282	CYSTOSCOPY IMPLANT STENT	Y		4/1/2012	Fee Schedule	$1,496.45
52283	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52285	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$706.67
52290	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52300	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52301	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52305	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52310	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$706.67
52315	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52317	REMOVE BLADDER STONE	Y		4/1/2012	Fee Schedule	$1,061.58
52318	REMOVE BLADDER STONE	Y		4/1/2012	Fee Schedule	$1,061.58
52320	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52325	CYSTOSCOPY STONE REMOVAL	Y		4/1/2012	Fee Schedule	$1,061.58
52327	CYSTOSCOPY INJECT MATERIAL	Y		4/1/2012	Fee Schedule	$1,496.45
52330	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52332	CYSTOSCOPY AND TREATMENT	Y		4/1/2012	Fee Schedule	$1,061.58
52334	CREATE PASSAGE TO KIDNEY	Y		4/1/2012	Fee Schedule	$1,061.58
52341	CYSTO W/URETER STRICTURE TX	Y		4/1/2012	Fee Schedule	$1,061.58
52342	CYSTO W/UP STRICTURE TX	Y		4/1/2012	Fee Schedule	$1,061.58
52343	CYSTO W/RENAL STRICTURE TX	Y		4/1/2012	Fee Schedule	$1,061.58
52344	CYSTO/URETERO STRICTURE TX	Y		4/1/2012	Fee Schedule	$1,061.58
52345	CYSTO/URETERO W/UP STRICTURE	Y		4/1/2012	Fee Schedule	$1,061.58
52346	CYSTOURETERO W/RENAL STRICT	Y		4/1/2012	Fee Schedule	$1,061.58
52351	CYSTOURETERO & OR PYELOSCOPE	Y		4/1/2012	Fee Schedule	$1,061.58
52352	CYSTOURETERO W/STONE REMOVE	Y		4/1/2012	Fee Schedule	$1,061.58
52353	CYSTOURETERO W/LITHOTRIPSY	Y		4/1/2012	Fee Schedule	$1,496.45
52354	CYSTOURETERO W/BIOPSY	Y		4/1/2012	Fee Schedule	$1,061.58
52355	CYSTOURETERO W/EXCISE TUMOR	Y		4/1/2012	Fee Schedule	$1,061.58
52400	CYSTOURETERO W/CONGEN REPR	Y		4/1/2012	Fee Schedule	$1,061.58
52402	CYSTOURETHRO CUT EJACUL DUCT	Y		4/1/2012	Fee Schedule	$1,061.58
52450	INCISION OF PROSTATE	Y		4/1/2012	Fee Schedule	$1,061.58
52500	REVISION OF BLADDER NECK	Y		4/1/2012	Fee Schedule	$1,061.58
52601	PROSTATECTOMY (TURP)	Y		4/1/2012	Fee Schedule	$1,496.45
52630	REMOVE PROSTATE REGROWTH	Y		4/1/2012	Fee Schedule	$1,496.45
52640	RELIEVE BLADDER CONTRACTURE	Y		4/1/2012	Fee Schedule	$1,061.58
52647	LASER SURGERY OF PROSTATE	Y		4/1/2012	Fee Schedule	$1,850.47
52648	LASER SURGERY OF PROSTATE	Y		4/1/2012	Fee Schedule	$1,850.47
52649	PROSTATE LASER ENUCLEATION	Y		4/1/2012	Fee Schedule	$1,850.47
52700	DRAINAGE OF PROSTATE ABSCESS	Y		4/1/2012	Fee Schedule	$1,061.58
53000	INCISION OF URETHRA	Y		4/1/2012	Fee Schedule	$846.22
53010	INCISION OF URETHRA	Y		4/1/2012	Fee Schedule	$846.22
53020	INCISION OF URETHRA	Y		4/1/2012	Fee Schedule	$846.22
53025	INCISION OF URETHRA	Y		4/1/2012	Fee Schedule	$846.22
53040	DRAINAGE OF URETHRA ABSCESS	Y		4/1/2012	Fee Schedule	$846.22
53060	DRAINAGE OF URETHRA ABSCESS	Y		4/1/2012	Fee Schedule	$83.05

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53080	DRAINAGE OF URINARY LEAKAGE	Y		4/1/2012	Fee Schedule	$846.22
53085	DRAINAGE OF URINARY LEAKAGE	Y		4/1/2012	Fee Schedule	$846.22
53200	BIOPSY OF URETHRA	Y		4/1/2012	Fee Schedule	$846.22
53210	REMOVAL OF URETHRA	Y		4/1/2012	Fee Schedule	$1,305.23
53215	REMOVAL OF URETHRA	Y		4/1/2012	Fee Schedule	$846.22
53220	TREATMENT OF URETHRA LESION	Y		4/1/2012	Fee Schedule	$1,305.23
53230	REMOVAL OF URETHRA LESION	Y		4/1/2012	Fee Schedule	$1,305.23
53235	REMOVAL OF URETHRA LESION	Y		4/1/2012	Fee Schedule	$846.22
53240	SURGERY FOR URETHRA POUCH	Y		4/1/2012	Fee Schedule	$1,305.23
53250	REMOVAL OF URETHRA GLAND	Y		4/1/2012	Fee Schedule	$846.22
53260	TREATMENT OF URETHRA LESION	Y		4/1/2012	Fee Schedule	$846.22
53265	TREATMENT OF URETHRA LESION	Y		4/1/2012	Fee Schedule	$846.22
53270	REMOVAL OF URETHRA GLAND	Y		4/1/2012	Fee Schedule	$846.22
53275	REPAIR OF URETHRA DEFECT	Y		4/1/2012	Fee Schedule	$846.22
53400	REVISE URETHRA STAGE 1	Y		4/1/2012	Fee Schedule	$1,305.23
53405	REVISE URETHRA STAGE 2	Y		4/1/2012	Fee Schedule	$1,305.23
53410	RECONSTRUCTION OF URETHRA	Y		4/1/2012	Fee Schedule	$1,305.23
53420	RECONSTRUCT URETHRA STAGE 1	Y		4/1/2012	Fee Schedule	$1,305.23
53425	RECONSTRUCT URETHRA STAGE 2	Y		4/1/2012	Fee Schedule	$1,305.23
53430	RECONSTRUCTION OF URETHRA	Y		4/1/2012	Fee Schedule	$1,305.23
53431	RECONSTRUCT URETHRA/BLADDER	Y		4/1/2012	Fee Schedule	$1,305.23
53440	MALE SLING PROCEDURE			4/1/2012	Fee Schedule	$6,145.34
53442	REMOVE/REVISE MALE SLING	Y		4/1/2012	Fee Schedule	$1,305.23
53444	INSERT TANDEM CUFF			4/1/2012	Fee Schedule	$6,145.34
53445	INSERT URO/VES NCK SPHINCTER			4/1/2012	Fee Schedule	$10,358.62
53446	REMOVE URO SPHINCTER	Y		4/1/2012	Fee Schedule	$1,305.23
53447	REMOVE/REPLACE UR SPHINCTER			4/1/2012	Fee Schedule	$10,358.62
53449	REPAIR URO SPHINCTER	Y		4/1/2012	Fee Schedule	$1,305.23
53450	REVISION OF URETHRA	Y		4/1/2012	Fee Schedule	$1,305.23
53460	REVISION OF URETHRA	Y		4/1/2012	Fee Schedule	$846.22
53502	REPAIR OF URETHRA INJURY	Y		4/1/2012	Fee Schedule	$846.22
53505	REPAIR OF URETHRA INJURY	Y		4/1/2012	Fee Schedule	$1,305.23
53510	REPAIR OF URETHRA INJURY	Y		4/1/2012	Fee Schedule	$846.22
53515	REPAIR OF URETHRA INJURY	Y		4/1/2012	Fee Schedule	$1,305.23
53520	REPAIR OF URETHRA DEFECT	Y		4/1/2012	Fee Schedule	$1,305.23
53600	DILATE URETHRA STRICTURE	Y		4/1/2012	Fee Schedule	$39.48
53601	DILATE URETHRA STRICTURE	Y		4/1/2012	Fee Schedule	$44.81
53605	DILATE URETHRA STRICTURE	Y		4/1/2012	Fee Schedule	$706.67
53620	DILATE URETHRA STRICTURE	Y		4/1/2012	Fee Schedule	$58.54
53621	DILATE URETHRA STRICTURE	Y		4/1/2012	Fee Schedule	$61.95
53660	DILATION OF URETHRA	Y		4/1/2012	Fee Schedule	$44.81
53661	DILATION OF URETHRA	Y		4/1/2012	Fee Schedule	$44.25
53665	DILATION OF URETHRA	Y		4/1/2012	Fee Schedule	$846.22
53850	PROSTATIC MICROWAVE THERMOTX	Y		4/1/2012	Fee Schedule	$1,782.89
53852	PROSTATIC RF THERMOTX	Y		4/1/2012	Fee Schedule	$1,679.76
53855	INSERT PROST URETHRAL STENT	Y		4/1/2012	Fee Schedule	$78.75
53860	TRANSURETHRAL RF TREATMENT	Y		4/1/2012	Fee Schedule	$825.96
54000	SLITTING OF PREPUCE	Y		4/1/2012	Fee Schedule	$846.22
54001	SLITTING OF PREPUCE	Y		4/1/2012	Fee Schedule	$846.22
54015	DRAIN PENIS LESION	Y		4/1/2012	Fee Schedule	$830.77
54050	DESTRUCTION PENIS LESION(S)	Y		4/1/2012	Fee Schedule	$60.55
54055	DESTRUCTION PENIS LESION(S)	Y		4/1/2012	Fee Schedule	$71.82
54056	CRYOSURGERY PENIS LESION(S)	Y		4/1/2012	Fee Schedule	$35.49
54057	LASER SURG PENIS LESION(S)	Y		4/1/2012	Fee Schedule	$875.26
54060	EXCISION OF PENIS LESION(S)	Y		4/1/2012	Fee Schedule	$875.26
54065	DESTRUCTION PENIS LESION(S)	Y		4/1/2012	Fee Schedule	$875.26
54100	BIOPSY OF PENIS	Y		4/1/2012	Fee Schedule	$687.06
54105	BIOPSY OF PENIS	Y		4/1/2012	Fee Schedule	$939.90
54110	TREATMENT OF PENIS LESION	Y		4/1/2012	Fee Schedule	$1,398.69
54111	TREAT PENIS LESION GRAFT	Y		4/1/2012	Fee Schedule	$1,398.69
54112	TREAT PENIS LESION GRAFT	Y		4/1/2012	Fee Schedule	$1,398.69
54115	TREATMENT OF PENIS LESION	Y		4/1/2012	Fee Schedule	$830.77

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54120	PARTIAL REMOVAL OF PENIS	Y		4/1/2012	Fee Schedule	$1,398.69
54150	CIRCUMCISION W/REGIONL BLOCK	Y	Y	4/1/2012	Fee Schedule	$953.32
54160	CIRCUMCISION NEONATE	Y	Y	4/1/2012	Fee Schedule	$953.32
54161	CIRCUM 28 DAYS OR OLDER	Y	Y	4/1/2012	Fee Schedule	$953.32
54162	LYSIS PENIL CIRCUMIC LESION	Y		4/1/2012	Fee Schedule	$953.32
54163	REPAIR OF CIRCUMCISION	Y		4/1/2012	Fee Schedule	$953.32
54164	FRENULOTOMY OF PENIS	Y		4/1/2012	Fee Schedule	$953.32
54200	TREATMENT OF PENIS LESION	Y		4/1/2012	Fee Schedule	$68.08
54205	TREATMENT OF PENIS LESION	Y		4/1/2012	Fee Schedule	$1,398.69
54220	TREATMENT OF PENIS LESION	Y		4/1/2012	Fee Schedule	$78.75
54230	PREPARE PENIS STUDY			3/1/2011	Not Allowed	$0.00
54231	DYNAMIC CAVERNOSOMETRY			3/1/2011	Not Allowed	$0.00
54235	PENILE INJECTION			3/1/2011	Not Allowed	$0.00
54240	PENIS STUDY			3/1/2011	Not Allowed	$0.00
54250	PENIS STUDY			3/1/2011	Not Allowed	$0.00
54300	REVISION OF PENIS	Y		4/1/2012	Fee Schedule	$1,398.69
54304	REVISION OF PENIS	Y		4/1/2012	Fee Schedule	$1,398.69
54308	RECONSTRUCTION OF URETHRA	Y		4/1/2012	Fee Schedule	$1,398.69
54312	RECONSTRUCTION OF URETHRA	Y		4/1/2012	Fee Schedule	$1,398.69
54316	RECONSTRUCTION OF URETHRA	Y		4/1/2012	Fee Schedule	$1,398.69
54318	RECONSTRUCTION OF URETHRA	Y		4/1/2012	Fee Schedule	$1,398.69
54322	RECONSTRUCTION OF URETHRA	Y		4/1/2012	Fee Schedule	$1,398.69
54324	RECONSTRUCTION OF URETHRA	Y		4/1/2012	Fee Schedule	$1,398.69
54326	RECONSTRUCTION OF URETHRA	Y		4/1/2012	Fee Schedule	$1,398.69
54328	REVISE PENIS/URETHRA	Y		4/1/2012	Fee Schedule	$1,398.69
54340	SECONDARY URETHRAL SURGERY	Y		4/1/2012	Fee Schedule	$1,398.69
54344	SECONDARY URETHRAL SURGERY	Y		4/1/2012	Fee Schedule	$1,398.69
54348	SECONDARY URETHRAL SURGERY	Y		4/1/2012	Fee Schedule	$1,398.69
54352	RECONSTRUCT URETHRA/PENIS	Y		4/1/2012	Fee Schedule	$1,398.69
54360	PENIS PLASTIC SURGERY			3/1/2011	Not Allowed	$0.00
54380	REPAIR PENIS	Y		4/1/2012	Fee Schedule	$1,398.69
54385	REPAIR PENIS	Y		4/1/2012	Fee Schedule	$1,398.69
54400	INSERT SEMI-RIGID PROSTHESIS			3/1/2011	Not Allowed	$0.00
54401	INSERT SELF-CONTD PROSTHESIS			3/1/2011	Not Allowed	$0.00
54405	INSERT MULTI-COMP PENIS PROS			3/1/2011	Not Allowed	$0.00
54406	REMOVE MUTI-COMP PENIS PROS			3/1/2011	Not Allowed	$0.00
54408	REPAIR MULTI-COMP PENIS PROS			3/1/2011	Not Allowed	$0.00
54410	REMOVE/REPLACE PENIS PROSTH			3/1/2011	Not Allowed	$0.00
54415	REMOVE SELF-CONTD PENIS PROS			3/1/2011	Not Allowed	$0.00
54416	REMV/REPL PENIS CONTAIN PROS			3/1/2011	Not Allowed	$0.00
54420	REVISION OF PENIS	Y		4/1/2012	Fee Schedule	$1,398.69
54435	REVISION OF PENIS	Y		4/1/2012	Fee Schedule	$1,398.69
54440	REPAIR OF PENIS	Y		4/1/2012	Fee Schedule	$1,398.69
54450	PREPUTIAL STRETCHING	Y		4/1/2012	Fee Schedule	$128.79
54500	BIOPSY OF TESTIS	Y		4/1/2012	Fee Schedule	$620.10
54505	BIOPSY OF TESTIS	Y		4/1/2012	Fee Schedule	$953.32
54512	EXCISE LESION TESTIS	Y		4/1/2012	Fee Schedule	$953.32
54520	REMOVAL OF TESTIS	Y		4/1/2012	Fee Schedule	$953.32
54522	ORCHIECTOMY PARTIAL	Y		4/1/2012	Fee Schedule	$953.32
54530	REMOVAL OF TESTIS	Y		4/1/2012	Fee Schedule	$1,330.28
54550	EXPLORATION FOR TESTIS	Y		4/1/2012	Fee Schedule	$1,330.28
54560	EXPLORATION FOR TESTIS	Y		4/1/2012	Fee Schedule	$953.32
54600	REDUCE TESTIS TORSION	Y		4/1/2012	Fee Schedule	$953.32
54620	SUSPENSION OF TESTIS	Y		4/1/2012	Fee Schedule	$953.32
54640	SUSPENSION OF TESTIS	Y		4/1/2012	Fee Schedule	$1,330.28
54660	REVISION OF TESTIS	Y		4/1/2012	Fee Schedule	$953.32
54670	REPAIR TESTIS INJURY	Y		4/1/2012	Fee Schedule	$953.32
54680	RELOCATION OF TESTIS(ES)	Y		4/1/2012	Fee Schedule	$953.32
54690	LAPAROSCOPY ORCHIECTOMY	Y		4/1/2012	Fee Schedule	$1,939.40
54692	LAPAROSCOPY ORCHIOPEXY	Y		4/1/2012	Fee Schedule	$2,890.58
54700	DRAINAGE OF SCROTUM	Y		4/1/2012	Fee Schedule	$953.32
54800	BIOPSY OF EPIDIDYMIS	Y		4/1/2012	Fee Schedule	$184.80

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
54830	REMOVE EPIDIDYMIS LESION	Y		4/1/2012	Fee Schedule	$953.32
54840	REMOVE EPIDIDYMIS LESION	Y		4/1/2012	Fee Schedule	$953.32
54860	REMOVAL OF EPIDIDYMIS	Y		4/1/2012	Fee Schedule	$953.32
54861	REMOVAL OF EPIDIDYMIS	Y		4/1/2012	Fee Schedule	$953.32
54865	EXPLORE EPIDIDYMIS	Y		4/1/2012	Fee Schedule	$953.32
54900	FUSION OF SPERMATIC DUCTS	Y		4/1/2012	Fee Schedule	$953.32
54901	FUSION OF SPERMATIC DUCTS	Y		4/1/2012	Fee Schedule	$953.32
55000	DRAINAGE OF HYDROCELE	Y		4/1/2012	Fee Schedule	$66.03
55040	REMOVAL OF HYDROCELE	Y		4/1/2012	Fee Schedule	$1,330.28
55041	REMOVAL OF HYDROCELES	Y		4/1/2012	Fee Schedule	$1,330.28
55060	REPAIR OF HYDROCELE	Y		4/1/2012	Fee Schedule	$953.32
55100	DRAINAGE OF SCROTUM ABSCESS	Y		4/1/2012	Fee Schedule	$530.22
55110	EXPLORE SCROTUM	Y		4/1/2012	Fee Schedule	$953.32
55120	REMOVAL OF SCROTUM LESION	Y		4/1/2012	Fee Schedule	$953.32
55150	REMOVAL OF SCROTUM	Y		4/1/2012	Fee Schedule	$953.32
55175	REVISION OF SCROTUM	Y		4/1/2012	Fee Schedule	$953.32
55180	REVISION OF SCROTUM	Y		4/1/2012	Fee Schedule	$953.32
55200	INCISION OF SPERM DUCT	Y		4/1/2012	Fee Schedule	$953.32
55250	REMOVAL OF SPERM DUCT(S)	Y		4/1/2012	Fee Schedule	$953.32
55300	PREPARE SPERM DUCT X-RAY			1/1/2009	No Separate Payment	$0.00
55400	REPAIR OF SPERM DUCT	Y		4/1/2012	Fee Schedule	$953.32
55450	LIGATION OF SPERM DUCT	Y		4/1/2012	Fee Schedule	$203.54
55500	REMOVAL OF HYDROCELE	Y		4/1/2012	Fee Schedule	$953.32
55520	REMOVAL OF SPERM CORD LESION	Y		4/1/2012	Fee Schedule	$953.32
55530	REVISE SPERMATIC CORD VEINS	Y		4/1/2012	Fee Schedule	$953.32
55535	REVISE SPERMATIC CORD VEINS	Y		4/1/2012	Fee Schedule	$1,330.28
55540	REVISE HERNIA & SPERM VEINS	Y		4/1/2012	Fee Schedule	$1,330.28
55550	LAPARO LIGATE SPERMATIC VEIN	Y		4/1/2012	Fee Schedule	$1,939.40
55600	INCISE SPERM DUCT POUCH	Y		4/1/2012	Fee Schedule	$953.32
55680	REMOVE SPERM POUCH LESION	Y		4/1/2012	Fee Schedule	$953.32
55700	BIOPSY OF PROSTATE	Y		4/1/2012	Fee Schedule	$559.10
55705	BIOPSY OF PROSTATE	Y		4/1/2012	Fee Schedule	$559.10
55706	PROSTATE SATURATION SAMPLING	Y		4/1/2012	Fee Schedule	$559.10
55720	DRAINAGE OF PROSTATE ABSCESS	Y		4/1/2012	Fee Schedule	$1,061.58
55725	DRAINAGE OF PROSTATE ABSCESS	Y		4/1/2012	Fee Schedule	$1,061.58
55860	SURGICAL EXPOSURE PROSTATE	Y		4/1/2012	Fee Schedule	$825.96
55870	ELECTROEJACULATION			3/1/2011	Not Allowed	$0.00
55873	CRYOABLATE PROSTATE	Y		4/1/2012	Fee Schedule	$6,564.25
55875	TRANSPERI NEEDLE PLACE PROS			4/1/2012	Fee Schedule	$1,496.45
55876	PLACE RT DEVICE/MARKER PROS			4/1/2012	Fee Schedule	$72.50
55920	PLACE NEEDLES PELVIC FOR RT	Y		4/1/2012	Fee Schedule	$1,107.33
56405	I & D OF VULVA/PERINEUM	Y		4/1/2012	Fee Schedule	$51.74
56420	DRAINAGE OF GLAND ABSCESS	Y		4/1/2012	Fee Schedule	$63.99
56440	SURGERY FOR VULVA LESION	Y		4/1/2012	Fee Schedule	$834.01
56441	LYSIS OF LABIAL LESION(S)	Y		4/1/2012	Fee Schedule	$834.01
56442	HYMENOTOMY	Y		4/1/2012	Fee Schedule	$834.01
56501	DESTROY VULVA LESIONS SIM	Y		4/1/2012	Fee Schedule	$69.78
56515	DESTROY VULVA LESION/S COMPL	Y		4/1/2012	Fee Schedule	$875.26
56605	BIOPSY OF VULVA/PERINEUM	Y		4/1/2012	Fee Schedule	$40.16
56606	BIOPSY OF VULVA/PERINEUM	Y		4/1/2012	Fee Schedule	$16.34
56620	PARTIAL REMOVAL OF VULVA	Y		4/1/2012	Fee Schedule	$834.01
56625	COMPLETE REMOVAL OF VULVA	Y		4/1/2012	Fee Schedule	$834.01
56700	PARTIAL REMOVAL OF HYMEN	Y		4/1/2012	Fee Schedule	$834.01
56740	REMOVE VAGINA GLAND LESION	Y		4/1/2012	Fee Schedule	$834.01
56800	REPAIR OF VAGINA	Y		4/1/2012	Fee Schedule	$834.01
56805	REPAIR CLITORIS	Y		4/1/2012	Fee Schedule	$834.01
56810	REPAIR OF PERINEUM	Y		4/1/2012	Fee Schedule	$834.01
56820	EXAM OF VULVA W/SCOPE	Y		4/1/2012	Fee Schedule	$52.42
56821	EXAM/BIOPSY OF VULVA W/SCOPE	Y		4/1/2012	Fee Schedule	$63.99
57000	EXPLORATION OF VAGINA	Y		4/1/2012	Fee Schedule	$834.01
57010	DRAINAGE OF PELVIC ABSCESS	Y		4/1/2012	Fee Schedule	$834.01
57020	DRAINAGE OF PELVIC FLUID	Y		4/1/2012	Fee Schedule	$272.96

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
57022	I & D VAGINAL HEMATOMA PP	Y		4/1/2012	Fee Schedule	$530.22
57023	I & D VAG HEMATOMA NON-OB	Y		4/1/2012	Fee Schedule	$830.77
57061	DESTROY VAG LESIONS SIMPLE	Y		4/1/2012	Fee Schedule	$63.99
57065	DESTROY VAG LESIONS COMPLEX	Y		4/1/2012	Fee Schedule	$834.01
57100	BIOPSY OF VAGINA	Y		4/1/2012	Fee Schedule	$41.53
57105	BIOPSY OF VAGINA	Y		4/1/2012	Fee Schedule	$834.01
57130	REMOVE VAGINA LESION	Y		4/1/2012	Fee Schedule	$834.01
57135	REMOVE VAGINA LESION	Y		4/1/2012	Fee Schedule	$834.01
57150	TREAT VAGINA INFECTION	Y		4/1/2012	Fee Schedule	$25.53
57155	INSERT UTERI TANDEMS/OVOIDS	Y		4/1/2012	Fee Schedule	$272.96
57156	INS VAG BRACHYTX DEVICE	Y		4/1/2012	Fee Schedule	$140.79
57160	INSERT PESSARY/OTHER DEVICE	Y		4/1/2012	Fee Schedule	$42.55
57170	FITTING OF DIAPHRAGM/CAP	Y		4/1/2012	Fee Schedule	$5.29
57180	TREAT VAGINAL BLEEDING	Y		4/1/2012	Fee Schedule	$63.99
57200	REPAIR OF VAGINA	Y		4/1/2012	Fee Schedule	$834.01
57210	REPAIR VAGINA/PERINEUM	Y		4/1/2012	Fee Schedule	$834.01
57220	REVISION OF URETHRA	Y		4/1/2012	Fee Schedule	$1,858.45
57230	REPAIR OF URETHRAL LESION	Y		4/1/2012	Fee Schedule	$1,455.74
57240	REPAIR BLADDER & VAGINA	Y		4/1/2012	Fee Schedule	$1,455.74
57250	REPAIR RECTUM & VAGINA	Y		4/1/2012	Fee Schedule	$1,455.74
57260	REPAIR OF VAGINA	Y		4/1/2012	Fee Schedule	$1,455.74
57265	EXTENSIVE REPAIR OF VAGINA	Y		4/1/2012	Fee Schedule	$1,858.45
57267	INSERT MESH/PELVIC FLR ADDON	Y		4/1/2012	Fee Schedule	$1,455.74
57268	REPAIR OF BOWEL BULGE	Y		4/1/2012	Fee Schedule	$1,455.74
57287	REVISE/REMOVE SLING REPAIR	Y		4/1/2012	Fee Schedule	$1,455.74
57288	REPAIR BLADDER DEFECT	Y		4/1/2012	Fee Schedule	$1,858.45
57289	REPAIR BLADDER & VAGINA	Y		4/1/2012	Fee Schedule	$1,455.74
57291	CONSTRUCTION OF VAGINA			3/1/2011	Not Allowed	$0.00
57295	REVISE VAG GRAFT VIA VAGINA	Y		4/1/2012	Fee Schedule	$834.01
57300	REPAIR RECTUM-VAGINA FISTULA	Y		4/1/2012	Fee Schedule	$1,455.74
57320	REPAIR BLADDER-VAGINA LESION	Y		4/1/2012	Fee Schedule	$1,455.74
57400	DILATION OF VAGINA	Y		4/1/2012	Fee Schedule	$834.01
57410	PELVIC EXAMINATION	Y		4/1/2012	Fee Schedule	$834.01
57415	REMOVE VAGINAL FOREIGN BODY	Y		4/1/2012	Fee Schedule	$834.01
57420	EXAM OF VAGINA W/SCOPE	Y		4/1/2012	Fee Schedule	$54.12
57421	EXAM/BIOPSY OF VAG W/SCOPE	Y		4/1/2012	Fee Schedule	$70.46
57426	REVISE PROSTH VAG GRAFT LAP	Y		4/1/2012	Fee Schedule	$834.01
57452	EXAM OF CERVIX W/SCOPE	Y		4/1/2012	Fee Schedule	$50.72
57454	BX/CURETT OF CERVIX W/SCOPE	Y		4/1/2012	Fee Schedule	$63.31
57455	BIOPSY OF CERVIX W/SCOPE	Y		4/1/2012	Fee Schedule	$66.03
57456	ENDOCERV CURETTAGE W/SCOPE	Y		4/1/2012	Fee Schedule	$63.65
57460	BX OF CERVIX W/SCOPE LEEP	Y		4/1/2012	Fee Schedule	$179.38
57461	CONZ OF CERVIX W/SCOPE LEEP	Y		4/1/2012	Fee Schedule	$192.31
57500	BIOPSY OF CERVIX	Y		4/1/2012	Fee Schedule	$83.39
57505	ENDOCERVICAL CURETTAGE	Y		4/1/2012	Fee Schedule	$56.16
57510	CAUTERIZATION OF CERVIX	Y		4/1/2012	Fee Schedule	$57.86
57511	CRYOCAUTERY OF CERVIX	Y		4/1/2012	Fee Schedule	$63.99
57513	LASER SURGERY OF CERVIX	Y		4/1/2012	Fee Schedule	$834.01
57520	CONIZATION OF CERVIX	Y		4/1/2012	Fee Schedule	$834.01
57522	CONIZATION OF CERVIX	Y		4/1/2012	Fee Schedule	$834.01
57530	REMOVAL OF CERVIX	Y		4/1/2012	Fee Schedule	$1,455.74
57550	REMOVAL OF RESIDUAL CERVIX	Y		4/1/2012	Fee Schedule	$1,455.74
57556	REMOVE CERVIX REPAIR BOWEL	Y		4/1/2012	Fee Schedule	$1,858.45
57558	D&C OF CERVICAL STUMP	Y		4/1/2012	Fee Schedule	$834.01
57700	REVISION OF CERVIX	Y		4/1/2012	Fee Schedule	$834.01
57720	REVISION OF CERVIX	Y		4/1/2012	Fee Schedule	$834.01
57800	DILATION OF CERVICAL CANAL	Y		4/1/2012	Fee Schedule	$30.63
58100	BIOPSY OF UTERUS LINING	Y		4/1/2012	Fee Schedule	$50.38
58110	BX DONE W/COLPOSCOPY ADD-ON			1/1/2009	No Separate Payment	$0.00
58120	DILATION AND CURETTAGE	Y		4/1/2012	Fee Schedule	$834.01
58145	MYOMECTOMY VAG METHOD	Y		4/1/2012	Fee Schedule	$1,455.74
58301	REMOVE INTRAUTERINE DEVICE	Y		4/1/2012	Fee Schedule	$46.29

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
58321	ARTIFICIAL INSEMINATION			7/1/2010	Not Allowed	$0.00
58322	ARTIFICIAL INSEMINATION			7/1/2010	Not Allowed	$0.00
58323	SPERM WASHING			7/1/2010	Not Allowed	$0.00
58340	CATHETER FOR HYSTEROGRAPHY			1/1/2009	No Separate Payment	$0.00
58345	REOPEN FALLOPIAN TUBE			3/1/2011	Not Allowed	$0.00
58346	INSERT HEYMAN UTERI CAPSULE	Y		4/1/2012	Fee Schedule	$834.01
58350	REOPEN FALLOPIAN TUBE	Y		4/1/2012	Fee Schedule	$1,455.74
58353	ENDOMETR ABLATE THERMAL	Y		4/1/2012	Fee Schedule	$1,455.74
58356	ENDOMETRIAL CRYOABLATION	Y		4/1/2012	Fee Schedule	$1,721.28
58545	LAPAROSCOPIC MYOMECTOMY	Y		4/1/2012	Fee Schedule	$1,570.98
58546	LAPARO-MYOMECTOMY COMPLEX	Y		4/1/2012	Fee Schedule	$1,939.40
58550	LAPARO-ASST VAG HYSTERECTOMY	Y		4/1/2012	Fee Schedule	$2,890.58
58552	LAPARO-VAG HYST INCL T/O	Y		4/1/2012	Fee Schedule	$1,939.40
58555	HYSTEROSCOPY DX SEP PROC	Y		4/1/2012	Fee Schedule	$929.37
58558	HYSTEROSCOPY BIOPSY	Y		4/1/2012	Fee Schedule	$929.37
58559	HYSTEROSCOPY LYSIS	Y		4/1/2012	Fee Schedule	$929.37
58560	HYSTEROSCOPY RESECT SEPTUM	Y		4/1/2012	Fee Schedule	$1,546.86
58561	HYSTEROSCOPY REMOVE MYOMA	Y		4/1/2012	Fee Schedule	$1,546.86
58562	HYSTEROSCOPY REMOVE FB	Y		4/1/2012	Fee Schedule	$929.37
58563	HYSTEROSCOPY ABLATION	Y		4/1/2012	Fee Schedule	$1,546.86
58565	HYSTEROSCOPY STERILIZATION	Y		4/1/2012	Fee Schedule	$1,858.45
58600	DIVISION OF FALLOPIAN TUBE	Y		4/1/2012	Fee Schedule	$1,455.74
58615	OCCLUDE FALLOPIAN TUBE(S)	Y		4/1/2012	Fee Schedule	$834.01
58660	LAPAROSCOPY LYSIS	Y		4/1/2012	Fee Schedule	$1,939.40
58661	LAPAROSCOPY REMOVE ADNEXA	Y		4/1/2012	Fee Schedule	$1,939.40
58662	LAPAROSCOPY EXCISE LESIONS	Y		4/1/2012	Fee Schedule	$1,939.40
58670	LAPAROSCOPY TUBAL CAUTERY	Y		4/1/2012	Fee Schedule	$1,939.40
58671	LAPAROSCOPY TUBAL BLOCK	Y		4/1/2012	Fee Schedule	$1,939.40
58672	LAPAROSCOPY FIMBRIOPLASTY	Y		4/1/2012	Fee Schedule	$1,939.40
58673	LAPAROSCOPY SALPINGOSTOMY	Y		4/1/2012	Fee Schedule	$1,939.40
58800	DRAINAGE OF OVARIAN CYST(S)	Y		4/1/2012	Fee Schedule	$834.01
58805	DRAINAGE OF OVARIAN CYST(S)	Y		4/1/2012	Fee Schedule	$1,455.74
58820	DRAIN OVARY ABSCESS OPEN	Y		4/1/2012	Fee Schedule	$1,455.74
58900	BIOPSY OF OVARY(S)	Y		4/1/2012	Fee Schedule	$834.01
58970	RETRIEVAL OF OOCYTE			3/1/2011	Not Allowed	$0.00
58974	TRANSFER OF EMBRYO			3/1/2011	Not Allowed	$0.00
58976	TRANSFER OF EMBRYO			3/1/2011	Not Allowed	$0.00
59000	AMNIOCENTESIS DIAGNOSTIC	Y		4/1/2012	Fee Schedule	$72.50
59001	AMNIOCENTESIS THERAPEUTIC	Y		4/1/2012	Fee Schedule	$272.96
59012	FETAL CORD PUNCTURE PRENATAL	Y		4/1/2012	Fee Schedule	$140.79
59015	CHORION BIOPSY	Y		4/1/2012	Fee Schedule	$62.97
59020	FETAL CONTRACT STRESS TEST	Y		4/1/2012	Fee Schedule	$33.70
59025	FETAL NON-STRESS TEST	Y		4/1/2012	Fee Schedule	$18.04
59070	TRANSABDOM AMNIOINFUS W/US	Y		4/1/2012	Fee Schedule	$63.99
59072	UMBILICAL CORD OCCLUD W/US	Y		4/1/2012	Fee Schedule	$140.79
59074	FETAL FLUID DRAINAGE W/US	Y		4/1/2012	Fee Schedule	$140.79
59076	FETAL SHUNT PLACEMENT W/US	Y		4/1/2012	Fee Schedule	$140.79
59100	REMOVE UTERUS LESION	Y		4/1/2012	Fee Schedule	$1,455.74
59150	TREAT ECTOPIC PREGNANCY	Y		4/1/2012	Fee Schedule	$1,939.40
59151	TREAT ECTOPIC PREGNANCY	Y		4/1/2012	Fee Schedule	$1,939.40
59160	D & C AFTER DELIVERY	Y		4/1/2012	Fee Schedule	$834.01
59200	INSERT CERVICAL DILATOR	Y		4/1/2012	Fee Schedule	$39.82
59300	EPISIOTOMY OR VAGINAL REPAIR	Y		4/1/2012	Fee Schedule	$91.56
59320	REVISION OF CERVIX	Y		4/1/2012	Fee Schedule	$834.01
59412	ANTEPARTUM MANIPULATION	Y		4/1/2012	Fee Schedule	$834.01
59414	DELIVER PLACENTA	Y		4/1/2012	Fee Schedule	$834.01
59812	TREATMENT OF MISCARRIAGE	Y		4/1/2012	Fee Schedule	$834.01
59820	CARE OF MISCARRIAGE	Y		4/1/2012	Fee Schedule	$834.01
59821	TREATMENT OF MISCARRIAGE	Y		4/1/2012	Fee Schedule	$834.01
59840	ABORTION	Y		4/1/2012	Fee Schedule	$834.01
59841	ABORTION	Y		4/1/2012	Fee Schedule	$834.01
59866	ABORTION (MPR)	Y		4/1/2012	Fee Schedule	$140.79

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59870	EVACUATE MOLE OF UTERUS	Y		4/1/2012	Fee Schedule	$834.01
59871	REMOVE CERCLAGE SUTURE	Y		4/1/2012	Fee Schedule	$834.01
60000	DRAIN THYROID/TONGUE CYST	Y		4/1/2012	Fee Schedule	$301.38
60100	BIOPSY OF THYROID	Y		4/1/2012	Fee Schedule	$52.42
60200	REMOVE THYROID LESION	Y		4/1/2012	Fee Schedule	$2,075.55
60210	PARTIAL THYROID EXCISION	Y		4/1/2012	Fee Schedule	$2,075.55
60212	PARTIAL THYROID EXCISION	Y		4/1/2012	Fee Schedule	$2,075.55
60220	PARTIAL REMOVAL OF THYROID	Y		4/1/2012	Fee Schedule	$2,075.55
60225	PARTIAL REMOVAL OF THYROID	Y		4/1/2012	Fee Schedule	$2,075.55
60280	REMOVE THYROID DUCT LESION	Y		4/1/2012	Fee Schedule	$2,075.55
60281	REMOVE THYROID DUCT LESION	Y		4/1/2012	Fee Schedule	$2,075.55
60300	ASPIR/INJ THYROID CYST	Y		4/1/2012	Fee Schedule	$77.27
61000	REMOVE CRANIAL CAVITY FLUID	Y		4/1/2012	Fee Schedule	$301.95
61001	REMOVE CRANIAL CAVITY FLUID	Y		4/1/2012	Fee Schedule	$301.95
61020	REMOVE BRAIN CAVITY FLUID	Y		4/1/2012	Fee Schedule	$301.95
61026	INJECTION INTO BRAIN CANAL	Y		4/1/2012	Fee Schedule	$301.95
61050	REMOVE BRAIN CANAL FLUID	Y		4/1/2012	Fee Schedule	$301.95
61055	INJECTION INTO BRAIN CANAL	Y		4/1/2012	Fee Schedule	$301.95
61070	BRAIN CANAL SHUNT PROCEDURE	Y		4/1/2012	Fee Schedule	$251.00
61215	INSERT BRAIN-FLUID DEVICE	Y		4/1/2012	Fee Schedule	$1,684.56
61330	DECOMPRESS EYE SOCKET	Y		4/1/2012	Fee Schedule	$1,825.94
61334	EXPLORE ORBIT/REMOVE OBJECT	Y		4/1/2012	Fee Schedule	$1,825.94
61770	INCISE SKULL FOR TREATMENT	Y		4/1/2012	Fee Schedule	$1,455.98
61781	SCAN PROC CRANIAL INTRA			1/1/2011	No Separate Payment	$0.00
61782	SCAN PROC CRANIAL EXTRA			1/1/2011	No Separate Payment	$0.00
61783	SCAN PROC SPINAL			1/1/2011	No Separate Payment	$0.00
61790	TREAT TRIGEMINAL NERVE	Y		4/1/2012	Fee Schedule	$762.87
61791	TREAT TRIGEMINAL TRACT	Y		4/1/2012	Fee Schedule	$521.08
61880	REVISE/REMOVE NEUROELECTRODE	Y		4/1/2012	Fee Schedule	$846.11
61885	INSRT/REDO NEUROSTIM 1 ARRAY			4/1/2012	Fee Schedule	$14,275.27
61886	IMPLANT NEUROSTIM ARRAYS			4/1/2012	Fee Schedule	$18,974.67
61888	REVISE/REMOVE NEURORECEIVER	Y		4/1/2012	Fee Schedule	$1,250.59
62160	NEUROENDOSCOPY ADD-ON			7/1/2009	No Separate Payment	$0.00
62194	REPLACE/IRRIGATE CATHETER	Y		4/1/2012	Fee Schedule	$301.95
62225	REPLACE/IRRIGATE CATHETER	Y		4/1/2012	Fee Schedule	$656.66
62230	REPLACE/REVISE BRAIN SHUNT	Y		4/1/2012	Fee Schedule	$1,684.56
62252	CSF SHUNT REPROGRAM			4/1/2012	Fee Schedule	$43.91
62263	EPIDURAL LYSIS MULT SESSIONS	Y		4/1/2012	Fee Schedule	$521.08
62264	EPIDURAL LYSIS ON SINGLE DAY	Y		4/1/2012	Fee Schedule	$521.08
62267	INTERDISCAL PERQ ASPIR DX	Y		4/1/2012	Fee Schedule	$184.80
62268	DRAIN SPINAL CORD CYST	Y		4/1/2012	Fee Schedule	$301.95
62269	NEEDLE BIOPSY SPINAL CORD	Y		4/1/2012	Fee Schedule	$390.78
62270	SPINAL FLUID TAP DIAGNOSTIC	Y		4/1/2012	Fee Schedule	$157.50
62272	DRAIN CEREBRO SPINAL FLUID	Y		4/1/2012	Fee Schedule	$157.50
62273	INJECT EPIDURAL PATCH	Y		4/1/2012	Fee Schedule	$301.95
62280	TREAT SPINAL CORD LESION	Y		4/1/2012	Fee Schedule	$301.95
62281	TREAT SPINAL CORD LESION	Y		4/1/2012	Fee Schedule	$521.08
62282	TREAT SPINAL CANAL LESION	Y		4/1/2012	Fee Schedule	$521.08
62284	INJECTION FOR MYELOGRAM			1/1/2009	No Separate Payment	$0.00
62287	PERCUTANEOUS DISKECTOMY	Y		4/1/2012	Fee Schedule	$1,455.98
62290	INJECT FOR SPINE DISK X-RAY			1/1/2009	No Separate Payment	$0.00
62291	INJECT FOR SPINE DISK X-RAY			1/1/2009	No Separate Payment	$0.00
62292	INJECTION INTO DISK LESION	Y		4/1/2012	Fee Schedule	$301.95
62294	INJECTION INTO SPINAL ARTERY	Y		4/1/2012	Fee Schedule	$301.95
62310	INJECT SPINE C/T	Y		4/1/2012	Fee Schedule	$301.95
62311	INJECT SPINE L/S (CD)	Y		4/1/2012	Fee Schedule	$301.95
62318	INJECT SPINE W/CATH C/T	Y		4/1/2012	Fee Schedule	$301.95
62319	INJECT SPINE W/CATH L/S (CD)	Y		4/1/2012	Fee Schedule	$521.08
62350	IMPLANT SPINAL CANAL CATH	Y		4/1/2012	Fee Schedule	$1,684.56
62355	REMOVE SPINAL CANAL CATHETER	Y		4/1/2012	Fee Schedule	$521.08
62360	INSERT SPINE INFUSION DEVICE	Y		4/1/2012	Fee Schedule	$1,684.56
62361	IMPLANT SPINE INFUSION PUMP	Y		4/1/2012	Fee Schedule	$12,441.22

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62362	IMPLANT SPINE INFUSION PUMP	Y		4/1/2012	Fee Schedule	$12,441.22
62365	REMOVE SPINE INFUSION DEVICE	Y		4/1/2012	Fee Schedule	$1,455.98
62367	ANALYZE SPINE INFUS PUMP			4/1/2012	Fee Schedule	$22.81
62368	ANALYZE SP INF PUMP W/REPROG			4/1/2012	Fee Schedule	$30.97
62369	ANAL SP INF PMP W/REPRG&FILL			4/1/2012	Fee Schedule	$96.65
62370	ANL SP INF PMP W/MDREPRG&FIL			4/1/2012	Fee Schedule	$96.65
63600	REMOVE SPINAL CORD LESION	Y		4/1/2012	Fee Schedule	$762.87
63610	STIMULATION OF SPINAL CORD	Y		4/1/2012	Fee Schedule	$762.87
63615	REMOVE LESION OF SPINAL CORD	Y		4/1/2012	Fee Schedule	$762.87
63650	IMPLANT NEUROELECTRODES			4/1/2012	Fee Schedule	$3,627.72
63655	IMPLANT NEUROELECTRODES			4/1/2012	Fee Schedule	$5,280.41
63661	REMOVE SPINE ELTRD PERQ ARAY	Y		4/1/2012	Fee Schedule	$846.11
63662	REMOVE SPINE ELTRD PLATE	Y		4/1/2012	Fee Schedule	$846.11
63663	REVISE SPINE ELTRD PERQ ARAY			4/1/2012	Fee Schedule	$3,627.72
63664	REVISE SPINE ELTRD PLATE			4/1/2012	Fee Schedule	$3,627.72
63685	INSRT/REDO SPINE N GENERATOR			4/1/2012	Fee Schedule	$14,275.27
63688	REVISE/REMOVE NEURORECEIVER	Y		4/1/2012	Fee Schedule	$1,250.59
63744	REVISION OF SPINAL SHUNT	Y		4/1/2012	Fee Schedule	$1,684.56
63746	REMOVAL OF SPINAL SHUNT	Y		4/1/2012	Fee Schedule	$521.08
64400	N BLOCK INJ TRIGEMINAL	Y		4/1/2012	Fee Schedule	$74.20
64402	N BLOCK INJ FACIAL	Y		4/1/2012	Fee Schedule	$69.44
64405	N BLOCK INJ OCCIPITAL	Y		4/1/2012	Fee Schedule	$58.54
64408	N BLOCK INJ VAGUS	Y		4/1/2012	Fee Schedule	$53.78
64410	N BLOCK INJ PHRENIC	Y		4/1/2012	Fee Schedule	$105.52
64412	N BLOCK INJ SPINAL ACCESSOR	Y		4/1/2012	Fee Schedule	$101.77
64413	N BLOCK INJ CERVICAL PLEXUS	Y		4/1/2012	Fee Schedule	$69.10
64415	N BLOCK INJ BRACHIAL PLEXUS	Y		4/1/2012	Fee Schedule	$157.50
64416	N BLOCK CONT INFUSE B PLEX	Y		4/1/2012	Fee Schedule	$301.95
64417	N BLOCK INJ AXILLARY	Y		4/1/2012	Fee Schedule	$157.50
64418	N BLOCK INJ SUPRASCAPULAR	Y		4/1/2012	Fee Schedule	$89.86
64420	N BLOCK INJ INTERCOST SNG	Y		4/1/2012	Fee Schedule	$157.50
64421	N BLOCK INJ INTERCOST MLT	Y		4/1/2012	Fee Schedule	$301.95
64425	N BLOCK INJ ILIO-ING/HYPOGI	Y		4/1/2012	Fee Schedule	$68.08
64430	N BLOCK INJ PUDENDAL	Y		4/1/2012	Fee Schedule	$301.95
64435	N BLOCK INJ PARACERVICAL	Y		4/1/2012	Fee Schedule	$83.05
64445	N BLOCK INJ SCIATIC SNG	Y		4/1/2012	Fee Schedule	$80.33
64446	N BLK INJ SCIATIC CONT INF	Y		4/1/2012	Fee Schedule	$301.95
64447	N BLOCK INJ FEM SINGLE	Y		4/1/2012	Fee Schedule	$69.44
64448	N BLOCK INJ FEM CONT INF	Y		4/1/2012	Fee Schedule	$301.95
64449	N BLOCK INJ LUMBAR PLEXUS	Y		4/1/2012	Fee Schedule	$301.95
64450	N BLOCK OTHER PERIPHERAL	Y		4/1/2012	Fee Schedule	$58.54
64455	N BLOCK INJ PLANTAR DIGIT	Y		4/1/2012	Fee Schedule	$20.08
64479	INJ FORAMEN EPIDURAL C/T	Y		4/1/2012	Fee Schedule	$301.95
64480	INJ FORAMEN EPIDURAL ADD-ON	Y		4/1/2012	Fee Schedule	$157.50
64483	INJ FORAMEN EPIDURAL L/S	Y		4/1/2012	Fee Schedule	$301.95
64484	INJ FORAMEN EPIDURAL ADD-ON	Y		4/1/2012	Fee Schedule	$157.50
64490	INJ PARAVERT F JNT C/T 1 LEV	Y		4/1/2012	Fee Schedule	$301.95
64491	INJ PARAVERT F JNT C/T 2 LEV	Y		4/1/2012	Fee Schedule	$105.52
64492	INJ PARAVERT F JNT C/T 3 LEV	Y		4/1/2012	Fee Schedule	$105.52
64493	INJ PARAVERT F JNT L/S 1 LEV	Y		4/1/2012	Fee Schedule	$301.95
64494	INJ PARAVERT F JNT L/S 2 LEV	Y		4/1/2012	Fee Schedule	$105.52
64495	INJ PARAVERT F JNT L/S 3 LEV	Y		4/1/2012	Fee Schedule	$105.52
64505	N BLOCK SPENOPALATINE GANGL	Y		4/1/2012	Fee Schedule	$50.72
64508	N BLOCK CAROTID SINUS S/P	Y		4/1/2012	Fee Schedule	$39.82
64510	N BLOCK STELLATE GANGLION	Y		4/1/2012	Fee Schedule	$301.95
64517	N BLOCK INJ HYPOGAS PLXS	Y		4/1/2012	Fee Schedule	$301.95
64520	N BLOCK LUMBAR/THORACIC	Y		4/1/2012	Fee Schedule	$301.95
64530	N BLOCK INJ CELIAC PELUS	Y		4/1/2012	Fee Schedule	$301.95
64553	IMPLANT NEUROELECTRODES			4/1/2012	Fee Schedule	$3,627.72
64555	IMPLANT NEUROELECTRODES			4/1/2012	Fee Schedule	$3,627.72
64560	IMPLANT NEUROELECTRODES			1/1/2012	Deleted	$0.00
64561	IMPLANT NEUROELECTRODES			4/1/2012	Fee Schedule	$3,627.72

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64565	IMPLANT NEUROELECTRODES			4/1/2012	Fee Schedule	$3,627.72
64566	NEUROELTRD STIM POST TIBIAL	Y		4/1/2012	Fee Schedule	$105.52
64568	INC FOR VAGUS N ELECT IMPL			4/1/2012	Fee Schedule	$22,898.89
64569	REVISE/REPL VAGUS N ELTRD	Y		4/1/2012	Fee Schedule	$846.11
64570	REMOVE VAGUS N ELTRD	Y		4/1/2012	Fee Schedule	$1,455.98
64575	IMPLANT NEUROELECTRODES			4/1/2012	Fee Schedule	$5,280.41
64577	IMPLANT NEUROELECTRODES			1/1/2012	Deleted	$0.00
64580	IMPLANT NEUROELECTRODES			4/1/2012	Fee Schedule	$5,280.41
64581	IMPLANT NEUROELECTRODES			4/1/2012	Fee Schedule	$5,280.41
64585	REVISE/REMOVE NEUROELECTRODE	Y		4/1/2012	Fee Schedule	$846.11
64590	INSRT/REDO PN/GASTR STIMUL			4/1/2012	Fee Schedule	$14,275.27
64595	REVISE/RMV PN/GASTR STIMUL	Y		4/1/2012	Fee Schedule	$1,250.59
64600	INJECTION TREATMENT OF NERVE	Y		4/1/2012	Fee Schedule	$521.08
64605	INJECTION TREATMENT OF NERVE	Y		4/1/2012	Fee Schedule	$762.87
64610	INJECTION TREATMENT OF NERVE	Y		4/1/2012	Fee Schedule	$762.87
64611	CHEMODENERV SALIV GLANDS	Y		4/1/2012	Fee Schedule	$56.84
64612	DESTROY NERVE FACE MUSCLE	Y		4/1/2012	Fee Schedule	$84.07
64613	DESTROY NERVE NECK MUSCLE	Y		4/1/2012	Fee Schedule	$77.61
64614	DESTROY NERVE EXTREM MUSC	Y		4/1/2012	Fee Schedule	$88.50
64620	INJECTION TREATMENT OF NERVE	Y		4/1/2012	Fee Schedule	$521.08
64622	DESTR PARAVERTEBRL NERVE L/S			1/1/2012	Deleted	$0.00
64623	DESTR PARAVERTEBRAL N ADD-ON			1/1/2012	Deleted	$0.00
64626	DESTR PARAVERTEBRL NERVE C/T			1/1/2012	Deleted	$0.00
64627	DESTR PARAVERTEBRAL N ADD-ON			1/1/2012	Deleted	$0.00
64630	INJECTION TREATMENT OF NERVE	Y		4/1/2012	Fee Schedule	$301.95
64632	N BLOCK INJ COMMON DIGIT	Y		4/1/2012	Fee Schedule	$39.82
64633	DESTROY CERV/THOR FACET JNT	Y		4/1/2012	Fee Schedule	$301.95
64634	DESTROY C/TH FACET JNT ADDL	Y		4/1/2012	Fee Schedule	$105.52
64635	DESTROY LUMB/SAC FACET JNT	Y		4/1/2012	Fee Schedule	$521.08
64636	DESTROY L/S FACET JNT ADDL	Y		4/1/2012	Fee Schedule	$301.95
64640	INJECTION TREATMENT OF NERVE	Y		4/1/2012	Fee Schedule	$116.07
64650	CHEMODENERV ECCRINE GLANDS	Y		4/1/2012	Fee Schedule	$81.69
64653	CHEMODENERV ECCRINE GLANDS	Y		4/1/2012	Fee Schedule	$90.54
64680	INJECTION TREATMENT OF NERVE	Y		4/1/2012	Fee Schedule	$521.08
64681	INJECTION TREATMENT OF NERVE	Y		4/1/2012	Fee Schedule	$521.08
64702	REVISE FINGER/TOE NERVE	Y		4/1/2012	Fee Schedule	$762.87
64704	REVISE HAND/FOOT NERVE	Y		4/1/2012	Fee Schedule	$762.87
64708	REVISE ARM/LEG NERVE	Y		4/1/2012	Fee Schedule	$762.87
64712	REVISION OF SCIATIC NERVE	Y		4/1/2012	Fee Schedule	$762.87
64713	REVISION OF ARM NERVE(S)	Y		4/1/2012	Fee Schedule	$762.87
64714	REVISE LOW BACK NERVE(S)	Y		4/1/2012	Fee Schedule	$762.87
64716	REVISION OF CRANIAL NERVE	Y		4/1/2012	Fee Schedule	$762.87
64718	REVISE ULNAR NERVE AT ELBOW	Y		4/1/2012	Fee Schedule	$762.87
64719	REVISE ULNAR NERVE AT WRIST	Y		4/1/2012	Fee Schedule	$762.87
64721	CARPAL TUNNEL SURGERY	Y		4/1/2012	Fee Schedule	$762.87
64722	RELIEVE PRESSURE ON NERVE(S)	Y		4/1/2012	Fee Schedule	$762.87
64726	RELEASE FOOT/TOE NERVE	Y		4/1/2012	Fee Schedule	$762.87
64727	INTERNAL NERVE REVISION	Y		4/1/2012	Fee Schedule	$762.87
64732	INCISION OF BROW NERVE	Y		4/1/2012	Fee Schedule	$762.87
64734	INCISION OF CHEEK NERVE	Y		4/1/2012	Fee Schedule	$762.87
64736	INCISION OF CHIN NERVE	Y		4/1/2012	Fee Schedule	$762.87
64738	INCISION OF JAW NERVE	Y		4/1/2012	Fee Schedule	$762.87
64740	INCISION OF TONGUE NERVE	Y		4/1/2012	Fee Schedule	$762.87
64742	INCISION OF FACIAL NERVE	Y		4/1/2012	Fee Schedule	$762.87
64744	INCISE NERVE BACK OF HEAD	Y		4/1/2012	Fee Schedule	$762.87
64746	INCISE DIAPHRAGM NERVE	Y		4/1/2012	Fee Schedule	$762.87
64761	INCISION OF PELVIS NERVE	Y		4/1/2012	Fee Schedule	$762.87
64763	INCISE HIP/THIGH NERVE	Y		4/1/2012	Fee Schedule	$762.87
64766	INCISE HIP/THIGH NERVE	Y		4/1/2012	Fee Schedule	$1,455.98
64771	SEVER CRANIAL NERVE	Y		4/1/2012	Fee Schedule	$762.87
64772	INCISION OF SPINAL NERVE	Y		4/1/2012	Fee Schedule	$762.87
64774	REMOVE SKIN NERVE LESION	Y		4/1/2012	Fee Schedule	$762.87

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64776	REMOVE DIGIT NERVE LESION	Y		4/1/2012	Fee Schedule	$762.87
64778	DIGIT NERVE SURGERY ADD-ON	Y		4/1/2012	Fee Schedule	$762.87
64782	REMOVE LIMB NERVE LESION	Y		4/1/2012	Fee Schedule	$762.87
64783	LIMB NERVE SURGERY ADD-ON	Y		4/1/2012	Fee Schedule	$762.87
64784	REMOVE NERVE LESION	Y		4/1/2012	Fee Schedule	$762.87
64786	REMOVE SCIATIC NERVE LESION	Y		4/1/2012	Fee Schedule	$1,455.98
64787	IMPLANT NERVE END	Y		4/1/2012	Fee Schedule	$762.87
64788	REMOVE SKIN NERVE LESION	Y		4/1/2012	Fee Schedule	$762.87
64790	REMOVAL OF NERVE LESION	Y		4/1/2012	Fee Schedule	$762.87
64792	REMOVAL OF NERVE LESION	Y		4/1/2012	Fee Schedule	$1,455.98
64795	BIOPSY OF NERVE	Y		4/1/2012	Fee Schedule	$762.87
64802	REMOVE SYMPATHETIC NERVES	Y		4/1/2012	Fee Schedule	$762.87
64820	REMOVE SYMPATHETIC NERVES	Y		4/1/2012	Fee Schedule	$762.87
64821	REMOVE SYMPATHETIC NERVES	Y		4/1/2012	Fee Schedule	$1,165.61
64822	REMOVE SYMPATHETIC NERVES	Y		4/1/2012	Fee Schedule	$1,165.61
64823	REMOVE SYMPATHETIC NERVES	Y		4/1/2012	Fee Schedule	$1,165.61
64831	REPAIR OF DIGIT NERVE	Y		4/1/2012	Fee Schedule	$1,455.98
64832	REPAIR NERVE ADD-ON	Y		4/1/2012	Fee Schedule	$1,455.98
64834	REPAIR OF HAND OR FOOT NERVE	Y		4/1/2012	Fee Schedule	$1,455.98
64835	REPAIR OF HAND OR FOOT NERVE	Y		4/1/2012	Fee Schedule	$1,455.98
64836	REPAIR OF HAND OR FOOT NERVE	Y		4/1/2012	Fee Schedule	$1,455.98
64837	REPAIR NERVE ADD-ON	Y		4/1/2012	Fee Schedule	$1,455.98
64840	REPAIR OF LEG NERVE	Y		4/1/2012	Fee Schedule	$1,455.98
64856	REPAIR/TRANSPOSE NERVE	Y		4/1/2012	Fee Schedule	$1,455.98
64857	REPAIR ARM/LEG NERVE	Y		4/1/2012	Fee Schedule	$1,455.98
64858	REPAIR SCIATIC NERVE	Y		4/1/2012	Fee Schedule	$1,455.98
64859	NERVE SURGERY	Y		4/1/2012	Fee Schedule	$1,455.98
64861	REPAIR OF ARM NERVES	Y		4/1/2012	Fee Schedule	$1,455.98
64862	REPAIR OF LOW BACK NERVES	Y		4/1/2012	Fee Schedule	$1,455.98
64864	REPAIR OF FACIAL NERVE	Y		4/1/2012	Fee Schedule	$1,455.98
64865	REPAIR OF FACIAL NERVE	Y		4/1/2012	Fee Schedule	$1,455.98
64870	FUSION OF FACIAL/OTHER NERVE	Y		4/1/2012	Fee Schedule	$1,455.98
64872	SUBSEQUENT REPAIR OF NERVE	Y		4/1/2012	Fee Schedule	$1,455.98
64874	REPAIR & REVISE NERVE ADD-ON	Y		4/1/2012	Fee Schedule	$1,455.98
64876	REPAIR NERVE/SHORTEN BONE	Y		4/1/2012	Fee Schedule	$1,455.98
64885	NERVE GRAFT HEAD OR NECK	Y		4/1/2012	Fee Schedule	$1,455.98
64886	NERVE GRAFT HEAD OR NECK	Y		4/1/2012	Fee Schedule	$1,455.98
64890	NERVE GRAFT HAND OR FOOT	Y		4/1/2012	Fee Schedule	$1,455.98
64891	NERVE GRAFT HAND OR FOOT	Y		4/1/2012	Fee Schedule	$1,455.98
64892	NERVE GRAFT ARM OR LEG	Y		4/1/2012	Fee Schedule	$1,455.98
64893	NERVE GRAFT ARM OR LEG	Y		4/1/2012	Fee Schedule	$1,455.98
64895	NERVE GRAFT HAND OR FOOT	Y		4/1/2012	Fee Schedule	$1,455.98
64896	NERVE GRAFT HAND OR FOOT	Y		4/1/2012	Fee Schedule	$1,455.98
64897	NERVE GRAFT ARM OR LEG	Y		4/1/2012	Fee Schedule	$1,455.98
64898	NERVE GRAFT ARM OR LEG	Y		4/1/2012	Fee Schedule	$1,455.98
64901	NERVE GRAFT ADD-ON	Y		4/1/2012	Fee Schedule	$1,455.98
64902	NERVE GRAFT ADD-ON	Y		4/1/2012	Fee Schedule	$1,455.98
64905	NERVE PEDICLE TRANSFER	Y		4/1/2012	Fee Schedule	$1,455.98
64907	NERVE PEDICLE TRANSFER	Y		4/1/2012	Fee Schedule	$1,455.98
64910	NERVE REPAIR W/ALLOGRAFT	Y		4/1/2012	Fee Schedule	$1,455.98
65091	REVISE EYE	Y		4/1/2012	Fee Schedule	$1,631.03
65093	REVISE EYE WITH IMPLANT	Y		4/1/2012	Fee Schedule	$1,631.03
65101	REMOVAL OF EYE	Y		4/1/2012	Fee Schedule	$1,631.03
65103	REMOVE EYE/INSERT IMPLANT	Y		4/1/2012	Fee Schedule	$1,631.03
65105	REMOVE EYE/ATTACH IMPLANT	Y		4/1/2012	Fee Schedule	$1,631.03
65110	REMOVAL OF EYE	Y		4/1/2012	Fee Schedule	$1,631.03
65112	REMOVE EYE/REVISE SOCKET	Y		4/1/2012	Fee Schedule	$1,631.03
65114	REMOVE EYE/REVISE SOCKET	Y		4/1/2012	Fee Schedule	$1,631.03
65125	REVISE OCULAR IMPLANT	Y		4/1/2012	Fee Schedule	$1,100.06
65130	INSERT OCULAR IMPLANT	Y		4/1/2012	Fee Schedule	$1,100.06
65135	INSERT OCULAR IMPLANT	Y		4/1/2012	Fee Schedule	$1,100.06
65140	ATTACH OCULAR IMPLANT	Y		4/1/2012	Fee Schedule	$1,631.03

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65150	REVISE OCULAR IMPLANT	Y		4/1/2012	Fee Schedule	$1,100.06
65155	REINSERT OCULAR IMPLANT	Y		4/1/2012	Fee Schedule	$1,631.03
65175	REMOVAL OF OCULAR IMPLANT	Y		4/1/2012	Fee Schedule	$793.63
65205	REMOVE FOREIGN BODY FROM EYE			4/1/2012	Fee Schedule	$27.23
65210	REMOVE FOREIGN BODY FROM EYE			4/1/2012	Fee Schedule	$35.74
65220	REMOVE FOREIGN BODY FROM EYE			4/1/2012	Fee Schedule	$42.77
65222	REMOVE FOREIGN BODY FROM EYE			4/1/2012	Fee Schedule	$38.80
65235	REMOVE FOREIGN BODY FROM EYE	Y		4/1/2012	Fee Schedule	$670.81
65260	REMOVE FOREIGN BODY FROM EYE	Y		4/1/2012	Fee Schedule	$194.42
65265	REMOVE FOREIGN BODY FROM EYE	Y		4/1/2012	Fee Schedule	$871.79
65270	REPAIR OF EYE WOUND	Y		4/1/2012	Fee Schedule	$793.63
65272	REPAIR OF EYE WOUND	Y		4/1/2012	Fee Schedule	$940.49
65275	REPAIR OF EYE WOUND	Y		4/1/2012	Fee Schedule	$940.49
65280	REPAIR OF EYE WOUND	Y		4/1/2012	Fee Schedule	$871.79
65285	REPAIR OF EYE WOUND	Y		4/1/2012	Fee Schedule	$1,655.65
65286	REPAIR OF EYE WOUND	Y		4/1/2012	Fee Schedule	$291.58
65290	REPAIR OF EYE SOCKET WOUND	Y		4/1/2012	Fee Schedule	$1,005.39
65400	REMOVAL OF EYE LESION	Y		4/1/2012	Fee Schedule	$670.81
65410	BIOPSY OF CORNEA	Y		4/1/2012	Fee Schedule	$670.81
65420	REMOVAL OF EYE LESION	Y		4/1/2012	Fee Schedule	$670.81
65426	REMOVAL OF EYE LESION	Y		4/1/2012	Fee Schedule	$940.49
65430	CORNEAL SMEAR			4/1/2012	Fee Schedule	$42.77
65435	CURETTE/TREAT CORNEA	Y		4/1/2012	Fee Schedule	$43.23
65436	CURETTE/TREAT CORNEA	Y		4/1/2012	Fee Schedule	$195.38
65450	TREATMENT OF CORNEAL LESION			4/1/2012	Fee Schedule	$81.97
65600	REVISION OF CORNEA	Y		4/1/2012	Fee Schedule	$225.33
65710	CORNEAL TRANSPLANT	Y		4/1/2012	Fee Schedule	$1,530.82
65730	CORNEAL TRANSPLANT	Y		4/1/2012	Fee Schedule	$1,530.82
65750	CORNEAL TRANSPLANT	Y		4/1/2012	Fee Schedule	$1,530.82
65755	CORNEAL TRANSPLANT	Y		4/1/2012	Fee Schedule	$1,530.82
65756	CORNEAL TRNSPL ENDOTHELIAL	Y		4/1/2012	Fee Schedule	$1,530.82
65757	PREP CORNEAL ENDO ALLOGRAFT			1/1/2010	No Separate Payment	$0.00
65770	REVISE CORNEA WITH IMPLANT	Y		4/1/2012	Fee Schedule	$7,033.71
65772	CORRECTION OF ASTIGMATISM	Y		4/1/2012	Fee Schedule	$670.81
65775	CORRECTION OF ASTIGMATISM	Y		4/1/2012	Fee Schedule	$670.81
65778	COVER EYE W/MEMBRANE			1/1/2012	No Separate Payment	$0.00
65779	COVER EYE W/MEMBRANE SUTURE	Y		4/1/2012	Fee Schedule	$670.81
65780	OCULAR RECONST TRANSPLANT	Y		4/1/2012	Fee Schedule	$1,530.82
65781	OCULAR RECONST TRANSPLANT	Y		4/1/2012	Fee Schedule	$1,530.82
65782	OCULAR RECONST TRANSPLANT	Y		4/1/2012	Fee Schedule	$1,530.82
65800	DRAINAGE OF EYE	Y		4/1/2012	Fee Schedule	$291.58
65805	DRAINAGE OF EYE	Y		4/1/2012	Fee Schedule	$940.49
65810	DRAINAGE OF EYE	Y		4/1/2012	Fee Schedule	$940.49
65815	DRAINAGE OF EYE	Y		4/1/2012	Fee Schedule	$940.49
65820	RELIEVE INNER EYE PRESSURE	Y		4/1/2012	Fee Schedule	$940.49
65850	INCISION OF EYE	Y		4/1/2012	Fee Schedule	$940.49
65855	LASER SURGERY OF EYE	Y		4/1/2012	Fee Schedule	$180.40
65860	INCISE INNER EYE ADHESIONS	Y		4/1/2012	Fee Schedule	$167.12
65865	INCISE INNER EYE ADHESIONS	Y		4/1/2012	Fee Schedule	$670.81
65870	INCISE INNER EYE ADHESIONS	Y		4/1/2012	Fee Schedule	$940.49
65875	INCISE INNER EYE ADHESIONS	Y		4/1/2012	Fee Schedule	$940.49
65880	INCISE INNER EYE ADHESIONS	Y		4/1/2012	Fee Schedule	$670.81
65900	REMOVE EYE LESION	Y		4/1/2012	Fee Schedule	$115.98
65920	REMOVE IMPLANT OF EYE	Y		4/1/2012	Fee Schedule	$940.49
65930	REMOVE BLOOD CLOT FROM EYE	Y		4/1/2012	Fee Schedule	$940.49
66020	INJECTION TREATMENT OF EYE	Y		4/1/2012	Fee Schedule	$670.81
66030	INJECTION TREATMENT OF EYE	Y		4/1/2012	Fee Schedule	$670.81
66130	REMOVE EYE LESION	Y		4/1/2012	Fee Schedule	$940.49
66150	GLAUCOMA SURGERY	Y		4/1/2012	Fee Schedule	$940.49
66155	GLAUCOMA SURGERY	Y		4/1/2012	Fee Schedule	$940.49
66160	GLAUCOMA SURGERY	Y		4/1/2012	Fee Schedule	$940.49
66165	GLAUCOMA SURGERY	Y		4/1/2012	Fee Schedule	$940.49

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66170	GLAUCOMA SURGERY	Y		4/1/2012	Fee Schedule	$940.49
66172	INCISION OF EYE	Y		4/1/2012	Fee Schedule	$940.49
66174	TRANSLUM DIL EYE CANAL	Y		4/1/2012	Fee Schedule	$1,681.49
66175	TRNSLUM DIL EYE CANAL W/STNT	Y		4/1/2012	Fee Schedule	$1,681.49
66180	IMPLANT EYE SHUNT	Y		4/1/2012	Fee Schedule	$1,681.49
66185	REVISE EYE SHUNT	Y		4/1/2012	Fee Schedule	$940.49
66220	REPAIR EYE LESION	Y		4/1/2012	Fee Schedule	$1,655.65
66225	REPAIR/GRAFT EYE LESION	Y		4/1/2012	Fee Schedule	$1,681.49
66250	FOLLOW-UP SURGERY OF EYE	Y		4/1/2012	Fee Schedule	$670.81
66500	INCISION OF IRIS	Y		4/1/2012	Fee Schedule	$115.98
66505	INCISION OF IRIS	Y		4/1/2012	Fee Schedule	$291.58
66600	REMOVE IRIS AND LESION	Y		4/1/2012	Fee Schedule	$940.49
66605	REMOVAL OF IRIS	Y		4/1/2012	Fee Schedule	$940.49
66625	REMOVAL OF IRIS	Y		4/1/2012	Fee Schedule	$291.58
66630	REMOVAL OF IRIS	Y		4/1/2012	Fee Schedule	$940.49
66635	REMOVAL OF IRIS	Y		4/1/2012	Fee Schedule	$940.49
66680	REPAIR IRIS & CILIARY BODY	Y		4/1/2012	Fee Schedule	$940.49
66682	REPAIR IRIS & CILIARY BODY	Y		4/1/2012	Fee Schedule	$940.49
66700	DESTRUCTION CILIARY BODY	Y		4/1/2012	Fee Schedule	$670.81
66710	CILIARY TRANSSLERAL THERAPY	Y		4/1/2012	Fee Schedule	$670.81
66711	CILIARY ENDOSCOPIC ABLATION	Y		4/1/2012	Fee Schedule	$940.49
66720	DESTRUCTION CILIARY BODY	Y		4/1/2012	Fee Schedule	$670.81
66740	DESTRUCTION CILIARY BODY	Y		4/1/2012	Fee Schedule	$940.49
66761	REVISION OF IRIS	Y		4/1/2012	Fee Schedule	$191.29
66762	REVISION OF IRIS	Y		4/1/2012	Fee Schedule	$218.59
66770	REMOVAL OF INNER EYE LESION	Y		4/1/2012	Fee Schedule	$218.59
66820	INCISION SECONDARY CATARACT	Y		4/1/2012	Fee Schedule	$291.58
66821	AFTER CATARACT LASER SURGERY	Y		4/1/2012	Fee Schedule	$218.59
66825	REPOSITION INTRAOCULAR LENS	Y		4/1/2012	Fee Schedule	$940.49
66830	REMOVAL OF LENS LESION	Y		4/1/2012	Fee Schedule	$291.58
66840	REMOVAL OF LENS MATERIAL	Y		4/1/2012	Fee Schedule	$670.81
66850	REMOVAL OF LENS MATERIAL	Y		4/1/2012	Fee Schedule	$1,251.95
66852	REMOVAL OF LENS MATERIAL	Y		4/1/2012	Fee Schedule	$1,251.95
66920	EXTRACTION OF LENS	Y		4/1/2012	Fee Schedule	$1,251.95
66930	EXTRACTION OF LENS	Y		4/1/2012	Fee Schedule	$1,251.95
66940	EXTRACTION OF LENS	Y		4/1/2012	Fee Schedule	$291.58
66982	CATARACT SURGERY COMPLEX	Y		4/1/2012	Fee Schedule	$964.64
66983	CATARACT SURG W/IOL 1 STAGE	Y		4/1/2012	Fee Schedule	$964.64
66984	CATARACT SURG W/IOL 1 STAGE	Y		4/1/2012	Fee Schedule	$964.64
66985	INSERT LENS PROSTHESIS	Y		4/1/2012	Fee Schedule	$964.64
66986	EXCHANGE LENS PROSTHESIS	Y		4/1/2012	Fee Schedule	$964.64
66990	OPHTHALMIC ENDOSCOPE ADD-ON			1/1/2009	No Separate Payment	$0.00
67005	PARTIAL REMOVAL OF EYE FLUID	Y		4/1/2012	Fee Schedule	$871.79
67010	PARTIAL REMOVAL OF EYE FLUID	Y		4/1/2012	Fee Schedule	$1,655.65
67015	RELEASE OF EYE FLUID	Y		4/1/2012	Fee Schedule	$1,655.65
67025	REPLACE EYE FLUID	Y		4/1/2012	Fee Schedule	$1,655.65
67027	IMPLANT EYE DRUG SYSTEM	Y		4/1/2012	Fee Schedule	$1,655.65
67028	INJECTION EYE DRUG	Y		4/1/2012	Fee Schedule	$59.91
67030	INCISE INNER EYE STRANDS	Y		4/1/2012	Fee Schedule	$871.79
67031	LASER SURGERY EYE STRANDS	Y		4/1/2012	Fee Schedule	$218.59
67036	REMOVAL OF INNER EYE FLUID	Y		4/1/2012	Fee Schedule	$1,655.65
67039	LASER TREATMENT OF RETINA	Y		4/1/2012	Fee Schedule	$1,655.65
67040	LASER TREATMENT OF RETINA	Y		4/1/2012	Fee Schedule	$1,655.65
67041	VIT FOR MACULAR PUCKER	Y		4/1/2012	Fee Schedule	$1,655.65
67042	VIT FOR MACULAR HOLE	Y		4/1/2012	Fee Schedule	$1,655.65
67043	VIT FOR MEMBRANE DISSECT	Y		4/1/2012	Fee Schedule	$1,655.65
67101	REPAIR DETACHED RETINA	Y		4/1/2012	Fee Schedule	$430.92
67105	REPAIR DETACHED RETINA	Y		4/1/2012	Fee Schedule	$218.59
67107	REPAIR DETACHED RETINA	Y		4/1/2012	Fee Schedule	$1,655.65
67108	REPAIR DETACHED RETINA	Y		4/1/2012	Fee Schedule	$1,655.65
67110	REPAIR DETACHED RETINA	Y		4/1/2012	Fee Schedule	$459.85
67112	REREPAIR DETACHED RETINA	Y		4/1/2012	Fee Schedule	$1,655.65

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67113	REPAIR RETINAL DETACH CPLX	Y		4/1/2012	Fee Schedule	$1,655.65
67115	RELEASE ENCIRCLING MATERIAL	Y		4/1/2012	Fee Schedule	$871.79
67120	REMOVE EYE IMPLANT MATERIAL	Y		4/1/2012	Fee Schedule	$871.79
67121	REMOVE EYE IMPLANT MATERIAL	Y		4/1/2012	Fee Schedule	$1,655.65
67141	TREATMENT OF RETINA	Y		4/1/2012	Fee Schedule	$194.42
67145	TREATMENT OF RETINA	Y		4/1/2012	Fee Schedule	$218.59
67208	TREATMENT OF RETINAL LESION	Y		4/1/2012	Fee Schedule	$194.42
67210	TREATMENT OF RETINAL LESION	Y		4/1/2012	Fee Schedule	$218.59
67218	TREATMENT OF RETINAL LESION	Y		4/1/2012	Fee Schedule	$871.79
67220	TREATMENT OF CHOROID LESION	Y		4/1/2012	Fee Schedule	$194.42
67221	OCULAR PHOTODYNAMIC THER	Y		4/1/2012	Fee Schedule	$152.49
67225	EYE PHOTODYNAMIC THER ADD-ON	Y		4/1/2012	Fee Schedule	$11.57
67227	TREATMENT OF RETINAL LESION	Y		4/1/2012	Fee Schedule	$871.79
67228	TREATMENT OF RETINAL LESION	Y		4/1/2012	Fee Schedule	$218.59
67229	TR RETINAL LES PRETERM INF	Y		4/1/2012	Fee Schedule	$218.59
67250	REINFORCE EYE WALL	Y		4/1/2012	Fee Schedule	$793.63
67255	REINFORCE/GRAFT EYE WALL	Y		4/1/2012	Fee Schedule	$871.79
67311	REVISE EYE MUSCLE	Y		4/1/2012	Fee Schedule	$1,005.39
67312	REVISE TWO EYE MUSCLES	Y		4/1/2012	Fee Schedule	$1,005.39
67314	REVISE EYE MUSCLE	Y		4/1/2012	Fee Schedule	$1,005.39
67316	REVISE TWO EYE MUSCLES	Y		4/1/2012	Fee Schedule	$1,005.39
67318	REVISE EYE MUSCLE(S)	Y		4/1/2012	Fee Schedule	$1,005.39
67320	REVISE EYE MUSCLE(S) ADD-ON	Y		4/1/2012	Fee Schedule	$1,005.39
67331	EYE SURGERY FOLLOW-UP ADD-ON	Y		4/1/2012	Fee Schedule	$1,005.39
67332	REREVISE EYE MUSCLES ADD-ON	Y		4/1/2012	Fee Schedule	$1,005.39
67334	REVISE EYE MUSCLE W/SUTURE	Y		4/1/2012	Fee Schedule	$1,005.39
67335	EYE SUTURE DURING SURGERY	Y		4/1/2012	Fee Schedule	$1,005.39
67340	REVISE EYE MUSCLE ADD-ON	Y		4/1/2012	Fee Schedule	$1,005.39
67343	RELEASE EYE TISSUE	Y		4/1/2012	Fee Schedule	$1,005.39
67345	DESTROY NERVE OF EYE MUSCLE	Y		4/1/2012	Fee Schedule	$115.73
67346	BIOPSY EYE MUSCLE	Y		4/1/2012	Fee Schedule	$624.21
67400	EXPLORE/BIOPSY EYE SOCKET	Y		4/1/2012	Fee Schedule	$793.63
67405	EXPLORE/DRAIN EYE SOCKET	Y		4/1/2012	Fee Schedule	$1,100.06
67412	EXPLORE/TREAT EYE SOCKET	Y		4/1/2012	Fee Schedule	$793.63
67413	EXPLORE/TREAT EYE SOCKET	Y		4/1/2012	Fee Schedule	$1,100.06
67414	EXPLR/DECOMPRESS EYE SOCKET	Y		4/1/2012	Fee Schedule	$1,631.03
67415	ASPIRATION ORBITAL CONTENTS	Y		4/1/2012	Fee Schedule	$793.63
67420	EXPLORE/TREAT EYE SOCKET	Y		4/1/2012	Fee Schedule	$1,631.03
67430	EXPLORE/TREAT EYE SOCKET	Y		4/1/2012	Fee Schedule	$1,631.03
67440	EXPLORE/DRAIN EYE SOCKET	Y		4/1/2012	Fee Schedule	$1,631.03
67445	EXPLR/DECOMPRESS EYE SOCKET	Y		4/1/2012	Fee Schedule	$1,631.03
67450	EXPLORE/BIOPSY EYE SOCKET	Y		4/1/2012	Fee Schedule	$1,631.03
67500	INJECT/TREAT EYE SOCKET			4/1/2012	Fee Schedule	$81.97
67505	INJECT/TREAT EYE SOCKET	Y		4/1/2012	Fee Schedule	$38.80
67515	INJECT/TREAT EYE SOCKET	Y		4/1/2012	Fee Schedule	$41.19
67550	INSERT EYE SOCKET IMPLANT	Y		4/1/2012	Fee Schedule	$1,631.03
67560	REVISE EYE SOCKET IMPLANT	Y		4/1/2012	Fee Schedule	$1,100.06
67570	DECOMPRESS OPTIC NERVE	Y		4/1/2012	Fee Schedule	$1,631.03
67700	DRAINAGE OF EYELID ABSCESS	Y		4/1/2012	Fee Schedule	$125.36
67710	INCISION OF EYELID	Y		4/1/2012	Fee Schedule	$178.02
67715	INCISION OF EYELID FOLD	Y		4/1/2012	Fee Schedule	$793.63
67800	REMOVE EYELID LESION	Y		4/1/2012	Fee Schedule	$70.80
67801	REMOVE EYELID LESIONS	Y		4/1/2012	Fee Schedule	$86.12
67805	REMOVE EYELID LESIONS	Y		4/1/2012	Fee Schedule	$110.96
67808	REMOVE EYELID LESION(S)	Y		4/1/2012	Fee Schedule	$793.63
67810	BIOPSY OF EYELID	Y		4/1/2012	Fee Schedule	$125.36
67820	REVISE EYELASHES			4/1/2012	Fee Schedule	$22.81
67825	REVISE EYELASHES	Y		4/1/2012	Fee Schedule	$71.14
67830	REVISE EYELASHES	Y		4/1/2012	Fee Schedule	$309.88
67835	REVISE EYELASHES	Y		4/1/2012	Fee Schedule	$793.63
67840	REMOVE EYELID LESION	Y		4/1/2012	Fee Schedule	$190.27
67850	TREAT EYELID LESION	Y		4/1/2012	Fee Schedule	$147.38

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67875	CLOSURE OF EYELID BY SUTURE	Y		4/1/2012	Fee Schedule	$309.88
67880	REVISION OF EYELID	Y		4/1/2012	Fee Schedule	$670.81
67882	REVISION OF EYELID	Y		4/1/2012	Fee Schedule	$793.63
67900	REPAIR BROW DEFECT	Y	Y	4/1/2012	Fee Schedule	$1,100.06
67901	REPAIR EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$793.63
67902	REPAIR EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$1,100.06
67903	REPAIR EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$793.63
67904	REPAIR EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$793.63
67906	REPAIR EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$793.63
67908	REPAIR EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$793.63
67909	REVISE EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$793.63
67911	REVISE EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$793.63
67912	CORRECTION EYELID W/IMPLANT	Y		4/1/2012	Fee Schedule	$793.63
67914	REPAIR EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$793.63
67915	REPAIR EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$216.48
67916	REPAIR EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$793.63
67917	REPAIR EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$793.63
67921	REPAIR EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$793.63
67922	REPAIR EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$209.67
67923	REPAIR EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$793.63
67924	REPAIR EYELID DEFECT	Y	Y	4/1/2012	Fee Schedule	$793.63
67930	REPAIR EYELID WOUND	Y		4/1/2012	Fee Schedule	$219.54
67935	REPAIR EYELID WOUND	Y		4/1/2012	Fee Schedule	$793.63
67938	REMOVE EYELID FOREIGN BODY			4/1/2012	Fee Schedule	$81.97
67950	REVISION OF EYELID	Y		4/1/2012	Fee Schedule	$793.63
67961	REVISION OF EYELID	Y		4/1/2012	Fee Schedule	$793.63
67966	REVISION OF EYELID	Y		4/1/2012	Fee Schedule	$793.63
67971	RECONSTRUCTION OF EYELID	Y		4/1/2012	Fee Schedule	$793.63
67973	RECONSTRUCTION OF EYELID	Y		4/1/2012	Fee Schedule	$1,100.06
67974	RECONSTRUCTION OF EYELID	Y		4/1/2012	Fee Schedule	$793.63
67975	RECONSTRUCTION OF EYELID	Y		4/1/2012	Fee Schedule	$793.63
68020	INCISE/DRAIN EYELID LINING	Y		4/1/2012	Fee Schedule	$63.31
68040	TREATMENT OF EYELID LESIONS			4/1/2012	Fee Schedule	$31.31
68100	BIOPSY OF EYELID LINING	Y		4/1/2012	Fee Schedule	$114.71
68110	REMOVE EYELID LINING LESION	Y		4/1/2012	Fee Schedule	$151.13
68115	REMOVE EYELID LINING LESION	Y		4/1/2012	Fee Schedule	$793.63
68130	REMOVE EYELID LINING LESION	Y		4/1/2012	Fee Schedule	$670.81
68135	REMOVE EYELID LINING LESION	Y		4/1/2012	Fee Schedule	$81.69
68200	TREAT EYELID BY INJECTION			4/1/2012	Fee Schedule	$22.81
68320	REVISE/GRAFT EYELID LINING	Y		4/1/2012	Fee Schedule	$1,100.06
68325	REVISE/GRAFT EYELID LINING	Y		4/1/2012	Fee Schedule	$1,100.06
68326	REVISE/GRAFT EYELID LINING	Y		4/1/2012	Fee Schedule	$793.63
68328	REVISE/GRAFT EYELID LINING	Y		4/1/2012	Fee Schedule	$1,100.06
68330	REVISE EYELID LINING	Y		4/1/2012	Fee Schedule	$940.49
68335	REVISE/GRAFT EYELID LINING	Y		4/1/2012	Fee Schedule	$1,100.06
68340	SEPARATE EYELID ADHESIONS	Y		4/1/2012	Fee Schedule	$793.63
68360	REVISE EYELID LINING	Y		4/1/2012	Fee Schedule	$940.49
68362	REVISE EYELID LINING	Y		4/1/2012	Fee Schedule	$940.49
68371	HARVEST EYE TISSUE ALOGRAFT	Y		4/1/2012	Fee Schedule	$940.49
68400	INCISE/DRAIN TEAR GLAND	Y		4/1/2012	Fee Schedule	$125.36
68420	INCISE/DRAIN TEAR SAC	Y		4/1/2012	Fee Schedule	$223.63
68440	INCISE TEAR DUCT OPENING	Y		4/1/2012	Fee Schedule	$63.65
68500	REMOVAL OF TEAR GLAND	Y		4/1/2012	Fee Schedule	$1,100.06
68505	PARTIAL REMOVAL TEAR GLAND	Y		4/1/2012	Fee Schedule	$1,100.06
68510	BIOPSY OF TEAR GLAND	Y		4/1/2012	Fee Schedule	$793.63
68520	REMOVAL OF TEAR SAC	Y		4/1/2012	Fee Schedule	$1,100.06
68525	BIOPSY OF TEAR SAC	Y		4/1/2012	Fee Schedule	$793.63
68530	CLEARANCE OF TEAR DUCT	Y		4/1/2012	Fee Schedule	$125.36
68540	REMOVE TEAR GLAND LESION	Y		4/1/2012	Fee Schedule	$793.63
68550	REMOVE TEAR GLAND LESION	Y		4/1/2012	Fee Schedule	$1,100.06
68700	REPAIR TEAR DUCTS	Y		4/1/2012	Fee Schedule	$793.63
68705	REVISE TEAR DUCT OPENING	Y		4/1/2012	Fee Schedule	$125.36

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68720	CREATE TEAR SAC DRAIN	Y		4/1/2012	Fee Schedule	$1,100.06
68745	CREATE TEAR DUCT DRAIN	Y		4/1/2012	Fee Schedule	$1,100.06
68750	CREATE TEAR DUCT DRAIN	Y		4/1/2012	Fee Schedule	$1,100.06
68760	CLOSE TEAR DUCT OPENING	Y		4/1/2012	Fee Schedule	$125.36
68761	CLOSE TEAR DUCT OPENING	Y		4/1/2012	Fee Schedule	$90.88
68770	CLOSE TEAR SYSTEM FISTULA	Y		4/1/2012	Fee Schedule	$1,100.06
68801	DILATE TEAR DUCT OPENING			4/1/2012	Fee Schedule	$42.77
68810	PROBE NASOLACRIMAL DUCT	Y		4/1/2012	Fee Schedule	$125.36
68811	PROBE NASOLACRIMAL DUCT	Y		4/1/2012	Fee Schedule	$793.63
68815	PROBE NASOLACRIMAL DUCT	Y		4/1/2012	Fee Schedule	$793.63
68816	PROBE NL DUCT W/BALLOON	Y		4/1/2012	Fee Schedule	$793.63
68840	EXPLORE/IRRIGATE TEAR DUCTS			4/1/2012	Fee Schedule	$74.88
68850	INJECTION FOR TEAR SAC X-RAY			1/1/2009	No Separate Payment	$0.00
69000	DRAIN EXTERNAL EAR LESION	Y		4/1/2012	Fee Schedule	$57.39
69005	DRAIN EXTERNAL EAR LESION	Y		4/1/2012	Fee Schedule	$135.81
69020	DRAIN OUTER EAR CANAL LESION	Y		4/1/2012	Fee Schedule	$57.39
69100	BIOPSY OF EXTERNAL EAR	Y		4/1/2012	Fee Schedule	$71.48
69105	BIOPSY OF EXTERNAL EAR CANAL	Y		4/1/2012	Fee Schedule	$113.00
69110	REMOVE EXTERNAL EAR PARTIAL	Y		4/1/2012	Fee Schedule	$687.06
69120	REMOVAL OF EXTERNAL EAR	Y		4/1/2012	Fee Schedule	$1,006.35
69140	REMOVE EAR CANAL LESION(S)	Y		4/1/2012	Fee Schedule	$1,006.35
69145	REMOVE EAR CANAL LESION(S)	Y		4/1/2012	Fee Schedule	$687.06
69150	EXTENSIVE EAR CANAL SURGERY	Y		4/1/2012	Fee Schedule	$301.38
69200	CLEAR OUTER EAR CANAL			4/1/2012	Fee Schedule	$26.36
69205	CLEAR OUTER EAR CANAL	Y		4/1/2012	Fee Schedule	$939.90
69210	REMOVE IMPACTED EAR WAX			4/1/2012	Fee Schedule	$26.36
69220	CLEAN OUT MASTOID CAVITY	Y		4/1/2012	Fee Schedule	$35.49
69222	CLEAN OUT MASTOID CAVITY	Y		4/1/2012	Fee Schedule	$172.57
69300	REVISE EXTERNAL EAR			3/1/2011	Not Allowed	$0.00
69310	REBUILD OUTER EAR CANAL	Y		4/1/2012	Fee Schedule	$1,825.94
69320	REBUILD OUTER EAR CANAL	Y		4/1/2012	Fee Schedule	$1,825.94
69400	INFLATE MIDDLE EAR CANAL	Y		4/1/2012	Fee Schedule	$120.15
69401	INFLATE MIDDLE EAR CANAL	Y		4/1/2012	Fee Schedule	$65.35
69405	CATHETERIZE MIDDLE EAR CANAL	Y		4/1/2012	Fee Schedule	$165.08
69420	INCISION OF EARDRUM	Y		4/1/2012	Fee Schedule	$125.82
69421	INCISION OF EARDRUM	Y		4/1/2012	Fee Schedule	$681.79
69424	REMOVE VENTILATING TUBE	Y		4/1/2012	Fee Schedule	$101.09
69433	CREATE EARDRUM OPENING	Y		4/1/2012	Fee Schedule	$145.68
69436	CREATE EARDRUM OPENING	Y		4/1/2012	Fee Schedule	$681.79
69440	EXPLORATION OF MIDDLE EAR	Y		4/1/2012	Fee Schedule	$1,006.35
69450	EARDRUM REVISION	Y		4/1/2012	Fee Schedule	$1,825.94
69501	MASTOIDECTOMY	Y		4/1/2012	Fee Schedule	$1,825.94
69502	MASTOIDECTOMY	Y		4/1/2012	Fee Schedule	$1,006.35
69505	REMOVE MASTOID STRUCTURES	Y		4/1/2012	Fee Schedule	$1,825.94
69511	EXTENSIVE MASTOID SURGERY	Y		4/1/2012	Fee Schedule	$1,825.94
69530	EXTENSIVE MASTOID SURGERY	Y		4/1/2012	Fee Schedule	$1,825.94
69540	REMOVE EAR LESION	Y		4/1/2012	Fee Schedule	$169.17
69550	REMOVE EAR LESION	Y		4/1/2012	Fee Schedule	$1,825.94
69552	REMOVE EAR LESION	Y		4/1/2012	Fee Schedule	$1,825.94
69601	MASTOID SURGERY REVISION	Y		4/1/2012	Fee Schedule	$1,825.94
69602	MASTOID SURGERY REVISION	Y		4/1/2012	Fee Schedule	$1,825.94
69603	MASTOID SURGERY REVISION	Y		4/1/2012	Fee Schedule	$1,825.94
69604	MASTOID SURGERY REVISION	Y		4/1/2012	Fee Schedule	$1,825.94
69605	MASTOID SURGERY REVISION	Y		4/1/2012	Fee Schedule	$1,825.94
69610	REPAIR OF EARDRUM	Y		4/1/2012	Fee Schedule	$224.65
69620	REPAIR OF EARDRUM	Y		4/1/2012	Fee Schedule	$1,006.35
69631	REPAIR EARDRUM STRUCTURES	Y		4/1/2012	Fee Schedule	$1,825.94
69632	REBUILD EARDRUM STRUCTURES	Y		4/1/2012	Fee Schedule	$1,825.94
69633	REBUILD EARDRUM STRUCTURES	Y		4/1/2012	Fee Schedule	$1,825.94
69635	REPAIR EARDRUM STRUCTURES	Y		4/1/2012	Fee Schedule	$1,825.94
69636	REBUILD EARDRUM STRUCTURES	Y		4/1/2012	Fee Schedule	$1,825.94
69637	REBUILD EARDRUM STRUCTURES	Y		4/1/2012	Fee Schedule	$1,825.94

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69641	REVISE MIDDLE EAR & MASTOID	Y		4/1/2012	Fee Schedule	$1,825.94
69642	REVISE MIDDLE EAR & MASTOID	Y		4/1/2012	Fee Schedule	$1,825.94
69643	REVISE MIDDLE EAR & MASTOID	Y		4/1/2012	Fee Schedule	$1,825.94
69644	REVISE MIDDLE EAR & MASTOID	Y		4/1/2012	Fee Schedule	$1,825.94
69645	REVISE MIDDLE EAR & MASTOID	Y		4/1/2012	Fee Schedule	$1,825.94
69646	REVISE MIDDLE EAR & MASTOID	Y		4/1/2012	Fee Schedule	$1,825.94
69650	RELEASE MIDDLE EAR BONE	Y		4/1/2012	Fee Schedule	$1,006.35
69660	REVISE MIDDLE EAR BONE	Y		4/1/2012	Fee Schedule	$1,825.94
69661	REVISE MIDDLE EAR BONE	Y		4/1/2012	Fee Schedule	$1,825.94
69662	REVISE MIDDLE EAR BONE	Y		4/1/2012	Fee Schedule	$1,825.94
69666	REPAIR MIDDLE EAR STRUCTURES	Y		4/1/2012	Fee Schedule	$1,825.94
69667	REPAIR MIDDLE EAR STRUCTURES	Y		4/1/2012	Fee Schedule	$1,825.94
69670	REMOVE MASTOID AIR CELLS	Y		4/1/2012	Fee Schedule	$1,825.94
69676	REMOVE MIDDLE EAR NERVE	Y		4/1/2012	Fee Schedule	$1,825.94
69700	CLOSE MASTOID FISTULA	Y		4/1/2012	Fee Schedule	$1,825.94
69711	REMOVE/REPAIR HEARING AID	Y		4/1/2012	Fee Schedule	$1,825.94
69714	IMPLANT TEMPLE BONE W/STIMUL	Y		4/1/2012	Fee Schedule	$7,764.43
69715	TEMPLE BNE IMPLNT W/STIMULAT	Y		4/1/2012	Fee Schedule	$7,764.43
69717	TEMPLE BONE IMPLANT REVISION	Y		4/1/2012	Fee Schedule	$7,764.43
69718	REVISE TEMPLE BONE IMPLANT	Y		4/1/2012	Fee Schedule	$7,764.43
69720	RELEASE FACIAL NERVE	Y		4/1/2012	Fee Schedule	$1,825.94
69740	REPAIR FACIAL NERVE	Y		4/1/2012	Fee Schedule	$1,825.94
69745	REPAIR FACIAL NERVE	Y		4/1/2012	Fee Schedule	$1,825.94
69801	INCISE INNER EAR	Y		4/1/2012	Fee Schedule	$124.58
69802	INCISE INNER EAR			1/1/2012	Deleted	$0.00
69805	EXPLORE INNER EAR	Y		4/1/2012	Fee Schedule	$1,825.94
69806	EXPLORE INNER EAR	Y		4/1/2012	Fee Schedule	$1,825.94
69820	ESTABLISH INNER EAR WINDOW	Y		4/1/2012	Fee Schedule	$1,825.94
69840	REVISE INNER EAR WINDOW	Y		4/1/2012	Fee Schedule	$1,825.94
69905	REMOVE INNER EAR	Y		4/1/2012	Fee Schedule	$1,825.94
69910	REMOVE INNER EAR & MASTOID	Y		4/1/2012	Fee Schedule	$1,825.94
69915	INCISE INNER EAR NERVE	Y		4/1/2012	Fee Schedule	$1,825.94
69930	IMPLANT COCHLEAR DEVICE	Y		4/1/2012	Fee Schedule	$26,830.74
69990	MICROSURGERY ADD-ON			1/1/2009	No Separate Payment	$0.00
70010	CONTRAST X-RAY OF BRAIN			1/1/2009	No Separate Payment	$0.00
70015	CONTRAST X-RAY OF BRAIN			1/1/2009	No Separate Payment	$0.00
70030	X-RAY EYE FOR FOREIGN BODY			4/1/2012	Fee Schedule	$20.76
70100	X-RAY EXAM OF JAW			4/1/2012	Fee Schedule	$25.87
70110	X-RAY EXAM OF JAW			4/1/2012	Fee Schedule	$25.87
70120	X-RAY EXAM OF MASTOIDS			4/1/2012	Fee Schedule	$25.87
70130	X-RAY EXAM OF MASTOIDS			4/1/2012	Fee Schedule	$25.87
70134	X-RAY EXAM OF MIDDLE EAR			4/1/2012	Fee Schedule	$39.14
70140	X-RAY EXAM OF FACIAL BONES			4/1/2012	Fee Schedule	$20.76
70150	X-RAY EXAM OF FACIAL BONES			4/1/2012	Fee Schedule	$25.87
70160	X-RAY EXAM OF NASAL BONES			4/1/2012	Fee Schedule	$25.19
70170	X-RAY EXAM OF TEAR DUCT			1/1/2009	No Separate Payment	$0.00
70190	X-RAY EXAM OF EYE SOCKETS			4/1/2012	Fee Schedule	$25.87
70200	X-RAY EXAM OF EYE SOCKETS			4/1/2012	Fee Schedule	$25.87
70210	X-RAY EXAM OF SINUSES			4/1/2012	Fee Schedule	$23.15
70220	X-RAY EXAM OF SINUSES			4/1/2012	Fee Schedule	$25.87
70240	X-RAY EXAM PITUITARY SADDLE			4/1/2012	Fee Schedule	$20.76
70250	X-RAY EXAM OF SKULL			4/1/2012	Fee Schedule	$25.53
70260	X-RAY EXAM OF SKULL			4/1/2012	Fee Schedule	$31.31
70300	X-RAY EXAM OF TEETH			4/1/2012	Fee Schedule	$8.85
70310	X-RAY EXAM OF TEETH			4/1/2012	Fee Schedule	$18.52
70320	FULL MOUTH X-RAY OF TEETH			4/1/2012	Fee Schedule	$18.52
70328	X-RAY EXAM OF JAW JOINT			4/1/2012	Fee Schedule	$22.46
70330	X-RAY EXAM OF JAW JOINTS			4/1/2012	Fee Schedule	$25.87
70332	X-RAY EXAM OF JAW JOINT			1/1/2009	No Separate Payment	$0.00
70336	MAGNETIC IMAGE JAW JOINT			4/1/2012	Fee Schedule	$195.42
70350	X-RAY HEAD FOR ORTHODONTIA			4/1/2012	Fee Schedule	$11.91
70355	PANORAMIC X-RAY OF JAWS			4/1/2012	Fee Schedule	$10.55

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70360	X-RAY EXAM OF NECK			4/1/2012	Fee Schedule	$19.06
70370	THROAT X-RAY & FLUOROSCOPY			4/1/2012	Fee Schedule	$50.90
70371	SPEECH EVALUATION COMPLEX			4/1/2012	Fee Schedule	$50.90
70373	CONTRAST X-RAY OF LARYNX			1/1/2009	No Separate Payment	$0.00
70380	X-RAY EXAM OF SALIVARY GLAND			4/1/2012	Fee Schedule	$25.87
70390	X-RAY EXAM OF SALIVARY DUCT			1/1/2009	No Separate Payment	$0.00
70450	CT HEAD/BRAIN W/O DYE			4/1/2012	Fee Schedule	$110.81
70460	CT HEAD/BRAIN W/DYE			4/1/2012	Fee Schedule	$173.53
70470	CT HEAD/BRAIN W/O & W/DYE			4/1/2012	Fee Schedule	$192.93
70480	CT ORBIT/EAR/FOSSA W/O DYE			4/1/2012	Fee Schedule	$110.81
70481	CT ORBIT/EAR/FOSSA W/DYE			4/1/2012	Fee Schedule	$173.53
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE			4/1/2012	Fee Schedule	$192.93
70486	CT MAXILLOFACIAL W/O DYE			4/1/2012	Fee Schedule	$110.81
70487	CT MAXILLOFACIAL W/DYE			4/1/2012	Fee Schedule	$173.53
70488	CT MAXILLOFACIAL W/O & W/DYE			4/1/2012	Fee Schedule	$192.93
70490	CT SOFT TISSUE NECK W/O DYE			4/1/2012	Fee Schedule	$110.81
70491	CT SOFT TISSUE NECK W/DYE			4/1/2012	Fee Schedule	$173.53
70492	CT SFT TSUE NCK W/O & W/DYE			4/1/2012	Fee Schedule	$192.93
70496	CT ANGIOGRAPHY HEAD			4/1/2012	Fee Schedule	$195.47
70498	CT ANGIOGRAPHY NECK			4/1/2012	Fee Schedule	$195.47
70540	MRI ORBIT/FACE/NECK W/O DYE			4/1/2012	Fee Schedule	$195.42
70542	MRI ORBIT/FACE/NECK W/DYE			4/1/2012	Fee Schedule	$251.69
70543	MRI ORBT/FAC/NCK W/O & W/DYE			4/1/2012	Fee Schedule	$308.39
70544	MR ANGIOGRAPHY HEAD W/O DYE			4/1/2012	Fee Schedule	$195.42
70545	MR ANGIOGRAPHY HEAD W/DYE			4/1/2012	Fee Schedule	$251.69
70546	MR ANGIOGRAPH HEAD W/O&W/DYE			4/1/2012	Fee Schedule	$308.39
70547	MR ANGIOGRAPHY NECK W/O DYE			4/1/2012	Fee Schedule	$195.42
70548	MR ANGIOGRAPHY NECK W/DYE			4/1/2012	Fee Schedule	$251.69
70549	MR ANGIOGRAPH NECK W/O&W/DYE			4/1/2012	Fee Schedule	$308.39
70551	MRI BRAIN W/O DYE			4/1/2012	Fee Schedule	$195.42
70552	MRI BRAIN W/DYE			4/1/2012	Fee Schedule	$251.69
70553	MRI BRAIN W/O & W/DYE			4/1/2012	Fee Schedule	$308.39
70554	FMRI BRAIN BY TECH			4/1/2012	Fee Schedule	$195.42
70555	FMRI BRAIN BY PHYS/PSYCH			4/1/2012	Fee Schedule	$195.42
70557	MRI BRAIN W/O DYE			4/1/2012	Fee Schedule	$195.42
70558	MRI BRAIN W/DYE			4/1/2012	Fee Schedule	$251.69
70559	MRI BRAIN W/O & W/DYE			4/1/2012	Fee Schedule	$308.39
71010	CHEST X-RAY			4/1/2012	Fee Schedule	$14.64
71015	CHEST X-RAY			4/1/2012	Fee Schedule	$20.42
71020	CHEST X-RAY			4/1/2012	Fee Schedule	$20.08
71021	CHEST X-RAY			4/1/2012	Fee Schedule	$24.85
71022	CHEST X-RAY			4/1/2012	Fee Schedule	$25.87
71023	CHEST X-RAY AND FLUOROSCOPY			4/1/2012	Fee Schedule	$50.38
71030	CHEST X-RAY			4/1/2012	Fee Schedule	$25.87
71034	CHEST X-RAY AND FLUOROSCOPY			4/1/2012	Fee Schedule	$50.90
71035	CHEST X-RAY			4/1/2012	Fee Schedule	$25.87
71040	CONTRAST X-RAY OF BRONCHI			1/1/2009	No Separate Payment	$0.00
71060	CONTRAST X-RAY OF BRONCHI			1/1/2009	No Separate Payment	$0.00
71090	X-RAY & PACEMAKER INSERTION			1/1/2012	Deleted	$0.00
71100	X-RAY EXAM OF RIBS			4/1/2012	Fee Schedule	$22.12
71101	X-RAY EXAM OF RIBS/CHEST			4/1/2012	Fee Schedule	$25.87
71110	X-RAY EXAM OF RIBS			4/1/2012	Fee Schedule	$25.87
71111	X-RAY EXAM OF RIBS/CHEST			4/1/2012	Fee Schedule	$38.12
71120	X-RAY EXAM OF BREASTBONE			4/1/2012	Fee Schedule	$22.12
71130	X-RAY EXAM OF BREASTBONE			4/1/2012	Fee Schedule	$25.87
71250	CT THORAX W/O DYE			4/1/2012	Fee Schedule	$110.81
71260	CT THORAX W/DYE			4/1/2012	Fee Schedule	$173.53
71270	CT THORAX W/O & W/DYE			4/1/2012	Fee Schedule	$192.93
71275	CT ANGIOGRAPHY CHEST			4/1/2012	Fee Schedule	$195.47
71550	MRI CHEST W/O DYE			4/1/2012	Fee Schedule	$195.42
71551	MRI CHEST W/DYE			4/1/2012	Fee Schedule	$251.69
71552	MRI CHEST W/O & W/DYE			4/1/2012	Fee Schedule	$308.39

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72010	X-RAY EXAM OF SPINE			4/1/2012	Fee Schedule	$43.59
72020	X-RAY EXAM OF SPINE			4/1/2012	Fee Schedule	$16.34
72040	X-RAY EXAM OF NECK SPINE			4/1/2012	Fee Schedule	$25.87
72050	X-RAY EXAM OF NECK SPINE			4/1/2012	Fee Schedule	$38.46
72052	X-RAY EXAM OF NECK SPINE			4/1/2012	Fee Schedule	$43.59
72069	X-RAY EXAM OF TRUNK SPINE			4/1/2012	Fee Schedule	$25.87
72070	X-RAY EXAM OF THORACIC SPINE			4/1/2012	Fee Schedule	$23.15
72072	X-RAY EXAM OF THORACIC SPINE			4/1/2012	Fee Schedule	$25.87
72074	X-RAY EXAM OF THORACIC SPINE			4/1/2012	Fee Schedule	$25.87
72080	X-RAY EXAM OF TRUNK SPINE			4/1/2012	Fee Schedule	$25.53
72090	X-RAY EXAM OF TRUNK SPINE			4/1/2012	Fee Schedule	$36.42
72100	X-RAY EXAM OF LOWER SPINE			4/1/2012	Fee Schedule	$25.87
72110	X-RAY EXAM OF LOWER SPINE			4/1/2012	Fee Schedule	$35.40
72114	X-RAY EXAM OF LOWER SPINE			4/1/2012	Fee Schedule	$43.59
72120	X-RAY EXAM OF LOWER SPINE			4/1/2012	Fee Schedule	$25.87
72125	CT NECK SPINE W/O DYE			4/1/2012	Fee Schedule	$110.81
72126	CT NECK SPINE W/DYE			4/1/2012	Fee Schedule	$173.53
72127	CT NECK SPINE W/O & W/DYE			4/1/2012	Fee Schedule	$192.93
72128	CT CHEST SPINE W/O DYE			4/1/2012	Fee Schedule	$110.81
72129	CT CHEST SPINE W/DYE			4/1/2012	Fee Schedule	$173.53
72130	CT CHEST SPINE W/O & W/DYE			4/1/2012	Fee Schedule	$192.93
72131	CT LUMBAR SPINE W/O DYE			4/1/2012	Fee Schedule	$110.81
72132	CT LUMBAR SPINE W/DYE			4/1/2012	Fee Schedule	$173.53
72133	CT LUMBAR SPINE W/O & W/DYE			4/1/2012	Fee Schedule	$192.93
72141	MRI NECK SPINE W/O DYE			4/1/2012	Fee Schedule	$195.42
72142	MRI NECK SPINE W/DYE			4/1/2012	Fee Schedule	$251.69
72146	MRI CHEST SPINE W/O DYE			4/1/2012	Fee Schedule	$195.42
72147	MRI CHEST SPINE W/DYE			4/1/2012	Fee Schedule	$251.69
72148	MRI LUMBAR SPINE W/O DYE			4/1/2012	Fee Schedule	$195.42
72149	MRI LUMBAR SPINE W/DYE			4/1/2012	Fee Schedule	$251.69
72156	MRI NECK SPINE W/O & W/DYE			4/1/2012	Fee Schedule	$308.39
72157	MRI CHEST SPINE W/O & W/DYE			4/1/2012	Fee Schedule	$308.39
72158	MRI LUMBAR SPINE W/O & W/DYE			4/1/2012	Fee Schedule	$308.39
72170	X-RAY EXAM OF PELVIS			4/1/2012	Fee Schedule	$17.70
72190	X-RAY EXAM OF PELVIS			4/1/2012	Fee Schedule	$25.87
72191	CT ANGIOGRAPH PELV W/O&W/DYE			4/1/2012	Fee Schedule	$195.47
72192	CT PELVIS W/O DYE			4/1/2012	Fee Schedule	$110.81
72193	CT PELVIS W/DYE			4/1/2012	Fee Schedule	$173.53
72194	CT PELVIS W/O & W/DYE			4/1/2012	Fee Schedule	$192.93
72195	MRI PELVIS W/O DYE			4/1/2012	Fee Schedule	$195.42
72196	MRI PELVIS W/DYE			4/1/2012	Fee Schedule	$251.69
72197	MRI PELVIS W/O & W/DYE			4/1/2012	Fee Schedule	$308.39
72200	X-RAY EXAM SACROILIAC JOINTS			4/1/2012	Fee Schedule	$21.78
72202	X-RAY EXAM SACROILIAC JOINTS			4/1/2012	Fee Schedule	$25.87
72220	X-RAY EXAM OF TAILBONE			4/1/2012	Fee Schedule	$20.76
72240	CONTRAST X-RAY OF NECK SPINE			1/1/2009	No Separate Payment	$0.00
72255	CONTRAST X-RAY THORAX SPINE			1/1/2009	No Separate Payment	$0.00
72265	CONTRAST X-RAY LOWER SPINE			1/1/2009	No Separate Payment	$0.00
72270	CONTRAST X-RAY SPINE			1/1/2009	No Separate Payment	$0.00
72275	EPIDUROGRAPHY			1/1/2009	No Separate Payment	$0.00
72285	X-RAY C/T SPINE DISK			1/1/2009	No Separate Payment	$0.00
72291	PERQ VERTE/SACROPLSTY FLUOR			1/1/2009	No Separate Payment	$0.00
72292	PERQ VERTE/SACROPLSTY CT			1/1/2009	No Separate Payment	$0.00
72295	X-RAY OF LOWER SPINE DISK			1/1/2009	No Separate Payment	$0.00
73000	X-RAY EXAM OF COLLAR BONE			4/1/2012	Fee Schedule	$21.10
73010	X-RAY EXAM OF SHOULDER BLADE			4/1/2012	Fee Schedule	$22.46
73020	X-RAY EXAM OF SHOULDER			4/1/2012	Fee Schedule	$16.68
73030	X-RAY EXAM OF SHOULDER			4/1/2012	Fee Schedule	$21.44
73040	CONTRAST X-RAY OF SHOULDER			1/1/2009	No Separate Payment	$0.00
73050	X-RAY EXAM OF SHOULDERS			4/1/2012	Fee Schedule	$25.87
73060	X-RAY EXAM OF HUMERUS			4/1/2012	Fee Schedule	$21.10
73070	X-RAY EXAM OF ELBOW			4/1/2012	Fee Schedule	$21.10

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
73080	X-RAY EXAM OF ELBOW			4/1/2012	Fee Schedule	$25.87
73085	CONTRAST X-RAY OF ELBOW			1/1/2009	No Separate Payment	$0.00
73090	X-RAY EXAM OF FOREARM			4/1/2012	Fee Schedule	$20.08
73092	X-RAY EXAM OF ARM INFANT			4/1/2012	Fee Schedule	$20.42
73100	X-RAY EXAM OF WRIST			4/1/2012	Fee Schedule	$23.15
73110	X-RAY EXAM OF WRIST			4/1/2012	Fee Schedule	$25.87
73115	CONTRAST X-RAY OF WRIST			1/1/2009	No Separate Payment	$0.00
73120	X-RAY EXAM OF HAND			4/1/2012	Fee Schedule	$20.08
73130	X-RAY EXAM OF HAND			4/1/2012	Fee Schedule	$24.17
73140	X-RAY EXAM OF FINGER(S)			4/1/2012	Fee Schedule	$25.87
73200	CT UPPER EXTREMITY W/O DYE			4/1/2012	Fee Schedule	$110.81
73201	CT UPPER EXTREMITY W/DYE			4/1/2012	Fee Schedule	$173.53
73202	CT UPPR EXTREMITY W/O&W/DYE			4/1/2012	Fee Schedule	$192.93
73206	CT ANGIO UPR EXTRM W/O&W/DYE			4/1/2012	Fee Schedule	$195.47
73218	MRI UPPER EXTREMITY W/O DYE			4/1/2012	Fee Schedule	$195.42
73219	MRI UPPER EXTREMITY W/DYE			4/1/2012	Fee Schedule	$251.69
73220	MRI UPPR EXTREMITY W/O&W/DYE			4/1/2012	Fee Schedule	$308.39
73221	MRI JOINT UPR EXTREM W/O DYE			4/1/2012	Fee Schedule	$195.42
73222	MRI JOINT UPR EXTREM W/DYE			4/1/2012	Fee Schedule	$251.69
73223	MRI JOINT UPR EXTR W/O&W/DYE			4/1/2012	Fee Schedule	$308.39
73500	X-RAY EXAM OF HIP			4/1/2012	Fee Schedule	$18.38
73510	X-RAY EXAM OF HIP			4/1/2012	Fee Schedule	$25.87
73520	X-RAY EXAM OF HIPS			4/1/2012	Fee Schedule	$25.87
73525	CONTRAST X-RAY OF HIP			1/1/2009	No Separate Payment	$0.00
73530	X-RAY EXAM OF HIP			1/1/2009	No Separate Payment	$0.00
73540	X-RAY EXAM OF PELVIS & HIPS			4/1/2012	Fee Schedule	$25.87
73542	X-RAY EXAM SACROILIAC JOINT			1/1/2012	Deleted	$0.00
73550	X-RAY EXAM OF THIGH			4/1/2012	Fee Schedule	$19.74
73560	X-RAY EXAM OF KNEE 1 OR 2			4/1/2012	Fee Schedule	$22.12
73562	X-RAY EXAM OF KNEE 3			4/1/2012	Fee Schedule	$25.87
73564	X-RAY EXAM KNEE 4 OR MORE			4/1/2012	Fee Schedule	$25.87
73565	X-RAY EXAM OF KNEES			4/1/2012	Fee Schedule	$25.87
73580	CONTRAST X-RAY OF KNEE JOINT			1/1/2009	No Separate Payment	$0.00
73590	X-RAY EXAM OF LOWER LEG			4/1/2012	Fee Schedule	$19.40
73592	X-RAY EXAM OF LEG INFANT			4/1/2012	Fee Schedule	$24.51
73600	X-RAY EXAM OF ANKLE			4/1/2012	Fee Schedule	$21.10
73610	X-RAY EXAM OF ANKLE			4/1/2012	Fee Schedule	$25.19
73615	CONTRAST X-RAY OF ANKLE			1/1/2009	No Separate Payment	$0.00
73620	X-RAY EXAM OF FOOT			4/1/2012	Fee Schedule	$20.08
73630	X-RAY EXAM OF FOOT			4/1/2012	Fee Schedule	$23.83
73650	X-RAY EXAM OF HEEL			4/1/2012	Fee Schedule	$20.76
73660	X-RAY EXAM OF TOE(S)			4/1/2012	Fee Schedule	$23.83
73700	CT LOWER EXTREMITY W/O DYE			4/1/2012	Fee Schedule	$110.81
73701	CT LOWER EXTREMITY W/DYE			4/1/2012	Fee Schedule	$173.53
73702	CT LWR EXTREMITY W/O&W/DYE			4/1/2012	Fee Schedule	$192.93
73706	CT ANGIO LWR EXTR W/O&W/DYE			4/1/2012	Fee Schedule	$195.47
73718	MRI LOWER EXTREMITY W/O DYE			4/1/2012	Fee Schedule	$195.42
73719	MRI LOWER EXTREMITY W/DYE			4/1/2012	Fee Schedule	$251.69
73720	MRI LWR EXTREMITY W/O&W/DYE			4/1/2012	Fee Schedule	$308.39
73721	MRI JNT OF LWR EXTRE W/O DYE			4/1/2012	Fee Schedule	$195.42
73722	MRI JOINT OF LWR EXTR W/DYE			4/1/2012	Fee Schedule	$251.69
73723	MRI JOINT LWR EXTR W/O&W/DYE			4/1/2012	Fee Schedule	$308.39
74000	X-RAY EXAM OF ABDOMEN			4/1/2012	Fee Schedule	$16.00
74010	X-RAY EXAM OF ABDOMEN			4/1/2012	Fee Schedule	$25.87
74020	X-RAY EXAM OF ABDOMEN			4/1/2012	Fee Schedule	$25.87
74022	X-RAY EXAM SERIES ABDOMEN			4/1/2012	Fee Schedule	$33.36
74150	CT ABDOMEN W/O DYE			4/1/2012	Fee Schedule	$110.81
74160	CT ABDOMEN W/DYE			4/1/2012	Fee Schedule	$173.53
74170	CT ABDOMEN W/O & W/DYE			4/1/2012	Fee Schedule	$192.93
74174	CT ANGIO ABD&PELV W/O&W/DYE			4/1/2012	Fee Schedule	$335.26
74175	CT ANGIO ABDOM W/O & W/DYE			4/1/2012	Fee Schedule	$195.47
74176	CT ABD & PELVIS			4/1/2012	Fee Schedule	$142.62

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74177	CT ABD & PELV W/CONTRAST			4/1/2012	Fee Schedule	$335.26
74178	CT ABD & PELV 1/> REGNS			4/1/2012	Fee Schedule	$335.26
74181	MRI ABDOMEN W/O DYE			4/1/2012	Fee Schedule	$195.42
74182	MRI ABDOMEN W/DYE			4/1/2012	Fee Schedule	$251.69
74183	MRI ABDOMEN W/O & W/DYE			4/1/2012	Fee Schedule	$308.39
74190	X-RAY EXAM OF PERITONEUM			1/1/2009	No Separate Payment	$0.00
74210	CONTRST X-RAY EXAM OF THROAT			4/1/2012	Fee Schedule	$49.57
74220	CONTRAST X-RAY ESOPHAGUS			4/1/2012	Fee Schedule	$49.57
74230	CINE/VID X-RAY THROAT/ESOPH			4/1/2012	Fee Schedule	$49.57
74235	REMOVE ESOPHAGUS OBSTRUCTION			1/1/2009	No Separate Payment	$0.00
74240	X-RAY EXAM UPPER GI TRACT			4/1/2012	Fee Schedule	$49.57
74241	X-RAY EXAM UPPER GI TRACT			4/1/2012	Fee Schedule	$49.57
74245	X-RAY EXAM UPPER GI TRACT			4/1/2012	Fee Schedule	$82.13
74246	CONTRST X-RAY UPPR GI TRACT			4/1/2012	Fee Schedule	$49.57
74247	CONTRST X-RAY UPPR GI TRACT			4/1/2012	Fee Schedule	$49.57
74249	CONTRST X-RAY UPPR GI TRACT			4/1/2012	Fee Schedule	$82.13
74250	X-RAY EXAM OF SMALL BOWEL			4/1/2012	Fee Schedule	$49.57
74251	X-RAY EXAM OF SMALL BOWEL			4/1/2012	Fee Schedule	$82.13
74260	X-RAY EXAM OF SMALL BOWEL			4/1/2012	Fee Schedule	$49.57
74261	CT COLONOGRAPHY DX			4/1/2012	Fee Schedule	$110.81
74262	CT COLONOGRAPHY DX W/DYE			4/1/2012	Fee Schedule	$173.53
74270	CONTRAST X-RAY EXAM OF COLON			4/1/2012	Fee Schedule	$49.57
74280	CONTRAST X-RAY EXAM OF COLON			4/1/2012	Fee Schedule	$82.13
74283	CONTRAST X-RAY EXAM OF COLON			4/1/2012	Fee Schedule	$49.57
74290	CONTRAST X-RAY GALLBLADDER			4/1/2012	Fee Schedule	$49.57
74291	CONTRAST X-RAYS GALLBLADDER			4/1/2012	Fee Schedule	$49.57
74300	X-RAY BILE DUCTS/PANCREAS			1/1/2009	No Separate Payment	$0.00
74301	X-RAYS AT SURGERY ADD-ON			1/1/2009	No Separate Payment	$0.00
74305	X-RAY BILE DUCTS/PANCREAS			1/1/2009	No Separate Payment	$0.00
74320	CONTRAST X-RAY OF BILE DUCTS			1/1/2009	No Separate Payment	$0.00
74327	X-RAY BILE STONE REMOVAL			1/1/2009	No Separate Payment	$0.00
74328	X-RAY BILE DUCT ENDOSCOPY			1/1/2009	No Separate Payment	$0.00
74329	X-RAY FOR PANCREAS ENDOSCOPY			1/1/2009	No Separate Payment	$0.00
74330	X-RAY BILE/PANC ENDOSCOPY			1/1/2009	No Separate Payment	$0.00
74340	X-RAY GUIDE FOR GI TUBE			1/1/2009	No Separate Payment	$0.00
74355	X-RAY GUIDE INTESTINAL TUBE			1/1/2009	No Separate Payment	$0.00
74360	X-RAY GUIDE GI DILATION			1/1/2009	No Separate Payment	$0.00
74363	X-RAY BILE DUCT DILATION			1/1/2009	No Separate Payment	$0.00
74400	CONTRST X-RAY URINARY TRACT			4/1/2012	Fee Schedule	$106.18
74410	CONTRST X-RAY URINARY TRACT			4/1/2012	Fee Schedule	$106.18
74415	CONTRST X-RAY URINARY TRACT			4/1/2012	Fee Schedule	$106.18
74420	CONTRST X-RAY URINARY TRACT			4/1/2012	Fee Schedule	$106.18
74425	CONTRST X-RAY URINARY TRACT			1/1/2009	No Separate Payment	$0.00
74430	CONTRAST X-RAY BLADDER			1/1/2009	No Separate Payment	$0.00
74440	X-RAY MALE GENITAL TRACT			1/1/2009	No Separate Payment	$0.00
74445	X-RAY EXAM OF PENIS			1/1/2009	No Separate Payment	$0.00
74450	X-RAY URETHRA/BLADDER			1/1/2009	No Separate Payment	$0.00
74455	X-RAY URETHRA/BLADDER			1/1/2009	No Separate Payment	$0.00
74470	X-RAY EXAM OF KIDNEY LESION			1/1/2009	No Separate Payment	$0.00
74475	X-RAY CONTROL CATH INSERT			1/1/2009	No Separate Payment	$0.00
74480	X-RAY CONTROL CATH INSERT			1/1/2009	No Separate Payment	$0.00
74485	X-RAY GUIDE GU DILATION			1/1/2009	No Separate Payment	$0.00
74710	X-RAY MEASUREMENT OF PELVIS			4/1/2012	Fee Schedule	$21.78
74740	X-RAY FEMALE GENITAL TRACT			1/1/2009	No Separate Payment	$0.00
74742	X-RAY FALLOPIAN TUBE			1/1/2009	No Separate Payment	$0.00
74775	X-RAY EXAM OF PERINEUM			4/1/2012	Fee Schedule	$106.18
75557	CARDIAC MRI FOR MORPH			4/1/2012	Fee Schedule	$195.42
75559	CARDIAC MRI W/STRESS IMG			4/1/2012	Fee Schedule	$195.42
75561	CARDIAC MRI FOR MORPH W/DYE			4/1/2012	Fee Schedule	$308.39
75563	CARD MRI W/STRESS IMG & DYE			4/1/2012	Fee Schedule	$308.39
75565	CARD MRI VELOC FLOW MAPPING			1/1/2010	No Separate Payment	$0.00
75571	CT HRT W/O DYE W/CA TEST			4/1/2012	Fee Schedule	$26.36

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
75572	CT HRT W/3D IMAGE			4/1/2012	Fee Schedule	$151.13
75573	CT HRT W/3D IMAGE CONGEN			4/1/2012	Fee Schedule	$151.13
75574	CT ANGIO HRT W/3D IMAGE			4/1/2012	Fee Schedule	$151.13
75600	CONTRAST X-RAY EXAM OF AORTA			1/1/2009	No Separate Payment	$0.00
75605	CONTRAST X-RAY EXAM OF AORTA			1/1/2009	No Separate Payment	$0.00
75625	CONTRAST X-RAY EXAM OF AORTA			1/1/2009	No Separate Payment	$0.00
75630	X-RAY AORTA LEG ARTERIES			1/1/2009	No Separate Payment	$0.00
75635	CT ANGIO ABDOMINAL ARTERIES			1/1/2009	No Separate Payment	$0.00
75650	ARTERY X-RAYS HEAD & NECK			1/1/2009	No Separate Payment	$0.00
75658	ARTERY X-RAYS ARM			1/1/2009	No Separate Payment	$0.00
75660	ARTERY X-RAYS HEAD & NECK			1/1/2009	No Separate Payment	$0.00
75662	ARTERY X-RAYS HEAD & NECK			1/1/2009	No Separate Payment	$0.00
75665	ARTERY X-RAYS HEAD & NECK			1/1/2009	No Separate Payment	$0.00
75671	ARTERY X-RAYS HEAD & NECK			1/1/2009	No Separate Payment	$0.00
75676	ARTERY X-RAYS NECK			1/1/2009	No Separate Payment	$0.00
75680	ARTERY X-RAYS NECK			1/1/2009	No Separate Payment	$0.00
75685	ARTERY X-RAYS SPINE			1/1/2009	No Separate Payment	$0.00
75705	ARTERY X-RAYS SPINE			1/1/2009	No Separate Payment	$0.00
75710	ARTERY X-RAYS ARM/LEG			1/1/2009	No Separate Payment	$0.00
75716	ARTERY X-RAYS ARMS/LEGS			1/1/2009	No Separate Payment	$0.00
75722	ARTERY X-RAYS KIDNEY			1/1/2012	Deleted	$0.00
75724	ARTERY X-RAYS KIDNEYS			1/1/2012	Deleted	$0.00
75726	ARTERY X-RAYS ABDOMEN			1/1/2009	No Separate Payment	$0.00
75731	ARTERY X-RAYS ADRENAL GLAND			1/1/2009	No Separate Payment	$0.00
75733	ARTERY X-RAYS ADRENALS			1/1/2009	No Separate Payment	$0.00
75736	ARTERY X-RAYS PELVIS			1/1/2009	No Separate Payment	$0.00
75741	ARTERY X-RAYS LUNG			1/1/2009	No Separate Payment	$0.00
75743	ARTERY X-RAYS LUNGS			1/1/2009	No Separate Payment	$0.00
75746	ARTERY X-RAYS LUNG			1/1/2009	No Separate Payment	$0.00
75756	ARTERY X-RAYS CHEST			1/1/2009	No Separate Payment	$0.00
75774	ARTERY X-RAY EACH VESSEL			1/1/2009	No Separate Payment	$0.00
75791	AV DIALYSIS SHUNT IMAGING			1/1/2010	No Separate Payment	$0.00
75801	LYMPH VESSEL X-RAY ARM/LEG			1/1/2009	No Separate Payment	$0.00
75803	LYMPH VESSEL X-RAY ARMS/LEGS			1/1/2009	No Separate Payment	$0.00
75805	LYMPH VESSEL X-RAY TRUNK			1/1/2009	No Separate Payment	$0.00
75807	LYMPH VESSEL X-RAY TRUNK			1/1/2009	No Separate Payment	$0.00
75809	NONVASCULAR SHUNT X-RAY			1/1/2009	No Separate Payment	$0.00
75810	VEIN X-RAY SPLEEN/LIVER			1/1/2009	No Separate Payment	$0.00
75820	VEIN X-RAY ARM/LEG			1/1/2009	No Separate Payment	$0.00
75822	VEIN X-RAY ARMS/LEGS			1/1/2009	No Separate Payment	$0.00
75825	VEIN X-RAY TRUNK			1/1/2009	No Separate Payment	$0.00
75827	VEIN X-RAY CHEST			1/1/2009	No Separate Payment	$0.00
75831	VEIN X-RAY KIDNEY			1/1/2009	No Separate Payment	$0.00
75833	VEIN X-RAY KIDNEYS			1/1/2009	No Separate Payment	$0.00
75840	VEIN X-RAY ADRENAL GLAND			1/1/2009	No Separate Payment	$0.00
75842	VEIN X-RAY ADRENAL GLANDS			1/1/2009	No Separate Payment	$0.00
75860	VEIN X-RAY NECK			1/1/2009	No Separate Payment	$0.00
75870	VEIN X-RAY SKULL			1/1/2009	No Separate Payment	$0.00
75872	VEIN X-RAY SKULL			1/1/2009	No Separate Payment	$0.00
75880	VEIN X-RAY EYE SOCKET			1/1/2009	No Separate Payment	$0.00
75885	VEIN X-RAY LIVER			1/1/2009	No Separate Payment	$0.00
75887	VEIN X-RAY LIVER			1/1/2009	No Separate Payment	$0.00
75889	VEIN X-RAY LIVER			1/1/2009	No Separate Payment	$0.00
75891	VEIN X-RAY LIVER			1/1/2009	No Separate Payment	$0.00
75893	VENOUS SAMPLING BY CATHETER			1/1/2009	No Separate Payment	$0.00
75894	X-RAYS TRANSCATH THERAPY			1/1/2009	No Separate Payment	$0.00
75896	X-RAYS TRANSCATH THERAPY			1/1/2009	No Separate Payment	$0.00
75898	FOLLOW-UP ANGIOGRAPHY			1/1/2009	No Separate Payment	$0.00
75901	REMOVE CVA DEVICE OBSTRUCT			1/1/2009	No Separate Payment	$0.00
75902	REMOVE CVA LUMEN OBSTRUCT			1/1/2009	No Separate Payment	$0.00
75940	X-RAY PLACEMENT VEIN FILTER			1/1/2012	Deleted	$0.00
75945	INTRAVASCULAR US			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
75946	INTRAVASCULAR US ADD-ON			1/1/2009	No Separate Payment	$0.00
75960	TRANSCATH IV STENT RS&I			1/1/2009	No Separate Payment	$0.00
75961	RETRIEVAL BROKEN CATHETER			1/1/2009	No Separate Payment	$0.00
75962	REPAIR ARTERIAL BLOCKAGE			1/1/2009	No Separate Payment	$0.00
75964	REPAIR ARTERY BLOCKAGE EACH			1/1/2009	No Separate Payment	$0.00
75966	REPAIR ARTERIAL BLOCKAGE			1/1/2009	No Separate Payment	$0.00
75968	REPAIR ARTERY BLOCKAGE EACH			1/1/2009	No Separate Payment	$0.00
75970	VASCULAR BIOPSY			1/1/2009	No Separate Payment	$0.00
75978	REPAIR VENOUS BLOCKAGE			1/1/2009	No Separate Payment	$0.00
75980	CONTRAST XRAY EXAM BILE DUCT			1/1/2009	No Separate Payment	$0.00
75982	CONTRAST XRAY EXAM BILE DUCT			1/1/2009	No Separate Payment	$0.00
75984	XRAY CONTROL CATHETER CHANGE			1/1/2009	No Separate Payment	$0.00
75989	ABSCESS DRAINAGE UNDER X-RAY			1/1/2009	No Separate Payment	$0.00
76000	FLUOROSCOPE EXAMINATION			1/1/2009	No Separate Payment	$0.00
76001	FLUOROSCOPE EXAM EXTENSIVE			1/1/2009	No Separate Payment	$0.00
76010	X-RAY NOSE TO RECTUM			4/1/2012	Fee Schedule	$18.38
76080	X-RAY EXAM OF FISTULA			1/1/2009	No Separate Payment	$0.00
76098	X-RAY EXAM BREAST SPECIMEN			1/1/2010	No Separate Payment	$0.00
76100	X-RAY EXAM OF BODY SECTION			4/1/2012	Fee Schedule	$43.59
76101	COMPLEX BODY SECTION X-RAY			4/1/2012	Fee Schedule	$132.75
76102	COMPLEX BODY SECTION X-RAYS			4/1/2012	Fee Schedule	$136.53
76120	CINE/VIDEO X-RAYS			4/1/2012	Fee Schedule	$50.90
76125	CINE/VIDEO X-RAYS ADD-ON			1/1/2009	No Separate Payment	$0.00
76376	3D RENDER W/O POSTPROCESS			1/1/2009	No Separate Payment	$0.00
76377	3D RENDERING W/POSTPROCESS			1/1/2009	No Separate Payment	$0.00
76380	CAT SCAN FOLLOW-UP STUDY			4/1/2012	Fee Schedule	$61.60
76496	FLUOROSCOPIC PROCEDURE			4/1/2012	Fee Schedule	$50.90
76497	CT PROCEDURE			4/1/2012	Fee Schedule	$61.60
76498	MRI PROCEDURE			4/1/2012	Fee Schedule	$195.42
76499	RADIOGRAPHIC PROCEDURE			4/1/2012	Fee Schedule	$25.87
76506	ECHO EXAM OF HEAD			4/1/2012	Fee Schedule	$36.34
76510	OPHTH US B & QUANT A			4/1/2012	Fee Schedule	$78.63
76511	OPHTH US QUANT A ONLY			4/1/2012	Fee Schedule	$49.35
76512	OPHTH US B W/NON-QUANT A			4/1/2012	Fee Schedule	$40.16
76513	ECHO EXAM OF EYE WATER BATH			4/1/2012	Fee Schedule	$55.62
76514	ECHO EXAM OF EYE THICKNESS			4/1/2012	Fee Schedule	$4.77
76516	ECHO EXAM OF EYE			4/1/2012	Fee Schedule	$36.34
76519	ECHO EXAM OF EYE			4/1/2012	Fee Schedule	$50.72
76529	ECHO EXAM OF EYE			4/1/2012	Fee Schedule	$36.34
76536	US EXAM OF HEAD AND NECK			4/1/2012	Fee Schedule	$55.62
76604	US EXAM CHEST			4/1/2012	Fee Schedule	$36.34
76645	US EXAM BREAST(S)			4/1/2012	Fee Schedule	$36.34
76700	US EXAM ABDOM COMPLETE			4/1/2012	Fee Schedule	$55.62
76705	ECHO EXAM OF ABDOMEN			4/1/2012	Fee Schedule	$55.62
76770	US EXAM ABDO BACK WALL COMP			4/1/2012	Fee Schedule	$55.62
76775	US EXAM ABDO BACK WALL LIM			4/1/2012	Fee Schedule	$55.62
76776	US EXAM K TRANSPL W/DOPPLER			4/1/2012	Fee Schedule	$55.62
76800	US EXAM SPINAL CANAL			4/1/2012	Fee Schedule	$55.62
76801	OB US < 14 WKS SINGLE FETUS			4/1/2012	Fee Schedule	$55.62
76802	OB US < 14 WKS ADDL FETUS			4/1/2012	Fee Schedule	$28.59
76805	OB US >/= 14 WKS SNGL FETUS			4/1/2012	Fee Schedule	$55.62
76810	OB US >/= 14 WKS ADDL FETUS			4/1/2012	Fee Schedule	$51.40
76811	OB US DETAILED SNGL FETUS			4/1/2012	Fee Schedule	$87.85
76812	OB US DETAILED ADDL FETUS			4/1/2012	Fee Schedule	$36.34
76813	OB US NUCHAL MEAS 1 GEST			4/1/2012	Fee Schedule	$36.34
76814	OB US NUCHAL MEAS ADD-ON			4/1/2012	Fee Schedule	$33.02
76815	OB US LIMITED FETUS(S)			4/1/2012	Fee Schedule	$36.34
76816	OB US FOLLOW-UP PER FETUS			4/1/2012	Fee Schedule	$36.34
76817	TRANSVAGINAL US OBSTETRIC			4/1/2012	Fee Schedule	$36.34
76818	FETAL BIOPHYS PROFILE W/NST			4/1/2012	Fee Schedule	$55.62
76819	FETAL BIOPHYS PROFIL W/O NST			4/1/2012	Fee Schedule	$54.46
76820	UMBILICAL ARTERY ECHO			4/1/2012	Fee Schedule	$19.40

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
76821	MIDDLE CEREBRAL ARTERY ECHO			4/1/2012	Fee Schedule	$36.34
76825	ECHO EXAM OF FETAL HEART			4/1/2012	Fee Schedule	$127.72
76826	ECHO EXAM OF FETAL HEART			4/1/2012	Fee Schedule	$90.54
76827	ECHO EXAM OF FETAL HEART			4/1/2012	Fee Schedule	$36.34
76828	ECHO EXAM OF FETAL HEART			4/1/2012	Fee Schedule	$19.74
76830	TRANSVAGINAL US NON-OB			4/1/2012	Fee Schedule	$55.62
76831	ECHO EXAM UTERUS			4/1/2012	Fee Schedule	$87.85
76856	US EXAM PELVIC COMPLETE			4/1/2012	Fee Schedule	$55.62
76857	US EXAM PELVIC LIMITED			4/1/2012	Fee Schedule	$36.34
76870	US EXAM SCROTUM			4/1/2012	Fee Schedule	$55.62
76872	US TRANSRECTAL			4/1/2012	Fee Schedule	$55.62
76873	ECHOGRAP TRANS R PROS STUDY			4/1/2012	Fee Schedule	$55.62
76881	US XTR NON-VASC COMPLETE			4/1/2012	Fee Schedule	$55.62
76882	US XTR NON-VASC LMTD			4/1/2012	Fee Schedule	$10.55
76885	US EXAM INFANT HIPS DYNAMIC			4/1/2012	Fee Schedule	$36.34
76886	US EXAM INFANT HIPS STATIC			4/1/2012	Fee Schedule	$36.34
76930	ECHO GUIDE CARDIOCENTESIS			1/1/2009	No Separate Payment	$0.00
76932	ECHO GUIDE FOR HEART BIOPSY			1/1/2009	No Separate Payment	$0.00
76936	ECHO GUIDE FOR ARTERY REPAIR			4/1/2012	Fee Schedule	$61.59
76937	US GUIDE VASCULAR ACCESS			1/1/2009	No Separate Payment	$0.00
76940	US GUIDE TISSUE ABLATION			1/1/2009	No Separate Payment	$0.00
76941	ECHO GUIDE FOR TRANSFUSION			1/1/2009	No Separate Payment	$0.00
76942	ECHO GUIDE FOR BIOPSY			1/1/2009	No Separate Payment	$0.00
76945	ECHO GUIDE VILLUS SAMPLING			1/1/2009	No Separate Payment	$0.00
76946	ECHO GUIDE FOR AMNIOCENTESIS			1/1/2009	No Separate Payment	$0.00
76948	ECHO GUIDE OVA ASPIRATION			1/1/2009	No Separate Payment	$0.00
76950	ECHO GUIDANCE RADIOTHERAPY			1/1/2009	No Separate Payment	$0.00
76965	ECHO GUIDANCE RADIOTHERAPY			1/1/2009	No Separate Payment	$0.00
76970	ULTRASOUND EXAM FOLLOW-UP			4/1/2012	Fee Schedule	$36.34
76975	GI ENDOSCOPIC ULTRASOUND			1/1/2009	No Separate Payment	$0.00
76977	US BONE DENSITY MEASURE			4/1/2012	Fee Schedule	$5.79
76998	US GUIDE INTRAOP			1/1/2009	No Separate Payment	$0.00
76999	ECHO EXAMINATION PROCEDURE			4/1/2012	Fee Schedule	$36.34
77001	FLUOROGUIDE FOR VEIN DEVICE			1/1/2009	No Separate Payment	$0.00
77002	NEEDLE LOCALIZATION BY XRAY			1/1/2009	No Separate Payment	$0.00
77003	FLUOROGUIDE FOR SPINE INJECT			1/1/2009	No Separate Payment	$0.00
77011	CT SCAN FOR LOCALIZATION			1/1/2009	No Separate Payment	$0.00
77012	CT SCAN FOR NEEDLE BIOPSY			1/1/2009	No Separate Payment	$0.00
77013	CT GUIDE FOR TISSUE ABLATION			1/1/2009	No Separate Payment	$0.00
77014	CT SCAN FOR THERAPY GUIDE			1/1/2009	No Separate Payment	$0.00
77021	MR GUIDANCE FOR NEEDLE PLACE			1/1/2009	No Separate Payment	$0.00
77022	MRI FOR TISSUE ABLATION			1/1/2009	No Separate Payment	$0.00
77031	STEREOTACT GUIDE FOR BRST BX			1/1/2009	No Separate Payment	$0.00
77032	GUIDANCE FOR NEEDLE BREAST			1/1/2009	No Separate Payment	$0.00
77053	X-RAY OF MAMMARY DUCT			1/1/2009	No Separate Payment	$0.00
77054	X-RAY OF MAMMARY DUCTS			1/1/2009	No Separate Payment	$0.00
77071	X-RAY STRESS VIEW			4/1/2012	Fee Schedule	$25.87
77072	X-RAYS FOR BONE AGE			4/1/2012	Fee Schedule	$13.96
77073	X-RAYS BONE LENGTH STUDIES			4/1/2012	Fee Schedule	$24.51
77074	X-RAYS BONE SURVEY LIMITED			4/1/2012	Fee Schedule	$43.59
77075	X-RAYS BONE SURVEY COMPLETE			4/1/2012	Fee Schedule	$43.59
77076	X-RAYS BONE SURVEY INFANT			4/1/2012	Fee Schedule	$43.59
77077	JOINT SURVEY SINGLE VIEW			4/1/2012	Fee Schedule	$25.53
77078	CT BONE DENSITY AXIAL			4/1/2012	Fee Schedule	$41.28
77079	CT BONE DENSITY PERIPHERAL			1/1/2012	Deleted	$0.00
77080	DXA BONE DENSITY AXIAL			4/1/2012	Fee Schedule	$41.28
77081	DXA BONE DENSITY/PERIPHERAL			4/1/2012	Fee Schedule	$17.70
77082	DXA BONE DENSITY VERT FX			4/1/2012	Fee Schedule	$20.08
77083	RADIOGRAPHIC ABSORPTIOMETRY			1/1/2012	Deleted	$0.00
77084	MAGNETIC IMAGE BONE MARROW			4/1/2012	Fee Schedule	$195.42
77280	SET RADIATION THERAPY FIELD			4/1/2012	Fee Schedule	$62.11
77285	SET RADIATION THERAPY FIELD			4/1/2012	Fee Schedule	$152.25

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
77290	SET RADIATION THERAPY FIELD			4/1/2012	Fee Schedule	$152.25
77295	SET RADIATION THERAPY FIELD			4/1/2012	Fee Schedule	$273.66
77299	RADIATION THERAPY PLANNING			4/1/2012	Fee Schedule	$62.11
77300	RADIATION THERAPY DOSE PLAN			4/1/2012	Fee Schedule	$36.76
77301	RADIOTHERAPY DOSE PLAN IMRT			4/1/2012	Fee Schedule	$550.66
77305	TELETX ISODOSE PLAN SIMPLE			4/1/2012	Fee Schedule	$27.57
77310	TELETX ISODOSE PLAN INTERMED			4/1/2012	Fee Schedule	$36.76
77315	TELETX ISODOSE PLAN COMPLEX			4/1/2012	Fee Schedule	$60.59
77321	SPECIAL TELETX PORT PLAN			4/1/2012	Fee Schedule	$51.40
77326	BRACHYTX ISODOSE CALC SIMP			4/1/2012	Fee Schedule	$62.11
77327	BRACHYTX ISODOSE CALC INTERM			4/1/2012	Fee Schedule	$133.09
77328	BRACHYTX ISODOSE PLAN COMPL			4/1/2012	Fee Schedule	$152.25
77331	SPECIAL RADIATION DOSIMETRY			4/1/2012	Fee Schedule	$18.72
77332	RADIATION TREATMENT AID(S)			4/1/2012	Fee Schedule	$50.38
77333	RADIATION TREATMENT AID(S)			4/1/2012	Fee Schedule	$12.93
77334	RADIATION TREATMENT AID(S)			4/1/2012	Fee Schedule	$87.48
77336	RADIATION PHYSICS CONSULT			4/1/2012	Fee Schedule	$46.29
77338	DESIGN MLC DEVICE FOR IMRT			4/1/2012	Fee Schedule	$152.25
77370	RADIATION PHYSICS CONSULT			4/1/2012	Fee Schedule	$62.11
77371	SRS MULTISOURCE			4/1/2012	Fee Schedule	$4,303.41
77399	EXTERNAL RADIATION DOSIMETRY			4/1/2012	Fee Schedule	$62.11
77401	RADIATION TREATMENT DELIVERY			4/1/2012	Fee Schedule	$21.78
77402	RADIATION TREATMENT DELIVERY			4/1/2012	Fee Schedule	$57.42
77403	RADIATION TREATMENT DELIVERY			4/1/2012	Fee Schedule	$57.42
77404	RADIATION TREATMENT DELIVERY			4/1/2012	Fee Schedule	$57.42
77406	RADIATION TREATMENT DELIVERY			4/1/2012	Fee Schedule	$57.42
77407	RADIATION TREATMENT DELIVERY			4/1/2012	Fee Schedule	$57.42
77408	RADIATION TREATMENT DELIVERY			4/1/2012	Fee Schedule	$97.52
77409	RADIATION TREATMENT DELIVERY			4/1/2012	Fee Schedule	$97.52
77411	RADIATION TREATMENT DELIVERY			4/1/2012	Fee Schedule	$97.52
77412	RADIATION TREATMENT DELIVERY			4/1/2012	Fee Schedule	$97.52
77413	RADIATION TREATMENT DELIVERY			4/1/2012	Fee Schedule	$97.52
77414	RADIATION TREATMENT DELIVERY			4/1/2012	Fee Schedule	$97.52
77416	RADIATION TREATMENT DELIVERY			4/1/2012	Fee Schedule	$97.52
77417	RADIOLOGY PORT FILM(S)			1/1/2009	No Separate Payment	$0.00
77418	RADIATION TX DELIVERY IMRT			4/1/2012	Fee Schedule	$264.62
77421	STEREOSCOPIC X-RAY GUIDANCE			1/1/2009	No Separate Payment	$0.00
77422	NEUTRON BEAM TX SIMPLE			4/1/2012	Fee Schedule	$97.52
77423	NEUTRON BEAM TX COMPLEX			4/1/2012	Fee Schedule	$97.52
77424	IO RAD TX DELIVERY BY X-RAY			1/1/2012	No Separate Payment	$0.00
77425	IO RAD TX DELIVER BY ELCTRNS			1/1/2012	No Separate Payment	$0.00
77435	SBRT MANAGEMENT			1/1/2009	No Separate Payment	$0.00
77469	IO RADIATION TX MANAGEMENT			1/1/2012	No Separate Payment	$0.00
77470	SPECIAL RADIATION TREATMENT			4/1/2012	Fee Schedule	$70.46
77520	PROTON TRMT SIMPLE W/O COMP			4/1/2012	Fee Schedule	$683.01
77522	PROTON TRMT SIMPLE W/COMP			4/1/2012	Fee Schedule	$683.01
77523	PROTON TRMT INTERMEDIATE			4/1/2012	Fee Schedule	$893.47
77525	PROTON TREATMENT COMPLEX			4/1/2012	Fee Schedule	$893.47
77600	HYPERTHERMIA TREATMENT			4/1/2012	Fee Schedule	$227.82
77605	HYPERTHERMIA TREATMENT			4/1/2012	Fee Schedule	$227.82
77610	HYPERTHERMIA TREATMENT			4/1/2012	Fee Schedule	$227.82
77615	HYPERTHERMIA TREATMENT			4/1/2012	Fee Schedule	$227.82
77620	HYPERTHERMIA TREATMENT			4/1/2012	Fee Schedule	$227.82
77750	INFUSE RADIOACTIVE MATERIALS			4/1/2012	Fee Schedule	$97.52
77761	APPLY INTRCAV RADIAT SIMPLE			4/1/2012	Fee Schedule	$178.02
77762	APPLY INTRCAV RADIAT INTERM			4/1/2012	Fee Schedule	$205.25
77763	APPLY INTRCAV RADIAT COMPL			4/1/2012	Fee Schedule	$218.28
77776	APPLY INTERSTIT RADIAT SIMPL			4/1/2012	Fee Schedule	$181.42
77777	APPLY INTERSTIT RADIAT INTER			4/1/2012	Fee Schedule	$189.25
77778	APPLY INTERSTIT RADIAT COMPL			4/1/2012	Fee Schedule	$272.64
77785	HDR BRACHYTX 1 CHANNEL			4/1/2012	Fee Schedule	$162.36
77786	HDR BRACHYTX 2-12 CHANNEL			4/1/2012	Fee Schedule	$400.62

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
77787	HDR BRACHYTX OVER 12 CHAN			4/1/2012	Fee Schedule	$404.21
77789	APPLY SURFACE RADIATION			4/1/2012	Fee Schedule	$55.14
77790	RADIATION HANDLING			1/1/2009	No Separate Payment	$0.00
77799	RADIUM/RADIOISOTOPE THERAPY			4/1/2012	Fee Schedule	$218.28
78000	THYROID SINGLE UPTAKE			4/1/2012	Fee Schedule	$62.88
78001	THYROID MULTIPLE UPTAKES			4/1/2012	Fee Schedule	$62.88
78003	THYROID SUPPRESS/STIMUL			4/1/2012	Fee Schedule	$62.88
78006	THYROID IMAGING WITH UPTAKE			4/1/2012	Fee Schedule	$127.69
78007	THYROID IMAGE MULT UPTAKES			4/1/2012	Fee Schedule	$127.69
78010	THYROID IMAGING			4/1/2012	Fee Schedule	$76.63
78011	THYROID IMAGING WITH FLOW			4/1/2012	Fee Schedule	$76.63
78015	THYROID MET IMAGING			4/1/2012	Fee Schedule	$161.78
78016	THYROID MET IMAGING/STUDIES			4/1/2012	Fee Schedule	$161.78
78018	THYROID MET IMAGING BODY			4/1/2012	Fee Schedule	$161.78
78020	THYROID MET UPTAKE			1/1/2009	No Separate Payment	$0.00
78070	PARATHYROID NUCLEAR IMAGING			4/1/2012	Fee Schedule	$127.69
78075	ADRENAL NUCLEAR IMAGING			4/1/2012	Fee Schedule	$568.42
78099	ENDOCRINE NUCLEAR PROCEDURE			4/1/2012	Fee Schedule	$76.63
78102	BONE MARROW IMAGING LTD			4/1/2012	Fee Schedule	$147.75
78103	BONE MARROW IMAGING MULT			4/1/2012	Fee Schedule	$147.75
78104	BONE MARROW IMAGING BODY			4/1/2012	Fee Schedule	$147.75
78110	PLASMA VOLUME SINGLE			4/1/2012	Fee Schedule	$264.98
78111	PLASMA VOLUME MULTIPLE			4/1/2012	Fee Schedule	$264.98
78120	RED CELL MASS SINGLE			4/1/2012	Fee Schedule	$264.98
78121	RED CELL MASS MULTIPLE			4/1/2012	Fee Schedule	$264.98
78122	BLOOD VOLUME			4/1/2012	Fee Schedule	$264.98
78130	RED CELL SURVIVAL STUDY			4/1/2012	Fee Schedule	$264.98
78135	RED CELL SURVIVAL KINETICS			4/1/2012	Fee Schedule	$264.98
78140	RED CELL SEQUESTRATION			4/1/2012	Fee Schedule	$264.98
78185	SPLEEN IMAGING			4/1/2012	Fee Schedule	$147.75
78190	PLATELET SURVIVAL KINETICS			4/1/2012	Fee Schedule	$92.46
78191	PLATELET SURVIVAL			4/1/2012	Fee Schedule	$92.46
78195	LYMPH SYSTEM IMAGING			4/1/2012	Fee Schedule	$147.75
78199	BLOOD/LYMPH NUCLEAR EXAM			4/1/2012	Fee Schedule	$147.75
78201	LIVER IMAGING			4/1/2012	Fee Schedule	$169.41
78202	LIVER IMAGING WITH FLOW			4/1/2012	Fee Schedule	$169.41
78205	LIVER IMAGING (3D)			4/1/2012	Fee Schedule	$169.41
78206	LIVER IMAGE (3D) WITH FLOW			4/1/2012	Fee Schedule	$169.41
78215	LIVER AND SPLEEN IMAGING			4/1/2012	Fee Schedule	$169.41
78216	LIVER & SPLEEN IMAGE/FLOW			4/1/2012	Fee Schedule	$169.41
78220	LIVER FUNCTION STUDY			1/1/2012	Deleted	$0.00
78223	HEPATOBILIARY IMAGING			1/1/2012	Deleted	$0.00
78226	HEPATOBILIARY SYSTEM IMAGING			4/1/2012	Fee Schedule	$169.41
78227	HEPATOBIL SYST IMAGE W/DRUG			4/1/2012	Fee Schedule	$169.41
78230	SALIVARY GLAND IMAGING			4/1/2012	Fee Schedule	$140.72
78231	SERIAL SALIVARY IMAGING			4/1/2012	Fee Schedule	$140.72
78232	SALIVARY GLAND FUNCTION EXAM			4/1/2012	Fee Schedule	$140.72
78258	ESOPHAGEAL MOTILITY STUDY			4/1/2012	Fee Schedule	$140.72
78261	GASTRIC MUCOSA IMAGING			4/1/2012	Fee Schedule	$140.72
78262	GASTROESOPHAGEAL REFLUX EXAM			4/1/2012	Fee Schedule	$140.72
78264	GASTRIC EMPTYING STUDY			4/1/2012	Fee Schedule	$140.72
78270	VIT B-12 ABSORPTION EXAM			4/1/2012	Fee Schedule	$92.46
78271	VIT B-12 ABSRP EXAM INT FAC			4/1/2012	Fee Schedule	$92.46
78272	VIT B-12 ABSORP COMBINED			4/1/2012	Fee Schedule	$92.46
78278	ACUTE GI BLOOD LOSS IMAGING			4/1/2012	Fee Schedule	$140.72
78282	GI PROTEIN LOSS EXAM			4/1/2012	Fee Schedule	$140.72
78290	MECKELS DIVERT EXAM			4/1/2012	Fee Schedule	$140.72
78291	LEVEEN/SHUNT PATENCY EXAM			4/1/2012	Fee Schedule	$140.72
78299	GI NUCLEAR PROCEDURE			4/1/2012	Fee Schedule	$140.72
78300	BONE IMAGING LIMITED AREA			4/1/2012	Fee Schedule	$142.61
78305	BONE IMAGING MULTIPLE AREAS			4/1/2012	Fee Schedule	$142.61
78306	BONE IMAGING WHOLE BODY			4/1/2012	Fee Schedule	$142.61

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
78315	BONE IMAGING 3 PHASE			4/1/2012	Fee Schedule	$142.61
78320	BONE IMAGING (3D)			4/1/2012	Fee Schedule	$142.61
78399	MUSCULOSKELETAL NUCLEAR EXAM			4/1/2012	Fee Schedule	$142.61
78414	NON-IMAGING HEART FUNCTION			4/1/2012	Fee Schedule	$171.85
78428	CARDIAC SHUNT IMAGING			4/1/2012	Fee Schedule	$171.85
78445	VASCULAR FLOW IMAGING			4/1/2012	Fee Schedule	$89.44
78451	HT MUSCLE IMAGE SPECT SING			4/1/2012	Fee Schedule	$388.34
78452	HT MUSCLE IMAGE SPECT MULT			4/1/2012	Fee Schedule	$388.34
78453	HT MUSCLE IMAGE PLANAR SING			4/1/2012	Fee Schedule	$388.34
78454	HT MUSC IMAGE PLANAR MULT			4/1/2012	Fee Schedule	$388.34
78456	ACUTE VENOUS THROMBUS IMAGE			4/1/2012	Fee Schedule	$89.44
78457	VENOUS THROMBOSIS IMAGING			4/1/2012	Fee Schedule	$89.44
78458	VEN THROMBOSIS IMAGES BILAT			4/1/2012	Fee Schedule	$89.44
78459	HEART MUSCLE IMAGING (PET)			4/1/2012	Fee Schedule	$598.82
78466	HEART INFARCT IMAGE			4/1/2012	Fee Schedule	$171.85
78468	HEART INFARCT IMAGE (EF)			4/1/2012	Fee Schedule	$171.85
78469	HEART INFARCT IMAGE (3D)			4/1/2012	Fee Schedule	$171.85
78472	GATED HEART PLANAR SINGLE			4/1/2012	Fee Schedule	$171.85
78473	GATED HEART MULTIPLE			4/1/2012	Fee Schedule	$171.85
78481	HEART FIRST PASS SINGLE			4/1/2012	Fee Schedule	$171.85
78483	HEART FIRST PASS MULTIPLE			4/1/2012	Fee Schedule	$171.85
78491	HEART IMAGE (PET) SINGLE			4/1/2012	Fee Schedule	$598.82
78492	HEART IMAGE (PET) MULTIPLE			4/1/2012	Fee Schedule	$598.82
78494	HEART IMAGE SPECT			4/1/2012	Fee Schedule	$171.85
78496	HEART FIRST PASS ADD-ON			1/1/2009	No Separate Payment	$0.00
78499	CARDIOVASCULAR NUCLEAR EXAM			4/1/2012	Fee Schedule	$171.85
78579	LUNG VENTILATION IMAGING			4/1/2012	Fee Schedule	$116.90
78580	LUNG PERFUSION IMAGING			4/1/2012	Fee Schedule	$116.90
78582	LUNG VENTILAT&PERFUS IMAGING			4/1/2012	Fee Schedule	$182.68
78584	LUNG V/Q IMAGE SINGLE BREATH			1/1/2012	Deleted	$0.00
78585	LUNG V/Q IMAGING			1/1/2012	Deleted	$0.00
78586	AEROSOL LUNG IMAGE SINGLE			1/1/2012	Deleted	$0.00
78587	AEROSOL LUNG IMAGE MULTIPLE			1/1/2012	Deleted	$0.00
78588	PERFUSION LUNG IMAGE			1/1/2012	Deleted	$0.00
78591	VENT IMAGE 1 BREATH 1 PROJ			1/1/2012	Deleted	$0.00
78593	VENT IMAGE 1 PROJ GAS			1/1/2012	Deleted	$0.00
78594	VENT IMAGE MULT PROJ GAS			1/1/2012	Deleted	$0.00
78596	LUNG DIFFERENTIAL FUNCTION			1/1/2012	Deleted	$0.00
78597	LUNG PERFUSION DIFFERENTIAL			4/1/2012	Fee Schedule	$116.90
78598	LUNG PERF&VENTILAT DIFERENTL			4/1/2012	Fee Schedule	$182.68
78599	RESPIRATORY NUCLEAR EXAM			4/1/2012	Fee Schedule	$116.90
78600	BRAIN IMAGE < 4 VIEWS			4/1/2012	Fee Schedule	$138.98
78601	BRAIN IMAGE W/FLOW < 4 VIEWS			4/1/2012	Fee Schedule	$354.35
78605	BRAIN IMAGE 4+ VIEWS			4/1/2012	Fee Schedule	$138.98
78606	BRAIN IMAGE W/FLOW 4 + VIEWS			4/1/2012	Fee Schedule	$354.35
78607	BRAIN IMAGING (3D)			4/1/2012	Fee Schedule	$354.35
78608	BRAIN IMAGING (PET)			4/1/2012	Fee Schedule	$598.82
78610	BRAIN FLOW IMAGING ONLY			4/1/2012	Fee Schedule	$138.98
78630	CEREBROSPINAL FLUID SCAN			4/1/2012	Fee Schedule	$354.35
78635	CSF VENTRICULOGRAPHY			4/1/2012	Fee Schedule	$354.35
78645	CSF SHUNT EVALUATION			4/1/2012	Fee Schedule	$138.98
78647	CEREBROSPINAL FLUID SCAN			4/1/2012	Fee Schedule	$354.35
78650	CSF LEAKAGE IMAGING			4/1/2012	Fee Schedule	$354.35
78660	NUCLEAR EXAM OF TEAR FLOW			4/1/2012	Fee Schedule	$138.98
78699	NERVOUS SYSTEM NUCLEAR EXAM			4/1/2012	Fee Schedule	$138.98
78700	KIDNEY IMAGING MORPHOL			4/1/2012	Fee Schedule	$184.03
78701	KIDNEY IMAGING WITH FLOW			4/1/2012	Fee Schedule	$184.03
78707	K FLOW/FUNCT IMAGE W/O DRUG			4/1/2012	Fee Schedule	$184.03
78708	K FLOW/FUNCT IMAGE W/DRUG			4/1/2012	Fee Schedule	$184.03
78709	K FLOW/FUNCT IMAGE MULTIPLE			4/1/2012	Fee Schedule	$184.03
78710	KIDNEY IMAGING (3D)			4/1/2012	Fee Schedule	$184.03
78725	KIDNEY FUNCTION STUDY			4/1/2012	Fee Schedule	$92.46

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
78730	URINARY BLADDER RETENTION			4/1/2012	Fee Schedule	$62.88
78740	URETERAL REFLUX STUDY			4/1/2012	Fee Schedule	$184.03
78761	TESTICULAR IMAGING W/FLOW			4/1/2012	Fee Schedule	$184.03
78799	GENITOURINARY NUCLEAR EXAM			4/1/2012	Fee Schedule	$184.03
78800	TUMOR IMAGING LIMITED AREA			4/1/2012	Fee Schedule	$161.78
78801	TUMOR IMAGING MULT AREAS			4/1/2012	Fee Schedule	$284.49
78802	TUMOR IMAGING WHOLE BODY			4/1/2012	Fee Schedule	$284.49
78803	TUMOR IMAGING (3D)			4/1/2012	Fee Schedule	$284.49
78804	TUMOR IMAGING WHOLE BODY			4/1/2012	Fee Schedule	$568.42
78805	ABSCESS IMAGING LTD AREA			4/1/2012	Fee Schedule	$284.49
78806	ABSCESS IMAGING WHOLE BODY			4/1/2012	Fee Schedule	$284.49
78807	NUCLEAR LOCALIZATION/ABSCESS			4/1/2012	Fee Schedule	$284.49
78808	IV INJ RA DRUG DX STUDY			1/1/2009	No Separate Payment	$0.00
78811	PET IMAGE LTD AREA			4/1/2012	Fee Schedule	$598.82
78812	PET IMAGE SKULL-THIGH			4/1/2012	Fee Schedule	$598.82
78813	PET IMAGE FULL BODY			4/1/2012	Fee Schedule	$598.82
78814	PET IMAGE W/CT LMTD			4/1/2012	Fee Schedule	$598.82
78815	PET IMAGE W/CT SKULL-THIGH			4/1/2012	Fee Schedule	$598.82
78816	PET IMAGE W/CT FULL BODY			4/1/2012	Fee Schedule	$598.82
78999	NUCLEAR DIAGNOSTIC EXAM			4/1/2012	Fee Schedule	$62.88
79005	NUCLEAR RX ORAL ADMIN			4/1/2012	Fee Schedule	$51.06
79101	NUCLEAR RX IV ADMIN			4/1/2012	Fee Schedule	$55.14
79200	NUCLEAR RX INTRACAV ADMIN			4/1/2012	Fee Schedule	$66.37
79300	NUCLR RX INTERSTIT COLLOID			4/1/2012	Fee Schedule	$133.00
79403	HEMATOPOIETIC NUCLEAR TX			4/1/2012	Fee Schedule	$84.07
79440	NUCLEAR RX INTRA-ARTICULAR			4/1/2012	Fee Schedule	$56.84
79445	NUCLEAR RX INTRA-ARTERIAL			4/1/2012	Fee Schedule	$133.00
79999	NUCLEAR MEDICINE THERAPY			4/1/2012	Fee Schedule	$133.00
90296	DIPHTHERIA ANTITOXIN			3/1/2011	Not Allowed	$0.00
90371	HEP B IG IM			10/1/2012	Fee Schedule	$95.32
90375	RABIES IG IM/SC			10/1/2012	Fee Schedule	$203.44
90376	RABIES IG HEAT TREATED			10/1/2012	Fee Schedule	$191.00
90378	RSV MAB IM 50MG			10/1/2012	Fee Schedule	$1,216.79
90385	RH IG MINIDOSE IM			1/1/2009	No Separate Payment	$0.00
90393	VACCINA IG IM			3/1/2011	Not Allowed	$0.00
90396	VARICELLA-ZOSTER IG IM			4/1/2012	Fee Schedule	$94.01
90476	ADENOVIRUS VACCINE TYPE 4			1/1/2012	No Separate Payment	$0.00
90477	ADENOVIRUS VACCINE TYPE 7			3/1/2011	Not Allowed	$0.00
90581	ANTHRAX VACCINE SC OR IM			4/1/2012	Fee Schedule	$112.86
90585	BCG VACCINE PERCUT			10/1/2012	Fee Schedule	$113.95
90632	HEP A VACCINE ADULT IM			1/1/2009	No Separate Payment	$0.00
90633	HEP A VACC PED/ADOL 2 DOSE			1/1/2009	No Separate Payment	$0.00
90634	HEP A VACC PED/ADOL 3 DOSE			1/1/2009	No Separate Payment	$0.00
90636	HEP A/HEP B VACC ADULT IM			1/1/2009	No Separate Payment	$0.00
90645	HIB VACCINE HBOC IM			1/1/2009	No Separate Payment	$0.00
90646	HIB VACCINE PRP-D IM			1/1/2009	No Separate Payment	$0.00
90647	HIB VACCINE PRP-OMP IM			1/1/2009	No Separate Payment	$0.00
90648	HIB VACCINE PRP-T IM			1/1/2009	No Separate Payment	$0.00
90654	FLU VACCINE NO PRESERV ID			1/1/2012	No Separate Payment	$0.00
90655	FLU VACCINE NO PRESERV 6-35M			1/1/2009	No Separate Payment	$0.00
90656	FLU VACCINE NO PRESERV 3 & >			1/1/2009	No Separate Payment	$0.00
90657	FLU VACCINE 3 YRS IM			1/1/2009	No Separate Payment	$0.00
90660	FLU VACCINE NASAL			1/1/2009	No Separate Payment	$0.00
90662	FLU VACC PRSV FREE INC ANTIG			12/23/2009	No Separate Payment	$0.00
90665	LYME DISEASE VACCINE IM			1/1/2011	No Separate Payment	$0.00
90669	PNEUMOCOCCAL VACC 7 VAL IM			1/1/2009	No Separate Payment	$0.00
90670	PNEUMOCOCCAL VACC 13 VAL IM			4/1/2010	No Separate Payment	$0.00
90675	RABIES VACCINE IM			10/1/2012	Fee Schedule	$204.79
90676	RABIES VACCINE ID			4/1/2012	Fee Schedule	$146.53
90680	ROTOVIRUS VACC 3 DOSE ORAL			1/1/2012	No Separate Payment	$0.00
90681	ROTAVIRUS VACC 2 DOSE ORAL			10/1/2012	Fee Schedule	$106.60
90690	TYPHOID VACCINE ORAL			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
90691	TYPHOID VACCINE IM			1/1/2009	No Separate Payment	$0.00
90692	TYPHOID VACCINE H-P SC/ID			1/1/2009	No Separate Payment	$0.00
90696	DTAP-IPV VACC 4-6 YR IM			1/1/2010	No Separate Payment	$0.00
90698	DTAP-HIB-IP VACCINE IM			1/1/2009	No Separate Payment	$0.00
90700	DTAP VACCINE < 7 YRS IM			1/1/2009	No Separate Payment	$0.00
90701	DTP VACCINE IM			1/1/2009	No Separate Payment	$0.00
90702	DT VACCINE < 7 IM			1/1/2009	No Separate Payment	$0.00
90703	TETANUS VACCINE IM			1/1/2009	No Separate Payment	$0.00
90704	MUMPS VACCINE SC			1/1/2009	No Separate Payment	$0.00
90705	MEASLES VACCINE SC			1/1/2009	No Separate Payment	$0.00
90706	RUBELLA VACCINE SC			1/1/2009	No Separate Payment	$0.00
90707	MMR VACCINE SC			1/1/2009	No Separate Payment	$0.00
90708	MEASLES-RUBELLA VACCINE SC			7/1/2009	No Separate Payment	$0.00
90710	MMRV VACCINE SC			1/1/2009	No Separate Payment	$0.00
90712	ORAL POLIOVIRUS VACCINE			1/1/2009	No Separate Payment	$0.00
90713	POLIOVIRUS IPV SC/IM			1/1/2009	No Separate Payment	$0.00
90714	TD VACCINE NO PRSRV >/= 7 IM			1/1/2009	No Separate Payment	$0.00
90715	TDAP VACCINE >7 IM			1/1/2009	No Separate Payment	$0.00
90717	YELLOW FEVER VACCINE SC			1/1/2009	No Separate Payment	$0.00
90718	TD VACCINE > 7 IM			1/1/2009	No Separate Payment	$0.00
90719	DIPHTHERIA VACCINE IM			1/1/2009	No Separate Payment	$0.00
90720	DTP/HIB VACCINE IM			1/1/2009	No Separate Payment	$0.00
90721	DTAP/HIB VACCINE IM			1/1/2009	No Separate Payment	$0.00
90725	CHOLERA VACCINE INJECTABLE			7/1/2010	Fee Schedule	$103.90
90727	PLAGUE VACCINE IM			1/1/2009	No Separate Payment	$0.00
90732	PNEUMOCOCCAL VACCINE			1/1/2009	No Separate Payment	$0.00
90733	MENINGOCOCCAL VACCINE SC			10/1/2012	Fee Schedule	$110.75
90734	MENINGOCOCCAL VACCINE IM			10/1/2012	Fee Schedule	$92.35
90735	ENCEPHALITIS VACCINE SC			1/1/2012	Fee Schedule	$100.15
90740	HEPB VACC ILL PAT 3 DOSE IM			7/1/2010	No Separate Payment	$0.00
90743	HEP B VACC ADOL 2 DOSE IM			7/1/2010	No Separate Payment	$0.00
90744	HEPB VACC PED/ADOL 3 DOSE IM			7/1/2010	No Separate Payment	$0.00
90746	HEP B VACCINE ADULT IM			7/1/2010	No Separate Payment	$0.00
90747	HEPB VACC ILL PAT 4 DOSE IM			7/1/2010	No Separate Payment	$0.00
90749	VACCINE TOXOID			1/1/2009	No Separate Payment	$0.00
92018	NEW EYE EXAM & TREATMENT			10/1/2008	By Report	$0.00
92071	CONTACT LENS FITTING FOR TX			1/1/2012	No Separate Payment	$0.00
92072	FIT CONTAC LENS FOR MANAGMNT			1/1/2012	No Separate Payment	$0.00
A4218	STERILE SALINE OR WATER			1/1/2009	No Separate Payment	$0.00
A4220	INFUSION PUMP REFILL KIT			1/1/2009	No Separate Payment	$0.00
A4248	CHLORHEXIDINE ANTISEPT			1/1/2009	No Separate Payment	$0.00
A4262	TEMPORARY TEAR DUCT PLUG			1/1/2009	No Separate Payment	$0.00
A4263	PERMANENT TEAR DUCT PLUG			1/1/2009	No Separate Payment	$0.00
A4270	DISPOSABLE ENDOSCOPE SHEATH			1/1/2009	No Separate Payment	$0.00
A4300	CATH IMPL VASC ACCESS PORTAL			1/1/2009	No Separate Payment	$0.00
A4301	IMPLANTABLE ACCESS SYST PERC			1/1/2009	No Separate Payment	$0.00
A4305	DRUG DELIVERY SYSTEM >=50 ML			1/1/2009	No Separate Payment	$0.00
A4306	DRUG DELIVERY SYSTEM <=50 ML			1/1/2009	No Separate Payment	$0.00
A4641	RADIOPHARM DX AGENT NOC			1/1/2009	No Separate Payment	$0.00
A4642	IN111 SATUMOMAB			1/1/2009	No Separate Payment	$0.00
A4648	IMPLANTABLE TISSUE MARKER			1/1/2009	No Separate Payment	$0.00
A4650	IMPLANT RADIATION DOSIMETER			1/1/2009	No Separate Payment	$0.00
A9500	TC99M SESTAMIBI			1/1/2009	No Separate Payment	$0.00
A9501	TECHNETIUM TC-99M TEBOROXIME			1/1/2009	No Separate Payment	$0.00
A9502	TC99M TETROFOSMIN			1/1/2009	No Separate Payment	$0.00
A9503	TC99M MEDRONATE			1/1/2009	No Separate Payment	$0.00
A9504	TC99M APCITIDE			1/1/2009	No Separate Payment	$0.00
A9505	TL201 THALLIUM			1/1/2009	No Separate Payment	$0.00
A9507	IN111 CAPROMAB			1/1/2009	No Separate Payment	$0.00
A9508	I131 IODOBENGUATE, DX			1/1/2009	No Separate Payment	$0.00
A9509	IODINE I-123 SOD IODIDE MIL			1/1/2009	No Separate Payment	$0.00
A9510	TC99M DISOFENIN			1/1/2009	No Separate Payment	$0.00

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A9512	TC99M PERTECHNETATE			1/1/2009	No Separate Payment	$0.00
A9516	IODINE I-123 SOD IODIDE MIC			1/1/2009	No Separate Payment	$0.00
A9521	TC99M EXAMETAZIME			1/1/2009	No Separate Payment	$0.00
A9524	I131 SERUM ALBUMIN, DX			1/1/2009	No Separate Payment	$0.00
A9526	NITROGEN N-13 AMMONIA			1/1/2009	No Separate Payment	$0.00
A9527	IODINE I-125 SODIUM IODIDE			4/1/2012	Fee Schedule	$16.82
A9528	IODINE I-131 IODIDE CAP, DX			1/1/2009	No Separate Payment	$0.00
A9529	I131 IODIDE SOL, DX			1/1/2009	No Separate Payment	$0.00
A9531	I131 MAX 100UCI			1/1/2009	No Separate Payment	$0.00
A9532	I125 SERUM ALBUMIN, DX			1/1/2009	No Separate Payment	$0.00
A9536	TC99M DEPREOTIDE			1/1/2009	No Separate Payment	$0.00
A9537	TC99M MEBROFENIN			1/1/2009	No Separate Payment	$0.00
A9538	TC99M PYROPHOSPHATE			1/1/2009	No Separate Payment	$0.00
A9539	TC99M PENTETATE			1/1/2009	No Separate Payment	$0.00
A9540	TC99M MAA			1/1/2009	No Separate Payment	$0.00
A9541	TC99M SULFUR COLLOID			1/1/2009	No Separate Payment	$0.00
A9542	IN111 IBRITUMOMAB, DX			1/1/2009	No Separate Payment	$0.00
A9544	I131 TOSITUMOMAB, DX			1/1/2009	No Separate Payment	$0.00
A9546	CO57/58			1/1/2009	No Separate Payment	$0.00
A9547	IN111 OXYQUINOLINE			1/1/2009	No Separate Payment	$0.00
A9548	IN111 PENTETATE			1/1/2009	No Separate Payment	$0.00
A9550	TC99M GLUCEPTATE			1/1/2009	No Separate Payment	$0.00
A9551	TC99M SUCCIMER			1/1/2009	No Separate Payment	$0.00
A9552	F18 FDG			1/1/2009	No Separate Payment	$0.00
A9553	CR51 CHROMATE			1/1/2009	No Separate Payment	$0.00
A9554	I125 IOTHALAMATE, DX			1/1/2009	No Separate Payment	$0.00
A9555	RB82 RUBIDIUM			1/1/2009	No Separate Payment	$0.00
A9556	GA67 GALLIUM			1/1/2009	No Separate Payment	$0.00
A9557	TC99M BICISATE			1/1/2009	No Separate Payment	$0.00
A9558	XE133 XENON 10MCI			1/1/2009	No Separate Payment	$0.00
A9559	CO57 CYANO			1/1/2009	No Separate Payment	$0.00
A9560	TC99M LABELED RBC			1/1/2009	No Separate Payment	$0.00
A9561	TC99M OXIDRONATE			1/1/2009	No Separate Payment	$0.00
A9562	TC99M MERTIATIDE			1/1/2009	No Separate Payment	$0.00
A9566	TC99M FANOLESOMAB			1/1/2009	No Separate Payment	$0.00
A9567	TECHNETIUM TC-99M AEROSOL			1/1/2009	No Separate Payment	$0.00
A9568	TECHNETIUM TC99M ARCITUMOMAB			1/1/2009	No Separate Payment	$0.00
A9569	TECHNETIUM TC-99M AUTO WBC			1/1/2009	No Separate Payment	$0.00
A9570	INDIUM IN-111 AUTO WBC			1/1/2009	No Separate Payment	$0.00
A9571	INDIUM IN-111 AUTO PLATELET			1/1/2009	No Separate Payment	$0.00
A9572	INDIUM IN-111 PENTETREOTIDE			1/1/2009	No Separate Payment	$0.00
A9576	INJ PROHANCE MULTIPACK			1/1/2009	No Separate Payment	$0.00
A9577	INJ MULTIHANCE			1/1/2009	No Separate Payment	$0.00
A9578	INJ MULTIHANCE MULTIPACK			1/1/2009	No Separate Payment	$0.00
A9579	GAD-BASE MR CONTRAST NOS,1ML			1/1/2009	No Separate Payment	$0.00
A9580	SODIUM FLUORIDE F-18			1/1/2009	No Separate Payment	$0.00
A9581	GADOXETATE DISODIUM INJ			1/1/2011	No Separate Payment	$0.00
A9582	IODINE I-123 IOBENGUANE			1/1/2012	No Separate Payment	$0.00
A9583	GADOFOSVESET TRISODIUM INJ			1/1/2012	No Separate Payment	$0.00
A9584	IODINE I-123 IOFLUPANE			10/1/2012	Fee Schedule	$1,974.93
A9585	GADOBUTROL INJECTION			1/1/2012	No Separate Payment	$0.00
A9698	NON-RAD CONTRAST MATERIALNOC			1/1/2009	No Separate Payment	$0.00
C1713	ANCHOR/SCREW BN/BN,TIS/BN			1/1/2009	No Separate Payment	$0.00
C1714	CATH, TRANS ATHERECTOMY, DIR			1/1/2009	No Separate Payment	$0.00
C1715	BRACHYTHERAPY NEEDLE			1/1/2009	No Separate Payment	$0.00
C1716	BRACHYTX, NON-STR, GOLD-198			1/1/2012	Fee Schedule	$35.04
C1717	BRACHYTX, NON-STR,HDR IR-192			4/1/2012	Fee Schedule	$232.57
C1719	BRACHYTX, NS, NON-HDRIR-192			4/1/2012	Fee Schedule	$31.81
C1721	AICD, DUAL CHAMBER			1/1/2009	No Separate Payment	$0.00
C1722	AICD, SINGLE CHAMBER			1/1/2009	No Separate Payment	$0.00
C1724	CATH, TRANS ATHEREC,ROTATION			1/1/2009	No Separate Payment	$0.00
C1725	CATH, TRANSLUMIN NON-LASER			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
C1726	CATH, BAL DIL, NON-VASCULAR			1/1/2009	No Separate Payment	$0.00
C1727	CATH, BAL TIS DIS, NON-VAS			1/1/2009	No Separate Payment	$0.00
C1728	CATH, BRACHYTX SEED ADM			1/1/2009	No Separate Payment	$0.00
C1729	CATH, DRAINAGE			1/1/2009	No Separate Payment	$0.00
C1730	CATH, EP, 19 OR FEW ELECT			1/1/2009	No Separate Payment	$0.00
C1731	CATH, EP, 20 OR MORE ELEC			1/1/2009	No Separate Payment	$0.00
C1732	CATH, EP, DIAG/ABL, 3D/VECT			1/1/2009	No Separate Payment	$0.00
C1733	CATH, EP, OTHR THAN COOL-TIP			1/1/2009	No Separate Payment	$0.00
C1749	ENDO, COLON, RETRO IMAGING			10/1/2010	By Report	$0.00
C1750	CATH, HEMODIALYSIS,LONG-TERM			1/1/2009	No Separate Payment	$0.00
C1751	CATH, INF, PER/CENT/MIDLINE			1/1/2009	No Separate Payment	$0.00
C1752	CATH,HEMODIALYSIS,SHORT-TERM			1/1/2009	No Separate Payment	$0.00
C1753	CATH, INTRAVAS ULTRASOUND			1/1/2009	No Separate Payment	$0.00
C1754	CATHETER, INTRADISCAL			1/1/2009	No Separate Payment	$0.00
C1755	CATHETER, INTRASPINAL			1/1/2009	No Separate Payment	$0.00
C1756	CATH, PACING, TRANSESOPH			1/1/2009	No Separate Payment	$0.00
C1757	CATH, THROMBECTOMY/EMBOLECT			1/1/2009	No Separate Payment	$0.00
C1758	CATHETER, URETERAL			1/1/2009	No Separate Payment	$0.00
C1759	CATH, INTRA ECHOCARDIOGRAPHY			1/1/2009	No Separate Payment	$0.00
C1760	CLOSURE DEV, VASC			1/1/2009	No Separate Payment	$0.00
C1762	CONN TISS, HUMAN(INC FASCIA)			1/1/2009	No Separate Payment	$0.00
C1763	CONN TISS, NON-HUMAN			1/1/2009	No Separate Payment	$0.00
C1764	EVENT RECORDER, CARDIAC			1/1/2009	No Separate Payment	$0.00
C1765	ADHESION BARRIER			1/1/2009	No Separate Payment	$0.00
C1766	INTRO/SHEATH,STRBLE,NON-PEEL			1/1/2009	No Separate Payment	$0.00
C1767	GENERATOR, NEURO NON-RECHARG			1/1/2009	No Separate Payment	$0.00
C1768	GRAFT, VASCULAR			1/1/2009	No Separate Payment	$0.00
C1769	GUIDE WIRE			1/1/2009	No Separate Payment	$0.00
C1770	IMAGING COIL, MR, INSERTABLE			1/1/2009	No Separate Payment	$0.00
C1771	REP DEV, URINARY, W/SLING			1/1/2009	No Separate Payment	$0.00
C1772	INFUSION PUMP, PROGRAMMABLE			1/1/2009	No Separate Payment	$0.00
C1773	RET DEV, INSERTABLE			1/1/2009	No Separate Payment	$0.00
C1776	JOINT DEVICE (IMPLANTABLE)			1/1/2009	No Separate Payment	$0.00
C1777	LEAD, AICD, ENDO SINGLE COIL			1/1/2009	No Separate Payment	$0.00
C1778	LEAD, NEUROSTIMULATOR			1/1/2009	No Separate Payment	$0.00
C1779	LEAD, PMKR, TRANSVENOUS VDD			1/1/2009	No Separate Payment	$0.00
C1780	LENS, INTRAOCULAR (NEW TECH)			1/1/2009	No Separate Payment	$0.00
C1781	MESH (IMPLANTABLE)			1/1/2009	No Separate Payment	$0.00
C1782	MORCELLATOR			1/1/2009	No Separate Payment	$0.00
C1783	OCULAR IMP, AQUEOUS DRAIN DE			1/1/2009	No Separate Payment	$0.00
C1784	OCULAR DEV, INTRAOP, DET RET			1/1/2009	No Separate Payment	$0.00
C1785	PMKR, DUAL, RATE-RESP			1/1/2009	No Separate Payment	$0.00
C1786	PMKR, SINGLE, RATE-RESP			1/1/2009	No Separate Payment	$0.00
C1787	PATIENT PROGR, NEUROSTIM			1/1/2009	No Separate Payment	$0.00
C1788	PORT, INDWELLING, IMP			1/1/2009	No Separate Payment	$0.00
C1789	PROSTHESIS, BREAST, IMP			1/1/2009	No Separate Payment	$0.00
C1813	PROSTHESIS, PENILE, INFLATAB			3/1/2011	Not Allowed	$0.00
C1814	RETINAL TAMP, SILICONE OIL			1/1/2009	No Separate Payment	$0.00
C1815	PROS, URINARY SPH, IMP			1/1/2009	No Separate Payment	$0.00
C1816	RECEIVER/TRANSMITTER, NEURO			1/1/2009	No Separate Payment	$0.00
C1817	SEPTAL DEFECT IMP SYS			1/1/2009	No Separate Payment	$0.00
C1818	INTEGRATED KERATOPROSTHESIS			1/1/2009	No Separate Payment	$0.00
C1819	TISSUE LOCALIZATION-EXCISION			1/1/2009	No Separate Payment	$0.00
C1820	GENERATOR NEURO RECHG BAT SY			1/1/2009	No Separate Payment	$0.00
C1821	INTERSPINOUS IMPLANT			1/1/2009	No Separate Payment	$0.00
C1830	POWER BONE MARROW BX NEEDLE			10/1/2011	By Report	$0.00
C1840	TELESCOPIC INTRAOCULAR LENS			10/1/2011	By Report	$0.00
C1874	STENT, COATED/COV W/DEL SYS			1/1/2009	No Separate Payment	$0.00
C1875	STENT, COATED/COV W/O DEL SY			1/1/2009	No Separate Payment	$0.00
C1876	STENT, NON-COA/NON-COV W/DEL			1/1/2009	No Separate Payment	$0.00
C1877	STENT, NON-COAT/COV W/O DEL			1/1/2009	No Separate Payment	$0.00
C1878	MATRL FOR VOCAL CORD			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
C1879	TISSUE MARKER, IMPLANTABLE			1/1/2009	No Separate Payment	$0.00
C1880	VENA CAVA FILTER			1/1/2009	No Separate Payment	$0.00
C1881	DIALYSIS ACCESS SYSTEM			1/1/2009	No Separate Payment	$0.00
C1882	AICD, OTHER THAN SING/DUAL			1/1/2009	No Separate Payment	$0.00
C1883	ADAPT/EXT, PACING/NEURO LEAD			1/1/2009	No Separate Payment	$0.00
C1884	EMBOLIZATION PROTECT SYST			1/1/2009	No Separate Payment	$0.00
C1885	CATH, TRANSLUMIN ANGIO LASER			1/1/2009	No Separate Payment	$0.00
C1886	CATHETER, ABLATION			1/1/2012	By Report	$0.00
C1887	CATHETER, GUIDING			1/1/2009	No Separate Payment	$0.00
C1888	ENDOVAS NON-CARDIAC ABL CATH			1/1/2009	No Separate Payment	$0.00
C1891	INFUSION PUMP,NON-PROG, PERM			1/1/2009	No Separate Payment	$0.00
C1892	INTRO/SHEATH,FIXED,PEEL-AWAY			1/1/2009	No Separate Payment	$0.00
C1893	INTRO/SHEATH, FIXED,NON-PEEL			1/1/2009	No Separate Payment	$0.00
C1894	INTRO/SHEATH, NON-LASER			1/1/2009	No Separate Payment	$0.00
C1895	LEAD, AICD, ENDO DUAL COIL			1/1/2009	No Separate Payment	$0.00
C1896	LEAD, AICD, NON SING/DUAL			1/1/2009	No Separate Payment	$0.00
C1897	LEAD, NEUROSTIM TEST KIT			1/1/2009	No Separate Payment	$0.00
C1898	LEAD, PMKR, OTHER THAN TRANS			1/1/2009	No Separate Payment	$0.00
C1899	LEAD, PMKR/AICD COMBINATION			1/1/2009	No Separate Payment	$0.00
C1900	LEAD, CORONARY VENOUS			1/1/2009	No Separate Payment	$0.00
C2614	PROBE, PERC LUMB DISC			1/1/2009	No Separate Payment	$0.00
C2615	SEALANT, PULMONARY, LIQUID			1/1/2009	No Separate Payment	$0.00
C2616	BRACHYTX, NON-STR,YTTRIUM-90			4/1/2012	Fee Schedule	$15,730.17
C2617	STENT, NON-COR, TEM W/O DEL			1/1/2009	No Separate Payment	$0.00
C2618	PROBE, CRYOABLATION			1/1/2009	No Separate Payment	$0.00
C2619	PMKR, DUAL, NON RATE-RESP			1/1/2009	No Separate Payment	$0.00
C2620	PMKR, SINGLE, NON RATE-RESP			1/1/2009	No Separate Payment	$0.00
C2621	PMKR, OTHER THAN SING/DUAL			1/1/2009	No Separate Payment	$0.00
C2622	PROSTHESIS, PENILE, NON-INF			3/1/2011	Not Allowed	$0.00
C2625	STENT, NON-COR, TEM W/DEL SY			1/1/2009	No Separate Payment	$0.00
C2626	INFUSION PUMP, NON-PROG,TEMP			1/1/2009	No Separate Payment	$0.00
C2627	CATH, SUPRAPUBIC/CYSTOSCOPIC			1/1/2009	No Separate Payment	$0.00
C2628	CATHETER, OCCLUSION			1/1/2009	No Separate Payment	$0.00
C2629	INTRO/SHEATH, LASER			1/1/2009	No Separate Payment	$0.00
C2630	CATH, EP, COOL-TIP			1/1/2009	No Separate Payment	$0.00
C2631	REP DEV, URINARY, W/O SLING			1/1/2009	No Separate Payment	$0.00
C2634	BRACHYTX, NON-STR, HA, I-125			1/1/2012	Fee Schedule	$62.62
C2635	BRACHYTX, NON-STR, HA, P-103			4/1/2012	Fee Schedule	$26.98
C2636	BRACHY LINEAR, NON-STR,P-103			4/1/2012	Fee Schedule	$37.06
C2638	BRACHYTX, STRANDED, I-125			4/1/2012	Fee Schedule	$45.49
C2639	BRACHYTX, NON-STRANDED,I-125			1/1/2012	Fee Schedule	$35.55
C2640	BRACHYTX, STRANDED, P-103			4/1/2012	Fee Schedule	$80.04
C2641	BRACHYTX, NON-STRANDED,P-103			4/1/2012	Fee Schedule	$64.26
C2642	BRACHYTX, STRANDED, C-131			4/1/2012	Fee Schedule	$121.67
C2643	BRACHYTX, NON-STRANDED,C-131			4/1/2012	Fee Schedule	$77.31
C2698	BRACHYTX, STRANDED, NOS			4/1/2012	Fee Schedule	$45.49
C2699	BRACHYTX, NON-STRANDED, NOS			4/1/2012	Fee Schedule	$26.98
C8900	MRA W/CONT, ABD			4/1/2012	Fee Schedule	$251.69
C8901	MRA W/O CONT, ABD			4/1/2012	Fee Schedule	$195.42
C8902	MRA W/O FOL W/CONT, ABD			4/1/2012	Fee Schedule	$308.39
C8903	MRI W/CONT, BREAST, UNI			4/1/2012	Fee Schedule	$251.69
C8904	MRI W/O CONT, BREAST, UNI			4/1/2012	Fee Schedule	$195.42
C8905	MRI W/O FOL W/CONT, BRST, UN			4/1/2012	Fee Schedule	$308.39
C8906	MRI W/CONT, BREAST, BI			4/1/2012	Fee Schedule	$251.69
C8907	MRI W/O CONT, BREAST, BI			4/1/2012	Fee Schedule	$195.42
C8908	MRI W/O FOL W/CONT, BREAST,			4/1/2012	Fee Schedule	$308.39
C8909	MRA W/CONT, CHEST			4/1/2012	Fee Schedule	$251.69
C8910	MRA W/O CONT, CHEST			4/1/2012	Fee Schedule	$195.42
C8911	MRA W/O FOL W/CONT, CHEST			4/1/2012	Fee Schedule	$308.39
C8912	MRA W/CONT, LWR EXT			4/1/2012	Fee Schedule	$251.69
C8913	MRA W/O CONT, LWR EXT			4/1/2012	Fee Schedule	$195.42
C8914	MRA W/O FOL W/CONT, LWR EXT			4/1/2012	Fee Schedule	$308.39

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
C8918	MRA W/CONT, PELVIS			4/1/2012	Fee Schedule	$251.69
C8919	MRA W/O CONT, PELVIS			4/1/2012	Fee Schedule	$195.42
C8920	MRA W/O FOL W/CONT, PELVIS			4/1/2012	Fee Schedule	$308.39
C8931	MRA, W/DYE, SPINAL CANAL			4/1/2012	Fee Schedule	$251.69
C8932	MRA, W/O DYE, SPINAL CANAL			4/1/2012	Fee Schedule	$195.42
C8933	MRA, W/O&W/DYE, SPINAL CANAL			4/1/2012	Fee Schedule	$308.39
C8934	MRA, W/DYE, UPPER EXTREMITY			4/1/2012	Fee Schedule	$251.69
C8935	MRA, W/O DYE, UPPER EXTR			4/1/2012	Fee Schedule	$195.42
C8936	MRA, W/O&W/DYE, UPPER EXTR			4/1/2012	Fee Schedule	$308.39
C9113	INJ PANTOPRAZOLE SODIUM, VIA			1/1/2009	No Separate Payment	$0.00
C9121	INJECTION, ARGATROBAN			10/1/2012	Fee Schedule	$17.95
C9248	INJ, CLEVIDIPINE BUTYRATE			10/1/2012	Fee Schedule	$2.90
C9250	ARTISS FIBRIN SEALANT			10/1/2012	Fee Schedule	$65.17
C9254	INJECTION, LACOSAMIDE			10/1/2012	Fee Schedule	$0.14
C9257	BEVACIZUMAB INJECTION			7/1/2012	Fee Schedule	$1.53
C9270	GAMMAPLEX IVIG			1/1/2012	Deleted	$0.00
C9272	INJ, DENOSUMAB			1/1/2012	Deleted	$0.00
C9273	SIPULEUCEL-T, PER INFUSION			4/1/2012	Deleted	$0.00
C9274	CROTALIDAE POLY IMMUNE FAB			1/1/2012	Deleted	$0.00
C9275	HEXAMINOLEVULINATE HCL			10/1/2012	Fee Schedule	$660.68
C9276	CABAZITAXEL INJECTION			1/1/2012	Deleted	$0.00
C9277	LUMIZYME, 1 MG			1/1/2012	Deleted	$0.00
C9278	INCOBOTULINUMTOXIN A			4/1/2012	Deleted	$0.00
C9279	INJECTION, IBUPROFEN			10/1/2012	Fee Schedule	$1.28
C9285	PATCH, LIDOCAINE/TETRACAINE			10/1/2012	Fee Schedule	$13.28
C9286	INJECTION, BELATACEPT			10/1/2012	Fee Schedule	$3.80
C9287	INJ, BRENTUXIMAB VEDOTIN			1/1/2012	Fee Schedule	$95.40
C9288	INJ, CENTRUROIDES (SCORPION)			7/1/2012	Fee Schedule	$3,635.80
C9289	INJ, ERWINIA CHRYSANTHEMI			7/1/2012	Fee Schedule	$334.32
C9290	INJ, BUPIVICAINE LIPOSOME			4/1/2012	Fee Schedule	$1.14
C9291	INJECTION, AFLIBERCEPT			7/1/2012	Deleted	$0.00
C9292	INJECTION, PERTUZUMAB			10/1/2012	Fee Schedule	$102.86
C9293	INJECTION, GLUCARPIDASE			10/1/2012	Fee Schedule	$233.73
C9352	NEURAGEN NERVE GUIDE, PER CM			7/1/2009	No Separate Payment	$0.00
C9353	NEURAWRAP NERVE PROTECTOR,CM			7/1/2009	No Separate Payment	$0.00
C9354	VERITAS COLLAGEN MATRIX, CM2			1/1/2010	No Separate Payment	$0.00
C9355	NEUROMATRIX NERVE CUFF, CM			1/1/2010	No Separate Payment	$0.00
C9356	TENOGLIDE TENDON PROT, CM2			1/1/2011	No Separate Payment	$0.00
C9358	SURGIMEND, FETAL			10/1/2012	Fee Schedule	$11.80
C9359	IMPLNT,BON VOID FILLER-PUTTY			1/1/2011	No Separate Payment	$0.00
C9360	SURGIMEND, NEONATAL			10/1/2012	Fee Schedule	$11.58
C9361	NEUROMEND NERVE WRAP			1/1/2012	No Separate Payment	$0.00
C9362	IMPLNT,BON VOID FILLER-STRIP			1/1/2012	No Separate Payment	$0.00
C9363	INTEGRA MESHED BIL WOUND MAT			10/1/2012	Fee Schedule	$23.69
C9364	PORCINE IMPLANT, PERMACOL			1/1/2012	No Separate Payment	$0.00
C9366	EPIFIX WOUND COVER			10/1/2012	Fee Schedule	$129.38
C9367	ENDOFORM DERMAL TEMPLATE			7/1/2010	Fee Schedule	$4.35
C9368	GRAFIX CORE			7/1/2012	Fee Schedule	$137.47
C9369	GRAFIX PRIME			7/1/2012	Fee Schedule	$109.40
C9399	UNCLASSIFIED DRUGS OR BIOLOG			4/1/2008	By Report	$0.00
C9716	RADIOFREQUENCY ENERGY TO ANU			4/1/2012	Deleted	$0.00
C9724	EPS GAST CARDIA PLIC	Y		4/1/2012	Fee Schedule	$1,048.67
C9725	PLACE ENDORECTAL APP	Y		4/1/2012	Fee Schedule	$224.65
C9726	RXT BREAST APPL PLACE/REMOV	Y		4/1/2012	Fee Schedule	$1,030.36
C9727	INSERT PALATE IMPLANTS	Y		4/1/2012	Fee Schedule	$301.38
C9728	PLACE DEVICE/MARKER, NON PRO			1/1/2012	Fee Schedule	$550.66
C9732	INSERT OCULAR TELESCOPE PROS			7/1/2012	Deleted	$0.00
C9733	NON-OPHTHALMIC FVA			4/1/2012	No Separate Payment	$0.00
C9800	DERMAL FILLER INJ PX/SUPPL	Y	Y	4/1/2012	Fee Schedule	$200.75
E0616	CARDIAC EVENT RECORDER			4/1/2012	Not Allowed	$0.00
E0749	ELEC OSTEOGEN STIM IMPLANTED			1/1/2009	No Separate Payment	$0.00
E0782	NON-PROGRAMBLE INFUSION PUMP			1/1/2009	No Separate Payment	$0.00

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E0783	PROGRAMMABLE INFUSION PUMP			1/1/2009	No Separate Payment	$0.00
E0785	REPLACEMENT IMPL PUMP CATHET			1/1/2009	No Separate Payment	$0.00
E0786	IMPLANTABLE PUMP REPLACEMENT			4/1/2012	Not Allowed	$0.00
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE			4/1/2012	Fee Schedule	$105.52
G0105	COLORECTAL SCRN; HI RISK IND	Y		4/1/2012	Fee Schedule	$335.70
G0121	COLON CA SCRN NOT HI RSK IND	Y		4/1/2012	Fee Schedule	$335.70
G0127	TRIM NAIL(S)	Y		4/1/2012	Fee Schedule	$15.67
G0130	SINGLE ENERGY X-RAY STUDY			4/1/2012	Fee Schedule	$22.81
G0173	LINEAR ACC STEREO RADSUR COM			4/1/2012	Fee Schedule	$1,946.14
G0186	DSTRY EYE LESN,FDR VSSL TECH	Y		4/1/2012	Fee Schedule	$194.42
G0247	ROUTINE FOOTCARE PT W LOPS	Y		4/1/2012	Fee Schedule	$35.49
G0251	LINEAR ACC BASED STERO RADIO			4/1/2012	Fee Schedule	$520.64
G0259	INJECT FOR SACROILIAC JOINT			1/1/2009	No Separate Payment	$0.00
G0260	INJ FOR SACROILIAC JT ANESTH	Y		4/1/2012	Fee Schedule	$301.95
G0268	REMOVAL OF IMPACTED WAX MD			1/1/2009	No Separate Payment	$0.00
G0269	OCCLUSIVE DEVICE IN VEIN ART			1/1/2009	No Separate Payment	$0.00
G0288	RECON, CTA FOR SURG PLAN			1/1/2009	No Separate Payment	$0.00
G0289	ARTHRO, LOOSE BODY + CHONDRO			1/1/2009	No Separate Payment	$0.00
G0339	ROBOT LIN-RADSURG COM, FIRST			4/1/2012	Fee Schedule	$1,946.14
G0340	ROBT LIN-RADSURG FRACTX 2-5			4/1/2012	Fee Schedule	$1,453.90
G0364	BONE MARROW ASPIRATE &BIOPSY			4/1/2012	Fee Schedule	$6.47
G0365	VESSEL MAPPING HEMO ACCESS			4/1/2012	Fee Schedule	$87.85
G0448	PLACE PERM PACING CARDIOVERT			4/1/2012	Fee Schedule	$28,008.16
G8907	PT DOC NO EVENTS ON DISCHARGE			4/1/2012	No Separate Payment	$0.00
G8908	PT DOC W BURN PRIOR TO D/C			4/1/2012	No Separate Payment	$0.00
G8909	PT DOC NO BURN PRIOR TO D/C			4/1/2012	No Separate Payment	$0.00
G8910	PT DOC TO HAVE FALL IN ASC			4/1/2012	No Separate Payment	$0.00
G8911	PT DOC NO FALL IN ASC			4/1/2012	No Separate Payment	$0.00
G8912	PT DOC WITH WRONG EVENT			4/1/2012	No Separate Payment	$0.00
G8913	PT DOC NO WRONG EVENT			4/1/2012	No Separate Payment	$0.00
G8914	PT TRANS TO HOSP POST D/C			4/1/2012	No Separate Payment	$0.00
G8915	PT NOT TRANS TO HOSP AT D/C			4/1/2012	No Separate Payment	$0.00
G8916	PT W IV AB GIVEN ON TIME			4/1/2012	No Separate Payment	$0.00
G8917	PT W IV AB NOT GIVEN ON TIME			4/1/2012	No Separate Payment	$0.00
G8918	PT W/O PREOP ORDER IV AB PROP			4/1/2012	No Separate Payment	$0.00
J0120	TETRACYCLIN INJECTION			1/1/2009	No Separate Payment	$0.00
J0129	ABATACEPT INJECTION			10/1/2012	Fee Schedule	$21.78
J0130	ABCIXIMAB INJECTION			10/1/2012	Fee Schedule	$564.18
J0131	ACETAMINOPHEN INJECTION			1/1/2012	Fee Schedule	$0.11
J0132	ACETYLCYSTEINE INJECTION			10/1/2012	Fee Schedule	$2.98
J0133	ACYCLOVIR INJECTION			1/1/2009	No Separate Payment	$0.00
J0135	ADALIMUMAB INJECTION			10/1/2012	Fee Schedule	$447.76
J0150	INJECTION ADENOSINE 6 MG			1/1/2011	No Separate Payment	$0.00
J0152	ADENOSINE INJECTION			10/1/2012	Fee Schedule	$107.34
J0171	ADRENALIN EPINEPHRINE INJECT			1/1/2011	No Separate Payment	$0.00
J0180	AGALSIDASE BETA INJECTION			10/1/2012	Fee Schedule	$137.66
J0190	INJ BIPERIDEN LACTATE/5 MG			7/1/2009	No Separate Payment	$0.00
J0200	ALATROFLOXACIN MESYLATE			1/1/2009	No Separate Payment	$0.00
J0205	ALGLUCERASE INJECTION			4/1/2012	Fee Schedule	$41.20
J0207	AMIFOSTINE			10/1/2012	Fee Schedule	$304.32
J0210	METHYLDOPATE HCL INJECTION			4/1/2012	Fee Schedule	$41.60
J0215	ALEFACEPT			7/1/2012	Fee Schedule	$40.86
J0220	ALGLUCOSIDASE ALFA INJECTION			10/1/2012	Fee Schedule	$200.57
J0221	LUMIZYME INJECTION			10/1/2012	Fee Schedule	$153.61
J0256	ALPHA 1 PROTEINASE INHIBITOR			10/1/2012	Fee Schedule	$3.89
J0257	GLASSIA INJECTION			7/1/2012	Fee Schedule	$3.85
J0278	AMIKACIN SULFATE INJECTION			1/1/2009	No Separate Payment	$0.00
J0280	AMINOPHYLLIN 250 MG INJ			1/1/2009	No Separate Payment	$0.00
J0282	AMIODARONE HCL			1/1/2009	No Separate Payment	$0.00
J0285	AMPHOTERICIN B			1/1/2009	No Separate Payment	$0.00
J0287	AMPHOTERICIN B LIPID COMPLEX			10/1/2012	Fee Schedule	$10.78
J0288	AMPHO B CHOLESTERYL SULFATE			10/1/2012	Fee Schedule	$14.56

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J0289	AMPHOTERICIN B LIPOSOME INJ			10/1/2012	Fee Schedule	$14.55
J0290	AMPICILLIN 500 MG INJ			1/1/2009	No Separate Payment	$0.00
J0295	AMPICILLIN SODIUM PER 1.5 GM			1/1/2009	No Separate Payment	$0.00
J0300	AMOBARBITAL 125 MG INJ			10/1/2012	Fee Schedule	$149.55
J0330	SUCCINYCHOLINE CHLORIDE INJ			1/1/2009	No Separate Payment	$0.00
J0348	ANIDULAFUNGIN INJECTION			10/1/2012	Fee Schedule	$1.23
J0350	INJECTION ANISTREPLASE 30 U			7/1/2009	No Separate Payment	$0.00
J0360	HYDRALAZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J0364	APOMORPHINE HYDROCHLORIDE			10/1/2012	Fee Schedule	$32.14
J0365	APROTONIN, 10,000 KIU			1/1/2011	No Separate Payment	$0.00
J0380	INJ METARAMINOL BITARTRATE			1/1/2009	No Separate Payment	$0.00
J0390	CHLOROQUINE INJECTION			1/1/2009	No Separate Payment	$0.00
J0395	ARBUTAMINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J0400	ARIPIPRAZOLE INJECTION			7/1/2009	No Separate Payment	$0.00
J0456	AZITHROMYCIN			1/1/2009	No Separate Payment	$0.00
J0461	ATROPINE SULFATE INJECTION			1/1/2010	No Separate Payment	$0.00
J0470	DIMECAPROL INJECTION			1/1/2011	No Separate Payment	$0.00
J0475	BACLOFEN 10 MG INJECTION			10/1/2012	Fee Schedule	$176.59
J0476	BACLOFEN INTRATHECAL TRIAL			10/1/2012	Fee Schedule	$75.02
J0480	BASILIXIMAB			10/1/2012	Fee Schedule	$2,280.33
J0490	BELIMUMAB INJECTION			10/1/2012	Fee Schedule	$38.32
J0500	DICYCLOMINE INJECTION			1/1/2009	No Separate Payment	$0.00
J0515	INJ BENZTROPINE MESYLATE			1/1/2012	No Separate Payment	$0.00
J0520	BETHANECHOL CHLORIDE INJECT			1/1/2009	No Separate Payment	$0.00
J0558	PENG BENZATHINE/PROCAINE INJ			1/1/2011	No Separate Payment	$0.00
J0561	PENICILLIN G BENZATHINE INJ			1/1/2011	No Separate Payment	$0.00
J0583	BIVALIRUDIN			10/1/2012	Fee Schedule	$2.92
J0585	INJECTION,ONABOTULINUMTOXINA		Y	4/1/2012	Fee Schedule	$5.37
J0586	ABOBOTULINUMTOXINA		Y	10/1/2012	Fee Schedule	$6.82
J0587	INJ, RIMABOTULINUMTOXINB		Y	10/1/2012	Fee Schedule	$10.68
J0588	INCOBOTULINUMTOXIN A			10/1/2012	Fee Schedule	$4.46
J0592	BUPRENORPHINE HYDROCHLORIDE			1/1/2009	No Separate Payment	$0.00
J0594	BUSULFAN INJECTION			10/1/2012	Fee Schedule	$21.49
J0595	BUTORPHANOL TARTRATE 1 MG			1/1/2009	No Separate Payment	$0.00
J0597	C-1 ESTERASE, BERINERT			7/1/2011	Fee Schedule	$30.23
J0598	C-1 ESTERASE, CINRYZE			7/1/2012	Fee Schedule	$44.84
J0600	EDETATE CALCIUM DISODIUM INJ			7/1/2012	Fee Schedule	$197.60
J0610	CALCIUM GLUCONATE INJECTION			1/1/2009	No Separate Payment	$0.00
J0620	CALCIUM GLYCER & LACT/10 ML			1/1/2009	No Separate Payment	$0.00
J0630	CALCITONIN SALMON INJECTION			1/1/2012	No Separate Payment	$0.00
J0636	INJ CALCITRIOL PER 0.1 MCG			1/1/2009	No Separate Payment	$0.00
J0637	CASPOFUNGIN ACETATE			10/1/2012	Fee Schedule	$12.60
J0638	CANAKINUMAB INJECTION			10/1/2012	Fee Schedule	$89.41
J0640	LEUCOVORIN CALCIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0641	LEVOLEUCOVORIN INJECTION			10/1/2012	Fee Schedule	$1.87
J0670	INJ MEPIVACAINE HCL/10 ML			1/1/2009	No Separate Payment	$0.00
J0690	CEFAZOLIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0692	CEFEPIME HCL FOR INJECTION			1/1/2009	No Separate Payment	$0.00
J0694	CEFOXITIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0696	CEFTRIAXONE SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0697	STERILE CEFUROXIME INJECTION			1/1/2009	No Separate Payment	$0.00
J0698	CEFOTAXIME SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0702	BETAMETHASONE ACET&SOD PHOSP			1/1/2009	No Separate Payment	$0.00
J0706	CAFFEINE CITRATE INJECTION			1/1/2009	No Separate Payment	$0.00
J0710	CEPHAPIRIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0712	CEFTAROLINE FOSAMIL INJ			10/1/2012	Fee Schedule	$0.78
J0713	INJ CEFTAZIDIME PER 500 MG			1/1/2009	No Separate Payment	$0.00
J0715	CEFTIZOXIME SODIUM / 500 MG			1/1/2009	No Separate Payment	$0.00
J0718	CERTOLIZUMAB PEGOL INJ			10/1/2012	Fee Schedule	$4.82
J0720	CHLORAMPHENICOL SODIUM INJEC			1/1/2009	No Separate Payment	$0.00
J0725	CHORIONIC GONADOTROPIN/1000U			1/1/2009	No Separate Payment	$0.00
J0735	CLONIDINE HYDROCHLORIDE			1/1/2012	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J0740	CIDOFOVIR INJECTION			10/1/2012	Fee Schedule	$742.73
J0743	CILASTATIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0744	CIPROFLOXACIN IV			1/1/2009	No Separate Payment	$0.00
J0745	INJ CODEINE PHOSPHATE /30 MG			1/1/2009	No Separate Payment	$0.00
J0760	COLCHICINE INJECTION			1/1/2009	No Separate Payment	$0.00
J0770	COLISTIMETHATE SODIUM INJ			1/1/2009	No Separate Payment	$0.00
J0775	COLLAGENASE, CLOST HIST INJ			1/1/2011	Fee Schedule	$37.51
J0780	PROCHLORPERAZINE INJECTION			1/1/2009	No Separate Payment	$0.00
J0795	CORTICORELIN OVINE TRIFLUTAL			10/1/2012	Fee Schedule	$5.71
J0800	CORTICOTROPIN INJECTION			10/1/2012	Fee Schedule	$2,893.28
J0833	COSYNTROPIN INJECTION NOS			1/1/2012	Fee Schedule	$99.76
J0834	COSYNTROPIN CORTROSYN INJ			1/1/2012	No Separate Payment	$0.00
J0840	CROTALIDAE POLY IMMUNE FAB			10/1/2012	Fee Schedule	$2,216.80
J0850	CYTOMEGALOVIRUS IMM IV /VIAL			10/1/2012	Fee Schedule	$994.74
J0878	DAPTOMYCIN INJECTION			7/1/2012	Fee Schedule	$0.53
J0881	DARBEPOETIN ALFA, NON-ESRD			10/1/2012	Fee Schedule	$3.26
J0885	EPOETIN ALFA, NON-ESRD			10/1/2012	Fee Schedule	$9.68
J0894	DECITABINE INJECTION			10/1/2012	Fee Schedule	$32.77
J0895	DEFEROXAMINE MESYLATE INJ			1/1/2009	No Separate Payment	$0.00
J0897	DENOSUMAB INJECTION			10/1/2012	Fee Schedule	$14.32
J0900	TESTOSTERONE ENANTHATE INJ			1/1/2009	No Separate Payment	$0.00
J0945	BROMPHENIRAMINE MALEATE INJ			1/1/2012	No Separate Payment	$0.00
J1000	DEPO-ESTRADIOL CYPIONATE INJ			1/1/2009	No Separate Payment	$0.00
J1020	METHYLPREDNISOLONE 20 MG INJ			1/1/2009	No Separate Payment	$0.00
J1030	METHYLPREDNISOLONE 40 MG INJ			1/1/2009	No Separate Payment	$0.00
J1040	METHYLPREDNISOLONE 80 MG INJ			1/1/2009	No Separate Payment	$0.00
J1051	MEDROXYPROGESTERONE INJ			1/1/2009	No Separate Payment	$0.00
J1060	TESTOSTERONE CYPIONATE 1 ML			1/1/2009	No Separate Payment	$0.00
J1070	TESTOSTERONE CYPIONAT 100 MG			1/1/2009	No Separate Payment	$0.00
J1080	TESTOSTERONE CYPIONAT 200 MG			1/1/2009	No Separate Payment	$0.00
J1094	INJ DEXAMETHASONE ACETATE			1/1/2009	No Separate Payment	$0.00
J1100	DEXAMETHASONE SODIUM PHOS			1/1/2009	No Separate Payment	$0.00
J1110	INJ DIHYDROERGOTAMINE MESYLT			1/1/2009	No Separate Payment	$0.00
J1120	ACETAZOLAMID SODIUM INJECTIO			1/1/2009	No Separate Payment	$0.00
J1160	DIGOXIN INJECTION			1/1/2009	No Separate Payment	$0.00
J1162	DIGOXIN IMMUNE FAB (OVINE)			10/1/2012	Fee Schedule	$882.66
J1165	PHENYTOIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J1170	HYDROMORPHONE INJECTION			1/1/2009	No Separate Payment	$0.00
J1180	DYPHYLLINE INJECTION			1/1/2009	No Separate Payment	$0.00
J1190	DEXRAZOXANE HCL INJECTION			10/1/2012	Fee Schedule	$156.00
J1200	DIPHENHYDRAMINE HCL INJECTIO			1/1/2009	No Separate Payment	$0.00
J1205	CHLOROTHIAZIDE SODIUM INJ			10/1/2012	Fee Schedule	$254.25
J1212	DIMETHYL SULFOXIDE 50% 50 ML			10/1/2012	Fee Schedule	$85.51
J1230	METHADONE INJECTION			1/1/2009	No Separate Payment	$0.00
J1240	DIMENHYDRINATE INJECTION			1/1/2009	No Separate Payment	$0.00
J1245	DIPYRIDAMOLE INJECTION			1/1/2009	No Separate Payment	$0.00
J1250	INJ DOBUTAMINE HCL/250 MG			1/1/2009	No Separate Payment	$0.00
J1260	DOLASETRON MESYLATE			1/1/2010	No Separate Payment	$0.00
J1265	DOPAMINE INJECTION			1/1/2009	No Separate Payment	$0.00
J1267	DORIPENEM INJECTION			1/1/2011	No Separate Payment	$0.00
J1270	INJECTION, DOXERCALCIFEROL			1/1/2009	No Separate Payment	$0.00
J1290	ECALLANTIDE INJECTION			10/1/2012	Fee Schedule	$318.22
J1300	ECULIZUMAB INJECTION			4/1/2012	Fee Schedule	$191.78
J1320	AMITRIPTYLINE INJECTION			1/1/2009	No Separate Payment	$0.00
J1324	ENFUVIRTIDE INJECTION			4/1/2012	Fee Schedule	$0.52
J1325	EPOPROSTENOL INJECTION			1/1/2009	No Separate Payment	$0.00
J1327	EPTIFIBATIDE INJECTION			10/1/2012	Fee Schedule	$24.18
J1330	ERGONOVINE MALEATE INJECTION			1/1/2009	No Separate Payment	$0.00
J1335	ERTAPENEM INJECTION			1/1/2009	No Separate Payment	$0.00
J1364	ERYTHRO LACTOBIONATE /500 MG			1/1/2009	No Separate Payment	$0.00
J1380	ESTRADIOL VALERATE 10 MG INJ			1/1/2009	No Separate Payment	$0.00
J1410	INJ ESTROGEN CONJUGATE 25 MG			10/1/2012	Fee Schedule	$123.08

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J1430	ETHANOLAMINE OLEATE 100 MG			1/1/2012	Fee Schedule	$294.28
J1435	INJECTION ESTRONE PER 1 MG			1/1/2009	No Separate Payment	$0.00
J1436	ETIDRONATE DISODIUM INJ			1/1/2011	No Separate Payment	$0.00
J1438	ETANERCEPT INJECTION			10/1/2012	Fee Schedule	$226.74
J1440	FILGRASTIM 300 MCG INJECTION			10/1/2012	Fee Schedule	$263.83
J1441	FILGRASTIM 480 MCG INJECTION			10/1/2012	Fee Schedule	$418.82
J1450	FLUCONAZOLE			1/1/2009	No Separate Payment	$0.00
J1451	FOMEPIZOLE, 15 MG			10/1/2012	Fee Schedule	$6.39
J1452	INTRAOCULAR FOMIVIRSEN NA			1/1/2009	No Separate Payment	$0.00
J1453	FOSAPREPITANT INJECTION			4/1/2012	Fee Schedule	$1.68
J1455	FOSCARNET SODIUM INJECTION			10/1/2012	Fee Schedule	$3.43
J1457	GALLIUM NITRATE INJECTION			1/1/2012	No Separate Payment	$0.00
J1458	GALSULFASE INJECTION			10/1/2012	Fee Schedule	$347.67
J1459	INJ IVIG PRIVIGEN 500 MG			10/1/2012	Fee Schedule	$34.48
J1460	GAMMA GLOBULIN 1 CC INJ			10/1/2012	Fee Schedule	$22.90
J1557	GAMMAPLEX INJECTION			10/1/2012	Fee Schedule	$37.25
J1559	HIZENTRA INJECTION			1/1/2012	Fee Schedule	$7.15
J1560	GAMMA GLOBULIN > 10 CC INJ			10/1/2012	Fee Schedule	$228.97
J1561	GAMUNEX/GAMUNEX C			10/1/2012	Fee Schedule	$37.56
J1562	VIVAGLOBIN, INJ			1/1/2012	Fee Schedule	$12.48
J1566	IMMUNE GLOBULIN, POWDER			10/1/2012	Fee Schedule	$31.61
J1568	OCTAGAM INJECTION			10/1/2012	Fee Schedule	$32.58
J1569	GAMMAGARD LIQUID INJECTION			10/1/2012	Fee Schedule	$36.91
J1570	GANCICLOVIR SODIUM INJECTION			10/1/2012	Fee Schedule	$71.66
J1571	HEPAGAM B IM INJECTION			10/1/2012	Fee Schedule	$51.16
J1572	FLEBOGAMMA INJECTION			10/1/2012	Fee Schedule	$34.43
J1573	HEPAGAM B INTRAVENOUS, INJ			10/1/2012	Fee Schedule	$51.16
J1580	GARAMYCIN GENTAMICIN INJ			1/1/2009	No Separate Payment	$0.00
J1590	GATIFLOXACIN INJECTION			1/1/2009	No Separate Payment	$0.00
J1595	INJECTION GLATIRAMER ACETATE			10/1/2012	Fee Schedule	$126.97
J1599	IVIG NON-LYOPHILIZED, NOS			1/1/2011	No Separate Payment	$0.00
J1600	GOLD SODIUM THIOMALEATE INJ			1/1/2009	No Separate Payment	$0.00
J1610	GLUCAGON HYDROCHLORIDE/1 MG			10/1/2012	Fee Schedule	$109.13
J1620	GONADORELIN HYDROCH/ 100 MCG			4/1/2012	Fee Schedule	$93.03
J1626	GRANISETRON HCL INJECTION			1/1/2010	No Separate Payment	$0.00
J1630	HALOPERIDOL INJECTION			1/1/2009	No Separate Payment	$0.00
J1631	HALOPERIDOL DECANOATE INJ			1/1/2009	No Separate Payment	$0.00
J1640	HEMIN, 1 MG			10/1/2012	Fee Schedule	$13.01
J1642	INJ HEPARIN SODIUM PER 10 U			7/1/2012	No Separate Payment	$0.00
J1644	INJ HEPARIN SODIUM PER 1000U			7/1/2012	No Separate Payment	$0.00
J1645	DALTEPARIN SODIUM			1/1/2009	No Separate Payment	$0.00
J1650	INJ ENOXAPARIN SODIUM			1/1/2009	No Separate Payment	$0.00
J1652	FONDAPARINUX SODIUM			1/1/2011	No Separate Payment	$0.00
J1655	TINZAPARIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J1670	TETANUS IMMUNE GLOBULIN INJ			10/1/2012	Fee Schedule	$271.06
J1680	HUMAN FIBRINOGEN CONC INJ			7/1/2012	Not Allowed	$0.00
J1700	HYDROCORTISONE ACETATE INJ			1/1/2009	No Separate Payment	$0.00
J1710	HYDROCORTISONE SODIUM PH INJ			1/1/2009	No Separate Payment	$0.00
J1720	HYDROCORTISONE SODIUM SUCC I			1/1/2009	No Separate Payment	$0.00
J1725	HYDROXYPROGESTERONE CAPROATE			10/1/2012	Fee Schedule	$2.65
J1730	DIAZOXIDE INJECTION			1/1/2012	No Separate Payment	$0.00
J1740	IBANDRONATE SODIUM INJECTION			10/1/2012	Fee Schedule	$148.78
J1742	IBUTILIDE FUMARATE INJECTION			10/1/2012	Fee Schedule	$136.61
J1743	IDURSULFASE INJECTION			1/1/2012	Fee Schedule	$446.44
J1745	INFLIXIMAB INJECTION			10/1/2012	Fee Schedule	$63.95
J1750	INJ IRON DEXTRAN			10/1/2012	Fee Schedule	$11.78
J1756	IRON SUCROSE INJECTION			4/1/2012	Fee Schedule	$0.28
J1786	IMUGLUCERASE INJECTION			7/1/2012	Fee Schedule	$40.95
J1790	DROPERIDOL INJECTION			1/1/2009	No Separate Payment	$0.00
J1800	PROPRANOLOL INJECTION			1/1/2009	No Separate Payment	$0.00
J1815	INSULIN INJECTION			1/1/2009	No Separate Payment	$0.00
J1817	INSULIN FOR INSULIN PUMP USE			1/1/2011	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J1830	INTERFERON BETA-1B / .25 MG			10/1/2012	Fee Schedule	$238.76
J1835	ITRACONAZOLE INJECTION			1/1/2012	Fee Schedule	$372.55
J1840	KANAMYCIN SULFATE 500 MG INJ			1/1/2009	No Separate Payment	$0.00
J1850	KANAMYCIN SULFATE 75 MG INJ			1/1/2009	No Separate Payment	$0.00
J1885	KETOROLAC TROMETHAMINE INJ			1/1/2009	No Separate Payment	$0.00
J1890	CEPHALOTHIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J1930	LANREOTIDE INJECTION			10/1/2012	Fee Schedule	$33.18
J1931	LARONIDASE INJECTION			10/1/2012	Fee Schedule	$26.17
J1940	FUROSEMIDE INJECTION			1/1/2009	No Separate Payment	$0.00
J1945	LEPIRUDIN			10/1/2012	Fee Schedule	$541.35
J1950	LEUPROLIDE ACETATE /3.75 MG			10/1/2012	Fee Schedule	$651.42
J1953	LEVETIRACETAM INJECTION			1/1/2011	No Separate Payment	$0.00
J1956	LEVOFLOXACIN INJECTION			1/1/2009	No Separate Payment	$0.00
J1960	LEVORPHANOL TARTRATE INJ			1/1/2009	No Separate Payment	$0.00
J1980	HYOSCYAMINE SULFATE INJ			1/1/2009	No Separate Payment	$0.00
J1990	CHLORDIAZEPOXIDE INJECTION			1/1/2009	No Separate Payment	$0.00
J2001	LIDOCAINE INJECTION			1/1/2009	No Separate Payment	$0.00
J2010	LINCOMYCIN INJECTION			1/1/2009	No Separate Payment	$0.00
J2020	LINEZOLID INJECTION			10/1/2012	Fee Schedule	$38.58
J2060	LORAZEPAM INJECTION			1/1/2009	No Separate Payment	$0.00
J2150	MANNITOL INJECTION			1/1/2009	No Separate Payment	$0.00
J2170	MECASERMIN INJECTION			7/1/2012	Fee Schedule	$28.82
J2175	MEPERIDINE HYDROCHL /100 MG			1/1/2009	No Separate Payment	$0.00
J2180	MEPERIDINE/PROMETHAZINE INJ			1/1/2009	No Separate Payment	$0.00
J2185	MEROPENEM			1/1/2009	No Separate Payment	$0.00
J2210	METHYLERGONOVIN MALEATE INJ			1/1/2009	No Separate Payment	$0.00
J2248	MICAFUNGIN SODIUM INJECTION			10/1/2012	Fee Schedule	$0.93
J2250	INJ MIDAZOLAM HYDROCHLORIDE			1/1/2009	No Separate Payment	$0.00
J2260	INJ MILRINONE LACTATE / 5 MG			1/1/2009	No Separate Payment	$0.00
J2265	MINOCYCLINE HYDROCHLORIDE			4/1/2012	Fee Schedule	$0.57
J2270	MORPHINE SULFATE INJECTION			1/1/2009	No Separate Payment	$0.00
J2271	MORPHINE SO4 INJECTION 100MG			1/1/2009	No Separate Payment	$0.00
J2275	MORPHINE SULFATE INJECTION			1/1/2009	No Separate Payment	$0.00
J2278	ZICONOTIDE INJECTION			10/1/2012	Fee Schedule	$6.48
J2280	INJ, MOXIFLOXACIN 100 MG			1/1/2009	No Separate Payment	$0.00
J2300	INJ NALBUPHINE HYDROCHLORIDE			1/1/2009	No Separate Payment	$0.00
J2310	INJ NALOXONE HYDROCHLORIDE			1/1/2009	No Separate Payment	$0.00
J2315	NALTREXONE, DEPOT FORM			10/1/2012	Fee Schedule	$2.80
J2320	NANDROLONE DECANOATE 50 MG			1/1/2012	No Separate Payment	$0.00
J2323	NATALIZUMAB INJECTION			10/1/2012	Fee Schedule	$11.37
J2325	NESIRITIDE INJECTION			10/1/2012	Fee Schedule	$50.84
J2353	OCTREOTIDE INJECTION, DEPOT			10/1/2012	Fee Schedule	$124.61
J2354	OCTREOTIDE INJ, NON-DEPOT			1/1/2009	No Separate Payment	$0.00
J2355	OPRELVEKIN INJECTION			10/1/2012	Fee Schedule	$239.40
J2357	OMALIZUMAB INJECTION			10/1/2012	Fee Schedule	$23.09
J2358	OLANZAPINE LONG-ACTING INJ			1/1/2012	Fee Schedule	$2.70
J2360	ORPHENADRINE INJECTION			1/1/2009	No Separate Payment	$0.00
J2370	PHENYLEPHRINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2400	CHLOROPROCAINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2405	ONDANSETRON HCL INJECTION			1/1/2010	No Separate Payment	$0.00
J2410	OXYMORPHONE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2425	PALIFERMIN INJECTION			10/1/2012	Fee Schedule	$11.89
J2426	PALIPERIDONE PALMITATE INJ			10/1/2012	Fee Schedule	$6.89
J2430	PAMIDRONATE DISODIUM /30 MG			1/1/2011	No Separate Payment	$0.00
J2440	PAPAVERIN HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2460	OXYTETRACYCLINE INJECTION			4/1/2009	Fee Schedule	$0.92
J2469	PALONOSETRON HCL			10/1/2012	Fee Schedule	$18.66
J2501	PARICALCITOL			1/1/2009	No Separate Payment	$0.00
J2503	PEGAPTANIB SODIUM INJECTION			10/1/2012	Fee Schedule	$1,010.52
J2504	PEGADEMASE BOVINE, 25 IU			10/1/2012	Fee Schedule	$260.47
J2505	INJECTION, PEGFILGRASTIM 6MG			10/1/2012	Fee Schedule	$2,785.33
J2507	PEGLOTICASE INJECTION			10/1/2012	Fee Schedule	$320.77

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J2510	PENICILLIN G PROCAINE INJ			1/1/2012	No Separate Payment	$0.00
J2513	PENTASTARCH 10% SOLUTION			1/1/2012	Fee Schedule	$13.23
J2515	PENTOBARBITAL SODIUM INJ			1/1/2010	No Separate Payment	$0.00
J2540	PENICILLIN G POTASSIUM INJ			1/1/2009	No Separate Payment	$0.00
J2543	PIPERACILLIN/TAZOBACTAM			1/1/2009	No Separate Payment	$0.00
J2550	PROMETHAZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2560	PHENOBARBITAL SODIUM INJ			1/1/2009	No Separate Payment	$0.00
J2562	PLERIXAFOR INJECTION			10/1/2012	Fee Schedule	$282.03
J2590	OXYTOCIN INJECTION			1/1/2009	No Separate Payment	$0.00
J2597	INJ DESMOPRESSIN ACETATE			1/1/2009	No Separate Payment	$0.00
J2650	PREDNISOLONE ACETATE INJ			1/1/2009	No Separate Payment	$0.00
J2670	TOTAZOLINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2675	INJ PROGESTERONE PER 50 MG			1/1/2009	No Separate Payment	$0.00
J2680	FLUPHENAZINE DECANOATE 25 MG			1/1/2009	No Separate Payment	$0.00
J2690	PROCAINAMIDE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2700	OXACILLIN SODIUM INJECITON			10/1/2012	Fee Schedule	$2.34
J2710	NEOSTIGMINE METHYLSLFTE INJ			1/1/2009	No Separate Payment	$0.00
J2720	INJ PROTAMINE SULFATE/10 MG			1/1/2009	No Separate Payment	$0.00
J2724	PROTEIN C CONCENTRATE			10/1/2012	Fee Schedule	$13.33
J2725	INJ PROTIRELIN PER 250 MCG			1/1/2012	Fee Schedule	$27.03
J2730	PRALIDOXIME CHLORIDE INJ			10/1/2012	Fee Schedule	$86.92
J2760	PHENTOLAINE MESYLATE INJ			4/1/2012	Fee Schedule	$53.55
J2765	METOCLOPRAMIDE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2770	QUINUPRISTIN/DALFOPRISTIN			10/1/2012	Fee Schedule	$171.75
J2778	RANIBIZUMAB INJECTION			10/1/2012	Fee Schedule	$390.79
J2780	RANITIDINE HYDROCHLORIDE INJ			1/1/2009	No Separate Payment	$0.00
J2783	RASBURICASE			10/1/2012	Fee Schedule	$200.87
J2785	REGADENOSON INJECTION			10/1/2012	Fee Schedule	$52.66
J2788	RHO D IMMUNE GLOBULIN 50 MCG			10/1/2012	Fee Schedule	$25.37
J2790	RHO D IMMUNE GLOBULIN INJ			10/1/2012	Fee Schedule	$82.19
J2791	RHOPHYLAC INJECTION			10/1/2012	Fee Schedule	$5.09
J2792	RHO(D) IMMUNE GLOBULIN H, SD			10/1/2012	Fee Schedule	$18.08
J2793	RILONACEPT INJECTION			1/1/2012	Fee Schedule	$23.64
J2794	RISPERIDONE, LONG ACTING			10/1/2012	Fee Schedule	$5.35
J2795	ROPIVACAINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2796	ROMIPLOSTIM INJECTION			10/1/2012	Fee Schedule	$47.27
J2800	METHOCARBAMOL INJECTION			1/1/2009	No Separate Payment	$0.00
J2805	SINCALIDE INJECTION			1/1/2012	No Separate Payment	$0.00
J2810	INJ THEOPHYLLINE PER 40 MG			1/1/2009	No Separate Payment	$0.00
J2820	SARGRAMOSTIM INJECTION			10/1/2012	Fee Schedule	$30.99
J2850	INJ SECRETIN SYNTHETIC HUMAN			1/1/2012	Fee Schedule	$26.98
J2910	AUROTHIOGLUCOSE INJECITON			1/1/2009	No Separate Payment	$0.00
J2916	NA FERRIC GLUCONATE COMPLEX			1/1/2009	No Separate Payment	$0.00
J2920	METHYLPREDNISOLONE INJECTION			1/1/2009	No Separate Payment	$0.00
J2930	METHYLPREDNISOLONE INJECTION			1/1/2009	No Separate Payment	$0.00
J2940	SOMATREM INJECTION			1/1/2011	No Separate Payment	$0.00
J2941	SOMATROPIN INJECTION			10/1/2012	Fee Schedule	$65.71
J2950	PROMAZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2993	RETEPLASE INJECTION			4/1/2012	Fee Schedule	$2,258.46
J2995	INJ STREPTOKINASE /250000 IU			4/1/2012	Fee Schedule	$33.43
J2997	ALTEPLASE RECOMBINANT			10/1/2012	Fee Schedule	$48.29
J3000	STREPTOMYCIN INJECTION			1/1/2009	No Separate Payment	$0.00
J3010	FENTANYL CITRATE INJECITON			1/1/2009	No Separate Payment	$0.00
J3030	SUMATRIPTAN SUCCINATE / 6 MG			10/1/2012	Fee Schedule	$50.91
J3070	PENTAZOCINE INJECTION			1/1/2009	No Separate Payment	$0.00
J3095	TELAVANCIN INJECTION			10/1/2012	Fee Schedule	$2.65
J3101	TENECTEPLASE INJECTION			10/1/2012	Fee Schedule	$65.25
J3105	TERBUTALINE SULFATE INJ			1/1/2009	No Separate Payment	$0.00
J3120	TESTOSTERONE ENANTHATE INJ			1/1/2009	No Separate Payment	$0.00
J3130	TESTOSTERONE ENANTHATE INJ			1/1/2009	No Separate Payment	$0.00
J3140	TESTOSTERONE SUSPENSION INJ			1/1/2009	No Separate Payment	$0.00
J3150	TESTOSTERON PROPIONATE INJ			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J3230	CHLORPROMAZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J3240	THYROTROPIN INJECTION			10/1/2012	Fee Schedule	$1,033.91
J3243	TIGECYCLINE INJECTION			10/1/2012	Fee Schedule	$1.43
J3246	TIROFIBAN HCL			10/1/2012	Fee Schedule	$8.53
J3250	TRIMETHOBENZAMIDE HCL INJ			1/1/2009	No Separate Payment	$0.00
J3260	TOBRAMYCIN SULFATE INJECTION			1/1/2009	No Separate Payment	$0.00
J3262	TOCILIZUMAB INJECTION			10/1/2012	Fee Schedule	$3.57
J3265	INJECTION TORSEMIDE 10 MG/ML			1/1/2009	No Separate Payment	$0.00
J3280	THIETHYLPERAZINE MALEATE INJ			1/1/2009	No Separate Payment	$0.00
J3285	TREPROSTINIL INJECTION			1/1/2012	Fee Schedule	$60.08
J3300	TRIAMCINOLONE A INJ PRS-FREE			10/1/2012	Fee Schedule	$3.50
J3301	TRIAMCINOLONE ACET INJ NOS			1/1/2009	No Separate Payment	$0.00
J3302	TRIAMCINOLONE DIACETATE INJ			1/1/2009	No Separate Payment	$0.00
J3303	TRIAMCINOLONE HEXACETONL INJ			1/1/2009	No Separate Payment	$0.00
J3305	INJ TRIMETREXATE GLUCORONATE			1/1/2011	No Separate Payment	$0.00
J3310	PERPHENAZINE INJECITON			1/1/2012	Fee Schedule	$19.54
J3315	TRIPTORELIN PAMOATE			10/1/2012	Fee Schedule	$157.28
J3320	SPECTINOMYCN DI-HCL INJ			1/1/2009	No Separate Payment	$0.00
J3350	UREA INJECTION			1/1/2012	Fee Schedule	$72.00
J3355	UROFOLLITROPIN, 75 IU			10/1/2012	Fee Schedule	$65.43
J3357	USTEKINUMAB INJECTION			10/1/2012	Fee Schedule	$130.53
J3360	DIAZEPAM INJECTION			1/1/2009	No Separate Payment	$0.00
J3364	UROKINASE 5000 IU INJECTION			1/1/2009	No Separate Payment	$0.00
J3365	UROKINASE 250,000 IU INJ			1/1/2012	Fee Schedule	$449.09
J3370	VANCOMYCIN HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J3385	VELAGLUCERASE ALFA			10/1/2012	Fee Schedule	$349.31
J3396	VERTEPORFIN INJECTION			10/1/2012	Fee Schedule	$9.97
J3400	TRIFLUPROMAZINE HCL INJ			1/1/2010	No Separate Payment	$0.00
J3410	HYDROXYZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J3411	THIAMINE HCL 100 MG			1/1/2009	No Separate Payment	$0.00
J3415	PYRIDOXINE HCL 100 MG			1/1/2009	No Separate Payment	$0.00
J3420	VITAMIN B12 INJECTION			1/1/2009	No Separate Payment	$0.00
J3430	VITAMIN K PHYTONADIONE INJ			1/1/2009	No Separate Payment	$0.00
J3465	INJECTION, VORICONAZOLE			10/1/2012	Fee Schedule	$6.51
J3470	HYALURONIDASE INJECTION			1/1/2009	No Separate Payment	$0.00
J3471	OVINE, UP TO 999 USP UNITS			1/1/2009	No Separate Payment	$0.00
J3472	OVINE, 1000 USP UNITS			1/1/2010	No Separate Payment	$0.00
J3473	HYALURONIDASE RECOMBINANT			1/1/2010	No Separate Payment	$0.00
J3475	INJ MAGNESIUM SULFATE			1/1/2009	No Separate Payment	$0.00
J3480	INJ POTASSIUM CHLORIDE			1/1/2009	No Separate Payment	$0.00
J3485	ZIDOVUDINE			1/1/2009	No Separate Payment	$0.00
J3486	ZIPRASIDONE MESYLATE			1/1/2009	No Separate Payment	$0.00
J3487	ZOLEDRONIC ACID			10/1/2012	Fee Schedule	$219.88
J3488	RECLAST INJECTION			10/1/2012	Fee Schedule	$220.50
J3490	DRUGS UNCLASSIFIED INJECTION			1/1/2009	No Separate Payment	$0.00
J3530	NASAL VACCINE INHALATION			1/1/2009	No Separate Payment	$0.00
J3590	UNCLASSIFIED BIOLOGICS			1/1/2009	No Separate Payment	$0.00
J7030	NORMAL SALINE SOLUTION INFUS			1/1/2009	No Separate Payment	$0.00
J7040	NORMAL SALINE SOLUTION INFUS			1/1/2009	No Separate Payment	$0.00
J7042	5% DEXTROSE/NORMAL SALINE			1/1/2009	No Separate Payment	$0.00
J7050	NORMAL SALINE SOLUTION INFUS			1/1/2009	No Separate Payment	$0.00
J7060	5% DEXTROSE/WATER			1/1/2009	No Separate Payment	$0.00
J7070	D5W INFUSION			1/1/2009	No Separate Payment	$0.00
J7100	DEXTRAN 40 INFUSION			1/1/2009	No Separate Payment	$0.00
J7110	DEXTRAN 75 INFUSION			1/1/2009	No Separate Payment	$0.00
J7120	RINGERS LACTATE INFUSION			1/1/2009	No Separate Payment	$0.00
J7130	HYPERTONIC SALINE SOLUTION			1/1/2012	Deleted	$0.00
J7131	HYPERTONIC SALINE SOL			1/1/2012	No Separate Payment	$0.00
J7180	FACTOR XIII ANTI-HEM FACTOR			4/1/2012	Fee Schedule	$6.41
J7183	WILATE INJECTION			4/1/2012	Fee Schedule	$0.88
J7184	WILATE INJECTION			1/1/2012	Deleted	$0.00
J7185	XYNTHA INJ			10/1/2012	Fee Schedule	$1.08

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J7186	ANTIHEMOPHILIC VIII/VWF COMP			4/1/2012	Fee Schedule	$0.91
J7187	HUMATE-P, INJ			10/1/2012	Fee Schedule	$0.89
J7189	FACTOR VIIA			7/1/2012	Fee Schedule	$1.58
J7190	FACTOR VIII			10/1/2012	Fee Schedule	$0.89
J7191	FACTOR VIII (PORCINE)			1/1/2012	Fee Schedule	$9.12
J7192	FACTOR VIII RECOMBINANT NOS			10/1/2012	Fee Schedule	$1.09
J7193	FACTOR IX NON-RECOMBINANT			10/1/2012	Fee Schedule	$0.93
J7194	FACTOR IX COMPLEX			7/1/2012	Fee Schedule	$1.01
J7195	FACTOR IX RECOMBINANT			10/1/2012	Fee Schedule	$1.22
J7196	ANTITHROMBIN RECOMBINANT			1/1/2012	Fee Schedule	$101.40
J7197	ANTITHROMBIN III INJECTION			10/1/2012	Fee Schedule	$2.98
J7198	ANTI-INHIBITOR			10/1/2012	Fee Schedule	$1.60
J7308	AMINOLEVULINIC ACID HCL TOP			10/1/2012	Fee Schedule	$158.14
J7309	METHYL AMINOLEVULINATE, TOP			10/1/2012	Fee Schedule	$74.51
J7310	GANCICLOVIR LONG ACT IMPLANT		Y	1/1/2012	Fee Schedule	$16,640.00
J7311	FLUOCINOLONE ACETONIDE IMPLT		Y	1/1/2012	Fee Schedule	$18,980.00
J7312	DEXAMETHASONE INTRA IMPLANT			10/1/2012	Fee Schedule	$192.07
J7321	HYALGAN/SUPARTZ INJ PER DOSE			10/1/2012	Fee Schedule	$90.51
J7323	EUFLEXXA INJ PER DOSE			10/1/2012	Fee Schedule	$148.24
J7324	ORTHOVISC INJ PER DOSE			10/1/2012	Fee Schedule	$166.70
J7325	SYNVISC OR SYNVISC-ONE			10/1/2012	Fee Schedule	$11.99
J7326	GEL-ONE			10/1/2012	Fee Schedule	$603.30
J7335	CAPSAICIN 8% PATCH			1/1/2011	Fee Schedule	$25.55
J7500	AZATHIOPRINE ORAL 50MG			1/1/2009	No Separate Payment	$0.00
J7501	AZATHIOPRINE PARENTERAL			10/1/2012	Fee Schedule	$141.89
J7502	CYCLOSPORINE ORAL 100 MG			1/1/2011	No Separate Payment	$0.00
J7504	LYMPHOCYTE IMMUNE GLOBULIN			10/1/2012	Fee Schedule	$633.91
J7505	MONOCLONAL ANTIBODIES			4/1/2012	Fee Schedule	$1,134.27
J7506	PREDNISONE ORAL			1/1/2009	No Separate Payment	$0.00
J7507	TACROLIMUS ORAL PER 1 MG			1/1/2011	No Separate Payment	$0.00
J7509	METHYLPREDNISOLONE ORAL			1/1/2009	No Separate Payment	$0.00
J7510	PREDNISOLONE ORAL PER 5 MG			1/1/2009	No Separate Payment	$0.00
J7511	ANTITHYMOCYTE GLOBULN RABBIT			10/1/2012	Fee Schedule	$456.95
J7513	DACLIZUMAB, PARENTERAL			1/1/2012	Fee Schedule	$516.41
J7515	CYCLOSPORINE ORAL 25 MG			1/1/2011	No Separate Payment	$0.00
J7516	CYCLOSPORIN PARENTERAL 250MG			1/1/2011	No Separate Payment	$0.00
J7517	MYCOPHENOLATE MOFETIL ORAL			1/1/2011	No Separate Payment	$0.00
J7518	MYCOPHENOLIC ACID			1/1/2010	No Separate Payment	$0.00
J7520	SIROLIMUS, ORAL			1/1/2011	No Separate Payment	$0.00
J7525	TACROLIMUS INJECTION			10/1/2012	Fee Schedule	$136.73
J7599	IMMUNOSUPPRESSIVE DRUG NOC			1/1/2009	No Separate Payment	$0.00
J7674	METHACHOLINE CHLORIDE, NEB			1/1/2009	No Separate Payment	$0.00
J7799	NON-INHALATION DRUG FOR DME			1/1/2009	No Separate Payment	$0.00
J8501	ORAL APREPITANT			10/1/2012	Fee Schedule	$6.17
J8510	ORAL BUSULFAN			10/1/2012	Fee Schedule	$5.21
J8520	CAPECITABINE, ORAL, 150 MG			10/1/2012	Fee Schedule	$8.12
J8521	CAPECITABINE, ORAL, 500 MG			10/1/2012	Fee Schedule	$27.03
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG			1/1/2009	No Separate Payment	$0.00
J8540	ORAL DEXAMETHASONE			1/1/2009	No Separate Payment	$0.00
J8560	ETOPOSIDE ORAL 50 MG			10/1/2012	Fee Schedule	$51.18
J8561	ORAL EVEROLIMUS			10/1/2012	Fee Schedule	$6.06
J8562	ORAL FLUDARABINE PHOSPHATE			4/1/2012	Fee Schedule	$81.77
J8597	ANTIEMETIC DRUG ORAL NOS			1/1/2009	No Separate Payment	$0.00
J8600	MELPHALAN ORAL 2 MG			7/1/2009	No Separate Payment	$0.00
J8610	METHOTREXATE ORAL 2.5 MG			1/1/2009	No Separate Payment	$0.00
J8650	NABILONE ORAL			10/1/2012	Fee Schedule	$25.29
J8700	TEMOZOLOMIDE			10/1/2012	Fee Schedule	$10.47
J8705	TOPOTECAN ORAL			10/1/2012	Fee Schedule	$82.34
J9000	DOXORUBICIN HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J9001	DOXORUBICIN HCL LIPOSOME INJ			7/1/2012	Not Allowed	$0.00
J9010	ALEMTUZUMAB INJECTION			10/1/2012	Fee Schedule	$576.69
J9015	ALDESLEUKIN INJECTION			7/1/2012	Fee Schedule	$1,223.46

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J9017	ARSENIC TRIOXIDE INJECTION			10/1/2012	Fee Schedule	$44.15
J9020	ASPARAGINASE INJECTION			10/1/2012	Fee Schedule	$62.02
J9025	AZACITIDINE INJECTION			10/1/2012	Fee Schedule	$5.42
J9027	CLOFARABINE INJECTION			10/1/2012	Fee Schedule	$123.39
J9031	BCG LIVE INTRAVESICAL VAC			10/1/2012	Fee Schedule	$114.61
J9033	BENDAMUSTINE INJECTION			10/1/2012	Fee Schedule	$20.23
J9035	BEVACIZUMAB INJECTION			10/1/2012	Fee Schedule	$61.14
J9040	BLEOMYCIN SULFATE INJECTION			7/1/2009	No Separate Payment	$0.00
J9041	BORTEZOMIB INJECTION			7/1/2012	Fee Schedule	$42.65
J9043	CABAZITAXEL INJECTION			10/1/2012	Fee Schedule	$136.07
J9045	CARBOPLATIN INJECTION			7/1/2009	No Separate Payment	$0.00
J9050	CARMUSTINE INJECTION			10/1/2012	Fee Schedule	$172.44
J9055	CETUXIMAB INJECTION			10/1/2012	Fee Schedule	$50.13
J9060	CISPLATIN 10 MG INJECTION			1/1/2009	No Separate Payment	$0.00
J9065	INJ CLADRIBINE PER 1 MG			10/1/2012	Fee Schedule	$27.71
J9070	CYCLOPHOSPHAMIDE 100 MG INJ			10/1/2012	Fee Schedule	$23.03
J9098	CYTARABINE LIPOSOME INJ			10/1/2012	Fee Schedule	$513.98
J9100	CYTARABINE HCL 100 MG INJ			1/1/2009	No Separate Payment	$0.00
J9120	DACTINOMYCIN INJECTION			10/1/2012	Fee Schedule	$568.01
J9130	DACARBAZINE 100 MG INJ			1/1/2009	No Separate Payment	$0.00
J9150	DAUNORUBICIN INJECTION			10/1/2012	Fee Schedule	$18.82
J9151	DAUNORUBICIN CITRATE INJ			10/1/2012	Fee Schedule	$239.20
J9155	DEGARELIX INJECTION			7/1/2012	Fee Schedule	$2.94
J9160	DENILEUKIN DIFTITOX INJ			4/1/2012	Fee Schedule	$1,615.12
J9165	DIETHYLSTILBESTROL INJECTION			1/1/2011	No Separate Payment	$0.00
J9171	DOCETAXEL INJECTION			10/1/2012	Fee Schedule	$6.57
J9175	ELLIOTTS B SOLUTION PER ML			1/1/2009	No Separate Payment	$0.00
J9178	INJ, EPIRUBICIN HCL, 2 MG			10/1/2012	Fee Schedule	$1.57
J9179	ERIBULIN MESYLATE INJECTION			10/1/2012	Fee Schedule	$92.81
J9181	ETOPOSIDE INJECTION			1/1/2009	No Separate Payment	$0.00
J9185	FLUDARABINE PHOSPHATE INJ			10/1/2012	Fee Schedule	$83.28
J9190	FLUOROURACIL INJECTION			1/1/2009	No Separate Payment	$0.00
J9200	FLOXURIDINE INJECTION			10/1/2012	Fee Schedule	$51.40
J9201	GEMCITABINE HCL INJECTION			10/1/2012	Fee Schedule	$12.01
J9202	GOSERELIN ACETATE IMPLANT			10/1/2012	Fee Schedule	$162.88
J9206	IRINOTECAN INJECTION			10/1/2012	Fee Schedule	$4.30
J9207	IXABEPILONE INJECTION			10/1/2012	Fee Schedule	$65.24
J9208	IFOSFAMIDE INJECTION			10/1/2012	Fee Schedule	$29.92
J9209	MESNA INJECTION			1/1/2011	No Separate Payment	$0.00
J9211	IDARUBICIN HCL INJECTION			10/1/2012	Fee Schedule	$98.12
J9212	INTERFERON ALFACON-1 INJ			1/1/2012	No Separate Payment	$0.00
J9213	INTERFERON ALFA-2A INJ			1/1/2011	No Separate Payment	$0.00
J9214	INTERFERON ALFA-2B INJ			10/1/2012	Fee Schedule	$18.70
J9215	INTERFERON ALFA-N3 INJ			1/1/2012	Fee Schedule	$31.20
J9216	INTERFERON GAMMA 1-B INJ			10/1/2012	Fee Schedule	$2,470.39
J9217	LEUPROLIDE ACETATE SUSPNSION			10/1/2012	Fee Schedule	$212.92
J9218	LEUPROLIDE ACETATE INJECITON			10/1/2012	Fee Schedule	$5.87
J9219	LEUPROLIDE ACETATE IMPLANT			1/1/2012	Fee Schedule	$4,728.88
J9225	VANTAS IMPLANT			10/1/2012	Fee Schedule	$2,959.58
J9226	SUPPRELIN LA IMPLANT			10/1/2012	Fee Schedule	$15,867.44
J9228	IPILIMUMAB INJECTION			10/1/2012	Fee Schedule	$125.16
J9230	MECHLORETHAMINE HCL INJ			1/1/2012	Fee Schedule	$154.88
J9245	INJ MELPHALAN HYDROCHL 50 MG			10/1/2012	Fee Schedule	$1,287.77
J9250	METHOTREXATE SODIUM INJ			1/1/2009	No Separate Payment	$0.00
J9260	METHOTREXATE SODIUM INJ			1/1/2009	No Separate Payment	$0.00
J9261	NELARABINE INJECTION			10/1/2012	Fee Schedule	$120.33
J9263	OXALIPLATIN			10/1/2012	Fee Schedule	$9.07
J9264	PACLITAXEL PROTEIN BOUND			10/1/2012	Fee Schedule	$9.41
J9265	PACLITAXEL INJECTION			1/1/2012	No Separate Payment	$0.00
J9266	PEGASPARGASE INJECTION			4/1/2012	Fee Schedule	$5,778.86
J9268	PENTOSTATIN INJECTION			10/1/2012	Fee Schedule	$929.05
J9270	PLICAMYCIN (MITHRAMYCIN) INJ			1/1/2010	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J9280	MITOMYCIN 5 MG INJ			10/1/2012	Fee Schedule	$22.47
J9293	MITOXANTRONE HYDROCHL / 5 MG			10/1/2012	Fee Schedule	$35.53
J9300	GEMTUZUMAB OZOGAMICIN INJ			1/1/2012	Fee Schedule	$2,690.84
J9302	OFATUMUMAB INJECTION			10/1/2012	Fee Schedule	$45.44
J9303	PANITUMUMAB INJECTION			10/1/2012	Fee Schedule	$87.34
J9305	PEMETREXED INJECTION			10/1/2012	Fee Schedule	$55.44
J9307	PRALATREXATE INJECTION			10/1/2012	Fee Schedule	$173.94
J9310	RITUXIMAB INJECTION			10/1/2012	Fee Schedule	$647.27
J9315	ROMIDEPSIN INJECTION			10/1/2012	Fee Schedule	$233.16
J9320	STREPTOZOCIN INJECTION			10/1/2012	Fee Schedule	$268.98
J9328	TEMOZOLOMIDE INJECTION			10/1/2012	Fee Schedule	$4.73
J9330	TEMSIROLIMUS INJECTION			10/1/2012	Fee Schedule	$52.50
J9340	THIOTEPA INJECTION			10/1/2012	Fee Schedule	$171.99
J9351	TOPOTECAN INJECTION			10/1/2012	Fee Schedule	$3.07
J9355	TRASTUZUMAB INJECTION			10/1/2012	Fee Schedule	$74.95
J9357	VALRUBICIN INJECTION			10/1/2012	Fee Schedule	$987.28
J9360	VINBLASTINE SULFATE INJ			1/1/2009	No Separate Payment	$0.00
J9370	VINCRISTINE SULFATE 1 MG INJ			1/1/2009	No Separate Payment	$0.00
J9390	VINORELBINE TARTRATE INJ			10/1/2012	Fee Schedule	$8.98
J9395	INJECTION, FULVESTRANT			10/1/2012	Fee Schedule	$85.40
J9600	PORFIMER SODIUM INJECTION			10/1/2012	Fee Schedule	$18,961.15
J9999	CHEMOTHERAPY DRUG			1/1/2009	No Separate Payment	$0.00
L8600	IMPLANT BREAST SILICONE/EQ			1/1/2009	No Separate Payment	$0.00
L8603	COLLAGEN IMP URINARY 2.5 ML			1/1/2009	No Separate Payment	$0.00
L8604	DEXTRANOMER/HYALURONIC ACID			1/1/2009	No Separate Payment	$0.00
L8606	SYNTHETIC IMPLNT URINARY 1ML			1/1/2012	Not Allowed	$0.00
L8609	ARTIFICIAL CORNEA			1/1/2009	No Separate Payment	$0.00
L8610	OCULAR IMPLANT			1/1/2009	No Separate Payment	$0.00
L8612	AQUEOUS SHUNT PROSTHESIS			1/1/2009	No Separate Payment	$0.00
L8613	OSSICULAR IMPLANT			1/1/2009	No Separate Payment	$0.00
L8614	COCHLEAR DEVICE			1/1/2009	No Separate Payment	$0.00
L8630	METACARPOPHALANGEAL IMPLANT			1/1/2009	No Separate Payment	$0.00
L8631	MCP JOINT REPL 2 PC OR MORE			1/1/2009	No Separate Payment	$0.00
L8641	METATARSAL JOINT IMPLANT			1/1/2009	No Separate Payment	$0.00
L8642	HALLUX IMPLANT			1/1/2009	No Separate Payment	$0.00
L8658	INTERPHALANGEAL JOINT SPACER			1/1/2009	No Separate Payment	$0.00
L8659	INTERPHALANGEAL JOINT REPL			1/1/2009	No Separate Payment	$0.00
L8670	VASCULAR GRAFT, SYNTHETIC			1/1/2009	No Separate Payment	$0.00
L8682	IMPLT NEUROSTIM RADIOFQ REC			1/1/2009	No Separate Payment	$0.00
L8690	AUD OSSEO DEV, INT/EXT COMP			1/1/2009	No Separate Payment	$0.00
L8699	PROSTHETIC IMPLANT NOS			1/1/2009	No Separate Payment	$0.00
P9041	ALBUMIN (HUMAN),5%, 50ML			4/1/2012	Fee Schedule	$21.22
P9045	ALBUMIN (HUMAN), 5%, 250 ML			4/1/2012	Fee Schedule	$62.01
P9046	ALBUMIN (HUMAN), 25%, 20 ML			4/1/2012	Fee Schedule	$26.87
P9047	ALBUMIN (HUMAN), 25%, 50ML			4/1/2012	Fee Schedule	$68.04
Q0138	FERUMOXYTOL, NON-ESRD			10/1/2012	Fee Schedule	$0.63
Q0162	ONDANSETRON ORAL			1/1/2012	No Separate Payment	$0.00
Q0163	DIPHENHYDRAMINE HCL 50MG			1/1/2009	No Separate Payment	$0.00
Q0164	PROCHLORPERAZINE MALEATE 5MG			1/1/2009	No Separate Payment	$0.00
Q0166	GRANISETRON HCL 1 MG ORAL			1/1/2010	No Separate Payment	$0.00
Q0167	DRONABINOL 2.5MG ORAL			1/1/2009	No Separate Payment	$0.00
Q0169	PROMETHAZINE HCL 12.5MG ORAL			1/1/2009	No Separate Payment	$0.00
Q0171	CHLORPROMAZINE HCL 10MG ORAL			1/1/2009	No Separate Payment	$0.00
Q0173	TRIMETHOBENZAMIDE HCL 250MG			1/1/2009	No Separate Payment	$0.00
Q0174	THIETHYLPERAZINE MALEATE10MG			10/1/2012	Fee Schedule	$0.80
Q0175	PERPHENAZINE 4MG ORAL			1/1/2009	No Separate Payment	$0.00
Q0177	HYDROXYZINE PAMOATE 25MG			1/1/2009	No Separate Payment	$0.00
Q0179	ONDANSETRON HCL 8 MG ORAL			1/1/2012	Deleted	$0.00
Q0180	DOLASETRON MESYLATE ORAL			1/1/2010	No Separate Payment	$0.00
Q0515	SERMORELIN ACETATE INJECTION			1/1/2012	Fee Schedule	$1.77
Q2004	BLADDER CALCULI IRRIG SOL			1/1/2011	No Separate Payment	$0.00
Q2009	FOSPHENYTOIN INJ PE			7/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
Q2017	TENIPOSIDE, 50 MG			10/1/2012	Fee Schedule	$315.76
Q2034	AGRIFLU VACCINE			7/1/2012	No Separate Payment	$0.00
Q2035	AFLURIA VACC, 3 YRS & >, IM			10/1/2011	No Separate Payment	$0.00
Q2036	FLULAVAL VACC, 3 YRS & >, IM			4/1/2011	No Separate Payment	$0.00
Q2037	FLUVIRIN VACC, 3 YRS & >, IM			4/1/2011	No Separate Payment	$0.00
Q2038	FLUZONE VACC, 3 YRS & >, IM			4/1/2011	No Separate Payment	$0.00
Q2039	NOS FLU VACC, 3 YRS & >, IM			10/1/2011	No Separate Payment	$0.00
Q2043	SIPULEUCEL-T AUTO CD54+			10/1/2012	Fee Schedule	$32,696.25
Q2045	HUMAN FIBRINOGEN CONC INJ			7/1/2012	Fee Schedule	$0.89
Q2046	AFLIBERCEPT INJ			7/1/2012	Fee Schedule	$980.50
Q2048	DOXIL INJ			10/1/2012	Fee Schedule	$522.00
Q2049	IMPORTED LIPODOX INJ			7/1/2012	Fee Schedule	$488.86
Q3025	IM INJ INTERFERON BETA 1-A			10/1/2012	Fee Schedule	$281.67
Q4100	SKIN SUBSTITUTE, NOS			1/1/2009	No Separate Payment	$0.00
Q4101	APLIGRAF			10/1/2012	Fee Schedule	$37.34
Q4102	OASIS WOUND MATRIX			10/1/2012	Fee Schedule	$7.63
Q4103	OASIS BURN MATRIX			10/1/2012	Fee Schedule	$7.63
Q4104	INTEGRA BMWD			10/1/2012	Fee Schedule	$20.58
Q4105	INTEGRA DRT			10/1/2012	Fee Schedule	$11.18
Q4106	DERMAGRAFT			10/1/2012	Fee Schedule	$41.77
Q4107	GRAFTJACKET			10/1/2012	Fee Schedule	$96.53
Q4108	INTEGRA MATRIX			10/1/2012	Fee Schedule	$24.70
Q4110	PRIMATRIX			10/1/2012	Fee Schedule	$37.05
Q4111	GAMMAGRAFT			10/1/2012	Fee Schedule	$6.74
Q4112	CYMETRA INJECTABLE			10/1/2012	Fee Schedule	$433.86
Q4113	GRAFTJACKET XPRESS			10/1/2012	Fee Schedule	$433.86
Q4114	INTEGRA FLOWABLE WOUND MATRI			10/1/2012	Fee Schedule	$1,153.95
Q4115	ALLOSKIN			10/1/2012	Fee Schedule	$10.00
Q4116	ALLODERM			10/1/2012	Fee Schedule	$31.60
Q4118	MATRISTEM MICROMATRIX			10/1/2012	Fee Schedule	$2.82
Q4119	MATRISTEM WOUND MATRIX			10/1/2012	Fee Schedule	$4.32
Q4121	THERASKIN			10/1/2012	Fee Schedule	$21.87
Q4122	DERMACELL			10/1/2012	Fee Schedule	$84.97
Q4123	ALLOSKIN			10/1/2012	Fee Schedule	$13.12
Q4124	OASIS TRI-LAYER WOUND MATRIX			4/1/2012	Fee Schedule	$10.36
Q4125	ARTHROFLEX			10/1/2012	Fee Schedule	$131.71
Q4128	FLEXHD OR ALLOPATCH HD			10/1/2012	Fee Schedule	$45.81
Q4129	UNITE BIOMATRIX			10/1/2012	Fee Schedule	$30.67
Q4130	STRATTICE TM			1/1/2012	No Separate Payment	$0.00
Q9951	LOCM >= 400 MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9953	INJ FE-BASED MR CONTRAST,1ML			1/1/2009	No Separate Payment	$0.00
Q9954	ORAL MR CONTRAST, 100 ML			1/1/2009	No Separate Payment	$0.00
Q9955	INJ PERFLEXANE LIP MICROS,ML			1/1/2009	No Separate Payment	$0.00
Q9956	INJ OCTAFLUOROPROPANE MIC,ML			1/1/2009	No Separate Payment	$0.00
Q9957	INJ PERFLUTREN LIP MICROS,ML			1/1/2009	No Separate Payment	$0.00
Q9958	HOCM <=149 MG/ML IODINE, 1ML			1/1/2009	No Separate Payment	$0.00
Q9959	HOCM 150-199MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9960	HOCM 200-249MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9961	HOCM 250-299MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9962	HOCM 300-349MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9963	HOCM 350-399MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9964	HOCM>= 400MG/ML IODINE, 1ML			1/1/2009	No Separate Payment	$0.00
Q9965	LOCM 100-199MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9966	LOCM 200-299MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9967	LOCM 300-399MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9968	VISUALIZATION ADJUNCT			1/1/2012	No Separate Payment	$0.00
V2630	ANTER CHAMBER INTRAOCUL LENS			1/1/2009	No Separate Payment	$0.00
V2631	IRIS SUPPORT INTRAOCLR LENS			1/1/2009	No Separate Payment	$0.00
V2632	POST CHMBR INTRAOCULAR LENS			1/1/2009	No Separate Payment	$0.00
V2785	CORNEAL TISSUE PROCESSING			39539	By Report	0
V2790	AMNIOTIC MEMBRANE			39814	No Separate Payment	0