Montana Medicaid Outpatient Procedure Fee Schedule

Outpatient Hospital Services

Effective 07/01/2016

Montana Medicaid Conversion Factor = $ 56.64

Definitions:

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

*Method – Source of fee determination*

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

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

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

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

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

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

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

Not Allowed: These services are not payable

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

*PA – Prior Authorization*

Y: Prior authorization is required

Space: Prior authorization is not required

*Status Indicators:*

- C Inpatient services that are not payable under OPPS
- E Not allowed under Oupatient
- G Pass through drugs and biologicals
- H Pass through devices that are paid by report
- K Drugs and biologicals paid by APC
- M Montana Medicaid specific fee
- N Services for which payment is packaged into another service or APC
- Q Montana Medicaid Laboratory service
- R Blood and blood products
- S Significant procedures that are paid under OPPS but to which the multiple surgery reduction does not apply
- T Significant services that are paid under the OPPS and to which the multiple procedure payment discount under OPPS applies
- U Brachytherapy Sources
- V Medical visits (including clinic or emergency department visits) that are paid under OPPS
- X Ancillary services that are paid under OPPS
- Y Montana Medicaid fee for Physical Therapy, Occupational Therapy or Speech and Language Therapy services

Some procedures may have a variable status dependant on if they are provided with another billable services. These codes are listed on the fee schedule as status N (bundled) but will have an APC and price shown.

* Effective January 01, 2016 CMS changed the way lab codes need to be billed. If all codes on the claim are Status Q lab codes, the L1 modifier is not needed. In all other cases, continue to use the L1 modifier as previously directed in the Provider Notice below.

Laboratory Billing Provider Notice

http://medicaidprovider.mt.gov/Portals/68/docs/providernotices/2014/medicaidoutpatientlabbilling02192014.pdf

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

*CPT codes, descriptors, and other data only are copyright 1999 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DFARS Apply.*

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 00100 | N | ANESTH SALIVARY GLAND | | | | Bundled | $0.00 | | | |
| 00102 | N | ANESTH REPAIR OF CLEFT LIP | | | | Bundled | $0.00 | | | |
| 00103 | N | ANESTH BLEPHAROPLASTY | | | | Bundled | $0.00 | | | |
| 00104 | N | ANESTH ELECTROSHOCK | | | | Bundled | $0.00 | | | |
| 00120 | N | ANESTH EAR SURGERY | | | | Bundled | $0.00 | | | |
| 00124 | N | ANESTH EAR EXAM | | | | Bundled | $0.00 | | | |
| 00126 | N | ANESTH TYMPANOTOMY | | | | Bundled | $0.00 | | | |
| 00140 | N | ANESTH PROCEDURES ON EYE | | | | Bundled | $0.00 | | | |
| 00142 | N | ANESTH LENS SURGERY | | | | Bundled | $0.00 | | | |
| 00144 | N | ANESTH CORNEAL TRANSPLANT | | | | Bundled | $0.00 | | | |
| 00145 | N | ANESTH VITREORETINAL SURG | | | | Bundled | $0.00 | | | |
| 00147 | N | ANESTH IRIDECTOMY | | | | Bundled | $0.00 | | | |
| 00148 | N | ANESTH EYE EXAM | | | | Bundled | $0.00 | | | |
| 00160 | N | ANESTH NOSE/SINUS SURGERY | | | | Bundled | $0.00 | | | |
| 00162 | N | ANESTH NOSE/SINUS SURGERY | | | | Bundled | $0.00 | | | |
| 00164 | N | ANESTH BIOPSY OF NOSE | | | | Bundled | $0.00 | | | |
| 00170 | N | ANESTH PROCEDURE ON MOUTH | | | | Bundled | $0.00 | | | |
| 00172 | N | ANESTH CLEFT PALATE REPAIR | | | | Bundled | $0.00 | | | |
| 00174 | N | ANESTH PHARYNGEAL SURGERY | | | | Bundled | $0.00 | | | |
| 00176 | C | ANESTH PHARYNGEAL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 00190 | N | ANESTH FACE/SKULL BONE SURG | | | | Bundled | $0.00 | | | |
| 00192 | C | ANESTH FACIAL BONE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 00210 | N | ANESTH CRANIAL SURG NOS | | | | Bundled | $0.00 | | | |
| 00211 | C | ANESTH CRAN SURG HEMOTOMA | | | | Inpatient Only | $0.00 | | | |
| 00212 | N | ANESTH SKULL DRAINAGE | | | | Bundled | $0.00 | | | |
| 00214 | C | ANESTH SKULL DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 00215 | C | ANESTH SKULL REPAIR/FRACT | | | | Inpatient Only | $0.00 | | | |
| 00216 | N | ANESTH HEAD VESSEL SURGERY | | | | Bundled | $0.00 | | | |
| 00218 | N | ANESTH SPECIAL HEAD SURGERY | | | | Bundled | $0.00 | | | |
| 00220 | N | ANESTH INTRCRN NERVE | | | | Bundled | $0.00 | | | |
| 00222 | N | ANESTH HEAD NERVE SURGERY | | | | Bundled | $0.00 | | | |
| 00300 | N | ANESTH HEAD/NECK/PTRUNK | | | | Bundled | $0.00 | | | |
| 00320 | N | ANESTH NECK ORGAN 1YR/> | | | | Bundled | $0.00 | | | |
| 00322 | N | ANESTH BIOPSY OF THYROID | | | | Bundled | $0.00 | | | |
| 00326 | N | ANESTH LARYNX/TRACH < 1 YR | | | | Bundled | $0.00 | | | |
| 00350 | N | ANESTH NECK VESSEL SURGERY | | | | Bundled | $0.00 | | | |
| 00352 | N | ANESTH NECK VESSEL SURGERY | | | | Bundled | $0.00 | | | |
| 00400 | N | ANESTH SKIN EXT/PER/ATRUNK | | | | Bundled | $0.00 | | | |
| 00402 | N | ANESTH SURGERY OF BREAST | | | | Bundled | $0.00 | | | |
| 00404 | N | ANESTH SURGERY OF BREAST | | | | Bundled | $0.00 | | | |
| 00406 | N | ANESTH SURGERY OF BREAST | | | | Bundled | $0.00 | | | |
| 00410 | N | ANESTH CORRECT HEART RHYTHM | | | | Bundled | $0.00 | | | |
| 00450 | N | ANESTH SURGERY OF SHOULDER | | | | Bundled | $0.00 | | | |
| 00454 | N | ANESTH COLLAR BONE BIOPSY | | | | Bundled | $0.00 | | | |
| 00470 | N | ANESTH REMOVAL OF RIB | | | | Bundled | $0.00 | | | |
| 00472 | N | ANESTH CHEST WALL REPAIR | | | | Bundled | $0.00 | | | |
| 00474 | C | ANESTH SURGERY OF RIB | | | | Inpatient Only | $0.00 | | | |
| 00500 | N | ANESTH ESOPHAGEAL SURGERY | | | | Bundled | $0.00 | | | |
| 00520 | N | ANESTH CHEST PROCEDURE | | | | Bundled | $0.00 | | | |
| 00522 | N | ANESTH CHEST LINING BIOPSY | | | | Bundled | $0.00 | | | |
| 00524 | C | ANESTH CHEST DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 00528 | N | ANES MEDIASCPY & DX THORSCPY | | | | Bundled | $0.00 | | | |
| 00529 | N | ANES MEDSCPY&THORSCPY 1 LUNG | | | | Bundled | $0.00 | | | |
| 00530 | N | ANESTH PACEMAKER INSERTION | | | | Bundled | $0.00 | | | |
| 00532 | N | ANESTH VASCULAR ACCESS | | | | Bundled | $0.00 | | | |
| 00534 | N | ANESTH CARDIOVERTER/DEFIB | | | | Bundled | $0.00 | | | |
| 00537 | N | ANESTH CARDIAC ELECTROPHYS | | | | Bundled | $0.00 | | | |
| 00539 | N | ANESTH TRACH-BRONCH RECONST | | | | Bundled | $0.00 | | | |
| 00540 | C | ANESTH CHEST SURGERY | | | | Inpatient Only | $0.00 | | | |
| 00541 | N | ANESTH ONE LUNG VENTILATION | | | | Bundled | $0.00 | | | |
| 00542 | C | ANESTHESIA REMOVAL PLEURA | | | | Inpatient Only | $0.00 | | | |
| 00546 | C | ANESTH LUNG CHEST WALL SURG | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 00548 | N | ANESTH TRACHEA BRONCHI SURG | | | | Bundled | $0.00 | | | |
| 00550 | N | ANESTH STERNAL DEBRIDEMENT | | | | Bundled | $0.00 | | | |
| 00560 | C | ANESTH HEART SURG W/O PUMP | | | | Inpatient Only | $0.00 | | | |
| 00561 | C | ANESTH HEART SURG <1 YR | | | | Inpatient Only | $0.00 | | | |
| 00562 | C | ANESTH HRT SURG W/PMP AGE 1+ | | | | Inpatient Only | $0.00 | | | |
| 00563 | N | ANESTH HEART SURG W/ARREST | | | | Bundled | $0.00 | | | |
| 00566 | N | ANESTH CABG W/O PUMP | | | | Bundled | $0.00 | | | |
| 00567 | C | ANESTH CABG W/PUMP | | | | Inpatient Only | $0.00 | | | |
| 00580 | C | ANESTH HEART/LUNG TRANSPLNT | | | | Inpatient Only | $0.00 | | | |
| 00600 | N | ANESTH SPINE CORD SURGERY | | | | Bundled | $0.00 | | | |
| 00604 | C | ANESTH SITTING PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 00620 | N | ANESTH SPINE CORD SURGERY | | | | Bundled | $0.00 | | | |
| 00625 | N | ANES SPINE TRANTHOR W/O VENT | | | | Bundled | $0.00 | | | |
| 00626 | N | ANES SPINE TRANSTHOR W/VENT | | | | Bundled | $0.00 | | | |
| 00630 | N | ANESTH SPINE CORD SURGERY | | | | Bundled | $0.00 | | | |
| 00632 | C | ANESTH REMOVAL OF NERVES | | | | Inpatient Only | $0.00 | | | |
| 00635 | N | ANESTH LUMBAR PUNCTURE | | | | Bundled | $0.00 | | | |
| 00640 | N | ANESTH SPINE MANIPULATION | | | | Bundled | $0.00 | | | |
| 00670 | C | ANESTH SPINE CORD SURGERY | | | | Inpatient Only | $0.00 | | | |
| 00700 | N | ANESTH ABDOMINAL WALL SURG | | | | Bundled | $0.00 | | | |
| 00702 | N | ANESTH FOR LIVER BIOPSY | | | | Bundled | $0.00 | | | |
| 00730 | N | ANESTH ABDOMINAL WALL SURG | | | | Bundled | $0.00 | | | |
| 00740 | N | ANESTH UPPER GI VISUALIZE | | | | Bundled | $0.00 | | | |
| 00750 | N | ANESTH REPAIR OF HERNIA | | | | Bundled | $0.00 | | | |
| 00752 | N | ANESTH REPAIR OF HERNIA | | | | Bundled | $0.00 | | | |
| 00754 | N | ANESTH REPAIR OF HERNIA | | | | Bundled | $0.00 | | | |
| 00756 | N | ANESTH REPAIR OF HERNIA | | | | Bundled | $0.00 | | | |
| 00770 | N | ANESTH BLOOD VESSEL REPAIR | | | | Bundled | $0.00 | | | |
| 00790 | N | ANESTH SURG UPPER ABDOMEN | | | | Bundled | $0.00 | | | |
| 00792 | C | ANESTH HEMORR/EXCISE LIVER | | | | Inpatient Only | $0.00 | | | |
| 00794 | C | ANESTH PANCREAS REMOVAL | | | | Inpatient Only | $0.00 | | | |
| 00796 | C | ANESTH FOR LIVER TRANSPLANT | | | | Inpatient Only | $0.00 | | | |
| 00797 | N | ANESTH SURGERY FOR OBESITY | | | | Bundled | $0.00 | | | |
| 00800 | N | ANESTH ABDOMINAL WALL SURG | | | | Bundled | $0.00 | | | |
| 00802 | C | ANESTH FAT LAYER REMOVAL | | | | Inpatient Only | $0.00 | | | |
| 00810 | N | ANESTH LOW INTESTINE SCOPE | | | | Bundled | $0.00 | | | |
| 00820 | N | ANESTH ABDOMINAL WALL SURG | | | | Bundled | $0.00 | | | |
| 00830 | N | ANESTH REPAIR OF HERNIA | | | | Bundled | $0.00 | | | |
| 00832 | N | ANESTH REPAIR OF HERNIA | | | | Bundled | $0.00 | | | |
| 00834 | N | ANESTH HERNIA REPAIR < 1 YR | | | | Bundled | $0.00 | | | |
| 00836 | N | ANESTH HERNIA REPAIR PREEMIE | | | | Bundled | $0.00 | | | |
| 00840 | N | ANESTH SURG LOWER ABDOMEN | | | | Bundled | $0.00 | | | |
| 00842 | N | ANESTH AMNIOCENTESIS | | | | Bundled | $0.00 | | | |
| 00844 | C | ANESTH PELVIS SURGERY | | | | Inpatient Only | $0.00 | | | |
| 00846 | C | ANESTH HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 00848 | C | ANESTH PELVIC ORGAN SURG | | | | Inpatient Only | $0.00 | | | |
| 00851 | N | ANESTH TUBAL LIGATION | | | | Bundled | $0.00 | | | |
| 00860 | N | ANESTH SURGERY OF ABDOMEN | | | | Bundled | $0.00 | | | |
| 00862 | N | ANESTH KIDNEY/URETER SURG | | | | Bundled | $0.00 | | | |
| 00864 | C | ANESTH REMOVAL OF BLADDER | | | | Inpatient Only | $0.00 | | | |
| 00865 | C | ANESTH REMOVAL OF PROSTATE | | | | Inpatient Only | $0.00 | | | |
| 00866 | C | ANESTH REMOVAL OF ADRENAL | | | | Inpatient Only | $0.00 | | | |
| 00868 | C | ANESTH KIDNEY TRANSPLANT | | | | Inpatient Only | $0.00 | | | |
| 00870 | N | ANESTH BLADDER STONE SURG | | | | Bundled | $0.00 | | | |
| 00872 | N | ANESTH KIDNEY STONE DESTRUCT | | | | Bundled | $0.00 | | | |
| 00873 | N | ANESTH KIDNEY STONE DESTRUCT | | | | Bundled | $0.00 | | | |
| 00880 | N | ANESTH ABDOMEN VESSEL SURG | | | | Bundled | $0.00 | | | |
| 00882 | C | ANESTH MAJOR VEIN LIGATION | | | | Inpatient Only | $0.00 | | | |
| 00902 | N | ANESTH ANORECTAL SURGERY | | | | Bundled | $0.00 | | | |
| 00904 | C | ANESTH PERINEAL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 00906 | N | ANESTH REMOVAL OF VULVA | | | | Bundled | $0.00 | | | |
| 00908 | C | ANESTH REMOVAL OF PROSTATE | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 00910 | N | ANESTH BLADDER SURGERY | | | | Bundled | $0.00 | | | |
| 00912 | N | ANESTH BLADDER TUMOR SURG | | | | Bundled | $0.00 | | | |
| 00914 | N | ANESTH REMOVAL OF PROSTATE | | | | Bundled | $0.00 | | | |
| 00916 | N | ANESTH BLEEDING CONTROL | | | | Bundled | $0.00 | | | |
| 00918 | N | ANESTH STONE REMOVAL | | | | Bundled | $0.00 | | | |
| 00920 | N | ANESTH GENITALIA SURGERY | | | | Bundled | $0.00 | | | |
| 00921 | N | ANESTH VASECTOMY | | | | Bundled | $0.00 | | | |
| 00922 | N | ANESTH SPERM DUCT SURGERY | | | | Bundled | $0.00 | | | |
| 00924 | N | ANESTH TESTIS EXPLORATION | | | | Bundled | $0.00 | | | |
| 00926 | N | ANESTH REMOVAL OF TESTIS | | | | Bundled | $0.00 | | | |
| 00928 | N | ANESTH REMOVAL OF TESTIS | | | | Bundled | $0.00 | | | |
| 00930 | N | ANESTH TESTIS SUSPENSION | | | | Bundled | $0.00 | | | |
| 00932 | C | ANESTH AMPUTATION OF PENIS | | | | Inpatient Only | $0.00 | | | |
| 00934 | C | ANESTH PENIS NODES REMOVAL | | | | Inpatient Only | $0.00 | | | |
| 00936 | C | ANESTH PENIS NODES REMOVAL | | | | Inpatient Only | $0.00 | | | |
| 00938 | N | ANESTH INSERT PENIS DEVICE | | | | Bundled | $0.00 | | | |
| 00940 | N | ANESTH VAGINAL PROCEDURES | | | | Bundled | $0.00 | | | |
| 00942 | N | ANESTH SURG ON VAG/URETHRAL | | | | Bundled | $0.00 | | | |
| 00944 | C | ANESTH VAGINAL HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 00948 | N | ANESTH REPAIR OF CERVIX | | | | Bundled | $0.00 | | | |
| 00950 | N | ANESTH VAGINAL ENDOSCOPY | | | | Bundled | $0.00 | | | |
| 00952 | N | ANESTH HYSTEROSCOPE/GRAPH | | | | Bundled | $0.00 | | | |
| 01112 | N | ANESTH BONE ASPIRATE/BX | | | | Bundled | $0.00 | | | |
| 01120 | N | ANESTH PELVIS SURGERY | | | | Bundled | $0.00 | | | |
| 01130 | N | ANESTH BODY CAST PROCEDURE | | | | Bundled | $0.00 | | | |
| 01140 | C | ANESTH AMPUTATION AT PELVIS | | | | Inpatient Only | $0.00 | | | |
| 01150 | C | ANESTH PELVIC TUMOR SURGERY | | | | Inpatient Only | $0.00 | | | |
| 01160 | N | ANESTH PELVIS PROCEDURE | | | | Bundled | $0.00 | | | |
| 01170 | N | ANESTH PELVIS SURGERY | | | | Bundled | $0.00 | | | |
| 01173 | N | ANESTH FX REPAIR PELVIS | | | | Bundled | $0.00 | | | |
| 01180 | N | ANESTH PELVIS NERVE REMOVAL | | | | Bundled | $0.00 | | | |
| 01190 | N | ANESTH PELVIS NERVE REMOVAL | | | | Bundled | $0.00 | | | |
| 01200 | N | ANESTH HIP JOINT PROCEDURE | | | | Bundled | $0.00 | | | |
| 01202 | N | ANESTH ARTHROSCOPY OF HIP | | | | Bundled | $0.00 | | | |
| 01210 | N | ANESTH HIP JOINT SURGERY | | | | Bundled | $0.00 | | | |
| 01212 | C | ANESTH HIP DISARTICULATION | | | | Inpatient Only | $0.00 | | | |
| 01214 | C | ANESTH HIP ARTHROPLASTY | | | | Inpatient Only | $0.00 | | | |
| 01215 | N | ANESTH REVISE HIP REPAIR | | | | Bundled | $0.00 | | | |
| 01220 | N | ANESTH PROCEDURE ON FEMUR | | | | Bundled | $0.00 | | | |
| 01230 | N | ANESTH SURGERY OF FEMUR | | | | Bundled | $0.00 | | | |
| 01232 | C | ANESTH AMPUTATION OF FEMUR | | | | Inpatient Only | $0.00 | | | |
| 01234 | C | ANESTH RADICAL FEMUR SURG | | | | Inpatient Only | $0.00 | | | |
| 01250 | N | ANESTH UPPER LEG SURGERY | | | | Bundled | $0.00 | | | |
| 01260 | N | ANESTH UPPER LEG VEINS SURG | | | | Bundled | $0.00 | | | |
| 01270 | N | ANESTH THIGH ARTERIES SURG | | | | Bundled | $0.00 | | | |
| 01272 | C | ANESTH FEMORAL ARTERY SURG | | | | Inpatient Only | $0.00 | | | |
| 01274 | C | ANESTH FEMORAL EMBOLECTOMY | | | | Inpatient Only | $0.00 | | | |
| 01320 | N | ANESTH KNEE AREA SURGERY | | | | Bundled | $0.00 | | | |
| 01340 | N | ANESTH KNEE AREA PROCEDURE | | | | Bundled | $0.00 | | | |
| 01360 | N | ANESTH KNEE AREA SURGERY | | | | Bundled | $0.00 | | | |
| 01380 | N | ANESTH KNEE JOINT PROCEDURE | | | | Bundled | $0.00 | | | |
| 01382 | N | ANESTH DX KNEE ARTHROSCOPY | | | | Bundled | $0.00 | | | |
| 01390 | N | ANESTH KNEE AREA PROCEDURE | | | | Bundled | $0.00 | | | |
| 01392 | N | ANESTH KNEE AREA SURGERY | | | | Bundled | $0.00 | | | |
| 01400 | N | ANESTH KNEE JOINT SURGERY | | | | Bundled | $0.00 | | | |
| 01402 | C | ANESTH KNEE ARTHROPLASTY | | | | Inpatient Only | $0.00 | | | |
| 01404 | C | ANESTH AMPUTATION AT KNEE | | | | Inpatient Only | $0.00 | | | |
| 01420 | N | ANESTH KNEE JOINT CASTING | | | | Bundled | $0.00 | | | |
| 01430 | N | ANESTH KNEE VEINS SURGERY | | | | Bundled | $0.00 | | | |
| 01432 | N | ANESTH KNEE VESSEL SURG | | | | Bundled | $0.00 | | | |
| 01440 | N | ANESTH KNEE ARTERIES SURG | | | | Bundled | $0.00 | | | |
| 01442 | C | ANESTH KNEE ARTERY SURG | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 01444 | C | ANESTH KNEE ARTERY REPAIR | | | | Inpatient Only | $0.00 | | | |
| 01462 | N | ANESTH LOWER LEG PROCEDURE | | | | Bundled | $0.00 | | | |
| 01464 | N | ANESTH ANKLE/FT ARTHROSCOPY | | | | Bundled | $0.00 | | | |
| 01470 | N | ANESTH LOWER LEG SURGERY | | | | Bundled | $0.00 | | | |
| 01472 | N | ANESTH ACHILLES TENDON SURG | | | | Bundled | $0.00 | | | |
| 01474 | N | ANESTH LOWER LEG SURGERY | | | | Bundled | $0.00 | | | |
| 01480 | N | ANESTH LOWER LEG BONE SURG | | | | Bundled | $0.00 | | | |
| 01482 | N | ANESTH RADICAL LEG SURGERY | | | | Bundled | $0.00 | | | |
| 01484 | N | ANESTH LOWER LEG REVISION | | | | Bundled | $0.00 | | | |
| 01486 | C | ANESTH ANKLE REPLACEMENT | | | | Inpatient Only | $0.00 | | | |
| 01490 | N | ANESTH LOWER LEG CASTING | | | | Bundled | $0.00 | | | |
| 01500 | N | ANESTH LEG ARTERIES SURG | | | | Bundled | $0.00 | | | |
| 01502 | C | ANESTH LWR LEG EMBOLECTOMY | | | | Inpatient Only | $0.00 | | | |
| 01520 | N | ANESTH LOWER LEG VEIN SURG | | | | Bundled | $0.00 | | | |
| 01522 | N | ANESTH LOWER LEG VEIN SURG | | | | Bundled | $0.00 | | | |
| 01610 | N | ANESTH SURGERY OF SHOULDER | | | | Bundled | $0.00 | | | |
| 01620 | N | ANESTH SHOULDER PROCEDURE | | | | Bundled | $0.00 | | | |
| 01622 | N | ANES DX SHOULDER ARTHROSCOPY | | | | Bundled | $0.00 | | | |
| 01630 | N | ANESTH SURGERY OF SHOULDER | | | | Bundled | $0.00 | | | |
| 01634 | C | ANESTH SHOULDER JOINT AMPUT | | | | Inpatient Only | $0.00 | | | |
| 01636 | C | ANESTH FOREQUARTER AMPUT | | | | Inpatient Only | $0.00 | | | |
| 01638 | C | ANESTH SHOULDER REPLACEMENT | | | | Inpatient Only | $0.00 | | | |
| 01650 | N | ANESTH SHOULDER ARTERY SURG | | | | Bundled | $0.00 | | | |
| 01652 | C | ANESTH SHOULDER VESSEL SURG | | | | Inpatient Only | $0.00 | | | |
| 01654 | C | ANESTH SHOULDER VESSEL SURG | | | | Inpatient Only | $0.00 | | | |
| 01656 | C | ANESTH ARM-LEG VESSEL SURG | | | | Inpatient Only | $0.00 | | | |
| 01670 | N | ANESTH SHOULDER VEIN SURG | | | | Bundled | $0.00 | | | |
| 01680 | N | ANESTH SHOULDER CASTING | | | | Bundled | $0.00 | | | |
| 01682 | N | ANESTH AIRPLANE CAST | | | | Bundled | $0.00 | | | |
| 01710 | N | ANESTH ELBOW AREA SURGERY | | | | Bundled | $0.00 | | | |
| 01712 | N | ANESTH UPPR ARM TENDON SURG | | | | Bundled | $0.00 | | | |
| 01714 | N | ANESTH UPPR ARM TENDON SURG | | | | Bundled | $0.00 | | | |
| 01716 | N | ANESTH BICEPS TENDON REPAIR | | | | Bundled | $0.00 | | | |
| 01730 | N | ANESTH UPPR ARM PROCEDURE | | | | Bundled | $0.00 | | | |
| 01732 | N | ANESTH DX ELBOW ARTHROSCOPY | | | | Bundled | $0.00 | | | |
| 01740 | N | ANESTH UPPER ARM SURGERY | | | | Bundled | $0.00 | | | |
| 01742 | N | ANESTH HUMERUS SURGERY | | | | Bundled | $0.00 | | | |
| 01744 | N | ANESTH HUMERUS REPAIR | | | | Bundled | $0.00 | | | |
| 01756 | C | ANESTH RADICAL HUMERUS SURG | | | | Inpatient Only | $0.00 | | | |
| 01758 | N | ANESTH HUMERAL LESION SURG | | | | Bundled | $0.00 | | | |
| 01760 | N | ANESTH ELBOW REPLACEMENT | | | | Bundled | $0.00 | | | |
| 01770 | N | ANESTH UPPR ARM ARTERY SURG | | | | Bundled | $0.00 | | | |
| 01772 | N | ANESTH UPPR ARM EMBOLECTOMY | | | | Bundled | $0.00 | | | |
| 01780 | N | ANESTH UPPER ARM VEIN SURG | | | | Bundled | $0.00 | | | |
| 01782 | N | ANESTH UPPR ARM VEIN REPAIR | | | | Bundled | $0.00 | | | |
| 01810 | N | ANESTH LOWER ARM SURGERY | | | | Bundled | $0.00 | | | |
| 01820 | N | ANESTH LOWER ARM PROCEDURE | | | | Bundled | $0.00 | | | |
| 01829 | N | ANESTH DX WRIST ARTHROSCOPY | | | | Bundled | $0.00 | | | |
| 01830 | N | ANESTH LOWER ARM SURGERY | | | | Bundled | $0.00 | | | |
| 01832 | N | ANESTH WRIST REPLACEMENT | | | | Bundled | $0.00 | | | |
| 01840 | N | ANESTH LWR ARM ARTERY SURG | | | | Bundled | $0.00 | | | |
| 01842 | N | ANESTH LWR ARM EMBOLECTOMY | | | | Bundled | $0.00 | | | |
| 01844 | N | ANESTH VASCULAR SHUNT SURG | | | | Bundled | $0.00 | | | |
| 01850 | N | ANESTH LOWER ARM VEIN SURG | | | | Bundled | $0.00 | | | |
| 01852 | N | ANESTH LWR ARM VEIN REPAIR | | | | Bundled | $0.00 | | | |
| 01860 | N | ANESTH LOWER ARM CASTING | | | | Bundled | $0.00 | | | |
| 01916 | N | ANESTH DX ARTERIOGRAPHY | | | | Bundled | $0.00 | | | |
| 01920 | N | ANESTH CATHETERIZE HEART | | | | Bundled | $0.00 | | | |
| 01922 | N | ANESTH CAT OR MRI SCAN | | | | Bundled | $0.00 | | | |
| 01924 | N | ANES THER INTERVEN RAD ARTRL | | | | Bundled | $0.00 | | | |
| 01925 | N | ANES THER INTERVEN RAD CARD | | | | Bundled | $0.00 | | | |
| 01926 | N | ANES TX INTERV RAD HRT/CRAN | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 01930 | N | ANES THER INTERVEN RAD VEIN | | | | Bundled | $0.00 | | | |
| 01931 | N | ANES THER INTERVEN RAD TIPS | | | | Bundled | $0.00 | | | |
| 01932 | N | ANES TX INTERV RAD TH VEIN | | | | Bundled | $0.00 | | | |
| 01933 | N | ANES TX INTERV RAD CRAN VEIN | | | | Bundled | $0.00 | | | |
| 01935 | N | ANESTH PERC IMG DX SP PROC | | | | Bundled | $0.00 | | | |
| 01936 | N | ANESTH PERC IMG TX SP PROC | | | | Bundled | $0.00 | | | |
| 01951 | N | ANESTH BURN LESS 4 PERCENT | | | | Bundled | $0.00 | | | |
| 01952 | N | ANESTH BURN 4-9 PERCENT | | | | Bundled | $0.00 | | | |
| 01953 | N | ANESTH BURN EACH 9 PERCENT | | | | Bundled | $0.00 | | | |
| 01958 | N | ANESTH ANTEPARTUM MANIPUL | | | | Bundled | $0.00 | | | |
| 01960 | N | ANESTH VAGINAL DELIVERY | | | | Bundled | $0.00 | | | |
| 01961 | N | ANESTH CS DELIVERY | | | | Bundled | $0.00 | | | |
| 01962 | N | ANESTH EMER HYSTERECTOMY | | | | Bundled | $0.00 | | | |
| 01963 | N | ANESTH CS HYSTERECTOMY | | | | Bundled | $0.00 | | | |
| 01965 | N | ANESTH INC/MISSED AB PROC | | | | Bundled | $0.00 | | | |
| 01966 | N | ANESTH INDUCED AB PROCEDURE | | | | Bundled | $0.00 | | | |
| 01967 | N | ANESTH/ANALG VAG DELIVERY | | | | Bundled | $0.00 | | | |
| 01968 | N | ANES/ANALG CS DELIVER ADD-ON | | | | Bundled | $0.00 | | | |
| 01969 | N | ANESTH/ANALG CS HYST ADD-ON | | | | Bundled | $0.00 | | | |
| 01990 | C | SUPPORT FOR ORGAN DONOR | | | | Inpatient Only | $0.00 | | | |
| 01991 | N | ANESTH NERVE BLOCK/INJ | | | | Bundled | $0.00 | | | |
| 01992 | N | ANESTH N BLOCK/INJ PRONE | | | | Bundled | $0.00 | | | |
| 01996 | N | HOSP MANAGE CONT DRUG ADMIN | | | | Bundled | $0.00 | | | |
| 01999 | N | UNLISTED ANESTH PROCEDURE | | | | Bundled | $0.00 | | | |
| 10021 | T | FNA W/O IMAGE | | 05052 | 3.0594 | APC | $173.28 | | | |
| 10022 | T | FNA W/IMAGE | | 05072 | 6.5194 | APC | $369.26 | | | |
| 10030 | T | GUIDE CATHET FLUID DRAINAGE | | 05073 | 12.7769 | APC | $723.68 | | | |
| 10035 | T | PERQ DEV SOFT TISS 1ST IMAG | | 05072 | 6.5194 | APC | $369.26 | | | |
| 10036 | N | PERQ DEV SOFT TISS ADD IMAG | | | | Bundled | $0.00 | | | |
| 10040 | N | ACNE SURGERY | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 10060 | T | DRAINAGE OF SKIN ABSCESS | | 05051 | 1.5982 | APC | $90.52 | | | |
| 10061 | T | DRAINAGE OF SKIN ABSCESS | | 05071 | 3.0962 | APC | $175.37 | | | |
| 10080 | T | DRAINAGE OF PILONIDAL CYST | | 05071 | 3.0962 | APC | $175.37 | | | |
| 10081 | T | DRAINAGE OF PILONIDAL CYST | | 05072 | 6.5194 | APC | $369.26 | | | |
| 10120 | T | REMOVE FOREIGN BODY | | 05052 | 3.0594 | APC | $173.28 | | | |
| 10121 | T | REMOVE FOREIGN BODY | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 10140 | T | DRAINAGE OF HEMATOMA/FLUID | | 05073 | 12.7769 | APC | $723.68 | | | |
| 10160 | T | PUNCTURE DRAINAGE OF LESION | | 05071 | 3.0962 | APC | $175.37 | | | |
| 10180 | T | COMPLEX DRAINAGE WOUND | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11000 | T | DEBRIDE INFECTED SKIN | | 05053 | 5.8144 | APC | $329.33 | | | |
| 11001 | N | DEBRIDE INFECTED SKIN ADD-ON | | | | Bundled | $0.00 | | | |
| 11004 | C | DEBRIDE GENITALIA & PERINEUM | | | | Inpatient Only | $0.00 | | | |
| 11005 | C | DEBRIDE ABDOM WALL | | | | Inpatient Only | $0.00 | | | |
| 11006 | C | DEBRIDE GENIT/PER/ABDOM WALL | | | | Inpatient Only | $0.00 | | | |
| 11008 | C | REMOVE MESH FROM ABD WALL | | | | Inpatient Only | $0.00 | | | |
| 11010 | T | DEBRIDE SKIN AT FX SITE | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11011 | T | DEBRIDE SKIN MUSC AT FX SITE | | 05071 | 3.0962 | APC | $175.37 | | | |
| 11012 | T | DEB SKIN BONE AT FX SITE | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11042 | T | DEB SUBQ TISSUE 20 SQ CM/< | | 05052 | 3.0594 | APC | $173.28 | | | |
| 11043 | T | DEB MUSC/FASCIA 20 SQ CM/< | | 05053 | 5.8144 | APC | $329.33 | | | |
| 11044 | T | DEB BONE 20 SQ CM/< | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11045 | N | DEB SUBQ TISSUE ADD-ON | | | | Bundled | $0.00 | | | |
| 11046 | N | DEB MUSC/FASCIA ADD-ON | | | | Bundled | $0.00 | | | |
| 11047 | N | DEB BONE ADD-ON | | | | Bundled | $0.00 | | | |
| 11055 | N | TRIM SKIN LESION | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 11056 | N | TRIM SKIN LESIONS 2 TO 4 | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 11057 | T | TRIM SKIN LESIONS OVER 4 | | 05052 | 3.0594 | APC | $173.28 | | | |
| 11100 | T | BIOPSY SKIN LESION | | 05052 | 3.0594 | APC | $173.28 | | | |
| 11101 | N | BIOPSY SKIN ADD-ON | | | | Bundled | $0.00 | | | |
| 11200 | N | REMOVAL OF SKIN TAGS <W/15 | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 11201 | N | REMOVE SKIN TAGS ADD-ON | | | | Bundled | $0.00 | | | |
| 11300 | N | SHAVE SKIN LESION 0.5 CM/< | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 11301 | N | SHAVE SKIN LESION 0.6-1.0 CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 11302 | N | SHAVE SKIN LESION 1.1-2.0 CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 11303 | N | SHAVE SKIN LESION >2.0 CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 11305 | N | SHAVE SKIN LESION 0.5 CM/< | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 11306 | N | SHAVE SKIN LESION 0.6-1.0 CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 11307 | T | SHAVE SKIN LESION 1.1-2.0 CM | | 05052 | 3.0594 | APC | $173.28 | | | |
| 11308 | N | SHAVE SKIN LESION >2.0 CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 11310 | T | SHAVE SKIN LESION 0.5 CM/< | | 05052 | 3.0594 | APC | $173.28 | | | |
| 11311 | T | SHAVE SKIN LESION 0.6-1.0 CM | | 05052 | 3.0594 | APC | $173.28 | | | |
| 11312 | T | SHAVE SKIN LESION 1.1-2.0 CM | | 05052 | 3.0594 | APC | $173.28 | | | |
| 11313 | T | SHAVE SKIN LESION >2.0 CM | | 05052 | 3.0594 | APC | $173.28 | | | |
| 11400 | T | EXC TR-EXT B9+MARG 0.5 CM< | | 05072 | 6.5194 | APC | $369.26 | | | |
| 11401 | T | EXC TR-EXT B9+MARG 0.6-1 CM | | 05072 | 6.5194 | APC | $369.26 | | | |
| 11402 | T | EXC TR-EXT B9+MARG 1.1-2 CM | | 05072 | 6.5194 | APC | $369.26 | | | |
| 11403 | T | EXC TR-EXT B9+MARG 2.1-3CM/< | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11404 | T | EXC TR-EXT B9+MARG 3.1-4 CM | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11406 | T | EXC TR-EXT B9+MARG >4.0 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11420 | T | EXC H-F-NK-SP B9+MARG 0.5/< | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11421 | T | EXC H-F-NK-SP B9+MARG 0.6-1 | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11422 | T | EXC H-F-NK-SP B9+MARG 1.1-2 | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11423 | T | EXC H-F-NK-SP B9+MARG 2.1-3 | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11424 | T | EXC H-F-NK-SP B9+MARG 3.1-4 | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11426 | T | EXC H-F-NK-SP B9+MARG >4 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11440 | T | EXC FACE-MM B9+MARG 0.5 CM/< | | 05072 | 6.5194 | APC | $369.26 | | | |
| 11441 | T | EXC FACE-MM B9+MARG 0.6-1 CM | | 05072 | 6.5194 | APC | $369.26 | | | |
| 11442 | T | EXC FACE-MM B9+MARG 1.1-2 CM | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11443 | T | EXC FACE-MM B9+MARG 2.1-3 CM | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11444 | T | EXC FACE-MM B9+MARG 3.1-4 CM | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11446 | T | EXC FACE-MM B9+MARG >4 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11450 | T | REMOVAL SWEAT GLAND LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11451 | T | REMOVAL SWEAT GLAND LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11462 | T | REMOVAL SWEAT GLAND LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11463 | T | REMOVAL SWEAT GLAND LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11470 | T | REMOVAL SWEAT GLAND LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11471 | T | REMOVAL SWEAT GLAND LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11600 | T | EXC TR-EXT MAL+MARG 0.5 CM/< | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11601 | T | EXC TR-EXT MAL+MARG 0.6-1 CM | | 05072 | 6.5194 | APC | $369.26 | | | |
| 11602 | T | EXC TR-EXT MAL+MARG 1.1-2 CM | | 05072 | 6.5194 | APC | $369.26 | | | |
| 11603 | T | EXC TR-EXT MAL+MARG 2.1-3 CM | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11604 | T | EXC TR-EXT MAL+MARG 3.1-4 CM | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11606 | T | EXC TR-EXT MAL+MARG >4 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11620 | T | EXC H-F-NK-SP MAL+MARG 0.5/< | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11621 | T | EXC S/N/H/F/G MAL+MRG 0.6-1 | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11622 | T | EXC S/N/H/F/G MAL+MRG 1.1-2 | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11623 | T | EXC S/N/H/F/G MAL+MRG 2.1-3 | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11624 | T | EXC S/N/H/F/G MAL+MRG 3.1-4 | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11626 | T | EXC S/N/H/F/G MAL+MRG >4 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11640 | T | EXC F/E/E/N/L MAL+MRG 0.5CM< | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11641 | T | EXC F/E/E/N/L MAL+MRG 0.6-1 | | 05072 | 6.5194 | APC | $369.26 | | | |
| 11642 | T | EXC F/E/E/N/L MAL+MRG 1.1-2 | | 05072 | 6.5194 | APC | $369.26 | | | |
| 11643 | T | EXC F/E/E/N/L MAL+MRG 2.1-3 | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11644 | T | EXC F/E/E/N/L MAL+MRG 3.1-4 | | 05073 | 12.7769 | APC | $723.68 | | | |
| 11646 | T | EXC F/E/E/N/L MAL+MRG >4 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11719 | N | TRIM NAIL(S) ANY NUMBER | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 11720 | N | DEBRIDE NAIL 1-5 | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 11721 | N | DEBRIDE NAIL 6 OR MORE | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 11730 | N | REMOVAL OF NAIL PLATE | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 11732 | N | REMOVE NAIL PLATE ADD-ON | | | | Bundled | $0.00 | | | |
| 11740 | N | DRAIN BLOOD FROM UNDER NAIL | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 11750 | T | REMOVAL OF NAIL BED | | 05071 | 3.0962 | APC | $175.37 | | | |
| 11752 | T | REMOVE NAIL BED/TIP | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11755 | T | BIOPSY NAIL UNIT | | 05072 | 6.5194 | APC | $369.26 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 11760 | T | REPAIR OF NAIL BED | | 05053 | 5.8144 | APC | $329.33 | | | |
| 11762 | T | RECONSTRUCTION OF NAIL BED | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 11765 | N | EXCISION OF NAIL FOLD TOE | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 11770 | T | REMOVE PILONIDAL CYST SIMPLE | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11771 | T | REMOVE PILONIDAL CYST EXTEN | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11772 | T | REMOVE PILONIDAL CYST COMPL | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 11900 | N | INJECT SKIN LESIONS </W 7 | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 11901 | N | INJECT SKIN LESIONS >7 | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 11920 | T | CORRECT SKIN COLOR 6.0 CM/< | | 05053 | 5.8144 | APC | $329.33 | | | |
| 11921 | T | CORRECT SKN COLOR 6.1-20.0CM | | 05053 | 5.8144 | APC | $329.33 | | | |
| 11922 | N | CORRECT SKIN COLOR EA 20.0CM | | | | Bundled | $0.00 | | | |
| 11950 | E | TX CONTOUR DEFECTS 1 CC/< | | | | Not Allowed | $0.00 | | | |
| 11951 | E | TX CONTOUR DEFECTS 1.1-5.0CC | | | | Not Allowed | $0.00 | | | |
| 11952 | E | TX CONTOUR DEFECTS 5.1-10CC | | | | Not Allowed | $0.00 | | | |
| 11954 | E | TX CONTOUR DEFECTS >10.0 CC | | | | Not Allowed | $0.00 | | | |
| 11960 | T | INSERT TISSUE EXPANDER(S) | | 05055 | 28.9928 | APC | $1,642.15 | | | Y |
| 11970 | N | REPLACE TISSUE EXPANDER | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | Y |
| 11971 | N | REMOVE TISSUE EXPANDER(S) | | 05074 | 19.1832 | Bundled, sometimes payable | $1,086.54 | | | Y |
| 11976 | N | REMOVE CONTRACEPTIVE CAPSULE | | 05071 | 3.0962 | Bundled, sometimes payable | $175.37 | | | |
| 11980 | N | IMPLANT HORMONE PELLET(S) | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 11981 | N | INSERT DRUG IMPLANT DEVICE | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 11982 | N | REMOVE DRUG IMPLANT DEVICE | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 11983 | N | REMOVE/INSERT DRUG IMPLANT | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 12001 | N | RPR S/N/AX/GEN/TRNK 2.5CM/< | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12002 | N | RPR S/N/AX/GEN/TRNK2.6-7.5CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12004 | N | RPR S/N/AX/GEN/TRK7.6-12.5CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12005 | N | RPR S/N/A/GEN/TRK12.6-20.0CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12006 | N | RPR S/N/A/GEN/TRK20.1-30.0CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12007 | T | RPR S/N/AX/GEN/TRNK >30.0 CM | | 05052 | 3.0594 | APC | $173.28 | | | |
| 12011 | N | RPR F/E/E/N/L/M 2.5 CM/< | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12013 | N | RPR F/E/E/N/L/M 2.6-5.0 CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12014 | N | RPR F/E/E/N/L/M 5.1-7.5 CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12015 | N | RPR F/E/E/N/L/M 7.6-12.5 CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12016 | N | RPR FE/E/EN/L/M 12.6-20.0 CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12017 | N | RPR FE/E/EN/L/M 20.1-30.0 CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12018 | N | RPR F/E/E/N/L/M >30.0 CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12020 | T | CLOSURE OF SPLIT WOUND | | 05053 | 5.8144 | APC | $329.33 | | | |
| 12021 | T | CLOSURE OF SPLIT WOUND | | 05053 | 5.8144 | APC | $329.33 | | | |
| 12031 | T | INTMD RPR S/A/T/EXT 2.5 CM/< | | 05052 | 3.0594 | APC | $173.28 | | | |
| 12032 | T | INTMD RPR S/A/T/EXT 2.6-7.5 | | 05052 | 3.0594 | APC | $173.28 | | | |
| 12034 | T | INTMD RPR S/TR/EXT 7.6-12.5 | | 05052 | 3.0594 | APC | $173.28 | | | |
| 12035 | T | INTMD RPR S/A/T/EXT 12.6-20 | | 05052 | 3.0594 | APC | $173.28 | | | |
| 12036 | T | INTMD RPR S/A/T/EXT 20.1-30 | | 05053 | 5.8144 | APC | $329.33 | | | |
| 12037 | T | INTMD RPR S/TR/EXT >30.0 CM | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 12041 | N | INTMD RPR N-HF/GENIT 2.5CM/< | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12042 | T | INTMD RPR N-HF/GENIT2.6-7.5 | | 05052 | 3.0594 | APC | $173.28 | | | |
| 12044 | T | INTMD RPR N-HF/GENIT7.6-12.5 | | 05052 | 3.0594 | APC | $173.28 | | | |
| 12045 | T | INTMD RPR N-HF/GENIT12.6-20 | | 05052 | 3.0594 | APC | $173.28 | | | |
| 12046 | T | INTMD RPR N-HF/GENIT20.1-30 | | 05052 | 3.0594 | APC | $173.28 | | | |
| 12047 | T | INTMD RPR N-HF/GENIT >30.0CM | | 05053 | 5.8144 | APC | $329.33 | | | |
| 12051 | T | INTMD RPR FACE/MM 2.5 CM/< | | 05052 | 3.0594 | APC | $173.28 | | | |
| 12052 | T | INTMD RPR FACE/MM 2.6-5.0 CM | | 05052 | 3.0594 | APC | $173.28 | | | |
| 12053 | T | INTMD RPR FACE/MM 5.1-7.5 CM | | 05052 | 3.0594 | APC | $173.28 | | | |
| 12054 | N | INTMD RPR FACE/MM 7.6-12.5CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12055 | T | INTMD RPR FACE/MM 12.6-20 CM | | 05052 | 3.0594 | APC | $173.28 | | | |
| 12056 | N | INTMD RPR FACE/MM 20.1-30.0 | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 12057 | T | INTMD RPR FACE/MM >30.0 CM | | 05052 | 3.0594 | APC | $173.28 | | | |
| 13100 | T | CMPLX RPR TRUNK 1.1-2.5 CM | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 13101 | T | CMPLX RPR TRUNK 2.6-7.5 CM | | 05053 | 5.8144 | APC | $329.33 | | | |
| 13102 | N | CMPLX RPR TRUNK ADDL 5CM/< | | | | Bundled | $0.00 | | | |
| 13120 | T | CMPLX RPR S/A/L 1.1-2.5 CM | | 05053 | 5.8144 | APC | $329.33 | | | |
| 13121 | T | CMPLX RPR S/A/L 2.6-7.5 CM | | 05053 | 5.8144 | APC | $329.33 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 13122 | N | CMPLX RPR S/A/L ADDL 5 CM/> | | | | Bundled | $0.00 | | | |
| 13131 | T | CMPLX RPR F/C/C/M/N/AX/G/H/F | | 05053 | 5.8144 | APC | $329.33 | | | |
| 13132 | T | CMPLX RPR F/C/C/M/N/AX/G/H/F | | 05053 | 5.8144 | APC | $329.33 | | | |
| 13133 | N | CMPLX RPR F/C/C/M/N/AX/G/H/F | | | | Bundled | $0.00 | | | |
| 13151 | T | CMPLX RPR E/N/E/L 1.1-2.5 CM | | 05053 | 5.8144 | APC | $329.33 | | | |
| 13152 | T | CMPLX RPR E/N/E/L 2.6-7.5 CM | | 05053 | 5.8144 | APC | $329.33 | | | |
| 13153 | N | CMPLX RPR E/N/E/L ADDL 5CM/< | | | | Bundled | $0.00 | | | |
| 13160 | T | LATE CLOSURE OF WOUND | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 14000 | T | TIS TRNFR TRUNK 10 SQ CM/< | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 14001 | T | TIS TRNFR TRUNK 10.1-30SQCM | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 14020 | T | TIS TRNFR S/A/L 10 SQ CM/< | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 14021 | T | TIS TRNFR S/A/L 10.1-30 SQCM | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 14040 | T | TIS TRNFR F/C/C/M/N/A/G/H/F | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 14041 | T | TIS TRNFR F/C/C/M/N/A/G/H/F | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 14060 | T | TIS TRNFR E/N/E/L 10 SQ CM/< | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 14061 | T | TIS TRNFR E/N/E/L10.1-30SQCM | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 14301 | T | TIS TRNFR ANY 30.1-60 SQ CM | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 14302 | N | TIS TRNFR ADDL 30 SQ CM/< | | | | Bundled | $0.00 | | | |
| 14350 | T | FILLETED FINGER/TOE FLAP | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15002 | T | WOUND PREP TRK/ARM/LEG | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15003 | N | WOUND PREP ADDL 100 CM | | | | Bundled | $0.00 | | | |
| 15004 | T | WOUND PREP F/N/HF/G | | 05053 | 5.8144 | APC | $329.33 | | | |
| 15005 | N | WND PREP F/N/HF/G ADDL CM | | | | Bundled | $0.00 | | | |
| 15040 | T | HARVEST CULTURED SKIN GRAFT | | 05053 | 5.8144 | APC | $329.33 | | | |
| 15050 | T | SKIN PINCH GRAFT | | 05053 | 5.8144 | APC | $329.33 | | | |
| 15100 | T | SKIN SPLT GRFT TRNK/ARM/LEG | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15101 | N | SKIN SPLT GRFT T/A/L ADD-ON | | | | Bundled | $0.00 | | | |
| 15110 | T | EPIDRM AUTOGRFT TRNK/ARM/LEG | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15111 | N | EPIDRM AUTOGRFT T/A/L ADD-ON | | | | Bundled | $0.00 | | | |
| 15115 | T | EPIDRM A-GRFT FACE/NCK/HF/G | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15116 | N | EPIDRM A-GRFT F/N/HF/G ADDL | | | | Bundled | $0.00 | | | |
| 15120 | T | SKN SPLT A-GRFT FAC/NCK/HF/G | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15121 | N | SKN SPLT A-GRFT F/N/HF/G ADD | | | | Bundled | $0.00 | | | |
| 15130 | T | DERM AUTOGRAFT TRNK/ARM/LEG | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15131 | N | DERM AUTOGRAFT T/A/L ADD-ON | | | | Bundled | $0.00 | | | |
| 15135 | T | DERM AUTOGRAFT FACE/NCK/HF/G | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15136 | N | DERM AUTOGRAFT F/N/HF/G ADD | | | | Bundled | $0.00 | | | |
| 15150 | T | CULT SKIN GRFT T/ARM/LEG | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15151 | N | CULT SKIN GRFT T/A/L ADDL | | | | Bundled | $0.00 | | | |
| 15152 | N | CULT SKIN GRAFT T/A/L +% | | | | Bundled | $0.00 | | | |
| 15155 | T | CULT SKIN GRAFT F/N/HF/G | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15156 | N | CULT SKIN GRFT F/N/HFG ADD | | | | Bundled | $0.00 | | | |
| 15157 | N | CULT EPIDERM GRFT F/N/HFG +% | | | | Bundled | $0.00 | | | |
| 15200 | T | SKIN FULL GRAFT TRUNK | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15201 | N | SKIN FULL GRAFT TRUNK ADD-ON | | | | Bundled | $0.00 | | | |
| 15220 | T | SKIN FULL GRAFT SCLP/ARM/LEG | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15221 | N | SKIN FULL GRAFT ADD-ON | | | | Bundled | $0.00 | | | |
| 15240 | T | SKIN FULL GRFT FACE/GENIT/HF | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15241 | N | SKIN FULL GRAFT ADD-ON | | | | Bundled | $0.00 | | | |
| 15260 | T | SKIN FULL GRAFT EEN & LIPS | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15261 | N | SKIN FULL GRAFT ADD-ON | | | | Bundled | $0.00 | | | |
| 15271 | T | SKIN SUB GRAFT TRNK/ARM/LEG | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15272 | N | SKIN SUB GRAFT T/A/L ADD-ON | | | | Bundled | $0.00 | | | |
| 15273 | T | SKIN SUB GRFT T/ARM/LG CHILD | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15274 | N | SKN SUB GRFT T/A/L CHILD ADD | | | | Bundled | $0.00 | | | |
| 15275 | T | SKIN SUB GRAFT FACE/NK/HF/G | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15276 | N | SKIN SUB GRAFT F/N/HF/G ADDL | | | | Bundled | $0.00 | | | |
| 15277 | T | SKN SUB GRFT F/N/HF/G CHILD | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15278 | N | SKN SUB GRFT F/N/HF/G CH ADD | | | | Bundled | $0.00 | | | |
| 15570 | T | SKIN PEDICLE FLAP TRUNK | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15572 | T | SKIN PEDICLE FLAP ARMS/LEGS | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15574 | T | PEDCLE FH/CH/CH/M/N/AX/G/H/F | | 05054 | 19.1415 | APC | $1,084.17 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 15576 | T | PEDICLE E/N/E/L/NTRORAL | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15600 | T | DELAY FLAP TRUNK | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15610 | T | DELAY FLAP ARMS/LEGS | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15620 | T | DELAY FLAP F/C/C/N/AX/G/H/F | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15630 | T | DELAY FLAP EYE/NOS/EAR/LIP | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15650 | T | TRANSFER SKIN PEDICLE FLAP | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15731 | T | FOREHEAD FLAP W/VASC PEDICLE | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15732 | T | MUSCLE-SKIN GRAFT HEAD/NECK | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15734 | T | MUSCLE-SKIN GRAFT TRUNK | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15736 | T | MUSCLE-SKIN GRAFT ARM | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15738 | T | MUSCLE-SKIN GRAFT LEG | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15740 | T | ISLAND PEDICLE FLAP GRAFT | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15750 | T | NEUROVASCULAR PEDICLE FLAP | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15756 | C | FREE MYO/SKIN FLAP MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 15757 | C | FREE SKIN FLAP MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 15758 | C | FREE FASCIAL FLAP MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 15760 | T | COMPOSITE SKIN GRAFT | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15770 | T | DERMA-FAT-FASCIA GRAFT | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15775 | E | HAIR TRNSPL 1-15 PUNCH GRFTS | | | | Not Allowed | $0.00 | | | |
| 15776 | E | HAIR TRNSPL >15 PUNCH GRAFTS | | | | Not Allowed | $0.00 | | | |
| 15777 | N | ACELLULAR DERM MATRIX IMPLT | | | | Bundled | $0.00 | | | |
| 15780 | E | DERMABRASION TOTAL FACE | | | | Not Allowed | $0.00 | | | |
| 15781 | E | DERMABRASION SEGMENTAL FACE | | | | Not Allowed | $0.00 | | | |
| 15782 | E | DERMABRASION OTHER THAN FACE | | | | Not Allowed | $0.00 | | | |
| 15783 | E | DERMABRASION SUPRFL ANY SITE | | | | Not Allowed | $0.00 | | | |
| 15786 | E | ABRASION LESION SINGLE | | | | Not Allowed | $0.00 | | | |
| 15787 | E | ABRASION LESIONS ADD-ON | | | | Not Allowed | $0.00 | | | |
| 15788 | E | CHEMICAL PEEL FACE EPIDERM | | | | Not Allowed | $0.00 | | | |
| 15789 | E | CHEMICAL PEEL FACE DERMAL | | | | Not Allowed | $0.00 | | | |
| 15792 | E | CHEMICAL PEEL NONFACIAL | | | | Not Allowed | $0.00 | | | |
| 15793 | E | CHEMICAL PEEL NONFACIAL | | | | Not Allowed | $0.00 | | | |
| 15819 | E | PLASTIC SURGERY NECK | | | | Not Allowed | $0.00 | | | |
| 15820 | T | REVISION OF LOWER EYELID | | 05054 | 19.1415 | APC | $1,084.17 | | | Y |
| 15821 | T | REVISION OF LOWER EYELID | | 05054 | 19.1415 | APC | $1,084.17 | | | Y |
| 15822 | T | REVISION OF UPPER EYELID | | 05054 | 19.1415 | APC | $1,084.17 | | | Y |
| 15823 | T | REVISION OF UPPER EYELID | | 05054 | 19.1415 | APC | $1,084.17 | | | Y |
| 15824 | E | REMOVAL OF FOREHEAD WRINKLES | | | | Not Allowed | $0.00 | | | |
| 15825 | E | REMOVAL OF NECK WRINKLES | | | | Not Allowed | $0.00 | | | |
| 15826 | E | REMOVAL OF BROW WRINKLES | | | | Not Allowed | $0.00 | | | |
| 15828 | E | REMOVAL OF FACE WRINKLES | | | | Not Allowed | $0.00 | | | |
| 15829 | E | REMOVAL OF SKIN WRINKLES | | | | Not Allowed | $0.00 | | | |
| 15830 | T | EXC SKIN ABD | | 05092 | 49.4684 | APC | $2,801.89 | | | Y |
| 15832 | T | EXCISE EXCESSIVE SKIN THIGH | | 05074 | 19.1832 | APC | $1,086.54 | | | Y |
| 15833 | T | EXCISE EXCESSIVE SKIN LEG | | 05074 | 19.1832 | APC | $1,086.54 | | | Y |
| 15834 | T | EXCISE EXCESSIVE SKIN HIP | | 05074 | 19.1832 | APC | $1,086.54 | | | Y |
| 15835 | T | EXCISE EXCESSIVE SKIN BUTTCK | | 05074 | 19.1832 | APC | $1,086.54 | | | Y |
| 15836 | T | EXCISE EXCESSIVE SKIN ARM | | 05074 | 19.1832 | APC | $1,086.54 | | | Y |
| 15837 | T | EXCISE EXCESS SKIN ARM/HAND | | 05074 | 19.1832 | APC | $1,086.54 | | | Y |
| 15838 | T | EXCISE EXCESS SKIN FAT PAD | | 05074 | 19.1832 | APC | $1,086.54 | | | Y |
| 15839 | T | EXCISE EXCESS SKIN & TISSUE | | 05074 | 19.1832 | APC | $1,086.54 | | | Y |
| 15840 | T | NERVE PALSY FASCIAL GRAFT | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15841 | T | NERVE PALSY MUSCLE GRAFT | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15842 | T | NERVE PALSY MICROSURG GRAFT | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15845 | T | SKIN AND MUSCLE REPAIR FACE | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15847 | N | EXC SKIN ABD ADD-ON | | | | Bundled | $0.00 | | | |
| 15850 | T | REMOVE SUTURES SAME SURGEON | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15851 | T | REMOVE SUTURES DIFF SURGEON | | 05053 | 5.8144 | APC | $329.33 | | | |
| 15852 | N | DRESSING CHANGE NOT FOR BURN | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 15860 | N | TEST FOR BLOOD FLOW IN GRAFT | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 15876 | E | SUCTION LIPECTOMY HEAD&NECK | | | | Not Allowed | $0.00 | | | |
| 15877 | E | SUCTION LIPECTOMY TRUNK | | | | Not Allowed | $0.00 | | | |
| 15878 | E | SUCTION LIPECTOMY UPR EXTREM | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 15879 | E | SUCTION LIPECTOMY LWR EXTREM | | | | Not Allowed | $0.00 | | | |
| 15920 | T | REMOVAL OF TAIL BONE ULCER | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 15922 | T | REMOVAL OF TAIL BONE ULCER | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15931 | T | REMOVE SACRUM PRESSURE SORE | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 15933 | T | REMOVE SACRUM PRESSURE SORE | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 15934 | T | REMOVE SACRUM PRESSURE SORE | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15935 | T | REMOVE SACRUM PRESSURE SORE | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15936 | T | REMOVE SACRUM PRESSURE SORE | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15937 | T | REMOVE SACRUM PRESSURE SORE | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15940 | T | REMOVE HIP PRESSURE SORE | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 15941 | T | REMOVE HIP PRESSURE SORE | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 15944 | T | REMOVE HIP PRESSURE SORE | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15945 | T | REMOVE HIP PRESSURE SORE | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15946 | T | REMOVE HIP PRESSURE SORE | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15950 | T | REMOVE THIGH PRESSURE SORE | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 15951 | T | REMOVE THIGH PRESSURE SORE | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 15952 | T | REMOVE THIGH PRESSURE SORE | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15953 | T | REMOVE THIGH PRESSURE SORE | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 15956 | T | REMOVE THIGH PRESSURE SORE | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15958 | T | REMOVE THIGH PRESSURE SORE | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 15999 | T | REMOVAL OF PRESSURE SORE | | 05071 | 3.0962 | APC | $175.37 | | | |
| 16000 | N | INITIAL TREATMENT OF BURN(S) | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 16020 | N | DRESS/DEBRID P-THICK BURN S | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 16025 | T | DRESS/DEBRID P-THICK BURN M | | 05052 | 3.0594 | APC | $173.28 | | | |
| 16030 | T | DRESS/DEBRID P-THICK BURN L | | 05052 | 3.0594 | APC | $173.28 | | | |
| 16035 | T | INCISION OF BURN SCAB INITI | | 05053 | 5.8144 | APC | $329.33 | | | |
| 16036 | C | ESCHAROTOMY ADDL INCISION | | | | Inpatient Only | $0.00 | | | |
| 17000 | N | DESTRUCT PREMALG LESION | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 17003 | N | DESTRUCT PREMALG LES 2-14 | | | | Bundled | $0.00 | | | |
| 17004 | T | DESTROY PREMAL LESIONS 15/> | | 05052 | 3.0594 | APC | $173.28 | | | |
| 17106 | T | DESTRUCTION OF SKIN LESIONS | | 05053 | 5.8144 | APC | $329.33 | | | |
| 17107 | T | DESTRUCTION OF SKIN LESIONS | | 05053 | 5.8144 | APC | $329.33 | | | |
| 17108 | T | DESTRUCTION OF SKIN LESIONS | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 17110 | N | DESTRUCT B9 LESION 1-14 | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 17111 | N | DESTRUCT LESION 15 OR MORE | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 17250 | N | CHEMICAL CAUTERY TISSUE | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 17260 | N | DESTRUCTION OF SKIN LESIONS | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 17261 | N | DESTRUCTION OF SKIN LESIONS | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 17262 | N | DESTRUCTION OF SKIN LESIONS | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 17263 | N | DESTRUCTION OF SKIN LESIONS | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 17264 | T | DESTRUCTION OF SKIN LESIONS | | 05052 | 3.0594 | APC | $173.28 | | | |
| 17266 | T | DESTRUCTION OF SKIN LESIONS | | 05053 | 5.8144 | APC | $329.33 | | | |
| 17270 | T | DESTRUCTION OF SKIN LESIONS | | 05052 | 3.0594 | APC | $173.28 | | | |
| 17271 | T | DESTRUCTION OF SKIN LESIONS | | 05052 | 3.0594 | APC | $173.28 | | | |
| 17272 | N | DESTRUCTION OF SKIN LESIONS | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 17273 | T | DESTRUCTION OF SKIN LESIONS | | 05052 | 3.0594 | APC | $173.28 | | | |
| 17274 | T | DESTRUCTION OF SKIN LESIONS | | 05053 | 5.8144 | APC | $329.33 | | | |
| 17276 | T | DESTRUCTION OF SKIN LESIONS | | 05053 | 5.8144 | APC | $329.33 | | | |
| 17280 | N | DESTRUCTION OF SKIN LESIONS | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 17281 | T | DESTRUCTION OF SKIN LESIONS | | 05052 | 3.0594 | APC | $173.28 | | | |
| 17282 | T | DESTRUCTION OF SKIN LESIONS | | 05052 | 3.0594 | APC | $173.28 | | | |
| 17283 | T | DESTRUCTION OF SKIN LESIONS | | 05052 | 3.0594 | APC | $173.28 | | | |
| 17284 | T | DESTRUCTION OF SKIN LESIONS | | 05052 | 3.0594 | APC | $173.28 | | | |
| 17286 | T | DESTRUCTION OF SKIN LESIONS | | 05052 | 3.0594 | APC | $173.28 | | | |
| 17311 | T | MOHS 1 STAGE H/N/HF/G | | 05053 | 5.8144 | APC | $329.33 | | | |
| 17312 | N | MOHS ADDL STAGE | | | | Bundled | $0.00 | | | |
| 17313 | T | MOHS 1 STAGE T/A/L | | 05053 | 5.8144 | APC | $329.33 | | | |
| 17314 | N | MOHS ADDL STAGE T/A/L | | | | Bundled | $0.00 | | | |
| 17315 | N | MOHS SURG ADDL BLOCK | | | | Bundled | $0.00 | | | |
| 17340 | N | CRYOTHERAPY OF SKIN | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 17360 | N | SKIN PEEL THERAPY | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 17380 | E | HAIR REMOVAL BY ELECTROLYSIS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 17999 | N | SKIN TISSUE PROCEDURE | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 19000 | T | DRAINAGE OF BREAST LESION | | 05072 | 6.5194 | APC | $369.26 | | | |
| 19001 | N | DRAIN BREAST LESION ADD-ON | | | | Bundled | $0.00 | | | |
| 19020 | T | INCISION OF BREAST LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 19030 | N | INJECTION FOR BREAST X-RAY | | | | Bundled | $0.00 | | | |
| 19081 | T | BX BREAST 1ST LESION STRTCTC | | 05073 | 12.7769 | APC | $723.68 | | | |
| 19082 | N | BX BREAST ADD LESION STRTCTC | | | | Bundled | $0.00 | | | |
| 19083 | T | BX BREAST 1ST LESION US IMAG | | 05073 | 12.7769 | APC | $723.68 | | | |
| 19084 | N | BX BREAST ADD LESION US IMAG | | | | Bundled | $0.00 | | | |
| 19085 | T | BX BREAST 1ST LESION MR IMAG | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 19086 | N | BX BREAST ADD LESION MR IMAG | | | | Bundled | $0.00 | | | |
| 19100 | T | BX BREAST PERCUT W/O IMAGE | | 05073 | 12.7769 | APC | $723.68 | | | |
| 19101 | T | BIOPSY OF BREAST OPEN | | 05091 | 29.6771 | APC | $1,680.91 | | | |
| 19105 | T | CRYOSURG ABLATE FA EACH | | 05092 | 49.4684 | APC | $2,801.89 | | | |
| 19110 | T | NIPPLE EXPLORATION | | 05091 | 29.6771 | APC | $1,680.91 | | | |
| 19112 | T | EXCISE BREAST DUCT FISTULA | | 05091 | 29.6771 | APC | $1,680.91 | | | |
| 19120 | T | REMOVAL OF BREAST LESION | | 05091 | 29.6771 | APC | $1,680.91 | | | |
| 19125 | T | EXCISION BREAST LESION | | 05091 | 29.6771 | APC | $1,680.91 | | | |
| 19126 | N | EXCISION ADDL BREAST LESION | | | | Bundled | $0.00 | | | |
| 19260 | T | REMOVAL OF CHEST WALL LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 19271 | C | REVISION OF CHEST WALL | | | | Inpatient Only | $0.00 | | | |
| 19272 | C | EXTENSIVE CHEST WALL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 19281 | N | PERQ DEVICE BREAST 1ST IMAG | | 05072 | 6.5194 | Bundled, sometimes payable | $369.26 | | | |
| 19282 | N | PERQ DEVICE BREAST EA IMAG | | | | Bundled | $0.00 | | | |
| 19283 | N | PERQ DEV BREAST 1ST STRTCTC | | 05072 | 6.5194 | Bundled, sometimes payable | $369.26 | | | |
| 19284 | N | PERQ DEV BREAST ADD STRTCTC | | | | Bundled | $0.00 | | | |
| 19285 | N | PERQ DEV BREAST 1ST US IMAG | | 05072 | 6.5194 | Bundled, sometimes payable | $369.26 | | | |
| 19286 | N | PERQ DEV BREAST ADD US IMAG | | | | Bundled | $0.00 | | | |
| 19287 | N | PERQ DEV BREAST 1ST MR GUIDE | | 05072 | 6.5194 | Bundled, sometimes payable | $369.26 | | | |
| 19288 | N | PERQ DEV BREAST ADD MR GUIDE | | | | Bundled | $0.00 | | | |
| 19296 | N | PLACE PO BREAST CATH FOR RAD | | 05093 | 102.5127 | Bundled, sometimes payable | $5,806.32 | | | |
| 19297 | N | PLACE BREAST CATH FOR RAD | | | | Bundled | $0.00 | | | |
| 19298 | N | PLACE BREAST RAD TUBE/CATHS | | 05093 | 102.5127 | Bundled, sometimes payable | $5,806.32 | | | |
| 19300 | T | REMOVAL OF BREAST TISSUE | | 05091 | 29.6771 | APC | $1,680.91 | | | Y |
| 19301 | T | PARTIAL MASTECTOMY | | 05091 | 29.6771 | APC | $1,680.91 | | | Y |
| 19302 | T | P-MASTECTOMY W/LN REMOVAL | | 05092 | 49.4684 | APC | $2,801.89 | | | Y |
| 19303 | T | MAST SIMPLE COMPLETE | | 05092 | 49.4684 | APC | $2,801.89 | | | Y |
| 19304 | T | MAST SUBQ | | 05091 | 29.6771 | APC | $1,680.91 | | | Y |
| 19305 | C | MAST RADICAL | | | | Inpatient Only | $0.00 | | | Y |
| 19306 | C | MAST RAD URBAN TYPE | | | | Inpatient Only | $0.00 | | | Y |
| 19307 | T | MAST MOD RAD | | 05092 | 49.4684 | APC | $2,801.89 | | | Y |
| 19316 | T | SUSPENSION OF BREAST | | 05092 | 49.4684 | APC | $2,801.89 | | | Y |
| 19318 | T | REDUCTION OF LARGE BREAST | | 05092 | 49.4684 | APC | $2,801.89 | | | Y |
| 19324 | T | ENLARGE BREAST | | 05092 | 49.4684 | APC | $2,801.89 | | | Y |
| 19325 | N | ENLARGE BREAST WITH IMPLANT | | 05093 | 102.5127 | Bundled, sometimes payable | $5,806.32 | | | Y |
| 19328 | N | REMOVAL OF BREAST IMPLANT | | 05091 | 29.6771 | Bundled, sometimes payable | $1,680.91 | | | Y |
| 19330 | N | REMOVAL OF IMPLANT MATERIAL | | 05091 | 29.6771 | Bundled, sometimes payable | $1,680.91 | | | Y |
| 19340 | T | IMMEDIATE BREAST PROSTHESIS | | 05092 | 49.4684 | APC | $2,801.89 | | | Y |
| 19342 | N | DELAYED BREAST PROSTHESIS | | 05093 | 102.5127 | Bundled, sometimes payable | $5,806.32 | | | Y |
| 19350 | T | BREAST RECONSTRUCTION | | 05091 | 29.6771 | APC | $1,680.91 | | | Y |
| 19355 | E | CORRECT INVERTED NIPPLE(S) | | | | Not Allowed | $0.00 | | | |
| 19357 | N | BREAST RECONSTRUCTION | | 05093 | 102.5127 | Bundled, sometimes payable | $5,806.32 | | | Y |
| 19361 | C | BREAST RECONSTR W/LAT FLAP | | | | Inpatient Only | $0.00 | | | Y |
| 19364 | C | BREAST RECONSTRUCTION | | | | Inpatient Only | $0.00 | | | Y |
| 19366 | T | BREAST RECONSTRUCTION | | 05092 | 49.4684 | APC | $2,801.89 | | | Y |
| 19367 | C | BREAST RECONSTRUCTION | | | | Inpatient Only | $0.00 | | | Y |
| 19368 | C | BREAST RECONSTRUCTION | | | | Inpatient Only | $0.00 | | | Y |
| 19369 | C | BREAST RECONSTRUCTION | | | | Inpatient Only | $0.00 | | | Y |
| 19370 | T | SURGERY OF BREAST CAPSULE | | 05092 | 49.4684 | APC | $2,801.89 | | | Y |
| 19371 | T | REMOVAL OF BREAST CAPSULE | | 05091 | 29.6771 | APC | $1,680.91 | | | Y |
| 19380 | T | REVISE BREAST RECONSTRUCTION | | 05092 | 49.4684 | APC | $2,801.89 | | | Y |
| 19396 | T | DESIGN CUSTOM BREAST IMPLANT | | 05091 | 29.6771 | APC | $1,680.91 | | | Y |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 19499 | T | BREAST SURGERY PROCEDURE | | 05091 | 29.6771 | APC | $1,680.91 | | | Y |
| 20005 | T | I&D ABSCESS SUBFASCIAL | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 20100 | T | EXPLORE WOUND NECK | | 05163 | 9.3541 | APC | $529.82 | | | |
| 20101 | T | EXPLORE WOUND CHEST | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 20102 | T | EXPLORE WOUND ABDOMEN | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 20103 | T | EXPLORE WOUND EXTREMITY | | 05073 | 12.7769 | APC | $723.68 | | | |
| 20150 | T | EXCISE EPIPHYSEAL BAR | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 20200 | T | MUSCLE BIOPSY | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 20205 | T | DEEP MUSCLE BIOPSY | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 20206 | T | NEEDLE BIOPSY MUSCLE | | 05073 | 12.7769 | APC | $723.68 | | | |
| 20220 | T | BONE BIOPSY TROCAR/NEEDLE | | 05073 | 12.7769 | APC | $723.68 | | | |
| 20225 | T | BONE BIOPSY TROCAR/NEEDLE | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 20240 | T | BONE BIOPSY EXCISIONAL | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 20245 | T | BONE BIOPSY EXCISIONAL | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 20250 | T | OPEN BONE BIOPSY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 20251 | T | OPEN BONE BIOPSY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 20500 | T | INJECTION OF SINUS TRACT | | 05163 | 9.3541 | APC | $529.82 | | | |
| 20501 | N | INJECT SINUS TRACT FOR X-RAY | | | | Bundled | $0.00 | | | |
| 20520 | T | REMOVAL OF FOREIGN BODY | | 05073 | 12.7769 | APC | $723.68 | | | |
| 20525 | T | REMOVAL OF FOREIGN BODY | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 20526 | T | THER INJECTION CARP TUNNEL | | 05441 | 3.0350 | APC | $171.90 | | | |
| 20527 | T | INJ DUPUYTREN CORD W/ENZYME | | 05441 | 3.0350 | APC | $171.90 | | | |
| 20550 | T | INJ TENDON SHEATH/LIGAMENT | | 05441 | 3.0350 | APC | $171.90 | | | |
| 20551 | T | INJ TENDON ORIGIN/INSERTION | | 05441 | 3.0350 | APC | $171.90 | | | |
| 20552 | T | INJ TRIGGER POINT 1/2 MUSCL | | 05441 | 3.0350 | APC | $171.90 | | | |
| 20553 | T | INJECT TRIGGER POINTS 3/> | | 05441 | 3.0350 | APC | $171.90 | | | |
| 20555 | T | PLACE NDL MUSC/TIS FOR RT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 20600 | T | DRAIN/INJ JOINT/BURSA W/O US | | 05441 | 3.0350 | APC | $171.90 | | | |
| 20604 | T | DRAIN/INJ JOINT/BURSA W/US | | 05441 | 3.0350 | APC | $171.90 | | | |
| 20605 | T | DRAIN/INJ JOINT/BURSA W/O US | | 05441 | 3.0350 | APC | $171.90 | | | |
| 20606 | T | DRAIN/INJ JOINT/BURSA W/US | | 05441 | 3.0350 | APC | $171.90 | | | |
| 20610 | T | DRAIN/INJ JOINT/BURSA W/O US | | 05441 | 3.0350 | APC | $171.90 | | | |
| 20611 | T | DRAIN/INJ JOINT/BURSA W/US | | 05441 | 3.0350 | APC | $171.90 | | | |
| 20612 | T | ASPIRATE/INJ GANGLION CYST | | 05441 | 3.0350 | APC | $171.90 | | | |
| 20615 | T | TREATMENT OF BONE CYST | | 05073 | 12.7769 | APC | $723.68 | | | |
| 20650 | T | INSERT AND REMOVE BONE PIN | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 20660 | N | APPLY REM FIXATION DEVICE | | 05113 | 14.8722 | Bundled, sometimes payable | $842.36 | | | |
| 20661 | C | APPLICATION OF HEAD BRACE | | | | Inpatient Only | $0.00 | | | |
| 20662 | T | APPLICATION OF PELVIS BRACE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 20663 | T | APPLICATION OF THIGH BRACE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 20664 | C | APPLICATION OF HALO | | | | Inpatient Only | $0.00 | | | |
| 20665 | N | REMOVAL OF FIXATION DEVICE | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 20670 | N | REMOVAL OF SUPPORT IMPLANT | | 05074 | 19.1832 | Bundled, sometimes payable | $1,086.54 | | | |
| 20680 | N | REMOVAL OF SUPPORT IMPLANT | | 05074 | 19.1832 | Bundled, sometimes payable | $1,086.54 | | | |
| 20690 | N | APPLY BONE FIXATION DEVICE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 20692 | N | APPLY BONE FIXATION DEVICE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 20693 | T | ADJUST BONE FIXATION DEVICE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 20694 | N | REMOVE BONE FIXATION DEVICE | | 05121 | 19.7390 | Bundled, sometimes payable | $1,118.02 | | | |
| 20696 | N | COMP MULTIPLANE EXT FIXATION | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 20697 | T | COMP EXT FIXATE STRUT CHANGE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 20802 | C | REPLANTATION ARM COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 20805 | C | REPLANT FOREARM COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 20808 | C | REPLANTATION HAND COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 20816 | C | REPLANTATION DIGIT COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 20822 | T | REPLANTATION DIGIT COMPLETE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 20824 | C | REPLANTATION THUMB COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 20827 | C | REPLANTATION THUMB COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 20838 | C | REPLANTATION FOOT COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 20900 | T | REMOVAL OF BONE FOR GRAFT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 20902 | N | REMOVAL OF BONE FOR GRAFT | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 20910 | T | REMOVE CARTILAGE FOR GRAFT | | 05053 | 5.8144 | APC | $329.33 | | | |
| 20912 | T | REMOVE CARTILAGE FOR GRAFT | | 05055 | 28.9928 | APC | $1,642.15 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 20920 | T | REMOVAL OF FASCIA FOR GRAFT | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 20922 | T | REMOVAL OF FASCIA FOR GRAFT | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 20924 | T | REMOVAL OF TENDON FOR GRAFT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 20926 | T | REMOVAL OF TISSUE FOR GRAFT | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 20930 | N | SP BONE ALGRFT MORSEL ADD-ON | | | | Bundled | $0.00 | | | |
| 20931 | N | SP BONE ALGRFT STRUCT ADD-ON | | | | Bundled | $0.00 | | | |
| 20936 | N | SP BONE AGRFT LOCAL ADD-ON | | | | Bundled | $0.00 | | | |
| 20937 | N | SP BONE AGRFT MORSEL ADD-ON | | | | Bundled | $0.00 | | | |
| 20938 | N | SP BONE AGRFT STRUCT ADD-ON | | | | Bundled | $0.00 | | | |
| 20950 | T | FLUID PRESSURE MUSCLE | | 05072 | 6.5194 | APC | $369.26 | | | |
| 20955 | C | FIBULA BONE GRAFT MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 20956 | C | ILIAC BONE GRAFT MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 20957 | C | MT BONE GRAFT MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 20962 | C | OTHER BONE GRAFT MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 20969 | C | BONE/SKIN GRAFT MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 20970 | C | BONE/SKIN GRAFT ILIAC CREST | | | | Inpatient Only | $0.00 | | | |
| 20972 | N | BONE/SKIN GRAFT METATARSAL | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 20973 | N | BONE/SKIN GRAFT GREAT TOE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 20974 | M | ELECTRICAL BONE STIMULATION | | | | Fee Schedule | $56.15 | | | |
| 20975 | N | ELECTRICAL BONE STIMULATION | | | | Bundled | $0.00 | | | |
| 20979 | N | US BONE STIMULATION | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 20982 | T | ABLATE BONE TUMOR(S) PERQ | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 20983 | T | ABLATE BONE TUMOR(S) PERQ | | 05352 | 55.8594 | APC | $3,163.88 | | | |
| 20985 | N | CPTR-ASST DIR MS PX | | | | Bundled | $0.00 | | | |
| 20999 | T | MUSCULOSKELETAL SURGERY | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 21010 | N | INCISION OF JAW JOINT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21011 | T | EXC FACE LES SC <2 CM | | 05073 | 12.7769 | APC | $723.68 | | | |
| 21012 | T | EXC FACE LES SBQ 2 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21013 | T | EXC FACE TUM DEEP < 2 CM | | 05073 | 12.7769 | APC | $723.68 | | | |
| 21014 | T | EXC FACE TUM DEEP 2 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21015 | T | RESECT FACE/SCALP TUM < 2 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21016 | T | RESECT FACE/SCALP TUM 2 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21025 | N | EXCISION OF BONE LOWER JAW | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21026 | T | EXCISION OF FACIAL BONE(S) | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21029 | T | CONTOUR OF FACE BONE LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21030 | T | EXCISE MAX/ZYGOMA B9 TUMOR | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21031 | T | REMOVE EXOSTOSIS MANDIBLE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21032 | T | REMOVE EXOSTOSIS MAXILLA | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21034 | N | EXCISE MAX/ZYGOMA MAL TUMOR | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21040 | T | EXCISE MANDIBLE LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21044 | N | REMOVAL OF JAW BONE LESION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21045 | C | EXTENSIVE JAW SURGERY | | | | Inpatient Only | $0.00 | | | |
| 21046 | N | REMOVE MANDIBLE CYST COMPLEX | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21047 | N | EXCISE LWR JAW CYST W/REPAIR | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21048 | N | REMOVE MAXILLA CYST COMPLEX | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21049 | N | EXCIS UPPR JAW CYST W/REPAIR | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21050 | N | REMOVAL OF JAW JOINT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21060 | N | REMOVE JAW JOINT CARTILAGE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21070 | N | REMOVE CORONOID PROCESS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21073 | T | MNPJ OF TMJ W/ANESTH | | 05163 | 9.3541 | APC | $529.82 | | | |
| 21076 | T | PREPARE FACE/ORAL PROSTHESIS | | 05163 | 9.3541 | APC | $529.82 | | | |
| 21077 | N | PREPARE FACE/ORAL PROSTHESIS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21079 | N | PREPARE FACE/ORAL PROSTHESIS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21080 | N | PREPARE FACE/ORAL PROSTHESIS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21081 | N | PREPARE FACE/ORAL PROSTHESIS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21082 | N | PREPARE FACE/ORAL PROSTHESIS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21083 | N | PREPARE FACE/ORAL PROSTHESIS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21084 | N | PREPARE FACE/ORAL PROSTHESIS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21085 | T | PREPARE FACE/ORAL PROSTHESIS | | 05163 | 9.3541 | APC | $529.82 | | | |
| 21086 | N | PREPARE FACE/ORAL PROSTHESIS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21087 | N | PREPARE FACE/ORAL PROSTHESIS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21088 | N | PREPARE FACE/ORAL PROSTHESIS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 21089 | T | PREPARE FACE/ORAL PROSTHESIS | | 05161 | 1.7537 | APC | $99.33 | | | |
| 21100 | N | MAXILLOFACIAL FIXATION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21110 | N | INTERDENTAL FIXATION | | 05163 | 9.3541 | Bundled, sometimes payable | $529.82 | | | |
| 21116 | N | INJECTION JAW JOINT X-RAY | | | | Bundled | $0.00 | | | |
| 21120 | N | RECONSTRUCTION OF CHIN | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21121 | T | RECONSTRUCTION OF CHIN | | 05164 | 21.9315 | APC | $1,242.20 | | | Y |
| 21122 | T | RECONSTRUCTION OF CHIN | | 05164 | 21.9315 | APC | $1,242.20 | | | Y |
| 21123 | T | RECONSTRUCTION OF CHIN | | 05164 | 21.9315 | APC | $1,242.20 | | | Y |
| 21125 | T | AUGMENTATION LOWER JAW BONE | | 05164 | 21.9315 | APC | $1,242.20 | | | Y |
| 21127 | N | AUGMENTATION LOWER JAW BONE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21137 | T | REDUCTION OF FOREHEAD | | 05164 | 21.9315 | APC | $1,242.20 | | | Y |
| 21138 | N | REDUCTION OF FOREHEAD | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21139 | N | REDUCTION OF FOREHEAD | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21141 | C | LEFORT I-1 PIECE W/O GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21142 | C | LEFORT I-2 PIECE W/O GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21143 | C | LEFORT I-3/> PIECE W/O GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21145 | C | LEFORT I-1 PIECE W/ GRAFT | | | | Inpatient Only | $0.00 | | | Y |
| 21146 | C | LEFORT I-2 PIECE W/ GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21147 | C | LEFORT I-3/> PIECE W/ GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21150 | N | LEFORT II ANTERIOR INTRUSION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21151 | C | LEFORT II W/BONE GRAFTS | | | | Inpatient Only | $0.00 | | | |
| 21154 | C | LEFORT III W/O LEFORT I | | | | Inpatient Only | $0.00 | | | |
| 21155 | C | LEFORT III W/ LEFORT I | | | | Inpatient Only | $0.00 | | | |
| 21159 | C | LEFORT III W/FHDW/O LEFORT I | | | | Inpatient Only | $0.00 | | | |
| 21160 | C | LEFORT III W/FHD W/ LEFORT I | | | | Inpatient Only | $0.00 | | | |
| 21172 | N | RECONSTRUCT ORBIT/FOREHEAD | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21175 | N | RECONSTRUCT ORBIT/FOREHEAD | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21179 | C | RECONSTRUCT ENTIRE FOREHEAD | | | | Inpatient Only | $0.00 | | | |
| 21180 | C | RECONSTRUCT ENTIRE FOREHEAD | | | | Inpatient Only | $0.00 | | | |
| 21181 | N | CONTOUR CRANIAL BONE LESION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21182 | C | RECONSTRUCT CRANIAL BONE | | | | Inpatient Only | $0.00 | | | |
| 21183 | C | RECONSTRUCT CRANIAL BONE | | | | Inpatient Only | $0.00 | | | |
| 21184 | C | RECONSTRUCT CRANIAL BONE | | | | Inpatient Only | $0.00 | | | |
| 21188 | C | RECONSTRUCTION OF MIDFACE | | | | Inpatient Only | $0.00 | | | |
| 21193 | N | RECONST LWR JAW W/O GRAFT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21194 | C | RECONST LWR JAW W/GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21195 | N | RECONST LWR JAW W/O FIXATION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21196 | C | RECONST LWR JAW W/FIXATION | | | | Inpatient Only | $0.00 | | | Y |
| 21198 | T | RECONSTR LWR JAW SEGMENT | | 05164 | 21.9315 | APC | $1,242.20 | | | Y |
| 21199 | N | RECONSTR LWR JAW W/ADVANCE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21206 | N | RECONSTRUCT UPPER JAW BONE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21208 | N | AUGMENTATION OF FACIAL BONES | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21209 | N | REDUCTION OF FACIAL BONES | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21210 | N | FACE BONE GRAFT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21215 | N | LOWER JAW BONE GRAFT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21230 | N | RIB CARTILAGE GRAFT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21235 | T | EAR CARTILAGE GRAFT | | 05164 | 21.9315 | APC | $1,242.20 | | | Y |
| 21240 | N | RECONSTRUCTION OF JAW JOINT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21242 | N | RECONSTRUCTION OF JAW JOINT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21243 | N | RECONSTRUCTION OF JAW JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | Y |
| 21244 | N | RECONSTRUCTION OF LOWER JAW | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21245 | N | RECONSTRUCTION OF JAW | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21246 | N | RECONSTRUCTION OF JAW | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21247 | C | RECONSTRUCT LOWER JAW BONE | | | | Inpatient Only | $0.00 | | | |
| 21248 | N | RECONSTRUCTION OF JAW | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21249 | N | RECONSTRUCTION OF JAW | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21255 | C | RECONSTRUCT LOWER JAW BONE | | | | Inpatient Only | $0.00 | | | |
| 21256 | N | RECONSTRUCTION OF ORBIT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 21260 | N | REVISE EYE SOCKETS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21261 | N | REVISE EYE SOCKETS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21263 | N | REVISE EYE SOCKETS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21267 | N | REVISE EYE SOCKETS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 21268 | C | REVISE EYE SOCKETS | | | | Inpatient Only | $0.00 | | | |
| 21270 | N | AUGMENTATION CHEEK BONE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21275 | N | REVISION ORBITOFACIAL BONES | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21280 | N | REVISION OF EYELID | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21282 | T | REVISION OF EYELID | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21295 | T | REVISION OF JAW MUSCLE/BONE | | 05163 | 9.3541 | APC | $529.82 | | | |
| 21296 | T | REVISION OF JAW MUSCLE/BONE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21299 | T | CRANIO/MAXILLOFACIAL SURGERY | | 05161 | 1.7537 | APC | $99.33 | | | |
| 21310 | T | CLOSED TX NOSE FX W/O MANJ | | 05161 | 1.7537 | APC | $99.33 | | | |
| 21315 | T | CLOSED TX NOSE FX W/O STABLJ | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21320 | T | CLOSED TX NOSE FX W/ STABLJ | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21325 | T | OPEN TX NOSE FX UNCOMPLICATD | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21330 | T | OPEN TX NOSE FX W/SKELE FIXJ | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21335 | T | OPEN TX NOSE & SEPTAL FX | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21336 | T | OPEN TX SEPTAL FX W/WO STABJ | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 21337 | T | CLOSED TX SEPTAL&NOSE FX | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21338 | N | OPEN NASOETHMOID FX W/O FIXJ | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21339 | T | OPEN NASOETHMOID FX W/ FIXJ | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21340 | N | PERQ TX NASOETHMOID FX | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21343 | C | OPEN TX DPRSD FRONT SINUS FX | | | | Inpatient Only | $0.00 | | | |
| 21344 | C | OPEN TX COMPL FRONT SINUS FX | | | | Inpatient Only | $0.00 | | | |
| 21345 | T | CLOSED TX NOSE/JAW FX | | 05163 | 9.3541 | APC | $529.82 | | | |
| 21346 | N | OPN TX NASOMAX FX W/FIXJ | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21347 | C | OPN TX NASOMAX FX MULTPLE | | | | Inpatient Only | $0.00 | | | |
| 21348 | C | OPN TX NASOMAX FX W/GRAFT | | | | Inpatient Only | $0.00 | | | |
| 21355 | N | PERQ TX MALAR FRACTURE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21356 | T | OPN TX DPRSD ZYGOMATIC ARCH | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21360 | N | OPN TX DPRSD MALAR FRACTURE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21365 | N | OPN TX COMPLX MALAR FX | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21366 | C | OPN TX COMPLX MALAR W/GRFT | | | | Inpatient Only | $0.00 | | | |
| 21385 | N | OPN TX ORBIT FX TRANSANTRAL | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21386 | N | OPN TX ORBIT FX PERIORBITAL | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21387 | N | OPN TX ORBIT FX COMBINED | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21390 | N | OPN TX ORBIT PERIORBTL IMPLT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21395 | N | OPN TX ORBIT PERIORBT W/GRFT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21400 | T | CLOSED TX ORBIT W/O MANIPULJ | | 05163 | 9.3541 | APC | $529.82 | | | |
| 21401 | T | CLOSED TX ORBIT W/MANIPULJ | | 05163 | 9.3541 | APC | $529.82 | | | |
| 21406 | N | OPN TX ORBIT FX W/O IMPLANT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21407 | N | OPN TX ORBIT FX W/IMPLANT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21408 | N | OPN TX ORBIT FX W/BONE GRFT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21421 | N | TREAT MOUTH ROOF FRACTURE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21422 | C | TREAT MOUTH ROOF FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21423 | C | TREAT MOUTH ROOF FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21431 | C | TREAT CRANIOFACIAL FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21432 | C | TREAT CRANIOFACIAL FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21433 | C | TREAT CRANIOFACIAL FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21435 | C | TREAT CRANIOFACIAL FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21436 | C | TREAT CRANIOFACIAL FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21440 | T | TREAT DENTAL RIDGE FRACTURE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21445 | N | TREAT DENTAL RIDGE FRACTURE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21450 | T | TREAT LOWER JAW FRACTURE | | 05162 | 4.2445 | APC | $240.41 | | | |
| 21451 | T | TREAT LOWER JAW FRACTURE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21452 | T | TREAT LOWER JAW FRACTURE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21453 | N | TREAT LOWER JAW FRACTURE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21454 | N | TREAT LOWER JAW FRACTURE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21461 | N | TREAT LOWER JAW FRACTURE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21462 | N | TREAT LOWER JAW FRACTURE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21465 | N | TREAT LOWER JAW FRACTURE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21470 | N | TREAT LOWER JAW FRACTURE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 21480 | T | RESET DISLOCATED JAW | | 05161 | 1.7537 | APC | $99.33 | | | |
| 21485 | T | RESET DISLOCATED JAW | | 05163 | 9.3541 | APC | $529.82 | | | |
| 21490 | N | REPAIR DISLOCATED JAW | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 21495 | T | TREAT HYOID BONE FRACTURE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21497 | T | INTERDENTAL WIRING | | 05163 | 9.3541 | APC | $529.82 | | | |
| 21499 | T | HEAD SURGERY PROCEDURE | | 05161 | 1.7537 | APC | $99.33 | | | |
| 21501 | T | DRAIN NECK/CHEST LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21502 | T | DRAIN CHEST LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 21510 | C | DRAINAGE OF BONE LESION | | | | Inpatient Only | $0.00 | | | |
| 21550 | T | BIOPSY OF NECK/CHEST | | 05073 | 12.7769 | APC | $723.68 | | | |
| 21552 | T | EXC NECK LES SC 3 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21554 | T | EXC NECK TUM DEEP 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21555 | T | EXC NECK LES SC < 3 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21556 | T | EXC NECK TUM DEEP < 5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21557 | T | RESECT NECK THORAX TUMOR<5CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21558 | T | RESECT NECK TUMOR 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21600 | T | PARTIAL REMOVAL OF RIB | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 21610 | T | PARTIAL REMOVAL OF RIB | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 21615 | C | REMOVAL OF RIB | | | | Inpatient Only | $0.00 | | | |
| 21616 | C | REMOVAL OF RIB AND NERVES | | | | Inpatient Only | $0.00 | | | |
| 21620 | C | PARTIAL REMOVAL OF STERNUM | | | | Inpatient Only | $0.00 | | | |
| 21627 | C | STERNAL DEBRIDEMENT | | | | Inpatient Only | $0.00 | | | |
| 21630 | C | EXTENSIVE STERNUM SURGERY | | | | Inpatient Only | $0.00 | | | |
| 21632 | C | EXTENSIVE STERNUM SURGERY | | | | Inpatient Only | $0.00 | | | |
| 21685 | T | HYOID MYOTOMY & SUSPENSION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 21700 | T | REVISION OF NECK MUSCLE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 21705 | C | REVISION OF NECK MUSCLE/RIB | | | | Inpatient Only | $0.00 | | | |
| 21720 | T | REVISION OF NECK MUSCLE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 21725 | T | REVISION OF NECK MUSCLE | | 05071 | 3.0962 | APC | $175.37 | | | |
| 21740 | C | RECONSTRUCTION OF STERNUM | | | | Inpatient Only | $0.00 | | | |
| 21742 | T | REPAIR STERN/NUSS W/O SCOPE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 21743 | T | REPAIR STERNUM/NUSS W/SCOPE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 21750 | C | REPAIR OF STERNUM SEPARATION | | | | Inpatient Only | $0.00 | | | |
| 21811 | T | OPTX OF RIB FX W/FIXJ SCOPE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 21812 | T | TREATMENT OF RIB FRACTURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 21813 | T | TREATMENT OF RIB FRACTURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 21820 | T | TREAT STERNUM FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 21825 | C | TREAT STERNUM FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 21899 | T | NECK/CHEST SURGERY PROCEDURE | | 05161 | 1.7537 | APC | $99.33 | | | |
| 21920 | T | BIOPSY SOFT TISSUE OF BACK | | 05073 | 12.7769 | APC | $723.68 | | | |
| 21925 | T | BIOPSY SOFT TISSUE OF BACK | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21930 | T | EXC BACK LES SC < 3 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21931 | T | EXC BACK LES SC 3 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21932 | T | EXC BACK TUM DEEP < 5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21933 | T | EXC BACK TUM DEEP 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21935 | T | RESECT BACK TUM < 5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 21936 | T | RESECT BACK TUM 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 22010 | C | I&D P-SPINE C/T/CERV-THOR | | | | Inpatient Only | $0.00 | | | |
| 22015 | C | I&D ABSCESS P-SPINE L/S/LS | | | | Inpatient Only | $0.00 | | | |
| 22100 | T | REMOVE PART OF NECK VERTEBRA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 22101 | T | REMOVE PART THORAX VERTEBRA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 22102 | T | REMOVE PART LUMBAR VERTEBRA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 22103 | N | REMOVE EXTRA SPINE SEGMENT | | | | Bundled | $0.00 | | | |
| 22110 | C | REMOVE PART OF NECK VERTEBRA | | | | Inpatient Only | $0.00 | | | |
| 22112 | C | REMOVE PART THORAX VERTEBRA | | | | Inpatient Only | $0.00 | | | |
| 22114 | C | REMOVE PART LUMBAR VERTEBRA | | | | Inpatient Only | $0.00 | | | |
| 22116 | C | REMOVE EXTRA SPINE SEGMENT | | | | Inpatient Only | $0.00 | | | |
| 22206 | C | INCIS SPINE 3 COLUMN THORAC | | | | Inpatient Only | $0.00 | | | |
| 22207 | C | INCIS SPINE 3 COLUMN LUMBAR | | | | Inpatient Only | $0.00 | | | |
| 22208 | C | INCIS SPINE 3 COLUMN ADL SEG | | | | Inpatient Only | $0.00 | | | |
| 22210 | C | INCIS 1 VERTEBRAL SEG CERV | | | | Inpatient Only | $0.00 | | | |
| 22212 | C | INCIS 1 VERTEBRAL SEG THORAC | | | | Inpatient Only | $0.00 | | | |
| 22214 | C | INCIS 1 VERTEBRAL SEG LUMBAR | | | | Inpatient Only | $0.00 | | | |
| 22216 | C | INCIS ADDL SPINE SEGMENT | | | | Inpatient Only | $0.00 | | | |
| 22220 | C | INCIS W/DISCECTOMY CERVICAL | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 22222 | C | INCIS W/DISCECTOMY THORACIC | | | | Inpatient Only | $0.00 | | | |
| 22224 | C | INCIS W/DISCECTOMY LUMBAR | | | | Inpatient Only | $0.00 | | | |
| 22226 | C | REVISE EXTRA SPINE SEGMENT | | | | Inpatient Only | $0.00 | | | |
| 22305 | T | CLOSED TX SPINE PROCESS FX | | 05111 | 2.3375 | APC | $132.40 | | | |
| 22310 | T | CLOSED TX VERT FX W/O MANJ | | 05112 | 3.2214 | APC | $182.46 | | | |
| 22315 | T | CLOSED TX VERT FX W/MANJ | | 05113 | 14.8722 | APC | $842.36 | | | |
| 22318 | C | TREAT ODONTOID FX W/O GRAFT | | | | Inpatient Only | $0.00 | | | |
| 22319 | C | TREAT ODONTOID FX W/GRAFT | | | | Inpatient Only | $0.00 | | | |
| 22325 | C | TREAT SPINE FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 22326 | C | TREAT NECK SPINE FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 22327 | C | TREAT THORAX SPINE FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 22328 | C | TREAT EACH ADD SPINE FX | | | | Inpatient Only | $0.00 | | | |
| 22505 | T | MANIPULATION OF SPINE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 22510 | T | PERQ CERVICOTHORACIC INJECT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 22511 | T | PERQ LUMBOSACRAL INJECTION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 22512 | N | VERTEBROPLASTY ADDL INJECT | | | | Bundled | $0.00 | | | |
| 22513 | N | PERQ VERTEBRAL AUGMENTATION | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 22514 | N | PERQ VERTEBRAL AUGMENTATION | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 22515 | N | PERQ VERTEBRAL AUGMENTATION | | | | Bundled | $0.00 | | | |
| 22526 | E | IDET SINGLE LEVEL | | | | Not Allowed | $0.00 | | | |
| 22527 | E | IDET 1 OR MORE LEVELS | | | | Not Allowed | $0.00 | | | |
| 22532 | C | LAT THORAX SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22533 | C | LAT LUMBAR SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22534 | C | LAT THOR/LUMB ADDL SEG | | | | Inpatient Only | $0.00 | | | |
| 22548 | C | NECK SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22551 | N | NECK SPINE FUSE&REMOV BEL C2 | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 22552 | N | ADDL NECK SPINE FUSION | | | | Bundled | $0.00 | | | |
| 22554 | N | NECK SPINE FUSION | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 22556 | C | THORAX SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22558 | C | LUMBAR SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22585 | C | ADDITIONAL SPINAL FUSION | | | | Inpatient Only | $0.00 | | | |
| 22586 | C | PRESCRL FUSE W/ INSTR L5-S1 | | | | Inpatient Only | $0.00 | | | |
| 22590 | C | SPINE & SKULL SPINAL FUSION | | | | Inpatient Only | $0.00 | | | |
| 22595 | C | NECK SPINAL FUSION | | | | Inpatient Only | $0.00 | | | |
| 22600 | C | NECK SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22610 | C | THORAX SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22612 | N | LUMBAR SPINE FUSION | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 22614 | N | SPINE FUSION EXTRA SEGMENT | | | | Bundled | $0.00 | | | |
| 22630 | C | LUMBAR SPINE FUSION | | | | Inpatient Only | $0.00 | | | |
| 22632 | C | SPINE FUSION EXTRA SEGMENT | | | | Inpatient Only | $0.00 | | | |
| 22633 | C | LUMBAR SPINE FUSION COMBINED | | | | Inpatient Only | $0.00 | | | |
| 22634 | C | SPINE FUSION EXTRA SEGMENT | | | | Inpatient Only | $0.00 | | | |
| 22800 | C | POST FUSION </6 VERT SEG | | | | Inpatient Only | $0.00 | | | |
| 22802 | C | POST FUSION 7-12 VERT SEG | | | | Inpatient Only | $0.00 | | | |
| 22804 | C | POST FUSION 13/> VERT SEG | | | | Inpatient Only | $0.00 | | | |
| 22808 | C | ANT FUSION 2-3 VERT SEG | | | | Inpatient Only | $0.00 | | | |
| 22810 | C | ANT FUSION 4-7 VERT SEG | | | | Inpatient Only | $0.00 | | | |
| 22812 | C | ANT FUSION 8/> VERT SEG | | | | Inpatient Only | $0.00 | | | |
| 22818 | C | KYPHECTOMY 1-2 SEGMENTS | | | | Inpatient Only | $0.00 | | | |
| 22819 | C | KYPHECTOMY 3 OR MORE | | | | Inpatient Only | $0.00 | | | |
| 22830 | C | EXPLORATION OF SPINAL FUSION | | | | Inpatient Only | $0.00 | | | |
| 22840 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22841 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22842 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22843 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22844 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22845 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22846 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22847 | C | INSERT SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22848 | C | INSERT PELV FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22849 | C | REINSERT SPINAL FIXATION | | | | Inpatient Only | $0.00 | | | |
| 22850 | C | REMOVE SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 22851 | N | APPLY SPINE PROSTH DEVICE | | | | Bundled | $0.00 | | | |
| 22852 | C | REMOVE SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22855 | C | REMOVE SPINE FIXATION DEVICE | | | | Inpatient Only | $0.00 | | | |
| 22856 | N | CERV ARTIFIC DISKECTOMY | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 22857 | C | LUMBAR ARTIF DISKECTOMY | | | | Inpatient Only | $0.00 | | | |
| 22858 | C | SECOND LEVEL CER DISKECTOMY | | | | Inpatient Only | $0.00 | | | |
| 22861 | C | REVISE CERV ARTIFIC DISC | | | | Inpatient Only | $0.00 | | | |
| 22862 | C | REVISE LUMBAR ARTIF DISC | | | | Inpatient Only | $0.00 | | | |
| 22864 | C | REMOVE CERV ARTIF DISC | | | | Inpatient Only | $0.00 | | | |
| 22865 | C | REMOVE LUMB ARTIF DISC | | | | Inpatient Only | $0.00 | | | |
| 22899 | T | SPINE SURGERY PROCEDURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 22900 | T | EXC ABDL TUM DEEP < 5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 22901 | T | EXC ABDL TUM DEEP 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 22902 | T | EXC ABD LES SC < 3 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 22903 | T | EXC ABD LES SC 3 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 22904 | T | RADICAL RESECT ABD TUMOR<5CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 22905 | T | RAD RESECT ABD TUMOR 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 22999 | T | ABDOMEN SURGERY PROCEDURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 23000 | T | REMOVAL OF CALCIUM DEPOSITS | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 23020 | T | RELEASE SHOULDER JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23030 | T | DRAIN SHOULDER LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 23031 | T | DRAIN SHOULDER BURSA | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 23035 | T | DRAIN SHOULDER BONE LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 23040 | T | EXPLORATORY SHOULDER SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23044 | T | EXPLORATORY SHOULDER SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23065 | T | BIOPSY SHOULDER TISSUES | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 23066 | T | BIOPSY SHOULDER TISSUES | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 23071 | T | EXC SHOULDER LES SC 3 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 23073 | T | EXC SHOULDER TUM DEEP 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 23075 | T | EXC SHOULDER LES SC < 3 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 23076 | T | EXC SHOULDER TUM DEEP < 5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 23077 | T | RESECT SHOULDER TUMOR < 5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 23078 | T | RESECT SHOULDER TUMOR 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 23100 | T | BIOPSY OF SHOULDER JOINT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 23101 | T | SHOULDER JOINT SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23105 | T | REMOVE SHOULDER JOINT LINING | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23106 | T | INCISION OF COLLARBONE JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23107 | T | EXPLORE TREAT SHOULDER JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23120 | T | PARTIAL REMOVAL COLLAR BONE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23125 | T | REMOVAL OF COLLAR BONE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23130 | T | REMOVE SHOULDER BONE PART | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23140 | T | REMOVAL OF BONE LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 23145 | T | REMOVAL OF BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23146 | N | REMOVAL OF BONE LESION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23150 | T | REMOVAL OF HUMERUS LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23155 | T | REMOVAL OF HUMERUS LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23156 | N | REMOVAL OF HUMERUS LESION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23170 | T | REMOVE COLLAR BONE LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 23172 | T | REMOVE SHOULDER BLADE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23174 | T | REMOVE HUMERUS LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23180 | T | REMOVE COLLAR BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23182 | T | REMOVE SHOULDER BLADE LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 23184 | T | REMOVE HUMERUS LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23190 | T | PARTIAL REMOVAL OF SCAPULA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23195 | N | REMOVAL OF HEAD OF HUMERUS | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23200 | C | RESECT CLAVICLE TUMOR | | | | Inpatient Only | $0.00 | | | |
| 23210 | C | RESECT SCAPULA TUMOR | | | | Inpatient Only | $0.00 | | | |
| 23220 | C | RESECT PROX HUMERUS TUMOR | | | | Inpatient Only | $0.00 | | | |
| 23330 | T | REMOVE SHOULDER FOREIGN BODY | | 05073 | 12.7769 | APC | $723.68 | | | |
| 23333 | T | REMOVE SHOULDER FB DEEP | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 23334 | T | SHOULDER PROSTHESIS REMOVAL | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 23335 | C | SHOULDER PROSTHESIS REMOVAL | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 23350 | N | INJECTION FOR SHOULDER X-RAY | | | | Bundled | $0.00 | | | |
| 23395 | N | MUSCLE TRANSFER SHOULDER/ARM | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 23397 | T | MUSCLE TRANSFERS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23400 | N | FIXATION OF SHOULDER BLADE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23405 | T | INCISION OF TENDON & MUSCLE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23406 | T | INCISE TENDON(S) & MUSCLE(S) | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23410 | N | REPAIR ROTATOR CUFF ACUTE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23412 | N | REPAIR ROTATOR CUFF CHRONIC | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23415 | T | RELEASE OF SHOULDER LIGAMENT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23420 | N | REPAIR OF SHOULDER | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23430 | N | REPAIR BICEPS TENDON | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23440 | T | REMOVE/TRANSPLANT TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23450 | T | REPAIR SHOULDER CAPSULE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23455 | N | REPAIR SHOULDER CAPSULE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23460 | T | REPAIR SHOULDER CAPSULE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23462 | N | REPAIR SHOULDER CAPSULE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23465 | N | REPAIR SHOULDER CAPSULE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 23466 | N | REPAIR SHOULDER CAPSULE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23470 | N | RECONSTRUCT SHOULDER JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 23472 | C | RECONSTRUCT SHOULDER JOINT | | | | Inpatient Only | $0.00 | | | |
| 23473 | N | REVIS RECONST SHOULDER JOINT | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 23474 | C | REVIS RECONST SHOULDER JOINT | | | | Inpatient Only | $0.00 | | | |
| 23480 | T | REVISION OF COLLAR BONE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23485 | N | REVISION OF COLLAR BONE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 23490 | N | REINFORCE CLAVICLE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 23491 | N | REINFORCE SHOULDER BONES | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 23500 | T | TREAT CLAVICLE FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 23505 | T | TREAT CLAVICLE FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 23515 | N | TREAT CLAVICLE FRACTURE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23520 | T | TREAT CLAVICLE DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 23525 | T | TREAT CLAVICLE DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 23530 | T | TREAT CLAVICLE DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23532 | N | TREAT CLAVICLE DISLOCATION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23540 | T | TREAT CLAVICLE DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 23545 | T | TREAT CLAVICLE DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 23550 | N | TREAT CLAVICLE DISLOCATION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23552 | N | TREAT CLAVICLE DISLOCATION | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 23570 | T | TREAT SHOULDER BLADE FX | | 05111 | 2.3375 | APC | $132.40 | | | |
| 23575 | T | TREAT SHOULDER BLADE FX | | 05113 | 14.8722 | APC | $842.36 | | | |
| 23585 | N | TREAT SCAPULA FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 23600 | T | TREAT HUMERUS FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 23605 | T | TREAT HUMERUS FRACTURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 23615 | N | TREAT HUMERUS FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 23616 | N | TREAT HUMERUS FRACTURE | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 23620 | T | TREAT HUMERUS FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 23625 | T | TREAT HUMERUS FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 23630 | N | TREAT HUMERUS FRACTURE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23650 | T | TREAT SHOULDER DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 23655 | T | TREAT SHOULDER DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 23660 | T | TREAT SHOULDER DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 23665 | T | TREAT DISLOCATION/FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 23670 | N | TREAT DISLOCATION/FRACTURE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 23675 | T | TREAT DISLOCATION/FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 23680 | N | TREAT DISLOCATION/FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 23700 | T | FIXATION OF SHOULDER | | 05113 | 14.8722 | APC | $842.36 | | | |
| 23800 | N | FUSION OF SHOULDER JOINT | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 23802 | N | FUSION OF SHOULDER JOINT | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 23900 | C | AMPUTATION OF ARM & GIRDLE | | | | Inpatient Only | $0.00 | | | |
| 23920 | C | AMPUTATION AT SHOULDER JOINT | | | | Inpatient Only | $0.00 | | | |
| 23921 | T | AMPUTATION FOLLOW-UP SURGERY | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 23929 | T | SHOULDER SURGERY PROCEDURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 23930 | T | DRAINAGE OF ARM LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 23931 | T | DRAINAGE OF ARM BURSA | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 23935 | T | DRAIN ARM/ELBOW BONE LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 24000 | T | EXPLORATORY ELBOW SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24006 | T | RELEASE ELBOW JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24065 | T | BIOPSY ARM/ELBOW SOFT TISSUE | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 24066 | T | BIOPSY ARM/ELBOW SOFT TISSUE | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 24071 | T | EXC ARM/ELBOW LES SC 3 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 24073 | T | EX ARM/ELBOW TUM DEEP 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 24075 | T | EXC ARM/ELBOW LES SC < 3 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 24076 | T | EX ARM/ELBOW TUM DEEP < 5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 24077 | T | RESECT ARM/ELBOW TUM < 5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 24079 | T | RESECT ARM/ELBOW TUM 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 24100 | T | BIOPSY ELBOW JOINT LINING | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 24101 | T | EXPLORE/TREAT ELBOW JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24102 | T | REMOVE ELBOW JOINT LINING | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24105 | T | REMOVAL OF ELBOW BURSA | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 24110 | T | REMOVE HUMERUS LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24115 | T | REMOVE/GRAFT BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24116 | T | REMOVE/GRAFT BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24120 | T | REMOVE ELBOW LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 24125 | T | REMOVE/GRAFT BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24126 | T | REMOVE/GRAFT BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24130 | T | REMOVAL OF HEAD OF RADIUS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24134 | N | REMOVAL OF ARM BONE LESION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 24136 | T | REMOVE RADIUS BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24138 | T | REMOVE ELBOW BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24140 | T | PARTIAL REMOVAL OF ARM BONE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24145 | T | PARTIAL REMOVAL OF RADIUS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24147 | T | PARTIAL REMOVAL OF ELBOW | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24149 | T | RADICAL RESECTION OF ELBOW | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24150 | T | RESECT DISTAL HUMERUS TUMOR | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24152 | T | RESECT RADIUS TUMOR | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24155 | T | REMOVAL OF ELBOW JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24160 | N | REMOVE ELBOW JOINT IMPLANT | | 05122 | 32.4936 | Bundled, sometimes payable | $1,840.44 | | | |
| 24164 | N | REMOVE RADIUS HEAD IMPLANT | | 05122 | 32.4936 | Bundled, sometimes payable | $1,840.44 | | | |
| 24200 | T | REMOVAL OF ARM FOREIGN BODY | | 05072 | 6.5194 | APC | $369.26 | | | |
| 24201 | T | REMOVAL OF ARM FOREIGN BODY | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 24220 | N | INJECTION FOR ELBOW X-RAY | | | | Bundled | $0.00 | | | |
| 24300 | T | MANIPULATE ELBOW W/ANESTH | | 05113 | 14.8722 | APC | $842.36 | | | |
| 24301 | T | MUSCLE/TENDON TRANSFER | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24305 | T | ARM TENDON LENGTHENING | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24310 | T | REVISION OF ARM TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24320 | T | REPAIR OF ARM TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24330 | T | REVISION OF ARM MUSCLES | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24331 | T | REVISION OF ARM MUSCLES | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24332 | T | TENOLYSIS TRICEPS | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 24340 | N | REPAIR OF BICEPS TENDON | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 24341 | T | REPAIR ARM TENDON/MUSCLE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24342 | T | REPAIR OF RUPTURED TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24343 | T | REPR ELBOW LAT LIGMNT W/TISS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24344 | N | RECONSTRUCT ELBOW LAT LIGMNT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 24345 | T | REPR ELBW MED LIGMNT W/TISSU | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24346 | N | RECONSTRUCT ELBOW MED LIGMNT | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 24357 | T | REPAIR ELBOW PERC | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 24358 | T | REPAIR ELBOW W/DEB OPEN | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24359 | T | REPAIR ELBOW DEB/ATTCH OPEN | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24360 | N | RECONSTRUCT ELBOW JOINT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 24361 | N | RECONSTRUCT ELBOW JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 24362 | N | RECONSTRUCT ELBOW JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 24363 | N | REPLACE ELBOW JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 24365 | N | RECONSTRUCT HEAD OF RADIUS | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 24366 | N | RECONSTRUCT HEAD OF RADIUS | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 24370 | N | REVISE RECONST ELBOW JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 24371 | N | REVISE RECONST ELBOW JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 24400 | N | REVISION OF HUMERUS | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 24410 | N | REVISION OF HUMERUS | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 24420 | T | REVISION OF HUMERUS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24430 | N | REPAIR OF HUMERUS | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 24435 | N | REPAIR HUMERUS WITH GRAFT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 24470 | T | REVISION OF ELBOW JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24495 | T | DECOMPRESSION OF FOREARM | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24498 | N | REINFORCE HUMERUS | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 24500 | T | TREAT HUMERUS FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 24505 | T | TREAT HUMERUS FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 24515 | N | TREAT HUMERUS FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 24516 | N | TREAT HUMERUS FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 24530 | T | TREAT HUMERUS FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 24535 | T | TREAT HUMERUS FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 24538 | T | TREAT HUMERUS FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24545 | N | TREAT HUMERUS FRACTURE | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 24546 | N | TREAT HUMERUS FRACTURE | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 24560 | T | TREAT HUMERUS FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 24565 | T | TREAT HUMERUS FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 24566 | T | TREAT HUMERUS FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24575 | N | TREAT HUMERUS FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 24576 | T | TREAT HUMERUS FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 24577 | T | TREAT HUMERUS FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 24579 | N | TREAT HUMERUS FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 24582 | T | TREAT HUMERUS FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24586 | N | TREAT ELBOW FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 24587 | N | TREAT ELBOW FRACTURE | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 24600 | T | TREAT ELBOW DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 24605 | T | TREAT ELBOW DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 24615 | N | TREAT ELBOW DISLOCATION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 24620 | T | TREAT ELBOW FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 24635 | N | TREAT ELBOW FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 24640 | T | TREAT ELBOW DISLOCATION | | 05112 | 3.2214 | APC | $182.46 | | | |
| 24650 | T | TREAT RADIUS FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 24655 | T | TREAT RADIUS FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 24665 | N | TREAT RADIUS FRACTURE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 24666 | N | TREAT RADIUS FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 24670 | T | TREAT ULNAR FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 24675 | T | TREAT ULNAR FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 24685 | N | TREAT ULNAR FRACTURE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 24800 | N | FUSION OF ELBOW JOINT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 24802 | N | FUSION/GRAFT OF ELBOW JOINT | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 24900 | C | AMPUTATION OF UPPER ARM | | | | Inpatient Only | $0.00 | | | |
| 24920 | C | AMPUTATION OF UPPER ARM | | | | Inpatient Only | $0.00 | | | |
| 24925 | T | AMPUTATION FOLLOW-UP SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 24930 | C | AMPUTATION FOLLOW-UP SURGERY | | | | Inpatient Only | $0.00 | | | |
| 24931 | C | AMPUTATE UPPER ARM & IMPLANT | | | | Inpatient Only | $0.00 | | | |
| 24935 | N | REVISION OF AMPUTATION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 24940 | C | REVISION OF UPPER ARM | | | | Inpatient Only | $0.00 | | | |
| 24999 | T | UPPER ARM/ELBOW SURGERY | | 05111 | 2.3375 | APC | $132.40 | | | |
| 25000 | T | INCISION OF TENDON SHEATH | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25001 | T | INCISE FLEXOR CARPI RADIALIS | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25020 | T | DECOMPRESS FOREARM 1 SPACE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25023 | T | DECOMPRESS FOREARM 1 SPACE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25024 | T | DECOMPRESS FOREARM 2 SPACES | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25025 | T | DECOMPRESS FOREARM 2 SPACES | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25028 | T | DRAINAGE OF FOREARM LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25031 | T | DRAINAGE OF FOREARM BURSA | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25035 | T | TREAT FOREARM BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25040 | T | EXPLORE/TREAT WRIST JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 25065 | T | BIOPSY FOREARM SOFT TISSUES | | 05073 | 12.7769 | APC | $723.68 | | | |
| 25066 | T | BIOPSY FOREARM SOFT TISSUES | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 25071 | T | EXC FOREARM LES SC 3 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 25073 | T | EXC FOREARM TUM DEEP 3 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 25075 | T | EXC FOREARM LES SC < 3 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 25076 | T | EXC FOREARM TUM DEEP < 3 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 25077 | T | RESECT FOREARM/WRIST TUM<3CM | | 05073 | 12.7769 | APC | $723.68 | | | |
| 25078 | T | RESECT FORARM/WRIST TUM 3CM> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 25085 | T | INCISION OF WRIST CAPSULE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25100 | T | BIOPSY OF WRIST JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25101 | T | EXPLORE/TREAT WRIST JOINT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25105 | T | REMOVE WRIST JOINT LINING | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25107 | T | REMOVE WRIST JOINT CARTILAGE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25109 | T | EXCISE TENDON FOREARM/WRIST | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25110 | T | REMOVE WRIST TENDON LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25111 | T | REMOVE WRIST TENDON LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25112 | T | REREMOVE WRIST TENDON LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25115 | T | REMOVE WRIST/FOREARM LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25116 | T | REMOVE WRIST/FOREARM LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25118 | T | EXCISE WRIST TENDON SHEATH | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25119 | T | PARTIAL REMOVAL OF ULNA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25120 | T | REMOVAL OF FOREARM LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25125 | T | REMOVE/GRAFT FOREARM LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25126 | T | REMOVE/GRAFT FOREARM LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25130 | T | REMOVAL OF WRIST LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25135 | T | REMOVE & GRAFT WRIST LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25136 | T | REMOVE & GRAFT WRIST LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25145 | T | REMOVE FOREARM BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25150 | T | PARTIAL REMOVAL OF ULNA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25151 | T | PARTIAL REMOVAL OF RADIUS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25170 | T | RESECT RADIUS/ULNAR TUMOR | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25210 | T | REMOVAL OF WRIST BONE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25215 | T | REMOVAL OF WRIST BONES | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25230 | T | PARTIAL REMOVAL OF RADIUS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25240 | T | PARTIAL REMOVAL OF ULNA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25246 | N | INJECTION FOR WRIST X-RAY | | | | Bundled | $0.00 | | | |
| 25248 | T | REMOVE FOREARM FOREIGN BODY | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25250 | N | REMOVAL OF WRIST PROSTHESIS | | 05121 | 19.7390 | Bundled, sometimes payable | $1,118.02 | | | |
| 25251 | N | REMOVAL OF WRIST PROSTHESIS | | 05122 | 32.4936 | Bundled, sometimes payable | $1,840.44 | | | |
| 25259 | T | MANIPULATE WRIST W/ANESTHES | | 05113 | 14.8722 | APC | $842.36 | | | |
| 25260 | T | REPAIR FOREARM TENDON/MUSCLE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25263 | T | REPAIR FOREARM TENDON/MUSCLE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25265 | T | REPAIR FOREARM TENDON/MUSCLE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25270 | T | REPAIR FOREARM TENDON/MUSCLE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25272 | T | REPAIR FOREARM TENDON/MUSCLE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25274 | T | REPAIR FOREARM TENDON/MUSCLE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25275 | T | REPAIR FOREARM TENDON SHEATH | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25280 | T | REVISE WRIST/FOREARM TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25290 | T | INCISE WRIST/FOREARM TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25295 | T | RELEASE WRIST/FOREARM TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25300 | T | FUSION OF TENDONS AT WRIST | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25301 | T | FUSION OF TENDONS AT WRIST | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25310 | T | TRANSPLANT FOREARM TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25312 | T | TRANSPLANT FOREARM TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25315 | T | REVISE PALSY HAND TENDON(S) | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25316 | N | REVISE PALSY HAND TENDON(S) | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25320 | T | REPAIR/REVISE WRIST JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25332 | T | REVISE WRIST JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25335 | T | REALIGNMENT OF HAND | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25337 | T | RECONSTRUCT ULNA/RADIOULNAR | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25350 | N | REVISION OF RADIUS | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 25355 | T | REVISION OF RADIUS | | 05122 | 32.4936 | APC | $1,840.44 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 25360 | N | REVISION OF ULNA | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25365 | N | REVISE RADIUS & ULNA | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 25370 | T | REVISE RADIUS OR ULNA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25375 | T | REVISE RADIUS & ULNA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25390 | N | SHORTEN RADIUS OR ULNA | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25391 | N | LENGTHEN RADIUS OR ULNA | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 25392 | T | SHORTEN RADIUS & ULNA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25393 | T | LENGTHEN RADIUS & ULNA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25394 | T | REPAIR CARPAL BONE SHORTEN | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25400 | N | REPAIR RADIUS OR ULNA | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25405 | N | REPAIR/GRAFT RADIUS OR ULNA | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 25415 | N | REPAIR RADIUS & ULNA | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25420 | N | REPAIR/GRAFT RADIUS & ULNA | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 25425 | T | REPAIR/GRAFT RADIUS OR ULNA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25426 | T | REPAIR/GRAFT RADIUS & ULNA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25430 | T | VASC GRAFT INTO CARPAL BONE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25431 | N | REPAIR NONUNION CARPAL BONE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25440 | N | REPAIR/GRAFT WRIST BONE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25441 | N | RECONSTRUCT WRIST JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 25442 | N | RECONSTRUCT WRIST JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 25443 | N | RECONSTRUCT WRIST JOINT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25444 | N | RECONSTRUCT WRIST JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 25445 | N | RECONSTRUCT WRIST JOINT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25446 | N | WRIST REPLACEMENT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 25447 | T | REPAIR WRIST JOINTS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25449 | N | REMOVE WRIST JOINT IMPLANT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25450 | T | REVISION OF WRIST JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25455 | T | REVISION OF WRIST JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25490 | T | REINFORCE RADIUS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25491 | N | REINFORCE ULNA | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 25492 | T | REINFORCE RADIUS AND ULNA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25500 | T | TREAT FRACTURE OF RADIUS | | 05111 | 2.3375 | APC | $132.40 | | | |
| 25505 | T | TREAT FRACTURE OF RADIUS | | 05113 | 14.8722 | APC | $842.36 | | | |
| 25515 | N | TREAT FRACTURE OF RADIUS | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25520 | T | TREAT FRACTURE OF RADIUS | | 05113 | 14.8722 | APC | $842.36 | | | |
| 25525 | N | TREAT FRACTURE OF RADIUS | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25526 | N | TREAT FRACTURE OF RADIUS | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 25530 | T | TREAT FRACTURE OF ULNA | | 05111 | 2.3375 | APC | $132.40 | | | |
| 25535 | T | TREAT FRACTURE OF ULNA | | 05112 | 3.2214 | APC | $182.46 | | | |
| 25545 | N | TREAT FRACTURE OF ULNA | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25560 | T | TREAT FRACTURE RADIUS & ULNA | | 05111 | 2.3375 | APC | $132.40 | | | |
| 25565 | T | TREAT FRACTURE RADIUS & ULNA | | 05113 | 14.8722 | APC | $842.36 | | | |
| 25574 | N | TREAT FRACTURE RADIUS & ULNA | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25575 | N | TREAT FRACTURE RADIUS/ULNA | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 25600 | T | TREAT FRACTURE RADIUS/ULNA | | 05112 | 3.2214 | APC | $182.46 | | | |
| 25605 | T | TREAT FRACTURE RADIUS/ULNA | | 05113 | 14.8722 | APC | $842.36 | | | |
| 25606 | T | TREAT FX DISTAL RADIAL | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25607 | N | TREAT FX RAD EXTRA-ARTICUL | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25608 | N | TREAT FX RAD INTRA-ARTICUL | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25609 | N | TREAT FX RADIAL 3+ FRAG | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25622 | T | TREAT WRIST BONE FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 25624 | T | TREAT WRIST BONE FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 25628 | T | TREAT WRIST BONE FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25630 | T | TREAT WRIST BONE FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 25635 | T | TREAT WRIST BONE FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 25645 | T | TREAT WRIST BONE FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25650 | T | TREAT WRIST BONE FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 25651 | T | PIN ULNAR STYLOID FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25652 | N | TREAT FRACTURE ULNAR STYLOID | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25660 | T | TREAT WRIST DISLOCATION | | 05112 | 3.2214 | APC | $182.46 | | | |
| 25670 | T | TREAT WRIST DISLOCATION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25671 | T | PIN RADIOULNAR DISLOCATION | | 05121 | 19.7390 | APC | $1,118.02 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 25675 | T | TREAT WRIST DISLOCATION | | 05112 | 3.2214 | APC | $182.46 | | | |
| 25676 | N | TREAT WRIST DISLOCATION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25680 | T | TREAT WRIST FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 25685 | T | TREAT WRIST FRACTURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25690 | T | TREAT WRIST DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 25695 | T | TREAT WRIST DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25800 | N | FUSION OF WRIST JOINT | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 25805 | N | FUSION/GRAFT OF WRIST JOINT | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 25810 | N | FUSION/GRAFT OF WRIST JOINT | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 25820 | N | FUSION OF HAND BONES | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25825 | N | FUSE HAND BONES WITH GRAFT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25830 | N | FUSION RADIOULNAR JNT/ULNA | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 25900 | C | AMPUTATION OF FOREARM | | | | Inpatient Only | $0.00 | | | |
| 25905 | C | AMPUTATION OF FOREARM | | | | Inpatient Only | $0.00 | | | |
| 25907 | T | AMPUTATION FOLLOW-UP SURGERY | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25909 | T | AMPUTATION FOLLOW-UP SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 25915 | C | AMPUTATION OF FOREARM | | | | Inpatient Only | $0.00 | | | |
| 25920 | C | AMPUTATE HAND AT WRIST | | | | Inpatient Only | $0.00 | | | |
| 25922 | T | AMPUTATE HAND AT WRIST | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25924 | C | AMPUTATION FOLLOW-UP SURGERY | | | | Inpatient Only | $0.00 | | | |
| 25927 | C | AMPUTATION OF HAND | | | | Inpatient Only | $0.00 | | | |
| 25929 | T | AMPUTATION FOLLOW-UP SURGERY | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 25931 | T | AMPUTATION FOLLOW-UP SURGERY | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 25999 | T | FOREARM OR WRIST SURGERY | | 05111 | 2.3375 | APC | $132.40 | | | |
| 26010 | T | DRAINAGE OF FINGER ABSCESS | | 05071 | 3.0962 | APC | $175.37 | | | |
| 26011 | T | DRAINAGE OF FINGER ABSCESS | | 05073 | 12.7769 | APC | $723.68 | | | |
| 26020 | T | DRAIN HAND TENDON SHEATH | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26025 | T | DRAINAGE OF PALM BURSA | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26030 | T | DRAINAGE OF PALM BURSAS | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26034 | T | TREAT HAND BONE LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26035 | T | DECOMPRESS FINGERS/HAND | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26037 | T | DECOMPRESS FINGERS/HAND | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26040 | T | RELEASE PALM CONTRACTURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26045 | T | RELEASE PALM CONTRACTURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26055 | T | INCISE FINGER TENDON SHEATH | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26060 | T | INCISION OF FINGER TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26070 | T | EXPLORE/TREAT HAND JOINT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26075 | T | EXPLORE/TREAT FINGER JOINT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26080 | T | EXPLORE/TREAT FINGER JOINT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26100 | T | BIOPSY HAND JOINT LINING | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26105 | T | BIOPSY FINGER JOINT LINING | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26110 | T | BIOPSY FINGER JOINT LINING | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26111 | T | EXC HAND LES SC 1.5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 26113 | T | EXC HAND TUM DEEP 1.5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 26115 | T | EXC HAND LES SC < 1.5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 26116 | T | EXC HAND TUM DEEP < 1.5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 26117 | T | RAD RESECT HAND TUMOR < 3 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 26118 | T | RAD RESECT HAND TUMOR 3 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 26121 | T | RELEASE PALM CONTRACTURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26123 | T | RELEASE PALM CONTRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26125 | N | RELEASE PALM CONTRACTURE | | | | Bundled | $0.00 | | | |
| 26130 | T | REMOVE WRIST JOINT LINING | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26135 | T | REVISE FINGER JOINT EACH | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26140 | T | REVISE FINGER JOINT EACH | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26145 | T | TENDON EXCISION PALM/FINGER | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26160 | T | REMOVE TENDON SHEATH LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26170 | T | REMOVAL OF PALM TENDON EACH | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26180 | T | REMOVAL OF FINGER TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26185 | T | REMOVE FINGER BONE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26200 | T | REMOVE HAND BONE LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26205 | T | REMOVE/GRAFT BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26210 | T | REMOVAL OF FINGER LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 26215 | T | REMOVE/GRAFT FINGER LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26230 | T | PARTIAL REMOVAL OF HAND BONE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26235 | T | PARTIAL REMOVAL FINGER BONE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26236 | T | PARTIAL REMOVAL FINGER BONE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26250 | T | EXTENSIVE HAND SURGERY | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26260 | T | RESECT PROX FINGER TUMOR | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26262 | T | RESECT DISTAL FINGER TUMOR | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26320 | N | REMOVAL OF IMPLANT FROM HAND | | 05074 | 19.1832 | Bundled, sometimes payable | $1,086.54 | | | |
| 26340 | T | MANIPULATE FINGER W/ANESTH | | 05113 | 14.8722 | APC | $842.36 | | | |
| 26341 | T | MANIPULAT PALM CORD POST INJ | | 05112 | 3.2214 | APC | $182.46 | | | |
| 26350 | T | REPAIR FINGER/HAND TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26352 | T | REPAIR/GRAFT HAND TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26356 | T | REPAIR FINGER/HAND TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26357 | T | REPAIR FINGER/HAND TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26358 | T | REPAIR/GRAFT HAND TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26370 | T | REPAIR FINGER/HAND TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26372 | T | REPAIR/GRAFT HAND TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26373 | T | REPAIR FINGER/HAND TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26390 | N | REVISE HAND/FINGER TENDON | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 26392 | N | REPAIR/GRAFT HAND TENDON | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 26410 | T | REPAIR HAND TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26412 | T | REPAIR/GRAFT HAND TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26415 | T | EXCISION HAND/FINGER TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26416 | T | GRAFT HAND OR FINGER TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26418 | T | REPAIR FINGER TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26420 | T | REPAIR/GRAFT FINGER TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26426 | T | REPAIR FINGER/HAND TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26428 | T | REPAIR/GRAFT FINGER TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26432 | T | REPAIR FINGER TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26433 | T | REPAIR FINGER TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26434 | T | REPAIR/GRAFT FINGER TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26437 | T | REALIGNMENT OF TENDONS | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26440 | T | RELEASE PALM/FINGER TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26442 | T | RELEASE PALM & FINGER TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26445 | T | RELEASE HAND/FINGER TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26449 | T | RELEASE FOREARM/HAND TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26450 | T | INCISION OF PALM TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26455 | T | INCISION OF FINGER TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26460 | T | INCISE HAND/FINGER TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26471 | T | FUSION OF FINGER TENDONS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26474 | T | FUSION OF FINGER TENDONS | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26476 | T | TENDON LENGTHENING | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26477 | T | TENDON SHORTENING | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26478 | T | LENGTHENING OF HAND TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26479 | T | SHORTENING OF HAND TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26480 | T | TRANSPLANT HAND TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26483 | T | TRANSPLANT/GRAFT HAND TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26485 | T | TRANSPLANT PALM TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26489 | T | TRANSPLANT/GRAFT PALM TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26490 | T | REVISE THUMB TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26492 | T | TENDON TRANSFER WITH GRAFT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26494 | T | HAND TENDON/MUSCLE TRANSFER | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26496 | T | REVISE THUMB TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26497 | T | FINGER TENDON TRANSFER | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26498 | T | FINGER TENDON TRANSFER | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26499 | T | REVISION OF FINGER | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26500 | T | HAND TENDON RECONSTRUCTION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26502 | T | HAND TENDON RECONSTRUCTION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26508 | T | RELEASE THUMB CONTRACTURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26510 | T | THUMB TENDON TRANSFER | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26516 | T | FUSION OF KNUCKLE JOINT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26517 | T | FUSION OF KNUCKLE JOINTS | | 05122 | 32.4936 | APC | $1,840.44 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 26518 | T | FUSION OF KNUCKLE JOINTS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26520 | T | RELEASE KNUCKLE CONTRACTURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26525 | T | RELEASE FINGER CONTRACTURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26530 | T | REVISE KNUCKLE JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26531 | N | REVISE KNUCKLE WITH IMPLANT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 26535 | T | REVISE FINGER JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26536 | N | REVISE/IMPLANT FINGER JOINT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 26540 | T | REPAIR HAND JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26541 | T | REPAIR HAND JOINT WITH GRAFT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26542 | T | REPAIR HAND JOINT WITH GRAFT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26545 | T | RECONSTRUCT FINGER JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26546 | T | REPAIR NONUNION HAND | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26548 | T | RECONSTRUCT FINGER JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26550 | T | CONSTRUCT THUMB REPLACEMENT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26551 | C | GREAT TOE-HAND TRANSFER | | | | Inpatient Only | $0.00 | | | |
| 26553 | C | SINGLE TRANSFER TOE-HAND | | | | Inpatient Only | $0.00 | | | |
| 26554 | C | DOUBLE TRANSFER TOE-HAND | | | | Inpatient Only | $0.00 | | | |
| 26555 | T | POSITIONAL CHANGE OF FINGER | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26556 | C | TOE JOINT TRANSFER | | | | Inpatient Only | $0.00 | | | |
| 26560 | T | REPAIR OF WEB FINGER | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26561 | T | REPAIR OF WEB FINGER | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26562 | T | REPAIR OF WEB FINGER | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26565 | T | CORRECT METACARPAL FLAW | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26567 | T | CORRECT FINGER DEFORMITY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26568 | T | LENGTHEN METACARPAL/FINGER | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26580 | T | REPAIR HAND DEFORMITY | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26587 | T | RECONSTRUCT EXTRA FINGER | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26590 | T | REPAIR FINGER DEFORMITY | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26591 | T | REPAIR MUSCLES OF HAND | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26593 | T | RELEASE MUSCLES OF HAND | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26596 | T | EXCISION CONSTRICTING TISSUE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26600 | T | TREAT METACARPAL FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 26605 | T | TREAT METACARPAL FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 26607 | T | TREAT METACARPAL FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 26608 | T | TREAT METACARPAL FRACTURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26615 | T | TREAT METACARPAL FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26641 | T | TREAT THUMB DISLOCATION | | 05112 | 3.2214 | APC | $182.46 | | | |
| 26645 | T | TREAT THUMB FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 26650 | T | TREAT THUMB FRACTURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26665 | T | TREAT THUMB FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26670 | T | TREAT HAND DISLOCATION | | 05112 | 3.2214 | APC | $182.46 | | | |
| 26675 | T | TREAT HAND DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 26676 | T | PIN HAND DISLOCATION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26685 | T | TREAT HAND DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26686 | T | TREAT HAND DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26700 | T | TREAT KNUCKLE DISLOCATION | | 05112 | 3.2214 | APC | $182.46 | | | |
| 26705 | T | TREAT KNUCKLE DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 26706 | T | PIN KNUCKLE DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 26715 | T | TREAT KNUCKLE DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26720 | T | TREAT FINGER FRACTURE EACH | | 05111 | 2.3375 | APC | $132.40 | | | |
| 26725 | T | TREAT FINGER FRACTURE EACH | | 05112 | 3.2214 | APC | $182.46 | | | |
| 26727 | T | TREAT FINGER FRACTURE EACH | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26735 | T | TREAT FINGER FRACTURE EACH | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26740 | T | TREAT FINGER FRACTURE EACH | | 05112 | 3.2214 | APC | $182.46 | | | |
| 26742 | T | TREAT FINGER FRACTURE EACH | | 05113 | 14.8722 | APC | $842.36 | | | |
| 26746 | T | TREAT FINGER FRACTURE EACH | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26750 | T | TREAT FINGER FRACTURE EACH | | 05111 | 2.3375 | APC | $132.40 | | | |
| 26755 | T | TREAT FINGER FRACTURE EACH | | 05112 | 3.2214 | APC | $182.46 | | | |
| 26756 | T | PIN FINGER FRACTURE EACH | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26765 | T | TREAT FINGER FRACTURE EACH | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26770 | T | TREAT FINGER DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 26775 | S | TREAT FINGER DISLOCATION | | 05102 | 2.8197 | APC | $159.71 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 26776 | T | PIN FINGER DISLOCATION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26785 | T | TREAT FINGER DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26820 | T | THUMB FUSION WITH GRAFT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26841 | T | FUSION OF THUMB | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26842 | N | THUMB FUSION WITH GRAFT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 26843 | N | FUSION OF HAND JOINT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 26844 | N | FUSION/GRAFT OF HAND JOINT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 26850 | T | FUSION OF KNUCKLE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26852 | T | FUSION OF KNUCKLE WITH GRAFT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26860 | T | FUSION OF FINGER JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26861 | N | FUSION OF FINGER JNT ADD-ON | | | | Bundled | $0.00 | | | |
| 26862 | T | FUSION/GRAFT OF FINGER JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26863 | N | FUSE/GRAFT ADDED JOINT | | | | Bundled | $0.00 | | | |
| 26910 | T | AMPUTATE METACARPAL BONE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26951 | T | AMPUTATION OF FINGER/THUMB | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26952 | T | AMPUTATION OF FINGER/THUMB | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 26989 | T | HAND/FINGER SURGERY | | 05111 | 2.3375 | APC | $132.40 | | | |
| 26990 | T | DRAINAGE OF PELVIS LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26991 | T | DRAINAGE OF PELVIS BURSA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 26992 | C | DRAINAGE OF BONE LESION | | | | Inpatient Only | $0.00 | | | |
| 27000 | T | INCISION OF HIP TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27001 | T | INCISION OF HIP TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27003 | T | INCISION OF HIP TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27005 | C | INCISION OF HIP TENDON | | | | Inpatient Only | $0.00 | | | |
| 27006 | T | INCISION OF HIP TENDONS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27025 | C | INCISION OF HIP/THIGH FASCIA | | | | Inpatient Only | $0.00 | | | |
| 27027 | T | BUTTOCK FASCIOTOMY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27030 | C | DRAINAGE OF HIP JOINT | | | | Inpatient Only | $0.00 | | | |
| 27033 | T | EXPLORATION OF HIP JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27035 | T | DENERVATION OF HIP JOINT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27036 | C | EXCISION OF HIP JOINT/MUSCLE | | | | Inpatient Only | $0.00 | | | |
| 27040 | T | BIOPSY OF SOFT TISSUES | | 05073 | 12.7769 | APC | $723.68 | | | |
| 27041 | T | BIOPSY OF SOFT TISSUES | | 05073 | 12.7769 | APC | $723.68 | | | |
| 27043 | T | EXC HIP PELVIS LES SC 3 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27045 | T | EXC HIP/PELV TUM DEEP 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27047 | T | EXC HIP/PELVIS LES SC < 3 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27048 | T | EXC HIP/PELV TUM DEEP < 5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27049 | T | RESECT HIP/PELV TUM < 5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27050 | T | BIOPSY OF SACROILIAC JOINT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27052 | T | BIOPSY OF HIP JOINT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27054 | C | REMOVAL OF HIP JOINT LINING | | | | Inpatient Only | $0.00 | | | |
| 27057 | T | BUTTOCK FASCIOTOMY W/DBRDMT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27059 | T | RESECT HIP/PELV TUM 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27060 | T | REMOVAL OF ISCHIAL BURSA | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27062 | T | REMOVE FEMUR LESION/BURSA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27065 | T | REMOVE HIP BONE LES SUPER | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27066 | T | REMOVE HIP BONE LES DEEP | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27067 | T | REMOVE/GRAFT HIP BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27070 | C | PART REMOVE HIP BONE SUPER | | | | Inpatient Only | $0.00 | | | |
| 27071 | C | PART REMOVAL HIP BONE DEEP | | | | Inpatient Only | $0.00 | | | |
| 27075 | C | RESECT HIP TUMOR | | | | Inpatient Only | $0.00 | | | |
| 27076 | C | RESECT HIP TUM INCL ACETABUL | | | | Inpatient Only | $0.00 | | | |
| 27077 | C | RESECT HIP TUM W/INNOM BONE | | | | Inpatient Only | $0.00 | | | |
| 27078 | C | RSECT HIP TUM INCL FEMUR | | | | Inpatient Only | $0.00 | | | |
| 27080 | T | REMOVAL OF TAIL BONE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27086 | T | REMOVE HIP FOREIGN BODY | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27087 | T | REMOVE HIP FOREIGN BODY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27090 | C | REMOVAL OF HIP PROSTHESIS | | | | Inpatient Only | $0.00 | | | |
| 27091 | C | REMOVAL OF HIP PROSTHESIS | | | | Inpatient Only | $0.00 | | | |
| 27093 | N | INJECTION FOR HIP X-RAY | | | | Bundled | $0.00 | | | |
| 27095 | N | INJECTION FOR HIP X-RAY | | | | Bundled | $0.00 | | | |
| 27096 | E | INJECT SACROILIAC JOINT | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27097 | T | REVISION OF HIP TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27098 | T | TRANSFER TENDON TO PELVIS | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27100 | N | TRANSFER OF ABDOMINAL MUSCLE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27105 | T | TRANSFER OF SPINAL MUSCLE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27110 | T | TRANSFER OF ILIOPSOAS MUSCLE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27111 | T | TRANSFER OF ILIOPSOAS MUSCLE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27120 | C | RECONSTRUCTION OF HIP SOCKET | | | | Inpatient Only | $0.00 | | | |
| 27122 | C | RECONSTRUCTION OF HIP SOCKET | | | | Inpatient Only | $0.00 | | | |
| 27125 | C | PARTIAL HIP REPLACEMENT | | | | Inpatient Only | $0.00 | | | |
| 27130 | C | TOTAL HIP ARTHROPLASTY | | | | Inpatient Only | $0.00 | | | |
| 27132 | C | TOTAL HIP ARTHROPLASTY | | | | Inpatient Only | $0.00 | | | |
| 27134 | C | REVISE HIP JOINT REPLACEMENT | | | | Inpatient Only | $0.00 | | | |
| 27137 | C | REVISE HIP JOINT REPLACEMENT | | | | Inpatient Only | $0.00 | | | |
| 27138 | C | REVISE HIP JOINT REPLACEMENT | | | | Inpatient Only | $0.00 | | | |
| 27140 | C | TRANSPLANT FEMUR RIDGE | | | | Inpatient Only | $0.00 | | | |
| 27146 | C | INCISION OF HIP BONE | | | | Inpatient Only | $0.00 | | | |
| 27147 | C | REVISION OF HIP BONE | | | | Inpatient Only | $0.00 | | | |
| 27151 | C | INCISION OF HIP BONES | | | | Inpatient Only | $0.00 | | | |
| 27156 | C | REVISION OF HIP BONES | | | | Inpatient Only | $0.00 | | | |
| 27158 | C | REVISION OF PELVIS | | | | Inpatient Only | $0.00 | | | |
| 27161 | C | INCISION OF NECK OF FEMUR | | | | Inpatient Only | $0.00 | | | |
| 27165 | C | INCISION/FIXATION OF FEMUR | | | | Inpatient Only | $0.00 | | | |
| 27170 | C | REPAIR/GRAFT FEMUR HEAD/NECK | | | | Inpatient Only | $0.00 | | | |
| 27175 | C | TREAT SLIPPED EPIPHYSIS | | | | Inpatient Only | $0.00 | | | |
| 27176 | C | TREAT SLIPPED EPIPHYSIS | | | | Inpatient Only | $0.00 | | | |
| 27177 | C | TREAT SLIPPED EPIPHYSIS | | | | Inpatient Only | $0.00 | | | |
| 27178 | C | TREAT SLIPPED EPIPHYSIS | | | | Inpatient Only | $0.00 | | | |
| 27179 | N | REVISE HEAD/NECK OF FEMUR | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27181 | C | TREAT SLIPPED EPIPHYSIS | | | | Inpatient Only | $0.00 | | | |
| 27185 | C | REVISION OF FEMUR EPIPHYSIS | | | | Inpatient Only | $0.00 | | | |
| 27187 | C | REINFORCE HIP BONES | | | | Inpatient Only | $0.00 | | | |
| 27193 | T | TREAT PELVIC RING FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27194 | T | TREAT PELVIC RING FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27200 | T | TREAT TAIL BONE FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27202 | T | TREAT TAIL BONE FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27215 | E | TREAT PELVIC FRACTURE(S) | | | | Not Allowed | $0.00 | | | |
| 27216 | E | TREAT PELVIC RING FRACTURE | | | | Not Allowed | $0.00 | | | |
| 27217 | E | TREAT PELVIC RING FRACTURE | | | | Not Allowed | $0.00 | | | |
| 27218 | E | TREAT PELVIC RING FRACTURE | | | | Not Allowed | $0.00 | | | |
| 27220 | T | TREAT HIP SOCKET FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27222 | C | TREAT HIP SOCKET FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27226 | C | TREAT HIP WALL FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27227 | C | TREAT HIP FRACTURE(S) | | | | Inpatient Only | $0.00 | | | |
| 27228 | C | TREAT HIP FRACTURE(S) | | | | Inpatient Only | $0.00 | | | |
| 27230 | T | TREAT THIGH FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27232 | C | TREAT THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27235 | N | TREAT THIGH FRACTURE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27236 | C | TREAT THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27238 | T | TREAT THIGH FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27240 | C | TREAT THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27244 | C | TREAT THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27245 | C | TREAT THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27246 | T | TREAT THIGH FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27248 | C | TREAT THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27250 | T | TREAT HIP DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27252 | T | TREAT HIP DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27253 | C | TREAT HIP DISLOCATION | | | | Inpatient Only | $0.00 | | | |
| 27254 | C | TREAT HIP DISLOCATION | | | | Inpatient Only | $0.00 | | | |
| 27256 | T | TREAT HIP DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27257 | T | TREAT HIP DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27258 | C | TREAT HIP DISLOCATION | | | | Inpatient Only | $0.00 | | | |
| 27259 | C | TREAT HIP DISLOCATION | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27265 | T | TREAT HIP DISLOCATION | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27266 | T | TREAT HIP DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27267 | T | CLTX THIGH FX | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27268 | C | CLTX THIGH FX W/MNPJ | | | | Inpatient Only | $0.00 | | | |
| 27269 | C | OPTX THIGH FX | | | | Inpatient Only | $0.00 | | | |
| 27275 | T | MANIPULATION OF HIP JOINT | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27279 | N | ARTHRODESIS SACROILIAC JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 27280 | C | FUSION OF SACROILIAC JOINT | | | | Inpatient Only | $0.00 | | | |
| 27282 | C | FUSION OF PUBIC BONES | | | | Inpatient Only | $0.00 | | | |
| 27284 | C | FUSION OF HIP JOINT | | | | Inpatient Only | $0.00 | | | |
| 27286 | C | FUSION OF HIP JOINT | | | | Inpatient Only | $0.00 | | | |
| 27290 | C | AMPUTATION OF LEG AT HIP | | | | Inpatient Only | $0.00 | | | |
| 27295 | C | AMPUTATION OF LEG AT HIP | | | | Inpatient Only | $0.00 | | | |
| 27299 | T | PELVIS/HIP JOINT SURGERY | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27301 | T | DRAIN THIGH/KNEE LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27303 | C | DRAINAGE OF BONE LESION | | | | Inpatient Only | $0.00 | | | |
| 27305 | T | INCISE THIGH TENDON & FASCIA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27306 | T | INCISION OF THIGH TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27307 | T | INCISION OF THIGH TENDONS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27310 | T | EXPLORATION OF KNEE JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27323 | T | BIOPSY THIGH SOFT TISSUES | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27324 | T | BIOPSY THIGH SOFT TISSUES | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27325 | T | NEURECTOMY HAMSTRING | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 27326 | T | NEURECTOMY POPLITEAL | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 27327 | T | EXC THIGH/KNEE LES SC < 3 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27328 | T | EXC THIGH/KNEE TUM DEEP <5CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27329 | T | RESECT THIGH/KNEE TUM < 5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27330 | T | BIOPSY KNEE JOINT LINING | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27331 | T | EXPLORE/TREAT KNEE JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27332 | T | REMOVAL OF KNEE CARTILAGE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27333 | T | REMOVAL OF KNEE CARTILAGE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27334 | T | REMOVE KNEE JOINT LINING | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27335 | N | REMOVE KNEE JOINT LINING | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27337 | T | EXC THIGH/KNEE LES SC 3 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27339 | T | EXC THIGH/KNEE TUM DEP 5CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27340 | T | REMOVAL OF KNEECAP BURSA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27345 | T | REMOVAL OF KNEE CYST | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27347 | T | REMOVE KNEE CYST | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27350 | T | REMOVAL OF KNEECAP | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27355 | T | REMOVE FEMUR LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27356 | N | REMOVE FEMUR LESION/GRAFT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 27357 | N | REMOVE FEMUR LESION/GRAFT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27358 | N | REMOVE FEMUR LESION/FIXATION | | | | Bundled | $0.00 | | | |
| 27360 | T | PARTIAL REMOVAL LEG BONE(S) | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27364 | T | RESECT THIGH/KNEE TUM 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27365 | C | RESECT FEMUR/KNEE TUMOR | | | | Inpatient Only | $0.00 | | | |
| 27370 | N | INJECTION FOR KNEE X-RAY | | | | Bundled | $0.00 | | | |
| 27372 | T | REMOVAL OF FOREIGN BODY | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27380 | T | REPAIR OF KNEECAP TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27381 | N | REPAIR/GRAFT KNEECAP TENDON | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27385 | T | REPAIR OF THIGH MUSCLE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27386 | N | REPAIR/GRAFT OF THIGH MUSCLE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27390 | T | INCISION OF THIGH TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27391 | T | INCISION OF THIGH TENDONS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27392 | T | INCISION OF THIGH TENDONS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27393 | T | LENGTHENING OF THIGH TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27394 | T | LENGTHENING OF THIGH TENDONS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27395 | T | LENGTHENING OF THIGH TENDONS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27396 | T | TRANSPLANT OF THIGH TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27397 | T | TRANSPLANTS OF THIGH TENDONS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27400 | T | REVISE THIGH MUSCLES/TENDONS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27403 | T | REPAIR OF KNEE CARTILAGE | | 05121 | 19.7390 | APC | $1,118.02 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27405 | T | REPAIR OF KNEE LIGAMENT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27407 | N | REPAIR OF KNEE LIGAMENT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27409 | T | REPAIR OF KNEE LIGAMENTS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27412 | N | AUTOCHONDROCYTE IMPLANT KNEE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27415 | N | OSTEOCHONDRAL KNEE ALLOGRAFT | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27416 | N | OSTEOCHONDRAL KNEE AUTOGRAFT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27418 | N | REPAIR DEGENERATED KNEECAP | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27420 | N | REVISION OF UNSTABLE KNEECAP | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27422 | T | REVISION OF UNSTABLE KNEECAP | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27424 | T | REVISION/REMOVAL OF KNEECAP | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27425 | T | LAT RETINACULAR RELEASE OPEN | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27427 | N | RECONSTRUCTION KNEE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27428 | N | RECONSTRUCTION KNEE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27429 | N | RECONSTRUCTION KNEE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27430 | T | REVISION OF THIGH MUSCLES | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27435 | T | INCISION OF KNEE JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27437 | N | REVISE KNEECAP | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27438 | N | REVISE KNEECAP WITH IMPLANT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 27440 | N | REVISION OF KNEE JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 27441 | N | REVISION OF KNEE JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 27442 | N | REVISION OF KNEE JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 27443 | N | REVISION OF KNEE JOINT | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27445 | C | REVISION OF KNEE JOINT | | | | Inpatient Only | $0.00 | | | |
| 27446 | N | REVISION OF KNEE JOINT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 27447 | C | TOTAL KNEE ARTHROPLASTY | | | | Inpatient Only | $0.00 | | | |
| 27448 | C | INCISION OF THIGH | | | | Inpatient Only | $0.00 | | | |
| 27450 | C | INCISION OF THIGH | | | | Inpatient Only | $0.00 | | | |
| 27454 | C | REALIGNMENT OF THIGH BONE | | | | Inpatient Only | $0.00 | | | |
| 27455 | C | REALIGNMENT OF KNEE | | | | Inpatient Only | $0.00 | | | |
| 27457 | C | REALIGNMENT OF KNEE | | | | Inpatient Only | $0.00 | | | |
| 27465 | C | SHORTENING OF THIGH BONE | | | | Inpatient Only | $0.00 | | | |
| 27466 | C | LENGTHENING OF THIGH BONE | | | | Inpatient Only | $0.00 | | | |
| 27468 | C | SHORTEN/LENGTHEN THIGHS | | | | Inpatient Only | $0.00 | | | |
| 27470 | C | REPAIR OF THIGH | | | | Inpatient Only | $0.00 | | | |
| 27472 | C | REPAIR/GRAFT OF THIGH | | | | Inpatient Only | $0.00 | | | |
| 27475 | T | SURGERY TO STOP LEG GROWTH | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27477 | T | SURGERY TO STOP LEG GROWTH | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27479 | T | SURGERY TO STOP LEG GROWTH | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27485 | T | SURGERY TO STOP LEG GROWTH | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27486 | C | REVISE/REPLACE KNEE JOINT | | | | Inpatient Only | $0.00 | | | |
| 27487 | C | REVISE/REPLACE KNEE JOINT | | | | Inpatient Only | $0.00 | | | |
| 27488 | C | REMOVAL OF KNEE PROSTHESIS | | | | Inpatient Only | $0.00 | | | |
| 27495 | C | REINFORCE THIGH | | | | Inpatient Only | $0.00 | | | |
| 27496 | T | DECOMPRESSION OF THIGH/KNEE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27497 | T | DECOMPRESSION OF THIGH/KNEE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27498 | T | DECOMPRESSION OF THIGH/KNEE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27499 | T | DECOMPRESSION OF THIGH/KNEE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27500 | T | TREATMENT OF THIGH FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27501 | T | TREATMENT OF THIGH FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27502 | T | TREATMENT OF THIGH FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27503 | T | TREATMENT OF THIGH FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27506 | C | TREATMENT OF THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27507 | C | TREATMENT OF THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27508 | T | TREATMENT OF THIGH FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27509 | N | TREATMENT OF THIGH FRACTURE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27510 | T | TREATMENT OF THIGH FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27511 | C | TREATMENT OF THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27513 | C | TREATMENT OF THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27514 | C | TREATMENT OF THIGH FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27516 | T | TREAT THIGH FX GROWTH PLATE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27517 | T | TREAT THIGH FX GROWTH PLATE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27519 | C | TREAT THIGH FX GROWTH PLATE | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27520 | T | TREAT KNEECAP FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27524 | T | TREAT KNEECAP FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27530 | T | TREAT KNEE FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27532 | T | TREAT KNEE FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27535 | C | TREAT KNEE FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27536 | C | TREAT KNEE FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27538 | T | TREAT KNEE FRACTURE(S) | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27540 | C | TREAT KNEE FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 27550 | T | TREAT KNEE DISLOCATION | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27552 | T | TREAT KNEE DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27556 | C | TREAT KNEE DISLOCATION | | | | Inpatient Only | $0.00 | | | |
| 27557 | C | TREAT KNEE DISLOCATION | | | | Inpatient Only | $0.00 | | | |
| 27558 | C | TREAT KNEE DISLOCATION | | | | Inpatient Only | $0.00 | | | |
| 27560 | T | TREAT KNEECAP DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27562 | T | TREAT KNEECAP DISLOCATION | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27566 | T | TREAT KNEECAP DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27570 | T | FIXATION OF KNEE JOINT | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27580 | C | FUSION OF KNEE | | | | Inpatient Only | $0.00 | | | |
| 27590 | C | AMPUTATE LEG AT THIGH | | | | Inpatient Only | $0.00 | | | |
| 27591 | C | AMPUTATE LEG AT THIGH | | | | Inpatient Only | $0.00 | | | |
| 27592 | C | AMPUTATE LEG AT THIGH | | | | Inpatient Only | $0.00 | | | |
| 27594 | T | AMPUTATION FOLLOW-UP SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27596 | C | AMPUTATION FOLLOW-UP SURGERY | | | | Inpatient Only | $0.00 | | | |
| 27598 | C | AMPUTATE LOWER LEG AT KNEE | | | | Inpatient Only | $0.00 | | | |
| 27599 | T | LEG SURGERY PROCEDURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27600 | T | DECOMPRESSION OF LOWER LEG | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27601 | T | DECOMPRESSION OF LOWER LEG | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27602 | T | DECOMPRESSION OF LOWER LEG | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27603 | T | DRAIN LOWER LEG LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27604 | T | DRAIN LOWER LEG BURSA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27605 | T | INCISION OF ACHILLES TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27606 | T | INCISION OF ACHILLES TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27607 | T | TREAT LOWER LEG BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27610 | T | EXPLORE/TREAT ANKLE JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27612 | T | EXPLORATION OF ANKLE JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27613 | T | BIOPSY LOWER LEG SOFT TISSUE | | 05073 | 12.7769 | APC | $723.68 | | | |
| 27614 | T | BIOPSY LOWER LEG SOFT TISSUE | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27615 | T | RESECT LEG/ANKLE TUM < 5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27616 | T | RESECT LEG/ANKLE TUM 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27618 | T | EXC LEG/ANKLE TUM < 3 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27619 | T | EXC LEG/ANKLE TUM DEEP <5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27620 | T | EXPLORE/TREAT ANKLE JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27625 | T | REMOVE ANKLE JOINT LINING | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27626 | T | REMOVE ANKLE JOINT LINING | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27630 | T | REMOVAL OF TENDON LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27632 | T | EXC LEG/ANKLE LES SC 3 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27634 | T | EXC LEG/ANKLE TUM DEP 5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 27635 | T | REMOVE LOWER LEG BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27637 | N | REMOVE/GRAFT LEG BONE LESION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27638 | N | REMOVE/GRAFT LEG BONE LESION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27640 | T | PARTIAL REMOVAL OF TIBIA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27641 | T | PARTIAL REMOVAL OF FIBULA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27645 | C | RESECT TIBIA TUMOR | | | | Inpatient Only | $0.00 | | | |
| 27646 | C | RESECT FIBULA TUMOR | | | | Inpatient Only | $0.00 | | | |
| 27647 | T | RESECT TALUS/CALCANEUS TUM | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27648 | N | INJECTION FOR ANKLE X-RAY | | | | Bundled | $0.00 | | | |
| 27650 | T | REPAIR ACHILLES TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27652 | N | REPAIR/GRAFT ACHILLES TENDON | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27654 | N | REPAIR OF ACHILLES TENDON | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27656 | T | REPAIR LEG FASCIA DEFECT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27658 | T | REPAIR OF LEG TENDON EACH | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27659 | T | REPAIR OF LEG TENDON EACH | | 05122 | 32.4936 | APC | $1,840.44 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27664 | T | REPAIR OF LEG TENDON EACH | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27665 | N | REPAIR OF LEG TENDON EACH | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27675 | T | REPAIR LOWER LEG TENDONS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27676 | T | REPAIR LOWER LEG TENDONS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27680 | T | RELEASE OF LOWER LEG TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27681 | T | RELEASE OF LOWER LEG TENDONS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27685 | T | REVISION OF LOWER LEG TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27686 | T | REVISE LOWER LEG TENDONS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27687 | T | REVISION OF CALF TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27690 | T | REVISE LOWER LEG TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27691 | T | REVISE LOWER LEG TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27692 | N | REVISE ADDITIONAL LEG TENDON | | | | Bundled | $0.00 | | | |
| 27695 | T | REPAIR OF ANKLE LIGAMENT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27696 | T | REPAIR OF ANKLE LIGAMENTS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27698 | T | REPAIR OF ANKLE LIGAMENT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27700 | N | REVISION OF ANKLE JOINT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27702 | C | RECONSTRUCT ANKLE JOINT | | | | Inpatient Only | $0.00 | | | |
| 27703 | C | RECONSTRUCTION ANKLE JOINT | | | | Inpatient Only | $0.00 | | | |
| 27704 | N | REMOVAL OF ANKLE IMPLANT | | 05122 | 32.4936 | Bundled, sometimes payable | $1,840.44 | | | |
| 27705 | T | INCISION OF TIBIA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27707 | T | INCISION OF FIBULA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27709 | N | INCISION OF TIBIA & FIBULA | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27712 | C | REALIGNMENT OF LOWER LEG | | | | Inpatient Only | $0.00 | | | |
| 27715 | C | REVISION OF LOWER LEG | | | | Inpatient Only | $0.00 | | | |
| 27720 | N | REPAIR OF TIBIA | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27722 | N | REPAIR/GRAFT OF TIBIA | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27724 | C | REPAIR/GRAFT OF TIBIA | | | | Inpatient Only | $0.00 | | | |
| 27725 | C | REPAIR OF LOWER LEG | | | | Inpatient Only | $0.00 | | | |
| 27726 | N | REPAIR FIBULA NONUNION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27727 | C | REPAIR OF LOWER LEG | | | | Inpatient Only | $0.00 | | | |
| 27730 | T | REPAIR OF TIBIA EPIPHYSIS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27732 | T | REPAIR OF FIBULA EPIPHYSIS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27734 | T | REPAIR LOWER LEG EPIPHYSES | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27740 | T | REPAIR OF LEG EPIPHYSES | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27742 | T | REPAIR OF LEG EPIPHYSES | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27745 | N | REINFORCE TIBIA | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27750 | T | TREATMENT OF TIBIA FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27752 | T | TREATMENT OF TIBIA FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27756 | N | TREATMENT OF TIBIA FRACTURE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27758 | N | TREATMENT OF TIBIA FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27759 | N | TREATMENT OF TIBIA FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27760 | T | CLTX MEDIAL ANKLE FX | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27762 | T | CLTX MED ANKLE FX W/MNPJ | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27766 | T | OPTX MEDIAL ANKLE FX | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27767 | T | CLTX POST ANKLE FX | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27768 | T | CLTX POST ANKLE FX W/MNPJ | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27769 | N | OPTX POST ANKLE FX | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27780 | T | TREATMENT OF FIBULA FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27781 | T | TREATMENT OF FIBULA FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27784 | N | TREATMENT OF FIBULA FRACTURE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27786 | T | TREATMENT OF ANKLE FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27788 | T | TREATMENT OF ANKLE FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27792 | N | TREATMENT OF ANKLE FRACTURE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27808 | T | TREATMENT OF ANKLE FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27810 | T | TREATMENT OF ANKLE FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27814 | N | TREATMENT OF ANKLE FRACTURE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27816 | T | TREATMENT OF ANKLE FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27818 | T | TREATMENT OF ANKLE FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27822 | N | TREATMENT OF ANKLE FRACTURE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27823 | N | TREATMENT OF ANKLE FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27824 | T | TREAT LOWER LEG FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 27825 | T | TREAT LOWER LEG FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 27826 | N | TREAT LOWER LEG FRACTURE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27827 | N | TREAT LOWER LEG FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27828 | N | TREAT LOWER LEG FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27829 | T | TREAT LOWER LEG JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27830 | T | TREAT LOWER LEG DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27831 | T | TREAT LOWER LEG DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27832 | N | TREAT LOWER LEG DISLOCATION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 27840 | T | TREAT ANKLE DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 27842 | T | TREAT ANKLE DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27846 | T | TREAT ANKLE DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27848 | T | TREAT ANKLE DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27860 | T | FIXATION OF ANKLE JOINT | | 05113 | 14.8722 | APC | $842.36 | | | |
| 27870 | N | FUSION OF ANKLE JOINT OPEN | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 27871 | N | FUSION OF TIBIOFIBULAR JOINT | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 27880 | C | AMPUTATION OF LOWER LEG | | | | Inpatient Only | $0.00 | | | |
| 27881 | C | AMPUTATION OF LOWER LEG | | | | Inpatient Only | $0.00 | | | |
| 27882 | C | AMPUTATION OF LOWER LEG | | | | Inpatient Only | $0.00 | | | |
| 27884 | T | AMPUTATION FOLLOW-UP SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27886 | C | AMPUTATION FOLLOW-UP SURGERY | | | | Inpatient Only | $0.00 | | | |
| 27888 | C | AMPUTATION OF FOOT AT ANKLE | | | | Inpatient Only | $0.00 | | | |
| 27889 | T | AMPUTATION OF FOOT AT ANKLE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27892 | T | DECOMPRESSION OF LEG | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27893 | T | DECOMPRESSION OF LEG | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 27894 | T | DECOMPRESSION OF LEG | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 27899 | T | LEG/ANKLE SURGERY PROCEDURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 28001 | T | DRAINAGE OF BURSA OF FOOT | | 05073 | 12.7769 | APC | $723.68 | | | |
| 28002 | T | TREATMENT OF FOOT INFECTION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28003 | T | TREATMENT OF FOOT INFECTION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28005 | T | TREAT FOOT BONE LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28008 | T | INCISION OF FOOT FASCIA | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28010 | T | INCISION OF TOE TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28011 | T | INCISION OF TOE TENDONS | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28020 | T | EXPLORATION OF FOOT JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28022 | T | EXPLORATION OF FOOT JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28024 | T | EXPLORATION OF TOE JOINT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28035 | T | DECOMPRESSION OF TIBIA NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 28039 | T | EXC FOOT/TOE TUM SC 1.5 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 28041 | T | EXC FOOT/TOE TUM DEP 1.5CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 28043 | T | EXC FOOT/TOE TUM SC < 1.5 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 28045 | T | EXC FOOT/TOE TUM DEEP <1.5CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 28046 | T | RESECT FOOT/TOE TUMOR < 3 CM | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 28047 | T | RESECT FOOT/TOE TUMOR 3 CM/> | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 28050 | T | BIOPSY OF FOOT JOINT LINING | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28052 | T | BIOPSY OF FOOT JOINT LINING | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28054 | T | BIOPSY OF TOE JOINT LINING | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28055 | T | NEURECTOMY FOOT | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 28060 | T | PARTIAL REMOVAL FOOT FASCIA | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28062 | T | REMOVAL OF FOOT FASCIA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28070 | T | REMOVAL OF FOOT JOINT LINING | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28072 | T | REMOVAL OF FOOT JOINT LINING | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28080 | T | REMOVAL OF FOOT LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28086 | T | EXCISE FOOT TENDON SHEATH | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28088 | T | EXCISE FOOT TENDON SHEATH | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28090 | T | REMOVAL OF FOOT LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28092 | T | REMOVAL OF TOE LESIONS | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28100 | T | REMOVAL OF ANKLE/HEEL LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28102 | N | REMOVE/GRAFT FOOT LESION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28103 | N | REMOVE/GRAFT FOOT LESION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28104 | T | REMOVAL OF FOOT LESION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28106 | T | REMOVE/GRAFT FOOT LESION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28107 | N | REMOVE/GRAFT FOOT LESION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28108 | T | REMOVAL OF TOE LESIONS | | 05121 | 19.7390 | APC | $1,118.02 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 28110 | T | PART REMOVAL OF METATARSAL | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28111 | T | PART REMOVAL OF METATARSAL | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28112 | T | PART REMOVAL OF METATARSAL | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28113 | T | PART REMOVAL OF METATARSAL | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28114 | T | REMOVAL OF METATARSAL HEADS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28116 | T | REVISION OF FOOT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28118 | T | REMOVAL OF HEEL BONE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28119 | T | REMOVAL OF HEEL SPUR | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28120 | T | PART REMOVAL OF ANKLE/HEEL | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28122 | T | PARTIAL REMOVAL OF FOOT BONE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28124 | T | PARTIAL REMOVAL OF TOE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28126 | T | PARTIAL REMOVAL OF TOE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28130 | T | REMOVAL OF ANKLE BONE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28140 | T | REMOVAL OF METATARSAL | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28150 | T | REMOVAL OF TOE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28153 | T | PARTIAL REMOVAL OF TOE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28160 | T | PARTIAL REMOVAL OF TOE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28171 | T | RESECT TARSAL TUMOR | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28173 | T | RESECT METATARSAL TUMOR | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28175 | T | RESECT PHALANX OF TOE TUMOR | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28190 | T | REMOVAL OF FOOT FOREIGN BODY | | 05073 | 12.7769 | APC | $723.68 | | | |
| 28192 | T | REMOVAL OF FOOT FOREIGN BODY | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 28193 | T | REMOVAL OF FOOT FOREIGN BODY | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 28200 | T | REPAIR OF FOOT TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28202 | N | REPAIR/GRAFT OF FOOT TENDON | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28208 | T | REPAIR OF FOOT TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28210 | N | REPAIR/GRAFT OF FOOT TENDON | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28220 | T | RELEASE OF FOOT TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28222 | T | RELEASE OF FOOT TENDONS | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28225 | T | RELEASE OF FOOT TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28226 | T | RELEASE OF FOOT TENDONS | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28230 | T | INCISION OF FOOT TENDON(S) | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28232 | T | INCISION OF TOE TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28234 | T | INCISION OF FOOT TENDON | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28238 | T | REVISION OF FOOT TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28240 | T | RELEASE OF BIG TOE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28250 | T | REVISION OF FOOT FASCIA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28260 | T | RELEASE OF MIDFOOT JOINT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28261 | T | REVISION OF FOOT TENDON | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28262 | N | REVISION OF FOOT AND ANKLE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28264 | T | RELEASE OF MIDFOOT JOINT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28270 | T | RELEASE OF FOOT CONTRACTURE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28272 | T | RELEASE OF TOE JOINT EACH | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28280 | T | FUSION OF TOES | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28285 | T | REPAIR OF HAMMERTOE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28286 | T | REPAIR OF HAMMERTOE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28288 | T | PARTIAL REMOVAL OF FOOT BONE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28289 | T | REPAIR HALLUX RIGIDUS | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28290 | T | CORRECTION OF BUNION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28292 | T | CORRECTION OF BUNION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28293 | N | CORRECTION OF BUNION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28294 | T | CORRECTION OF BUNION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28296 | T | CORRECTION OF BUNION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28297 | N | CORRECTION OF BUNION | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 28298 | T | CORRECTION OF BUNION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28299 | T | CORRECTION OF BUNION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28300 | N | INCISION OF HEEL BONE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28302 | T | INCISION OF ANKLE BONE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28304 | N | INCISION OF MIDFOOT BONES | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28305 | N | INCISE/GRAFT MIDFOOT BONES | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28306 | T | INCISION OF METATARSAL | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28307 | T | INCISION OF METATARSAL | | 05122 | 32.4936 | APC | $1,840.44 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 28308 | T | INCISION OF METATARSAL | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28309 | N | INCISION OF METATARSALS | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28310 | T | REVISION OF BIG TOE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28312 | T | REVISION OF TOE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28313 | T | REPAIR DEFORMITY OF TOE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28315 | T | REMOVAL OF SESAMOID BONE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28320 | N | REPAIR OF FOOT BONES | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 28322 | N | REPAIR OF METATARSALS | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28340 | T | RESECT ENLARGED TOE TISSUE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28341 | T | RESECT ENLARGED TOE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28344 | T | REPAIR EXTRA TOE(S) | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28345 | T | REPAIR WEBBED TOE(S) | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28360 | N | RECONSTRUCT CLEFT FOOT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28400 | T | TREATMENT OF HEEL FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 28405 | T | TREATMENT OF HEEL FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 28406 | T | TREATMENT OF HEEL FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28415 | N | TREAT HEEL FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 28420 | N | TREAT/GRAFT HEEL FRACTURE | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 28430 | T | TREATMENT OF ANKLE FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 28435 | T | TREATMENT OF ANKLE FRACTURE | | 05113 | 14.8722 | APC | $842.36 | | | |
| 28436 | T | TREATMENT OF ANKLE FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28445 | N | TREAT ANKLE FRACTURE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28446 | N | OSTEOCHONDRAL TALUS AUTOGRFT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28450 | T | TREAT MIDFOOT FRACTURE EACH | | 05112 | 3.2214 | APC | $182.46 | | | |
| 28455 | T | TREAT MIDFOOT FRACTURE EACH | | 05113 | 14.8722 | APC | $842.36 | | | |
| 28456 | N | TREAT MIDFOOT FRACTURE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 28465 | N | TREAT MIDFOOT FRACTURE EACH | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28470 | T | TREAT METATARSAL FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 28475 | T | TREAT METATARSAL FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 28476 | T | TREAT METATARSAL FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28485 | T | TREAT METATARSAL FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28490 | T | TREAT BIG TOE FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 28495 | T | TREAT BIG TOE FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 28496 | T | TREAT BIG TOE FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28505 | T | TREAT BIG TOE FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28510 | T | TREATMENT OF TOE FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 28515 | T | TREATMENT OF TOE FRACTURE | | 05112 | 3.2214 | APC | $182.46 | | | |
| 28525 | T | TREAT TOE FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28530 | T | TREAT SESAMOID BONE FRACTURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 28531 | T | TREAT SESAMOID BONE FRACTURE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28540 | T | TREAT FOOT DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 28545 | T | TREAT FOOT DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28546 | T | TREAT FOOT DISLOCATION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28555 | N | REPAIR FOOT DISLOCATION | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 28570 | T | TREAT FOOT DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 28575 | T | TREAT FOOT DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 28576 | T | TREAT FOOT DISLOCATION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28585 | T | REPAIR FOOT DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28600 | T | TREAT FOOT DISLOCATION | | 05112 | 3.2214 | APC | $182.46 | | | |
| 28605 | T | TREAT FOOT DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 28606 | T | TREAT FOOT DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28615 | N | REPAIR FOOT DISLOCATION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28630 | T | TREAT TOE DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 28635 | T | TREAT TOE DISLOCATION | | 05113 | 14.8722 | APC | $842.36 | | | |
| 28636 | T | TREAT TOE DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28645 | T | REPAIR TOE DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28660 | T | TREAT TOE DISLOCATION | | 05111 | 2.3375 | APC | $132.40 | | | |
| 28665 | S | TREAT TOE DISLOCATION | | 05102 | 2.8197 | APC | $159.71 | | | |
| 28666 | T | TREAT TOE DISLOCATION | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28675 | T | REPAIR OF TOE DISLOCATION | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28705 | N | FUSION OF FOOT BONES | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 28715 | N | FUSION OF FOOT BONES | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 28725 | N | FUSION OF FOOT BONES | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 28730 | N | FUSION OF FOOT BONES | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 28735 | N | FUSION OF FOOT BONES | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 28737 | N | REVISION OF FOOT BONES | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 28740 | N | FUSION OF FOOT BONES | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 28750 | N | FUSION OF BIG TOE JOINT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28755 | T | FUSION OF BIG TOE JOINT | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28760 | N | FUSION OF BIG TOE JOINT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 28800 | C | AMPUTATION OF MIDFOOT | | | | Inpatient Only | $0.00 | | | |
| 28805 | T | AMPUTATION THRU METATARSAL | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 28810 | T | AMPUTATION TOE & METATARSAL | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28820 | T | AMPUTATION OF TOE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28825 | T | PARTIAL AMPUTATION OF TOE | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28890 | T | HI ENRGY ESWT PLANTAR FASCIA | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 28899 | T | FOOT/TOES SURGERY PROCEDURE | | 05111 | 2.3375 | APC | $132.40 | | | |
| 29000 | S | APPLICATION OF BODY CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29010 | S | APPLICATION OF BODY CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29015 | S | APPLICATION OF BODY CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29035 | S | APPLICATION OF BODY CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29040 | S | APPLICATION OF BODY CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29044 | S | APPLICATION OF BODY CAST | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29046 | S | APPLICATION OF BODY CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29049 | S | APPLICATION OF FIGURE EIGHT | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29055 | S | APPLICATION OF SHOULDER CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29058 | S | APPLICATION OF SHOULDER CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29065 | S | APPLICATION OF LONG ARM CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29075 | S | APPLICATION OF FOREARM CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29085 | S | APPLY HAND/WRIST CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29086 | S | APPLY FINGER CAST | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29105 | S | APPLY LONG ARM SPLINT | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29125 | N | APPLY FOREARM SPLINT | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 29126 | N | APPLY FOREARM SPLINT | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 29130 | N | APPLICATION OF FINGER SPLINT | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 29131 | N | APPLICATION OF FINGER SPLINT | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 29200 | S | STRAPPING OF CHEST | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29240 | N | STRAPPING OF SHOULDER | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 29260 | N | STRAPPING OF ELBOW OR WRIST | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 29280 | N | STRAPPING OF HAND OR FINGER | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 29305 | S | APPLICATION OF HIP CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29325 | S | APPLICATION OF HIP CASTS | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29345 | S | APPLICATION OF LONG LEG CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29355 | S | APPLICATION OF LONG LEG CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29358 | S | APPLY LONG LEG CAST BRACE | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29365 | S | APPLICATION OF LONG LEG CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29405 | S | APPLY SHORT LEG CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29425 | S | APPLY SHORT LEG CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29435 | S | APPLY SHORT LEG CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29440 | S | ADDITION OF WALKER TO CAST | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29445 | S | APPLY RIGID LEG CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29450 | S | APPLICATION OF LEG CAST | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29505 | S | APPLICATION LONG LEG SPLINT | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29515 | S | APPLICATION LOWER LEG SPLINT | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29520 | N | STRAPPING OF HIP | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 29530 | N | STRAPPING OF KNEE | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 29540 | S | STRAPPING OF ANKLE AND/OR FT | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29550 | N | STRAPPING OF TOES | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 29580 | S | APPLICATION OF PASTE BOOT | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29581 | S | APPLY MULTLAY COMPRS LWR LEG | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29582 | S | APPLY MULTLAY COMPRS UPR LEG | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29583 | S | APPLY MULTLAY COMPRS UPR ARM | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29584 | S | APPL MULTLAY COMPRS ARM/HAND | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29700 | S | REMOVAL/REVISION OF CAST | | 05102 | 2.8197 | APC | $159.71 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 29705 | S | REMOVAL/REVISION OF CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29710 | S | REMOVAL/REVISION OF CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29720 | S | REPAIR OF BODY CAST | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29730 | S | WINDOWING OF CAST | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29740 | S | WEDGING OF CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29750 | S | WEDGING OF CLUBFOOT CAST | | 05102 | 2.8197 | APC | $159.71 | | | |
| 29799 | S | CASTING/STRAPPING PROCEDURE | | 05101 | 1.6174 | APC | $91.61 | | | |
| 29800 | T | JAW ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | Y |
| 29804 | T | JAW ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | Y |
| 29805 | T | SHOULDER ARTHROSCOPY DX | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29806 | N | SHOULDER ARTHROSCOPY/SURGERY | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 29807 | N | SHOULDER ARTHROSCOPY/SURGERY | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 29819 | T | SHOULDER ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29820 | T | SHOULDER ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29821 | T | SHOULDER ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29822 | T | SHOULDER ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29823 | T | SHOULDER ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29824 | T | SHOULDER ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29825 | T | SHOULDER ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29826 | N | SHOULDER ARTHROSCOPY/SURGERY | | | | Bundled | $0.00 | | | |
| 29827 | N | ARTHROSCOP ROTATOR CUFF REPR | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 29828 | N | ARTHROSCOPY BICEPS TENODESIS | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 29830 | T | ELBOW ARTHROSCOPY | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 29834 | T | ELBOW ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29835 | T | ELBOW ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29836 | T | ELBOW ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29837 | T | ELBOW ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29838 | T | ELBOW ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29840 | T | WRIST ARTHROSCOPY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29843 | T | WRIST ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29844 | T | WRIST ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29845 | T | WRIST ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29846 | T | WRIST ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29847 | T | WRIST ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29848 | T | WRIST ENDOSCOPY/SURGERY | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 29850 | T | KNEE ARTHROSCOPY/SURGERY | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 29851 | T | KNEE ARTHROSCOPY/SURGERY | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 29855 | N | TIBIAL ARTHROSCOPY/SURGERY | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 29856 | N | TIBIAL ARTHROSCOPY/SURGERY | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 29860 | T | HIP ARTHROSCOPY DX | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29861 | T | HIP ARTHRO W/FB REMOVAL | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29862 | N | HIP ARTHR0 W/DEBRIDEMENT | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 29863 | T | HIP ARTHR0 W/SYNOVECTOMY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29866 | N | AUTGRFT IMPLNT KNEE W/SCOPE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 29867 | N | ALLGRFT IMPLNT KNEE W/SCOPE | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 29868 | N | MENISCAL TRNSPL KNEE W/SCPE | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 29870 | T | KNEE ARTHROSCOPY DX | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29871 | T | KNEE ARTHROSCOPY/DRAINAGE | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29873 | T | KNEE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29874 | T | KNEE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29875 | T | KNEE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29876 | T | KNEE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29877 | T | KNEE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29879 | T | KNEE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29880 | T | KNEE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29881 | T | KNEE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29882 | T | KNEE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29883 | T | KNEE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29884 | T | KNEE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29885 | N | KNEE ARTHROSCOPY/SURGERY | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 29886 | T | KNEE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29887 | T | KNEE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 29888 | N | KNEE ARTHROSCOPY/SURGERY | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 29889 | N | KNEE ARTHROSCOPY/SURGERY | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 29891 | T | ANKLE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29892 | T | ANKLE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29893 | T | SCOPE PLANTAR FASCIOTOMY | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 29894 | T | ANKLE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29895 | T | ANKLE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29897 | T | ANKLE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29898 | T | ANKLE ARTHROSCOPY/SURGERY | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29899 | N | ANKLE ARTHROSCOPY/SURGERY | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 29900 | T | MCP JOINT ARTHROSCOPY DX | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29901 | T | MCP JOINT ARTHROSCOPY SURG | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29902 | T | MCP JOINT ARTHROSCOPY SURG | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 29904 | T | SUBTALAR ARTHRO W/FB RMVL | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29905 | T | SUBTALAR ARTHRO W/EXC | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 29906 | T | SUBTALAR ARTHRO W/DEB | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 29907 | N | SUBTALAR ARTHRO W/FUSION | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 29914 | N | HIP ARTHRO W/FEMOROPLASTY | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 29915 | N | HIP ARTHRO ACETABULOPLASTY | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 29916 | N | HIP ARTHRO W/LABRAL REPAIR | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 29999 | T | ARTHROSCOPY OF JOINT | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 30000 | T | DRAINAGE OF NOSE LESION | | 05161 | 1.7537 | APC | $99.33 | | | |
| 30020 | T | DRAINAGE OF NOSE LESION | | 05162 | 4.2445 | APC | $240.41 | | | |
| 30100 | T | INTRANASAL BIOPSY | | 05163 | 9.3541 | APC | $529.82 | | | |
| 30110 | T | REMOVAL OF NOSE POLYP(S) | | 05163 | 9.3541 | APC | $529.82 | | | |
| 30115 | T | REMOVAL OF NOSE POLYP(S) | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 30117 | T | REMOVAL OF INTRANASAL LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 30118 | T | REMOVAL OF INTRANASAL LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 30120 | T | REVISION OF NOSE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 30124 | T | REMOVAL OF NOSE LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 30125 | N | REMOVAL OF NOSE LESION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 30130 | T | EXCISE INFERIOR TURBINATE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 30140 | T | RESECT INFERIOR TURBINATE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 30150 | N | PARTIAL REMOVAL OF NOSE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 30160 | N | REMOVAL OF NOSE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 30200 | T | INJECTION TREATMENT OF NOSE | | 05163 | 9.3541 | APC | $529.82 | | | |
| 30210 | T | NASAL SINUS THERAPY | | 05163 | 9.3541 | APC | $529.82 | | | |
| 30220 | T | INSERT NASAL SEPTAL BUTTON | | 05163 | 9.3541 | APC | $529.82 | | | |
| 30300 | N | REMOVE NASAL FOREIGN BODY | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 30310 | T | REMOVE NASAL FOREIGN BODY | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 30320 | T | REMOVE NASAL FOREIGN BODY | | 05163 | 9.3541 | APC | $529.82 | | | |
| 30400 | T | RECONSTRUCTION OF NOSE | | 05164 | 21.9315 | APC | $1,242.20 | | | Y |
| 30410 | N | RECONSTRUCTION OF NOSE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 30420 | N | RECONSTRUCTION OF NOSE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 30430 | T | REVISION OF NOSE | | 05164 | 21.9315 | APC | $1,242.20 | | | Y |
| 30435 | N | REVISION OF NOSE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 30450 | N | REVISION OF NOSE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 30460 | N | REVISION OF NOSE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 30462 | N | REVISION OF NOSE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 30465 | N | REPAIR NASAL STENOSIS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | Y |
| 30520 | T | REPAIR OF NASAL SEPTUM | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 30540 | N | REPAIR NASAL DEFECT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 30545 | N | REPAIR NASAL DEFECT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 30560 | T | RELEASE OF NASAL ADHESIONS | | 05162 | 4.2445 | APC | $240.41 | | | |
| 30580 | N | REPAIR UPPER JAW FISTULA | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 30600 | N | REPAIR MOUTH/NOSE FISTULA | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 30620 | N | INTRANASAL RECONSTRUCTION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 30630 | T | REPAIR NASAL SEPTUM DEFECT | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 30801 | T | ABLATE INF TURBINATE SUPERF | | 05163 | 9.3541 | APC | $529.82 | | | |
| 30802 | T | ABLATE INF TURBINATE SUBMUC | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 30901 | N | CONTROL OF NOSEBLEED | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 30903 | T | CONTROL OF NOSEBLEED | | 05161 | 1.7537 | APC | $99.33 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 30905 | T | CONTROL OF NOSEBLEED | | 05161 | 1.7537 | APC | $99.33 | | | |
| 30906 | T | REPEAT CONTROL OF NOSEBLEED | | 05161 | 1.7537 | APC | $99.33 | | | |
| 30915 | T | LIGATION NASAL SINUS ARTERY | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 30920 | T | LIGATION UPPER JAW ARTERY | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 30930 | T | THER FX NASAL INF TURBINATE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 30999 | T | NASAL SURGERY PROCEDURE | | 05161 | 1.7537 | APC | $99.33 | | | |
| 31000 | T | IRRIGATION MAXILLARY SINUS | | 05162 | 4.2445 | APC | $240.41 | | | |
| 31002 | T | IRRIGATION SPHENOID SINUS | | 05163 | 9.3541 | APC | $529.82 | | | |
| 31020 | T | EXPLORATION MAXILLARY SINUS | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 31030 | N | EXPLORATION MAXILLARY SINUS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31032 | N | EXPLORE SINUS REMOVE POLYPS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31040 | T | EXPLORATION BEHIND UPPER JAW | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 31050 | N | EXPLORATION SPHENOID SINUS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31051 | N | SPHENOID SINUS SURGERY | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31070 | N | EXPLORATION OF FRONTAL SINUS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31075 | N | EXPLORATION OF FRONTAL SINUS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31080 | N | REMOVAL OF FRONTAL SINUS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31081 | N | REMOVAL OF FRONTAL SINUS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31084 | N | REMOVAL OF FRONTAL SINUS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31085 | N | REMOVAL OF FRONTAL SINUS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31086 | N | REMOVAL OF FRONTAL SINUS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31087 | N | REMOVAL OF FRONTAL SINUS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31090 | N | EXPLORATION OF SINUSES | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31200 | N | REMOVAL OF ETHMOID SINUS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31201 | T | REMOVAL OF ETHMOID SINUS | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 31205 | T | REMOVAL OF ETHMOID SINUS | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 31225 | C | REMOVAL OF UPPER JAW | | | | Inpatient Only | $0.00 | | | |
| 31230 | C | REMOVAL OF UPPER JAW | | | | Inpatient Only | $0.00 | | | |
| 31231 | T | NASAL ENDOSCOPY DX | | 05151 | 1.9167 | APC | $108.56 | | | |
| 31233 | T | NASAL/SINUS ENDOSCOPY DX | | 05152 | 5.0883 | APC | $288.20 | | | |
| 31235 | T | NASAL/SINUS ENDOSCOPY DX | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31237 | T | NASAL/SINUS ENDOSCOPY SURG | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31238 | T | NASAL/SINUS ENDOSCOPY SURG | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31239 | T | NASAL/SINUS ENDOSCOPY SURG | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31240 | T | NASAL/SINUS ENDOSCOPY SURG | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31254 | T | REVISION OF ETHMOID SINUS | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31255 | T | REMOVAL OF ETHMOID SINUS | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31256 | T | EXPLORATION MAXILLARY SINUS | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31267 | T | ENDOSCOPY MAXILLARY SINUS | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31276 | T | SINUS ENDOSCOPY SURGICAL | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31287 | T | NASAL/SINUS ENDOSCOPY SURG | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31288 | T | NASAL/SINUS ENDOSCOPY SURG | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31290 | C | NASAL/SINUS ENDOSCOPY SURG | | | | Inpatient Only | $0.00 | | | |
| 31291 | C | NASAL/SINUS ENDOSCOPY SURG | | | | Inpatient Only | $0.00 | | | |
| 31292 | T | NASAL/SINUS ENDOSCOPY SURG | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31293 | T | NASAL/SINUS ENDOSCOPY SURG | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31294 | T | NASAL/SINUS ENDOSCOPY SURG | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31295 | T | SINUS ENDO W/BALLOON DIL | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31296 | T | SINUS ENDO W/BALLOON DIL | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31297 | T | SINUS ENDO W/BALLOON DIL | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31299 | T | SINUS SURGERY PROCEDURE | | 05161 | 1.7537 | APC | $99.33 | | | |
| 31300 | T | REMOVAL OF LARYNX LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 31320 | N | DIAGNOSTIC INCISION LARYNX | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31360 | C | REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31365 | C | REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31367 | C | PARTIAL REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31368 | C | PARTIAL REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31370 | C | PARTIAL REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31375 | C | PARTIAL REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31380 | C | PARTIAL REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31382 | C | PARTIAL REMOVAL OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31390 | C | REMOVAL OF LARYNX & PHARYNX | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 31395 | C | RECONSTRUCT LARYNX & PHARYNX | | | | Inpatient Only | $0.00 | | | |
| 31400 | N | REVISION OF LARYNX | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31420 | N | REMOVAL OF EPIGLOTTIS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31500 | T | INSERT EMERGENCY AIRWAY | | 05161 | 1.7537 | APC | $99.33 | | | |
| 31502 | T | CHANGE OF WINDPIPE AIRWAY | | 05161 | 1.7537 | APC | $99.33 | | | |
| 31505 | T | DIAGNOSTIC LARYNGOSCOPY | | 05151 | 1.9167 | APC | $108.56 | | | |
| 31510 | T | LARYNGOSCOPY WITH BIOPSY | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31511 | T | REMOVE FOREIGN BODY LARYNX | | 05151 | 1.9167 | APC | $108.56 | | | |
| 31512 | T | REMOVAL OF LARYNX LESION | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31513 | T | INJECTION INTO VOCAL CORD | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31515 | T | LARYNGOSCOPY FOR ASPIRATION | | 05152 | 5.0883 | APC | $288.20 | | | |
| 31520 | T | DX LARYNGOSCOPY NEWBORN | | 05152 | 5.0883 | APC | $288.20 | | | |
| 31525 | T | DX LARYNGOSCOPY EXCL NB | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31526 | T | DX LARYNGOSCOPY W/OPER SCOPE | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31527 | T | LARYNGOSCOPY FOR TREATMENT | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31528 | T | LARYNGOSCOPY AND DILATION | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31529 | T | LARYNGOSCOPY AND DILATION | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31530 | T | LARYNGOSCOPY W/FB REMOVAL | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31531 | T | LARYNGOSCOPY W/FB & OP SCOPE | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31535 | T | LARYNGOSCOPY W/BIOPSY | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31536 | T | LARYNGOSCOPY W/BX & OP SCOPE | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31540 | T | LARYNGOSCOPY W/EXC OF TUMOR | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31541 | T | LARYNSCOP W/TUMR EXC + SCOPE | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31545 | T | REMOVE VC LESION W/SCOPE | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31546 | T | REMOVE VC LESION SCOPE/GRAFT | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31560 | T | LARYNGOSCOP W/ARYTENOIDECTOM | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31561 | T | LARYNSCOP REMVE CART + SCOP | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31570 | T | LARYNGOSCOPE W/VC INJ | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31571 | T | LARYNGOSCOP W/VC INJ + SCOPE | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31575 | T | DIAGNOSTIC LARYNGOSCOPY | | 05151 | 1.9167 | APC | $108.56 | | | |
| 31576 | T | LARYNGOSCOPY WITH BIOPSY | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31577 | T | REMOVE FOREIGN BODY LARYNX | | 05152 | 5.0883 | APC | $288.20 | | | |
| 31578 | T | REMOVAL OF LARYNX LESION | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31579 | T | DIAGNOSTIC LARYNGOSCOPY | | 05152 | 5.0883 | APC | $288.20 | | | |
| 31580 | N | REVISION OF LARYNX | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31582 | N | REVISION OF LARYNX | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31584 | C | TREAT LARYNX FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 31587 | C | REVISION OF LARYNX | | | | Inpatient Only | $0.00 | | | |
| 31588 | N | REVISION OF LARYNX | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31590 | N | REINNERVATE LARYNX | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31595 | N | LARYNX NERVE SURGERY | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31599 | T | LARYNX SURGERY PROCEDURE | | 05161 | 1.7537 | APC | $99.33 | | | |
| 31600 | T | INCISION OF WINDPIPE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 31601 | T | INCISION OF WINDPIPE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 31603 | T | INCISION OF WINDPIPE | | 05163 | 9.3541 | APC | $529.82 | | | |
| 31605 | T | INCISION OF WINDPIPE | | 05163 | 9.3541 | APC | $529.82 | | | |
| 31610 | N | INCISION OF WINDPIPE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31611 | T | SURGERY/SPEECH PROSTHESIS | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 31612 | N | PUNCTURE/CLEAR WINDPIPE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31613 | T | REPAIR WINDPIPE OPENING | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 31614 | N | REPAIR WINDPIPE OPENING | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31615 | T | VISUALIZATION OF WINDPIPE | | 05163 | 9.3541 | APC | $529.82 | | | |
| 31622 | T | DX BRONCHOSCOPE/WASH | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31623 | T | DX BRONCHOSCOPE/BRUSH | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31624 | T | DX BRONCHOSCOPE/LAVAGE | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31625 | T | BRONCHOSCOPY W/BIOPSY(S) | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31626 | T | BRONCHOSCOPY W/MARKERS | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31627 | N | NAVIGATIONAL BRONCHOSCOPY | | | | Bundled | $0.00 | | | |
| 31628 | T | BRONCHOSCOPY/LUNG BX EACH | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31629 | T | BRONCHOSCOPY/NEEDLE BX EACH | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31630 | T | BRONCHOSCOPY DILATE/FX REPR | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31631 | T | BRONCHOSCOPY DILATE W/STENT | | 05155 | 41.5935 | APC | $2,355.86 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 31632 | N | BRONCHOSCOPY/LUNG BX ADDL | | | | Bundled | $0.00 | | | |
| 31633 | N | BRONCHOSCOPY/NEEDLE BX ADDL | | | | Bundled | $0.00 | | | |
| 31634 | T | BRONCH W/BALLOON OCCLUSION | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31635 | T | BRONCHOSCOPY W/FB REMOVAL | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31636 | T | BRONCHOSCOPY BRONCH STENTS | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31637 | N | BRONCHOSCOPY STENT ADD-ON | | | | Bundled | $0.00 | | | |
| 31638 | T | BRONCHOSCOPY REVISE STENT | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31640 | T | BRONCHOSCOPY W/TUMOR EXCISE | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31641 | T | BRONCHOSCOPY TREAT BLOCKAGE | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31643 | T | DIAG BRONCHOSCOPE/CATHETER | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31645 | T | BRONCHOSCOPY CLEAR AIRWAYS | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31646 | T | BRONCHOSCOPY RECLEAR AIRWAY | | 05152 | 5.0883 | APC | $288.20 | | | |
| 31647 | T | BRONCHIAL VALVE INIT INSERT | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31648 | T | BRONCHIAL VALVE REMOV INIT | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31649 | N | BRONCHIAL VALVE REMOV ADDL | | 05153 | 14.0725 | Bundled, sometimes payable | $797.07 | | | |
| 31651 | N | BRONCHIAL VALVE ADDL INSERT | | | | Bundled | $0.00 | | | |
| 31652 | T | BRONCH EBUS SAMPLNG 1/2 NODE | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31653 | T | BRONCH EBUS SAMPLNG 3/> NODE | | 05154 | 27.0183 | APC | $1,530.32 | | | |
| 31654 | N | BRONCH EBUS IVNTJ PERPH LES | | | | Bundled | $0.00 | | | |
| 31660 | T | BRONCH THERMOPLSTY 1 LOBE | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31661 | T | BRONCH THERMOPLSTY 2/> LOBES | | 05155 | 41.5935 | APC | $2,355.86 | | | |
| 31717 | T | BRONCHIAL BRUSH BIOPSY | | 05152 | 5.0883 | APC | $288.20 | | | |
| 31720 | N | CLEARANCE OF AIRWAYS | | 05791 | 2.0272 | Bundled, sometimes payable | $114.82 | | | |
| 31725 | C | CLEARANCE OF AIRWAYS | | | | Inpatient Only | $0.00 | | | |
| 31730 | T | INTRO WINDPIPE WIRE/TUBE | | 05153 | 14.0725 | APC | $797.07 | | | |
| 31750 | N | REPAIR OF WINDPIPE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31755 | N | REPAIR OF WINDPIPE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 31760 | C | REPAIR OF WINDPIPE | | | | Inpatient Only | $0.00 | | | |
| 31766 | C | RECONSTRUCTION OF WINDPIPE | | | | Inpatient Only | $0.00 | | | |
| 31770 | C | REPAIR/GRAFT OF BRONCHUS | | | | Inpatient Only | $0.00 | | | |
| 31775 | C | RECONSTRUCT BRONCHUS | | | | Inpatient Only | $0.00 | | | |
| 31780 | C | RECONSTRUCT WINDPIPE | | | | Inpatient Only | $0.00 | | | |
| 31781 | C | RECONSTRUCT WINDPIPE | | | | Inpatient Only | $0.00 | | | |
| 31785 | T | REMOVE WINDPIPE LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 31786 | C | REMOVE WINDPIPE LESION | | | | Inpatient Only | $0.00 | | | |
| 31800 | C | REPAIR OF WINDPIPE INJURY | | | | Inpatient Only | $0.00 | | | |
| 31805 | C | REPAIR OF WINDPIPE INJURY | | | | Inpatient Only | $0.00 | | | |
| 31820 | T | CLOSURE OF WINDPIPE LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 31825 | T | REPAIR OF WINDPIPE DEFECT | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 31830 | T | REVISE WINDPIPE SCAR | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 31899 | T | AIRWAYS SURGICAL PROCEDURE | | 05151 | 1.9167 | APC | $108.56 | | | |
| 32035 | C | THORACOSTOMY W/RIB RESECTION | | | | Inpatient Only | $0.00 | | | |
| 32036 | C | THORACOSTOMY W/FLAP DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 32096 | C | OPEN WEDGE/BX LUNG INFILTR | | | | Inpatient Only | $0.00 | | | |
| 32097 | C | OPEN WEDGE/BX LUNG NODULE | | | | Inpatient Only | $0.00 | | | |
| 32098 | C | OPEN BIOPSY OF LUNG PLEURA | | | | Inpatient Only | $0.00 | | | |
| 32100 | C | EXPLORATION OF CHEST | | | | Inpatient Only | $0.00 | | | |
| 32110 | C | EXPLORE/REPAIR CHEST | | | | Inpatient Only | $0.00 | | | |
| 32120 | C | RE-EXPLORATION OF CHEST | | | | Inpatient Only | $0.00 | | | |
| 32124 | C | EXPLORE CHEST FREE ADHESIONS | | | | Inpatient Only | $0.00 | | | |
| 32140 | C | REMOVAL OF LUNG LESION(S) | | | | Inpatient Only | $0.00 | | | |
| 32141 | C | REMOVE/TREAT LUNG LESIONS | | | | Inpatient Only | $0.00 | | | |
| 32150 | C | REMOVAL OF LUNG LESION(S) | | | | Inpatient Only | $0.00 | | | |
| 32151 | C | REMOVE LUNG FOREIGN BODY | | | | Inpatient Only | $0.00 | | | |
| 32160 | C | OPEN CHEST HEART MASSAGE | | | | Inpatient Only | $0.00 | | | |
| 32200 | C | DRAIN OPEN LUNG LESION | | | | Inpatient Only | $0.00 | | | |
| 32215 | C | TREAT CHEST LINING | | | | Inpatient Only | $0.00 | | | |
| 32220 | C | RELEASE OF LUNG | | | | Inpatient Only | $0.00 | | | |
| 32225 | C | PARTIAL RELEASE OF LUNG | | | | Inpatient Only | $0.00 | | | |
| 32310 | C | REMOVAL OF CHEST LINING | | | | Inpatient Only | $0.00 | | | |
| 32320 | C | FREE/REMOVE CHEST LINING | | | | Inpatient Only | $0.00 | | | |
| 32400 | T | NEEDLE BIOPSY CHEST LINING | | 05073 | 12.7769 | APC | $723.68 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 32405 | T | PERCUT BX LUNG/MEDIASTINUM | | 05073 | 12.7769 | APC | $723.68 | | | |
| 32440 | C | REMOVE LUNG PNEUMONECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32442 | C | SLEEVE PNEUMONECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32445 | C | REMOVAL OF LUNG EXTRAPLEURAL | | | | Inpatient Only | $0.00 | | | |
| 32480 | C | PARTIAL REMOVAL OF LUNG | | | | Inpatient Only | $0.00 | | | |
| 32482 | C | BILOBECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32484 | C | SEGMENTECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32486 | C | SLEEVE LOBECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32488 | C | COMPLETION PNEUMONECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32491 | C | LUNG VOLUME REDUCTION | | | | Inpatient Only | $0.00 | | | |
| 32501 | C | REPAIR BRONCHUS ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 32503 | C | RESECT APICAL LUNG TUMOR | | | | Inpatient Only | $0.00 | | | |
| 32504 | C | RESECT APICAL LUNG TUM/CHEST | | | | Inpatient Only | $0.00 | | | |
| 32505 | C | WEDGE RESECT OF LUNG INITIAL | | | | Inpatient Only | $0.00 | | | |
| 32506 | C | WEDGE RESECT OF LUNG ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 32507 | C | WEDGE RESECT OF LUNG DIAG | | | | Inpatient Only | $0.00 | | | |
| 32540 | C | REMOVAL OF LUNG LESION | | | | Inpatient Only | $0.00 | | | |
| 32550 | T | INSERT PLEURAL CATH | | 05351 | 29.5301 | APC | $1,672.58 | | | |
| 32551 | T | INSERTION OF CHEST TUBE | | 05391 | 6.5491 | APC | $370.94 | | | |
| 32552 | N | REMOVE LUNG CATHETER | | 05391 | 6.5491 | Bundled, sometimes payable | $370.94 | | | |
| 32553 | S | INS MARK THOR FOR RT PERQ | | 05614 | 13.9276 | APC | $788.86 | | | |
| 32554 | T | ASPIRATE PLEURA W/O IMAGING | | 05391 | 6.5491 | APC | $370.94 | | | |
| 32555 | T | ASPIRATE PLEURA W/ IMAGING | | 05391 | 6.5491 | APC | $370.94 | | | |
| 32556 | T | INSERT CATH PLEURA W/O IMAGE | | 05392 | 16.3818 | APC | $927.87 | | | |
| 32557 | T | INSERT CATH PLEURA W/ IMAGE | | 05391 | 6.5491 | APC | $370.94 | | | |
| 32560 | T | TREAT PLEURODESIS W/AGENT | | 05391 | 6.5491 | APC | $370.94 | | | |
| 32561 | T | LYSE CHEST FIBRIN INIT DAY | | 05391 | 6.5491 | APC | $370.94 | | | |
| 32562 | T | LYSE CHEST FIBRIN SUBQ DAY | | 05391 | 6.5491 | APC | $370.94 | | | |
| 32601 | T | THORACOSCOPY DIAGNOSTIC | | 05141 | 42.7660 | APC | $2,422.27 | | | |
| 32604 | T | THORACOSCOPY WBX SAC | | 05141 | 42.7660 | APC | $2,422.27 | | | |
| 32606 | T | THORACOSCOPY W/BX MED SPACE | | 05141 | 42.7660 | APC | $2,422.27 | | | |
| 32607 | T | THORACOSCOPY W/BX INFILTRATE | | 05141 | 42.7660 | APC | $2,422.27 | | | |
| 32608 | T | THORACOSCOPY W/BX NODULE | | 05141 | 42.7660 | APC | $2,422.27 | | | |
| 32609 | T | THORACOSCOPY W/BX PLEURA | | 05141 | 42.7660 | APC | $2,422.27 | | | |
| 32650 | C | THORACOSCOPY W/PLEURODESIS | | | | Inpatient Only | $0.00 | | | |
| 32651 | C | THORACOSCOPY REMOVE CORTEX | | | | Inpatient Only | $0.00 | | | |
| 32652 | C | THORACOSCOPY REM TOTL CORTEX | | | | Inpatient Only | $0.00 | | | |
| 32653 | C | THORACOSCOPY REMOV FB/FIBRIN | | | | Inpatient Only | $0.00 | | | |
| 32654 | C | THORACOSCOPY CONTRL BLEEDING | | | | Inpatient Only | $0.00 | | | |
| 32655 | C | THORACOSCOPY RESECT BULLAE | | | | Inpatient Only | $0.00 | | | |
| 32656 | C | THORACOSCOPY W/PLEURECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32658 | C | THORACOSCOPY W/SAC FB REMOVE | | | | Inpatient Only | $0.00 | | | |
| 32659 | C | THORACOSCOPY W/SAC DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 32661 | C | THORACOSCOPY W/PERICARD EXC | | | | Inpatient Only | $0.00 | | | |
| 32662 | C | THORACOSCOPY W/MEDIAST EXC | | | | Inpatient Only | $0.00 | | | |
| 32663 | C | THORACOSCOPY W/LOBECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32664 | C | THORACOSCOPY W/ TH NRV EXC | | | | Inpatient Only | $0.00 | | | |
| 32665 | C | THORACOSCOP W/ESOPH MUSC EXC | | | | Inpatient Only | $0.00 | | | |
| 32666 | C | THORACOSCOPY W/WEDGE RESECT | | | | Inpatient Only | $0.00 | | | |
| 32667 | C | THORACOSCOPY W/W RESECT ADDL | | | | Inpatient Only | $0.00 | | | |
| 32668 | C | THORACOSCOPY W/W RESECT DIAG | | | | Inpatient Only | $0.00 | | | |
| 32669 | C | THORACOSCOPY REMOVE SEGMENT | | | | Inpatient Only | $0.00 | | | |
| 32670 | C | THORACOSCOPY BILOBECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32671 | C | THORACOSCOPY PNEUMONECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32672 | C | THORACOSCOPY FOR LVRS | | | | Inpatient Only | $0.00 | | | |
| 32673 | C | THORACOSCOPY W/THYMUS RESECT | | | | Inpatient Only | $0.00 | | | |
| 32674 | C | THORACOSCOPY LYMPH NODE EXC | | | | Inpatient Only | $0.00 | | | |
| 32701 | E | THORAX STEREO RAD TARGETW/TX | | | | Not Allowed | $0.00 | | | |
| 32800 | C | REPAIR LUNG HERNIA | | | | Inpatient Only | $0.00 | | | |
| 32810 | C | CLOSE CHEST AFTER DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 32815 | C | CLOSE BRONCHIAL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 32820 | C | RECONSTRUCT INJURED CHEST | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 32850 | C | DONOR PNEUMONECTOMY | | | | Inpatient Only | $0.00 | | | |
| 32851 | C | LUNG TRANSPLANT SINGLE | | | | Inpatient Only | $0.00 | | | |
| 32852 | C | LUNG TRANSPLANT WITH BYPASS | | | | Inpatient Only | $0.00 | | | |
| 32853 | C | LUNG TRANSPLANT DOUBLE | | | | Inpatient Only | $0.00 | | | |
| 32854 | C | LUNG TRANSPLANT WITH BYPASS | | | | Inpatient Only | $0.00 | | | |
| 32855 | C | PREPARE DONOR LUNG SINGLE | | | | Inpatient Only | $0.00 | | | |
| 32856 | C | PREPARE DONOR LUNG DOUBLE | | | | Inpatient Only | $0.00 | | | |
| 32900 | C | REMOVAL OF RIB(S) | | | | Inpatient Only | $0.00 | | | |
| 32905 | C | REVISE & REPAIR CHEST WALL | | | | Inpatient Only | $0.00 | | | |
| 32906 | C | REVISE & REPAIR CHEST WALL | | | | Inpatient Only | $0.00 | | | |
| 32940 | C | REVISION OF LUNG | | | | Inpatient Only | $0.00 | | | |
| 32960 | T | THERAPEUTIC PNEUMOTHORAX | | 05391 | 6.5491 | APC | $370.94 | | | |
| 32997 | C | TOTAL LUNG LAVAGE | | | | Inpatient Only | $0.00 | | | |
| 32998 | T | PERQ RF ABLATE TX PUL TUMOR | | 05352 | 55.8594 | APC | $3,163.88 | | | |
| 32999 | T | CHEST SURGERY PROCEDURE | | 05391 | 6.5491 | APC | $370.94 | | | |
| 33010 | T | DRAINAGE OF HEART SAC | | 05391 | 6.5491 | APC | $370.94 | | | |
| 33011 | T | REPEAT DRAINAGE OF HEART SAC | | 05391 | 6.5491 | APC | $370.94 | | | |
| 33015 | C | INCISION OF HEART SAC | | | | Inpatient Only | $0.00 | | | |
| 33020 | C | INCISION OF HEART SAC | | | | Inpatient Only | $0.00 | | | |
| 33025 | C | INCISION OF HEART SAC | | | | Inpatient Only | $0.00 | | | |
| 33030 | C | PARTIAL REMOVAL OF HEART SAC | | | | Inpatient Only | $0.00 | | | |
| 33031 | C | PARTIAL REMOVAL OF HEART SAC | | | | Inpatient Only | $0.00 | | | |
| 33050 | C | RESECT HEART SAC LESION | | | | Inpatient Only | $0.00 | | | |
| 33120 | C | REMOVAL OF HEART LESION | | | | Inpatient Only | $0.00 | | | |
| 33130 | C | REMOVAL OF HEART LESION | | | | Inpatient Only | $0.00 | | | |
| 33140 | C | HEART REVASCULARIZE (TMR) | | | | Inpatient Only | $0.00 | | | |
| 33141 | C | HEART TMR W/OTHER PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 33202 | C | INSERT EPICARD ELTRD OPEN | | | | Inpatient Only | $0.00 | | | |
| 33203 | C | INSERT EPICARD ELTRD ENDO | | | | Inpatient Only | $0.00 | | | |
| 33206 | N | INSERT HEART PM ATRIAL | | 05223 | 125.7836 | Bundled, sometimes payable | $7,124.38 | | | |
| 33207 | N | INSERT HEART PM VENTRICULAR | | 05223 | 125.7836 | Bundled, sometimes payable | $7,124.38 | | | |
| 33208 | N | INSRT HEART PM ATRIAL & VENT | | 05223 | 125.7836 | Bundled, sometimes payable | $7,124.38 | | | |
| 33210 | N | INSERT ELECTRD/PM CATH SNGL | | 05222 | 90.8356 | Bundled, sometimes payable | $5,144.93 | | | |
| 33211 | N | INSERT CARD ELECTRODES DUAL | | 05222 | 90.8356 | Bundled, sometimes payable | $5,144.93 | | | |
| 33212 | N | INSERT PULSE GEN SNGL LEAD | | 05222 | 90.8356 | Bundled, sometimes payable | $5,144.93 | | | |
| 33213 | N | INSERT PULSE GEN DUAL LEADS | | 05223 | 125.7836 | Bundled, sometimes payable | $7,124.38 | | | |
| 33214 | N | UPGRADE OF PACEMAKER SYSTEM | | 05223 | 125.7836 | Bundled, sometimes payable | $7,124.38 | | | |
| 33215 | T | REPOSITION PACING-DEFIB LEAD | | 05181 | 11.6990 | APC | $662.63 | | | |
| 33216 | N | INSERT 1 ELECTRODE PM-DEFIB | | 05222 | 90.8356 | Bundled, sometimes payable | $5,144.93 | | | |
| 33217 | N | INSERT 2 ELECTRODE PM-DEFIB | | 05222 | 90.8356 | Bundled, sometimes payable | $5,144.93 | | | |
| 33218 | T | REPAIR LEAD PACE-DEFIB ONE | | 05221 | 33.7699 | APC | $1,912.73 | | | |
| 33220 | T | REPAIR LEAD PACE-DEFIB DUAL | | 05221 | 33.7699 | APC | $1,912.73 | | | |
| 33221 | N | INSERT PULSE GEN MULT LEADS | | 05224 | 229.4256 | Bundled, sometimes payable | $12,994.67 | | | |
| 33222 | T | RELOCATION POCKET PACEMAKER | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 33223 | T | RELOCATE POCKET FOR DEFIB | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 33224 | N | INSERT PACING LEAD & CONNECT | | 05223 | 125.7836 | Bundled, sometimes payable | $7,124.38 | | | |
| 33225 | N | L VENTRIC PACING LEAD ADD-ON | | | | Bundled | $0.00 | | | |
| 33226 | T | REPOSITION L VENTRIC LEAD | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 33227 | N | REMOVE&REPLACE PM GEN SINGL | | 05222 | 90.8356 | Bundled, sometimes payable | $5,144.93 | | | |
| 33228 | N | REMV&REPLC PM GEN DUAL LEAD | | 05223 | 125.7836 | Bundled, sometimes payable | $7,124.38 | | | |
| 33229 | N | REMV&REPLC PM GEN MULT LEADS | | 05224 | 229.4256 | Bundled, sometimes payable | $12,994.67 | | | |
| 33230 | N | INSRT PULSE GEN W/DUAL LEADS | | 05231 | 297.4572 | Bundled, sometimes payable | $16,847.98 | | | |
| 33231 | N | INSRT PULSE GEN W/MULT LEADS | | 05232 | 413.5610 | Bundled, sometimes payable | $23,424.10 | | | |
| 33233 | N | REMOVAL OF PM GENERATOR | | 05222 | 90.8356 | Bundled, sometimes payable | $5,144.93 | | | |
| 33234 | N | REMOVAL OF PACEMAKER SYSTEM | | 05221 | 33.7699 | Bundled, sometimes payable | $1,912.73 | | | |
| 33235 | N | REMOVAL PACEMAKER ELECTRODE | | 05221 | 33.7699 | Bundled, sometimes payable | $1,912.73 | | | |
| 33236 | C | REMOVE ELECTRODE/THORACOTOMY | | | | Inpatient Only | $0.00 | | | |
| 33237 | C | REMOVE ELECTRODE/THORACOTOMY | | | | Inpatient Only | $0.00 | | | |
| 33238 | C | REMOVE ELECTRODE/THORACOTOMY | | | | Inpatient Only | $0.00 | | | |
| 33240 | N | INSRT PULSE GEN W/SINGL LEAD | | 05231 | 297.4572 | Bundled, sometimes payable | $16,847.98 | | | |
| 33241 | N | REMOVE PULSE GENERATOR | | 05221 | 33.7699 | Bundled, sometimes payable | $1,912.73 | | | |
| 33243 | C | REMOVE ELTRD/THORACOTOMY | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 33244 | N | REMOVE ELCTRD TRANSVENOUSLY | | 05221 | 33.7699 | Bundled, sometimes payable | $1,912.73 | | | |
| 33249 | N | INSJ/RPLCMT DEFIB W/LEAD(S) | | 05232 | 413.5610 | Bundled, sometimes payable | $23,424.10 | | | |
| 33250 | C | ABLATE HEART DYSRHYTHM FOCUS | | | | Inpatient Only | $0.00 | | | |
| 33251 | C | ABLATE HEART DYSRHYTHM FOCUS | | | | Inpatient Only | $0.00 | | | |
| 33254 | C | ABLATE ATRIA LMTD | | | | Inpatient Only | $0.00 | | | |
| 33255 | C | ABLATE ATRIA W/O BYPASS EXT | | | | Inpatient Only | $0.00 | | | |
| 33256 | C | ABLATE ATRIA W/BYPASS EXTEN | | | | Inpatient Only | $0.00 | | | |
| 33257 | C | ABLATE ATRIA LMTD ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 33258 | C | ABLATE ATRIA X10SV ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 33259 | C | ABLATE ATRIA W/BYPASS ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 33261 | C | ABLATE HEART DYSRHYTHM FOCUS | | | | Inpatient Only | $0.00 | | | |
| 33262 | N | RMVL& REPLC PULSE GEN 1 LEAD | | 05231 | 297.4572 | Bundled, sometimes payable | $16,847.98 | | | |
| 33263 | N | RMVL & RPLCMT DFB GEN 2 LEAD | | 05231 | 297.4572 | Bundled, sometimes payable | $16,847.98 | | | |
| 33264 | N | RMVL & RPLCMT DFB GEN MLT LD | | 05232 | 413.5610 | Bundled, sometimes payable | $23,424.10 | | | |
| 33265 | C | ABLATE ATRIA LMTD ENDO | | | | Inpatient Only | $0.00 | | | |
| 33266 | C | ABLATE ATRIA X10SV ENDO | | | | Inpatient Only | $0.00 | | | |
| 33270 | N | INS/REP SUBQ DEFIBRILLATOR | | 05232 | 413.5610 | Bundled, sometimes payable | $23,424.10 | | | |
| 33271 | N | INSJ SUBQ IMPLTBL DFB ELCTRD | | 05222 | 90.8356 | Bundled, sometimes payable | $5,144.93 | | | |
| 33272 | N | RMVL OF SUBQ DEFIBRILLATOR | | 05221 | 33.7699 | Bundled, sometimes payable | $1,912.73 | | | |
| 33273 | T | REPOS PREV IMPLTBL SUBQ DFB | | 05221 | 33.7699 | APC | $1,912.73 | | | |
| 33282 | N | IMPLANT PAT-ACTIVE HT RECORD | | 05222 | 90.8356 | Bundled, sometimes payable | $5,144.93 | | | |
| 33284 | N | REMOVE PAT-ACTIVE HT RECORD | | 05073 | 12.7769 | Bundled, sometimes payable | $723.68 | | | |
| 33300 | C | REPAIR OF HEART WOUND | | | | Inpatient Only | $0.00 | | | |
| 33305 | C | REPAIR OF HEART WOUND | | | | Inpatient Only | $0.00 | | | |
| 33310 | C | EXPLORATORY HEART SURGERY | | | | Inpatient Only | $0.00 | | | |
| 33315 | C | EXPLORATORY HEART SURGERY | | | | Inpatient Only | $0.00 | | | |
| 33320 | C | REPAIR MAJOR BLOOD VESSEL(S) | | | | Inpatient Only | $0.00 | | | |
| 33321 | C | REPAIR MAJOR VESSEL | | | | Inpatient Only | $0.00 | | | |
| 33322 | C | REPAIR MAJOR BLOOD VESSEL(S) | | | | Inpatient Only | $0.00 | | | |
| 33330 | C | INSERT MAJOR VESSEL GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33335 | C | INSERT MAJOR VESSEL GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33361 | C | REPLACE AORTIC VALVE PERQ | | | | Inpatient Only | $0.00 | | | |
| 33362 | C | REPLACE AORTIC VALVE OPEN | | | | Inpatient Only | $0.00 | | | |
| 33363 | C | REPLACE AORTIC VALVE OPEN | | | | Inpatient Only | $0.00 | | | |
| 33364 | C | REPLACE AORTIC VALVE OPEN | | | | Inpatient Only | $0.00 | | | |
| 33365 | C | REPLACE AORTIC VALVE OPEN | | | | Inpatient Only | $0.00 | | | |
| 33366 | C | TRCATH REPLACE AORTIC VALVE | | | | Inpatient Only | $0.00 | | | |
| 33367 | C | REPLACE AORTIC VALVE W/BYP | | | | Inpatient Only | $0.00 | | | |
| 33368 | C | REPLACE AORTIC VALVE W/BYP | | | | Inpatient Only | $0.00 | | | |
| 33369 | C | REPLACE AORTIC VALVE W/BYP | | | | Inpatient Only | $0.00 | | | |
| 33400 | C | REPAIR OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | |
| 33401 | C | VALVULOPLASTY OPEN | | | | Inpatient Only | $0.00 | | | |
| 33403 | C | VALVULOPLASTY W/CP BYPASS | | | | Inpatient Only | $0.00 | | | |
| 33404 | C | PREPARE HEART-AORTA CONDUIT | | | | Inpatient Only | $0.00 | | | |
| 33405 | C | REPLACEMENT OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | |
| 33406 | C | REPLACEMENT OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | |
| 33410 | C | REPLACEMENT OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | |
| 33411 | C | REPLACEMENT OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | |
| 33412 | C | REPLACEMENT OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | |
| 33413 | C | REPLACEMENT OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | |
| 33414 | C | REPAIR OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | |
| 33415 | C | REVISION SUBVALVULAR TISSUE | | | | Inpatient Only | $0.00 | | | |
| 33416 | C | REVISE VENTRICLE MUSCLE | | | | Inpatient Only | $0.00 | | | |
| 33417 | C | REPAIR OF AORTIC VALVE | | | | Inpatient Only | $0.00 | | | |
| 33418 | C | REPAIR TCAT MITRAL VALVE | | | | Inpatient Only | $0.00 | | | |
| 33419 | N | REPAIR TCAT MITRAL VALVE | | | | Bundled | $0.00 | | | |
| 33420 | C | REVISION OF MITRAL VALVE | | | | Inpatient Only | $0.00 | | | |
| 33422 | C | REVISION OF MITRAL VALVE | | | | Inpatient Only | $0.00 | | | |
| 33425 | C | REPAIR OF MITRAL VALVE | | | | Inpatient Only | $0.00 | | | |
| 33426 | C | REPAIR OF MITRAL VALVE | | | | Inpatient Only | $0.00 | | | |
| 33427 | C | REPAIR OF MITRAL VALVE | | | | Inpatient Only | $0.00 | | | |
| 33430 | C | REPLACEMENT OF MITRAL VALVE | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 33460 | C | REVISION OF TRICUSPID VALVE | | | | Inpatient Only | $0.00 | | | |
| 33463 | C | VALVULOPLASTY TRICUSPID | | | | Inpatient Only | $0.00 | | | |
| 33464 | C | VALVULOPLASTY TRICUSPID | | | | Inpatient Only | $0.00 | | | |
| 33465 | C | REPLACE TRICUSPID VALVE | | | | Inpatient Only | $0.00 | | | |
| 33468 | C | REVISION OF TRICUSPID VALVE | | | | Inpatient Only | $0.00 | | | |
| 33470 | C | REVISION OF PULMONARY VALVE | | | | Inpatient Only | $0.00 | | | |
| 33471 | C | VALVOTOMY PULMONARY VALVE | | | | Inpatient Only | $0.00 | | | |
| 33474 | C | REVISION OF PULMONARY VALVE | | | | Inpatient Only | $0.00 | | | |
| 33475 | C | REPLACEMENT PULMONARY VALVE | | | | Inpatient Only | $0.00 | | | |
| 33476 | C | REVISION OF HEART CHAMBER | | | | Inpatient Only | $0.00 | | | |
| 33477 | C | IMPLANT TCAT PULM VLV PERQ | | | | Inpatient Only | $0.00 | | | |
| 33478 | C | REVISION OF HEART CHAMBER | | | | Inpatient Only | $0.00 | | | |
| 33496 | C | REPAIR PROSTH VALVE CLOT | | | | Inpatient Only | $0.00 | | | |
| 33500 | C | REPAIR HEART VESSEL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 33501 | C | REPAIR HEART VESSEL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 33502 | C | CORONARY ARTERY CORRECTION | | | | Inpatient Only | $0.00 | | | |
| 33503 | C | CORONARY ARTERY GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33504 | C | CORONARY ARTERY GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33505 | C | REPAIR ARTERY W/TUNNEL | | | | Inpatient Only | $0.00 | | | |
| 33506 | C | REPAIR ARTERY TRANSLOCATION | | | | Inpatient Only | $0.00 | | | |
| 33507 | C | REPAIR ART INTRAMURAL | | | | Inpatient Only | $0.00 | | | |
| 33508 | N | ENDOSCOPIC VEIN HARVEST | | | | Bundled | $0.00 | | | |
| 33510 | C | CABG VEIN SINGLE | | | | Inpatient Only | $0.00 | | | |
| 33511 | C | CABG VEIN TWO | | | | Inpatient Only | $0.00 | | | |
| 33512 | C | CABG VEIN THREE | | | | Inpatient Only | $0.00 | | | |
| 33513 | C | CABG VEIN FOUR | | | | Inpatient Only | $0.00 | | | |
| 33514 | C | CABG VEIN FIVE | | | | Inpatient Only | $0.00 | | | |
| 33516 | C | CABG VEIN SIX OR MORE | | | | Inpatient Only | $0.00 | | | |
| 33517 | C | CABG ARTERY-VEIN SINGLE | | | | Inpatient Only | $0.00 | | | |
| 33518 | C | CABG ARTERY-VEIN TWO | | | | Inpatient Only | $0.00 | | | |
| 33519 | C | CABG ARTERY-VEIN THREE | | | | Inpatient Only | $0.00 | | | |
| 33521 | C | CABG ARTERY-VEIN FOUR | | | | Inpatient Only | $0.00 | | | |
| 33522 | C | CABG ARTERY-VEIN FIVE | | | | Inpatient Only | $0.00 | | | |
| 33523 | C | CABG ART-VEIN SIX OR MORE | | | | Inpatient Only | $0.00 | | | |
| 33530 | C | CORONARY ARTERY BYPASS/REOP | | | | Inpatient Only | $0.00 | | | |
| 33533 | C | CABG ARTERIAL SINGLE | | | | Inpatient Only | $0.00 | | | |
| 33534 | C | CABG ARTERIAL TWO | | | | Inpatient Only | $0.00 | | | |
| 33535 | C | CABG ARTERIAL THREE | | | | Inpatient Only | $0.00 | | | |
| 33536 | C | CABG ARTERIAL FOUR OR MORE | | | | Inpatient Only | $0.00 | | | |
| 33542 | C | REMOVAL OF HEART LESION | | | | Inpatient Only | $0.00 | | | |
| 33545 | C | REPAIR OF HEART DAMAGE | | | | Inpatient Only | $0.00 | | | |
| 33548 | C | RESTORE/REMODEL VENTRICLE | | | | Inpatient Only | $0.00 | | | |
| 33572 | C | OPEN CORONARY ENDARTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 33600 | C | CLOSURE OF VALVE | | | | Inpatient Only | $0.00 | | | |
| 33602 | C | CLOSURE OF VALVE | | | | Inpatient Only | $0.00 | | | |
| 33606 | C | ANASTOMOSIS/ARTERY-AORTA | | | | Inpatient Only | $0.00 | | | |
| 33608 | C | REPAIR ANOMALY W/CONDUIT | | | | Inpatient Only | $0.00 | | | |
| 33610 | C | REPAIR BY ENLARGEMENT | | | | Inpatient Only | $0.00 | | | |
| 33611 | C | REPAIR DOUBLE VENTRICLE | | | | Inpatient Only | $0.00 | | | |
| 33612 | C | REPAIR DOUBLE VENTRICLE | | | | Inpatient Only | $0.00 | | | |
| 33615 | C | REPAIR MODIFIED FONTAN | | | | Inpatient Only | $0.00 | | | |
| 33617 | C | REPAIR SINGLE VENTRICLE | | | | Inpatient Only | $0.00 | | | |
| 33619 | C | REPAIR SINGLE VENTRICLE | | | | Inpatient Only | $0.00 | | | |
| 33620 | C | APPLY R&L PULM ART BANDS | | | | Inpatient Only | $0.00 | | | |
| 33621 | C | TRANSTHOR CATH FOR STENT | | | | Inpatient Only | $0.00 | | | |
| 33622 | C | REDO COMPL CARDIAC ANOMALY | | | | Inpatient Only | $0.00 | | | |
| 33641 | C | REPAIR HEART SEPTUM DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33645 | C | REVISION OF HEART VEINS | | | | Inpatient Only | $0.00 | | | |
| 33647 | C | REPAIR HEART SEPTUM DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33660 | C | REPAIR OF HEART DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33665 | C | REPAIR OF HEART DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33670 | C | REPAIR OF HEART CHAMBERS | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 33675 | C | CLOSE MULT VSD | | | | Inpatient Only | $0.00 | | | |
| 33676 | C | CLOSE MULT VSD W/RESECTION | | | | Inpatient Only | $0.00 | | | |
| 33677 | C | CL MULT VSD W/REM PUL BAND | | | | Inpatient Only | $0.00 | | | |
| 33681 | C | REPAIR HEART SEPTUM DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33684 | C | REPAIR HEART SEPTUM DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33688 | C | REPAIR HEART SEPTUM DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33690 | C | REINFORCE PULMONARY ARTERY | | | | Inpatient Only | $0.00 | | | |
| 33692 | C | REPAIR OF HEART DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33694 | C | REPAIR OF HEART DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33697 | C | REPAIR OF HEART DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33702 | C | REPAIR OF HEART DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33710 | C | REPAIR OF HEART DEFECTS | | | | Inpatient Only | $0.00 | | | |
| 33720 | C | REPAIR OF HEART DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33722 | C | REPAIR OF HEART DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33724 | C | REPAIR VENOUS ANOMALY | | | | Inpatient Only | $0.00 | | | |
| 33726 | C | REPAIR PUL VENOUS STENOSIS | | | | Inpatient Only | $0.00 | | | |
| 33730 | C | REPAIR HEART-VEIN DEFECT(S) | | | | Inpatient Only | $0.00 | | | |
| 33732 | C | REPAIR HEART-VEIN DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33735 | C | REVISION OF HEART CHAMBER | | | | Inpatient Only | $0.00 | | | |
| 33736 | C | REVISION OF HEART CHAMBER | | | | Inpatient Only | $0.00 | | | |
| 33737 | C | REVISION OF HEART CHAMBER | | | | Inpatient Only | $0.00 | | | |
| 33750 | C | MAJOR VESSEL SHUNT | | | | Inpatient Only | $0.00 | | | |
| 33755 | C | MAJOR VESSEL SHUNT | | | | Inpatient Only | $0.00 | | | |
| 33762 | C | MAJOR VESSEL SHUNT | | | | Inpatient Only | $0.00 | | | |
| 33764 | C | MAJOR VESSEL SHUNT & GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33766 | C | MAJOR VESSEL SHUNT | | | | Inpatient Only | $0.00 | | | |
| 33767 | C | MAJOR VESSEL SHUNT | | | | Inpatient Only | $0.00 | | | |
| 33768 | C | CAVOPULMONARY SHUNTING | | | | Inpatient Only | $0.00 | | | |
| 33770 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33771 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33774 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33775 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33776 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33777 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33778 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33779 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33780 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33781 | C | REPAIR GREAT VESSELS DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33782 | C | NIKAIDOH PROC | | | | Inpatient Only | $0.00 | | | |
| 33783 | C | NIKAIDOH PROC W/OSTIA IMPLT | | | | Inpatient Only | $0.00 | | | |
| 33786 | C | REPAIR ARTERIAL TRUNK | | | | Inpatient Only | $0.00 | | | |
| 33788 | C | REVISION OF PULMONARY ARTERY | | | | Inpatient Only | $0.00 | | | |
| 33800 | C | AORTIC SUSPENSION | | | | Inpatient Only | $0.00 | | | |
| 33802 | C | REPAIR VESSEL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33803 | C | REPAIR VESSEL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33813 | C | REPAIR SEPTAL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33814 | C | REPAIR SEPTAL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33820 | C | REVISE MAJOR VESSEL | | | | Inpatient Only | $0.00 | | | |
| 33822 | C | REVISE MAJOR VESSEL | | | | Inpatient Only | $0.00 | | | |
| 33824 | C | REVISE MAJOR VESSEL | | | | Inpatient Only | $0.00 | | | |
| 33840 | C | REMOVE AORTA CONSTRICTION | | | | Inpatient Only | $0.00 | | | |
| 33845 | C | REMOVE AORTA CONSTRICTION | | | | Inpatient Only | $0.00 | | | |
| 33851 | C | REMOVE AORTA CONSTRICTION | | | | Inpatient Only | $0.00 | | | |
| 33852 | C | REPAIR SEPTAL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33853 | C | REPAIR SEPTAL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 33860 | C | ASCENDING AORTIC GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33863 | C | ASCENDING AORTIC GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33864 | C | ASCENDING AORTIC GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33870 | C | TRANSVERSE AORTIC ARCH GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33875 | C | THORACIC AORTIC GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33877 | C | THORACOABDOMINAL GRAFT | | | | Inpatient Only | $0.00 | | | |
| 33880 | C | ENDOVASC TAA REPR INCL SUBCL | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 33881 | C | ENDOVASC TAA REPR W/O SUBCL | | | | Inpatient Only | $0.00 | | | |
| 33883 | C | INSERT ENDOVASC PROSTH TAA | | | | Inpatient Only | $0.00 | | | |
| 33884 | C | ENDOVASC PROSTH TAA ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 33886 | C | ENDOVASC PROSTH DELAYED | | | | Inpatient Only | $0.00 | | | |
| 33889 | C | ARTERY TRANSPOSE/ENDOVAS TAA | | | | Inpatient Only | $0.00 | | | |
| 33891 | C | CAR-CAR BP GRFT/ENDOVAS TAA | | | | Inpatient Only | $0.00 | | | |
| 33910 | C | REMOVE LUNG ARTERY EMBOLI | | | | Inpatient Only | $0.00 | | | |
| 33915 | C | REMOVE LUNG ARTERY EMBOLI | | | | Inpatient Only | $0.00 | | | |
| 33916 | C | SURGERY OF GREAT VESSEL | | | | Inpatient Only | $0.00 | | | |
| 33917 | C | REPAIR PULMONARY ARTERY | | | | Inpatient Only | $0.00 | | | |
| 33920 | C | REPAIR PULMONARY ATRESIA | | | | Inpatient Only | $0.00 | | | |
| 33922 | C | TRANSECT PULMONARY ARTERY | | | | Inpatient Only | $0.00 | | | |
| 33924 | C | REMOVE PULMONARY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 33925 | C | RPR PUL ART UNIFOCAL W/O CPB | | | | Inpatient Only | $0.00 | | | |
| 33926 | C | REPR PUL ART UNIFOCAL W/CPB | | | | Inpatient Only | $0.00 | | | |
| 33930 | C | REMOVAL OF DONOR HEART/LUNG | | | | Inpatient Only | $0.00 | | | |
| 33933 | C | PREPARE DONOR HEART/LUNG | | | | Inpatient Only | $0.00 | | | |
| 33935 | C | TRANSPLANTATION HEART/LUNG | | | | Inpatient Only | $0.00 | | | |
| 33940 | C | REMOVAL OF DONOR HEART | | | | Inpatient Only | $0.00 | | | |
| 33944 | C | PREPARE DONOR HEART | | | | Inpatient Only | $0.00 | | | |
| 33945 | C | TRANSPLANTATION OF HEART | | | | Inpatient Only | $0.00 | | | |
| 33946 | C | ECMO/ECLS INITIATION VENOUS | | | | Inpatient Only | $0.00 | | | |
| 33947 | C | ECMO/ECLS INITIATION ARTERY | | | | Inpatient Only | $0.00 | | | |
| 33948 | C | ECMO/ECLS DAILY MGMT-VENOUS | | | | Inpatient Only | $0.00 | | | |
| 33949 | C | ECMO/ECLS DAILY MGMT ARTERY | | | | Inpatient Only | $0.00 | | | |
| 33951 | C | ECMO/ECLS INSJ PRPH CANNULA | | | | Inpatient Only | $0.00 | | | |
| 33952 | C | ECMO/ECLS INSJ PRPH CANNULA | | | | Inpatient Only | $0.00 | | | |
| 33953 | C | ECMO/ECLS INSJ PRPH CANNULA | | | | Inpatient Only | $0.00 | | | |
| 33954 | C | ECMO/ECLS INSJ PRPH CANNULA | | | | Inpatient Only | $0.00 | | | |
| 33955 | C | ECMO/ECLS INSJ CTR CANNULA | | | | Inpatient Only | $0.00 | | | |
| 33956 | C | ECMO/ECLS INSJ CTR CANNULA | | | | Inpatient Only | $0.00 | | | |
| 33957 | C | ECMO/ECLS REPOS PERPH CNULA | | | | Inpatient Only | $0.00 | | | |
| 33958 | C | ECMO/ECLS REPOS PERPH CNULA | | | | Inpatient Only | $0.00 | | | |
| 33959 | C | ECMO/ECLS REPOS PERPH CNULA | | | | Inpatient Only | $0.00 | | | |
| 33962 | C | ECMO/ECLS REPOS PERPH CNULA | | | | Inpatient Only | $0.00 | | | |
| 33963 | C | ECMO/ECLS REPOS PERPH CNULA | | | | Inpatient Only | $0.00 | | | |
| 33964 | C | ECMO/ECLS REPOS PERPH CNULA | | | | Inpatient Only | $0.00 | | | |
| 33965 | C | ECMO/ECLS RMVL PERPH CANNULA | | | | Inpatient Only | $0.00 | | | |
| 33966 | C | ECMO/ECLS RMVL PRPH CANNULA | | | | Inpatient Only | $0.00 | | | |
| 33967 | C | INSERT I-AORT PERCUT DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33968 | C | REMOVE AORTIC ASSIST DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33969 | C | ECMO/ECLS RMVL PERPH CANNULA | | | | Inpatient Only | $0.00 | | | |
| 33970 | C | AORTIC CIRCULATION ASSIST | | | | Inpatient Only | $0.00 | | | |
| 33971 | C | AORTIC CIRCULATION ASSIST | | | | Inpatient Only | $0.00 | | | |
| 33973 | C | INSERT BALLOON DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33974 | C | REMOVE INTRA-AORTIC BALLOON | | | | Inpatient Only | $0.00 | | | |
| 33975 | C | IMPLANT VENTRICULAR DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33976 | C | IMPLANT VENTRICULAR DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33977 | C | REMOVE VENTRICULAR DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33978 | C | REMOVE VENTRICULAR DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33979 | C | INSERT INTRACORPOREAL DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33980 | C | REMOVE INTRACORPOREAL DEVICE | | | | Inpatient Only | $0.00 | | | |
| 33981 | C | REPLACE VAD PUMP EXT | | | | Inpatient Only | $0.00 | | | |
| 33982 | C | REPLACE VAD INTRA W/O BP | | | | Inpatient Only | $0.00 | | | |
| 33983 | C | REPLACE VAD INTRA W/BP | | | | Inpatient Only | $0.00 | | | |
| 33984 | C | ECMO/ECLS RMVL PRPH CANNULA | | | | Inpatient Only | $0.00 | | | |
| 33985 | C | ECMO/ECLS RMVL CTR CANNULA | | | | Inpatient Only | $0.00 | | | |
| 33986 | C | ECMO/ECLS RMVL CTR CANNULA | | | | Inpatient Only | $0.00 | | | |
| 33987 | C | ARTERY EXPOS/GRAFT ARTERY | | | | Inpatient Only | $0.00 | | | |
| 33988 | C | INSERTION OF LEFT HEART VENT | | | | Inpatient Only | $0.00 | | | |
| 33989 | C | REMOVAL OF LEFT HEART VENT | | | | Inpatient Only | $0.00 | | | |
| 33990 | C | INSERT VAD ARTERY ACCESS | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 33991 | C | INSERT VAD ART&VEIN ACCESS | | | | Inpatient Only | $0.00 | | | |
| 33992 | C | REMOVE VAD DIFFERENT SESSION | | | | Inpatient Only | $0.00 | | | |
| 33993 | C | REPOSITION VAD DIFF SESSION | | | | Inpatient Only | $0.00 | | | |
| 33999 | T | CARDIAC SURGERY PROCEDURE | | 05391 | 6.5491 | APC | $370.94 | | | |
| 34001 | C | REMOVAL OF ARTERY CLOT | | | | Inpatient Only | $0.00 | | | |
| 34051 | C | REMOVAL OF ARTERY CLOT | | | | Inpatient Only | $0.00 | | | |
| 34101 | T | REMOVAL OF ARTERY CLOT | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 34111 | T | REMOVAL OF ARM ARTERY CLOT | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 34151 | C | REMOVAL OF ARTERY CLOT | | | | Inpatient Only | $0.00 | | | |
| 34201 | T | REMOVAL OF ARTERY CLOT | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 34203 | T | REMOVAL OF LEG ARTERY CLOT | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 34401 | C | REMOVAL OF VEIN CLOT | | | | Inpatient Only | $0.00 | | | |
| 34421 | T | REMOVAL OF VEIN CLOT | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 34451 | C | REMOVAL OF VEIN CLOT | | | | Inpatient Only | $0.00 | | | |
| 34471 | T | REMOVAL OF VEIN CLOT | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 34490 | T | REMOVAL OF VEIN CLOT | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 34501 | T | REPAIR VALVE FEMORAL VEIN | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 34502 | C | RECONSTRUCT VENA CAVA | | | | Inpatient Only | $0.00 | | | |
| 34510 | T | TRANSPOSITION OF VEIN VALVE | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 34520 | T | CROSS-OVER VEIN GRAFT | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 34530 | T | LEG VEIN FUSION | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 34800 | C | ENDOVAS AAA REPR W/SM TUBE | | | | Inpatient Only | $0.00 | | | |
| 34802 | C | ENDOVAS AAA REPR W/2-P PART | | | | Inpatient Only | $0.00 | | | |
| 34803 | C | ENDOVAS AAA REPR W/3-P PART | | | | Inpatient Only | $0.00 | | | |
| 34804 | C | ENDOVAS AAA REPR W/1-P PART | | | | Inpatient Only | $0.00 | | | |
| 34805 | C | ENDOVAS AAA REPR W/LONG TUBE | | | | Inpatient Only | $0.00 | | | |
| 34806 | C | ANEURYSM PRESS SENSOR ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 34808 | C | ENDOVAS ILIAC A DEVICE ADDON | | | | Inpatient Only | $0.00 | | | |
| 34812 | C | XPOSE FOR ENDOPROSTH FEMORL | | | | Inpatient Only | $0.00 | | | |
| 34813 | C | FEMORAL ENDOVAS GRAFT ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 34820 | C | XPOSE FOR ENDOPROSTH ILIAC | | | | Inpatient Only | $0.00 | | | |
| 34825 | C | ENDOVASC EXTEND PROSTH INIT | | | | Inpatient Only | $0.00 | | | |
| 34826 | C | ENDOVASC EXTEN PROSTH ADDL | | | | Inpatient Only | $0.00 | | | |
| 34830 | C | OPEN AORTIC TUBE PROSTH REPR | | | | Inpatient Only | $0.00 | | | |
| 34831 | C | OPEN AORTOILIAC PROSTH REPR | | | | Inpatient Only | $0.00 | | | |
| 34832 | C | OPEN AORTOFEMOR PROSTH REPR | | | | Inpatient Only | $0.00 | | | |
| 34833 | C | XPOSE FOR ENDOPROSTH ILIAC | | | | Inpatient Only | $0.00 | | | |
| 34834 | C | XPOSE ENDOPROSTH BRACHIAL | | | | Inpatient Only | $0.00 | | | |
| 34839 | E | PLNNING PT SPEC FENEST GRAFT | | | | Not Allowed | $0.00 | | | |
| 34841 | C | ENDOVASC VISC AORTA 1 GRAFT | | | | Inpatient Only | $0.00 | | | |
| 34842 | C | ENDOVASC VISC AORTA 2 GRAFT | | | | Inpatient Only | $0.00 | | | |
| 34843 | C | ENDOVASC VISC AORTA 3 GRAFT | | | | Inpatient Only | $0.00 | | | |
| 34844 | C | ENDOVASC VISC AORTA 4 GRAFT | | | | Inpatient Only | $0.00 | | | |
| 34845 | C | VISC & INFRAREN ABD 1 PROSTH | | | | Inpatient Only | $0.00 | | | |
| 34846 | C | VISC & INFRAREN ABD 2 PROSTH | | | | Inpatient Only | $0.00 | | | |
| 34847 | C | VISC & INFRAREN ABD 3 PROSTH | | | | Inpatient Only | $0.00 | | | |
| 34848 | C | VISC & INFRAREN ABD 4+ PROST | | | | Inpatient Only | $0.00 | | | |
| 34900 | C | ENDOVASC ILIAC REPR W/GRAFT | | | | Inpatient Only | $0.00 | | | |
| 35001 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35002 | C | REPAIR ARTERY RUPTURE NECK | | | | Inpatient Only | $0.00 | | | |
| 35005 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35011 | T | REPAIR DEFECT OF ARTERY | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 35013 | C | REPAIR ARTERY RUPTURE ARM | | | | Inpatient Only | $0.00 | | | |
| 35021 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35022 | C | REPAIR ARTERY RUPTURE CHEST | | | | Inpatient Only | $0.00 | | | |
| 35045 | T | REPAIR DEFECT OF ARM ARTERY | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 35081 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35082 | C | REPAIR ARTERY RUPTURE AORTA | | | | Inpatient Only | $0.00 | | | |
| 35091 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35092 | C | REPAIR ARTERY RUPTURE AORTA | | | | Inpatient Only | $0.00 | | | |
| 35102 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35103 | C | REPAIR ARTERY RUPTURE AORTA | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 35111 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35112 | C | REPAIR ARTERY RUPTURE SPLEEN | | | | Inpatient Only | $0.00 | | | |
| 35121 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35122 | C | REPAIR ARTERY RUPTURE BELLY | | | | Inpatient Only | $0.00 | | | |
| 35131 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35132 | C | REPAIR ARTERY RUPTURE GROIN | | | | Inpatient Only | $0.00 | | | |
| 35141 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35142 | C | REPAIR ARTERY RUPTURE THIGH | | | | Inpatient Only | $0.00 | | | |
| 35151 | C | REPAIR DEFECT OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35152 | C | REPAIR RUPTD POPLITEAL ART | | | | Inpatient Only | $0.00 | | | |
| 35180 | T | REPAIR BLOOD VESSEL LESION | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 35182 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35184 | T | REPAIR BLOOD VESSEL LESION | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 35188 | T | REPAIR BLOOD VESSEL LESION | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 35189 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35190 | T | REPAIR BLOOD VESSEL LESION | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 35201 | T | REPAIR BLOOD VESSEL LESION | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 35206 | T | REPAIR BLOOD VESSEL LESION | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 35207 | T | REPAIR BLOOD VESSEL LESION | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 35211 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35216 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35221 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35226 | T | REPAIR BLOOD VESSEL LESION | | 05072 | 6.5194 | APC | $369.26 | | | |
| 35231 | T | REPAIR BLOOD VESSEL LESION | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 35236 | T | REPAIR BLOOD VESSEL LESION | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 35241 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35246 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35251 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35256 | T | REPAIR BLOOD VESSEL LESION | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 35261 | T | REPAIR BLOOD VESSEL LESION | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 35266 | T | REPAIR BLOOD VESSEL LESION | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 35271 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35276 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35281 | C | REPAIR BLOOD VESSEL LESION | | | | Inpatient Only | $0.00 | | | |
| 35286 | T | REPAIR BLOOD VESSEL LESION | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 35301 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35302 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35303 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35304 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35305 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35306 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35311 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35321 | T | RECHANNELING OF ARTERY | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 35331 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35341 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35351 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35355 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35361 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35363 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35371 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35372 | C | RECHANNELING OF ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35390 | C | REOPERATION CAROTID ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 35400 | C | ANGIOSCOPY | | | | Inpatient Only | $0.00 | | | |
| 35450 | C | REPAIR ARTERIAL BLOCKAGE | | | | Inpatient Only | $0.00 | | | |
| 35452 | C | REPAIR ARTERIAL BLOCKAGE | | | | Inpatient Only | $0.00 | | | |
| 35458 | N | REPAIR ARTERIAL BLOCKAGE | | 05191 | 62.2875 | Bundled, sometimes payable | $3,527.96 | | | |
| 35460 | N | REPAIR VENOUS BLOCKAGE | | 05191 | 62.2875 | Bundled, sometimes payable | $3,527.96 | | | |
| 35471 | N | REPAIR ARTERIAL BLOCKAGE | | 05191 | 62.2875 | Bundled, sometimes payable | $3,527.96 | | | |
| 35472 | N | REPAIR ARTERIAL BLOCKAGE | | 05191 | 62.2875 | Bundled, sometimes payable | $3,527.96 | | | |
| 35475 | N | REPAIR ARTERIAL BLOCKAGE | | 05191 | 62.2875 | Bundled, sometimes payable | $3,527.96 | | | |
| 35476 | N | REPAIR VENOUS BLOCKAGE | | 05191 | 62.2875 | Bundled, sometimes payable | $3,527.96 | | | |
| 35500 | N | HARVEST VEIN FOR BYPASS | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 35501 | C | ART BYP GRFT IPSILAT CAROTID | | | | Inpatient Only | $0.00 | | | |
| 35506 | C | ART BYP GRFT SUBCLAV-CAROTID | | | | Inpatient Only | $0.00 | | | |
| 35508 | C | ART BYP GRFT CAROTID-VERTBRL | | | | Inpatient Only | $0.00 | | | |
| 35509 | C | ART BYP GRFT CONTRAL CAROTID | | | | Inpatient Only | $0.00 | | | |
| 35510 | C | ART BYP GRFT CAROTID-BRCHIAL | | | | Inpatient Only | $0.00 | | | |
| 35511 | C | ART BYP GRFT SUBCLAV-SUBCLAV | | | | Inpatient Only | $0.00 | | | |
| 35512 | C | ART BYP GRFT SUBCLAV-BRCHIAL | | | | Inpatient Only | $0.00 | | | |
| 35515 | C | ART BYP GRFT SUBCLAV-VERTBRL | | | | Inpatient Only | $0.00 | | | |
| 35516 | C | ART BYP GRFT SUBCLAV-AXILARY | | | | Inpatient Only | $0.00 | | | |
| 35518 | C | ART BYP GRFT AXILLARY-AXILRY | | | | Inpatient Only | $0.00 | | | |
| 35521 | C | ART BYP GRFT AXILL-FEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35522 | C | ART BYP GRFT AXILL-BRACHIAL | | | | Inpatient Only | $0.00 | | | |
| 35523 | C | ART BYP GRFT BRCHL-ULNR-RDL | | | | Inpatient Only | $0.00 | | | |
| 35525 | C | ART BYP GRFT BRACHIAL-BRCHL | | | | Inpatient Only | $0.00 | | | |
| 35526 | C | ART BYP GRFT AOR/CAROT/INNOM | | | | Inpatient Only | $0.00 | | | |
| 35531 | C | ART BYP GRFT AORCEL/AORMESEN | | | | Inpatient Only | $0.00 | | | |
| 35533 | C | ART BYP GRFT AXILL/FEM/FEM | | | | Inpatient Only | $0.00 | | | |
| 35535 | C | ART BYP GRFT HEPATORENAL | | | | Inpatient Only | $0.00 | | | |
| 35536 | C | ART BYP GRFT SPLENORENAL | | | | Inpatient Only | $0.00 | | | |
| 35537 | C | ART BYP GRFT AORTOILIAC | | | | Inpatient Only | $0.00 | | | |
| 35538 | C | ART BYP GRFT AORTOBI-ILIAC | | | | Inpatient Only | $0.00 | | | |
| 35539 | C | ART BYP GRFT AORTOFEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35540 | C | ART BYP GRFT AORTBIFEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35556 | C | ART BYP GRFT FEM-POPLITEAL | | | | Inpatient Only | $0.00 | | | |
| 35558 | C | ART BYP GRFT FEM-FEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35560 | C | ART BYP GRFT AORTORENAL | | | | Inpatient Only | $0.00 | | | |
| 35563 | C | ART BYP GRFT ILIOILIAC | | | | Inpatient Only | $0.00 | | | |
| 35565 | C | ART BYP GRFT ILIOFEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35566 | C | ART BYP FEM-ANT-POST TIB/PRL | | | | Inpatient Only | $0.00 | | | |
| 35570 | C | ART BYP TIBIAL-TIB/PERONEAL | | | | Inpatient Only | $0.00 | | | |
| 35571 | C | ART BYP POP-TIBL-PRL-OTHER | | | | Inpatient Only | $0.00 | | | |
| 35572 | N | HARVEST FEMOROPOPLITEAL VEIN | | | | Bundled | $0.00 | | | |
| 35583 | C | VEIN BYP GRFT FEM-POPLITEAL | | | | Inpatient Only | $0.00 | | | |
| 35585 | C | VEIN BYP FEM-TIBIAL PERONEAL | | | | Inpatient Only | $0.00 | | | |
| 35587 | C | VEIN BYP POP-TIBL PERONEAL | | | | Inpatient Only | $0.00 | | | |
| 35600 | C | HARVEST ART FOR CABG ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 35601 | C | ART BYP COMMON IPSI CAROTID | | | | Inpatient Only | $0.00 | | | |
| 35606 | C | ART BYP CAROTID-SUBCLAVIAN | | | | Inpatient Only | $0.00 | | | |
| 35612 | C | ART BYP SUBCLAV-SUBCLAVIAN | | | | Inpatient Only | $0.00 | | | |
| 35616 | C | ART BYP SUBCLAV-AXILLARY | | | | Inpatient Only | $0.00 | | | |
| 35621 | C | ART BYP AXILLARY-FEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35623 | C | ART BYP AXILLARY-POP-TIBIAL | | | | Inpatient Only | $0.00 | | | |
| 35626 | C | ART BYP AORSUBCL/CAROT/INNOM | | | | Inpatient Only | $0.00 | | | |
| 35631 | C | ART BYP AOR-CELIAC-MSN-RENAL | | | | Inpatient Only | $0.00 | | | |
| 35632 | C | ART BYP ILIO-CELIAC | | | | Inpatient Only | $0.00 | | | |
| 35633 | C | ART BYP ILIO-MESENTERIC | | | | Inpatient Only | $0.00 | | | |
| 35634 | C | ART BYP ILIORENAL | | | | Inpatient Only | $0.00 | | | |
| 35636 | C | ART BYP SPENORENAL | | | | Inpatient Only | $0.00 | | | |
| 35637 | C | ART BYP AORTOILIAC | | | | Inpatient Only | $0.00 | | | |
| 35638 | C | ART BYP AORTOBI-ILIAC | | | | Inpatient Only | $0.00 | | | |
| 35642 | C | ART BYP CAROTID-VERTEBRAL | | | | Inpatient Only | $0.00 | | | |
| 35645 | C | ART BYP SUBCLAV-VERTEBRL | | | | Inpatient Only | $0.00 | | | |
| 35646 | C | ART BYP AORTOBIFEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35647 | C | ART BYP AORTOFEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35650 | C | ART BYP AXILLARY-AXILLARY | | | | Inpatient Only | $0.00 | | | |
| 35654 | C | ART BYP AXILL-FEM-FEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35656 | C | ART BYP FEMORAL-POPLITEAL | | | | Inpatient Only | $0.00 | | | |
| 35661 | C | ART BYP FEMORAL-FEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35663 | C | ART BYP ILIOILIAC | | | | Inpatient Only | $0.00 | | | |
| 35665 | C | ART BYP ILIOFEMORAL | | | | Inpatient Only | $0.00 | | | |
| 35666 | C | ART BYP FEM-ANT-POST TIB/PRL | | | | Inpatient Only | $0.00 | | | |
| 35671 | C | ART BYP POP-TIBL-PRL-OTHER | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 35681 | C | COMPOSITE BYP GRFT PROS&VEIN | | | | Inpatient Only | $0.00 | | | |
| 35682 | C | COMPOSITE BYP GRFT 2 VEINS | | | | Inpatient Only | $0.00 | | | |
| 35683 | C | COMPOSITE BYP GRFT 3/> SEGMT | | | | Inpatient Only | $0.00 | | | |
| 35685 | N | BYPASS GRAFT PATENCY/PATCH | | | | Bundled | $0.00 | | | |
| 35686 | N | BYPASS GRAFT/AV FIST PATENCY | | | | Bundled | $0.00 | | | |
| 35691 | C | ART TRNSPOSJ VERTBRL CAROTID | | | | Inpatient Only | $0.00 | | | |
| 35693 | C | ART TRNSPOSJ SUBCLAVIAN | | | | Inpatient Only | $0.00 | | | |
| 35694 | C | ART TRNSPOSJ SUBCLAV CAROTID | | | | Inpatient Only | $0.00 | | | |
| 35695 | C | ART TRNSPOSJ CAROTID SUBCLAV | | | | Inpatient Only | $0.00 | | | |
| 35697 | C | REIMPLANT ARTERY EACH | | | | Inpatient Only | $0.00 | | | |
| 35700 | C | REOPERATION BYPASS GRAFT | | | | Inpatient Only | $0.00 | | | |
| 35701 | C | EXPLORATION CAROTID ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35721 | C | EXPLORATION FEMORAL ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35741 | C | EXPLORATION POPLITEAL ARTERY | | | | Inpatient Only | $0.00 | | | |
| 35761 | T | EXPLORATION OF ARTERY/VEIN | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 35800 | C | EXPLORE NECK VESSELS | | | | Inpatient Only | $0.00 | | | |
| 35820 | C | EXPLORE CHEST VESSELS | | | | Inpatient Only | $0.00 | | | |
| 35840 | C | EXPLORE ABDOMINAL VESSELS | | | | Inpatient Only | $0.00 | | | |
| 35860 | T | EXPLORE LIMB VESSELS | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 35870 | C | REPAIR VESSEL GRAFT DEFECT | | | | Inpatient Only | $0.00 | | | |
| 35875 | T | REMOVAL OF CLOT IN GRAFT | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 35876 | T | REMOVAL OF CLOT IN GRAFT | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 35879 | T | REVISE GRAFT W/VEIN | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 35881 | T | REVISE GRAFT W/VEIN | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 35883 | T | REVISE GRAFT W/NONAUTO GRAFT | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 35884 | T | REVISE GRAFT W/VEIN | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 35901 | C | EXCISION GRAFT NECK | | | | Inpatient Only | $0.00 | | | |
| 35903 | T | EXCISION GRAFT EXTREMITY | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 35905 | C | EXCISION GRAFT THORAX | | | | Inpatient Only | $0.00 | | | |
| 35907 | C | EXCISION GRAFT ABDOMEN | | | | Inpatient Only | $0.00 | | | |
| 36000 | N | PLACE NEEDLE IN VEIN | | | | Bundled | $0.00 | | | |
| 36002 | S | PSEUDOANEURYSM INJECTION TRT | | 05533 | 5.6534 | APC | $320.21 | | | |
| 36005 | N | INJECTION EXT VENOGRAPHY | | | | Bundled | $0.00 | | | |
| 36010 | N | PLACE CATHETER IN VEIN | | | | Bundled | $0.00 | | | |
| 36011 | N | PLACE CATHETER IN VEIN | | | | Bundled | $0.00 | | | |
| 36012 | N | PLACE CATHETER IN VEIN | | | | Bundled | $0.00 | | | |
| 36013 | N | PLACE CATHETER IN ARTERY | | | | Bundled | $0.00 | | | |
| 36014 | N | PLACE CATHETER IN ARTERY | | | | Bundled | $0.00 | | | |
| 36015 | N | PLACE CATHETER IN ARTERY | | | | Bundled | $0.00 | | | |
| 36100 | N | ESTABLISH ACCESS TO ARTERY | | | | Bundled | $0.00 | | | |
| 36120 | N | ESTABLISH ACCESS TO ARTERY | | | | Bundled | $0.00 | | | |
| 36140 | N | ESTABLISH ACCESS TO ARTERY | | | | Bundled | $0.00 | | | |
| 36147 | T | ACCESS AV DIAL GRFT FOR EVAL | | 05181 | 11.6990 | APC | $662.63 | | | |
| 36148 | N | ACCESS AV DIAL GRFT FOR PROC | | | | Bundled | $0.00 | | | |
| 36160 | N | ESTABLISH ACCESS TO AORTA | | | | Bundled | $0.00 | | | |
| 36200 | N | PLACE CATHETER IN AORTA | | | | Bundled | $0.00 | | | |
| 36215 | N | PLACE CATHETER IN ARTERY | | | | Bundled | $0.00 | | | |
| 36216 | N | PLACE CATHETER IN ARTERY | | | | Bundled | $0.00 | | | |
| 36217 | N | PLACE CATHETER IN ARTERY | | | | Bundled | $0.00 | | | |
| 36218 | N | PLACE CATHETER IN ARTERY | | | | Bundled | $0.00 | | | |
| 36221 | N | PLACE CATH THORACIC AORTA | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 36222 | N | PLACE CATH CAROTID/INOM ART | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 36223 | N | PLACE CATH CAROTID/INOM ART | | 05183 | 51.4789 | Bundled, sometimes payable | $2,915.76 | | | |
| 36224 | N | PLACE CATH CAROTD ART | | 05183 | 51.4789 | Bundled, sometimes payable | $2,915.76 | | | |
| 36225 | N | PLACE CATH SUBCLAVIAN ART | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 36226 | N | PLACE CATH VERTEBRAL ART | | 05183 | 51.4789 | Bundled, sometimes payable | $2,915.76 | | | |
| 36227 | N | PLACE CATH XTRNL CAROTID | | | | Bundled | $0.00 | | | |
| 36228 | N | PLACE CATH INTRACRANIAL ART | | | | Bundled | $0.00 | | | |
| 36245 | N | INS CATH ABD/L-EXT ART 1ST | | | | Bundled | $0.00 | | | |
| 36246 | N | INS CATH ABD/L-EXT ART 2ND | | | | Bundled | $0.00 | | | |
| 36247 | N | INS CATH ABD/L-EXT ART 3RD | | | | Bundled | $0.00 | | | |
| 36248 | N | INS CATH ABD/L-EXT ART ADDL | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 36251 | N | INS CATH REN ART 1ST UNILAT | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 36252 | N | INS CATH REN ART 1ST BILAT | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 36253 | N | INS CATH REN ART 2ND+ UNILAT | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 36254 | N | INS CATH REN ART 2ND+ BILAT | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 36260 | T | INSERTION OF INFUSION PUMP | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36261 | T | REVISION OF INFUSION PUMP | | 05221 | 33.7699 | APC | $1,912.73 | | | |
| 36262 | N | REMOVAL OF INFUSION PUMP | | 05221 | 33.7699 | Bundled, sometimes payable | $1,912.73 | | | |
| 36299 | N | VESSEL INJECTION PROCEDURE | | | | Bundled | $0.00 | | | |
| 36400 | N | BL DRAW < 3 YRS FEM/JUGULAR | | | | Bundled | $0.00 | | | |
| 36405 | N | BL DRAW <3 YRS SCALP VEIN | | | | Bundled | $0.00 | | | |
| 36406 | N | BL DRAW <3 YRS OTHER VEIN | | | | Bundled | $0.00 | | | |
| 36410 | N | NON-ROUTINE BL DRAW 3/> YRS | | | | Bundled | $0.00 | | | |
| 36415 | M | ROUTINE VENIPUNCTURE | | | | Medicare | $3.00 | | | |
| 36416 | N | CAPILLARY BLOOD DRAW | | | | Bundled | $0.00 | | | |
| 36420 | N | VEIN ACCESS CUTDOWN < 1 YR | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 36425 | N | VEIN ACCESS CUTDOWN > 1 YR | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 36430 | S | BLOOD TRANSFUSION SERVICE | | 05241 | 4.7357 | APC | $268.23 | | | |
| 36440 | S | BL PUSH TRANSFUSE 2 YR/< | | 05241 | 4.7357 | APC | $268.23 | | | |
| 36450 | S | BL EXCHANGE/TRANSFUSE NB | | 05241 | 4.7357 | APC | $268.23 | | | |
| 36455 | S | BL EXCHANGE/TRANSFUSE NON-NB | | 05241 | 4.7357 | APC | $268.23 | | | |
| 36460 | S | TRANSFUSION SERVICE FETAL | | 05241 | 4.7357 | APC | $268.23 | | | |
| 36468 | E | INJECTION(S) SPIDER VEINS | | | | Not Allowed | $0.00 | | | |
| 36469 | E | INJECTION(S) SPIDER VEINS | | | | Not Allowed | $0.00 | | | |
| 36470 | T | INJECTION THERAPY OF VEIN | | 05052 | 3.0594 | APC | $173.28 | | | |
| 36471 | T | INJECTION THERAPY OF VEINS | | 05052 | 3.0594 | APC | $173.28 | | | |
| 36475 | T | ENDOVENOUS RF 1ST VEIN | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36476 | N | ENDOVENOUS RF VEIN ADD-ON | | | | Bundled | $0.00 | | | |
| 36478 | T | ENDOVENOUS LASER 1ST VEIN | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36479 | N | ENDOVENOUS LASER VEIN ADDON | | | | Bundled | $0.00 | | | |
| 36481 | N | INSERTION OF CATHETER VEIN | | | | Bundled | $0.00 | | | |
| 36500 | N | INSERTION OF CATHETER VEIN | | | | Bundled | $0.00 | | | |
| 36510 | N | INSERTION OF CATHETER VEIN | | | | Bundled | $0.00 | | | |
| 36511 | S | APHERESIS WBC | | 05271 | 14.2117 | APC | $804.95 | | | |
| 36512 | S | APHERESIS RBC | | 05271 | 14.2117 | APC | $804.95 | | | |
| 36513 | S | APHERESIS PLATELETS | | 05271 | 14.2117 | APC | $804.95 | | | |
| 36514 | S | APHERESIS PLASMA | | 05271 | 14.2117 | APC | $804.95 | | | |
| 36515 | S | APHERESIS ADSORP/REINFUSE | | 05281 | 40.8961 | APC | $2,316.36 | | | |
| 36516 | S | APHERESIS SELECTIVE | | 05281 | 40.8961 | APC | $2,316.36 | | | |
| 36522 | E | PHOTOPHERESIS | | | | Not Allowed | $0.00 | | | |
| 36555 | T | INSERT NON-TUNNEL CV CATH | | 05181 | 11.6990 | APC | $662.63 | | | |
| 36556 | T | INSERT NON-TUNNEL CV CATH | | 05181 | 11.6990 | APC | $662.63 | | | |
| 36557 | T | INSERT TUNNELED CV CATH | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36558 | T | INSERT TUNNELED CV CATH | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36560 | T | INSERT TUNNELED CV CATH | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36561 | T | INSERT TUNNELED CV CATH | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36563 | T | INSERT TUNNELED CV CATH | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 36565 | T | INSERT TUNNELED CV CATH | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36566 | T | INSERT TUNNELED CV CATH | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 36568 | T | INSERT PICC CATH | | 05181 | 11.6990 | APC | $662.63 | | | |
| 36569 | T | INSERT PICC CATH | | 05181 | 11.6990 | APC | $662.63 | | | |
| 36570 | T | INSERT PICVAD CATH | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36571 | T | INSERT PICVAD CATH | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36575 | T | REPAIR TUNNELED CV CATH | | 05391 | 6.5491 | APC | $370.94 | | | |
| 36576 | T | REPAIR TUNNELED CV CATH | | 05181 | 11.6990 | APC | $662.63 | | | |
| 36578 | T | REPLACE TUNNELED CV CATH | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36580 | T | REPLACE CVAD CATH | | 05181 | 11.6990 | APC | $662.63 | | | |
| 36581 | T | REPLACE TUNNELED CV CATH | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36582 | T | REPLACE TUNNELED CV CATH | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36583 | T | REPLACE TUNNELED CV CATH | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 36584 | T | REPLACE PICC CATH | | 05181 | 11.6990 | APC | $662.63 | | | |
| 36585 | T | REPLACE PICVAD CATH | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36589 | N | REMOVAL TUNNELED CV CATH | | 05391 | 6.5491 | Bundled, sometimes payable | $370.94 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 36590 | N | REMOVAL TUNNELED CV CATH | | 05181 | 11.6990 | Bundled, sometimes payable | $662.63 | | | |
| 36591 | N | DRAW BLOOD OFF VENOUS DEVICE | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 36592 | N | COLLECT BLOOD FROM PICC | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 36593 | T | DECLOT VASCULAR DEVICE | | 05291 | 2.7101 | APC | $153.50 | | | |
| 36595 | T | MECH REMOV TUNNELED CV CATH | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36596 | T | MECH REMOV TUNNELED CV CATH | | 05181 | 11.6990 | APC | $662.63 | | | |
| 36597 | T | REPOSITION VENOUS CATHETER | | 05181 | 11.6990 | APC | $662.63 | | | |
| 36598 | T | INJ W/FLUOR EVAL CV DEVICE | | 05291 | 2.7101 | APC | $153.50 | | | |
| 36600 | N | WITHDRAWAL OF ARTERIAL BLOOD | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 36620 | N | INSERTION CATHETER ARTERY | | | | Bundled | $0.00 | | | |
| 36625 | N | INSERTION CATHETER ARTERY | | | | Bundled | $0.00 | | | |
| 36640 | T | INSERTION CATHETER ARTERY | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36660 | C | INSERTION CATHETER ARTERY | | | | Inpatient Only | $0.00 | | | |
| 36680 | N | INSERT NEEDLE BONE CAVITY | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 36800 | T | INSERTION OF CANNULA | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36810 | T | INSERTION OF CANNULA | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 36815 | T | INSERTION OF CANNULA | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36818 | T | AV FUSE UPPR ARM CEPHALIC | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36819 | T | AV FUSE UPPR ARM BASILIC | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 36820 | T | AV FUSION/FOREARM VEIN | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36821 | T | AV FUSION DIRECT ANY SITE | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36823 | C | INSERTION OF CANNULA(S) | | | | Inpatient Only | $0.00 | | | |
| 36825 | T | ARTERY-VEIN AUTOGRAFT | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 36830 | T | ARTERY-VEIN NONAUTOGRAFT | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 36831 | T | OPEN THROMBECT AV FISTULA | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36832 | T | AV FISTULA REVISION OPEN | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 36833 | T | AV FISTULA REVISION | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 36835 | T | ARTERY TO VEIN SHUNT | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 36838 | T | DIST REVAS LIGATION HEMO | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 36860 | T | EXTERNAL CANNULA DECLOTTING | | 05181 | 11.6990 | APC | $662.63 | | | |
| 36861 | T | CANNULA DECLOTTING | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 36870 | N | PERCUT THROMBECT AV FISTULA | | 05191 | 62.2875 | Bundled, sometimes payable | $3,527.96 | | | |
| 37140 | C | REVISION OF CIRCULATION | | | | Inpatient Only | $0.00 | | | |
| 37145 | C | REVISION OF CIRCULATION | | | | Inpatient Only | $0.00 | | | |
| 37160 | C | REVISION OF CIRCULATION | | | | Inpatient Only | $0.00 | | | |
| 37180 | C | REVISION OF CIRCULATION | | | | Inpatient Only | $0.00 | | | |
| 37181 | C | SPLICE SPLEEN/KIDNEY VEINS | | | | Inpatient Only | $0.00 | | | |
| 37182 | C | INSERT HEPATIC SHUNT (TIPS) | | | | Inpatient Only | $0.00 | | | |
| 37183 | N | REMOVE HEPATIC SHUNT (TIPS) | | 05191 | 62.2875 | Bundled, sometimes payable | $3,527.96 | | | |
| 37184 | T | PRIM ART M-THRMBC 1ST VSL | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 37185 | N | PRIM ART M-THRMBC SBSQ VSL | | | | Bundled | $0.00 | | | |
| 37186 | N | SEC ART THROMBECTOMY ADD-ON | | | | Bundled | $0.00 | | | |
| 37187 | T | VENOUS MECH THROMBECTOMY | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 37188 | T | VENOUS M-THROMBECTOMY ADD-ON | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37191 | T | INS ENDOVAS VENA CAVA FILTR | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 37192 | T | REDO ENDOVAS VENA CAVA FILTR | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37193 | T | REM ENDOVAS VENA CAVA FILTER | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37195 | T | THROMBOLYTIC THERAPY STROKE | | 05291 | 2.7101 | APC | $153.50 | | | |
| 37197 | T | REMOVE INTRVAS FOREIGN BODY | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37200 | T | TRANSCATHETER BIOPSY | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 37211 | T | THROMBOLYTIC ART THERAPY | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 37212 | T | THROMBOLYTIC VENOUS THERAPY | | 05181 | 11.6990 | APC | $662.63 | | | |
| 37213 | T | THROMBLYTIC ART/VEN THERAPY | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37214 | T | CESSJ THERAPY CATH REMOVAL | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37215 | C | TRANSCATH STENT CCA W/EPS | | | | Inpatient Only | $0.00 | | | |
| 37216 | E | TRANSCATH STENT CCA W/O EPS | | | | Not Allowed | $0.00 | | | |
| 37217 | C | STENT PLACEMT RETRO CAROTID | | | | Inpatient Only | $0.00 | | | |
| 37218 | C | STENT PLACEMT ANTE CAROTID | | | | Inpatient Only | $0.00 | | | |
| 37220 | N | ILIAC REVASC | | 05191 | 62.2875 | Bundled, sometimes payable | $3,527.96 | | | |
| 37221 | N | ILIAC REVASC W/STENT | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 37222 | N | ILIAC REVASC ADD-ON | | | | Bundled | $0.00 | | | |
| 37223 | N | ILIAC REVASC W/STENT ADD-ON | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 37224 | N | FEM/POPL REVAS W/TLA | | 05191 | 62.2875 | Bundled, sometimes payable | $3,527.96 | | | |
| 37225 | N | FEM/POPL REVAS W/ATHER | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 37226 | N | FEM/POPL REVASC W/STENT | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 37227 | N | FEM/POPL REVASC STNT & ATHER | | 05193 | 198.1983 | Bundled, sometimes payable | $11,225.95 | | | |
| 37228 | N | TIB/PER REVASC W/TLA | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 37229 | N | TIB/PER REVASC W/ATHER | | 05193 | 198.1983 | Bundled, sometimes payable | $11,225.95 | | | |
| 37230 | N | TIB/PER REVASC W/STENT | | 05193 | 198.1983 | Bundled, sometimes payable | $11,225.95 | | | |
| 37231 | N | TIB/PER REVASC STENT & ATHER | | 05193 | 198.1983 | Bundled, sometimes payable | $11,225.95 | | | |
| 37232 | N | TIB/PER REVASC ADD-ON | | | | Bundled | $0.00 | | | |
| 37233 | N | TIBPER REVASC W/ATHER ADD-ON | | | | Bundled | $0.00 | | | |
| 37234 | N | REVSC OPN/PRQ TIB/PERO STENT | | | | Bundled | $0.00 | | | |
| 37235 | N | TIB/PER REVASC STNT & ATHER | | | | Bundled | $0.00 | | | |
| 37236 | N | OPEN/PERQ PLACE STENT 1ST | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 37237 | N | OPEN/PERQ PLACE STENT EA ADD | | | | Bundled | $0.00 | | | |
| 37238 | N | OPEN/PERQ PLACE STENT SAME | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 37239 | N | OPEN/PERQ PLACE STENT EA ADD | | | | Bundled | $0.00 | | | |
| 37241 | N | VASC EMBOLIZE/OCCLUDE VENOUS | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 37242 | N | VASC EMBOLIZE/OCCLUDE ARTERY | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 37243 | N | VASC EMBOLIZE/OCCLUDE ORGAN | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 37244 | N | VASC EMBOLIZE/OCCLUDE BLEED | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 37252 | N | INTRVASC US NONCORONARY 1ST | | | | Bundled | $0.00 | | | |
| 37253 | N | INTRVASC US NONCORONARY ADDL | | | | Bundled | $0.00 | | | |
| 37500 | T | ENDOSCOPY LIGATE PERF VEINS | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 37501 | T | VASCULAR ENDOSCOPY PROCEDURE | | 05181 | 11.6990 | APC | $662.63 | | | |
| 37565 | T | LIGATION OF NECK VEIN | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37600 | T | LIGATION OF NECK ARTERY | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37605 | T | LIGATION OF NECK ARTERY | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37606 | T | LIGATION OF NECK ARTERY | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37607 | T | LIGATION OF A-V FISTULA | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37609 | T | TEMPORAL ARTERY PROCEDURE | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 37615 | T | LIGATION OF NECK ARTERY | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 37616 | C | LIGATION OF CHEST ARTERY | | | | Inpatient Only | $0.00 | | | |
| 37617 | C | LIGATION OF ABDOMEN ARTERY | | | | Inpatient Only | $0.00 | | | |
| 37618 | C | LIGATION OF EXTREMITY ARTERY | | | | Inpatient Only | $0.00 | | | |
| 37619 | T | LIGATION OF INF VENA CAVA | | 05183 | 51.4789 | APC | $2,915.76 | | | |
| 37650 | T | REVISION OF MAJOR VEIN | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37660 | C | REVISION OF MAJOR VEIN | | | | Inpatient Only | $0.00 | | | |
| 37700 | T | REVISE LEG VEIN | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37718 | T | LIGATE/STRIP SHORT LEG VEIN | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37722 | T | LIGATE/STRIP LONG LEG VEIN | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37735 | T | REMOVAL OF LEG VEINS/LESION | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37760 | T | LIGATE LEG VEINS RADICAL | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37761 | T | LIGATE LEG VEINS OPEN | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37765 | T | STAB PHLEB VEINS XTR 10-20 | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37766 | T | PHLEB VEINS - EXTREM 20+ | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37780 | T | REVISION OF LEG VEIN | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37785 | T | LIGATE/DIVIDE/EXCISE VEIN | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 37788 | C | REVASCULARIZATION PENIS | | | | Inpatient Only | $0.00 | | | |
| 37790 | T | PENILE VENOUS OCCLUSION | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 37799 | T | VASCULAR SURGERY PROCEDURE | | 05181 | 11.6990 | APC | $662.63 | | | |
| 38100 | C | REMOVAL OF SPLEEN TOTAL | | | | Inpatient Only | $0.00 | | | |
| 38101 | C | REMOVAL OF SPLEEN PARTIAL | | | | Inpatient Only | $0.00 | | | |
| 38102 | C | REMOVAL OF SPLEEN TOTAL | | | | Inpatient Only | $0.00 | | | |
| 38115 | C | REPAIR OF RUPTURED SPLEEN | | | | Inpatient Only | $0.00 | | | |
| 38120 | N | LAPAROSCOPY SPLENECTOMY | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 38129 | N | LAPAROSCOPE PROC SPLEEN | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 38200 | N | INJECTION FOR SPLEEN X-RAY | | | | Bundled | $0.00 | | | |
| 38204 | N | BL DONOR SEARCH MANAGEMENT | | | | Bundled | $0.00 | | | |
| 38205 | E | HARVEST ALLOGENEIC STEM CELL | | | | Not Allowed | $0.00 | | | |
| 38206 | S | HARVEST AUTO STEM CELLS | | 05271 | 14.2117 | APC | $804.95 | | | Y |
| 38207 | S | CRYOPRESERVE STEM CELLS | | 05241 | 4.7357 | APC | $268.23 | | | Y |
| 38208 | S | THAW PRESERVED STEM CELLS | | 05241 | 4.7357 | APC | $268.23 | | | Y |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 38209 | S | WASH HARVEST STEM CELLS | | 05241 | 4.7357 | APC | $268.23 | | | Y |
| 38210 | S | T-CELL DEPLETION OF HARVEST | | 05271 | 14.2117 | APC | $804.95 | | | Y |
| 38211 | S | TUMOR CELL DEPLETE OF HARVST | | 05271 | 14.2117 | APC | $804.95 | | | Y |
| 38212 | S | RBC DEPLETION OF HARVEST | | 05271 | 14.2117 | APC | $804.95 | | | Y |
| 38213 | S | PLATELET DEPLETE OF HARVEST | | 05271 | 14.2117 | APC | $804.95 | | | Y |
| 38214 | S | VOLUME DEPLETE OF HARVEST | | 05271 | 14.2117 | APC | $804.95 | | | Y |
| 38215 | S | HARVEST STEM CELL CONCENTRTE | | 05271 | 14.2117 | APC | $804.95 | | | Y |
| 38220 | T | BONE MARROW ASPIRATION | | 05073 | 12.7769 | APC | $723.68 | | | |
| 38221 | T | BONE MARROW BIOPSY | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 38230 | S | BONE MARROW HARVEST ALLOGEN | | 05281 | 40.8961 | APC | $2,316.36 | | | Y |
| 38232 | S | BONE MARROW HARVEST AUTOLOG | | 05281 | 40.8961 | APC | $2,316.36 | | | |
| 38240 | S | TRANSPLT ALLO HCT/DONOR | | 05281 | 40.8961 | APC | $2,316.36 | | | Y |
| 38241 | S | TRANSPLT AUTOL HCT/DONOR | | 05281 | 40.8961 | APC | $2,316.36 | | | Y |
| 38242 | S | TRANSPLT ALLO LYMPHOCYTES | | 05271 | 14.2117 | APC | $804.95 | | | Y |
| 38243 | S | TRANSPLJ HEMATOPOIETIC BOOST | | 05271 | 14.2117 | APC | $804.95 | | | |
| 38300 | T | DRAINAGE LYMPH NODE LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 38305 | T | DRAINAGE LYMPH NODE LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 38308 | T | INCISION OF LYMPH CHANNELS | | 05091 | 29.6771 | APC | $1,680.91 | | | |
| 38380 | C | THORACIC DUCT PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 38381 | C | THORACIC DUCT PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 38382 | C | THORACIC DUCT PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 38500 | T | BIOPSY/REMOVAL LYMPH NODES | | 05091 | 29.6771 | APC | $1,680.91 | | | |
| 38505 | T | NEEDLE BIOPSY LYMPH NODES | | 05073 | 12.7769 | APC | $723.68 | | | |
| 38510 | T | BIOPSY/REMOVAL LYMPH NODES | | 05091 | 29.6771 | APC | $1,680.91 | | | |
| 38520 | T | BIOPSY/REMOVAL LYMPH NODES | | 05091 | 29.6771 | APC | $1,680.91 | | | |
| 38525 | T | BIOPSY/REMOVAL LYMPH NODES | | 05091 | 29.6771 | APC | $1,680.91 | | | |
| 38530 | T | BIOPSY/REMOVAL LYMPH NODES | | 05091 | 29.6771 | APC | $1,680.91 | | | |
| 38542 | N | EXPLORE DEEP NODE(S) NECK | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 38550 | T | REMOVAL NECK/ARMPIT LESION | | 05091 | 29.6771 | APC | $1,680.91 | | | |
| 38555 | T | REMOVAL NECK/ARMPIT LESION | | 05092 | 49.4684 | APC | $2,801.89 | | | |
| 38562 | C | REMOVAL PELVIC LYMPH NODES | | | | Inpatient Only | $0.00 | | | |
| 38564 | C | REMOVAL ABDOMEN LYMPH NODES | | | | Inpatient Only | $0.00 | | | |
| 38570 | N | LAPAROSCOPY LYMPH NODE BIOP | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 38571 | N | LAPAROSCOPY LYMPHADENECTOMY | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 38572 | N | LAPAROSCOPY LYMPHADENECTOMY | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 38589 | N | LAPAROSCOPE PROC LYMPHATIC | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 38700 | T | REMOVAL OF LYMPH NODES NECK | | 05092 | 49.4684 | APC | $2,801.89 | | | |
| 38720 | T | REMOVAL OF LYMPH NODES NECK | | 05092 | 49.4684 | APC | $2,801.89 | | | |
| 38724 | C | REMOVAL OF LYMPH NODES NECK | | | | Inpatient Only | $0.00 | | | |
| 38740 | N | REMOVE ARMPIT LYMPH NODES | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 38745 | N | REMOVE ARMPIT LYMPH NODES | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 38746 | C | REMOVE THORACIC LYMPH NODES | | | | Inpatient Only | $0.00 | | | |
| 38747 | C | REMOVE ABDOMINAL LYMPH NODES | | | | Inpatient Only | $0.00 | | | |
| 38760 | T | REMOVE GROIN LYMPH NODES | | 05091 | 29.6771 | APC | $1,680.91 | | | |
| 38765 | C | REMOVE GROIN LYMPH NODES | | | | Inpatient Only | $0.00 | | | |
| 38770 | C | REMOVE PELVIS LYMPH NODES | | | | Inpatient Only | $0.00 | | | |
| 38780 | C | REMOVE ABDOMEN LYMPH NODES | | | | Inpatient Only | $0.00 | | | |
| 38790 | N | INJECT FOR LYMPHATIC X-RAY | | | | Bundled | $0.00 | | | |
| 38792 | N | RA TRACER ID OF SENTINL NODE | | 05591 | 4.5120 | Bundled, sometimes payable | $255.56 | | | |
| 38794 | N | ACCESS THORACIC LYMPH DUCT | | | | Bundled | $0.00 | | | |
| 38900 | N | IO MAP OF SENT LYMPH NODE | | | | Bundled | $0.00 | | | |
| 38999 | S | BLOOD/LYMPH SYSTEM PROCEDURE | | 05241 | 4.7357 | APC | $268.23 | | | |
| 39000 | C | EXPLORATION OF CHEST | | | | Inpatient Only | $0.00 | | | |
| 39010 | C | EXPLORATION OF CHEST | | | | Inpatient Only | $0.00 | | | |
| 39200 | C | RESECT MEDIASTINAL CYST | | | | Inpatient Only | $0.00 | | | |
| 39220 | C | RESECT MEDIASTINAL TUMOR | | | | Inpatient Only | $0.00 | | | |
| 39401 | T | MEDIASTINOSCPY W/MEDSTNL BX | | 05141 | 42.7660 | APC | $2,422.27 | | | |
| 39402 | T | MEDIASTINOSCPY W/LMPH NOD BX | | 05141 | 42.7660 | APC | $2,422.27 | | | |
| 39499 | C | CHEST PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 39501 | C | REPAIR DIAPHRAGM LACERATION | | | | Inpatient Only | $0.00 | | | |
| 39503 | C | REPAIR OF DIAPHRAGM HERNIA | | | | Inpatient Only | $0.00 | | | |
| 39540 | C | REPAIR OF DIAPHRAGM HERNIA | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 39541 | C | REPAIR OF DIAPHRAGM HERNIA | | | | Inpatient Only | $0.00 | | | |
| 39545 | C | REVISION OF DIAPHRAGM | | | | Inpatient Only | $0.00 | | | |
| 39560 | C | RESECT DIAPHRAGM SIMPLE | | | | Inpatient Only | $0.00 | | | |
| 39561 | C | RESECT DIAPHRAGM COMPLEX | | | | Inpatient Only | $0.00 | | | |
| 39599 | C | DIAPHRAGM SURGERY PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 40490 | T | BIOPSY OF LIP | | 05162 | 4.2445 | APC | $240.41 | | | |
| 40500 | T | PARTIAL EXCISION OF LIP | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 40510 | T | PARTIAL EXCISION OF LIP | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 40520 | T | PARTIAL EXCISION OF LIP | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 40525 | T | RECONSTRUCT LIP WITH FLAP | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 40527 | N | RECONSTRUCT LIP WITH FLAP | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 40530 | T | PARTIAL REMOVAL OF LIP | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 40650 | T | REPAIR LIP | | 05163 | 9.3541 | APC | $529.82 | | | |
| 40652 | T | REPAIR LIP | | 05163 | 9.3541 | APC | $529.82 | | | |
| 40654 | T | REPAIR LIP | | 05163 | 9.3541 | APC | $529.82 | | | |
| 40700 | N | REPAIR CLEFT LIP/NASAL | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 40701 | N | REPAIR CLEFT LIP/NASAL | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 40702 | N | REPAIR CLEFT LIP/NASAL | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 40720 | N | REPAIR CLEFT LIP/NASAL | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 40761 | N | REPAIR CLEFT LIP/NASAL | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 40799 | T | LIP SURGERY PROCEDURE | | 05161 | 1.7537 | APC | $99.33 | | | |
| 40800 | T | DRAINAGE OF MOUTH LESION | | 05071 | 3.0962 | APC | $175.37 | | | |
| 40801 | T | DRAINAGE OF MOUTH LESION | | 05163 | 9.3541 | APC | $529.82 | | | |
| 40804 | N | REMOVAL FOREIGN BODY MOUTH | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 40805 | T | REMOVAL FOREIGN BODY MOUTH | | 05163 | 9.3541 | APC | $529.82 | | | |
| 40806 | T | INCISION OF LIP FOLD | | 05162 | 4.2445 | APC | $240.41 | | | |
| 40808 | T | BIOPSY OF MOUTH LESION | | 05162 | 4.2445 | APC | $240.41 | | | |
| 40810 | T | EXCISION OF MOUTH LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 40812 | T | EXCISE/REPAIR MOUTH LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 40814 | T | EXCISE/REPAIR MOUTH LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 40816 | T | EXCISION OF MOUTH LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 40818 | T | EXCISE ORAL MUCOSA FOR GRAFT | | 05162 | 4.2445 | APC | $240.41 | | | |
| 40819 | T | EXCISE LIP OR CHEEK FOLD | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 40820 | T | TREATMENT OF MOUTH LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 40830 | T | REPAIR MOUTH LACERATION | | 05162 | 4.2445 | APC | $240.41 | | | |
| 40831 | T | REPAIR MOUTH LACERATION | | 05163 | 9.3541 | APC | $529.82 | | | |
| 40840 | T | RECONSTRUCTION OF MOUTH | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 40842 | N | RECONSTRUCTION OF MOUTH | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 40843 | T | RECONSTRUCTION OF MOUTH | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 40844 | N | RECONSTRUCTION OF MOUTH | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 40845 | N | RECONSTRUCTION OF MOUTH | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 40899 | T | MOUTH SURGERY PROCEDURE | | 05161 | 1.7537 | APC | $99.33 | | | |
| 41000 | T | DRAINAGE OF MOUTH LESION | | 05163 | 9.3541 | APC | $529.82 | | | |
| 41005 | T | DRAINAGE OF MOUTH LESION | | 05162 | 4.2445 | APC | $240.41 | | | |
| 41006 | T | DRAINAGE OF MOUTH LESION | | 05163 | 9.3541 | APC | $529.82 | | | |
| 41007 | T | DRAINAGE OF MOUTH LESION | | 05163 | 9.3541 | APC | $529.82 | | | |
| 41008 | T | DRAINAGE OF MOUTH LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41009 | T | DRAINAGE OF MOUTH LESION | | 05162 | 4.2445 | APC | $240.41 | | | |
| 41010 | T | INCISION OF TONGUE FOLD | | 05163 | 9.3541 | APC | $529.82 | | | |
| 41015 | T | DRAINAGE OF MOUTH LESION | | 05162 | 4.2445 | APC | $240.41 | | | |
| 41016 | T | DRAINAGE OF MOUTH LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41017 | T | DRAINAGE OF MOUTH LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41018 | T | DRAINAGE OF MOUTH LESION | | 05163 | 9.3541 | APC | $529.82 | | | |
| 41019 | T | PLACE NEEDLES H&N FOR RT | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41100 | T | BIOPSY OF TONGUE | | 05163 | 9.3541 | APC | $529.82 | | | |
| 41105 | T | BIOPSY OF TONGUE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41108 | T | BIOPSY OF FLOOR OF MOUTH | | 05073 | 12.7769 | APC | $723.68 | | | |
| 41110 | T | EXCISION OF TONGUE LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41112 | T | EXCISION OF TONGUE LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41113 | T | EXCISION OF TONGUE LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41114 | T | EXCISION OF TONGUE LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41115 | T | EXCISION OF TONGUE FOLD | | 05163 | 9.3541 | APC | $529.82 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 41116 | T | EXCISION OF MOUTH LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41120 | N | PARTIAL REMOVAL OF TONGUE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 41130 | C | PARTIAL REMOVAL OF TONGUE | | | | Inpatient Only | $0.00 | | | |
| 41135 | C | TONGUE AND NECK SURGERY | | | | Inpatient Only | $0.00 | | | |
| 41140 | C | REMOVAL OF TONGUE | | | | Inpatient Only | $0.00 | | | |
| 41145 | C | TONGUE REMOVAL NECK SURGERY | | | | Inpatient Only | $0.00 | | | |
| 41150 | C | TONGUE MOUTH JAW SURGERY | | | | Inpatient Only | $0.00 | | | |
| 41153 | C | TONGUE MOUTH NECK SURGERY | | | | Inpatient Only | $0.00 | | | |
| 41155 | C | TONGUE JAW & NECK SURGERY | | | | Inpatient Only | $0.00 | | | |
| 41250 | N | REPAIR TONGUE LACERATION | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 41251 | T | REPAIR TONGUE LACERATION | | 05162 | 4.2445 | APC | $240.41 | | | |
| 41252 | T | REPAIR TONGUE LACERATION | | 05163 | 9.3541 | APC | $529.82 | | | |
| 41500 | T | FIXATION OF TONGUE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41510 | T | TONGUE TO LIP SURGERY | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41512 | N | TONGUE SUSPENSION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 41520 | N | RECONSTRUCTION TONGUE FOLD | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 41530 | T | TONGUE BASE VOL REDUCTION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41599 | T | TONGUE AND MOUTH SURGERY | | 05161 | 1.7537 | APC | $99.33 | | | |
| 41800 | N | DRAINAGE OF GUM LESION | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 41805 | T | REMOVAL FOREIGN BODY GUM | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41806 | T | REMOVAL FOREIGN BODY JAWBONE | | 05163 | 9.3541 | APC | $529.82 | | | |
| 41820 | T | EXCISION GUM EACH QUADRANT | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41821 | T | EXCISION OF GUM FLAP | | 05163 | 9.3541 | APC | $529.82 | | | |
| 41822 | T | EXCISION OF GUM LESION | | 05163 | 9.3541 | APC | $529.82 | | | |
| 41823 | N | EXCISION OF GUM LESION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 41825 | T | EXCISION OF GUM LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41826 | T | EXCISION OF GUM LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41827 | N | EXCISION OF GUM LESION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 41828 | T | EXCISION OF GUM LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41830 | T | REMOVAL OF GUM TISSUE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41850 | T | TREATMENT OF GUM LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41870 | N | GUM GRAFT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 41872 | N | REPAIR GUM | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 41874 | T | REPAIR TOOTH SOCKET | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 41899 | T | DENTAL SURGERY PROCEDURE | | 05161 | 1.7537 | APC | $99.33 | | | |
| 42000 | T | DRAINAGE MOUTH ROOF LESION | | 05162 | 4.2445 | APC | $240.41 | | | |
| 42100 | T | BIOPSY ROOF OF MOUTH | | 05163 | 9.3541 | APC | $529.82 | | | |
| 42104 | T | EXCISION LESION MOUTH ROOF | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42106 | T | EXCISION LESION MOUTH ROOF | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42107 | N | EXCISION LESION MOUTH ROOF | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42120 | T | REMOVE PALATE/LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42140 | T | EXCISION OF UVULA | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42145 | N | REPAIR PALATE PHARYNX/UVULA | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42160 | T | TREATMENT MOUTH ROOF LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42180 | T | REPAIR PALATE | | 05162 | 4.2445 | APC | $240.41 | | | |
| 42182 | T | REPAIR PALATE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42200 | N | RECONSTRUCT CLEFT PALATE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42205 | N | RECONSTRUCT CLEFT PALATE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42210 | N | RECONSTRUCT CLEFT PALATE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42215 | N | RECONSTRUCT CLEFT PALATE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42220 | N | RECONSTRUCT CLEFT PALATE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42225 | N | RECONSTRUCT CLEFT PALATE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42226 | N | LENGTHENING OF PALATE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42227 | N | LENGTHENING OF PALATE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42235 | N | REPAIR PALATE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42260 | T | REPAIR NOSE TO LIP FISTULA | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42280 | T | PREPARATION PALATE MOLD | | 05162 | 4.2445 | APC | $240.41 | | | |
| 42281 | T | INSERTION PALATE PROSTHESIS | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42299 | T | PALATE/UVULA SURGERY | | 05161 | 1.7537 | APC | $99.33 | | | |
| 42300 | T | DRAINAGE OF SALIVARY GLAND | | 05163 | 9.3541 | APC | $529.82 | | | |
| 42305 | T | DRAINAGE OF SALIVARY GLAND | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42310 | T | DRAINAGE OF SALIVARY GLAND | | 05162 | 4.2445 | APC | $240.41 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 42320 | T | DRAINAGE OF SALIVARY GLAND | | 05162 | 4.2445 | APC | $240.41 | | | |
| 42330 | T | REMOVAL OF SALIVARY STONE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42335 | T | REMOVAL OF SALIVARY STONE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42340 | T | REMOVAL OF SALIVARY STONE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42400 | T | BIOPSY OF SALIVARY GLAND | | 05073 | 12.7769 | APC | $723.68 | | | |
| 42405 | T | BIOPSY OF SALIVARY GLAND | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42408 | T | EXCISION OF SALIVARY CYST | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42409 | T | DRAINAGE OF SALIVARY CYST | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42410 | N | EXCISE PAROTID GLAND/LESION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42415 | N | EXCISE PAROTID GLAND/LESION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42420 | N | EXCISE PAROTID GLAND/LESION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42425 | N | EXCISE PAROTID GLAND/LESION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42426 | C | EXCISE PAROTID GLAND/LESION | | | | Inpatient Only | $0.00 | | | |
| 42440 | N | EXCISE SUBMAXILLARY GLAND | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42450 | N | EXCISE SUBLINGUAL GLAND | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42500 | T | REPAIR SALIVARY DUCT | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42505 | N | REPAIR SALIVARY DUCT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42507 | N | PAROTID DUCT DIVERSION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42509 | N | PAROTID DUCT DIVERSION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42510 | N | PAROTID DUCT DIVERSION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42550 | N | INJECTION FOR SALIVARY X-RAY | | | | Bundled | $0.00 | | | |
| 42600 | T | CLOSURE OF SALIVARY FISTULA | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42650 | T | DILATION OF SALIVARY DUCT | | 05163 | 9.3541 | APC | $529.82 | | | |
| 42660 | T | DILATION OF SALIVARY DUCT | | 05162 | 4.2445 | APC | $240.41 | | | |
| 42665 | N | LIGATION OF SALIVARY DUCT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42699 | T | SALIVARY SURGERY PROCEDURE | | 05161 | 1.7537 | APC | $99.33 | | | |
| 42700 | T | DRAINAGE OF TONSIL ABSCESS | | 05162 | 4.2445 | APC | $240.41 | | | |
| 42720 | T | DRAINAGE OF THROAT ABSCESS | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42725 | N | DRAINAGE OF THROAT ABSCESS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42800 | T | BIOPSY OF THROAT | | 05163 | 9.3541 | APC | $529.82 | | | |
| 42804 | T | BIOPSY OF UPPER NOSE/THROAT | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42806 | T | BIOPSY OF UPPER NOSE/THROAT | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42808 | T | EXCISE PHARYNX LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42809 | N | REMOVE PHARYNX FOREIGN BODY | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 42810 | T | EXCISION OF NECK CYST | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42815 | N | EXCISION OF NECK CYST | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42820 | T | REMOVE TONSILS AND ADENOIDS | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42821 | T | REMOVE TONSILS AND ADENOIDS | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42825 | N | REMOVAL OF TONSILS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42826 | T | REMOVAL OF TONSILS | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42830 | N | REMOVAL OF ADENOIDS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42831 | T | REMOVAL OF ADENOIDS | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42835 | T | REMOVAL OF ADENOIDS | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42836 | T | REMOVAL OF ADENOIDS | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42842 | N | EXTENSIVE SURGERY OF THROAT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42844 | N | EXTENSIVE SURGERY OF THROAT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42845 | C | EXTENSIVE SURGERY OF THROAT | | | | Inpatient Only | $0.00 | | | |
| 42860 | N | EXCISION OF TONSIL TAGS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42870 | T | EXCISION OF LINGUAL TONSIL | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42890 | N | PARTIAL REMOVAL OF PHARYNX | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42892 | N | REVISION OF PHARYNGEAL WALLS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42894 | C | REVISION OF PHARYNGEAL WALLS | | | | Inpatient Only | $0.00 | | | |
| 42900 | T | REPAIR THROAT WOUND | | 05163 | 9.3541 | APC | $529.82 | | | |
| 42950 | N | RECONSTRUCTION OF THROAT | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 42953 | C | REPAIR THROAT ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 42955 | T | SURGICAL OPENING OF THROAT | | 05163 | 9.3541 | APC | $529.82 | | | |
| 42960 | T | CONTROL THROAT BLEEDING | | 05161 | 1.7537 | APC | $99.33 | | | |
| 42961 | C | CONTROL THROAT BLEEDING | | | | Inpatient Only | $0.00 | | | |
| 42962 | T | CONTROL THROAT BLEEDING | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 42970 | T | CONTROL NOSE/THROAT BLEEDING | | 05161 | 1.7537 | APC | $99.33 | | | |
| 42971 | C | CONTROL NOSE/THROAT BLEEDING | | | | Inpatient Only | $0.00 | | | |
| 42972 | T | CONTROL NOSE/THROAT BLEEDING | | 05164 | 21.9315 | APC | $1,242.20 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 42999 | T | THROAT SURGERY PROCEDURE | | 05161 | 1.7537 | APC | $99.33 | | | |
| 43020 | T | INCISION OF ESOPHAGUS | | 05163 | 9.3541 | APC | $529.82 | | | |
| 43030 | N | THROAT MUSCLE SURGERY | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 43045 | C | INCISION OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43100 | C | EXCISION OF ESOPHAGUS LESION | | | | Inpatient Only | $0.00 | | | |
| 43101 | C | EXCISION OF ESOPHAGUS LESION | | | | Inpatient Only | $0.00 | | | |
| 43107 | C | REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43108 | C | REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43112 | C | REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43113 | C | REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43116 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43117 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43118 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43121 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43122 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43123 | C | PARTIAL REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43124 | C | REMOVAL OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43130 | N | REMOVAL OF ESOPHAGUS POUCH | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 43135 | C | REMOVAL OF ESOPHAGUS POUCH | | | | Inpatient Only | $0.00 | | | |
| 43180 | T | ESOPHAGOSCOPY RIGID TRNSO | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 43191 | T | ESOPHAGOSCOPY RIGID TRNSO DX | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43192 | T | ESOPHAGOSCP RIG TRNSO INJECT | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43193 | T | ESOPHAGOSCP RIG TRNSO BIOPSY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43194 | T | ESOPHAGOSCP RIG TRNSO REM FB | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43195 | T | ESOPHAGOSCOPY RIGID BALLOON | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43196 | T | ESOPHAGOSCP GUIDE WIRE DILAT | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43197 | T | ESOPHAGOSCOPY FLEX DX BRUSH | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43198 | T | ESOPHAGOSC FLEX TRNSN BIOPSY | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43200 | T | ESOPHAGOSCOPY FLEXIBLE BRUSH | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43201 | T | ESOPH SCOPE W/SUBMUCOUS INJ | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43202 | T | ESOPHAGOSCOPY FLEX BIOPSY | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43204 | T | ESOPH SCOPE W/SCLEROSIS INJ | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43205 | T | ESOPHAGUS ENDOSCOPY/LIGATION | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43206 | T | ESOPH OPTICAL ENDOMICROSCOPY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43210 | N | EGD ESOPHAGOGASTRC FNDOPLSTY | | 05331 | 49.0142 | Bundled, sometimes payable | $2,776.16 | | | |
| 43211 | T | ESOPHAGOSCOP MUCOSAL RESECT | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43212 | N | ESOPHAGOSCOP STENT PLACEMENT | | 05331 | 49.0142 | Bundled, sometimes payable | $2,776.16 | | | |
| 43213 | T | ESOPHAGOSCOPY RETRO BALLOON | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43214 | T | ESOPHAGOSC DILATE BALLOON 30 | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43215 | T | ESOPHAGOSCOPY FLEX REMOVE FB | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43216 | T | ESOPHAGOSCOPY LESION REMOVAL | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43217 | T | ESOPHAGOSCOPY SNARE LES REMV | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43220 | T | ESOPHAGOSCOPY BALLOON <30MM | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43226 | T | ESOPH ENDOSCOPY DILATION | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43227 | T | ESOPHAGOSCOPY CONTROL BLEED | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43229 | T | ESOPHAGOSCOPY LESION ABLATE | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43231 | T | ESOPHAGOSCOP ULTRASOUND EXAM | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43232 | T | ESOPHAGOSCOPY W/US NEEDLE BX | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43233 | T | EGD BALLOON DIL ESOPH30 MM/> | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43235 | T | EGD DIAGNOSTIC BRUSH WASH | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43236 | T | UPPR GI SCOPE W/SUBMUC INJ | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43237 | T | ENDOSCOPIC US EXAM ESOPH | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43238 | T | EGD US FINE NEEDLE BX/ASPIR | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43239 | T | EGD BIOPSY SINGLE/MULTIPLE | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43240 | T | EGD W/TRANSMURAL DRAIN CYST | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43241 | T | EGD TUBE/CATH INSERTION | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43242 | T | EGD US FINE NEEDLE BX/ASPIR | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43243 | T | EGD INJECTION VARICES | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43244 | T | EGD VARICES LIGATION | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43245 | T | EGD DILATE STRICTURE | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43246 | T | EGD PLACE GASTROSTOMY TUBE | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43247 | T | EGD REMOVE FOREIGN BODY | | 05301 | 10.1100 | APC | $572.63 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 43248 | T | EGD GUIDE WIRE INSERTION | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43249 | T | ESOPH EGD DILATION <30 MM | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43250 | T | EGD CAUTERY TUMOR POLYP | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43251 | T | EGD REMOVE LESION SNARE | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43252 | T | EGD OPTICAL ENDOMICROSCOPY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43253 | T | EGD US TRANSMURAL INJXN/MARK | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43254 | T | EGD ENDO MUCOSAL RESECTION | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43255 | T | EGD CONTROL BLEEDING ANY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43257 | T | EGD W/THRML TXMNT GERD | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43259 | T | EGD US EXAM DUODENUM/JEJUNUM | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43260 | T | ERCP W/SPECIMEN COLLECTION | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43261 | T | ENDO CHOLANGIOPANCREATOGRAPH | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43262 | T | ENDO CHOLANGIOPANCREATOGRAPH | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43263 | T | ERCP SPHINCTER PRESSURE MEAS | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43264 | T | ERCP REMOVE DUCT CALCULI | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43265 | T | ERCP LITHOTRIPSY CALCULI | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43266 | N | EGD ENDOSCOPIC STENT PLACE | | 05331 | 49.0142 | Bundled, sometimes payable | $2,776.16 | | | |
| 43270 | T | EGD LESION ABLATION | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43273 | N | ENDOSCOPIC PANCREATOSCOPY | | | | Bundled | $0.00 | | | |
| 43274 | N | ERCP DUCT STENT PLACEMENT | | 05331 | 49.0142 | Bundled, sometimes payable | $2,776.16 | | | |
| 43275 | T | ERCP REMOVE FORGN BODY DUCT | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43276 | N | ERCP STENT EXCHANGE W/DILATE | | 05331 | 49.0142 | Bundled, sometimes payable | $2,776.16 | | | |
| 43277 | T | ERCP EA DUCT/AMPULLA DILATE | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43278 | T | ERCP LESION ABLATE W/DILATE | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43279 | C | LAP MYOTOMY HELLER | | | | Inpatient Only | $0.00 | | | |
| 43280 | N | LAPAROSCOPY FUNDOPLASTY | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 43281 | N | LAP PARAESOPHAG HERN REPAIR | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 43282 | C | LAP PARAESOPH HER RPR W/MESH | | | | Inpatient Only | $0.00 | | | |
| 43283 | C | LAP ESOPH LENGTHENING | | | | Inpatient Only | $0.00 | | | |
| 43289 | N | LAPAROSCOPE PROC ESOPH | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 43300 | C | REPAIR OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43305 | C | REPAIR ESOPHAGUS AND FISTULA | | | | Inpatient Only | $0.00 | | | |
| 43310 | C | REPAIR OF ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43312 | C | REPAIR ESOPHAGUS AND FISTULA | | | | Inpatient Only | $0.00 | | | |
| 43313 | C | ESOPHAGOPLASTY CONGENITAL | | | | Inpatient Only | $0.00 | | | |
| 43314 | C | TRACHEO-ESOPHAGOPLASTY CONG | | | | Inpatient Only | $0.00 | | | |
| 43320 | C | FUSE ESOPHAGUS & STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43325 | C | REVISE ESOPHAGUS & STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43327 | C | ESOPH FUNDOPLASTY LAP | | | | Inpatient Only | $0.00 | | | |
| 43328 | C | ESOPH FUNDOPLASTY THOR | | | | Inpatient Only | $0.00 | | | |
| 43330 | C | ESOPHAGOMYOTOMY ABDOMINAL | | | | Inpatient Only | $0.00 | | | |
| 43331 | C | ESOPHAGOMYOTOMY THORACIC | | | | Inpatient Only | $0.00 | | | |
| 43332 | C | TRANSAB ESOPH HIAT HERN RPR | | | | Inpatient Only | $0.00 | | | |
| 43333 | C | TRANSAB ESOPH HIAT HERN RPR | | | | Inpatient Only | $0.00 | | | |
| 43334 | C | TRANSTHOR DIAPHRAG HERN RPR | | | | Inpatient Only | $0.00 | | | |
| 43335 | C | TRANSTHOR DIAPHRAG HERN RPR | | | | Inpatient Only | $0.00 | | | |
| 43336 | C | THORABD DIAPHR HERN REPAIR | | | | Inpatient Only | $0.00 | | | |
| 43337 | C | THORABD DIAPHR HERN REPAIR | | | | Inpatient Only | $0.00 | | | |
| 43338 | C | ESOPH LENGTHENING | | | | Inpatient Only | $0.00 | | | |
| 43340 | C | FUSE ESOPHAGUS & INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 43341 | C | FUSE ESOPHAGUS & INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 43351 | C | SURGICAL OPENING ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43352 | C | SURGICAL OPENING ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43360 | C | GASTROINTESTINAL REPAIR | | | | Inpatient Only | $0.00 | | | |
| 43361 | C | GASTROINTESTINAL REPAIR | | | | Inpatient Only | $0.00 | | | |
| 43400 | C | LIGATE ESOPHAGUS VEINS | | | | Inpatient Only | $0.00 | | | |
| 43401 | C | ESOPHAGUS SURGERY FOR VEINS | | | | Inpatient Only | $0.00 | | | |
| 43405 | C | LIGATE/STAPLE ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43410 | C | REPAIR ESOPHAGUS WOUND | | | | Inpatient Only | $0.00 | | | |
| 43415 | C | REPAIR ESOPHAGUS WOUND | | | | Inpatient Only | $0.00 | | | |
| 43420 | T | REPAIR ESOPHAGUS OPENING | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 43425 | C | REPAIR ESOPHAGUS OPENING | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 43450 | T | DILATE ESOPHAGUS 1/MULT PASS | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43453 | T | DILATE ESOPHAGUS | | 05302 | 14.7575 | APC | $835.86 | | | |
| 43460 | C | PRESSURE TREATMENT ESOPHAGUS | | | | Inpatient Only | $0.00 | | | |
| 43496 | C | FREE JEJUNUM FLAP MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 43499 | T | ESOPHAGUS SURGERY PROCEDURE | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43500 | C | SURGICAL OPENING OF STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43501 | C | SURGICAL REPAIR OF STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43502 | C | SURGICAL REPAIR OF STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43510 | T | SURGICAL OPENING OF STOMACH | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43520 | C | INCISION OF PYLORIC MUSCLE | | | | Inpatient Only | $0.00 | | | |
| 43605 | C | BIOPSY OF STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43610 | C | EXCISION OF STOMACH LESION | | | | Inpatient Only | $0.00 | | | |
| 43611 | C | EXCISION OF STOMACH LESION | | | | Inpatient Only | $0.00 | | | |
| 43620 | C | REMOVAL OF STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43621 | C | REMOVAL OF STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43622 | C | REMOVAL OF STOMACH | | | | Inpatient Only | $0.00 | | | |
| 43631 | C | REMOVAL OF STOMACH PARTIAL | | | | Inpatient Only | $0.00 | | | |
| 43632 | C | REMOVAL OF STOMACH PARTIAL | | | | Inpatient Only | $0.00 | | | |
| 43633 | C | REMOVAL OF STOMACH PARTIAL | | | | Inpatient Only | $0.00 | | | |
| 43634 | C | REMOVAL OF STOMACH PARTIAL | | | | Inpatient Only | $0.00 | | | |
| 43635 | C | REMOVAL OF STOMACH PARTIAL | | | | Inpatient Only | $0.00 | | | |
| 43640 | C | VAGOTOMY & PYLORUS REPAIR | | | | Inpatient Only | $0.00 | | | |
| 43641 | C | VAGOTOMY & PYLORUS REPAIR | | | | Inpatient Only | $0.00 | | | |
| 43644 | E | LAP GASTRIC BYPASS/ROUX-EN-Y | | | | Not Allowed | $0.00 | | | |
| 43645 | E | LAP GASTR BYPASS INCL SMLL I | | | | Not Allowed | $0.00 | | | |
| 43647 | N | LAP IMPL ELECTRODE ANTRUM | | 05462 | 71.1342 | Bundled, sometimes payable | $4,029.04 | | | |
| 43648 | N | LAP REVISE/REMV ELTRD ANTRUM | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 43651 | N | LAPAROSCOPY VAGUS NERVE | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 43652 | N | LAPAROSCOPY VAGUS NERVE | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 43653 | N | LAPAROSCOPY GASTROSTOMY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 43659 | N | LAPAROSCOPE PROC STOM | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 43752 | N | NASAL/OROGASTRIC W/TUBE PLMT | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 43753 | N | TX GASTRO INTUB W/ASP | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 43754 | N | DX GASTR INTUB W/ASP SPEC | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 43755 | S | DX GASTR INTUB W/ASP SPECS | | 05721 | 1.7599 | APC | $99.68 | | | |
| 43756 | N | DX DUOD INTUB W/ASP SPEC | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 43757 | T | DX DUOD INTUB W/ASP SPECS | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43760 | T | CHANGE GASTROSTOMY TUBE | | 05291 | 2.7101 | APC | $153.50 | | | |
| 43761 | T | REPOSITION GASTROSTOMY TUBE | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43770 | E | LAP PLACE GASTR ADJ DEVICE | | | | Not Allowed | $0.00 | | | |
| 43771 | E | LAP REVISE GASTR ADJ DEVICE | | | | Not Allowed | $0.00 | | | |
| 43772 | E | LAP RMVL GASTR ADJ DEVICE | | | | Not Allowed | $0.00 | | | |
| 43773 | E | LAP REPLACE GASTR ADJ DEVICE | | | | Not Allowed | $0.00 | | | |
| 43774 | E | LAP RMVL GASTR ADJ ALL PARTS | | | | Not Allowed | $0.00 | | | |
| 43775 | E | LAP SLEEVE GASTRECTOMY | | | | Not Allowed | $0.00 | | | |
| 43800 | C | RECONSTRUCTION OF PYLORUS | | | | Inpatient Only | $0.00 | | | |
| 43810 | C | FUSION OF STOMACH AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 43820 | C | FUSION OF STOMACH AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 43825 | C | FUSION OF STOMACH AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 43830 | T | PLACE GASTROSTOMY TUBE | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43831 | T | PLACE GASTROSTOMY TUBE | | 05301 | 10.1100 | APC | $572.63 | | | |
| 43832 | C | PLACE GASTROSTOMY TUBE | | | | Inpatient Only | $0.00 | | | |
| 43840 | C | REPAIR OF STOMACH LESION | | | | Inpatient Only | $0.00 | | | |
| 43842 | E | V-BAND GASTROPLASTY | | | | Not Allowed | $0.00 | | | |
| 43843 | E | GASTROPLASTY W/O V-BAND | | | | Not Allowed | $0.00 | | | |
| 43845 | E | GASTROPLASTY DUODENAL SWITCH | | | | Not Allowed | $0.00 | | | |
| 43846 | E | GASTRIC BYPASS FOR OBESITY | | | | Not Allowed | $0.00 | | | |
| 43847 | E | GASTRIC BYPASS INCL SMALL I | | | | Not Allowed | $0.00 | | | |
| 43848 | E | REVISION GASTROPLASTY | | | | Not Allowed | $0.00 | | | |
| 43850 | C | REVISE STOMACH-BOWEL FUSION | | | | Inpatient Only | $0.00 | | | |
| 43855 | C | REVISE STOMACH-BOWEL FUSION | | | | Inpatient Only | $0.00 | | | |
| 43860 | C | REVISE STOMACH-BOWEL FUSION | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 43865 | C | REVISE STOMACH-BOWEL FUSION | | | | Inpatient Only | $0.00 | | | |
| 43870 | T | REPAIR STOMACH OPENING | | 05303 | 26.8624 | APC | $1,521.49 | | | |
| 43880 | C | REPAIR STOMACH-BOWEL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 43881 | C | IMPL/REDO ELECTRD ANTRUM | | | | Inpatient Only | $0.00 | | | |
| 43882 | C | REVISE/REMOVE ELECTRD ANTRUM | | | | Inpatient Only | $0.00 | | | |
| 43886 | E | REVISE GASTRIC PORT OPEN | | | | Not Allowed | $0.00 | | | |
| 43887 | E | REMOVE GASTRIC PORT OPEN | | | | Not Allowed | $0.00 | | | |
| 43888 | E | CHANGE GASTRIC PORT OPEN | | | | Not Allowed | $0.00 | | | |
| 43999 | T | STOMACH SURGERY PROCEDURE | | 05301 | 10.1100 | APC | $572.63 | | | |
| 44005 | C | FREEING OF BOWEL ADHESION | | | | Inpatient Only | $0.00 | | | |
| 44010 | C | INCISION OF SMALL BOWEL | | | | Inpatient Only | $0.00 | | | |
| 44015 | C | INSERT NEEDLE CATH BOWEL | | | | Inpatient Only | $0.00 | | | |
| 44020 | C | EXPLORE SMALL INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44021 | C | DECOMPRESS SMALL BOWEL | | | | Inpatient Only | $0.00 | | | |
| 44025 | C | INCISION OF LARGE BOWEL | | | | Inpatient Only | $0.00 | | | |
| 44050 | C | REDUCE BOWEL OBSTRUCTION | | | | Inpatient Only | $0.00 | | | |
| 44055 | C | CORRECT MALROTATION OF BOWEL | | | | Inpatient Only | $0.00 | | | |
| 44100 | T | BIOPSY OF BOWEL | | 05302 | 14.7575 | APC | $835.86 | | | |
| 44110 | C | EXCISE INTESTINE LESION(S) | | | | Inpatient Only | $0.00 | | | |
| 44111 | C | EXCISION OF BOWEL LESION(S) | | | | Inpatient Only | $0.00 | | | |
| 44120 | C | REMOVAL OF SMALL INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44121 | C | REMOVAL OF SMALL INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44125 | C | REMOVAL OF SMALL INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44126 | C | ENTERECTOMY W/O TAPER CONG | | | | Inpatient Only | $0.00 | | | |
| 44127 | C | ENTERECTOMY W/TAPER CONG | | | | Inpatient Only | $0.00 | | | |
| 44128 | C | ENTERECTOMY CONG ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 44130 | C | BOWEL TO BOWEL FUSION | | | | Inpatient Only | $0.00 | | | |
| 44132 | C | ENTERECTOMY CADAVER DONOR | | | | Inpatient Only | $0.00 | | | |
| 44133 | C | ENTERECTOMY LIVE DONOR | | | | Inpatient Only | $0.00 | | | |
| 44135 | C | INTESTINE TRANSPLNT CADAVER | | | | Inpatient Only | $0.00 | | | |
| 44136 | C | INTESTINE TRANSPLANT LIVE | | | | Inpatient Only | $0.00 | | | |
| 44137 | C | REMOVE INTESTINAL ALLOGRAFT | | | | Inpatient Only | $0.00 | | | |
| 44139 | C | MOBILIZATION OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44140 | C | PARTIAL REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44141 | C | PARTIAL REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44143 | C | PARTIAL REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44144 | C | PARTIAL REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44145 | C | PARTIAL REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44146 | C | PARTIAL REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44147 | C | PARTIAL REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44150 | C | REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44151 | C | REMOVAL OF COLON/ILEOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44155 | C | REMOVAL OF COLON/ILEOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44156 | C | REMOVAL OF COLON/ILEOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44157 | C | COLECTOMY W/ILEOANAL ANAST | | | | Inpatient Only | $0.00 | | | |
| 44158 | C | COLECTOMY W/NEO-RECTUM POUCH | | | | Inpatient Only | $0.00 | | | |
| 44160 | C | REMOVAL OF COLON | | | | Inpatient Only | $0.00 | | | |
| 44180 | N | LAP ENTEROLYSIS | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 44186 | N | LAP JEJUNOSTOMY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 44187 | C | LAP ILEO/JEJUNO-STOMY | | | | Inpatient Only | $0.00 | | | |
| 44188 | C | LAP COLOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44202 | C | LAP ENTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 44203 | C | LAP RESECT S/INTESTINE ADDL | | | | Inpatient Only | $0.00 | | | |
| 44204 | C | LAPARO PARTIAL COLECTOMY | | | | Inpatient Only | $0.00 | | | |
| 44205 | C | LAP COLECTOMY PART W/ILEUM | | | | Inpatient Only | $0.00 | | | |
| 44206 | C | LAP PART COLECTOMY W/STOMA | | | | Inpatient Only | $0.00 | | | |
| 44207 | C | L COLECTOMY/COLOPROCTOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44208 | C | L COLECTOMY/COLOPROCTOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44210 | C | LAPARO TOTAL PROCTOCOLECTOMY | | | | Inpatient Only | $0.00 | | | |
| 44211 | C | LAP COLECTOMY W/PROCTECTOMY | | | | Inpatient Only | $0.00 | | | |
| 44212 | C | LAPARO TOTAL PROCTOCOLECTOMY | | | | Inpatient Only | $0.00 | | | |
| 44213 | C | LAP MOBIL SPLENIC FL ADD-ON | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 44227 | C | LAP CLOSE ENTEROSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44238 | N | LAPAROSCOPE PROC INTESTINE | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 44300 | C | OPEN BOWEL TO SKIN | | | | Inpatient Only | $0.00 | | | |
| 44310 | C | ILEOSTOMY/JEJUNOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44312 | T | REVISION OF ILEOSTOMY | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 44314 | C | REVISION OF ILEOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44316 | C | DEVISE BOWEL POUCH | | | | Inpatient Only | $0.00 | | | |
| 44320 | C | COLOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44322 | C | COLOSTOMY WITH BIOPSIES | | | | Inpatient Only | $0.00 | | | |
| 44340 | T | REVISION OF COLOSTOMY | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 44345 | C | REVISION OF COLOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44346 | C | REVISION OF COLOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 44360 | T | SMALL BOWEL ENDOSCOPY | | 05301 | 10.1100 | APC | $572.63 | | | |
| 44361 | T | SMALL BOWEL ENDOSCOPY/BIOPSY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 44363 | T | SMALL BOWEL ENDOSCOPY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 44364 | T | SMALL BOWEL ENDOSCOPY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 44365 | T | SMALL BOWEL ENDOSCOPY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 44366 | T | SMALL BOWEL ENDOSCOPY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 44369 | T | SMALL BOWEL ENDOSCOPY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 44370 | N | SMALL BOWEL ENDOSCOPY/STENT | | 05331 | 49.0142 | Bundled, sometimes payable | $2,776.16 | | | |
| 44372 | T | SMALL BOWEL ENDOSCOPY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 44373 | T | SMALL BOWEL ENDOSCOPY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 44376 | T | SMALL BOWEL ENDOSCOPY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 44377 | T | SMALL BOWEL ENDOSCOPY/BIOPSY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 44378 | T | SMALL BOWEL ENDOSCOPY | | 05302 | 14.7575 | APC | $835.86 | | | |
| 44379 | N | S BOWEL ENDOSCOPE W/STENT | | 05331 | 49.0142 | Bundled, sometimes payable | $2,776.16 | | | |
| 44380 | T | SMALL BOWEL ENDOSCOPY BR/WA | | 05301 | 10.1100 | APC | $572.63 | | | |
| 44381 | T | SMALL BOWEL ENDOSCOPY BR/WA | | 05301 | 10.1100 | APC | $572.63 | | | |
| 44382 | T | SMALL BOWEL ENDOSCOPY | | 05301 | 10.1100 | APC | $572.63 | | | |
| 44384 | N | SMALL BOWEL ENDOSCOPY | | 05331 | 49.0142 | Bundled, sometimes payable | $2,776.16 | | | |
| 44385 | T | ENDOSCOPY OF BOWEL POUCH | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44386 | T | ENDOSCOPY BOWEL POUCH/BIOP | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44388 | T | COLONOSCOPY THRU STOMA SPX | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44389 | T | COLONOSCOPY WITH BIOPSY | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44390 | T | COLONOSCOPY FOR FOREIGN BODY | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44391 | T | COLONOSCOPY FOR BLEEDING | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44392 | T | COLONOSCOPY & POLYPECTOMY | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44394 | T | COLONOSCOPY W/SNARE | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44401 | T | COLONOSCOPY WITH ABLATION | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44402 | N | COLONOSCOPY W/STENT PLCMT | | 05331 | 49.0142 | Bundled, sometimes payable | $2,776.16 | | | |
| 44403 | T | COLONOSCOPY W/RESECTION | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44404 | T | COLONOSCOPY W/INJECTION | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44405 | T | COLONOSCOPY W/DILATION | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44406 | T | COLONOSCOPY W/ULTRASOUND | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44407 | T | COLONOSCOPY W/NDL ASPIR/BX | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44408 | T | COLONOSCOPY W/DECOMPRESSION | | 05312 | 10.2104 | APC | $578.32 | | | |
| 44500 | T | INTRO GASTROINTESTINAL TUBE | | 05391 | 6.5491 | APC | $370.94 | | | |
| 44602 | C | SUTURE SMALL INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44603 | C | SUTURE SMALL INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44604 | C | SUTURE LARGE INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44605 | C | REPAIR OF BOWEL LESION | | | | Inpatient Only | $0.00 | | | |
| 44615 | C | INTESTINAL STRICTUROPLASTY | | | | Inpatient Only | $0.00 | | | |
| 44620 | C | REPAIR BOWEL OPENING | | | | Inpatient Only | $0.00 | | | |
| 44625 | C | REPAIR BOWEL OPENING | | | | Inpatient Only | $0.00 | | | |
| 44626 | C | REPAIR BOWEL OPENING | | | | Inpatient Only | $0.00 | | | |
| 44640 | C | REPAIR BOWEL-SKIN FISTULA | | | | Inpatient Only | $0.00 | | | |
| 44650 | C | REPAIR BOWEL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 44660 | C | REPAIR BOWEL-BLADDER FISTULA | | | | Inpatient Only | $0.00 | | | |
| 44661 | C | REPAIR BOWEL-BLADDER FISTULA | | | | Inpatient Only | $0.00 | | | |
| 44680 | C | SURGICAL REVISION INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44700 | C | SUSPEND BOWEL W/PROSTHESIS | | | | Inpatient Only | $0.00 | | | |
| 44701 | N | INTRAOP COLON LAVAGE ADD-ON | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 44705 | E | PREPARE FECAL MICROBIOTA | | | | Not Allowed | $0.00 | | | |
| 44715 | C | PREPARE DONOR INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 44720 | C | PREP DONOR INTESTINE/VENOUS | | | | Inpatient Only | $0.00 | | | |
| 44721 | C | PREP DONOR INTESTINE/ARTERY | | | | Inpatient Only | $0.00 | | | |
| 44799 | T | UNLISTED PX SMALL INTESTINE | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 44800 | C | EXCISION OF BOWEL POUCH | | | | Inpatient Only | $0.00 | | | |
| 44820 | C | EXCISION OF MESENTERY LESION | | | | Inpatient Only | $0.00 | | | |
| 44850 | C | REPAIR OF MESENTERY | | | | Inpatient Only | $0.00 | | | |
| 44899 | C | BOWEL SURGERY PROCEDURE | | | | Inpatient Only | $0.00 | | | |
| 44900 | C | DRAIN APPENDIX ABSCESS OPEN | | | | Inpatient Only | $0.00 | | | |
| 44950 | T | APPENDECTOMY | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 44955 | N | APPENDECTOMY ADD-ON | | | | Bundled | $0.00 | | | |
| 44960 | C | APPENDECTOMY | | | | Inpatient Only | $0.00 | | | |
| 44970 | N | LAPAROSCOPY APPENDECTOMY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 44979 | N | LAPAROSCOPE PROC APP | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 45000 | T | DRAINAGE OF PELVIC ABSCESS | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45005 | T | DRAINAGE OF RECTAL ABSCESS | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45020 | T | DRAINAGE OF RECTAL ABSCESS | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45100 | T | BIOPSY OF RECTUM | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45108 | T | REMOVAL OF ANORECTAL LESION | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 45110 | C | REMOVAL OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45111 | C | PARTIAL REMOVAL OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45112 | C | REMOVAL OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45113 | C | PARTIAL PROCTECTOMY | | | | Inpatient Only | $0.00 | | | |
| 45114 | C | PARTIAL REMOVAL OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45116 | C | PARTIAL REMOVAL OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45119 | C | REMOVE RECTUM W/RESERVOIR | | | | Inpatient Only | $0.00 | | | |
| 45120 | C | REMOVAL OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45121 | C | REMOVAL OF RECTUM AND COLON | | | | Inpatient Only | $0.00 | | | |
| 45123 | C | PARTIAL PROCTECTOMY | | | | Inpatient Only | $0.00 | | | |
| 45126 | C | PELVIC EXENTERATION | | | | Inpatient Only | $0.00 | | | |
| 45130 | C | EXCISION OF RECTAL PROLAPSE | | | | Inpatient Only | $0.00 | | | |
| 45135 | C | EXCISION OF RECTAL PROLAPSE | | | | Inpatient Only | $0.00 | | | |
| 45136 | C | EXCISE ILEOANAL RESERVIOR | | | | Inpatient Only | $0.00 | | | |
| 45150 | T | EXCISION OF RECTAL STRICTURE | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45160 | T | EXCISION OF RECTAL LESION | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45171 | T | EXC RECT TUM TRANSANAL PART | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 45172 | T | EXC RECT TUM TRANSANAL FULL | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 45190 | T | DESTRUCTION RECTAL TUMOR | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45300 | T | PROCTOSIGMOIDOSCOPY DX | | 05311 | 6.6796 | APC | $378.33 | | | |
| 45303 | T | PROCTOSIGMOIDOSCOPY DILATE | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45305 | T | PROCTOSIGMOIDOSCOPY W/BX | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45307 | T | PROCTOSIGMOIDOSCOPY FB | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45308 | T | PROCTOSIGMOIDOSCOPY REMOVAL | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45309 | T | PROCTOSIGMOIDOSCOPY REMOVAL | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45315 | T | PROCTOSIGMOIDOSCOPY REMOVAL | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45317 | T | PROCTOSIGMOIDOSCOPY BLEED | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45320 | T | PROCTOSIGMOIDOSCOPY ABLATE | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 45321 | T | PROCTOSIGMOIDOSCOPY VOLVUL | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45327 | N | PROCTOSIGMOIDOSCOPY W/STENT | | 05331 | 49.0142 | Bundled, sometimes payable | $2,776.16 | | | |
| 45330 | T | DIAGNOSTIC SIGMOIDOSCOPY | | 05311 | 6.6796 | APC | $378.33 | | | |
| 45331 | T | SIGMOIDOSCOPY AND BIOPSY | | 05311 | 6.6796 | APC | $378.33 | | | |
| 45332 | T | SIGMOIDOSCOPY W/FB REMOVAL | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45333 | T | SIGMOIDOSCOPY & POLYPECTOMY | | 05311 | 6.6796 | APC | $378.33 | | | |
| 45334 | T | SIGMOIDOSCOPY FOR BLEEDING | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45335 | T | SIGMOIDOSCOPY W/SUBMUC INJ | | 05311 | 6.6796 | APC | $378.33 | | | |
| 45337 | T | SIGMOIDOSCOPY & DECOMPRESS | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45338 | T | SIGMOIDOSCOPY W/TUMR REMOVE | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45340 | T | SIG W/TNDSC BALLOON DILATION | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45341 | T | SIGMOIDOSCOPY W/ULTRASOUND | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45342 | T | SIGMOIDOSCOPY W/US GUIDE BX | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45346 | T | SIGMOIDOSCOPY W/ABLATION | | 05312 | 10.2104 | APC | $578.32 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 45347 | N | SIGMOIDOSCOPY W/PLCMT STENT | | 05331 | 49.0142 | Bundled, sometimes payable | $2,776.16 | | | |
| 45349 | T | SIGMOIDOSCOPY W/RESECTION | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45350 | T | SGMDSC W/BAND LIGATION | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45378 | T | DIAGNOSTIC COLONOSCOPY | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45379 | T | COLONOSCOPY W/FB REMOVAL | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45380 | T | COLONOSCOPY AND BIOPSY | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45381 | T | COLONOSCOPY SUBMUCOUS NJX | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45382 | T | COLONOSCOPY W/CONTROL BLEED | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45384 | T | COLONOSCOPY W/LESION REMOVAL | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45385 | T | COLONOSCOPY W/LESION REMOVAL | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45386 | T | COLONOSCOPY W/BALLOON DILAT | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45388 | T | COLONOSCOPY W/ABLATION | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45389 | N | COLONOSCOPY W/STENT PLCMT | | 05331 | 49.0142 | Bundled, sometimes payable | $2,776.16 | | | |
| 45390 | T | COLONOSCOPY W/RESECTION | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45391 | T | COLONOSCOPY W/ENDOSCOPE US | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45392 | T | COLONOSCOPY W/ENDOSCOPIC FNB | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45393 | T | COLONOSCOPY W/DECOMPRESSION | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45395 | C | LAP REMOVAL OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45397 | C | LAP REMOVE RECTUM W/POUCH | | | | Inpatient Only | $0.00 | | | |
| 45398 | T | COLONOSCOPY W/BAND LIGATION | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45399 | T | UNLISTED PROCEDURE COLON | | 05312 | 10.2104 | APC | $578.32 | | | |
| 45400 | C | LAPAROSCOPIC PROC | | | | Inpatient Only | $0.00 | | | |
| 45402 | C | LAP PROCTOPEXY W/SIG RESECT | | | | Inpatient Only | $0.00 | | | |
| 45499 | N | LAPAROSCOPE PROC RECTUM | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 45500 | T | REPAIR OF RECTUM | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45505 | T | REPAIR OF RECTUM | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 45520 | N | TREATMENT OF RECTAL PROLAPSE | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 45540 | C | CORRECT RECTAL PROLAPSE | | | | Inpatient Only | $0.00 | | | |
| 45541 | T | CORRECT RECTAL PROLAPSE | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 45550 | C | REPAIR RECTUM/REMOVE SIGMOID | | | | Inpatient Only | $0.00 | | | |
| 45560 | T | REPAIR OF RECTOCELE | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 45562 | C | EXPLORATION/REPAIR OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45563 | C | EXPLORATION/REPAIR OF RECTUM | | | | Inpatient Only | $0.00 | | | |
| 45800 | C | REPAIR RECT/BLADDER FISTULA | | | | Inpatient Only | $0.00 | | | |
| 45805 | C | REPAIR FISTULA W/COLOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 45820 | C | REPAIR RECTOURETHRAL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 45825 | C | REPAIR FISTULA W/COLOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 45900 | T | REDUCTION OF RECTAL PROLAPSE | | 05311 | 6.6796 | APC | $378.33 | | | |
| 45905 | T | DILATION OF ANAL SPHINCTER | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45910 | T | DILATION OF RECTAL NARROWING | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45915 | T | REMOVE RECTAL OBSTRUCTION | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45990 | T | SURG DX EXAM ANORECTAL | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 45999 | T | RECTUM SURGERY PROCEDURE | | 05311 | 6.6796 | APC | $378.33 | | | |
| 46020 | T | PLACEMENT OF SETON | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46030 | T | REMOVAL OF RECTAL MARKER | | 05312 | 10.2104 | APC | $578.32 | | | |
| 46040 | T | INCISION OF RECTAL ABSCESS | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46045 | T | INCISION OF RECTAL ABSCESS | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46050 | T | INCISION OF ANAL ABSCESS | | 05311 | 6.6796 | APC | $378.33 | | | |
| 46060 | T | INCISION OF RECTAL ABSCESS | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46070 | T | INCISION OF ANAL SEPTUM | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46080 | T | INCISION OF ANAL SPHINCTER | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46083 | T | INCISE EXTERNAL HEMORRHOID | | 05371 | 2.8025 | APC | $158.73 | | | |
| 46200 | T | REMOVAL OF ANAL FISSURE | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46220 | T | EXCISE ANAL EXT TAG/PAPILLA | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46221 | T | LIGATION OF HEMORRHOID(S) | | 05311 | 6.6796 | APC | $378.33 | | | |
| 46230 | T | REMOVAL OF ANAL TAGS | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46250 | T | REMOVE EXT HEM GROUPS 2+ | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46255 | T | REMOVE INT/EXT HEM 1 GROUP | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46257 | T | REMOVE IN/EX HEM GRP & FISS | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46258 | T | REMOVE IN/EX HEM GRP W/FISTU | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 46260 | T | REMOVE IN/EX HEM GROUPS 2+ | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 46261 | T | REMOVE IN/EX HEM GRPS & FISS | | 05314 | 31.5583 | APC | $1,787.46 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 46262 | T | REMOVE IN/EX HEM GRPS W/FIST | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 46270 | T | REMOVE ANAL FIST SUBQ | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46275 | T | REMOVE ANAL FIST INTER | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46280 | T | REMOVE ANAL FIST COMPLEX | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46285 | T | REMOVE ANAL FIST 2 STAGE | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46288 | T | REPAIR ANAL FISTULA | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 46320 | T | REMOVAL OF HEMORRHOID CLOT | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46500 | T | INJECTION INTO HEMORRHOID(S) | | 05311 | 6.6796 | APC | $378.33 | | | |
| 46505 | T | CHEMODENERVATION ANAL MUSC | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46600 | N | DIAGNOSTIC ANOSCOPY SPX | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 46601 | N | DIAGNOSTIC ANOSCOPY | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 46604 | T | ANOSCOPY AND DILATION | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46606 | T | ANOSCOPY AND BIOPSY | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46607 | T | DIAGNOSTIC ANOSCOPY & BIOPSY | | 05312 | 10.2104 | APC | $578.32 | | | |
| 46608 | T | ANOSCOPY REMOVE FOR BODY | | 05312 | 10.2104 | APC | $578.32 | | | |
| 46610 | T | ANOSCOPY REMOVE LESION | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46611 | T | ANOSCOPY | | 05312 | 10.2104 | APC | $578.32 | | | |
| 46612 | T | ANOSCOPY REMOVE LESIONS | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46614 | T | ANOSCOPY CONTROL BLEEDING | | 05312 | 10.2104 | APC | $578.32 | | | |
| 46615 | T | ANOSCOPY | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46700 | T | REPAIR OF ANAL STRICTURE | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46705 | C | REPAIR OF ANAL STRICTURE | | | | Inpatient Only | $0.00 | | | |
| 46706 | T | REPR OF ANAL FISTULA W/GLUE | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 46707 | T | REPAIR ANORECTAL FIST W/PLUG | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 46710 | C | REPR PER/VAG POUCH SNGL PROC | | | | Inpatient Only | $0.00 | | | |
| 46712 | C | REPR PER/VAG POUCH DBL PROC | | | | Inpatient Only | $0.00 | | | |
| 46715 | C | REP PERF ANOPER FISTU | | | | Inpatient Only | $0.00 | | | |
| 46716 | C | REP PERF ANOPER/VESTIB FISTU | | | | Inpatient Only | $0.00 | | | |
| 46730 | C | CONSTRUCTION OF ABSENT ANUS | | | | Inpatient Only | $0.00 | | | |
| 46735 | C | CONSTRUCTION OF ABSENT ANUS | | | | Inpatient Only | $0.00 | | | |
| 46740 | C | CONSTRUCTION OF ABSENT ANUS | | | | Inpatient Only | $0.00 | | | |
| 46742 | C | REPAIR OF IMPERFORATED ANUS | | | | Inpatient Only | $0.00 | | | |
| 46744 | C | REPAIR OF CLOACAL ANOMALY | | | | Inpatient Only | $0.00 | | | |
| 46746 | C | REPAIR OF CLOACAL ANOMALY | | | | Inpatient Only | $0.00 | | | |
| 46748 | C | REPAIR OF CLOACAL ANOMALY | | | | Inpatient Only | $0.00 | | | |
| 46750 | T | REPAIR OF ANAL SPHINCTER | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 46751 | C | REPAIR OF ANAL SPHINCTER | | | | Inpatient Only | $0.00 | | | |
| 46753 | T | RECONSTRUCTION OF ANUS | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 46754 | T | REMOVAL OF SUTURE FROM ANUS | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46760 | T | REPAIR OF ANAL SPHINCTER | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 46761 | T | REPAIR OF ANAL SPHINCTER | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 46762 | N | IMPLANT ARTIFICIAL SPHINCTER | | 05331 | 49.0142 | Bundled, sometimes payable | $2,776.16 | | | |
| 46900 | T | DESTRUCTION ANAL LESION(S) | | 05052 | 3.0594 | APC | $173.28 | | | |
| 46910 | T | DESTRUCTION ANAL LESION(S) | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 46916 | T | CRYOSURGERY ANAL LESION(S) | | 05052 | 3.0594 | APC | $173.28 | | | |
| 46917 | T | LASER SURGERY ANAL LESIONS | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46922 | T | EXCISION OF ANAL LESION(S) | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46924 | T | DESTRUCTION ANAL LESION(S) | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46930 | T | DESTROY INTERNAL HEMORRHOIDS | | 05311 | 6.6796 | APC | $378.33 | | | |
| 46940 | T | TREATMENT OF ANAL FISSURE | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46942 | T | TREATMENT OF ANAL FISSURE | | 05311 | 6.6796 | APC | $378.33 | | | |
| 46945 | T | REMOVE BY LIGAT INT HEM GRP | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46946 | T | REMOVE BY LIGAT INT HEM GRPS | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 46947 | T | HEMORRHOIDOPEXY BY STAPLING | | 05314 | 31.5583 | APC | $1,787.46 | | | |
| 46999 | T | ANUS SURGERY PROCEDURE | | 05311 | 6.6796 | APC | $378.33 | | | |
| 47000 | T | NEEDLE BIOPSY OF LIVER | | 05073 | 12.7769 | APC | $723.68 | | | |
| 47001 | N | NEEDLE BIOPSY LIVER ADD-ON | | | | Bundled | $0.00 | | | |
| 47010 | C | OPEN DRAINAGE LIVER LESION | | | | Inpatient Only | $0.00 | | | |
| 47015 | C | INJECT/ASPIRATE LIVER CYST | | | | Inpatient Only | $0.00 | | | |
| 47100 | C | WEDGE BIOPSY OF LIVER | | | | Inpatient Only | $0.00 | | | |
| 47120 | C | PARTIAL REMOVAL OF LIVER | | | | Inpatient Only | $0.00 | | | |
| 47122 | C | EXTENSIVE REMOVAL OF LIVER | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 47125 | C | PARTIAL REMOVAL OF LIVER | | | | Inpatient Only | $0.00 | | | |
| 47130 | C | PARTIAL REMOVAL OF LIVER | | | | Inpatient Only | $0.00 | | | |
| 47133 | C | REMOVAL OF DONOR LIVER | | | | Inpatient Only | $0.00 | | | |
| 47135 | C | TRANSPLANTATION OF LIVER | | | | Inpatient Only | $0.00 | | | |
| 47140 | C | PARTIAL REMOVAL DONOR LIVER | | | | Inpatient Only | $0.00 | | | |
| 47141 | C | PARTIAL REMOVAL DONOR LIVER | | | | Inpatient Only | $0.00 | | | |
| 47142 | C | PARTIAL REMOVAL DONOR LIVER | | | | Inpatient Only | $0.00 | | | |
| 47143 | C | PREP DONOR LIVER WHOLE | | | | Inpatient Only | $0.00 | | | |
| 47144 | C | PREP DONOR LIVER 3-SEGMENT | | | | Inpatient Only | $0.00 | | | |
| 47145 | C | PREP DONOR LIVER LOBE SPLIT | | | | Inpatient Only | $0.00 | | | |
| 47146 | C | PREP DONOR LIVER/VENOUS | | | | Inpatient Only | $0.00 | | | |
| 47147 | C | PREP DONOR LIVER/ARTERIAL | | | | Inpatient Only | $0.00 | | | |
| 47300 | C | SURGERY FOR LIVER LESION | | | | Inpatient Only | $0.00 | | | |
| 47350 | C | REPAIR LIVER WOUND | | | | Inpatient Only | $0.00 | | | |
| 47360 | C | REPAIR LIVER WOUND | | | | Inpatient Only | $0.00 | | | |
| 47361 | C | REPAIR LIVER WOUND | | | | Inpatient Only | $0.00 | | | |
| 47362 | C | REPAIR LIVER WOUND | | | | Inpatient Only | $0.00 | | | |
| 47370 | N | LAPARO ABLATE LIVER TUMOR RF | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 47371 | N | LAPARO ABLATE LIVER CRYOSURG | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 47379 | N | LAPAROSCOPE PROCEDURE LIVER | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 47380 | C | OPEN ABLATE LIVER TUMOR RF | | | | Inpatient Only | $0.00 | | | |
| 47381 | C | OPEN ABLATE LIVER TUMOR CRYO | | | | Inpatient Only | $0.00 | | | |
| 47382 | T | PERCUT ABLATE LIVER RF | | 05352 | 55.8594 | APC | $3,163.88 | | | |
| 47383 | T | PERQ ABLTJ LVR CRYOABLATION | | 05352 | 55.8594 | APC | $3,163.88 | | | |
| 47399 | T | LIVER SURGERY PROCEDURE | | 05071 | 3.0962 | APC | $175.37 | | | |
| 47400 | C | INCISION OF LIVER DUCT | | | | Inpatient Only | $0.00 | | | |
| 47420 | C | INCISION OF BILE DUCT | | | | Inpatient Only | $0.00 | | | |
| 47425 | C | INCISION OF BILE DUCT | | | | Inpatient Only | $0.00 | | | |
| 47460 | C | INCISE BILE DUCT SPHINCTER | | | | Inpatient Only | $0.00 | | | |
| 47480 | C | INCISION OF GALLBLADDER | | | | Inpatient Only | $0.00 | | | |
| 47490 | T | INCISION OF GALLBLADDER | | 05351 | 29.5301 | APC | $1,672.58 | | | |
| 47531 | N | INJECTION FOR CHOLANGIOGRAM | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 47532 | N | INJECTION FOR CHOLANGIOGRAM | | 05351 | 29.5301 | Bundled, sometimes payable | $1,672.58 | | | |
| 47533 | T | PLMT BILIARY DRAINAGE CATH | | 05351 | 29.5301 | APC | $1,672.58 | | | |
| 47534 | T | PLMT BILIARY DRAINAGE CATH | | 05351 | 29.5301 | APC | $1,672.58 | | | |
| 47535 | T | CONVERSION EXT BIL DRG CATH | | 05351 | 29.5301 | APC | $1,672.58 | | | |
| 47536 | T | EXCHANGE BILIARY DRG CATH | | 05351 | 29.5301 | APC | $1,672.58 | | | |
| 47537 | N | REMOVAL BILIARY DRG CATH | | 05391 | 6.5491 | Bundled, sometimes payable | $370.94 | | | |
| 47538 | T | PERQ PLMT BILE DUCT STENT | | 05352 | 55.8594 | APC | $3,163.88 | | | |
| 47539 | T | PERQ PLMT BILE DUCT STENT | | 05352 | 55.8594 | APC | $3,163.88 | | | |
| 47540 | T | PERQ PLMT BILE DUCT STENT | | 05352 | 55.8594 | APC | $3,163.88 | | | |
| 47541 | T | PLMT ACCESS BIL TREE SM BWL | | 05351 | 29.5301 | APC | $1,672.58 | | | |
| 47542 | N | DILATE BILIARY DUCT/AMPULLA | | | | Bundled | $0.00 | | | |
| 47543 | N | ENDOLUMINAL BX BILIARY TREE | | | | Bundled | $0.00 | | | |
| 47544 | N | REMOVAL DUCT GLBLDR CALCULI | | | | Bundled | $0.00 | | | |
| 47550 | C | BILE DUCT ENDOSCOPY ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 47552 | T | BILIARY ENDO PERQ DX W/SPECI | | 05351 | 29.5301 | APC | $1,672.58 | | | |
| 47553 | T | BILIARY ENDOSCOPY THRU SKIN | | 05352 | 55.8594 | APC | $3,163.88 | | | |
| 47554 | T | BILIARY ENDOSCOPY THRU SKIN | | 05352 | 55.8594 | APC | $3,163.88 | | | |
| 47555 | T | BILIARY ENDOSCOPY THRU SKIN | | 05351 | 29.5301 | APC | $1,672.58 | | | |
| 47556 | T | BILIARY ENDOSCOPY THRU SKIN | | 05352 | 55.8594 | APC | $3,163.88 | | | |
| 47562 | N | LAPAROSCOPIC CHOLECYSTECTOMY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 47563 | N | LAPARO CHOLECYSTECTOMY/GRAPH | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 47564 | N | LAPARO CHOLECYSTECTOMY/EXPLR | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 47570 | C | LAPARO CHOLECYSTOENTEROSTOMY | | | | Inpatient Only | $0.00 | | | |
| 47579 | N | LAPAROSCOPE PROC BILIARY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 47600 | C | REMOVAL OF GALLBLADDER | | | | Inpatient Only | $0.00 | | | |
| 47605 | C | REMOVAL OF GALLBLADDER | | | | Inpatient Only | $0.00 | | | |
| 47610 | C | REMOVAL OF GALLBLADDER | | | | Inpatient Only | $0.00 | | | |
| 47612 | C | REMOVAL OF GALLBLADDER | | | | Inpatient Only | $0.00 | | | |
| 47620 | C | REMOVAL OF GALLBLADDER | | | | Inpatient Only | $0.00 | | | |
| 47700 | C | EXPLORATION OF BILE DUCTS | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 47701 | C | BILE DUCT REVISION | | | | Inpatient Only | $0.00 | | | |
| 47711 | C | EXCISION OF BILE DUCT TUMOR | | | | Inpatient Only | $0.00 | | | |
| 47712 | C | EXCISION OF BILE DUCT TUMOR | | | | Inpatient Only | $0.00 | | | |
| 47715 | C | EXCISION OF BILE DUCT CYST | | | | Inpatient Only | $0.00 | | | |
| 47720 | C | FUSE GALLBLADDER & BOWEL | | | | Inpatient Only | $0.00 | | | |
| 47721 | C | FUSE UPPER GI STRUCTURES | | | | Inpatient Only | $0.00 | | | |
| 47740 | C | FUSE GALLBLADDER & BOWEL | | | | Inpatient Only | $0.00 | | | |
| 47741 | C | FUSE GALLBLADDER & BOWEL | | | | Inpatient Only | $0.00 | | | |
| 47760 | C | FUSE BILE DUCTS AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 47765 | C | FUSE LIVER DUCTS & BOWEL | | | | Inpatient Only | $0.00 | | | |
| 47780 | C | FUSE BILE DUCTS AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 47785 | C | FUSE BILE DUCTS AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 47800 | C | RECONSTRUCTION OF BILE DUCTS | | | | Inpatient Only | $0.00 | | | |
| 47801 | C | PLACEMENT BILE DUCT SUPPORT | | | | Inpatient Only | $0.00 | | | |
| 47802 | C | FUSE LIVER DUCT & INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 47900 | C | SUTURE BILE DUCT INJURY | | | | Inpatient Only | $0.00 | | | |
| 47999 | T | BILE TRACT SURGERY PROCEDURE | | 05351 | 29.5301 | APC | $1,672.58 | | | |
| 48000 | C | DRAINAGE OF ABDOMEN | | | | Inpatient Only | $0.00 | | | |
| 48001 | C | PLACEMENT OF DRAIN PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48020 | C | REMOVAL OF PANCREATIC STONE | | | | Inpatient Only | $0.00 | | | |
| 48100 | C | BIOPSY OF PANCREAS OPEN | | | | Inpatient Only | $0.00 | | | |
| 48102 | T | NEEDLE BIOPSY PANCREAS | | 05073 | 12.7769 | APC | $723.68 | | | |
| 48105 | C | RESECT/DEBRIDE PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48120 | C | REMOVAL OF PANCREAS LESION | | | | Inpatient Only | $0.00 | | | |
| 48140 | C | PARTIAL REMOVAL OF PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48145 | C | PARTIAL REMOVAL OF PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48146 | C | PANCREATECTOMY | | | | Inpatient Only | $0.00 | | | |
| 48148 | C | REMOVAL OF PANCREATIC DUCT | | | | Inpatient Only | $0.00 | | | |
| 48150 | C | PARTIAL REMOVAL OF PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48152 | C | PANCREATECTOMY | | | | Inpatient Only | $0.00 | | | |
| 48153 | C | PANCREATECTOMY | | | | Inpatient Only | $0.00 | | | |
| 48154 | C | PANCREATECTOMY | | | | Inpatient Only | $0.00 | | | |
| 48155 | C | REMOVAL OF PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48160 | E | PANCREAS REMOVAL/TRANSPLANT | | | | Not Allowed | $0.00 | | | |
| 48400 | C | INJECTION INTRAOP ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 48500 | C | SURGERY OF PANCREATIC CYST | | | | Inpatient Only | $0.00 | | | |
| 48510 | C | DRAIN PANCREATIC PSEUDOCYST | | | | Inpatient Only | $0.00 | | | |
| 48520 | C | FUSE PANCREAS CYST AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 48540 | C | FUSE PANCREAS CYST AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 48545 | C | PANCREATORRHAPHY | | | | Inpatient Only | $0.00 | | | |
| 48547 | C | DUODENAL EXCLUSION | | | | Inpatient Only | $0.00 | | | |
| 48548 | C | FUSE PANCREAS AND BOWEL | | | | Inpatient Only | $0.00 | | | |
| 48550 | E | DONOR PANCREATECTOMY | | | | Not Allowed | $0.00 | | | |
| 48551 | C | PREP DONOR PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48552 | C | PREP DONOR PANCREAS/VENOUS | | | | Inpatient Only | $0.00 | | | |
| 48554 | C | TRANSPL ALLOGRAFT PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48556 | C | REMOVAL ALLOGRAFT PANCREAS | | | | Inpatient Only | $0.00 | | | |
| 48999 | T | PANCREAS SURGERY PROCEDURE | | 05071 | 3.0962 | APC | $175.37 | | | |
| 49000 | C | EXPLORATION OF ABDOMEN | | | | Inpatient Only | $0.00 | | | |
| 49002 | C | REOPENING OF ABDOMEN | | | | Inpatient Only | $0.00 | | | |
| 49010 | C | EXPLORATION BEHIND ABDOMEN | | | | Inpatient Only | $0.00 | | | |
| 49020 | C | DRAINAGE ABDOM ABSCESS OPEN | | | | Inpatient Only | $0.00 | | | |
| 49040 | C | DRAIN OPEN ABDOM ABSCESS | | | | Inpatient Only | $0.00 | | | |
| 49060 | C | DRAIN OPEN RETROPERI ABSCESS | | | | Inpatient Only | $0.00 | | | |
| 49062 | C | DRAIN TO PERITONEAL CAVITY | | | | Inpatient Only | $0.00 | | | |
| 49082 | T | ABD PARACENTESIS | | 05391 | 6.5491 | APC | $370.94 | | | |
| 49083 | T | ABD PARACENTESIS W/IMAGING | | 05391 | 6.5491 | APC | $370.94 | | | |
| 49084 | T | PERITONEAL LAVAGE | | 05391 | 6.5491 | APC | $370.94 | | | |
| 49180 | T | BIOPSY ABDOMINAL MASS | | 05073 | 12.7769 | APC | $723.68 | | | |
| 49185 | T | SCLEROTX FLUID COLLECTION | | 05073 | 12.7769 | APC | $723.68 | | | |
| 49203 | C | EXC ABD TUM 5 CM OR LESS | | | | Inpatient Only | $0.00 | | | |
| 49204 | C | EXC ABD TUM OVER 5 CM | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 49205 | C | EXC ABD TUM OVER 10 CM | | | | Inpatient Only | $0.00 | | | |
| 49215 | C | EXCISE SACRAL SPINE TUMOR | | | | Inpatient Only | $0.00 | | | |
| 49220 | C | MULTIPLE SURGERY ABDOMEN | | | | Inpatient Only | $0.00 | | | |
| 49250 | T | EXCISION OF UMBILICUS | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49255 | C | REMOVAL OF OMENTUM | | | | Inpatient Only | $0.00 | | | |
| 49320 | N | DIAG LAPARO SEPARATE PROC | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 49321 | N | LAPAROSCOPY BIOPSY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 49322 | N | LAPAROSCOPY ASPIRATION | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 49323 | N | LAPARO DRAIN LYMPHOCELE | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 49324 | N | LAP INSERT TUNNEL IP CATH | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 49325 | N | LAP REVISION PERM IP CATH | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 49326 | N | LAP W/OMENTOPEXY ADD-ON | | | | Bundled | $0.00 | | | |
| 49327 | N | LAP INS DEVICE FOR RT | | | | Bundled | $0.00 | | | |
| 49329 | N | LAPARO PROC ABDM/PER/OMENT | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 49400 | N | AIR INJECTION INTO ABDOMEN | | | | Bundled | $0.00 | | | |
| 49402 | T | REMOVE FOREIGN BODY ADBOMEN | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49405 | T | IMAGE CATH FLUID COLXN VISC | | 05073 | 12.7769 | APC | $723.68 | | | |
| 49406 | T | IMAGE CATH FLUID PERI/RETRO | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 49407 | T | IMAGE CATH FLUID TRNS/VGNL | | 05073 | 12.7769 | APC | $723.68 | | | |
| 49411 | S | INS MARK ABD/PEL FOR RT PERQ | | 05614 | 13.9276 | APC | $788.86 | | | |
| 49412 | C | INS DEVICE FOR RT GUIDE OPEN | | | | Inpatient Only | $0.00 | | | |
| 49418 | T | INSERT TUN IP CATH PERC | | 05351 | 29.5301 | APC | $1,672.58 | | | |
| 49419 | T | INSERT TUN IP CATH W/PORT | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 49421 | T | INS TUN IP CATH FOR DIAL OPN | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49422 | N | REMOVE TUNNELED IP CATH | | 05182 | 30.4826 | Bundled, sometimes payable | $1,726.53 | | | |
| 49423 | T | EXCHANGE DRAINAGE CATHETER | | 05392 | 16.3818 | APC | $927.87 | | | |
| 49424 | N | ASSESS CYST CONTRAST INJECT | | | | Bundled | $0.00 | | | |
| 49425 | C | INSERT ABDOMEN-VENOUS DRAIN | | | | Inpatient Only | $0.00 | | | |
| 49426 | T | REVISE ABDOMEN-VENOUS SHUNT | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49427 | N | INJECTION ABDOMINAL SHUNT | | | | Bundled | $0.00 | | | |
| 49428 | C | LIGATION OF SHUNT | | | | Inpatient Only | $0.00 | | | |
| 49429 | N | REMOVAL OF SHUNT | | 05182 | 30.4826 | Bundled, sometimes payable | $1,726.53 | | | |
| 49435 | N | INSERT SUBQ EXTEN TO IP CATH | | | | Bundled | $0.00 | | | |
| 49436 | T | EMBEDDED IP CATH EXIT-SITE | | 05392 | 16.3818 | APC | $927.87 | | | |
| 49440 | T | PLACE GASTROSTOMY TUBE PERC | | 05302 | 14.7575 | APC | $835.86 | | | |
| 49441 | T | PLACE DUOD/JEJ TUBE PERC | | 05302 | 14.7575 | APC | $835.86 | | | |
| 49442 | T | PLACE CECOSTOMY TUBE PERC | | 05313 | 22.5365 | APC | $1,276.47 | | | |
| 49446 | T | CHANGE G-TUBE TO G-J PERC | | 05302 | 14.7575 | APC | $835.86 | | | |
| 49450 | T | REPLACE G/C TUBE PERC | | 05391 | 6.5491 | APC | $370.94 | | | |
| 49451 | T | REPLACE DUOD/JEJ TUBE PERC | | 05391 | 6.5491 | APC | $370.94 | | | |
| 49452 | T | REPLACE G-J TUBE PERC | | 05391 | 6.5491 | APC | $370.94 | | | |
| 49460 | T | FIX G/COLON TUBE W/DEVICE | | 05391 | 6.5491 | APC | $370.94 | | | |
| 49465 | N | FLUORO EXAM OF G/COLON TUBE | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 49491 | T | RPR HERN PREEMIE REDUC | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49492 | T | RPR ING HERN PREMIE BLOCKED | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49495 | T | RPR ING HERNIA BABY REDUC | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49496 | T | RPR ING HERNIA BABY BLOCKED | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49500 | T | RPR ING HERNIA INIT REDUCE | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49501 | T | RPR ING HERNIA INIT BLOCKED | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49505 | T | PRP I/HERN INIT REDUC >5 YR | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49507 | T | PRP I/HERN INIT BLOCK >5 YR | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49520 | T | REREPAIR ING HERNIA REDUCE | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49521 | T | REREPAIR ING HERNIA BLOCKED | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49525 | T | REPAIR ING HERNIA SLIDING | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49540 | T | REPAIR LUMBAR HERNIA | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49550 | T | RPR REM HERNIA INIT REDUCE | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49553 | T | RPR FEM HERNIA INIT BLOCKED | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49555 | T | REREPAIR FEM HERNIA REDUCE | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49557 | T | REREPAIR FEM HERNIA BLOCKED | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49560 | T | RPR VENTRAL HERN INIT REDUC | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49561 | T | RPR VENTRAL HERN INIT BLOCK | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49565 | T | REREPAIR VENTRL HERN REDUCE | | 05341 | 35.4367 | APC | $2,007.13 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 49566 | T | REREPAIR VENTRL HERN BLOCK | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49568 | N | HERNIA REPAIR W/MESH | | | | Bundled | $0.00 | | | |
| 49570 | T | RPR EPIGASTRIC HERN REDUCE | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49572 | T | RPR EPIGASTRIC HERN BLOCKED | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49580 | T | RPR UMBIL HERN REDUC < 5 YR | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49582 | T | RPR UMBIL HERN BLOCK < 5 YR | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49585 | T | RPR UMBIL HERN REDUC > 5 YR | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49587 | T | RPR UMBIL HERN BLOCK > 5 YR | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49590 | T | REPAIR SPIGELIAN HERNIA | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49600 | T | REPAIR UMBILICAL LESION | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 49605 | C | REPAIR UMBILICAL LESION | | | | Inpatient Only | $0.00 | | | |
| 49606 | C | REPAIR UMBILICAL LESION | | | | Inpatient Only | $0.00 | | | |
| 49610 | C | REPAIR UMBILICAL LESION | | | | Inpatient Only | $0.00 | | | |
| 49611 | C | REPAIR UMBILICAL LESION | | | | Inpatient Only | $0.00 | | | |
| 49650 | N | LAP ING HERNIA REPAIR INIT | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 49651 | N | LAP ING HERNIA REPAIR RECUR | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 49652 | N | LAP VENT/ABD HERNIA REPAIR | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 49653 | N | LAP VENT/ABD HERN PROC COMP | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 49654 | N | LAP INC HERNIA REPAIR | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 49655 | N | LAP INC HERN REPAIR COMP | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 49656 | N | LAP INC HERNIA REPAIR RECUR | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 49657 | N | LAP INC HERN RECUR COMP | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 49659 | N | LAPARO PROC HERNIA REPAIR | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 49900 | C | REPAIR OF ABDOMINAL WALL | | | | Inpatient Only | $0.00 | | | |
| 49904 | C | OMENTAL FLAP EXTRA-ABDOM | | | | Inpatient Only | $0.00 | | | |
| 49905 | C | OMENTAL FLAP INTRA-ABDOM | | | | Inpatient Only | $0.00 | | | |
| 49906 | C | FREE OMENTAL FLAP MICROVASC | | | | Inpatient Only | $0.00 | | | |
| 49999 | T | ABDOMEN SURGERY PROCEDURE | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 50010 | C | EXPLORATION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50020 | T | RENAL ABSCESS OPEN DRAIN | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 50040 | C | DRAINAGE OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50045 | C | EXPLORATION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50060 | C | REMOVAL OF KIDNEY STONE | | | | Inpatient Only | $0.00 | | | |
| 50065 | C | INCISION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50070 | C | INCISION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50075 | C | REMOVAL OF KIDNEY STONE | | | | Inpatient Only | $0.00 | | | |
| 50080 | N | REMOVAL OF KIDNEY STONE | | 05376 | 100.7564 | Bundled, sometimes payable | $5,706.84 | | | |
| 50081 | N | REMOVAL OF KIDNEY STONE | | 05376 | 100.7564 | Bundled, sometimes payable | $5,706.84 | | | |
| 50100 | C | REVISE KIDNEY BLOOD VESSELS | | | | Inpatient Only | $0.00 | | | |
| 50120 | C | EXPLORATION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50125 | C | EXPLORE AND DRAIN KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50130 | C | REMOVAL OF KIDNEY STONE | | | | Inpatient Only | $0.00 | | | |
| 50135 | C | EXPLORATION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50200 | T | RENAL BIOPSY PERQ | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 50205 | C | RENAL BIOPSY OPEN | | | | Inpatient Only | $0.00 | | | |
| 50220 | C | REMOVE KIDNEY OPEN | | | | Inpatient Only | $0.00 | | | |
| 50225 | C | REMOVAL KIDNEY OPEN COMPLEX | | | | Inpatient Only | $0.00 | | | |
| 50230 | C | REMOVAL KIDNEY OPEN RADICAL | | | | Inpatient Only | $0.00 | | | |
| 50234 | C | REMOVAL OF KIDNEY & URETER | | | | Inpatient Only | $0.00 | | | |
| 50236 | C | REMOVAL OF KIDNEY & URETER | | | | Inpatient Only | $0.00 | | | |
| 50240 | C | PARTIAL REMOVAL OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50250 | C | CRYOABLATE RENAL MASS OPEN | | | | Inpatient Only | $0.00 | | | |
| 50280 | C | REMOVAL OF KIDNEY LESION | | | | Inpatient Only | $0.00 | | | |
| 50290 | C | REMOVAL OF KIDNEY LESION | | | | Inpatient Only | $0.00 | | | |
| 50300 | C | REMOVE CADAVER DONOR KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50320 | C | REMOVE KIDNEY LIVING DONOR | | | | Inpatient Only | $0.00 | | | |
| 50323 | C | PREP CADAVER RENAL ALLOGRAFT | | | | Inpatient Only | $0.00 | | | |
| 50325 | C | PREP DONOR RENAL GRAFT | | | | Inpatient Only | $0.00 | | | |
| 50327 | C | PREP RENAL GRAFT/VENOUS | | | | Inpatient Only | $0.00 | | | |
| 50328 | C | PREP RENAL GRAFT/ARTERIAL | | | | Inpatient Only | $0.00 | | | |
| 50329 | C | PREP RENAL GRAFT/URETERAL | | | | Inpatient Only | $0.00 | | | |
| 50340 | C | REMOVAL OF KIDNEY | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 50360 | C | TRANSPLANTATION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50365 | C | TRANSPLANTATION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50370 | C | REMOVE TRANSPLANTED KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50380 | C | REIMPLANTATION OF KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50382 | T | CHANGE URETER STENT PERCUT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 50384 | N | REMOVE URETER STENT PERCUT | | 05373 | 20.4329 | Bundled, sometimes payable | $1,157.32 | | | |
| 50385 | T | CHANGE STENT VIA TRANSURETH | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 50386 | N | REMOVE STENT VIA TRANSURETH | | 05373 | 20.4329 | Bundled, sometimes payable | $1,157.32 | | | |
| 50387 | T | CHANGE NEPHROURETERAL CATH | | 05392 | 16.3818 | APC | $927.87 | | | |
| 50389 | N | REMOVE RENAL TUBE W/FLUORO | | 05372 | 7.1140 | Bundled, sometimes payable | $402.94 | | | |
| 50390 | T | DRAINAGE OF KIDNEY LESION | | 05073 | 12.7769 | APC | $723.68 | | | |
| 50391 | T | INSTLL RX AGNT INTO RNAL TUB | | 05371 | 2.8025 | APC | $158.73 | | | |
| 50395 | T | CREATE PASSAGE TO KIDNEY | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 50396 | T | MEASURE KIDNEY PRESSURE | | 05372 | 7.1140 | APC | $402.94 | | | |
| 50400 | C | REVISION OF KIDNEY/URETER | | | | Inpatient Only | $0.00 | | | |
| 50405 | C | REVISION OF KIDNEY/URETER | | | | Inpatient Only | $0.00 | | | |
| 50430 | N | NJX PX NFROSGRM &/URTRGRM | | 05372 | 7.1140 | Bundled, sometimes payable | $402.94 | | | |
| 50431 | N | NJX PX NFROSGRM &/URTRGRM | | 05372 | 7.1140 | Bundled, sometimes payable | $402.94 | | | |
| 50432 | T | PLMT NEPHROSTOMY CATHETER | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 50433 | T | PLMT NEPHROURETERAL CATHETER | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 50434 | T | CONVERT NEPHROSTOMY CATHETER | | 05372 | 7.1140 | APC | $402.94 | | | |
| 50435 | T | EXCHANGE NEPHROSTOMY CATH | | 05372 | 7.1140 | APC | $402.94 | | | |
| 50500 | C | REPAIR OF KIDNEY WOUND | | | | Inpatient Only | $0.00 | | | |
| 50520 | C | CLOSE KIDNEY-SKIN FISTULA | | | | Inpatient Only | $0.00 | | | |
| 50525 | C | CLOSE NEPHROVISCERAL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 50526 | C | CLOSE NEPHROVISCERAL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 50540 | C | REVISION OF HORSESHOE KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50541 | N | LAPARO ABLATE RENAL CYST | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 50542 | N | LAPARO ABLATE RENAL MASS | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 50543 | N | LAPARO PARTIAL NEPHRECTOMY | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 50544 | N | LAPAROSCOPY PYELOPLASTY | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 50545 | C | LAPARO RADICAL NEPHRECTOMY | | | | Inpatient Only | $0.00 | | | |
| 50546 | C | LAPAROSCOPIC NEPHRECTOMY | | | | Inpatient Only | $0.00 | | | |
| 50547 | C | LAPARO REMOVAL DONOR KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50548 | C | LAPARO REMOVE W/URETER | | | | Inpatient Only | $0.00 | | | |
| 50549 | N | LAPAROSCOPE PROC RENAL | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 50551 | T | KIDNEY ENDOSCOPY | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 50553 | N | KIDNEY ENDOSCOPY | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 50555 | T | KIDNEY ENDOSCOPY & BIOPSY | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 50557 | N | KIDNEY ENDOSCOPY & TREATMENT | | 05376 | 100.7564 | Bundled, sometimes payable | $5,706.84 | | | |
| 50561 | N | KIDNEY ENDOSCOPY & TREATMENT | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 50562 | T | RENAL SCOPE W/TUMOR RESECT | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 50570 | T | KIDNEY ENDOSCOPY | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 50572 | T | KIDNEY ENDOSCOPY | | 05372 | 7.1140 | APC | $402.94 | | | |
| 50574 | T | KIDNEY ENDOSCOPY & BIOPSY | | 05372 | 7.1140 | APC | $402.94 | | | |
| 50575 | N | KIDNEY ENDOSCOPY | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 50576 | T | KIDNEY ENDOSCOPY & TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 50580 | T | KIDNEY ENDOSCOPY & TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 50590 | N | FRAGMENTING OF KIDNEY STONE | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 50592 | T | PERC RF ABLATE RENAL TUMOR | | 05352 | 55.8594 | APC | $3,163.88 | | | |
| 50593 | T | PERC CRYO ABLATE RENAL TUM | | 05352 | 55.8594 | APC | $3,163.88 | | | |
| 50600 | C | EXPLORATION OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50605 | C | INSERT URETERAL SUPPORT | | | | Inpatient Only | $0.00 | | | |
| 50606 | N | ENDOLUMINAL BX URTR RNL PLVS | | | | Bundled | $0.00 | | | |
| 50610 | C | REMOVAL OF URETER STONE | | | | Inpatient Only | $0.00 | | | |
| 50620 | C | REMOVAL OF URETER STONE | | | | Inpatient Only | $0.00 | | | |
| 50630 | C | REMOVAL OF URETER STONE | | | | Inpatient Only | $0.00 | | | |
| 50650 | C | REMOVAL OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50660 | C | REMOVAL OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50684 | N | INJECTION FOR URETER X-RAY | | | | Bundled | $0.00 | | | |
| 50686 | S | MEASURE URETER PRESSURE | | 05721 | 1.7599 | APC | $99.68 | | | |
| 50688 | T | CHANGE OF URETER TUBE/STENT | | 05392 | 16.3818 | APC | $927.87 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 50690 | N | INJECTION FOR URETER X-RAY | | | | Bundled | $0.00 | | | |
| 50693 | T | PLMT URETERAL STENT PRQ | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 50694 | T | PLMT URETERAL STENT PRQ | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 50695 | T | PLMT URETERAL STENT PRQ | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 50700 | C | REVISION OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50705 | N | URETERAL EMBOLIZATION/OCCL | | | | Bundled | $0.00 | | | |
| 50706 | N | BALLOON DILATE URTRL STRIX | | | | Bundled | $0.00 | | | |
| 50715 | C | RELEASE OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50722 | C | RELEASE OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50725 | C | RELEASE/REVISE URETER | | | | Inpatient Only | $0.00 | | | |
| 50727 | T | REVISE URETER | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 50728 | C | REVISE URETER | | | | Inpatient Only | $0.00 | | | |
| 50740 | C | FUSION OF URETER & KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50750 | C | FUSION OF URETER & KIDNEY | | | | Inpatient Only | $0.00 | | | |
| 50760 | C | FUSION OF URETERS | | | | Inpatient Only | $0.00 | | | |
| 50770 | C | SPLICING OF URETERS | | | | Inpatient Only | $0.00 | | | |
| 50780 | C | REIMPLANT URETER IN BLADDER | | | | Inpatient Only | $0.00 | | | |
| 50782 | C | REIMPLANT URETER IN BLADDER | | | | Inpatient Only | $0.00 | | | |
| 50783 | C | REIMPLANT URETER IN BLADDER | | | | Inpatient Only | $0.00 | | | |
| 50785 | C | REIMPLANT URETER IN BLADDER | | | | Inpatient Only | $0.00 | | | |
| 50800 | C | IMPLANT URETER IN BOWEL | | | | Inpatient Only | $0.00 | | | |
| 50810 | C | FUSION OF URETER & BOWEL | | | | Inpatient Only | $0.00 | | | |
| 50815 | C | URINE SHUNT TO INTESTINE | | | | Inpatient Only | $0.00 | | | |
| 50820 | C | CONSTRUCT BOWEL BLADDER | | | | Inpatient Only | $0.00 | | | |
| 50825 | C | CONSTRUCT BOWEL BLADDER | | | | Inpatient Only | $0.00 | | | |
| 50830 | C | REVISE URINE FLOW | | | | Inpatient Only | $0.00 | | | |
| 50840 | C | REPLACE URETER BY BOWEL | | | | Inpatient Only | $0.00 | | | |
| 50845 | C | APPENDICO-VESICOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 50860 | C | TRANSPLANT URETER TO SKIN | | | | Inpatient Only | $0.00 | | | |
| 50900 | C | REPAIR OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50920 | C | CLOSURE URETER/SKIN FISTULA | | | | Inpatient Only | $0.00 | | | |
| 50930 | C | CLOSURE URETER/BOWEL FISTULA | | | | Inpatient Only | $0.00 | | | |
| 50940 | C | RELEASE OF URETER | | | | Inpatient Only | $0.00 | | | |
| 50945 | N | LAPAROSCOPY URETEROLITHOTOMY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 50947 | N | LAPARO NEW URETER/BLADDER | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 50948 | N | LAPARO NEW URETER/BLADDER | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 50949 | N | LAPAROSCOPE PROC URETER | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 50951 | T | ENDOSCOPY OF URETER | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 50953 | T | ENDOSCOPY OF URETER | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 50955 | T | URETER ENDOSCOPY & BIOPSY | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 50957 | N | URETER ENDOSCOPY & TREATMENT | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 50961 | T | URETER ENDOSCOPY & TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 50970 | T | URETER ENDOSCOPY | | 05372 | 7.1140 | APC | $402.94 | | | |
| 50972 | T | URETER ENDOSCOPY & CATHETER | | 05372 | 7.1140 | APC | $402.94 | | | |
| 50974 | N | URETER ENDOSCOPY & BIOPSY | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 50976 | N | URETER ENDOSCOPY & TREATMENT | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 50980 | T | URETER ENDOSCOPY & TREATMENT | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 51020 | T | INCISE & TREAT BLADDER | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 51030 | T | INCISE & TREAT BLADDER | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 51040 | T | INCISE & DRAIN BLADDER | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 51045 | T | INCISE BLADDER/DRAIN URETER | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 51050 | N | REMOVAL OF BLADDER STONE | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 51060 | T | REMOVAL OF URETER STONE | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 51065 | N | REMOVE URETER CALCULUS | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 51080 | T | DRAINAGE OF BLADDER ABSCESS | | 05073 | 12.7769 | APC | $723.68 | | | |
| 51100 | T | DRAIN BLADDER BY NEEDLE | | 05372 | 7.1140 | APC | $402.94 | | | |
| 51101 | S | DRAIN BLADDER BY TROCAR/CATH | | 05724 | 11.6167 | APC | $657.97 | | | |
| 51102 | T | DRAIN BL W/CATH INSERTION | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 51500 | T | REMOVAL OF BLADDER CYST | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 51520 | T | REMOVAL OF BLADDER LESION | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 51525 | C | REMOVAL OF BLADDER LESION | | | | Inpatient Only | $0.00 | | | |
| 51530 | C | REMOVAL OF BLADDER LESION | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 51535 | T | REPAIR OF URETER LESION | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 51550 | C | PARTIAL REMOVAL OF BLADDER | | | | Inpatient Only | $0.00 | | | |
| 51555 | C | PARTIAL REMOVAL OF BLADDER | | | | Inpatient Only | $0.00 | | | |
| 51565 | C | REVISE BLADDER & URETER(S) | | | | Inpatient Only | $0.00 | | | |
| 51570 | C | REMOVAL OF BLADDER | | | | Inpatient Only | $0.00 | | | |
| 51575 | C | REMOVAL OF BLADDER & NODES | | | | Inpatient Only | $0.00 | | | |
| 51580 | C | REMOVE BLADDER/REVISE TRACT | | | | Inpatient Only | $0.00 | | | |
| 51585 | C | REMOVAL OF BLADDER & NODES | | | | Inpatient Only | $0.00 | | | |
| 51590 | C | REMOVE BLADDER/REVISE TRACT | | | | Inpatient Only | $0.00 | | | |
| 51595 | C | REMOVE BLADDER/REVISE TRACT | | | | Inpatient Only | $0.00 | | | |
| 51596 | C | REMOVE BLADDER/CREATE POUCH | | | | Inpatient Only | $0.00 | | | |
| 51597 | C | REMOVAL OF PELVIC STRUCTURES | | | | Inpatient Only | $0.00 | | | |
| 51600 | N | INJECTION FOR BLADDER X-RAY | | | | Bundled | $0.00 | | | |
| 51605 | N | PREPARATION FOR BLADDER XRAY | | | | Bundled | $0.00 | | | |
| 51610 | N | INJECTION FOR BLADDER X-RAY | | | | Bundled | $0.00 | | | |
| 51700 | T | IRRIGATION OF BLADDER | | 05371 | 2.8025 | APC | $158.73 | | | |
| 51701 | N | INSERT BLADDER CATHETER | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 51702 | N | INSERT TEMP BLADDER CATH | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 51703 | S | INSERT BLADDER CATH COMPLEX | | 05721 | 1.7599 | APC | $99.68 | | | |
| 51705 | T | CHANGE OF BLADDER TUBE | | 05371 | 2.8025 | APC | $158.73 | | | |
| 51710 | T | CHANGE OF BLADDER TUBE | | 05391 | 6.5491 | APC | $370.94 | | | |
| 51715 | T | ENDOSCOPIC INJECTION/IMPLANT | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 51720 | T | TREATMENT OF BLADDER LESION | | 05371 | 2.8025 | APC | $158.73 | | | |
| 51725 | T | SIMPLE CYSTOMETROGRAM | | 05371 | 2.8025 | APC | $158.73 | | | |
| 51726 | T | COMPLEX CYSTOMETROGRAM | | 05372 | 7.1140 | APC | $402.94 | | | |
| 51727 | T | CYSTOMETROGRAM W/UP | | 05372 | 7.1140 | APC | $402.94 | | | |
| 51728 | T | CYSTOMETROGRAM W/VP | | 05372 | 7.1140 | APC | $402.94 | | | |
| 51729 | T | CYSTOMETROGRAM W/VP&UP | | 05372 | 7.1140 | APC | $402.94 | | | |
| 51736 | N | URINE FLOW MEASUREMENT | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 51741 | N | ELECTRO-UROFLOWMETRY FIRST | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 51784 | S | ANAL/URINARY MUSCLE STUDY | | 05721 | 1.7599 | APC | $99.68 | | | |
| 51785 | T | ANAL/URINARY MUSCLE STUDY | | 05371 | 2.8025 | APC | $158.73 | | | |
| 51792 | N | URINARY REFLEX STUDY | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 51797 | N | INTRAABDOMINAL PRESSURE TEST | | | | Bundled | $0.00 | | | |
| 51798 | N | US URINE CAPACITY MEASURE | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 51800 | C | REVISION OF BLADDER/URETHRA | | | | Inpatient Only | $0.00 | | | |
| 51820 | C | REVISION OF URINARY TRACT | | | | Inpatient Only | $0.00 | | | |
| 51840 | C | ATTACH BLADDER/URETHRA | | | | Inpatient Only | $0.00 | | | |
| 51841 | C | ATTACH BLADDER/URETHRA | | | | Inpatient Only | $0.00 | | | |
| 51845 | N | REPAIR BLADDER NECK | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 51860 | N | REPAIR OF BLADDER WOUND | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 51865 | C | REPAIR OF BLADDER WOUND | | | | Inpatient Only | $0.00 | | | |
| 51880 | T | REPAIR OF BLADDER OPENING | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 51900 | C | REPAIR BLADDER/VAGINA LESION | | | | Inpatient Only | $0.00 | | | |
| 51920 | C | CLOSE BLADDER-UTERUS FISTULA | | | | Inpatient Only | $0.00 | | | |
| 51925 | C | HYSTERECTOMY/BLADDER REPAIR | | | | Inpatient Only | $0.00 | | | |
| 51940 | C | CORRECTION OF BLADDER DEFECT | | | | Inpatient Only | $0.00 | | | |
| 51960 | C | REVISION OF BLADDER & BOWEL | | | | Inpatient Only | $0.00 | | | |
| 51980 | C | CONSTRUCT BLADDER OPENING | | | | Inpatient Only | $0.00 | | | |
| 51990 | N | LAPARO URETHRAL SUSPENSION | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 51992 | N | LAPARO SLING OPERATION | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 51999 | N | LAPAROSCOPE PROC BLA | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 52000 | T | CYSTOSCOPY | | 05372 | 7.1140 | APC | $402.94 | | | |
| 52001 | T | CYSTOSCOPY REMOVAL OF CLOTS | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52005 | T | CYSTOSCOPY & URETER CATHETER | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52007 | T | CYSTOSCOPY AND BIOPSY | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52010 | T | CYSTOSCOPY & DUCT CATHETER | | 05372 | 7.1140 | APC | $402.94 | | | |
| 52204 | T | CYSTOSCOPY W/BIOPSY(S) | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52214 | T | CYSTOSCOPY AND TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52224 | T | CYSTOSCOPY AND TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52234 | T | CYSTOSCOPY AND TREATMENT | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52235 | T | CYSTOSCOPY AND TREATMENT | | 05374 | 30.4305 | APC | $1,723.58 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 52240 | T | CYSTOSCOPY AND TREATMENT | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52250 | T | CYSTOSCOPY AND RADIOTRACER | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52260 | T | CYSTOSCOPY AND TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52265 | T | CYSTOSCOPY AND TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52270 | T | CYSTOSCOPY & REVISE URETHRA | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52275 | T | CYSTOSCOPY & REVISE URETHRA | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52276 | T | CYSTOSCOPY AND TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52277 | T | CYSTOSCOPY AND TREATMENT | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52281 | T | CYSTOSCOPY AND TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52282 | T | CYSTOSCOPY IMPLANT STENT | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52283 | T | CYSTOSCOPY AND TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52285 | T | CYSTOSCOPY AND TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52287 | T | CYSTOSCOPY CHEMODENERVATION | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52290 | T | CYSTOSCOPY AND TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52300 | T | CYSTOSCOPY AND TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52301 | T | CYSTOSCOPY AND TREATMENT | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52305 | N | CYSTOSCOPY AND TREATMENT | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 52310 | T | CYSTOSCOPY AND TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52315 | T | CYSTOSCOPY AND TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52317 | T | REMOVE BLADDER STONE | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52318 | N | REMOVE BLADDER STONE | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 52320 | T | CYSTOSCOPY AND TREATMENT | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52325 | T | CYSTOSCOPY STONE REMOVAL | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52327 | T | CYSTOSCOPY INJECT MATERIAL | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52330 | T | CYSTOSCOPY AND TREATMENT | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52332 | T | CYSTOSCOPY AND TREATMENT | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52334 | T | CREATE PASSAGE TO KIDNEY | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52341 | T | CYSTO W/URETER STRICTURE TX | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52342 | T | CYSTO W/UP STRICTURE TX | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52343 | T | CYSTO W/RENAL STRICTURE TX | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 52344 | T | CYSTO/URETERO STRICTURE TX | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52345 | T | CYSTO/URETERO W/UP STRICTURE | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52346 | N | CYSTOURETERO W/RENAL STRICT | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 52351 | T | CYSTOURETERO & OR PYELOSCOPE | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52352 | T | CYSTOURETERO W/STONE REMOVE | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52353 | N | CYSTOURETERO W/LITHOTRIPSY | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 52354 | T | CYSTOURETERO W/BIOPSY | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52355 | N | CYSTOURETERO W/EXCISE TUMOR | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 52356 | N | CYSTO/URETERO W/LITHOTRIPSY | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 52400 | T | CYSTOURETERO W/CONGEN REPR | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52402 | T | CYSTOURETHRO CUT EJACUL DUCT | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52441 | E | CYSTOURETHRO W/IMPLANT | | | | Not Allowed | $0.00 | | | |
| 52442 | E | CYSTOURETHRO W/ADDL IMPLANT | | | | Not Allowed | $0.00 | | | |
| 52450 | T | INCISION OF PROSTATE | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52500 | T | REVISION OF BLADDER NECK | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52601 | N | PROSTATECTOMY (TURP) | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 52630 | N | REMOVE PROSTATE REGROWTH | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 52640 | T | RELIEVE BLADDER CONTRACTURE | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 52647 | N | LASER SURGERY OF PROSTATE | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 52648 | N | LASER SURGERY OF PROSTATE | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 52649 | N | PROSTATE LASER ENUCLEATION | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 52700 | T | DRAINAGE OF PROSTATE ABSCESS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 53000 | T | INCISION OF URETHRA | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 53010 | N | INCISION OF URETHRA | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53020 | T | INCISION OF URETHRA | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 53025 | T | INCISION OF URETHRA | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 53040 | T | DRAINAGE OF URETHRA ABSCESS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 53060 | T | DRAINAGE OF URETHRA ABSCESS | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 53080 | T | DRAINAGE OF URINARY LEAKAGE | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 53085 | T | DRAINAGE OF URINARY LEAKAGE | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 53200 | T | BIOPSY OF URETHRA | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 53210 | N | REMOVAL OF URETHRA | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 53215 | N | REMOVAL OF URETHRA | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53220 | T | TREATMENT OF URETHRA LESION | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 53230 | T | REMOVAL OF URETHRA LESION | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 53235 | N | REMOVAL OF URETHRA LESION | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53240 | N | SURGERY FOR URETHRA POUCH | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53250 | T | REMOVAL OF URETHRA GLAND | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 53260 | T | TREATMENT OF URETHRA LESION | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 53265 | T | TREATMENT OF URETHRA LESION | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 53270 | T | REMOVAL OF URETHRA GLAND | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 53275 | T | REPAIR OF URETHRA DEFECT | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 53400 | N | REVISE URETHRA STAGE 1 | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53405 | N | REVISE URETHRA STAGE 2 | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53410 | N | RECONSTRUCTION OF URETHRA | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53415 | C | RECONSTRUCTION OF URETHRA | | | | Inpatient Only | $0.00 | | | |
| 53420 | N | RECONSTRUCT URETHRA STAGE 1 | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53425 | N | RECONSTRUCT URETHRA STAGE 2 | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53430 | T | RECONSTRUCTION OF URETHRA | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 53431 | N | RECONSTRUCT URETHRA/BLADDER | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53440 | N | MALE SLING PROCEDURE | | 05376 | 100.7564 | Bundled, sometimes payable | $5,706.84 | | | |
| 53442 | N | REMOVE/REVISE MALE SLING | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53444 | N | INSERT TANDEM CUFF | | 05376 | 100.7564 | Bundled, sometimes payable | $5,706.84 | | | |
| 53445 | N | INSERT URO/VES NCK SPHINCTER | | 05377 | 191.0888 | Bundled, sometimes payable | $10,823.27 | | | |
| 53446 | N | REMOVE URO SPHINCTER | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53447 | N | REMOVE/REPLACE UR SPHINCTER | | 05377 | 191.0888 | Bundled, sometimes payable | $10,823.27 | | | |
| 53448 | C | REMOV/REPLC UR SPHINCTR COMP | | | | Inpatient Only | $0.00 | | | |
| 53449 | N | REPAIR URO SPHINCTER | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53450 | T | REVISION OF URETHRA | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 53460 | T | REVISION OF URETHRA | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 53500 | T | URETHRLYS TRANSVAG W/ SCOPE | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 53502 | T | REPAIR OF URETHRA INJURY | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 53505 | N | REPAIR OF URETHRA INJURY | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53510 | N | REPAIR OF URETHRA INJURY | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53515 | N | REPAIR OF URETHRA INJURY | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53520 | N | REPAIR OF URETHRA DEFECT | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53600 | T | DILATE URETHRA STRICTURE | | 05371 | 2.8025 | APC | $158.73 | | | |
| 53601 | N | DILATE URETHRA STRICTURE | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 53605 | T | DILATE URETHRA STRICTURE | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 53620 | T | DILATE URETHRA STRICTURE | | 05372 | 7.1140 | APC | $402.94 | | | |
| 53621 | T | DILATE URETHRA STRICTURE | | 05371 | 2.8025 | APC | $158.73 | | | |
| 53660 | S | DILATION OF URETHRA | | 05721 | 1.7599 | APC | $99.68 | | | |
| 53661 | N | DILATION OF URETHRA | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 53665 | T | DILATION OF URETHRA | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 53850 | T | PROSTATIC MICROWAVE THERMOTX | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 53852 | N | PROSTATIC RF THERMOTX | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 53855 | T | INSERT PROST URETHRAL STENT | | 05372 | 7.1140 | APC | $402.94 | | | |
| 53860 | T | TRANSURETHRAL RF TREATMENT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 53899 | T | UROLOGY SURGERY PROCEDURE | | 05371 | 2.8025 | APC | $158.73 | | | |
| 54000 | T | SLITTING OF PREPUCE | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54001 | T | SLITTING OF PREPUCE | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54015 | T | DRAIN PENIS LESION | | 05073 | 12.7769 | APC | $723.68 | | | |
| 54050 | N | DESTRUCTION PENIS LESION(S) | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 54055 | T | DESTRUCTION PENIS LESION(S) | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 54056 | N | CRYOSURGERY PENIS LESION(S) | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 54057 | T | LASER SURG PENIS LESION(S) | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 54060 | T | EXCISION OF PENIS LESION(S) | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 54065 | T | DESTRUCTION PENIS LESION(S) | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 54100 | T | BIOPSY OF PENIS | | 05073 | 12.7769 | APC | $723.68 | | | |
| 54105 | T | BIOPSY OF PENIS | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 54110 | T | TREATMENT OF PENIS LESION | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54111 | N | TREAT PENIS LESION GRAFT | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 54112 | N | TREAT PENIS LESION GRAFT | | 05376 | 100.7564 | Bundled, sometimes payable | $5,706.84 | | | |
| 54115 | T | TREATMENT OF PENIS LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 54120 | T | PARTIAL REMOVAL OF PENIS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54125 | C | REMOVAL OF PENIS | | | | Inpatient Only | $0.00 | | | |
| 54130 | C | REMOVE PENIS & NODES | | | | Inpatient Only | $0.00 | | | |
| 54135 | C | REMOVE PENIS & NODES | | | | Inpatient Only | $0.00 | | | |
| 54150 | T | CIRCUMCISION W/REGIONL BLOCK | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54160 | T | CIRCUMCISION NEONATE | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54161 | T | CIRCUM 28 DAYS OR OLDER | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54162 | T | LYSIS PENIL CIRCUMIC LESION | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54163 | T | REPAIR OF CIRCUMCISION | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54164 | T | FRENULOTOMY OF PENIS | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54200 | T | TREATMENT OF PENIS LESION | | 05371 | 2.8025 | APC | $158.73 | | | |
| 54205 | N | TREATMENT OF PENIS LESION | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 54220 | T | TREATMENT OF PENIS LESION | | 05371 | 2.8025 | APC | $158.73 | | | |
| 54230 | E | PREPARE PENIS STUDY | | | | Not Allowed | $0.00 | | | |
| 54231 | E | DYNAMIC CAVERNOSOMETRY | | | | Not Allowed | $0.00 | | | |
| 54235 | E | PENILE INJECTION | | | | Not Allowed | $0.00 | | | |
| 54240 | E | PENIS STUDY | | | | Not Allowed | $0.00 | | | |
| 54250 | E | PENIS STUDY | | | | Not Allowed | $0.00 | | | |
| 54300 | T | REVISION OF PENIS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54304 | T | REVISION OF PENIS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54308 | N | RECONSTRUCTION OF URETHRA | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 54312 | T | RECONSTRUCTION OF URETHRA | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54316 | N | RECONSTRUCTION OF URETHRA | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 54318 | T | RECONSTRUCTION OF URETHRA | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54322 | T | RECONSTRUCTION OF URETHRA | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54324 | T | RECONSTRUCTION OF URETHRA | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54326 | N | RECONSTRUCTION OF URETHRA | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 54328 | T | REVISE PENIS/URETHRA | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54332 | T | REVISE PENIS/URETHRA | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54336 | T | REVISE PENIS/URETHRA | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54340 | T | SECONDARY URETHRAL SURGERY | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54344 | N | SECONDARY URETHRAL SURGERY | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 54348 | T | SECONDARY URETHRAL SURGERY | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54352 | N | RECONSTRUCT URETHRA/PENIS | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 54360 | E | PENIS PLASTIC SURGERY | | | | Not Allowed | $0.00 | | | |
| 54380 | T | REPAIR PENIS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54385 | T | REPAIR PENIS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54390 | C | REPAIR PENIS AND BLADDER | | | | Inpatient Only | $0.00 | | | |
| 54400 | E | INSERT SEMI-RIGID PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| 54401 | E | INSERT SELF-CONTD PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| 54405 | E | INSERT MULTI-COMP PENIS PROS | | | | Not Allowed | $0.00 | | | |
| 54406 | E | REMOVE MUTI-COMP PENIS PROS | | | | Not Allowed | $0.00 | | | |
| 54408 | E | REPAIR MULTI-COMP PENIS PROS | | | | Not Allowed | $0.00 | | | |
| 54410 | E | REMOVE/REPLACE PENIS PROSTH | | | | Not Allowed | $0.00 | | | |
| 54411 | E | REMOV/REPLC PENIS PROS COMP | | | | Not Allowed | $0.00 | | | |
| 54415 | E | REMOVE SELF-CONTD PENIS PROS | | | | Not Allowed | $0.00 | | | |
| 54416 | E | REMV/REPL PENIS CONTAIN PROS | | | | Not Allowed | $0.00 | | | |
| 54417 | E | REMV/REPLC PENIS PROS COMPL | | | | Not Allowed | $0.00 | | | |
| 54420 | T | REVISION OF PENIS | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54430 | C | REVISION OF PENIS | | | | Inpatient Only | $0.00 | | | |
| 54435 | T | REVISION OF PENIS | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54437 | T | REPAIR CORPOREAL TEAR | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54438 | C | REPLANTATION OF PENIS | | | | Inpatient Only | $0.00 | | | |
| 54440 | T | REPAIR OF PENIS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54450 | T | PREPUTIAL STRETCHING | | 05371 | 2.8025 | APC | $158.73 | | | |
| 54500 | T | BIOPSY OF TESTIS | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 54505 | T | BIOPSY OF TESTIS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54512 | T | EXCISE LESION TESTIS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54520 | T | REMOVAL OF TESTIS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54522 | T | ORCHIECTOMY PARTIAL | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54530 | T | REMOVAL OF TESTIS | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 54535 | T | EXTENSIVE TESTIS SURGERY | | 05374 | 30.4305 | APC | $1,723.58 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 54550 | T | EXPLORATION FOR TESTIS | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 54560 | T | EXPLORATION FOR TESTIS | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54600 | T | REDUCE TESTIS TORSION | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54620 | T | SUSPENSION OF TESTIS | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54640 | T | SUSPENSION OF TESTIS | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 54650 | T | ORCHIOPEXY (FOWLER-STEPHENS) | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 54660 | N | REVISION OF TESTIS | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 54670 | T | REPAIR TESTIS INJURY | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54680 | T | RELOCATION OF TESTIS(ES) | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54690 | N | LAPAROSCOPY ORCHIECTOMY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 54692 | N | LAPAROSCOPY ORCHIOPEXY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 54699 | N | LAPAROSCOPE PROC TESTIS | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 54700 | T | DRAINAGE OF SCROTUM | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54800 | T | BIOPSY OF EPIDIDYMIS | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 54830 | T | REMOVE EPIDIDYMIS LESION | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54840 | T | REMOVE EPIDIDYMIS LESION | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54860 | T | REMOVAL OF EPIDIDYMIS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54861 | T | REMOVAL OF EPIDIDYMIS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54865 | T | EXPLORE EPIDIDYMIS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 54900 | T | FUSION OF SPERMATIC DUCTS | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 54901 | T | FUSION OF SPERMATIC DUCTS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 55000 | T | DRAINAGE OF HYDROCELE | | 05072 | 6.5194 | APC | $369.26 | | | |
| 55040 | T | REMOVAL OF HYDROCELE | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 55041 | T | REMOVAL OF HYDROCELES | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 55060 | T | REPAIR OF HYDROCELE | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 55100 | T | DRAINAGE OF SCROTUM ABSCESS | | 05073 | 12.7769 | APC | $723.68 | | | |
| 55110 | T | EXPLORE SCROTUM | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 55120 | T | REMOVAL OF SCROTUM LESION | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 55150 | T | REMOVAL OF SCROTUM | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 55175 | T | REVISION OF SCROTUM | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 55180 | N | REVISION OF SCROTUM | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| 55200 | T | INCISION OF SPERM DUCT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 55250 | T | REMOVAL OF SPERM DUCT(S) | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 55300 | N | PREPARE SPERM DUCT X-RAY | | | | Bundled | $0.00 | | | |
| 55400 | T | REPAIR OF SPERM DUCT | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 55450 | T | LIGATION OF SPERM DUCT | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 55500 | T | REMOVAL OF HYDROCELE | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 55520 | T | REMOVAL OF SPERM CORD LESION | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 55530 | T | REVISE SPERMATIC CORD VEINS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 55535 | T | REVISE SPERMATIC CORD VEINS | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 55540 | T | REVISE HERNIA & SPERM VEINS | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 55550 | N | LAPARO LIGATE SPERMATIC VEIN | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 55559 | N | LAPARO PROC SPERMATIC CORD | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 55600 | T | INCISE SPERM DUCT POUCH | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 55605 | C | INCISE SPERM DUCT POUCH | | | | Inpatient Only | $0.00 | | | |
| 55650 | C | REMOVE SPERM DUCT POUCH | | | | Inpatient Only | $0.00 | | | |
| 55680 | T | REMOVE SPERM POUCH LESION | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 55700 | T | BIOPSY OF PROSTATE | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 55705 | T | BIOPSY OF PROSTATE | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 55706 | T | PROSTATE SATURATION SAMPLING | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 55720 | T | DRAINAGE OF PROSTATE ABSCESS | | 05373 | 20.4329 | APC | $1,157.32 | | | |
| 55725 | T | DRAINAGE OF PROSTATE ABSCESS | | 05374 | 30.4305 | APC | $1,723.58 | | | |
| 55801 | C | REMOVAL OF PROSTATE | | | | Inpatient Only | $0.00 | | | |
| 55810 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55812 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55815 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55821 | C | REMOVAL OF PROSTATE | | | | Inpatient Only | $0.00 | | | |
| 55831 | C | REMOVAL OF PROSTATE | | | | Inpatient Only | $0.00 | | | |
| 55840 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55842 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55845 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55860 | T | SURGICAL EXPOSURE PROSTATE | | 05374 | 30.4305 | APC | $1,723.58 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 55862 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55865 | C | EXTENSIVE PROSTATE SURGERY | | | | Inpatient Only | $0.00 | | | |
| 55866 | C | LAPARO RADICAL PROSTATECTOMY | | | | Inpatient Only | $0.00 | | | |
| 55870 | E | ELECTROEJACULATION | | | | Not Allowed | $0.00 | | | |
| 55873 | N | CRYOABLATE PROSTATE | | 05376 | 100.7564 | Bundled, sometimes payable | $5,706.84 | | | |
| 55875 | N | TRANSPERI NEEDLE PLACE PROS | | 05374 | 30.4305 | Bundled, sometimes payable | $1,723.58 | | | |
| 55876 | S | PLACE RT DEVICE/MARKER PROS | | 05614 | 13.9276 | APC | $788.86 | | | |
| 55899 | T | GENITAL SURGERY PROCEDURE | | 05371 | 2.8025 | APC | $158.73 | | | |
| 55920 | T | PLACE NEEDLES PELVIC FOR RT | | 05341 | 35.4367 | APC | $2,007.13 | | | |
| 55970 | E | SEX TRANSFORMATION M TO F | | | | Not Allowed | $0.00 | | | |
| 55980 | E | SEX TRANSFORMATION F TO M | | | | Not Allowed | $0.00 | | | |
| 56405 | T | I & D OF VULVA/PERINEUM | | 05412 | 3.4032 | APC | $192.76 | | | |
| 56420 | T | DRAINAGE OF GLAND ABSCESS | | 05411 | 1.9069 | APC | $108.01 | | | |
| 56440 | T | SURGERY FOR VULVA LESION | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 56441 | T | LYSIS OF LABIAL LESION(S) | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 56442 | T | HYMENOTOMY | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 56501 | T | DESTROY VULVA LESIONS SIM | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| 56515 | T | DESTROY VULVA LESION/S COMPL | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| 56605 | T | BIOPSY OF VULVA/PERINEUM | | 05412 | 3.4032 | APC | $192.76 | | | |
| 56606 | N | BIOPSY OF VULVA/PERINEUM | | | | Bundled | $0.00 | | | |
| 56620 | T | PARTIAL REMOVAL OF VULVA | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 56625 | T | COMPLETE REMOVAL OF VULVA | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 56630 | C | EXTENSIVE VULVA SURGERY | | | | Inpatient Only | $0.00 | | | |
| 56631 | C | EXTENSIVE VULVA SURGERY | | | | Inpatient Only | $0.00 | | | |
| 56632 | C | EXTENSIVE VULVA SURGERY | | | | Inpatient Only | $0.00 | | | |
| 56633 | C | EXTENSIVE VULVA SURGERY | | | | Inpatient Only | $0.00 | | | |
| 56634 | C | EXTENSIVE VULVA SURGERY | | | | Inpatient Only | $0.00 | | | |
| 56637 | C | EXTENSIVE VULVA SURGERY | | | | Inpatient Only | $0.00 | | | |
| 56640 | C | EXTENSIVE VULVA SURGERY | | | | Inpatient Only | $0.00 | | | |
| 56700 | T | PARTIAL REMOVAL OF HYMEN | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 56740 | T | REMOVE VAGINA GLAND LESION | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 56800 | T | REPAIR OF VAGINA | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 56805 | T | REPAIR CLITORIS | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 56810 | T | REPAIR OF PERINEUM | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 56820 | T | EXAM OF VULVA W/SCOPE | | 05411 | 1.9069 | APC | $108.01 | | | |
| 56821 | T | EXAM/BIOPSY OF VULVA W/SCOPE | | 05412 | 3.4032 | APC | $192.76 | | | |
| 57000 | T | EXPLORATION OF VAGINA | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57010 | T | DRAINAGE OF PELVIC ABSCESS | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57020 | T | DRAINAGE OF PELVIC FLUID | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57022 | T | I & D VAGINAL HEMATOMA PP | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 57023 | T | I & D VAG HEMATOMA NON-OB | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 57061 | T | DESTROY VAG LESIONS SIMPLE | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57065 | T | DESTROY VAG LESIONS COMPLEX | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57100 | T | BIOPSY OF VAGINA | | 05413 | 8.6381 | APC | $489.26 | | | |
| 57105 | T | BIOPSY OF VAGINA | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57106 | T | REMOVE VAGINA WALL PARTIAL | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57107 | T | REMOVE VAGINA TISSUE PART | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57109 | T | VAGINECTOMY PARTIAL W/NODES | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57110 | C | REMOVE VAGINA WALL COMPLETE | | | | Inpatient Only | $0.00 | | | |
| 57111 | C | REMOVE VAGINA TISSUE COMPL | | | | Inpatient Only | $0.00 | | | |
| 57112 | C | VAGINECTOMY W/NODES COMPL | | | | Inpatient Only | $0.00 | | | |
| 57120 | N | CLOSURE OF VAGINA | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 57130 | T | REMOVE VAGINA LESION | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57135 | T | REMOVE VAGINA LESION | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57150 | N | TREAT VAGINA INFECTION | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 57155 | T | INSERT UTERI TANDEM/OVOIDS | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57156 | T | INS VAG BRACHYTX DEVICE | | 05412 | 3.4032 | APC | $192.76 | | | |
| 57160 | T | INSERT PESSARY/OTHER DEVICE | | 05411 | 1.9069 | APC | $108.01 | | | |
| 57170 | T | FITTING OF DIAPHRAGM/CAP | | 05411 | 1.9069 | APC | $108.01 | | | |
| 57180 | T | TREAT VAGINAL BLEEDING | | 05411 | 1.9069 | APC | $108.01 | | | |
| 57200 | T | REPAIR OF VAGINA | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57210 | T | REPAIR VAGINA/PERINEUM | | 05414 | 25.2449 | APC | $1,429.87 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 57220 | N | REVISION OF URETHRA | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 57230 | T | REPAIR OF URETHRAL LESION | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57240 | N | REPAIR BLADDER & VAGINA | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 57250 | N | REPAIR RECTUM & VAGINA | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 57260 | N | REPAIR OF VAGINA | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 57265 | N | EXTENSIVE REPAIR OF VAGINA | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 57267 | N | INSERT MESH/PELVIC FLR ADDON | | | | Bundled | $0.00 | | | |
| 57268 | T | REPAIR OF BOWEL BULGE | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57270 | C | REPAIR OF BOWEL POUCH | | | | Inpatient Only | $0.00 | | | |
| 57280 | C | SUSPENSION OF VAGINA | | | | Inpatient Only | $0.00 | | | |
| 57282 | N | COLPOPEXY EXTRAPERITONEAL | | 05416 | 77.3001 | Bundled, sometimes payable | $4,378.28 | | | |
| 57283 | N | COLPOPEXY INTRAPERITONEAL | | 05416 | 77.3001 | Bundled, sometimes payable | $4,378.28 | | | |
| 57284 | N | REPAIR PARAVAG DEFECT OPEN | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 57285 | N | REPAIR PARAVAG DEFECT VAG | | 05416 | 77.3001 | Bundled, sometimes payable | $4,378.28 | | | |
| 57287 | N | REVISE/REMOVE SLING REPAIR | | 05414 | 25.2449 | Bundled, sometimes payable | $1,429.87 | | | |
| 57288 | N | REPAIR BLADDER DEFECT | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 57289 | N | REPAIR BLADDER & VAGINA | | 05416 | 77.3001 | Bundled, sometimes payable | $4,378.28 | | | |
| 57291 | E | CONSTRUCTION OF VAGINA | | | | Not Allowed | $0.00 | | | |
| 57292 | E | CONSTRUCT VAGINA WITH GRAFT | | | | Not Allowed | $0.00 | | | |
| 57295 | T | REVISE VAG GRAFT VIA VAGINA | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57296 | C | REVISE VAG GRAFT OPEN ABD | | | | Inpatient Only | $0.00 | | | |
| 57300 | T | REPAIR RECTUM-VAGINA FISTULA | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57305 | C | REPAIR RECTUM-VAGINA FISTULA | | | | Inpatient Only | $0.00 | | | |
| 57307 | C | FISTULA REPAIR & COLOSTOMY | | | | Inpatient Only | $0.00 | | | |
| 57308 | C | FISTULA REPAIR TRANSPERINE | | | | Inpatient Only | $0.00 | | | |
| 57310 | N | REPAIR URETHROVAGINAL LESION | | 05416 | 77.3001 | Bundled, sometimes payable | $4,378.28 | | | |
| 57311 | C | REPAIR URETHROVAGINAL LESION | | | | Inpatient Only | $0.00 | | | |
| 57320 | N | REPAIR BLADDER-VAGINA LESION | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 57330 | N | REPAIR BLADDER-VAGINA LESION | | 05416 | 77.3001 | Bundled, sometimes payable | $4,378.28 | | | |
| 57335 | T | REPAIR VAGINA | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57400 | T | DILATION OF VAGINA | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57410 | T | PELVIC EXAMINATION | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57415 | T | REMOVE VAGINAL FOREIGN BODY | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57420 | T | EXAM OF VAGINA W/SCOPE | | 05412 | 3.4032 | APC | $192.76 | | | |
| 57421 | T | EXAM/BIOPSY OF VAG W/SCOPE | | 05413 | 8.6381 | APC | $489.26 | | | |
| 57423 | N | REPAIR PARAVAG DEFECT LAP | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 57425 | N | LAPAROSCOPY SURG COLPOPEXY | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 57426 | N | REVISE PROSTH VAG GRAFT LAP | | 05416 | 77.3001 | Bundled, sometimes payable | $4,378.28 | | | |
| 57452 | T | EXAM OF CERVIX W/SCOPE | | 05411 | 1.9069 | APC | $108.01 | | | |
| 57454 | T | BX/CURETT OF CERVIX W/SCOPE | | 05412 | 3.4032 | APC | $192.76 | | | |
| 57455 | T | BIOPSY OF CERVIX W/SCOPE | | 05412 | 3.4032 | APC | $192.76 | | | |
| 57456 | T | ENDOCERV CURETTAGE W/SCOPE | | 05412 | 3.4032 | APC | $192.76 | | | |
| 57460 | T | BX OF CERVIX W/SCOPE LEEP | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57461 | T | CONZ OF CERVIX W/SCOPE LEEP | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57500 | T | BIOPSY OF CERVIX | | 05413 | 8.6381 | APC | $489.26 | | | |
| 57505 | T | ENDOCERVICAL CURETTAGE | | 05413 | 8.6381 | APC | $489.26 | | | |
| 57510 | T | CAUTERIZATION OF CERVIX | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57511 | T | CRYOCAUTERY OF CERVIX | | 05412 | 3.4032 | APC | $192.76 | | | |
| 57513 | T | LASER SURGERY OF CERVIX | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57520 | T | CONIZATION OF CERVIX | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57522 | T | CONIZATION OF CERVIX | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57530 | T | REMOVAL OF CERVIX | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57531 | C | REMOVAL OF CERVIX RADICAL | | | | Inpatient Only | $0.00 | | | |
| 57540 | C | REMOVAL OF RESIDUAL CERVIX | | | | Inpatient Only | $0.00 | | | |
| 57545 | C | REMOVE CERVIX/REPAIR PELVIS | | | | Inpatient Only | $0.00 | | | |
| 57550 | T | REMOVAL OF RESIDUAL CERVIX | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57555 | N | REMOVE CERVIX/REPAIR VAGINA | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 57556 | N | REMOVE CERVIX REPAIR BOWEL | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 57558 | T | D&C OF CERVICAL STUMP | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57700 | T | REVISION OF CERVIX | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57720 | T | REVISION OF CERVIX | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 57800 | T | DILATION OF CERVICAL CANAL | | 05414 | 25.2449 | APC | $1,429.87 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 58100 | T | BIOPSY OF UTERUS LINING | | 05411 | 1.9069 | APC | $108.01 | | | |
| 58110 | N | BX DONE W/COLPOSCOPY ADD-ON | | | | Bundled | $0.00 | | | |
| 58120 | T | DILATION AND CURETTAGE | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 58140 | C | MYOMECTOMY ABDOM METHOD | | | | Inpatient Only | $0.00 | | | |
| 58145 | T | MYOMECTOMY VAG METHOD | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 58146 | C | MYOMECTOMY ABDOM COMPLEX | | | | Inpatient Only | $0.00 | | | |
| 58150 | C | TOTAL HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 58152 | C | TOTAL HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 58180 | C | PARTIAL HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 58200 | C | EXTENSIVE HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 58210 | C | EXTENSIVE HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 58240 | C | REMOVAL OF PELVIS CONTENTS | | | | Inpatient Only | $0.00 | | | |
| 58260 | N | VAGINAL HYSTERECTOMY | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58262 | N | VAG HYST INCLUDING T/O | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58263 | N | VAG HYST W/T/O & VAG REPAIR | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58267 | C | VAG HYST W/URINARY REPAIR | | | | Inpatient Only | $0.00 | | | |
| 58270 | N | VAG HYST W/ENTEROCELE REPAIR | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58275 | C | HYSTERECTOMY/REVISE VAGINA | | | | Inpatient Only | $0.00 | | | |
| 58280 | C | HYSTERECTOMY/REVISE VAGINA | | | | Inpatient Only | $0.00 | | | |
| 58285 | C | EXTENSIVE HYSTERECTOMY | | | | Inpatient Only | $0.00 | | | |
| 58290 | N | VAG HYST COMPLEX | | 05416 | 77.3001 | Bundled, sometimes payable | $4,378.28 | | | |
| 58291 | N | VAG HYST INCL T/O COMPLEX | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58292 | N | VAG HYST T/O & REPAIR COMPL | | 05416 | 77.3001 | Bundled, sometimes payable | $4,378.28 | | | |
| 58293 | C | VAG HYST W/URO REPAIR COMPL | | | | Inpatient Only | $0.00 | | | |
| 58294 | N | VAG HYST W/ENTEROCELE COMPL | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58300 | M | INSERT INTRAUTERINE DEVICE | | | | Fee Schedule | $62.54 | | | |
| 58301 | N | REMOVE INTRAUTERINE DEVICE | | 05412 | 3.4032 | Bundled, sometimes payable | $192.76 | | | |
| 58321 | E | ARTIFICIAL INSEMINATION | | | | Not Allowed | $0.00 | | | |
| 58322 | E | ARTIFICIAL INSEMINATION | | | | Not Allowed | $0.00 | | | |
| 58323 | E | SPERM WASHING | | | | Not Allowed | $0.00 | | | |
| 58340 | N | CATHETER FOR HYSTEROGRAPHY | | | | Bundled | $0.00 | | | |
| 58345 | E | REOPEN FALLOPIAN TUBE | | | | Not Allowed | $0.00 | | | |
| 58346 | T | INSERT HEYMAN UTERI CAPSULE | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 58350 | N | REOPEN FALLOPIAN TUBE | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58353 | N | ENDOMETR ABLATE THERMAL | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58356 | N | ENDOMETRIAL CRYOABLATION | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58400 | C | SUSPENSION OF UTERUS | | | | Inpatient Only | $0.00 | | | |
| 58410 | C | SUSPENSION OF UTERUS | | | | Inpatient Only | $0.00 | | | |
| 58520 | C | REPAIR OF RUPTURED UTERUS | | | | Inpatient Only | $0.00 | | | |
| 58540 | C | REVISION OF UTERUS | | | | Inpatient Only | $0.00 | | | |
| 58541 | N | LSH UTERUS 250 G OR LESS | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 58542 | N | LSH W/T/O UT 250 G OR LESS | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 58543 | N | LSH UTERUS ABOVE 250 G | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 58544 | N | LSH W/T/O UTERUS ABOVE 250 G | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 58545 | N | LAPAROSCOPIC MYOMECTOMY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 58546 | N | LAPARO-MYOMECTOMY COMPLEX | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 58548 | C | LAP RADICAL HYST | | | | Inpatient Only | $0.00 | | | |
| 58550 | N | LAPARO-ASST VAG HYSTERECTOMY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 58552 | N | LAPARO-VAG HYST INCL T/O | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 58553 | N | LAPARO-VAG HYST COMPLEX | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 58554 | N | LAPARO-VAG HYST W/T/O COMPL | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 58555 | T | HYSTEROSCOPY DX SEP PROC | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 58558 | T | HYSTEROSCOPY BIOPSY | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 58559 | N | HYSTEROSCOPY LYSIS | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58560 | N | HYSTEROSCOPY RESECT SEPTUM | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58561 | N | HYSTEROSCOPY REMOVE MYOMA | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58562 | T | HYSTEROSCOPY REMOVE FB | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 58563 | N | HYSTEROSCOPY ABLATION | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58565 | N | HYSTEROSCOPY STERILIZATION | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58570 | N | TLH UTERUS 250 G OR LESS | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 58571 | N | TLH W/T/O 250 G OR LESS | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 58572 | N | TLH UTERUS OVER 250 G | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 58573 | N | TLH W/T/O UTERUS OVER 250 G | | 05362 | 93.0608 | Bundled, sometimes payable | $5,270.96 | | | |
| 58578 | N | LAPARO PROC UTERUS | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 58579 | T | HYSTEROSCOPE PROCEDURE | | 05411 | 1.9069 | APC | $108.01 | | | |
| 58600 | T | DIVISION OF FALLOPIAN TUBE | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 58605 | C | DIVISION OF FALLOPIAN TUBE | | | | Inpatient Only | $0.00 | | | |
| 58611 | C | LIGATE OVIDUCT(S) ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 58615 | T | OCCLUDE FALLOPIAN TUBE(S) | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 58660 | N | LAPAROSCOPY LYSIS | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 58661 | N | LAPAROSCOPY REMOVE ADNEXA | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 58662 | N | LAPAROSCOPY EXCISE LESIONS | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 58670 | N | LAPAROSCOPY TUBAL CAUTERY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 58671 | N | LAPAROSCOPY TUBAL BLOCK | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 58672 | N | LAPAROSCOPY FIMBRIOPLASTY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 58673 | N | LAPAROSCOPY SALPINGOSTOMY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 58679 | N | LAPARO PROC OVIDUCT-OVARY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 58700 | C | REMOVAL OF FALLOPIAN TUBE | | | | Inpatient Only | $0.00 | | | |
| 58720 | C | REMOVAL OF OVARY/TUBE(S) | | | | Inpatient Only | $0.00 | | | |
| 58740 | C | ADHESIOLYSIS TUBE OVARY | | | | Inpatient Only | $0.00 | | | |
| 58750 | E | REPAIR OVIDUCT | | | | Not Allowed | $0.00 | | | |
| 58752 | E | REVISE OVARIAN TUBE(S) | | | | Not Allowed | $0.00 | | | |
| 58760 | E | FIMBRIOPLASTY | | | | Not Allowed | $0.00 | | | |
| 58770 | E | CREATE NEW TUBAL OPENING | | | | Not Allowed | $0.00 | | | |
| 58800 | T | DRAINAGE OF OVARIAN CYST(S) | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 58805 | T | DRAINAGE OF OVARIAN CYST(S) | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 58820 | T | DRAIN OVARY ABSCESS OPEN | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 58822 | C | DRAIN OVARY ABSCESS PERCUT | | | | Inpatient Only | $0.00 | | | |
| 58825 | C | TRANSPOSITION OVARY(S) | | | | Inpatient Only | $0.00 | | | |
| 58900 | T | BIOPSY OF OVARY(S) | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 58920 | N | PARTIAL REMOVAL OF OVARY(S) | | 05416 | 77.3001 | Bundled, sometimes payable | $4,378.28 | | | |
| 58925 | N | REMOVAL OF OVARIAN CYST(S) | | 05415 | 49.6467 | Bundled, sometimes payable | $2,811.99 | | | |
| 58940 | C | REMOVAL OF OVARY(S) | | | | Inpatient Only | $0.00 | | | |
| 58943 | C | REMOVAL OF OVARY(S) | | | | Inpatient Only | $0.00 | | | |
| 58950 | C | RESECT OVARIAN MALIGNANCY | | | | Inpatient Only | $0.00 | | | |
| 58951 | C | RESECT OVARIAN MALIGNANCY | | | | Inpatient Only | $0.00 | | | |
| 58952 | C | RESECT OVARIAN MALIGNANCY | | | | Inpatient Only | $0.00 | | | |
| 58953 | C | TAH RAD DISSECT FOR DEBULK | | | | Inpatient Only | $0.00 | | | |
| 58954 | C | TAH RAD DEBULK/LYMPH REMOVE | | | | Inpatient Only | $0.00 | | | |
| 58956 | C | BSO OMENTECTOMY W/TAH | | | | Inpatient Only | $0.00 | | | |
| 58957 | C | RESECT RECURRENT GYN MAL | | | | Inpatient Only | $0.00 | | | |
| 58958 | C | RESECT RECUR GYN MAL W/LYM | | | | Inpatient Only | $0.00 | | | |
| 58960 | C | EXPLORATION OF ABDOMEN | | | | Inpatient Only | $0.00 | | | |
| 58970 | E | RETRIEVAL OF OOCYTE | | | | Not Allowed | $0.00 | | | |
| 58974 | E | TRANSFER OF EMBRYO | | | | Not Allowed | $0.00 | | | |
| 58976 | E | TRANSFER OF EMBRYO | | | | Not Allowed | $0.00 | | | |
| 58999 | T | GENITAL SURGERY PROCEDURE | | 05411 | 1.9069 | APC | $108.01 | | | |
| 59000 | T | AMNIOCENTESIS DIAGNOSTIC | | 05413 | 8.6381 | APC | $489.26 | | | |
| 59001 | T | AMNIOCENTESIS THERAPEUTIC | | 05412 | 3.4032 | APC | $192.76 | | | |
| 59012 | T | FETAL CORD PUNCTURE PRENATAL | | 05412 | 3.4032 | APC | $192.76 | | | |
| 59015 | T | CHORION BIOPSY | | 05413 | 8.6381 | APC | $489.26 | | | |
| 59020 | T | FETAL CONTRACT STRESS TEST | | 05411 | 1.9069 | APC | $108.01 | | | |
| 59025 | T | FETAL NON-STRESS TEST | | 05411 | 1.9069 | APC | $108.01 | | | |
| 59030 | T | FETAL SCALP BLOOD SAMPLE | | 05412 | 3.4032 | APC | $192.76 | | | |
| 59050 | M | FETAL MONITOR W/REPORT | | | | Charge Ratio | $0.00 | | | |
| 59051 | E | FETAL MONITOR/INTERPRET ONLY | | | | Not Allowed | $0.00 | | | |
| 59070 | T | TRANSABDOM AMNIOINFUS W/US | | 05412 | 3.4032 | APC | $192.76 | | | |
| 59072 | T | UMBILICAL CORD OCCLUD W/US | | 05412 | 3.4032 | APC | $192.76 | | | |
| 59074 | T | FETAL FLUID DRAINAGE W/US | | 05412 | 3.4032 | APC | $192.76 | | | |
| 59076 | T | FETAL SHUNT PLACEMENT W/US | | 05412 | 3.4032 | APC | $192.76 | | | |
| 59100 | T | REMOVE UTERUS LESION | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 59120 | C | TREAT ECTOPIC PREGNANCY | | | | Inpatient Only | $0.00 | | | |
| 59121 | C | TREAT ECTOPIC PREGNANCY | | | | Inpatient Only | $0.00 | | | |
| 59130 | C | TREAT ECTOPIC PREGNANCY | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 59135 | C | TREAT ECTOPIC PREGNANCY | | | | Inpatient Only | $0.00 | | | |
| 59136 | C | TREAT ECTOPIC PREGNANCY | | | | Inpatient Only | $0.00 | | | |
| 59140 | C | TREAT ECTOPIC PREGNANCY | | | | Inpatient Only | $0.00 | | | |
| 59150 | N | TREAT ECTOPIC PREGNANCY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 59151 | N | TREAT ECTOPIC PREGNANCY | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 59160 | T | D & C AFTER DELIVERY | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 59200 | T | INSERT CERVICAL DILATOR | | 05412 | 3.4032 | APC | $192.76 | | | |
| 59300 | T | EPISIOTOMY OR VAGINAL REPAIR | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 59320 | T | REVISION OF CERVIX | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 59325 | C | REVISION OF CERVIX | | | | Inpatient Only | $0.00 | | | |
| 59350 | C | REPAIR OF UTERUS | | | | Inpatient Only | $0.00 | | | |
| 59400 | E | OBSTETRICAL CARE | | | | Not Allowed | $0.00 | | | |
| 59409 | T | OBSTETRICAL CARE | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 59410 | E | OBSTETRICAL CARE | | | | Not Allowed | $0.00 | | | |
| 59412 | T | ANTEPARTUM MANIPULATION | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 59414 | T | DELIVER PLACENTA | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 59425 | M | ANTEPARTUM CARE ONLY | | | | Fee Schedule | $0.00 | | | |
| 59426 | M | ANTEPARTUM CARE ONLY | | | | Fee Schedule | $0.00 | | | |
| 59430 | M | CARE AFTER DELIVERY | | | | Fee Schedule | $0.00 | | | |
| 59510 | E | CESAREAN DELIVERY | | | | Not Allowed | $0.00 | | | |
| 59514 | C | CESAREAN DELIVERY ONLY | | | | Inpatient Only | $0.00 | | | |
| 59515 | E | CESAREAN DELIVERY | | | | Not Allowed | $0.00 | | | |
| 59525 | C | REMOVE UTERUS AFTER CESAREAN | | | | Inpatient Only | $0.00 | | | |
| 59610 | E | VBAC DELIVERY | | | | Not Allowed | $0.00 | | | |
| 59612 | T | VBAC DELIVERY ONLY | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 59614 | E | VBAC CARE AFTER DELIVERY | | | | Not Allowed | $0.00 | | | |
| 59618 | E | ATTEMPTED VBAC DELIVERY | | | | Not Allowed | $0.00 | | | |
| 59620 | C | ATTEMPTED VBAC DELIVERY ONLY | | | | Inpatient Only | $0.00 | | | |
| 59622 | E | ATTEMPTED VBAC AFTER CARE | | | | Not Allowed | $0.00 | | | |
| 59812 | T | TREATMENT OF MISCARRIAGE | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 59820 | T | CARE OF MISCARRIAGE | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 59821 | T | TREATMENT OF MISCARRIAGE | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 59830 | C | TREAT UTERUS INFECTION | | | | Inpatient Only | $0.00 | | | |
| 59840 | T | ABORTION | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 59841 | T | ABORTION | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 59850 | C | ABORTION | | | | Inpatient Only | $0.00 | | | |
| 59851 | C | ABORTION | | | | Inpatient Only | $0.00 | | | |
| 59852 | C | ABORTION | | | | Inpatient Only | $0.00 | | | |
| 59855 | C | ABORTION | | | | Inpatient Only | $0.00 | | | |
| 59856 | C | ABORTION | | | | Inpatient Only | $0.00 | | | |
| 59857 | C | ABORTION | | | | Inpatient Only | $0.00 | | | |
| 59866 | T | ABORTION (MPR) | | 05412 | 3.4032 | APC | $192.76 | | | |
| 59870 | T | EVACUATE MOLE OF UTERUS | | 05414 | 25.2449 | APC | $1,429.87 | | | |
| 59871 | N | REMOVE CERCLAGE SUTURE | | 05414 | 25.2449 | Bundled, sometimes payable | $1,429.87 | | | |
| 59897 | T | FETAL INVAS PX W/US | | 05411 | 1.9069 | APC | $108.01 | | | |
| 59898 | N | LAPARO PROC OB CARE/DELIVER | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 59899 | T | MATERNITY CARE PROCEDURE | | 05411 | 1.9069 | APC | $108.01 | | | |
| 60000 | T | DRAIN THYROID/TONGUE CYST | | 05163 | 9.3541 | APC | $529.82 | | | |
| 60100 | T | BIOPSY OF THYROID | | 05072 | 6.5194 | APC | $369.26 | | | |
| 60200 | N | REMOVE THYROID LESION | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 60210 | N | PARTIAL THYROID EXCISION | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 60212 | N | PARTIAL THYROID EXCISION | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 60220 | N | PARTIAL REMOVAL OF THYROID | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 60225 | N | PARTIAL REMOVAL OF THYROID | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 60240 | N | REMOVAL OF THYROID | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 60252 | N | REMOVAL OF THYROID | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 60254 | C | EXTENSIVE THYROID SURGERY | | | | Inpatient Only | $0.00 | | | |
| 60260 | N | REPEAT THYROID SURGERY | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 60270 | C | REMOVAL OF THYROID | | | | Inpatient Only | $0.00 | | | |
| 60271 | N | REMOVAL OF THYROID | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 60280 | N | REMOVE THYROID DUCT LESION | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 60281 | N | REMOVE THYROID DUCT LESION | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 60300 | T | ASPIR/INJ THYROID CYST | | 05072 | 6.5194 | APC | $369.26 | | | |
| 60500 | N | EXPLORE PARATHYROID GLANDS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 60502 | N | RE-EXPLORE PARATHYROIDS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 60505 | C | EXPLORE PARATHYROID GLANDS | | | | Inpatient Only | $0.00 | | | |
| 60512 | N | AUTOTRANSPLANT PARATHYROID | | | | Bundled | $0.00 | | | |
| 60520 | N | REMOVAL OF THYMUS GLAND | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 60521 | C | REMOVAL OF THYMUS GLAND | | | | Inpatient Only | $0.00 | | | |
| 60522 | C | REMOVAL OF THYMUS GLAND | | | | Inpatient Only | $0.00 | | | |
| 60540 | C | EXPLORE ADRENAL GLAND | | | | Inpatient Only | $0.00 | | | |
| 60545 | C | EXPLORE ADRENAL GLAND | | | | Inpatient Only | $0.00 | | | |
| 60600 | C | REMOVE CAROTID BODY LESION | | | | Inpatient Only | $0.00 | | | |
| 60605 | C | REMOVE CAROTID BODY LESION | | | | Inpatient Only | $0.00 | | | |
| 60650 | C | LAPAROSCOPY ADRENALECTOMY | | | | Inpatient Only | $0.00 | | | |
| 60659 | N | LAPARO PROC ENDOCRINE | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 60699 | N | ENDOCRINE SURGERY PROCEDURE | | 05361 | 54.2713 | Bundled, sometimes payable | $3,073.93 | | | |
| 61000 | T | REMOVE CRANIAL CAVITY FLUID | | 05442 | 7.9372 | APC | $449.56 | | | |
| 61001 | T | REMOVE CRANIAL CAVITY FLUID | | 05442 | 7.9372 | APC | $449.56 | | | |
| 61020 | T | REMOVE BRAIN CAVITY FLUID | | 05442 | 7.9372 | APC | $449.56 | | | |
| 61026 | T | INJECTION INTO BRAIN CANAL | | 05441 | 3.0350 | APC | $171.90 | | | |
| 61050 | T | REMOVE BRAIN CANAL FLUID | | 05442 | 7.9372 | APC | $449.56 | | | |
| 61055 | T | INJECTION INTO BRAIN CANAL | | 05442 | 7.9372 | APC | $449.56 | | | |
| 61070 | T | BRAIN CANAL SHUNT PROCEDURE | | 05391 | 6.5491 | APC | $370.94 | | | |
| 61105 | C | TWIST DRILL HOLE | | | | Inpatient Only | $0.00 | | | |
| 61107 | C | DRILL SKULL FOR IMPLANTATION | | | | Inpatient Only | $0.00 | | | |
| 61108 | C | DRILL SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61120 | C | BURR HOLE FOR PUNCTURE | | | | Inpatient Only | $0.00 | | | |
| 61140 | C | PIERCE SKULL FOR BIOPSY | | | | Inpatient Only | $0.00 | | | |
| 61150 | C | PIERCE SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61151 | C | PIERCE SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61154 | C | PIERCE SKULL & REMOVE CLOT | | | | Inpatient Only | $0.00 | | | |
| 61156 | C | PIERCE SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61210 | C | PIERCE SKULL IMPLANT DEVICE | | | | Inpatient Only | $0.00 | | | |
| 61215 | T | INSERT BRAIN-FLUID DEVICE | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 61250 | C | PIERCE SKULL & EXPLORE | | | | Inpatient Only | $0.00 | | | |
| 61253 | C | PIERCE SKULL & EXPLORE | | | | Inpatient Only | $0.00 | | | |
| 61304 | C | OPEN SKULL FOR EXPLORATION | | | | Inpatient Only | $0.00 | | | |
| 61305 | C | OPEN SKULL FOR EXPLORATION | | | | Inpatient Only | $0.00 | | | |
| 61312 | C | OPEN SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61313 | C | OPEN SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61314 | C | OPEN SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61315 | C | OPEN SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61316 | C | IMPLT CRAN BONE FLAP TO ABDO | | | | Inpatient Only | $0.00 | | | |
| 61320 | C | OPEN SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61321 | C | OPEN SKULL FOR DRAINAGE | | | | Inpatient Only | $0.00 | | | |
| 61322 | C | DECOMPRESSIVE CRANIOTOMY | | | | Inpatient Only | $0.00 | | | |
| 61323 | C | DECOMPRESSIVE LOBECTOMY | | | | Inpatient Only | $0.00 | | | |
| 61330 | N | DECOMPRESS EYE SOCKET | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 61332 | C | EXPLORE/BIOPSY EYE SOCKET | | | | Inpatient Only | $0.00 | | | |
| 61333 | C | EXPLORE ORBIT/REMOVE LESION | | | | Inpatient Only | $0.00 | | | |
| 61340 | C | SUBTEMPORAL DECOMPRESSION | | | | Inpatient Only | $0.00 | | | |
| 61343 | C | INCISE SKULL (PRESS RELIEF) | | | | Inpatient Only | $0.00 | | | |
| 61345 | C | RELIEVE CRANIAL PRESSURE | | | | Inpatient Only | $0.00 | | | |
| 61450 | C | INCISE SKULL FOR SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61458 | C | INCISE SKULL FOR BRAIN WOUND | | | | Inpatient Only | $0.00 | | | |
| 61460 | C | INCISE SKULL FOR SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61480 | C | INCISE SKULL FOR SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61500 | C | REMOVAL OF SKULL LESION | | | | Inpatient Only | $0.00 | | | |
| 61501 | C | REMOVE INFECTED SKULL BONE | | | | Inpatient Only | $0.00 | | | |
| 61510 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61512 | C | REMOVE BRAIN LINING LESION | | | | Inpatient Only | $0.00 | | | |
| 61514 | C | REMOVAL OF BRAIN ABSCESS | | | | Inpatient Only | $0.00 | | | |
| 61516 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 61517 | C | IMPLT BRAIN CHEMOTX ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 61518 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61519 | C | REMOVE BRAIN LINING LESION | | | | Inpatient Only | $0.00 | | | |
| 61520 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61521 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61522 | C | REMOVAL OF BRAIN ABSCESS | | | | Inpatient Only | $0.00 | | | |
| 61524 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61526 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61530 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61531 | C | IMPLANT BRAIN ELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61533 | C | IMPLANT BRAIN ELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61534 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61535 | C | REMOVE BRAIN ELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61536 | C | REMOVAL OF BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61537 | C | REMOVAL OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61538 | C | REMOVAL OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61539 | C | REMOVAL OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61540 | C | REMOVAL OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61541 | C | INCISION OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61543 | C | REMOVAL OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61544 | C | REMOVE & TREAT BRAIN LESION | | | | Inpatient Only | $0.00 | | | |
| 61545 | C | EXCISION OF BRAIN TUMOR | | | | Inpatient Only | $0.00 | | | |
| 61546 | C | REMOVAL OF PITUITARY GLAND | | | | Inpatient Only | $0.00 | | | |
| 61548 | C | REMOVAL OF PITUITARY GLAND | | | | Inpatient Only | $0.00 | | | |
| 61550 | C | RELEASE OF SKULL SEAMS | | | | Inpatient Only | $0.00 | | | |
| 61552 | C | RELEASE OF SKULL SEAMS | | | | Inpatient Only | $0.00 | | | |
| 61556 | C | INCISE SKULL/SUTURES | | | | Inpatient Only | $0.00 | | | |
| 61557 | C | INCISE SKULL/SUTURES | | | | Inpatient Only | $0.00 | | | |
| 61558 | C | EXCISION OF SKULL/SUTURES | | | | Inpatient Only | $0.00 | | | |
| 61559 | C | EXCISION OF SKULL/SUTURES | | | | Inpatient Only | $0.00 | | | |
| 61563 | C | EXCISION OF SKULL TUMOR | | | | Inpatient Only | $0.00 | | | |
| 61564 | C | EXCISION OF SKULL TUMOR | | | | Inpatient Only | $0.00 | | | |
| 61566 | C | REMOVAL OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61567 | C | INCISION OF BRAIN TISSUE | | | | Inpatient Only | $0.00 | | | |
| 61570 | C | REMOVE FOREIGN BODY BRAIN | | | | Inpatient Only | $0.00 | | | |
| 61571 | C | INCISE SKULL FOR BRAIN WOUND | | | | Inpatient Only | $0.00 | | | |
| 61575 | C | SKULL BASE/BRAINSTEM SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61576 | C | SKULL BASE/BRAINSTEM SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61580 | C | CRANIOFACIAL APPROACH SKULL | | | | Inpatient Only | $0.00 | | | |
| 61581 | C | CRANIOFACIAL APPROACH SKULL | | | | Inpatient Only | $0.00 | | | |
| 61582 | C | CRANIOFACIAL APPROACH SKULL | | | | Inpatient Only | $0.00 | | | |
| 61583 | C | CRANIOFACIAL APPROACH SKULL | | | | Inpatient Only | $0.00 | | | |
| 61584 | C | ORBITOCRANIAL APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61585 | C | ORBITOCRANIAL APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61586 | C | RESECT NASOPHARYNX SKULL | | | | Inpatient Only | $0.00 | | | |
| 61590 | C | INFRATEMPORAL APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61591 | C | INFRATEMPORAL APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61592 | C | ORBITOCRANIAL APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61595 | C | TRANSTEMPORAL APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61596 | C | TRANSCOCHLEAR APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61597 | C | TRANSCONDYLAR APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61598 | C | TRANSPETROSAL APPROACH/SKULL | | | | Inpatient Only | $0.00 | | | |
| 61600 | C | RESECT/EXCISE CRANIAL LESION | | | | Inpatient Only | $0.00 | | | |
| 61601 | C | RESECT/EXCISE CRANIAL LESION | | | | Inpatient Only | $0.00 | | | |
| 61605 | C | RESECT/EXCISE CRANIAL LESION | | | | Inpatient Only | $0.00 | | | |
| 61606 | C | RESECT/EXCISE CRANIAL LESION | | | | Inpatient Only | $0.00 | | | |
| 61607 | C | RESECT/EXCISE CRANIAL LESION | | | | Inpatient Only | $0.00 | | | |
| 61608 | C | RESECT/EXCISE CRANIAL LESION | | | | Inpatient Only | $0.00 | | | |
| 61610 | C | TRANSECT ARTERY SINUS | | | | Inpatient Only | $0.00 | | | |
| 61611 | C | TRANSECT ARTERY SINUS | | | | Inpatient Only | $0.00 | | | |
| 61612 | C | TRANSECT ARTERY SINUS | | | | Inpatient Only | $0.00 | | | |
| 61613 | C | REMOVE ANEURYSM SINUS | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 61615 | C | RESECT/EXCISE LESION SKULL | | | | Inpatient Only | $0.00 | | | |
| 61616 | C | RESECT/EXCISE LESION SKULL | | | | Inpatient Only | $0.00 | | | |
| 61618 | C | REPAIR DURA | | | | Inpatient Only | $0.00 | | | |
| 61619 | C | REPAIR DURA | | | | Inpatient Only | $0.00 | | | |
| 61623 | N | ENDOVASC TEMPORY VESSEL OCCL | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 61624 | C | TRANSCATH OCCLUSION CNS | | | | Inpatient Only | $0.00 | | | |
| 61626 | N | TRANSCATH OCCLUSION NON-CNS | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 61630 | C | INTRACRANIAL ANGIOPLASTY | | | | Inpatient Only | $0.00 | | | |
| 61635 | C | INTRACRAN ANGIOPLSTY W/STENT | | | | Inpatient Only | $0.00 | | | |
| 61640 | E | DILATE IC VASOSPASM INIT | | | | Not Allowed | $0.00 | | | |
| 61641 | E | DILATE IC VASOSPASM ADD-ON | | | | Not Allowed | $0.00 | | | |
| 61642 | E | DILATE IC VASOSPASM ADD-ON | | | | Not Allowed | $0.00 | | | |
| 61645 | E | PERQ ART M-THROMBECT &/NFS | | | | Not Allowed | $0.00 | | | |
| 61650 | C | EVASC PRLNG ADMN RX AGNT 1ST | | | | Inpatient Only | $0.00 | | | |
| 61651 | C | EVASC PRLNG ADMN RX AGNT ADD | | | | Inpatient Only | $0.00 | | | |
| 61680 | C | INTRACRANIAL VESSEL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61682 | C | INTRACRANIAL VESSEL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61684 | C | INTRACRANIAL VESSEL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61686 | C | INTRACRANIAL VESSEL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61690 | C | INTRACRANIAL VESSEL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61692 | C | INTRACRANIAL VESSEL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61697 | C | BRAIN ANEURYSM REPR COMPLX | | | | Inpatient Only | $0.00 | | | |
| 61698 | C | BRAIN ANEURYSM REPR COMPLX | | | | Inpatient Only | $0.00 | | | |
| 61700 | C | BRAIN ANEURYSM REPR SIMPLE | | | | Inpatient Only | $0.00 | | | |
| 61702 | C | INNER SKULL VESSEL SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61703 | C | CLAMP NECK ARTERY | | | | Inpatient Only | $0.00 | | | |
| 61705 | C | REVISE CIRCULATION TO HEAD | | | | Inpatient Only | $0.00 | | | |
| 61708 | C | REVISE CIRCULATION TO HEAD | | | | Inpatient Only | $0.00 | | | |
| 61710 | C | REVISE CIRCULATION TO HEAD | | | | Inpatient Only | $0.00 | | | |
| 61711 | C | FUSION OF SKULL ARTERIES | | | | Inpatient Only | $0.00 | | | |
| 61720 | T | INCISE SKULL/BRAIN SURGERY | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 61735 | C | INCISE SKULL/BRAIN SURGERY | | | | Inpatient Only | $0.00 | | | |
| 61750 | C | INCISE SKULL/BRAIN BIOPSY | | | | Inpatient Only | $0.00 | | | |
| 61751 | C | BRAIN BIOPSY W/CT/MR GUIDE | | | | Inpatient Only | $0.00 | | | |
| 61760 | C | IMPLANT BRAIN ELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61770 | T | INCISE SKULL FOR TREATMENT | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 61781 | N | SCAN PROC CRANIAL INTRA | | | | Bundled | $0.00 | | | |
| 61782 | N | SCAN PROC CRANIAL EXTRA | | | | Bundled | $0.00 | | | |
| 61783 | N | SCAN PROC SPINAL | | | | Bundled | $0.00 | | | |
| 61790 | T | TREAT TRIGEMINAL NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 61791 | T | TREAT TRIGEMINAL TRACT | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 61796 | E | SRS CRANIAL LESION SIMPLE | | | | Not Allowed | $0.00 | | | |
| 61797 | E | SRS CRAN LES SIMPLE ADDL | | | | Not Allowed | $0.00 | | | |
| 61798 | E | SRS CRANIAL LESION COMPLEX | | | | Not Allowed | $0.00 | | | |
| 61799 | E | SRS CRAN LES COMPLEX ADDL | | | | Not Allowed | $0.00 | | | |
| 61800 | E | APPLY SRS HEADFRAME ADD-ON | | | | Not Allowed | $0.00 | | | |
| 61850 | C | IMPLANT NEUROELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61860 | C | IMPLANT NEUROELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61863 | C | IMPLANT NEUROELECTRODE | | | | Inpatient Only | $0.00 | | | |
| 61864 | C | IMPLANT NEUROELECTRDE ADDL | | | | Inpatient Only | $0.00 | | | |
| 61867 | C | IMPLANT NEUROELECTRODE | | | | Inpatient Only | $0.00 | | | |
| 61868 | C | IMPLANT NEUROELECTRDE ADDL | | | | Inpatient Only | $0.00 | | | |
| 61870 | C | IMPLANT NEUROELECTRODES | | | | Inpatient Only | $0.00 | | | |
| 61880 | N | REVISE/REMOVE NEUROELECTRODE | | 05461 | 29.6866 | Bundled, sometimes payable | $1,681.45 | | | |
| 61885 | N | INSRT/REDO NEUROSTIM 1 ARRAY | | 05463 | 235.4611 | Bundled, sometimes payable | $13,336.52 | | | |
| 61886 | N | IMPLANT NEUROSTIM ARRAYS | | 05464 | 362.5417 | Bundled, sometimes payable | $20,534.36 | | | |
| 61888 | N | REVISE/REMOVE NEURORECEIVER | | 05462 | 71.1342 | Bundled, sometimes payable | $4,029.04 | | | |
| 62000 | N | TREAT SKULL FRACTURE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 62005 | C | TREAT SKULL FRACTURE | | | | Inpatient Only | $0.00 | | | |
| 62010 | C | TREATMENT OF HEAD INJURY | | | | Inpatient Only | $0.00 | | | |
| 62100 | C | REPAIR BRAIN FLUID LEAKAGE | | | | Inpatient Only | $0.00 | | | |
| 62115 | C | REDUCTION OF SKULL DEFECT | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 62117 | C | REDUCTION OF SKULL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 62120 | C | REPAIR SKULL CAVITY LESION | | | | Inpatient Only | $0.00 | | | |
| 62121 | C | INCISE SKULL REPAIR | | | | Inpatient Only | $0.00 | | | |
| 62140 | C | REPAIR OF SKULL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 62141 | C | REPAIR OF SKULL DEFECT | | | | Inpatient Only | $0.00 | | | |
| 62142 | C | REMOVE SKULL PLATE/FLAP | | | | Inpatient Only | $0.00 | | | |
| 62143 | C | REPLACE SKULL PLATE/FLAP | | | | Inpatient Only | $0.00 | | | |
| 62145 | C | REPAIR OF SKULL & BRAIN | | | | Inpatient Only | $0.00 | | | |
| 62146 | C | REPAIR OF SKULL WITH GRAFT | | | | Inpatient Only | $0.00 | | | |
| 62147 | C | REPAIR OF SKULL WITH GRAFT | | | | Inpatient Only | $0.00 | | | |
| 62148 | C | RETR BONE FLAP TO FIX SKULL | | | | Inpatient Only | $0.00 | | | |
| 62160 | N | NEUROENDOSCOPY ADD-ON | | | | Bundled | $0.00 | | | |
| 62161 | C | DISSECT BRAIN W/SCOPE | | | | Inpatient Only | $0.00 | | | |
| 62162 | C | REMOVE COLLOID CYST W/SCOPE | | | | Inpatient Only | $0.00 | | | |
| 62163 | C | ZNEUROENDOSCOPY W/FB REMOVAL | | | | Inpatient Only | $0.00 | | | |
| 62164 | C | REMOVE BRAIN TUMOR W/SCOPE | | | | Inpatient Only | $0.00 | | | |
| 62165 | C | REMOVE PITUIT TUMOR W/SCOPE | | | | Inpatient Only | $0.00 | | | |
| 62180 | C | ESTABLISH BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62190 | C | ESTABLISH BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62192 | C | ESTABLISH BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62194 | T | REPLACE/IRRIGATE CATHETER | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 62200 | C | ESTABLISH BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62201 | C | BRAIN CAVITY SHUNT W/SCOPE | | | | Inpatient Only | $0.00 | | | |
| 62220 | C | ESTABLISH BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62223 | C | ESTABLISH BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62225 | T | REPLACE/IRRIGATE CATHETER | | 05392 | 16.3818 | APC | $927.87 | | | |
| 62230 | T | REPLACE/REVISE BRAIN SHUNT | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 62252 | S | CSF SHUNT REPROGRAM | | 05743 | 3.2713 | APC | $185.29 | | | |
| 62256 | C | REMOVE BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62258 | C | REPLACE BRAIN CAVITY SHUNT | | | | Inpatient Only | $0.00 | | | |
| 62263 | T | EPIDURAL LYSIS MULT SESSIONS | | 05443 | 11.1509 | APC | $631.59 | | | |
| 62264 | T | EPIDURAL LYSIS ON SINGLE DAY | | 05443 | 11.1509 | APC | $631.59 | | | |
| 62267 | T | INTERDISCAL PERQ ASPIR DX | | 05073 | 12.7769 | APC | $723.68 | | | |
| 62268 | T | DRAIN SPINAL CORD CYST | | 05442 | 7.9372 | APC | $449.56 | | | |
| 62269 | T | NEEDLE BIOPSY SPINAL CORD | | 05073 | 12.7769 | APC | $723.68 | | | |
| 62270 | T | SPINAL FLUID TAP DIAGNOSTIC | | 05442 | 7.9372 | APC | $449.56 | | | |
| 62272 | T | DRAIN CEREBRO SPINAL FLUID | | 05442 | 7.9372 | APC | $449.56 | | | |
| 62273 | T | INJECT EPIDURAL PATCH | | 05442 | 7.9372 | APC | $449.56 | | | |
| 62280 | T | TREAT SPINAL CORD LESION | | 05443 | 11.1509 | APC | $631.59 | | | |
| 62281 | T | TREAT SPINAL CORD LESION | | 05443 | 11.1509 | APC | $631.59 | | | |
| 62282 | T | TREAT SPINAL CANAL LESION | | 05443 | 11.1509 | APC | $631.59 | | | |
| 62284 | N | INJECTION FOR MYELOGRAM | | | | Bundled | $0.00 | | | |
| 62287 | T | PERCUTANEOUS DISKECTOMY | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 62290 | N | INJECT FOR SPINE DISK X-RAY | | | | Bundled | $0.00 | | | |
| 62291 | N | INJECT FOR SPINE DISK X-RAY | | | | Bundled | $0.00 | | | |
| 62292 | T | INJECTION INTO DISK LESION | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 62294 | T | INJECTION INTO SPINAL ARTERY | | 05442 | 7.9372 | APC | $449.56 | | | |
| 62302 | N | MYELOGRAPHY LUMBAR INJECTION | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 62303 | N | MYELOGRAPHY LUMBAR INJECTION | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 62304 | N | MYELOGRAPHY LUMBAR INJECTION | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 62305 | N | MYELOGRAPHY LUMBAR INJECTION | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 62310 | T | INJECT SPINE CERV/THORACIC | | 05442 | 7.9372 | APC | $449.56 | | | |
| 62311 | T | INJECT SPINE LUMBAR/SACRAL | | 05442 | 7.9372 | APC | $449.56 | | | |
| 62318 | T | INJECT SPINE W/CATH CRV/THRC | | 05443 | 11.1509 | APC | $631.59 | | | |
| 62319 | T | INJECT SPINE W/CATH LMB/SCRL | | 05443 | 11.1509 | APC | $631.59 | | | |
| 62350 | T | IMPLANT SPINAL CANAL CATH | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 62351 | N | IMPLANT SPINAL CANAL CATH | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 62355 | N | REMOVE SPINAL CANAL CATHETER | | 05431 | 18.8886 | Bundled, sometimes payable | $1,069.85 | | | |
| 62360 | N | INSERT SPINE INFUSION DEVICE | | 05471 | 208.2091 | Bundled, sometimes payable | $11,792.96 | | | |
| 62361 | N | IMPLANT SPINE INFUSION PUMP | | 05471 | 208.2091 | Bundled, sometimes payable | $11,792.96 | | | |
| 62362 | N | IMPLANT SPINE INFUSION PUMP | | 05471 | 208.2091 | Bundled, sometimes payable | $11,792.96 | | | |
| 62365 | N | REMOVE SPINE INFUSION DEVICE | | 05432 | 46.0736 | Bundled, sometimes payable | $2,609.61 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 62367 | S | ANALYZE SPINE INFUS PUMP | | 05743 | 3.2713 | APC | $185.29 | | | |
| 62368 | S | ANALYZE SP INF PUMP W/REPROG | | 05743 | 3.2713 | APC | $185.29 | | | |
| 62369 | S | ANAL SP INF PMP W/REPRG&FILL | | 05743 | 3.2713 | APC | $185.29 | | | |
| 62370 | S | ANL SP INF PMP W/MDREPRG&FIL | | 05743 | 3.2713 | APC | $185.29 | | | |
| 63001 | N | REMOVE SPINE LAMINA 1/2 CRVL | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63003 | N | REMOVE SPINE LAMINA 1/2 THRC | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63005 | N | REMOVE SPINE LAMINA 1/2 LMBR | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63011 | N | REMOVE SPINE LAMINA 1/2 SCRL | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63012 | N | REMOVE LAMINA/FACETS LUMBAR | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63015 | N | REMOVE SPINE LAMINA >2 CRVCL | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63016 | N | REMOVE SPINE LAMINA >2 THRC | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63017 | N | REMOVE SPINE LAMINA >2 LMBR | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63020 | N | NECK SPINE DISK SURGERY | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63030 | N | LOW BACK DISK SURGERY | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63035 | N | SPINAL DISK SURGERY ADD-ON | | | | Bundled | $0.00 | | | |
| 63040 | N | LAMINOTOMY SINGLE CERVICAL | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63042 | N | LAMINOTOMY SINGLE LUMBAR | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63043 | N | LAMINOTOMY ADDL CERVICAL | | | | Bundled | $0.00 | | | |
| 63044 | N | LAMINOTOMY ADDL LUMBAR | | | | Bundled | $0.00 | | | |
| 63045 | N | REMOVE SPINE LAMINA 1 CRVL | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63046 | N | REMOVE SPINE LAMINA 1 THRC | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63047 | N | REMOVE SPINE LAMINA 1 LMBR | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63048 | N | REMOVE SPINAL LAMINA ADD-ON | | | | Bundled | $0.00 | | | |
| 63050 | C | CERVICAL LAMINOPLSTY 2/> SEG | | | | Inpatient Only | $0.00 | | | |
| 63051 | C | C-LAMINOPLASTY W/GRAFT/PLATE | | | | Inpatient Only | $0.00 | | | |
| 63055 | N | DECOMPRESS SPINAL CORD THRC | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63056 | N | DECOMPRESS SPINAL CORD LMBR | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63057 | N | DECOMPRESS SPINE CORD ADD-ON | | | | Bundled | $0.00 | | | |
| 63064 | N | DECOMPRESS SPINAL CORD THRC | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63066 | N | DECOMPRESS SPINE CORD ADD-ON | | | | Bundled | $0.00 | | | |
| 63075 | N | NECK SPINE DISK SURGERY | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 63076 | N | NECK SPINE DISK SURGERY | | | | Bundled | $0.00 | | | |
| 63077 | C | SPINE DISK SURGERY THORAX | | | | Inpatient Only | $0.00 | | | |
| 63078 | C | SPINE DISK SURGERY THORAX | | | | Inpatient Only | $0.00 | | | |
| 63081 | C | REMOVE VERT BODY DCMPRN CRVL | | | | Inpatient Only | $0.00 | | | |
| 63082 | C | REMOVE VERTEBRAL BODY ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 63085 | C | REMOVE VERT BODY DCMPRN THRC | | | | Inpatient Only | $0.00 | | | |
| 63086 | C | REMOVE VERTEBRAL BODY ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 63087 | C | REMOV VERTBR DCMPRN THRCLMBR | | | | Inpatient Only | $0.00 | | | |
| 63088 | C | REMOVE VERTEBRAL BODY ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 63090 | C | REMOVE VERT BODY DCMPRN LMBR | | | | Inpatient Only | $0.00 | | | |
| 63091 | C | REMOVE VERTEBRAL BODY ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 63101 | C | REMOVE VERT BODY DCMPRN THRC | | | | Inpatient Only | $0.00 | | | |
| 63102 | C | REMOVE VERT BODY DCMPRN LMBR | | | | Inpatient Only | $0.00 | | | |
| 63103 | C | REMOVE VERTEBRAL BODY ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 63170 | C | INCISE SPINAL CORD TRACT(S) | | | | Inpatient Only | $0.00 | | | |
| 63172 | C | DRAINAGE OF SPINAL CYST | | | | Inpatient Only | $0.00 | | | |
| 63173 | C | DRAINAGE OF SPINAL CYST | | | | Inpatient Only | $0.00 | | | |
| 63180 | C | REVISE SPINAL CORD LIGAMENTS | | | | Inpatient Only | $0.00 | | | |
| 63182 | C | REVISE SPINAL CORD LIGAMENTS | | | | Inpatient Only | $0.00 | | | |
| 63185 | C | INCISE SPINE NRV HALF SEGMNT | | | | Inpatient Only | $0.00 | | | |
| 63190 | C | INCISE SPINE NRV >2 SEGMNTS | | | | Inpatient Only | $0.00 | | | |
| 63191 | C | INCISE SPINE ACCESSORY NERVE | | | | Inpatient Only | $0.00 | | | |
| 63194 | C | INCISE SPINE & CORD CERVICAL | | | | Inpatient Only | $0.00 | | | |
| 63195 | C | INCISE SPINE & CORD THORACIC | | | | Inpatient Only | $0.00 | | | |
| 63196 | C | INCISE SPINE&CORD 2 TRX CRVL | | | | Inpatient Only | $0.00 | | | |
| 63197 | C | INCISE SPINE&CORD 2 TRX THRC | | | | Inpatient Only | $0.00 | | | |
| 63198 | C | INCISE SPIN&CORD 2 STGS CRVL | | | | Inpatient Only | $0.00 | | | |
| 63199 | C | INCISE SPIN&CORD 2 STGS THRC | | | | Inpatient Only | $0.00 | | | |
| 63200 | C | RELEASE SPINAL CORD LUMBAR | | | | Inpatient Only | $0.00 | | | |
| 63250 | C | REVISE SPINAL CORD VSLS CRVL | | | | Inpatient Only | $0.00 | | | |
| 63251 | C | REVISE SPINAL CORD VSLS THRC | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 63252 | C | REVISE SPINE CORD VSL THRLMB | | | | Inpatient Only | $0.00 | | | |
| 63265 | C | EXCISE INTRASPINL LESION CRV | | | | Inpatient Only | $0.00 | | | |
| 63266 | C | EXCISE INTRSPINL LESION THRC | | | | Inpatient Only | $0.00 | | | |
| 63267 | C | EXCISE INTRSPINL LESION LMBR | | | | Inpatient Only | $0.00 | | | |
| 63268 | C | EXCISE INTRSPINL LESION SCRL | | | | Inpatient Only | $0.00 | | | |
| 63270 | C | EXCISE INTRSPINL LESION CRVL | | | | Inpatient Only | $0.00 | | | |
| 63271 | C | EXCISE INTRSPINL LESION THRC | | | | Inpatient Only | $0.00 | | | |
| 63272 | C | EXCISE INTRSPINL LESION LMBR | | | | Inpatient Only | $0.00 | | | |
| 63273 | C | EXCISE INTRSPINL LESION SCRL | | | | Inpatient Only | $0.00 | | | |
| 63275 | C | BX/EXC XDRL SPINE LESN CRVL | | | | Inpatient Only | $0.00 | | | |
| 63276 | C | BX/EXC XDRL SPINE LESN THRC | | | | Inpatient Only | $0.00 | | | |
| 63277 | C | BX/EXC XDRL SPINE LESN LMBR | | | | Inpatient Only | $0.00 | | | |
| 63278 | C | BX/EXC XDRL SPINE LESN SCRL | | | | Inpatient Only | $0.00 | | | |
| 63280 | C | BX/EXC IDRL SPINE LESN CRVL | | | | Inpatient Only | $0.00 | | | |
| 63281 | C | BX/EXC IDRL SPINE LESN THRC | | | | Inpatient Only | $0.00 | | | |
| 63282 | C | BX/EXC IDRL SPINE LESN LMBR | | | | Inpatient Only | $0.00 | | | |
| 63283 | C | BX/EXC IDRL SPINE LESN SCRL | | | | Inpatient Only | $0.00 | | | |
| 63285 | C | BX/EXC IDRL IMED LESN CERVL | | | | Inpatient Only | $0.00 | | | |
| 63286 | C | BX/EXC IDRL IMED LESN THRC | | | | Inpatient Only | $0.00 | | | |
| 63287 | C | BX/EXC IDRL IMED LESN THRLMB | | | | Inpatient Only | $0.00 | | | |
| 63290 | C | BX/EXC XDRL/IDRL LSN ANY LVL | | | | Inpatient Only | $0.00 | | | |
| 63295 | C | REPAIR LAMINECTOMY DEFECT | | | | Inpatient Only | $0.00 | | | |
| 63300 | C | REMOVE VERT XDRL BODY CRVCL | | | | Inpatient Only | $0.00 | | | |
| 63301 | C | REMOVE VERT XDRL BODY THRC | | | | Inpatient Only | $0.00 | | | |
| 63302 | C | REMOVE VERT XDRL BODY THRLMB | | | | Inpatient Only | $0.00 | | | |
| 63303 | C | REMOV VERT XDRL BDY LMBR/SAC | | | | Inpatient Only | $0.00 | | | |
| 63304 | C | REMOVE VERT IDRL BODY CRVCL | | | | Inpatient Only | $0.00 | | | |
| 63305 | C | REMOVE VERT IDRL BODY THRC | | | | Inpatient Only | $0.00 | | | |
| 63306 | C | REMOV VERT IDRL BDY THRCLMBR | | | | Inpatient Only | $0.00 | | | |
| 63307 | C | REMOV VERT IDRL BDY LMBR/SAC | | | | Inpatient Only | $0.00 | | | |
| 63308 | C | REMOVE VERTEBRAL BODY ADD-ON | | | | Inpatient Only | $0.00 | | | |
| 63600 | T | REMOVE SPINAL CORD LESION | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 63610 | T | STIMULATION OF SPINAL CORD | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 63615 | T | REMOVE LESION OF SPINAL CORD | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 63620 | E | SRS SPINAL LESION | | | | Not Allowed | $0.00 | | | |
| 63621 | E | SRS SPINAL LESION ADDL | | | | Not Allowed | $0.00 | | | |
| 63650 | N | IMPLANT NEUROELECTRODES | | 05462 | 71.1342 | Bundled, sometimes payable | $4,029.04 | | | |
| 63655 | N | IMPLANT NEUROELECTRODES | | 05463 | 235.4611 | Bundled, sometimes payable | $13,336.52 | | | |
| 63661 | N | REMOVE SPINE ELTRD PERQ ARAY | | 05431 | 18.8886 | Bundled, sometimes payable | $1,069.85 | | | |
| 63662 | N | REMOVE SPINE ELTRD PLATE | | 05461 | 29.6866 | Bundled, sometimes payable | $1,681.45 | | | |
| 63663 | N | REVISE SPINE ELTRD PERQ ARAY | | 05462 | 71.1342 | Bundled, sometimes payable | $4,029.04 | | | |
| 63664 | N | REVISE SPINE ELTRD PLATE | | 05462 | 71.1342 | Bundled, sometimes payable | $4,029.04 | | | |
| 63685 | N | INSRT/REDO SPINE N GENERATOR | | 05464 | 362.5417 | Bundled, sometimes payable | $20,534.36 | | | |
| 63688 | N | REVISE/REMOVE NEURORECEIVER | | 05461 | 29.6866 | Bundled, sometimes payable | $1,681.45 | | | |
| 63700 | C | REPAIR OF SPINAL HERNIATION | | | | Inpatient Only | $0.00 | | | |
| 63702 | C | REPAIR OF SPINAL HERNIATION | | | | Inpatient Only | $0.00 | | | |
| 63704 | C | REPAIR OF SPINAL HERNIATION | | | | Inpatient Only | $0.00 | | | |
| 63706 | C | REPAIR OF SPINAL HERNIATION | | | | Inpatient Only | $0.00 | | | |
| 63707 | C | REPAIR SPINAL FLUID LEAKAGE | | | | Inpatient Only | $0.00 | | | |
| 63709 | C | REPAIR SPINAL FLUID LEAKAGE | | | | Inpatient Only | $0.00 | | | |
| 63710 | C | GRAFT REPAIR OF SPINE DEFECT | | | | Inpatient Only | $0.00 | | | |
| 63740 | C | INSTALL SPINAL SHUNT | | | | Inpatient Only | $0.00 | | | |
| 63741 | T | INSTALL SPINAL SHUNT | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 63744 | T | REVISION OF SPINAL SHUNT | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 63746 | N | REMOVAL OF SPINAL SHUNT | | 05431 | 18.8886 | Bundled, sometimes payable | $1,069.85 | | | |
| 64400 | T | N BLOCK INJ TRIGEMINAL | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64402 | N | N BLOCK INJ FACIAL | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 64405 | T | N BLOCK INJ OCCIPITAL | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64408 | T | N BLOCK INJ VAGUS | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64410 | T | N BLOCK INJ PHRENIC | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64413 | T | N BLOCK INJ CERVICAL PLEXUS | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64415 | T | N BLOCK INJ BRACHIAL PLEXUS | | 05443 | 11.1509 | APC | $631.59 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 64416 | T | N BLOCK CONT INFUSE B PLEX | | 05443 | 11.1509 | APC | $631.59 | | | |
| 64417 | T | N BLOCK INJ AXILLARY | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64418 | T | N BLOCK INJ SUPRASCAPULAR | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64420 | T | N BLOCK INJ INTERCOST SNG | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64421 | T | N BLOCK INJ INTERCOST MLT | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64425 | T | N BLOCK INJ ILIO-ING/HYPOGI | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64430 | T | N BLOCK INJ PUDENDAL | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64435 | T | N BLOCK INJ PARACERVICAL | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64445 | T | N BLOCK INJ SCIATIC SNG | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64446 | T | N BLK INJ SCIATIC CONT INF | | 05443 | 11.1509 | APC | $631.59 | | | |
| 64447 | T | N BLOCK INJ FEM SINGLE | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64448 | T | N BLOCK INJ FEM CONT INF | | 05443 | 11.1509 | APC | $631.59 | | | |
| 64449 | T | N BLOCK INJ LUMBAR PLEXUS | | 05443 | 11.1509 | APC | $631.59 | | | |
| 64450 | T | N BLOCK OTHER PERIPHERAL | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64455 | T | N BLOCK INJ PLANTAR DIGIT | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64461 | T | PVB THORACIC SINGLE INJ SITE | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64462 | N | PVB THORACIC 2ND+ INJ SITE | | | | Bundled | $0.00 | | | |
| 64463 | T | PVB THORACIC CONT INFUSION | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64479 | T | INJ FORAMEN EPIDURAL C/T | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64480 | N | INJ FORAMEN EPIDURAL ADD-ON | | | | Bundled | $0.00 | | | |
| 64483 | T | INJ FORAMEN EPIDURAL L/S | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64484 | N | INJ FORAMEN EPIDURAL ADD-ON | | | | Bundled | $0.00 | | | |
| 64486 | N | TAP BLOCK UNIL BY INJECTION | | | | Bundled | $0.00 | | | |
| 64487 | N | TAP BLOCK UNI BY INFUSION | | | | Bundled | $0.00 | | | |
| 64488 | N | TAP BLOCK BI INJECTION | | | | Bundled | $0.00 | | | |
| 64489 | N | TAP BLOCK BI BY INFUSION | | | | Bundled | $0.00 | | | |
| 64490 | T | INJ PARAVERT F JNT C/T 1 LEV | | 05443 | 11.1509 | APC | $631.59 | | | |
| 64491 | N | INJ PARAVERT F JNT C/T 2 LEV | | | | Bundled | $0.00 | | | |
| 64492 | N | INJ PARAVERT F JNT C/T 3 LEV | | | | Bundled | $0.00 | | | |
| 64493 | T | INJ PARAVERT F JNT L/S 1 LEV | | 05443 | 11.1509 | APC | $631.59 | | | |
| 64494 | N | INJ PARAVERT F JNT L/S 2 LEV | | | | Bundled | $0.00 | | | |
| 64495 | N | INJ PARAVERT F JNT L/S 3 LEV | | | | Bundled | $0.00 | | | |
| 64505 | T | N BLOCK SPENOPALATINE GANGL | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64508 | T | N BLOCK CAROTID SINUS S/P | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64510 | T | N BLOCK STELLATE GANGLION | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64517 | T | N BLOCK INJ HYPOGAS PLXS | | 05443 | 11.1509 | APC | $631.59 | | | |
| 64520 | T | N BLOCK LUMBAR/THORACIC | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64530 | T | N BLOCK INJ CELIAC PELUS | | 05443 | 11.1509 | APC | $631.59 | | | |
| 64550 | M | APPLY NEUROSTIMULATOR | | | | Fee Schedule | $9.55 | | | |
| 64553 | N | IMPLANT NEUROELECTRODES | | 05462 | 71.1342 | Bundled, sometimes payable | $4,029.04 | | | |
| 64555 | N | IMPLANT NEUROELECTRODES | | 05462 | 71.1342 | Bundled, sometimes payable | $4,029.04 | | | |
| 64561 | N | IMPLANT NEUROELECTRODES | | 05462 | 71.1342 | Bundled, sometimes payable | $4,029.04 | | | |
| 64565 | N | IMPLANT NEUROELECTRODES | | 05462 | 71.1342 | Bundled, sometimes payable | $4,029.04 | | | |
| 64566 | T | NEUROELTRD STIM POST TIBIAL | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64568 | N | INC FOR VAGUS N ELECT IMPL | | 05464 | 362.5417 | Bundled, sometimes payable | $20,534.36 | | | |
| 64569 | N | REVISE/REPL VAGUS N ELTRD | | 05462 | 71.1342 | Bundled, sometimes payable | $4,029.04 | | | |
| 64570 | N | REMOVE VAGUS N ELTRD | | 05432 | 46.0736 | Bundled, sometimes payable | $2,609.61 | | | |
| 64575 | N | IMPLANT NEUROELECTRODES | | 05462 | 71.1342 | Bundled, sometimes payable | $4,029.04 | | | |
| 64580 | N | IMPLANT NEUROELECTRODES | | 05463 | 235.4611 | Bundled, sometimes payable | $13,336.52 | | | |
| 64581 | N | IMPLANT NEUROELECTRODES | | 05462 | 71.1342 | Bundled, sometimes payable | $4,029.04 | | | |
| 64585 | N | REVISE/REMOVE NEUROELECTRODE | | 05461 | 29.6866 | Bundled, sometimes payable | $1,681.45 | | | |
| 64590 | N | INSRT/REDO PN/GASTR STIMUL | | 05463 | 235.4611 | Bundled, sometimes payable | $13,336.52 | | | |
| 64595 | N | REVISE/RMV PN/GASTR STIMUL | | 05461 | 29.6866 | Bundled, sometimes payable | $1,681.45 | | | |
| 64600 | T | INJECTION TREATMENT OF NERVE | | 05443 | 11.1509 | APC | $631.59 | | | |
| 64605 | T | INJECTION TREATMENT OF NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64610 | T | INJECTION TREATMENT OF NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64611 | T | CHEMODENERV SALIV GLANDS | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64612 | T | DESTROY NERVE FACE MUSCLE | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64615 | T | CHEMODENERV MUSC MIGRAINE | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64616 | T | CHEMODENERV MUSC NECK DYSTON | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64617 | T | CHEMODENER MUSCLE LARYNX EMG | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64620 | T | INJECTION TREATMENT OF NERVE | | 05443 | 11.1509 | APC | $631.59 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 64630 | T | INJECTION TREATMENT OF NERVE | | 05443 | 11.1509 | APC | $631.59 | | | |
| 64632 | T | N BLOCK INJ COMMON DIGIT | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64633 | T | DESTROY CERV/THOR FACET JNT | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64634 | N | DESTROY C/TH FACET JNT ADDL | | | | Bundled | $0.00 | | | |
| 64635 | T | DESTROY LUMB/SAC FACET JNT | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64636 | N | DESTROY L/S FACET JNT ADDL | | | | Bundled | $0.00 | | | |
| 64640 | T | INJECTION TREATMENT OF NERVE | | 05443 | 11.1509 | APC | $631.59 | | | |
| 64642 | T | CHEMODENERV 1 EXTREMITY 1-4 | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64643 | N | CHEMODENERV 1 EXTREM 1-4 EA | | | | Bundled | $0.00 | | | |
| 64644 | T | CHEMODENERV 1 EXTREM 5/> MUS | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64645 | N | CHEMODENERV 1 EXTREM 5/> EA | | | | Bundled | $0.00 | | | |
| 64646 | T | CHEMODENERV TRUNK MUSC 1-5 | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64647 | T | CHEMODENERV TRUNK MUSC 6/> | | 05442 | 7.9372 | APC | $449.56 | | | |
| 64650 | T | CHEMODENERV ECCRINE GLANDS | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64653 | T | CHEMODENERV ECCRINE GLANDS | | 05441 | 3.0350 | APC | $171.90 | | | |
| 64680 | T | INJECTION TREATMENT OF NERVE | | 05443 | 11.1509 | APC | $631.59 | | | |
| 64681 | T | INJECTION TREATMENT OF NERVE | | 05443 | 11.1509 | APC | $631.59 | | | |
| 64702 | T | REVISE FINGER/TOE NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64704 | T | REVISE HAND/FOOT NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64708 | T | REVISE ARM/LEG NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64712 | T | REVISION OF SCIATIC NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64713 | T | REVISION OF ARM NERVE(S) | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64714 | T | REVISE LOW BACK NERVE(S) | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64716 | T | REVISION OF CRANIAL NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64718 | T | REVISE ULNAR NERVE AT ELBOW | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64719 | T | REVISE ULNAR NERVE AT WRIST | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64721 | T | CARPAL TUNNEL SURGERY | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64722 | T | RELIEVE PRESSURE ON NERVE(S) | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64726 | T | RELEASE FOOT/TOE NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64727 | N | INTERNAL NERVE REVISION | | | | Bundled | $0.00 | | | |
| 64732 | T | INCISION OF BROW NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64734 | T | INCISION OF CHEEK NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64736 | T | INCISION OF CHIN NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64738 | T | INCISION OF JAW NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64740 | T | INCISION OF TONGUE NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64742 | T | INCISION OF FACIAL NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64744 | T | INCISE NERVE BACK OF HEAD | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64746 | T | INCISE DIAPHRAGM NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64755 | C | INCISION OF STOMACH NERVES | | | | Inpatient Only | $0.00 | | | |
| 64760 | C | INCISION OF VAGUS NERVE | | | | Inpatient Only | $0.00 | | | |
| 64763 | T | INCISE HIP/THIGH NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64766 | T | INCISE HIP/THIGH NERVE | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64771 | T | SEVER CRANIAL NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64772 | T | INCISION OF SPINAL NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64774 | T | REMOVE SKIN NERVE LESION | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64776 | T | REMOVE DIGIT NERVE LESION | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64778 | N | DIGIT NERVE SURGERY ADD-ON | | | | Bundled | $0.00 | | | |
| 64782 | T | REMOVE LIMB NERVE LESION | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64783 | N | LIMB NERVE SURGERY ADD-ON | | | | Bundled | $0.00 | | | |
| 64784 | T | REMOVE NERVE LESION | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64786 | T | REMOVE SCIATIC NERVE LESION | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64787 | N | IMPLANT NERVE END | | | | Bundled | $0.00 | | | |
| 64788 | T | REMOVE SKIN NERVE LESION | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64790 | T | REMOVAL OF NERVE LESION | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64792 | T | REMOVAL OF NERVE LESION | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64795 | T | BIOPSY OF NERVE | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64802 | T | SYMPATHECTOMY CERVICAL | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64804 | T | REMOVE SYMPATHETIC NERVES | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64809 | C | REMOVE SYMPATHETIC NERVES | | | | Inpatient Only | $0.00 | | | |
| 64818 | C | REMOVE SYMPATHETIC NERVES | | | | Inpatient Only | $0.00 | | | |
| 64820 | T | SYMPATHECTOMY DIGITAL ARTERY | | 05431 | 18.8886 | APC | $1,069.85 | | | |
| 64821 | T | REMOVE SYMPATHETIC NERVES | | 05122 | 32.4936 | APC | $1,840.44 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 64822 | T | REMOVE SYMPATHETIC NERVES | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| 64823 | T | SYMPATHECTOMY SUPFC PALMAR | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| 64831 | T | REPAIR OF DIGIT NERVE | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64832 | N | REPAIR NERVE ADD-ON | | | | Bundled | $0.00 | | | |
| 64834 | T | REPAIR OF HAND OR FOOT NERVE | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64835 | T | REPAIR OF HAND OR FOOT NERVE | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64836 | T | REPAIR OF HAND OR FOOT NERVE | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64837 | N | REPAIR NERVE ADD-ON | | | | Bundled | $0.00 | | | |
| 64840 | T | REPAIR OF LEG NERVE | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64856 | T | REPAIR/TRANSPOSE NERVE | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64857 | T | REPAIR ARM/LEG NERVE | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64858 | T | REPAIR SCIATIC NERVE | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64859 | N | NERVE SURGERY | | | | Bundled | $0.00 | | | |
| 64861 | T | REPAIR OF ARM NERVES | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64862 | T | REPAIR OF LOW BACK NERVES | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64864 | T | REPAIR OF FACIAL NERVE | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64865 | T | REPAIR OF FACIAL NERVE | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64866 | C | FUSION OF FACIAL/OTHER NERVE | | | | Inpatient Only | $0.00 | | | |
| 64868 | C | FUSION OF FACIAL/OTHER NERVE | | | | Inpatient Only | $0.00 | | | |
| 64872 | N | SUBSEQUENT REPAIR OF NERVE | | | | Bundled | $0.00 | | | |
| 64874 | N | REPAIR & REVISE NERVE ADD-ON | | | | Bundled | $0.00 | | | |
| 64876 | N | REPAIR NERVE/SHORTEN BONE | | | | Bundled | $0.00 | | | |
| 64885 | T | NERVE GRAFT HEAD/NECK </4 CM | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64886 | T | NERVE GRAFT HEAD/NECK >4 CM | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64890 | T | NERVE GRAFT HAND/FOOT </4 CM | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64891 | T | NERVE GRAFT HAND/FOOT >4 CM | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64892 | T | NERVE GRAFT ARM/LEG <4 CM | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64893 | T | NERVE GRAFT ARM/LEG >4 CM | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64895 | T | NERVE GRAFT HAND/FOOT </4 CM | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64896 | T | NERVE GRAFT HAND/FOOT >4 CM | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64897 | T | NERVE GRAFT ARM/LEG </4 CM | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64898 | T | NERVE GRAFT ARM/LEG >4 CM | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64901 | N | NERVE GRAFT ADD-ON | | | | Bundled | $0.00 | | | |
| 64902 | N | NERVE GRAFT ADD-ON | | | | Bundled | $0.00 | | | |
| 64905 | T | NERVE PEDICLE TRANSFER | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64907 | T | NERVE PEDICLE TRANSFER | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64910 | T | NERVE REPAIR W/ALLOGRAFT | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64911 | T | NEURORRAPHY W/VEIN AUTOGRAFT | | 05432 | 46.0736 | APC | $2,609.61 | | | |
| 64999 | T | NERVOUS SYSTEM SURGERY | | 05441 | 3.0350 | APC | $171.90 | | | |
| 65091 | T | REVISE EYE | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65093 | T | REVISE EYE WITH IMPLANT | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65101 | T | REMOVAL OF EYE | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65103 | T | REMOVE EYE/INSERT IMPLANT | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65105 | T | REMOVE EYE/ATTACH IMPLANT | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65110 | T | REMOVAL OF EYE | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65112 | T | REMOVE EYE/REVISE SOCKET | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65114 | T | REMOVE EYE/REVISE SOCKET | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65125 | T | REVISE OCULAR IMPLANT | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 65130 | T | INSERT OCULAR IMPLANT | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65135 | T | INSERT OCULAR IMPLANT | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65140 | T | ATTACH OCULAR IMPLANT | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65150 | T | REVISE OCULAR IMPLANT | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65155 | T | REINSERT OCULAR IMPLANT | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65175 | T | REMOVAL OF OCULAR IMPLANT | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65205 | N | REMOVE FOREIGN BODY FROM EYE | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 65210 | N | REMOVE FOREIGN BODY FROM EYE | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 65220 | N | REMOVE FOREIGN BODY FROM EYE | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 65222 | N | REMOVE FOREIGN BODY FROM EYE | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 65235 | T | REMOVE FOREIGN BODY FROM EYE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 65260 | T | REMOVE FOREIGN BODY FROM EYE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 65265 | T | REMOVE FOREIGN BODY FROM EYE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 65270 | T | REPAIR OF EYE WOUND | | 05503 | 19.0052 | APC | $1,076.45 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 65272 | T | REPAIR OF EYE WOUND | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 65273 | C | REPAIR OF EYE WOUND | | | | Inpatient Only | $0.00 | | | |
| 65275 | T | REPAIR OF EYE WOUND | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65280 | N | REPAIR OF EYE WOUND | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 65285 | N | REPAIR OF EYE WOUND | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 65286 | T | REPAIR OF EYE WOUND | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 65290 | T | REPAIR OF EYE SOCKET WOUND | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65400 | T | REMOVAL OF EYE LESION | | 05502 | 9.4501 | APC | $535.25 | | | |
| 65410 | T | BIOPSY OF CORNEA | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 65420 | T | REMOVAL OF EYE LESION | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 65426 | T | REMOVAL OF EYE LESION | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 65430 | N | CORNEAL SMEAR | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 65435 | T | CURETTE/TREAT CORNEA | | 05502 | 9.4501 | APC | $535.25 | | | |
| 65436 | T | CURETTE/TREAT CORNEA | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 65450 | T | TREATMENT OF CORNEAL LESION | | 05501 | 3.5406 | APC | $200.54 | | | |
| 65600 | T | REVISION OF CORNEA | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 65710 | N | CORNEAL TRANSPLANT | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 65730 | N | CORNEAL TRANSPLANT | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 65750 | N | CORNEAL TRANSPLANT | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 65755 | N | CORNEAL TRANSPLANT | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 65756 | N | CORNEAL TRNSPL ENDOTHELIAL | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 65757 | N | PREP CORNEAL ENDO ALLOGRAFT | | | | Bundled | $0.00 | | | |
| 65760 | E | REVISION OF CORNEA | | | | Not Allowed | $0.00 | | | |
| 65765 | E | REVISION OF CORNEA | | | | Not Allowed | $0.00 | | | |
| 65767 | E | CORNEAL TISSUE TRANSPLANT | | | | Not Allowed | $0.00 | | | |
| 65770 | N | REVISE CORNEA WITH IMPLANT | | 05493 | 127.4794 | Bundled, sometimes payable | $7,220.43 | | | |
| 65771 | E | RADIAL KERATOTOMY | | | | Not Allowed | $0.00 | | | |
| 65772 | T | CORRECTION OF ASTIGMATISM | | 05502 | 9.4501 | APC | $535.25 | | | |
| 65775 | T | CORRECTION OF ASTIGMATISM | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 65778 | N | COVER EYE W/MEMBRANE | | 05502 | 9.4501 | Bundled, sometimes payable | $535.25 | | | |
| 65779 | N | COVER EYE W/MEMBRANE SUTURE | | 05504 | 34.0502 | Bundled, sometimes payable | $1,928.60 | | | |
| 65780 | T | OCULAR RECONST TRANSPLANT | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65781 | N | OCULAR RECONST TRANSPLANT | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 65782 | T | OCULAR RECONST TRANSPLANT | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 65785 | N | IMPLTJ NTRSTRML CRNL RNG SEG | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 65800 | T | DRAINAGE OF EYE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 65810 | T | DRAINAGE OF EYE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 65815 | T | DRAINAGE OF EYE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 65820 | N | RELIEVE INNER EYE PRESSURE | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 65850 | T | INCISION OF EYE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 65855 | T | TRABECULOPLASTY LASER SURG | | 05481 | 5.9733 | APC | $338.33 | | | |
| 65860 | T | INCISE INNER EYE ADHESIONS | | 05481 | 5.9733 | APC | $338.33 | | | |
| 65865 | T | INCISE INNER EYE ADHESIONS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 65870 | T | INCISE INNER EYE ADHESIONS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 65875 | T | INCISE INNER EYE ADHESIONS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 65880 | T | INCISE INNER EYE ADHESIONS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 65900 | T | REMOVE EYE LESION | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 65920 | T | REMOVE IMPLANT OF EYE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 65930 | T | REMOVE BLOOD CLOT FROM EYE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66020 | T | INJECTION TREATMENT OF EYE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66030 | T | INJECTION TREATMENT OF EYE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66130 | T | REMOVE EYE LESION | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 66150 | N | GLAUCOMA SURGERY | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 66155 | T | GLAUCOMA SURGERY | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66160 | T | GLAUCOMA SURGERY | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66170 | T | GLAUCOMA SURGERY | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66172 | T | INCISION OF EYE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66174 | T | TRANSLUM DIL EYE CANAL | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66175 | N | TRNSLUM DIL EYE CANAL W/STNT | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 66179 | N | AQUEOUS SHUNT EYE W/O GRAFT | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 66180 | N | AQUEOUS SHUNT EYE W/GRAFT | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 66183 | N | INSERT ANT DRAINAGE DEVICE | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 66184 | T | REVISION OF AQUEOUS SHUNT | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66185 | T | REVISE AQUEOUS SHUNT EYE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66220 | T | REPAIR EYE LESION | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66225 | T | REPAIR/GRAFT EYE LESION | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66250 | T | FOLLOW-UP SURGERY OF EYE | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 66500 | T | INCISION OF IRIS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66505 | T | INCISION OF IRIS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66600 | T | REMOVE IRIS AND LESION | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66605 | T | REMOVAL OF IRIS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66625 | T | REMOVAL OF IRIS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66630 | T | REMOVAL OF IRIS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66635 | T | REMOVAL OF IRIS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66680 | T | REPAIR IRIS & CILIARY BODY | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66682 | T | REPAIR IRIS & CILIARY BODY | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66700 | T | DESTRUCTION CILIARY BODY | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66710 | T | CILIARY TRANSSLERAL THERAPY | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 66711 | T | CILIARY ENDOSCOPIC ABLATION | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66720 | T | DESTRUCTION CILIARY BODY | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 66740 | T | DESTRUCTION CILIARY BODY | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 66761 | T | REVISION OF IRIS | | 05481 | 5.9733 | APC | $338.33 | | | |
| 66762 | T | REVISION OF IRIS | | 05481 | 5.9733 | APC | $338.33 | | | |
| 66770 | T | REMOVAL OF INNER EYE LESION | | 05481 | 5.9733 | APC | $338.33 | | | |
| 66820 | T | INCISION SECONDARY CATARACT | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66821 | T | AFTER CATARACT LASER SURGERY | | 05481 | 5.9733 | APC | $338.33 | | | |
| 66825 | T | REPOSITION INTRAOCULAR LENS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66830 | T | REMOVAL OF LENS LESION | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66840 | T | REMOVAL OF LENS MATERIAL | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66850 | T | REMOVAL OF LENS MATERIAL | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66852 | N | REMOVAL OF LENS MATERIAL | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 66920 | T | EXTRACTION OF LENS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66930 | N | EXTRACTION OF LENS | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 66940 | T | EXTRACTION OF LENS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66982 | T | CATARACT SURGERY COMPLEX | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66983 | T | CATARACT SURG W/IOL 1 STAGE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66984 | T | CATARACT SURG W/IOL 1 STAGE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66985 | T | INSERT LENS PROSTHESIS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66986 | T | EXCHANGE LENS PROSTHESIS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 66990 | N | OPHTHALMIC ENDOSCOPE ADD-ON | | | | Bundled | $0.00 | | | |
| 66999 | T | EYE SURGERY PROCEDURE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 67005 | T | PARTIAL REMOVAL OF EYE FLUID | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 67010 | T | PARTIAL REMOVAL OF EYE FLUID | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 67015 | T | RELEASE OF EYE FLUID | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 67025 | T | REPLACE EYE FLUID | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 67027 | N | IMPLANT EYE DRUG SYSTEM | | 05493 | 127.4794 | Bundled, sometimes payable | $7,220.43 | | | |
| 67028 | S | INJECTION EYE DRUG | | 05695 | 3.8015 | APC | $215.32 | | | |
| 67030 | T | INCISE INNER EYE STRANDS | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 67031 | T | LASER SURGERY EYE STRANDS | | 05481 | 5.9733 | APC | $338.33 | | | |
| 67036 | T | REMOVAL OF INNER EYE FLUID | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 67039 | N | LASER TREATMENT OF RETINA | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 67040 | N | LASER TREATMENT OF RETINA | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 67041 | T | VIT FOR MACULAR PUCKER | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 67042 | N | VIT FOR MACULAR HOLE | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 67043 | N | VIT FOR MEMBRANE DISSECT | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 67101 | T | REPAIR DETACHED RETINA | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 67105 | T | REPAIR DETACHED RETINA | | 05481 | 5.9733 | APC | $338.33 | | | |
| 67107 | N | REPAIR DETACHED RETINA | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 67108 | N | REPAIR DETACHED RETINA | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 67110 | T | REPAIR DETACHED RETINA | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 67113 | N | REPAIR RETINAL DETACH CPLX | | 05492 | 45.8565 | Bundled, sometimes payable | $2,597.31 | | | |
| 67115 | T | RELEASE ENCIRCLING MATERIAL | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 67120 | T | REMOVE EYE IMPLANT MATERIAL | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 67121 | T | REMOVE EYE IMPLANT MATERIAL | | 05491 | 23.6785 | APC | $1,341.15 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 67141 | T | TREATMENT OF RETINA | | 05501 | 3.5406 | APC | $200.54 | | | |
| 67145 | T | TREATMENT OF RETINA | | 05481 | 5.9733 | APC | $338.33 | | | |
| 67208 | T | TREATMENT OF RETINAL LESION | | 05501 | 3.5406 | APC | $200.54 | | | |
| 67210 | T | TREATMENT OF RETINAL LESION | | 05481 | 5.9733 | APC | $338.33 | | | |
| 67218 | T | TREATMENT OF RETINAL LESION | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67220 | T | TREATMENT OF CHOROID LESION | | 05481 | 5.9733 | APC | $338.33 | | | |
| 67221 | T | OCULAR PHOTODYNAMIC THER | | 05481 | 5.9733 | APC | $338.33 | | | |
| 67225 | N | EYE PHOTODYNAMIC THER ADD-ON | | | | Bundled | $0.00 | | | |
| 67227 | T | DSTRJ EXTENSIVE RETINOPATHY | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67228 | T | TREATMENT X10SV RETINOPATHY | | 05481 | 5.9733 | APC | $338.33 | | | |
| 67229 | T | TR RETINAL LES PRETERM INF | | 05481 | 5.9733 | APC | $338.33 | | | |
| 67250 | T | REINFORCE EYE WALL | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67255 | T | REINFORCE/GRAFT EYE WALL | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 67299 | T | EYE SURGERY PROCEDURE | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 67311 | T | REVISE EYE MUSCLE | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67312 | T | REVISE TWO EYE MUSCLES | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67314 | T | REVISE EYE MUSCLE | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67316 | T | REVISE TWO EYE MUSCLES | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67318 | T | REVISE EYE MUSCLE(S) | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67320 | N | REVISE EYE MUSCLE(S) ADD-ON | | | | Bundled | $0.00 | | | |
| 67331 | N | EYE SURGERY FOLLOW-UP ADD-ON | | | | Bundled | $0.00 | | | |
| 67332 | N | REREVISE EYE MUSCLES ADD-ON | | | | Bundled | $0.00 | | | |
| 67334 | N | REVISE EYE MUSCLE W/SUTURE | | | | Bundled | $0.00 | | | |
| 67335 | N | EYE SUTURE DURING SURGERY | | | | Bundled | $0.00 | | | |
| 67340 | N | REVISE EYE MUSCLE ADD-ON | | | | Bundled | $0.00 | | | |
| 67343 | T | RELEASE EYE TISSUE | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67345 | T | DESTROY NERVE OF EYE MUSCLE | | 05501 | 3.5406 | APC | $200.54 | | | |
| 67346 | T | BIOPSY EYE MUSCLE | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67399 | T | UNLISTED PX EXTRAOCULAR MUSC | | 05501 | 3.5406 | APC | $200.54 | | | |
| 67400 | T | EXPLORE/BIOPSY EYE SOCKET | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67405 | T | EXPLORE/DRAIN EYE SOCKET | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67412 | T | EXPLORE/TREAT EYE SOCKET | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67413 | T | EXPLORE/TREAT EYE SOCKET | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67414 | T | EXPLR/DECOMPRESS EYE SOCKET | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67415 | T | ASPIRATION ORBITAL CONTENTS | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67420 | T | EXPLORE/TREAT EYE SOCKET | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67430 | T | EXPLORE/TREAT EYE SOCKET | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67440 | T | EXPLORE/DRAIN EYE SOCKET | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67445 | T | EXPLR/DECOMPRESS EYE SOCKET | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67450 | T | EXPLORE/BIOPSY EYE SOCKET | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67500 | T | INJECT/TREAT EYE SOCKET | | 05501 | 3.5406 | APC | $200.54 | | | |
| 67505 | T | INJECT/TREAT EYE SOCKET | | 05501 | 3.5406 | APC | $200.54 | | | |
| 67515 | T | INJECT/TREAT EYE SOCKET | | 05501 | 3.5406 | APC | $200.54 | | | |
| 67550 | T | INSERT EYE SOCKET IMPLANT | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67560 | T | REVISE EYE SOCKET IMPLANT | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67570 | T | DECOMPRESS OPTIC NERVE | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67599 | T | ORBIT SURGERY PROCEDURE | | 05501 | 3.5406 | APC | $200.54 | | | |
| 67700 | T | DRAINAGE OF EYELID ABSCESS | | 05501 | 3.5406 | APC | $200.54 | | | |
| 67710 | T | INCISION OF EYELID | | 05502 | 9.4501 | APC | $535.25 | | | |
| 67715 | T | INCISION OF EYELID FOLD | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67800 | T | REMOVE EYELID LESION | | 05501 | 3.5406 | APC | $200.54 | | | |
| 67801 | T | REMOVE EYELID LESIONS | | 05502 | 9.4501 | APC | $535.25 | | | |
| 67805 | T | REMOVE EYELID LESIONS | | 05501 | 3.5406 | APC | $200.54 | | | |
| 67808 | T | REMOVE EYELID LESION(S) | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67810 | T | BIOPSY EYELID & LID MARGIN | | 05501 | 3.5406 | APC | $200.54 | | | |
| 67820 | N | REVISE EYELASHES | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 67825 | T | REVISE EYELASHES | | 05501 | 3.5406 | APC | $200.54 | | | |
| 67830 | T | REVISE EYELASHES | | 05502 | 9.4501 | APC | $535.25 | | | |
| 67835 | T | REVISE EYELASHES | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67840 | T | REMOVE EYELID LESION | | 05502 | 9.4501 | APC | $535.25 | | | |
| 67850 | T | TREAT EYELID LESION | | 05502 | 9.4501 | APC | $535.25 | | | |
| 67875 | T | CLOSURE OF EYELID BY SUTURE | | 05502 | 9.4501 | APC | $535.25 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 67880 | T | REVISION OF EYELID | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67882 | T | REVISION OF EYELID | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67900 | T | REPAIR BROW DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67901 | T | REPAIR EYELID DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67902 | T | REPAIR EYELID DEFECT | | 05504 | 34.0502 | APC | $1,928.60 | | | Y |
| 67903 | T | REPAIR EYELID DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67904 | T | REPAIR EYELID DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67906 | T | REPAIR EYELID DEFECT | | 05504 | 34.0502 | APC | $1,928.60 | | | Y |
| 67908 | T | REPAIR EYELID DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67909 | T | REVISE EYELID DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67911 | T | REVISE EYELID DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67912 | T | CORRECTION EYELID W/IMPLANT | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67914 | T | REPAIR EYELID DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67915 | T | REPAIR EYELID DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67916 | T | REPAIR EYELID DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67917 | T | REPAIR EYELID DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67921 | T | REPAIR EYELID DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67922 | T | REPAIR EYELID DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67923 | T | REPAIR EYELID DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67924 | T | REPAIR EYELID DEFECT | | 05503 | 19.0052 | APC | $1,076.45 | | | Y |
| 67930 | T | REPAIR EYELID WOUND | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67935 | T | REPAIR EYELID WOUND | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67938 | T | REMOVE EYELID FOREIGN BODY | | 05501 | 3.5406 | APC | $200.54 | | | |
| 67950 | T | REVISION OF EYELID | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67961 | T | REVISION OF EYELID | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67966 | T | REVISION OF EYELID | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67971 | T | RECONSTRUCTION OF EYELID | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67973 | T | RECONSTRUCTION OF EYELID | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67974 | T | RECONSTRUCTION OF EYELID | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 67975 | T | RECONSTRUCTION OF EYELID | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 67999 | T | REVISION OF EYELID | | 05501 | 3.5406 | APC | $200.54 | | | |
| 68020 | T | INCISE/DRAIN EYELID LINING | | 05502 | 9.4501 | APC | $535.25 | | | |
| 68040 | T | TREATMENT OF EYELID LESIONS | | 05501 | 3.5406 | APC | $200.54 | | | |
| 68100 | T | BIOPSY OF EYELID LINING | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68110 | T | REMOVE EYELID LINING LESION | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68115 | T | REMOVE EYELID LINING LESION | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68130 | T | REMOVE EYELID LINING LESION | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68135 | T | REMOVE EYELID LINING LESION | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68200 | N | TREAT EYELID BY INJECTION | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 68320 | T | REVISE/GRAFT EYELID LINING | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68325 | T | REVISE/GRAFT EYELID LINING | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 68326 | T | REVISE/GRAFT EYELID LINING | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 68328 | T | REVISE/GRAFT EYELID LINING | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68330 | T | REVISE EYELID LINING | | 05491 | 23.6785 | APC | $1,341.15 | | | |
| 68335 | T | REVISE/GRAFT EYELID LINING | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 68340 | T | SEPARATE EYELID ADHESIONS | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68360 | T | REVISE EYELID LINING | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 68362 | T | REVISE EYELID LINING | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68371 | T | HARVEST EYE TISSUE ALOGRAFT | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68399 | T | EYELID LINING SURGERY | | 05501 | 3.5406 | APC | $200.54 | | | |
| 68400 | T | INCISE/DRAIN TEAR GLAND | | 05502 | 9.4501 | APC | $535.25 | | | |
| 68420 | T | INCISE/DRAIN TEAR SAC | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68440 | T | INCISE TEAR DUCT OPENING | | 05501 | 3.5406 | APC | $200.54 | | | |
| 68500 | T | REMOVAL OF TEAR GLAND | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 68505 | T | PARTIAL REMOVAL TEAR GLAND | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 68510 | T | BIOPSY OF TEAR GLAND | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68520 | T | REMOVAL OF TEAR SAC | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 68525 | T | BIOPSY OF TEAR SAC | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68530 | T | CLEARANCE OF TEAR DUCT | | 05501 | 3.5406 | APC | $200.54 | | | |
| 68540 | T | REMOVE TEAR GLAND LESION | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68550 | T | REMOVE TEAR GLAND LESION | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 68700 | T | REPAIR TEAR DUCTS | | 05503 | 19.0052 | APC | $1,076.45 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 68705 | T | REVISE TEAR DUCT OPENING | | 05501 | 3.5406 | APC | $200.54 | | | |
| 68720 | T | CREATE TEAR SAC DRAIN | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 68745 | T | CREATE TEAR DUCT DRAIN | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 68750 | T | CREATE TEAR DUCT DRAIN | | 05504 | 34.0502 | APC | $1,928.60 | | | |
| 68760 | T | CLOSE TEAR DUCT OPENING | | 05501 | 3.5406 | APC | $200.54 | | | |
| 68761 | T | CLOSE TEAR DUCT OPENING | | 05501 | 3.5406 | APC | $200.54 | | | |
| 68770 | T | CLOSE TEAR SYSTEM FISTULA | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68801 | N | DILATE TEAR DUCT OPENING | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 68810 | T | PROBE NASOLACRIMAL DUCT | | 05501 | 3.5406 | APC | $200.54 | | | |
| 68811 | T | PROBE NASOLACRIMAL DUCT | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68815 | T | PROBE NASOLACRIMAL DUCT | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68816 | T | PROBE NL DUCT W/BALLOON | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 68840 | T | EXPLORE/IRRIGATE TEAR DUCTS | | 05501 | 3.5406 | APC | $200.54 | | | |
| 68850 | N | INJECTION FOR TEAR SAC X-RAY | | | | Bundled | $0.00 | | | |
| 68899 | T | TEAR DUCT SYSTEM SURGERY | | 05501 | 3.5406 | APC | $200.54 | | | |
| 69000 | T | DRAIN EXTERNAL EAR LESION | | 05071 | 3.0962 | APC | $175.37 | | | |
| 69005 | T | DRAIN EXTERNAL EAR LESION | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 69020 | T | DRAIN OUTER EAR CANAL LESION | | 05071 | 3.0962 | APC | $175.37 | | | |
| 69090 | E | PIERCE EARLOBES | | | | Not Allowed | $0.00 | | | |
| 69100 | T | BIOPSY OF EXTERNAL EAR | | 05162 | 4.2445 | APC | $240.41 | | | |
| 69105 | T | BIOPSY OF EXTERNAL EAR CANAL | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 69110 | T | REMOVE EXTERNAL EAR PARTIAL | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 69120 | T | REMOVAL OF EXTERNAL EAR | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 69140 | N | REMOVE EAR CANAL LESION(S) | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69145 | T | REMOVE EAR CANAL LESION(S) | | 05074 | 19.1832 | APC | $1,086.54 | | | |
| 69150 | T | EXTENSIVE EAR CANAL SURGERY | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 69155 | C | EXTENSIVE EAR/NECK SURGERY | | | | Inpatient Only | $0.00 | | | |
| 69200 | N | CLEAR OUTER EAR CANAL | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 69205 | T | CLEAR OUTER EAR CANAL | | 05073 | 12.7769 | APC | $723.68 | | | |
| 69209 | N | REMOVE IMPACTED EAR WAX UNI | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 69210 | N | REMOVE IMPACTED EAR WAX UNI | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 69220 | N | CLEAN OUT MASTOID CAVITY | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 69222 | T | CLEAN OUT MASTOID CAVITY | | 05163 | 9.3541 | APC | $529.82 | | | |
| 69300 | E | REVISE EXTERNAL EAR | | | | Not Allowed | $0.00 | | | |
| 69310 | N | REBUILD OUTER EAR CANAL | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69320 | N | REBUILD OUTER EAR CANAL | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69399 | T | OUTER EAR SURGERY PROCEDURE | | 05161 | 1.7537 | APC | $99.33 | | | |
| 69420 | T | INCISION OF EARDRUM | | 05162 | 4.2445 | APC | $240.41 | | | |
| 69421 | T | INCISION OF EARDRUM | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 69424 | N | REMOVE VENTILATING TUBE | | 05164 | 21.9315 | Bundled, sometimes payable | $1,242.20 | | | |
| 69433 | T | CREATE EARDRUM OPENING | | 05162 | 4.2445 | APC | $240.41 | | | |
| 69436 | T | CREATE EARDRUM OPENING | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 69440 | N | EXPLORATION OF MIDDLE EAR | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69450 | N | EARDRUM REVISION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69501 | N | MASTOIDECTOMY | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69502 | N | MASTOIDECTOMY | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69505 | N | REMOVE MASTOID STRUCTURES | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69511 | N | EXTENSIVE MASTOID SURGERY | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69530 | N | EXTENSIVE MASTOID SURGERY | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69535 | C | REMOVE PART OF TEMPORAL BONE | | | | Inpatient Only | $0.00 | | | |
| 69540 | T | REMOVE EAR LESION | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 69550 | N | REMOVE EAR LESION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69552 | N | REMOVE EAR LESION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69554 | C | REMOVE EAR LESION | | | | Inpatient Only | $0.00 | | | |
| 69601 | N | MASTOID SURGERY REVISION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69602 | N | MASTOID SURGERY REVISION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69603 | N | MASTOID SURGERY REVISION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69604 | N | MASTOID SURGERY REVISION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69605 | N | MASTOID SURGERY REVISION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69610 | T | REPAIR OF EARDRUM | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 69620 | T | REPAIR OF EARDRUM | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 69631 | N | REPAIR EARDRUM STRUCTURES | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 69632 | N | REBUILD EARDRUM STRUCTURES | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69633 | N | REBUILD EARDRUM STRUCTURES | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69635 | N | REPAIR EARDRUM STRUCTURES | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69636 | N | REBUILD EARDRUM STRUCTURES | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69637 | N | REBUILD EARDRUM STRUCTURES | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69641 | N | REVISE MIDDLE EAR & MASTOID | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69642 | N | REVISE MIDDLE EAR & MASTOID | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69643 | N | REVISE MIDDLE EAR & MASTOID | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69644 | N | REVISE MIDDLE EAR & MASTOID | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69645 | N | REVISE MIDDLE EAR & MASTOID | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69646 | N | REVISE MIDDLE EAR & MASTOID | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69650 | N | RELEASE MIDDLE EAR BONE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69660 | N | REVISE MIDDLE EAR BONE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69661 | N | REVISE MIDDLE EAR BONE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69662 | N | REVISE MIDDLE EAR BONE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69666 | T | REPAIR MIDDLE EAR STRUCTURES | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 69667 | T | REPAIR MIDDLE EAR STRUCTURES | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 69670 | N | REMOVE MASTOID AIR CELLS | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69676 | T | REMOVE MIDDLE EAR NERVE | | 05164 | 21.9315 | APC | $1,242.20 | | | |
| 69700 | T | CLOSE MASTOID FISTULA | | 05163 | 9.3541 | APC | $529.82 | | | |
| 69710 | E | IMPLANT/REPLACE HEARING AID | | | | Not Allowed | $0.00 | | | |
| 69711 | N | REMOVE/REPAIR HEARING AID | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69714 | N | IMPLANT TEMPLE BONE W/STIMUL | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 69715 | N | TEMPLE BNE IMPLNT W/STIMULAT | | 05125 | 142.9352 | Bundled, sometimes payable | $8,095.85 | | | |
| 69717 | N | TEMPLE BONE IMPLANT REVISION | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| 69718 | N | REVISE TEMPLE BONE IMPLANT | | 05124 | 95.8165 | Bundled, sometimes payable | $5,427.05 | | | |
| 69720 | N | RELEASE FACIAL NERVE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69725 | N | RELEASE FACIAL NERVE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69740 | N | REPAIR FACIAL NERVE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69745 | N | REPAIR FACIAL NERVE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69799 | T | MIDDLE EAR SURGERY PROCEDURE | | 05161 | 1.7537 | APC | $99.33 | | | |
| 69801 | T | INCISE INNER EAR | | 05163 | 9.3541 | APC | $529.82 | | | |
| 69805 | N | EXPLORE INNER EAR | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69806 | N | EXPLORE INNER EAR | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69820 | N | ESTABLISH INNER EAR WINDOW | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69840 | N | REVISE INNER EAR WINDOW | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69905 | N | REMOVE INNER EAR | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69910 | N | REMOVE INNER EAR & MASTOID | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69915 | N | INCISE INNER EAR NERVE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69930 | N | IMPLANT COCHLEAR DEVICE | | 05166 | 412.7172 | Bundled, sometimes payable | $23,376.30 | | | Y |
| 69949 | T | INNER EAR SURGERY PROCEDURE | | 05161 | 1.7537 | APC | $99.33 | | | |
| 69950 | C | INCISE INNER EAR NERVE | | | | Inpatient Only | $0.00 | | | |
| 69955 | N | RELEASE FACIAL NERVE | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69960 | N | RELEASE INNER EAR CANAL | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69970 | N | REMOVE INNER EAR LESION | | 05165 | 53.6586 | Bundled, sometimes payable | $3,039.22 | | | |
| 69979 | T | TEMPORAL BONE SURGERY | | 05161 | 1.7537 | APC | $99.33 | | | |
| 69990 | N | MICROSURGERY ADD-ON | | | | Bundled | $0.00 | | | |
| 70010 | N | CONTRAST X-RAY OF BRAIN | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 70015 | N | CONTRAST X-RAY OF BRAIN | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 70030 | N | X-RAY EYE FOR FOREIGN BODY | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70100 | N | X-RAY EXAM OF JAW <4VIEWS | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70110 | N | X-RAY EXAM OF JAW 4/> VIEWS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 70120 | N | X-RAY EXAM OF MASTOIDS | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70130 | N | X-RAY EXAM OF MASTOIDS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 70134 | N | X-RAY EXAM OF MIDDLE EAR | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 70140 | N | X-RAY EXAM OF FACIAL BONES | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70150 | N | X-RAY EXAM OF FACIAL BONES | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 70160 | N | X-RAY EXAM OF NASAL BONES | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70170 | N | X-RAY EXAM OF TEAR DUCT | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 70190 | N | X-RAY EXAM OF EYE SOCKETS | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70200 | N | X-RAY EXAM OF EYE SOCKETS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 70210 | N | X-RAY EXAM OF SINUSES | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 70220 | N | X-RAY EXAM OF SINUSES | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70240 | N | X-RAY EXAM PITUITARY SADDLE | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70250 | N | X-RAY EXAM OF SKULL | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 70260 | N | X-RAY EXAM OF SKULL | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 70300 | N | X-RAY EXAM OF TEETH | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70310 | N | X-RAY EXAM OF TEETH | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 70320 | N | FULL MOUTH X-RAY OF TEETH | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 70328 | N | X-RAY EXAM OF JAW JOINT | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70330 | N | X-RAY EXAM OF JAW JOINTS | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70332 | N | X-RAY EXAM OF JAW JOINT | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 70336 | N | MAGNETIC IMAGE JAW JOINT | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 70350 | N | X-RAY HEAD FOR ORTHODONTIA | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70355 | N | PANORAMIC X-RAY OF JAWS | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70360 | N | X-RAY EXAM OF NECK | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70370 | N | THROAT X-RAY & FLUOROSCOPY | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70371 | N | SPEECH EVALUATION COMPLEX | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 70380 | N | X-RAY EXAM OF SALIVARY GLAND | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 70390 | N | X-RAY EXAM OF SALIVARY DUCT | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 70450 | N | CT HEAD/BRAIN W/O DYE | | 05570 | 1.5258 | Bundled, sometimes payable | $86.42 | | | |
| 70460 | N | CT HEAD/BRAIN W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 70470 | N | CT HEAD/BRAIN W/O & W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 70480 | N | CT ORBIT/EAR/FOSSA W/O DYE | | 05570 | 1.5258 | Bundled, sometimes payable | $86.42 | | | |
| 70481 | N | CT ORBIT/EAR/FOSSA W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 70482 | N | CT ORBIT/EAR/FOSSA W/O&W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 70486 | N | CT MAXILLOFACIAL W/O DYE | | 05570 | 1.5258 | Bundled, sometimes payable | $86.42 | | | |
| 70487 | N | CT MAXILLOFACIAL W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 70488 | N | CT MAXILLOFACIAL W/O & W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 70490 | N | CT SOFT TISSUE NECK W/O DYE | | 05570 | 1.5258 | Bundled, sometimes payable | $86.42 | | | |
| 70491 | N | CT SOFT TISSUE NECK W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 70492 | N | CT SFT TSUE NCK W/O & W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 70496 | N | CT ANGIOGRAPHY HEAD | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 70498 | N | CT ANGIOGRAPHY NECK | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 70540 | N | MRI ORBIT/FACE/NECK W/O DYE | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 70542 | N | MRI ORBIT/FACE/NECK W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 70543 | N | MRI ORBT/FAC/NCK W/O &W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 70544 | N | MR ANGIOGRAPHY HEAD W/O DYE | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 70545 | N | MR ANGIOGRAPHY HEAD W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 70546 | N | MR ANGIOGRAPH HEAD W/O&W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 70547 | N | MR ANGIOGRAPHY NECK W/O DYE | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 70548 | N | MR ANGIOGRAPHY NECK W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 70549 | N | MR ANGIOGRAPH NECK W/O&W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 70551 | N | MRI BRAIN STEM W/O DYE | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 70552 | N | MRI BRAIN STEM W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 70553 | N | MRI BRAIN STEM W/O & W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 70554 | N | FMRI BRAIN BY TECH | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 70555 | S | FMRI BRAIN BY PHYS/PSYCH | | 05581 | 3.7103 | APC | $210.15 | | | |
| 70557 | S | MRI BRAIN W/O DYE | | 05581 | 3.7103 | APC | $210.15 | | | |
| 70558 | S | MRI BRAIN W/DYE | | 05582 | 6.1623 | APC | $349.03 | | | |
| 70559 | S | MRI BRAIN W/O & W/DYE | | 05526 | 36.8780 | APC | $2,088.77 | | | |
| 71010 | N | CHEST X-RAY 1 VIEW FRONTAL | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 71015 | N | CHEST X-RAY STEREO FRONTAL | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 71020 | N | CHEST X-RAY 2VW FRONTAL&LATL | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 71021 | N | CHEST X-RAY FRNT LAT LORDOTC | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 71022 | N | CHEST X-RAY FRNT LAT OBLIQUE | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 71023 | N | CHEST X-RAY AND FLUOROSCOPY | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 71030 | N | CHEST X-RAY 4/> VIEWS | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 71034 | N | CHEST X-RAY&FLUORO 4/> VIEWS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 71035 | N | CHEST X-RAY SPECIAL VIEWS | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 71100 | N | X-RAY EXAM RIBS UNI 2 VIEWS | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 71101 | N | X-RAY EXAM UNILAT RIBS/CHEST | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 71110 | N | X-RAY EXAM RIBS BIL 3 VIEWS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 71111 | N | X-RAY EXAM RIBS/CHEST4/> VWS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 71120 | N | X-RAY EXAM BREASTBONE 2/>VWS | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 71130 | N | X-RAY STRENOCLAVIC JT 3/>VWS | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 71250 | N | CT THORAX W/O DYE | | 05570 | 1.5258 | Bundled, sometimes payable | $86.42 | | | |
| 71260 | N | CT THORAX W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 71270 | N | CT THORAX W/O & W/DYE | | 05572 | 4.7165 | Bundled, sometimes payable | $267.14 | | | |
| 71275 | N | CT ANGIOGRAPHY CHEST | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 71550 | N | MRI CHEST W/O DYE | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 71551 | N | MRI CHEST W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 71552 | N | MRI CHEST W/O & W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 71555 | M | MRI ANGIO CHEST W OR W/O DYE | | | | Fee Schedule | $424.18 | | | |
| 72020 | N | X-RAY EXAM OF SPINE 1 VIEW | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 72040 | N | X-RAY EXAM NECK SPINE 2-3 VW | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 72050 | N | X-RAY EXAM NECK SPINE 4/5VWS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 72052 | N | X-RAY EXAM NECK SPINE 6/>VWS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 72070 | N | X-RAY EXAM THORAC SPINE 2VWS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 72072 | N | X-RAY EXAM THORAC SPINE 3VWS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 72074 | N | X-RAY EXAM THORAC SPINE4/>VW | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 72080 | N | X-RAY EXAM THORACOLMB 2/> VW | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 72081 | N | X-RAY EXAM ENTIRE SPI 1 VW | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 72082 | N | X-RAY EXAM ENTIRE SPI 2/3 VW | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 72083 | S | X-RAY EXAM ENTIRE SPI 4/5 VW | | 05523 | 2.6039 | APC | $147.48 | | | |
| 72084 | S | X-RAY EXAM ENTIRE SPI 6/> VW | | 05523 | 2.6039 | APC | $147.48 | | | |
| 72100 | N | X-RAY EXAM L-S SPINE 2/3 VWS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 72110 | N | X-RAY EXAM L-2 SPINE 4/>VWS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 72114 | N | X-RAY EXAM L-S SPINE BENDING | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 72120 | N | X-RAY BEND ONLY L-S SPINE | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 72125 | N | CT NECK SPINE W/O DYE | | 05570 | 1.5258 | Bundled, sometimes payable | $86.42 | | | |
| 72126 | N | CT NECK SPINE W/DYE | | 05572 | 4.7165 | Bundled, sometimes payable | $267.14 | | | |
| 72127 | N | CT NECK SPINE W/O & W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 72128 | N | CT CHEST SPINE W/O DYE | | 05570 | 1.5258 | Bundled, sometimes payable | $86.42 | | | |
| 72129 | N | CT CHEST SPINE W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 72130 | N | CT CHEST SPINE W/O & W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 72131 | N | CT LUMBAR SPINE W/O DYE | | 05570 | 1.5258 | Bundled, sometimes payable | $86.42 | | | |
| 72132 | N | CT LUMBAR SPINE W/DYE | | 05572 | 4.7165 | Bundled, sometimes payable | $267.14 | | | |
| 72133 | N | CT LUMBAR SPINE W/O & W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 72141 | N | MRI NECK SPINE W/O DYE | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 72142 | N | MRI NECK SPINE W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 72146 | N | MRI CHEST SPINE W/O DYE | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 72147 | N | MRI CHEST SPINE W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 72148 | N | MRI LUMBAR SPINE W/O DYE | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 72149 | N | MRI LUMBAR SPINE W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 72156 | N | MRI NECK SPINE W/O & W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 72157 | N | MRI CHEST SPINE W/O & W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 72158 | N | MRI LUMBAR SPINE W/O & W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 72159 | E | MR ANGIO SPINE W/O&W/DYE | | | | Not Allowed | $0.00 | | | |
| 72170 | N | X-RAY EXAM OF PELVIS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 72190 | N | X-RAY EXAM OF PELVIS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 72191 | N | CT ANGIOGRAPH PELV W/O&W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 72192 | N | CT PELVIS W/O DYE | | 05570 | 1.5258 | Bundled, sometimes payable | $86.42 | | | |
| 72193 | N | CT PELVIS W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 72194 | N | CT PELVIS W/O & W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 72195 | N | MRI PELVIS W/O DYE | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 72196 | N | MRI PELVIS W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 72197 | N | MRI PELVIS W/O & W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 72198 | E | MR ANGIO PELVIS W/O & W/DYE | | | | Not Allowed | $0.00 | | | |
| 72200 | N | X-RAY EXAM SI JOINTS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 72202 | N | X-RAY EXAM SI JOINTS 3/> VWS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 72220 | N | X-RAY EXAM SACRUM TAILBONE | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 72240 | N | MYELOGRAPHY NECK SPINE | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 72255 | N | MYELOGRAPHY THORACIC SPINE | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 72265 | N | MYELOGRAPHY L-S SPINE | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 72270 | N | MYELOGPHY 2/> SPINE REGIONS | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 72275 | N | EPIDUROGRAPHY | | | | Bundled | $0.00 | | | |
| 72285 | N | DISCOGRAPHY CERV/THOR SPINE | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 72295 | N | X-RAY OF LOWER SPINE DISK | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 73000 | N | X-RAY EXAM OF COLLAR BONE | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73010 | N | X-RAY EXAM OF SHOULDER BLADE | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73020 | N | X-RAY EXAM OF SHOULDER | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73030 | N | X-RAY EXAM OF SHOULDER | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73040 | N | CONTRAST X-RAY OF SHOULDER | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 73050 | N | X-RAY EXAM OF SHOULDERS | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73060 | N | X-RAY EXAM OF HUMERUS | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73070 | N | X-RAY EXAM OF ELBOW | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73080 | N | X-RAY EXAM OF ELBOW | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73085 | N | CONTRAST X-RAY OF ELBOW | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 73090 | N | X-RAY EXAM OF FOREARM | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73092 | N | X-RAY EXAM OF ARM INFANT | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 73100 | N | X-RAY EXAM OF WRIST | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73110 | N | X-RAY EXAM OF WRIST | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73115 | N | CONTRAST X-RAY OF WRIST | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 73120 | N | X-RAY EXAM OF HAND | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 73130 | N | X-RAY EXAM OF HAND | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73140 | N | X-RAY EXAM OF FINGER(S) | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73200 | N | CT UPPER EXTREMITY W/O DYE | | 05570 | 1.5258 | Bundled, sometimes payable | $86.42 | | | |
| 73201 | N | CT UPPER EXTREMITY W/DYE | | 05572 | 4.7165 | Bundled, sometimes payable | $267.14 | | | |
| 73202 | N | CT UPPR EXTREMITY W/O&W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 73206 | N | CT ANGIO UPR EXTRM W/O&W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 73218 | N | MRI UPPER EXTREMITY W/O DYE | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 73219 | N | MRI UPPER EXTREMITY W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 73220 | N | MRI UPPR EXTREMITY W/O&W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 73221 | N | MRI JOINT UPR EXTREM W/O DYE | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 73222 | N | MRI JOINT UPR EXTREM W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 73223 | N | MRI JOINT UPR EXTR W/O&W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 73225 | E | MR ANGIO UPR EXTR W/O&W/DYE | | | | Not Allowed | $0.00 | | | |
| 73501 | N | X-RAY EXAM HIP UNI 1 VIEW | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73502 | N | X-RAY EXAM HIP UNI 2-3 VIEWS | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73503 | N | X-RAY EXAM HIP UNI 4/> VIEWS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 73521 | N | X-RAY EXAM HIPS BI 2 VIEWS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 73522 | N | X-RAY EXAM HIPS BI 3-4 VIEWS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 73523 | S | X-RAY EXAM HIPS BI 5/> VIEWS | | 05523 | 2.6039 | APC | $147.48 | | | |
| 73525 | N | CONTRAST X-RAY OF HIP | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 73551 | N | X-RAY EXAM OF FEMUR 1 | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73552 | N | X-RAY EXAM OF FEMUR 2/> | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73560 | N | X-RAY EXAM OF KNEE 1 OR 2 | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73562 | N | X-RAY EXAM OF KNEE 3 | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73564 | N | X-RAY EXAM KNEE 4 OR MORE | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 73565 | N | X-RAY EXAM OF KNEES | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73580 | N | CONTRAST X-RAY OF KNEE JOINT | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 73590 | N | X-RAY EXAM OF LOWER LEG | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73592 | N | X-RAY EXAM OF LEG INFANT | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73600 | N | X-RAY EXAM OF ANKLE | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73610 | N | X-RAY EXAM OF ANKLE | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73615 | N | CONTRAST X-RAY OF ANKLE | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 73620 | N | X-RAY EXAM OF FOOT | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73630 | N | X-RAY EXAM OF FOOT | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73650 | N | X-RAY EXAM OF HEEL | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73660 | N | X-RAY EXAM OF TOE(S) | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 73700 | N | CT LOWER EXTREMITY W/O DYE | | 05570 | 1.5258 | Bundled, sometimes payable | $86.42 | | | |
| 73701 | N | CT LOWER EXTREMITY W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 73702 | N | CT LWR EXTREMITY W/O&W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 73706 | N | CT ANGIO LWR EXTR W/O&W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 73718 | N | MRI LOWER EXTREMITY W/O DYE | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 73719 | N | MRI LOWER EXTREMITY W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 73720 | N | MRI LWR EXTREMITY W/O&W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 73721 | N | MRI JNT OF LWR EXTRE W/O DYE | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 73722 | N | MRI JOINT OF LWR EXTR W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 73723 | N | MRI JOINT LWR EXTR W/O&W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 73725 | M | MR ANG LWR EXT W OR W/O DYE | | | | Fee Schedule | $428.80 | | | |
| 74000 | N | X-RAY EXAM OF ABDOMEN | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 74010 | N | X-RAY EXAM OF ABDOMEN | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 74020 | N | X-RAY EXAM OF ABDOMEN | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 74022 | N | X-RAY EXAM SERIES ABDOMEN | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 74150 | N | CT ABDOMEN W/O DYE | | 05570 | 1.5258 | Bundled, sometimes payable | $86.42 | | | |
| 74160 | N | CT ABDOMEN W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 74170 | N | CT ABDOMEN W/O & W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 74174 | S | CT ANGIO ABD&PELV W/O&W/DYE | | 05572 | 4.7165 | APC | $267.14 | | | |
| 74175 | N | CT ANGIO ABDOM W/O & W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 74176 | N | CT ABD & PELVIS W/O CONTRAST | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 74177 | N | CT ABD & PELV W/CONTRAST | | 05572 | 4.7165 | Bundled, sometimes payable | $267.14 | | | |
| 74178 | N | CT ABD & PELV 1/> REGNS | | 05572 | 4.7165 | Bundled, sometimes payable | $267.14 | | | |
| 74181 | N | MRI ABDOMEN W/O DYE | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 74182 | N | MRI ABDOMEN W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 74183 | N | MRI ABDOMEN W/O & W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 74185 | M | MRI ANGIO ABDOM W ORW/O DYE | | | | Fee Schedule | $430.32 | | | |
| 74190 | N | X-RAY EXAM OF PERITONEUM | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 74210 | N | CONTRST X-RAY EXAM OF THROAT | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 74220 | N | CONTRAST X-RAY ESOPHAGUS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 74230 | N | CINE/VID X-RAY THROAT/ESOPH | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 74235 | N | REMOVE ESOPHAGUS OBSTRUCTION | | | | Bundled | $0.00 | | | |
| 74240 | N | X-RAY UPPER GI DELAY W/O KUB | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 74241 | N | X-RAY UPPER GI DELAY W/KUB | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 74245 | S | X-RAY UPPER GI&SMALL INTEST | | 05523 | 2.6039 | APC | $147.48 | | | |
| 74246 | N | CONTRST X-RAY UPPR GI TRACT | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 74247 | N | CONTRST X-RAY UPPR GI TRACT | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 74249 | S | CONTRST X-RAY UPPR GI TRACT | | 05523 | 2.6039 | APC | $147.48 | | | |
| 74250 | N | X-RAY EXAM OF SMALL BOWEL | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 74251 | S | X-RAY EXAM OF SMALL BOWEL | | 05523 | 2.6039 | APC | $147.48 | | | |
| 74260 | N | X-RAY EXAM OF SMALL BOWEL | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 74261 | N | CT COLONOGRAPHY DX | | 05570 | 1.5258 | Bundled, sometimes payable | $86.42 | | | |
| 74262 | N | CT COLONOGRAPHY DX W/DYE | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 74263 | E | CT COLONOGRAPHY SCREENING | | | | Not Allowed | $0.00 | | | |
| 74270 | N | CONTRAST X-RAY EXAM OF COLON | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 74280 | S | CONTRAST X-RAY EXAM OF COLON | | 05523 | 2.6039 | APC | $147.48 | | | |
| 74283 | S | CONTRAST X-RAY EXAM OF COLON | | 05523 | 2.6039 | APC | $147.48 | | | |
| 74290 | N | CONTRAST X-RAY GALLBLADDER | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 74300 | N | X-RAY BILE DUCTS/PANCREAS | | | | Bundled | $0.00 | | | |
| 74301 | N | X-RAYS AT SURGERY ADD-ON | | | | Bundled | $0.00 | | | |
| 74328 | N | X-RAY BILE DUCT ENDOSCOPY | | | | Bundled | $0.00 | | | |
| 74329 | N | X-RAY FOR PANCREAS ENDOSCOPY | | | | Bundled | $0.00 | | | |
| 74330 | N | X-RAY BILE/PANC ENDOSCOPY | | | | Bundled | $0.00 | | | |
| 74340 | N | X-RAY GUIDE FOR GI TUBE | | | | Bundled | $0.00 | | | |
| 74355 | N | X-RAY GUIDE INTESTINAL TUBE | | | | Bundled | $0.00 | | | |
| 74360 | N | X-RAY GUIDE GI DILATION | | | | Bundled | $0.00 | | | |
| 74363 | N | X-RAY BILE DUCT DILATION | | | | Bundled | $0.00 | | | |
| 74400 | S | CONTRST X-RAY URINARY TRACT | | 05523 | 2.6039 | APC | $147.48 | | | |
| 74410 | S | CONTRST X-RAY URINARY TRACT | | 05523 | 2.6039 | APC | $147.48 | | | |
| 74415 | S | CONTRST X-RAY URINARY TRACT | | 05523 | 2.6039 | APC | $147.48 | | | |
| 74420 | S | CONTRST X-RAY URINARY TRACT | | 05524 | 4.7706 | APC | $270.21 | | | |
| 74425 | N | CONTRST X-RAY URINARY TRACT | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 74430 | N | CONTRAST X-RAY BLADDER | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 74440 | N | X-RAY MALE GENITAL TRACT | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 74445 | N | X-RAY EXAM OF PENIS | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 74450 | N | X-RAY URETHRA/BLADDER | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 74455 | N | X-RAY URETHRA/BLADDER | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 74470 | N | X-RAY EXAM OF KIDNEY LESION | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 74485 | N | X-RAY GUIDE GU DILATION | | 05373 | 20.4329 | Bundled, sometimes payable | $1,157.32 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 74710 | N | X-RAY MEASUREMENT OF PELVIS | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 74712 | S | MRI FETAL SNGL/1ST GESTATION | | 05581 | 3.7103 | APC | $210.15 | | | |
| 74713 | N | MRI FETAL EA ADDL GESTATION | | | | Bundled | $0.00 | | | |
| 74740 | N | X-RAY FEMALE GENITAL TRACT | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 74742 | N | X-RAY FALLOPIAN TUBE | | | | Bundled | $0.00 | | | |
| 74775 | S | X-RAY EXAM OF PERINEUM | | 05523 | 2.6039 | APC | $147.48 | | | |
| 75557 | N | CARDIAC MRI FOR MORPH | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| 75559 | N | CARDIAC MRI W/STRESS IMG | | 05592 | 5.9866 | Bundled, sometimes payable | $339.08 | | | |
| 75561 | N | CARDIAC MRI FOR MORPH W/DYE | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| 75563 | N | CARD MRI W/STRESS IMG & DYE | | 05593 | 15.0350 | Bundled, sometimes payable | $851.58 | | | |
| 75565 | N | CARD MRI VELOC FLOW MAPPING | | | | Bundled | $0.00 | | | |
| 75571 | N | CT HRT W/O DYE W/CA TEST | | 05731 | 0.1722 | Bundled, sometimes payable | $9.75 | | | |
| 75572 | S | CT HRT W/3D IMAGE | | 05571 | 3.2128 | APC | $181.97 | | | |
| 75573 | S | CT HRT W/3D IMAGE CONGEN | | 05571 | 3.2128 | APC | $181.97 | | | |
| 75574 | S | CT ANGIO HRT W/3D IMAGE | | 05571 | 3.2128 | APC | $181.97 | | | |
| 75600 | N | CONTRAST EXAM THORACIC AORTA | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75605 | N | CONTRAST EXAM THORACIC AORTA | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75625 | N | CONTRAST EXAM ABDOMINL AORTA | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75630 | N | X-RAY AORTA LEG ARTERIES | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75635 | N | CT ANGIO ABDOMINAL ARTERIES | | 05571 | 3.2128 | Bundled, sometimes payable | $181.97 | | | |
| 75658 | N | ARTERY X-RAYS ARM | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75705 | N | ARTERY X-RAYS SPINE | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75710 | N | ARTERY X-RAYS ARM/LEG | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75716 | N | ARTERY X-RAYS ARMS/LEGS | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75726 | N | ARTERY X-RAYS ABDOMEN | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75731 | N | ARTERY X-RAYS ADRENAL GLAND | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75733 | N | ARTERY X-RAYS ADRENALS | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75736 | N | ARTERY X-RAYS PELVIS | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75741 | N | ARTERY X-RAYS LUNG | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75743 | N | ARTERY X-RAYS LUNGS | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75746 | N | ARTERY X-RAYS LUNG | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75756 | N | ARTERY X-RAYS CHEST | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75774 | N | ARTERY X-RAY EACH VESSEL | | | | Bundled | $0.00 | | | |
| 75791 | N | AV DIALYSIS SHUNT IMAGING | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 75801 | N | LYMPH VESSEL X-RAY ARM/LEG | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 75803 | N | LYMPH VESSEL X-RAY ARMS/LEGS | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 75805 | N | LYMPH VESSEL X-RAY TRUNK | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 75807 | N | LYMPH VESSEL X-RAY TRUNK | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75809 | N | NONVASCULAR SHUNT X-RAY | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 75810 | N | VEIN X-RAY SPLEEN/LIVER | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75820 | N | VEIN X-RAY ARM/LEG | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 75822 | N | VEIN X-RAY ARMS/LEGS | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 75825 | N | VEIN X-RAY TRUNK | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75827 | N | VEIN X-RAY CHEST | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 75831 | N | VEIN X-RAY KIDNEY | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75833 | N | VEIN X-RAY KIDNEYS | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75840 | N | VEIN X-RAY ADRENAL GLAND | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75842 | N | VEIN X-RAY ADRENAL GLANDS | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75860 | N | VEIN X-RAY NECK | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75870 | N | VEIN X-RAY SKULL | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 75872 | N | VEIN X-RAY SKULL EPIDURAL | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75880 | N | VEIN X-RAY EYE SOCKET | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75885 | N | VEIN X-RAY LIVER W/HEMODYNAM | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75887 | N | VEIN X-RAY LIVER W/O HEMODYN | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 75889 | N | VEIN X-RAY LIVER W/HEMODYNAM | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75891 | N | VEIN X-RAY LIVER | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75893 | N | VENOUS SAMPLING BY CATHETER | | 05526 | 36.8780 | Bundled, sometimes payable | $2,088.77 | | | |
| 75894 | N | X-RAYS TRANSCATH THERAPY | | | | Bundled | $0.00 | | | |
| 75898 | N | FOLLOW-UP ANGIOGRAPHY | | 05525 | 9.0598 | Bundled, sometimes payable | $513.15 | | | |
| 75901 | N | REMOVE CVA DEVICE OBSTRUCT | | | | Bundled | $0.00 | | | |
| 75902 | N | REMOVE CVA LUMEN OBSTRUCT | | | | Bundled | $0.00 | | | |
| 75952 | C | ENDOVASC REPAIR ABDOM AORTA | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 75953 | C | ABDOM ANEURYSM ENDOVAS RPR | | | | Inpatient Only | $0.00 | | | |
| 75954 | C | ILIAC ANEURYSM ENDOVAS RPR | | | | Inpatient Only | $0.00 | | | |
| 75956 | C | XRAY ENDOVASC THOR AO REPR | | | | Inpatient Only | $0.00 | | | |
| 75957 | C | XRAY ENDOVASC THOR AO REPR | | | | Inpatient Only | $0.00 | | | |
| 75958 | C | XRAY PLACE PROX EXT THOR AO | | | | Inpatient Only | $0.00 | | | |
| 75959 | C | XRAY PLACE DIST EXT THOR AO | | | | Inpatient Only | $0.00 | | | |
| 75962 | N | REPAIR ARTERIAL BLOCKAGE | | | | Bundled | $0.00 | | | |
| 75964 | N | REPAIR ARTERY BLOCKAGE EACH | | | | Bundled | $0.00 | | | |
| 75966 | N | REPAIR ARTERIAL BLOCKAGE | | | | Bundled | $0.00 | | | |
| 75968 | N | REPAIR ARTERY BLOCKAGE EACH | | | | Bundled | $0.00 | | | |
| 75970 | N | VASCULAR BIOPSY | | | | Bundled | $0.00 | | | |
| 75978 | N | REPAIR VENOUS BLOCKAGE | | 05182 | 30.4826 | Bundled, sometimes payable | $1,726.53 | | | |
| 75984 | N | XRAY CONTROL CATHETER CHANGE | | | | Bundled | $0.00 | | | |
| 75989 | N | ABSCESS DRAINAGE UNDER X-RAY | | | | Bundled | $0.00 | | | |
| 76000 | S | FLUOROSCOPE EXAMINATION | | 05523 | 2.6039 | APC | $147.48 | | | |
| 76001 | N | FLUOROSCOPE EXAM EXTENSIVE | | | | Bundled | $0.00 | | | |
| 76010 | N | X-RAY NOSE TO RECTUM | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 76080 | N | X-RAY EXAM OF FISTULA | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 76098 | N | X-RAY EXAM BREAST SPECIMEN | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| 76100 | N | X-RAY EXAM OF BODY SECTION | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 76101 | N | COMPLEX BODY SECTION X-RAY | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 76102 | S | COMPLEX BODY SECTION X-RAYS | | 05523 | 2.6039 | APC | $147.48 | | | |
| 76120 | N | CINE/VIDEO X-RAYS | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 76125 | N | CINE/VIDEO X-RAYS ADD-ON | | | | Bundled | $0.00 | | | |
| 76140 | E | X-RAY CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 76376 | N | 3D RENDER W/INTRP POSTPROCES | | | | Bundled | $0.00 | | | |
| 76377 | N | 3D RENDER W/INTRP POSTPROCES | | | | Bundled | $0.00 | | | |
| 76380 | N | CAT SCAN FOLLOW-UP STUDY | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 76390 | E | MR SPECTROSCOPY | | | | Not Allowed | $0.00 | | | |
| 76496 | N | FLUOROSCOPIC PROCEDURE | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 76497 | N | CT PROCEDURE | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 76498 | S | MRI PROCEDURE | | 05581 | 3.7103 | APC | $210.15 | | | |
| 76499 | N | RADIOGRAPHIC PROCEDURE | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 76506 | N | ECHO EXAM OF HEAD | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76510 | N | OPHTH US B & QUANT A | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 76511 | N | OPHTH US QUANT A ONLY | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76512 | N | OPHTH US B W/NON-QUANT A | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76513 | N | ECHO EXAM OF EYE WATER BATH | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76514 | N | ECHO EXAM OF EYE THICKNESS | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 76516 | N | ECHO EXAM OF EYE | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76519 | N | ECHO EXAM OF EYE | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76529 | N | ECHO EXAM OF EYE | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76536 | N | US EXAM OF HEAD AND NECK | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76604 | N | US EXAM CHEST | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76641 | N | ULTRASOUND BREAST COMPLETE | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76642 | N | ULTRASOUND BREAST LIMITED | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76700 | N | US EXAM ABDOM COMPLETE | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76705 | N | ECHO EXAM OF ABDOMEN | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76770 | N | US EXAM ABDO BACK WALL COMP | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76775 | N | US EXAM ABDO BACK WALL LIM | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76776 | N | US EXAM K TRANSPL W/DOPPLER | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76800 | N | US EXAM SPINAL CANAL | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76801 | S | OB US < 14 WKS SINGLE FETUS | | 05532 | 2.0831 | APC | $117.99 | | | |
| 76802 | N | OB US < 14 WKS ADDL FETUS | | | | Bundled | $0.00 | | | |
| 76805 | S | OB US >/= 14 WKS SNGL FETUS | | 05532 | 2.0831 | APC | $117.99 | | | |
| 76810 | N | OB US >/= 14 WKS ADDL FETUS | | | | Bundled | $0.00 | | | |
| 76811 | S | OB US DETAILED SNGL FETUS | | 05532 | 2.0831 | APC | $117.99 | | | |
| 76812 | N | OB US DETAILED ADDL FETUS | | | | Bundled | $0.00 | | | |
| 76813 | N | OB US NUCHAL MEAS 1 GEST | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76814 | N | OB US NUCHAL MEAS ADD-ON | | | | Bundled | $0.00 | | | |
| 76815 | N | OB US LIMITED FETUS(S) | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76816 | N | OB US FOLLOW-UP PER FETUS | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 76817 | N | TRANSVAGINAL US OBSTETRIC | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76818 | S | FETAL BIOPHYS PROFILE W/NST | | 05532 | 2.0831 | APC | $117.99 | | | |
| 76819 | S | FETAL BIOPHYS PROFIL W/O NST | | 05532 | 2.0831 | APC | $117.99 | | | |
| 76820 | N | UMBILICAL ARTERY ECHO | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76821 | N | MIDDLE CEREBRAL ARTERY ECHO | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76825 | S | ECHO EXAM OF FETAL HEART | | 05533 | 5.6534 | APC | $320.21 | | | |
| 76826 | S | ECHO EXAM OF FETAL HEART | | 05533 | 5.6534 | APC | $320.21 | | | |
| 76827 | N | ECHO EXAM OF FETAL HEART | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76828 | N | ECHO EXAM OF FETAL HEART | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76830 | S | TRANSVAGINAL US NON-OB | | 05532 | 2.0831 | APC | $117.99 | | | |
| 76831 | N | ECHO EXAM UTERUS | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76856 | N | US EXAM PELVIC COMPLETE | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76857 | N | US EXAM PELVIC LIMITED | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76870 | N | US EXAM SCROTUM | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76872 | S | US TRANSRECTAL | | 05532 | 2.0831 | APC | $117.99 | | | |
| 76873 | S | ECHOGRAP TRANS R PROS STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 76881 | S | US XTR NON-VASC COMPLETE | | 05532 | 2.0831 | APC | $117.99 | | | |
| 76882 | N | US XTR NON-VASC LMTD | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76885 | N | US EXAM INFANT HIPS DYNAMIC | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76886 | N | US EXAM INFANT HIPS STATIC | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76930 | N | ECHO GUIDE CARDIOCENTESIS | | | | Bundled | $0.00 | | | |
| 76932 | N | ECHO GUIDE FOR HEART BIOPSY | | | | Bundled | $0.00 | | | |
| 76936 | S | ECHO GUIDE FOR ARTERY REPAIR | | 05722 | 2.9888 | APC | $169.29 | | | |
| 76937 | N | US GUIDE VASCULAR ACCESS | | | | Bundled | $0.00 | | | |
| 76940 | N | US GUIDE TISSUE ABLATION | | | | Bundled | $0.00 | | | |
| 76941 | N | ECHO GUIDE FOR TRANSFUSION | | | | Bundled | $0.00 | | | |
| 76942 | N | ECHO GUIDE FOR BIOPSY | | | | Bundled | $0.00 | | | |
| 76945 | N | ECHO GUIDE VILLUS SAMPLING | | | | Bundled | $0.00 | | | |
| 76946 | N | ECHO GUIDE FOR AMNIOCENTESIS | | | | Bundled | $0.00 | | | |
| 76948 | N | ECHO GUIDE OVA ASPIRATION | | | | Bundled | $0.00 | | | |
| 76965 | N | ECHO GUIDANCE RADIOTHERAPY | | | | Bundled | $0.00 | | | |
| 76970 | N | ULTRASOUND EXAM FOLLOW-UP | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 76975 | N | GI ENDOSCOPIC ULTRASOUND | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 76977 | S | US BONE DENSITY MEASURE | | 05732 | 0.4139 | APC | $23.44 | | | |
| 76998 | N | US GUIDE INTRAOP | | | | Bundled | $0.00 | | | |
| 76999 | N | ECHO EXAMINATION PROCEDURE | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 77001 | N | FLUOROGUIDE FOR VEIN DEVICE | | | | Bundled | $0.00 | | | |
| 77002 | N | NEEDLE LOCALIZATION BY XRAY | | | | Bundled | $0.00 | | | |
| 77003 | N | FLUOROGUIDE FOR SPINE INJECT | | | | Bundled | $0.00 | | | |
| 77011 | N | CT SCAN FOR LOCALIZATION | | | | Bundled | $0.00 | | | |
| 77012 | N | CT SCAN FOR NEEDLE BIOPSY | | | | Bundled | $0.00 | | | |
| 77013 | N | CT GUIDE FOR TISSUE ABLATION | | | | Bundled | $0.00 | | | |
| 77014 | N | CT SCAN FOR THERAPY GUIDE | | | | Bundled | $0.00 | | | |
| 77021 | N | MR GUIDANCE FOR NEEDLE PLACE | | | | Bundled | $0.00 | | | |
| 77022 | N | MRI FOR TISSUE ABLATION | | | | Bundled | $0.00 | | | |
| 77051 | M | COMPUTER DX MAMMOGRAM ADD-ON | | | | Fee Schedule | $8.71 | | | |
| 77052 | M | COMP SCREEN MAMMOGRAM ADD-ON | | | | Fee Schedule | $8.71 | | | |
| 77053 | N | X-RAY OF MAMMARY DUCT | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 77054 | N | X-RAY OF MAMMARY DUCTS | | 05523 | 2.6039 | Bundled, sometimes payable | $147.48 | | | |
| 77055 | M | MAMMOGRAM ONE BREAST | | | | Fee Schedule | $95.90 | | | |
| 77056 | M | MAMMOGRAM BOTH BREASTS | | | | Fee Schedule | $123.29 | | | |
| 77057 | M | MAMMOGRAM SCREENING | | | | Fee Schedule | $87.94 | | | |
| 77058 | M | MRI ONE BREAST | | | | Fee Schedule | $574.68 | | | |
| 77059 | M | MRI BOTH BREASTS | | | | Fee Schedule | $571.65 | | | |
| 77061 | E | BREAST TOMOSYNTHESIS UNI | | | | Not Allowed | $0.00 | | | |
| 77062 | E | BREAST TOMOSYNTHESIS BI | | | | Not Allowed | $0.00 | | | |
| 77063 | E | BREAST TOMOSYNTHESIS BI | | | | Not Allowed | $0.00 | | | |
| 77071 | N | X-RAY STRESS VIEW | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 77072 | N | X-RAYS FOR BONE AGE | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 77073 | N | X-RAYS BONE LENGTH STUDIES | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 77074 | N | X-RAYS BONE SURVEY LIMITED | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 77075 | N | X-RAYS BONE SURVEY COMPLETE | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 77076 | N | X-RAYS BONE SURVEY INFANT | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 77077 | N | JOINT SURVEY SINGLE VIEW | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 77078 | S | CT BONE DENSITY AXIAL | | 05521 | 0.8247 | APC | $46.71 | | | |
| 77080 | S | DXA BONE DENSITY AXIAL | | 05522 | 1.3658 | APC | $77.36 | | | |
| 77081 | S | DXA BONE DENSITY/PERIPHERAL | | 05521 | 0.8247 | APC | $46.71 | | | |
| 77084 | S | MAGNETIC IMAGE BONE MARROW | | 05581 | 3.7103 | APC | $210.15 | | | |
| 77085 | N | DXA BONE DENSITY STUDY | | 05522 | 1.3658 | Bundled, sometimes payable | $77.36 | | | |
| 77086 | N | FRACTURE ASSESSMENT VIA DXA | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| 77261 | E | RADIATION THERAPY PLANNING | | | | Not Allowed | $0.00 | | | |
| 77262 | E | RADIATION THERAPY PLANNING | | | | Not Allowed | $0.00 | | | |
| 77263 | E | RADIATION THERAPY PLANNING | | | | Not Allowed | $0.00 | | | |
| 77280 | S | SET RADIATION THERAPY FIELD | | 05612 | 2.2604 | APC | $128.03 | | | |
| 77285 | S | SET RADIATION THERAPY FIELD | | 05613 | 3.9575 | APC | $224.15 | | | |
| 77290 | S | SET RADIATION THERAPY FIELD | | 05613 | 3.9575 | APC | $224.15 | | | |
| 77293 | N | RESPIRATOR MOTION MGMT SIMUL | | | | Bundled | $0.00 | | | |
| 77295 | S | 3-D RADIOTHERAPY PLAN | | 05614 | 13.9276 | APC | $788.86 | | | |
| 77299 | S | RADIATION THERAPY PLANNING | | 05611 | 1.4567 | APC | $82.51 | | | |
| 77300 | S | RADIATION THERAPY DOSE PLAN | | 05611 | 1.4567 | APC | $82.51 | | | |
| 77301 | S | RADIOTHERAPY DOSE PLAN IMRT | | 05614 | 13.9276 | APC | $788.86 | | | |
| 77306 | S | TELETHX ISODOSE PLAN SIMPLE | | 05612 | 2.2604 | APC | $128.03 | | | |
| 77307 | S | TELETHX ISODOSE PLAN CPLX | | 05613 | 3.9575 | APC | $224.15 | | | |
| 77316 | S | BRACHYTX ISODOSE PLAN SIMPLE | | 05611 | 1.4567 | APC | $82.51 | | | |
| 77317 | S | BRACHYTX ISODOSE INTERMED | | 05613 | 3.9575 | APC | $224.15 | | | |
| 77318 | S | BRACHYTX ISODOSE COMPLEX | | 05613 | 3.9575 | APC | $224.15 | | | |
| 77321 | S | SPECIAL TELETX PORT PLAN | | 05613 | 3.9575 | APC | $224.15 | | | |
| 77331 | S | SPECIAL RADIATION DOSIMETRY | | 05611 | 1.4567 | APC | $82.51 | | | |
| 77332 | S | RADIATION TREATMENT AID(S) | | 05611 | 1.4567 | APC | $82.51 | | | |
| 77333 | S | RADIATION TREATMENT AID(S) | | 05612 | 2.2604 | APC | $128.03 | | | |
| 77334 | S | RADIATION TREATMENT AID(S) | | 05613 | 3.9575 | APC | $224.15 | | | |
| 77336 | S | RADIATION PHYSICS CONSULT | | 05611 | 1.4567 | APC | $82.51 | | | |
| 77338 | S | DESIGN MLC DEVICE FOR IMRT | | 05613 | 3.9575 | APC | $224.15 | | | |
| 77370 | S | RADIATION PHYSICS CONSULT | | 05612 | 2.2604 | APC | $128.03 | | | |
| 77371 | N | SRS MULTISOURCE | | 05627 | 99.0199 | Bundled, sometimes payable | $5,608.49 | | | |
| 77372 | N | SRS LINEAR BASED | | 05627 | 99.0199 | Bundled, sometimes payable | $5,608.49 | | | |
| 77373 | S | SBRT DELIVERY | | 05626 | 22.6777 | APC | $1,284.46 | | | |
| 77385 | S | NTSTY MODUL RAD TX DLVR SMPL | | 05623 | 6.8567 | APC | $388.36 | | | |
| 77386 | S | NTSTY MODUL RAD TX DLVR CPLX | | 05623 | 6.8567 | APC | $388.36 | | | |
| 77387 | N | GUIDANCE FOR RADIAJ TX DLVR | | | | Bundled | $0.00 | | | |
| 77399 | S | EXTERNAL RADIATION DOSIMETRY | | 05611 | 1.4567 | APC | $82.51 | | | |
| 77401 | S | RADIATION TREATMENT DELIVERY | | 05621 | 1.4966 | APC | $84.77 | | | |
| 77402 | S | RADIATION TREATMENT DELIVERY | | 05621 | 1.4966 | APC | $84.77 | | | |
| 77407 | S | RADIATION TREATMENT DELIVERY | | 05621 | 1.4966 | APC | $84.77 | | | |
| 77412 | S | RADIATION TREATMENT DELIVERY | | 05622 | 2.6362 | APC | $149.31 | | | |
| 77417 | N | RADIOLOGY PORT IMAGES(S) | | | | Bundled | $0.00 | | | |
| 77422 | S | NEUTRON BEAM TX SIMPLE | | 05622 | 2.6362 | APC | $149.31 | | | |
| 77423 | S | NEUTRON BEAM TX COMPLEX | | 05623 | 6.8567 | APC | $388.36 | | | |
| 77424 | N | IO RAD TX DELIVERY BY X-RAY | | 05093 | 102.5127 | Bundled, sometimes payable | $5,806.32 | | | |
| 77425 | N | IO RAD TX DELIVER BY ELCTRNS | | 05093 | 102.5127 | Bundled, sometimes payable | $5,806.32 | | | |
| 77427 | M | RADIATION TX MANAGEMENT X5 | | | | Fee Schedule | $200.59 | | | |
| 77431 | M | RADIATION THERAPY MANAGEMENT | | | | Fee Schedule | $110.22 | | | |
| 77432 | M | STEREOTACTIC RADIATION TRMT | | | | Fee Schedule | $452.44 | | | |
| 77435 | N | SBRT MANAGEMENT | | | | Bundled | $0.00 | | | |
| 77469 | E | IO RADIATION TX MANAGEMENT | | | | Not Allowed | $0.00 | | | |
| 77470 | S | SPECIAL RADIATION TREATMENT | | 05623 | 6.8567 | APC | $388.36 | | | |
| 77499 | M | RADIATION THERAPY MANAGEMENT | | | | Charge Ratio | $0.00 | | | |
| 77520 | S | PROTON TRMT SIMPLE W/O COMP | | 05623 | 6.8567 | APC | $388.36 | | | |
| 77522 | S | PROTON TRMT SIMPLE W/COMP | | 05625 | 15.6079 | APC | $884.03 | | | |
| 77523 | S | PROTON TRMT INTERMEDIATE | | 05625 | 15.6079 | APC | $884.03 | | | |
| 77525 | S | PROTON TREATMENT COMPLEX | | 05625 | 15.6079 | APC | $884.03 | | | |
| 77600 | S | HYPERTHERMIA TREATMENT | | 05622 | 2.6362 | APC | $149.31 | | | |
| 77605 | S | HYPERTHERMIA TREATMENT | | 05624 | 9.4433 | APC | $534.87 | | | |
| 77610 | S | HYPERTHERMIA TREATMENT | | 05623 | 6.8567 | APC | $388.36 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 77615 | S | HYPERTHERMIA TREATMENT | | 05623 | 6.8567 | APC | $388.36 | | | |
| 77620 | S | HYPERTHERMIA TREATMENT | | 05623 | 6.8567 | APC | $388.36 | | | |
| 77750 | S | INFUSE RADIOACTIVE MATERIALS | | 05622 | 2.6362 | APC | $149.31 | | | |
| 77761 | S | APPLY INTRCAV RADIAT SIMPLE | | 05623 | 6.8567 | APC | $388.36 | | | |
| 77762 | S | APPLY INTRCAV RADIAT INTERM | | 05623 | 6.8567 | APC | $388.36 | | | |
| 77763 | S | APPLY INTRCAV RADIAT COMPL | | 05624 | 9.4433 | APC | $534.87 | | | |
| 77767 | S | HDR RDNCL SKN SURF BRACHYTX | | 05622 | 2.6362 | APC | $149.31 | | | |
| 77768 | S | HDR RDNCL SKN SURF BRACHYTX | | 05622 | 2.6362 | APC | $149.31 | | | |
| 77770 | S | HDR RDNCL NTRSTL/ICAV BRCHTX | | 05624 | 9.4433 | APC | $534.87 | | | |
| 77771 | S | HDR RDNCL NTRSTL/ICAV BRCHTX | | 05624 | 9.4433 | APC | $534.87 | | | |
| 77772 | S | HDR RDNCL NTRSTL/ICAV BRCHTX | | 05624 | 9.4433 | APC | $534.87 | | | |
| 77778 | N | APPLY INTERSTIT RADIAT COMPL | | 05624 | 9.4433 | Bundled, sometimes payable | $534.87 | | | |
| 77789 | S | APPLY SURF LDR RADIONUCLIDE | | 05621 | 1.4966 | APC | $84.77 | | | |
| 77790 | N | RADIATION HANDLING | | | | Bundled | $0.00 | | | |
| 77799 | S | RADIUM/RADIOISOTOPE THERAPY | | 05621 | 1.4966 | APC | $84.77 | | | |
| 78012 | S | THYROID UPTAKE MEASUREMENT | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78013 | S | THYROID IMAGING W/BLOOD FLOW | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78014 | S | THYROID IMAGING W/BLOOD FLOW | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78015 | S | THYROID MET IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78016 | S | THYROID MET IMAGING/STUDIES | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78018 | S | THYROID MET IMAGING BODY | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78020 | N | THYROID MET UPTAKE | | | | Bundled | $0.00 | | | |
| 78070 | S | PARATHYROID PLANAR IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78071 | S | PARATHYRD PLANAR W/WO SUBTRJ | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78072 | S | PARATHYRD PLANAR W/SPECT&CT | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78075 | S | ADRENAL CORTEX & MEDULLA IMG | | 05593 | 15.0350 | APC | $851.58 | | | |
| 78099 | S | ENDOCRINE NUCLEAR PROCEDURE | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78102 | S | BONE MARROW IMAGING LTD | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78103 | S | BONE MARROW IMAGING MULT | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78104 | S | BONE MARROW IMAGING BODY | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78110 | S | PLASMA VOLUME SINGLE | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78111 | S | PLASMA VOLUME MULTIPLE | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78120 | S | RED CELL MASS SINGLE | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78121 | S | RED CELL MASS MULTIPLE | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78122 | S | BLOOD VOLUME | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78130 | S | RED CELL SURVIVAL STUDY | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78135 | S | RED CELL SURVIVAL KINETICS | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78140 | S | RED CELL SEQUESTRATION | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78185 | S | SPLEEN IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78190 | S | PLATELET SURVIVAL KINETICS | | 05593 | 15.0350 | APC | $851.58 | | | |
| 78191 | S | PLATELET SURVIVAL | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78195 | S | LYMPH SYSTEM IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78199 | S | BLOOD/LYMPH NUCLEAR EXAM | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78201 | S | LIVER IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78202 | S | LIVER IMAGING WITH FLOW | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78205 | S | LIVER IMAGING (3D) | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78206 | S | LIVER IMAGE (3D) WITH FLOW | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78215 | S | LIVER AND SPLEEN IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78216 | S | LIVER & SPLEEN IMAGE/FLOW | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78226 | S | HEPATOBILIARY SYSTEM IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78227 | S | HEPATOBIL SYST IMAGE W/DRUG | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78230 | S | SALIVARY GLAND IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78231 | S | SERIAL SALIVARY IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78232 | S | SALIVARY GLAND FUNCTION EXAM | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78258 | S | ESOPHAGEAL MOTILITY STUDY | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78261 | S | GASTRIC MUCOSA IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78262 | S | GASTROESOPHAGEAL REFLUX EXAM | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78264 | S | GASTRIC EMPTYING IMAG STUDY | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78265 | S | GASTRIC EMPTYING IMAG STUDY | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78266 | S | GASTRIC EMPTYING IMAG STUDY | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78267 | Q | BREATH TST ATTAIN/ANAL C-14 | | | | Medicare | $17.85 | $11.07 | $10.71 | |
| 78268 | Q | BREATH TEST ANALYSIS C-14 | | | | Medicare | $152.92 | $94.81 | $91.75 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 78270 | S | VIT B-12 ABSORPTION EXAM | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78271 | S | VIT B-12 ABSRP EXAM INT FAC | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78272 | S | VIT B-12 ABSORP COMBINED | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78278 | S | ACUTE GI BLOOD LOSS IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78282 | S | GI PROTEIN LOSS EXAM | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78290 | S | MECKELS DIVERT EXAM | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78291 | S | LEVEEN/SHUNT PATENCY EXAM | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78299 | S | GI NUCLEAR PROCEDURE | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78300 | S | BONE IMAGING LIMITED AREA | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78305 | S | BONE IMAGING MULTIPLE AREAS | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78306 | S | BONE IMAGING WHOLE BODY | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78315 | S | BONE IMAGING 3 PHASE | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78320 | S | BONE IMAGING (3D) | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78350 | E | BONE MINERAL SINGLE PHOTON | | | | Not Allowed | $0.00 | | | |
| 78351 | E | BONE MINERAL DUAL PHOTON | | | | Not Allowed | $0.00 | | | |
| 78399 | S | MUSCULOSKELETAL NUCLEAR EXAM | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78414 | S | NON-IMAGING HEART FUNCTION | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78428 | S | CARDIAC SHUNT IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78445 | S | VASCULAR FLOW IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78451 | S | HT MUSCLE IMAGE SPECT SING | | 05593 | 15.0350 | APC | $851.58 | | | |
| 78452 | S | HT MUSCLE IMAGE SPECT MULT | | 05593 | 15.0350 | APC | $851.58 | | | |
| 78453 | S | HT MUSCLE IMAGE PLANAR SING | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78454 | S | HT MUSC IMAGE PLANAR MULT | | 05593 | 15.0350 | APC | $851.58 | | | |
| 78456 | S | ACUTE VENOUS THROMBUS IMAGE | | 05593 | 15.0350 | APC | $851.58 | | | |
| 78457 | S | VENOUS THROMBOSIS IMAGING | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78458 | S | VEN THROMBOSIS IMAGES BILAT | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78459 | S | HEART MUSCLE IMAGING (PET) | | 05594 | 17.4320 | APC | $987.35 | | | |
| 78466 | S | HEART INFARCT IMAGE | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78468 | S | HEART INFARCT IMAGE (EF) | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78469 | S | HEART INFARCT IMAGE (3D) | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78472 | S | GATED HEART PLANAR SINGLE | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78473 | S | GATED HEART MULTIPLE | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78481 | S | HEART FIRST PASS SINGLE | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78483 | S | HEART FIRST PASS MULTIPLE | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78491 | S | HEART IMAGE (PET) SINGLE | | 05594 | 17.4320 | APC | $987.35 | | | |
| 78492 | S | HEART IMAGE (PET) MULTIPLE | | 05594 | 17.4320 | APC | $987.35 | | | |
| 78494 | S | HEART IMAGE SPECT | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78496 | N | HEART FIRST PASS ADD-ON | | | | Bundled | $0.00 | | | |
| 78499 | S | CARDIOVASCULAR NUCLEAR EXAM | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78579 | S | LUNG VENTILATION IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78580 | S | LUNG PERFUSION IMAGING | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78582 | S | LUNG VENTILAT&PERFUS IMAGING | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78597 | S | LUNG PERFUSION DIFFERENTIAL | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78598 | S | LUNG PERF&VENTILAT DIFERENTL | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78599 | S | RESPIRATORY NUCLEAR EXAM | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78600 | S | BRAIN IMAGE < 4 VIEWS | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78601 | S | BRAIN IMAGE W/FLOW < 4 VIEWS | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78605 | S | BRAIN IMAGE 4+ VIEWS | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78606 | S | BRAIN IMAGE W/FLOW 4 + VIEWS | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78607 | S | BRAIN IMAGING (3D) | | 05593 | 15.0350 | APC | $851.58 | | | |
| 78608 | S | BRAIN IMAGING (PET) | | 05594 | 17.4320 | APC | $987.35 | | | |
| 78609 | E | BRAIN IMAGING (PET) | | | | Not Allowed | $0.00 | | | |
| 78610 | S | BRAIN FLOW IMAGING ONLY | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78630 | S | CEREBROSPINAL FLUID SCAN | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78635 | S | CSF VENTRICULOGRAPHY | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78645 | S | CSF SHUNT EVALUATION | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78647 | S | CEREBROSPINAL FLUID SCAN | | 05593 | 15.0350 | APC | $851.58 | | | |
| 78650 | S | CSF LEAKAGE IMAGING | | 05593 | 15.0350 | APC | $851.58 | | | |
| 78660 | S | NUCLEAR EXAM OF TEAR FLOW | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78699 | S | NERVOUS SYSTEM NUCLEAR EXAM | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78700 | S | KIDNEY IMAGING MORPHOL | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78701 | S | KIDNEY IMAGING WITH FLOW | | 05591 | 4.5120 | APC | $255.56 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 78707 | S | K FLOW/FUNCT IMAGE W/O DRUG | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78708 | S | K FLOW/FUNCT IMAGE W/DRUG | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78709 | S | K FLOW/FUNCT IMAGE MULTIPLE | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78710 | S | KIDNEY IMAGING (3D) | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78725 | S | KIDNEY FUNCTION STUDY | | 05661 | 3.3907 | APC | $192.05 | | | |
| 78730 | N | URINARY BLADDER RETENTION | | | | Bundled | $0.00 | | | |
| 78740 | S | URETERAL REFLUX STUDY | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78761 | S | TESTICULAR IMAGING W/FLOW | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78799 | S | GENITOURINARY NUCLEAR EXAM | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78800 | S | TUMOR IMAGING LIMITED AREA | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78801 | S | TUMOR IMAGING MULT AREAS | | 05591 | 4.5120 | APC | $255.56 | | | |
| 78802 | S | TUMOR IMAGING WHOLE BODY | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78803 | S | TUMOR IMAGING (3D) | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78804 | S | TUMOR IMAGING WHOLE BODY | | 05593 | 15.0350 | APC | $851.58 | | | |
| 78805 | S | ABSCESS IMAGING LTD AREA | | 05593 | 15.0350 | APC | $851.58 | | | |
| 78806 | S | ABSCESS IMAGING WHOLE BODY | | 05593 | 15.0350 | APC | $851.58 | | | |
| 78807 | S | NUCLEAR LOCALIZATION/ABSCESS | | 05592 | 5.9866 | APC | $339.08 | | | |
| 78808 | N | IV INJ RA DRUG DX STUDY | | 05591 | 4.5120 | Bundled, sometimes payable | $255.56 | | | |
| 78811 | S | PET IMAGE LTD AREA | | 05594 | 17.4320 | APC | $987.35 | | | |
| 78812 | S | PET IMAGE SKULL-THIGH | | 05594 | 17.4320 | APC | $987.35 | | | |
| 78813 | S | PET IMAGE FULL BODY | | 05594 | 17.4320 | APC | $987.35 | | | |
| 78814 | S | PET IMAGE W/CT LMTD | | 05594 | 17.4320 | APC | $987.35 | | | |
| 78815 | S | PET IMAGE W/CT SKULL-THIGH | | 05594 | 17.4320 | APC | $987.35 | | | |
| 78816 | S | PET IMAGE W/CT FULL BODY | | 05594 | 17.4320 | APC | $987.35 | | | |
| 78999 | S | NUCLEAR DIAGNOSTIC EXAM | | 05591 | 4.5120 | APC | $255.56 | | | |
| 79005 | S | NUCLEAR RX ORAL ADMIN | | 05661 | 3.3907 | APC | $192.05 | | | |
| 79101 | S | NUCLEAR RX IV ADMIN | | 05661 | 3.3907 | APC | $192.05 | | | |
| 79200 | S | NUCLEAR RX INTRACAV ADMIN | | 05661 | 3.3907 | APC | $192.05 | | | |
| 79300 | S | NUCLR RX INTERSTIT COLLOID | | 05661 | 3.3907 | APC | $192.05 | | | |
| 79403 | S | HEMATOPOIETIC NUCLEAR TX | | 05661 | 3.3907 | APC | $192.05 | | | |
| 79440 | S | NUCLEAR RX INTRA-ARTICULAR | | 05661 | 3.3907 | APC | $192.05 | | | |
| 79445 | S | NUCLEAR RX INTRA-ARTERIAL | | 05661 | 3.3907 | APC | $192.05 | | | |
| 79999 | S | NUCLEAR MEDICINE THERAPY | | 05661 | 3.3907 | APC | $192.05 | | | |
| 80047 | Q | METABOLIC PANEL IONIZED CA | | | | Medicare | $19.20 | $11.90 | $11.52 | |
| 80048 | Q | METABOLIC PANEL TOTAL CA | | | | Medicare | $19.20 | $11.90 | $11.52 | |
| 80050 | Q | GENERAL HEALTH PANEL | | | | Fee Schedule | $56.77 | | | |
| 80051 | Q | ELECTROLYTE PANEL | | | | Medicare | $15.92 | $9.87 | $9.55 | |
| 80053 | Q | COMPREHEN METABOLIC PANEL | | | | Medicare | $23.98 | $14.87 | $14.39 | |
| 80055 | Q | OBSTETRIC PANEL | | | | Medicare | $108.53 | $67.29 | $65.12 | |
| 80061 | Q | LIPID PANEL | | | | Medicare | $30.40 | $18.85 | $18.24 | |
| 80069 | Q | RENAL FUNCTION PANEL | | | | Medicare | $19.72 | $12.23 | $11.83 | |
| 80074 | Q | ACUTE HEPATITIS PANEL | | | | Medicare | $106.68 | $66.14 | $64.01 | |
| 80076 | Q | HEPATIC FUNCTION PANEL | | | | Medicare | $18.55 | $11.50 | $11.13 | |
| 80081 | Q | OBSTETRIC PANEL | | | | Medicare | $169.95 | $105.37 | $101.97 | |
| 80150 | Q | ASSAY OF AMIKACIN | | | | Medicare | $34.23 | $21.22 | $20.54 | |
| 80155 | Q | DRUG ASSAY CAFFEINE | | | | Medicare | $32.12 | $19.91 | $19.27 | |
| 80156 | Q | ASSAY CARBAMAZEPINE TOTAL | | | | Medicare | $33.07 | $20.50 | $19.84 | |
| 80157 | Q | ASSAY CARBAMAZEPINE FREE | | | | Medicare | $30.10 | $18.66 | $18.06 | |
| 80158 | Q | DRUG ASSAY CYCLOSPORINE | | | | Medicare | $40.98 | $25.41 | $24.59 | |
| 80159 | Q | DRUG ASSAY CLOZAPINE | | | | Medicare | $41.98 | $26.03 | $25.19 | |
| 80162 | Q | ASSAY OF DIGOXIN TOTAL | | | | Medicare | $30.15 | $18.69 | $18.09 | |
| 80163 | Q | ASSAY OF DIGOXIN FREE | | | | Medicare | $30.15 | $18.69 | $18.09 | |
| 80164 | Q | ASSAY DIPROPYLACETIC ACD TOT | | | | Medicare | $30.77 | $19.08 | $18.46 | |
| 80165 | Q | DIPROPYLACETIC ACID FREE | | | | Medicare | $30.77 | $19.08 | $18.46 | |
| 80168 | Q | ASSAY OF ETHOSUXIMIDE | | | | Medicare | $25.95 | $16.09 | $15.57 | |
| 80169 | Q | DRUG ASSAY EVEROLIMUS | | | | Medicare | $31.18 | $19.33 | $18.71 | |
| 80170 | Q | ASSAY OF GENTAMICIN | | | | Medicare | $37.20 | $23.06 | $22.32 | |
| 80171 | Q | DRUG SCREEN QUANT GABAPENTIN | | | | Medicare | $30.10 | $18.66 | $18.06 | |
| 80173 | Q | ASSAY OF HALOPERIDOL | | | | Medicare | $33.07 | $20.50 | $19.84 | |
| 80175 | Q | DRUG SCREEN QUAN LAMOTRIGINE | | | | Medicare | $30.10 | $18.66 | $18.06 | |
| 80176 | Q | ASSAY OF LIDOCAINE | | | | Medicare | $33.35 | $20.68 | $20.01 | |
| 80177 | Q | DRUG SCRN QUAN LEVETIRACETAM | | | | Medicare | $30.10 | $18.66 | $18.06 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 80178 | Q | ASSAY OF LITHIUM | | | | Medicare | $15.02 | $9.31 | $9.01 | |
| 80180 | Q | DRUG SCRN QUAN MYCOPHENOLATE | | | | Medicare | $40.98 | $25.41 | $24.59 | |
| 80183 | Q | DRUG SCRN QUANT OXCARBAZEPIN | | | | Medicare | $30.10 | $18.66 | $18.06 | |
| 80184 | Q | ASSAY OF PHENOBARBITAL | | | | Medicare | $26.00 | $16.12 | $15.60 | |
| 80185 | Q | ASSAY OF PHENYTOIN TOTAL | | | | Medicare | $30.10 | $18.66 | $18.06 | |
| 80186 | Q | ASSAY OF PHENYTOIN FREE | | | | Medicare | $31.25 | $19.38 | $18.75 | |
| 80188 | Q | ASSAY OF PRIMIDONE | | | | Medicare | $35.95 | $22.29 | $21.57 | |
| 80190 | Q | ASSAY OF PROCAINAMIDE | | | | Medicare | $38.03 | $23.58 | $22.82 | |
| 80192 | Q | ASSAY OF PROCAINAMIDE | | | | Medicare | $38.03 | $23.58 | $22.82 | |
| 80194 | Q | ASSAY OF QUINIDINE | | | | Medicare | $33.15 | $20.55 | $19.89 | |
| 80195 | Q | ASSAY OF SIROLIMUS | | | | Medicare | $31.18 | $19.33 | $18.71 | |
| 80197 | Q | ASSAY OF TACROLIMUS | | | | Medicare | $31.18 | $19.33 | $18.71 | |
| 80198 | Q | ASSAY OF THEOPHYLLINE | | | | Medicare | $32.12 | $19.91 | $19.27 | |
| 80199 | Q | DRUG SCREEN QUANT TIAGABINE | | | | Medicare | $41.00 | $25.42 | $24.60 | |
| 80200 | Q | ASSAY OF TOBRAMYCIN | | | | Medicare | $36.60 | $22.69 | $21.96 | |
| 80201 | Q | ASSAY OF TOPIRAMATE | | | | Medicare | $27.07 | $16.78 | $16.24 | |
| 80202 | Q | ASSAY OF VANCOMYCIN | | | | Medicare | $30.77 | $19.08 | $18.46 | |
| 80203 | Q | DRUG SCREEN QUANT ZONISAMIDE | | | | Medicare | $30.10 | $18.66 | $18.06 | |
| 80299 | Q | QUANTITATIVE ASSAY DRUG | | | | Medicare | $31.10 | $19.28 | $18.66 | |
| 80300 | E | DRUG SCREEN NON TLC DEVICES | | | | Not Allowed | $0.00 | | | |
| 80301 | E | DRUG SCREEN CLASS LIST A | | | | Not Allowed | $0.00 | | | |
| 80302 | E | DRUG SCREEN PRSMPTV 1 CLASS | | | | Not Allowed | $0.00 | | | |
| 80303 | E | DRUG SCREEN ONE/MULT CLASS | | | | Not Allowed | $0.00 | | | |
| 80304 | E | DRUG SCREEN ONE/MULT CLASS | | | | Not Allowed | $0.00 | | | |
| 80320 | E | DRUG SCREEN QUANTALCOHOLS | | | | Not Allowed | $0.00 | | | |
| 80321 | E | ALCOHOLS BIOMARKERS 1OR 2 | | | | Not Allowed | $0.00 | | | |
| 80322 | E | ALCOHOLS BIOMARKERS 3/MORE | | | | Not Allowed | $0.00 | | | |
| 80323 | E | ALKALOIDS NOS | | | | Not Allowed | $0.00 | | | |
| 80324 | E | DRUG SCREEN AMPHETAMINES 1/2 | | | | Not Allowed | $0.00 | | | |
| 80325 | E | AMPHETAMINES 3OR 4 | | | | Not Allowed | $0.00 | | | |
| 80326 | E | AMPHETAMINES 5 OR MORE | | | | Not Allowed | $0.00 | | | |
| 80327 | E | ANABOLIC STEROID 1 OR 2 | | | | Not Allowed | $0.00 | | | |
| 80328 | E | ANABOLIC STEROID 3 OR MORE | | | | Not Allowed | $0.00 | | | |
| 80329 | E | ANALGESICS NON-OPIOID 1 OR 2 | | | | Not Allowed | $0.00 | | | |
| 80330 | E | ANALGESICS NON-OPIOID 3-5 | | | | Not Allowed | $0.00 | | | |
| 80331 | E | ANALGESICS NON-OPIOID 6/MORE | | | | Not Allowed | $0.00 | | | |
| 80332 | E | ANTIDEPRESSANTS CLASS 1 OR 2 | | | | Not Allowed | $0.00 | | | |
| 80333 | E | ANTIDEPRESSANTS CLASS 3-5 | | | | Not Allowed | $0.00 | | | |
| 80334 | E | ANTIDEPRESSANTS CLASS 6/MORE | | | | Not Allowed | $0.00 | | | |
| 80335 | E | ANTIDEPRESSANT TRICYCLIC 1/2 | | | | Not Allowed | $0.00 | | | |
| 80336 | E | ANTIDEPRESSANT TRICYCLIC 3-5 | | | | Not Allowed | $0.00 | | | |
| 80337 | E | TRICYCLIC & CYCLICALS 6/MORE | | | | Not Allowed | $0.00 | | | |
| 80338 | E | ANTIDEPRESSANT NOT SPECIFIED | | | | Not Allowed | $0.00 | | | |
| 80339 | E | ANTIEPILEPTICS NOS 1-3 | | | | Not Allowed | $0.00 | | | |
| 80340 | E | ANTIEPILEPTICS NOS 4-6 | | | | Not Allowed | $0.00 | | | |
| 80341 | E | ANTIEPILEPTICS NOS 7/MORE | | | | Not Allowed | $0.00 | | | |
| 80342 | E | ANTIPSYCHOTICS NOS 1-3 | | | | Not Allowed | $0.00 | | | |
| 80343 | E | ANTIPSYCHOTICS NOS 4-6 | | | | Not Allowed | $0.00 | | | |
| 80344 | E | ANTIPSYCHOTICS NOS 7/MORE | | | | Not Allowed | $0.00 | | | |
| 80345 | E | DRUG SCREENING BARBITURATES | | | | Not Allowed | $0.00 | | | |
| 80346 | E | BENZODIAZEPINES1-12 | | | | Not Allowed | $0.00 | | | |
| 80347 | E | BENZODIAZEPINES 13 OR MORE | | | | Not Allowed | $0.00 | | | |
| 80348 | E | DRUG SCREENING BUPRENORPHINE | | | | Not Allowed | $0.00 | | | |
| 80349 | E | CANNABINOIDS NATURAL | | | | Not Allowed | $0.00 | | | |
| 80350 | E | CANNABINOIDS SYNTHETIC 1-3 | | | | Not Allowed | $0.00 | | | |
| 80351 | E | CANNABINOIDS SYNTHETIC 4-6 | | | | Not Allowed | $0.00 | | | |
| 80352 | E | CANNABINOID SYNTHETIC 7/MORE | | | | Not Allowed | $0.00 | | | |
| 80353 | E | DRUG SCREENING COCAINE | | | | Not Allowed | $0.00 | | | |
| 80354 | E | DRUG SCREENING FENTANYL | | | | Not Allowed | $0.00 | | | |
| 80355 | E | GABAPENTIN NON-BLOOD | | | | Not Allowed | $0.00 | | | |
| 80356 | E | HEROIN METABOLITE | | | | Not Allowed | $0.00 | | | |
| 80357 | E | KETAMINE AND NORKETAMINE | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 80358 | E | DRUG SCREENING METHADONE | | | | Not Allowed | $0.00 | | | |
| 80359 | E | METHYLENEDIOXYAMPHETAMINES | | | | Not Allowed | $0.00 | | | |
| 80360 | E | METHYLPHENIDATE | | | | Not Allowed | $0.00 | | | |
| 80361 | E | OPIATES 1 OR MORE | | | | Not Allowed | $0.00 | | | |
| 80362 | E | OPIOIDS & OPIATE ANALOGS 1/2 | | | | Not Allowed | $0.00 | | | |
| 80363 | E | OPIOIDS & OPIATE ANALOGS 3/4 | | | | Not Allowed | $0.00 | | | |
| 80364 | E | OPIOID &OPIATE ANALOG 5/MORE | | | | Not Allowed | $0.00 | | | |
| 80365 | E | DRUG SCREENING OXYCODONE | | | | Not Allowed | $0.00 | | | |
| 80366 | E | DRUG SCREENING PREGABALIN | | | | Not Allowed | $0.00 | | | |
| 80367 | E | DRUG SCREENING PROPOXYPHENE | | | | Not Allowed | $0.00 | | | |
| 80368 | E | SEDATIVE HYPNOTICS | | | | Not Allowed | $0.00 | | | |
| 80369 | E | SKELETAL MUSCLE RELAXANT 1/2 | | | | Not Allowed | $0.00 | | | |
| 80370 | E | SKEL MUSC RELAXANT 3 OR MORE | | | | Not Allowed | $0.00 | | | |
| 80371 | E | STIMULANTS SYNTHETIC | | | | Not Allowed | $0.00 | | | |
| 80372 | E | DRUG SCREENING TAPENTADOL | | | | Not Allowed | $0.00 | | | |
| 80373 | E | DRUG SCREENING TRAMADOL | | | | Not Allowed | $0.00 | | | |
| 80374 | E | STEREOISOMER ANALYSIS | | | | Not Allowed | $0.00 | | | |
| 80375 | E | DRUG/SUBSTANCE NOS 1-3 | | | | Not Allowed | $0.00 | | | |
| 80376 | E | DRUG/SUBSTANCE NOS 4-6 | | | | Not Allowed | $0.00 | | | |
| 80377 | E | DRUG/SUBSTANCE NOS 7/MORE | | | | Not Allowed | $0.00 | | | |
| 80400 | Q | ACTH STIMULATION PANEL | | | | Medicare | $74.05 | $45.91 | $44.43 | |
| 80402 | Q | ACTH STIMULATION PANEL | | | | Medicare | $197.42 | $122.40 | $118.45 | |
| 80406 | Q | ACTH STIMULATION PANEL | | | | Medicare | $143.92 | $89.23 | $86.35 | |
| 80408 | Q | ALDOSTERONE SUPPRESSION EVAL | | | | Medicare | $284.92 | $176.65 | $170.95 | |
| 80410 | Q | CALCITONIN STIMUL PANEL | | | | Medicare | $182.40 | $113.09 | $109.44 | |
| 80412 | Q | CRH STIMULATION PANEL | | | | Medicare | $748.37 | $463.99 | $449.02 | |
| 80414 | Q | TESTOSTERONE RESPONSE | | | | Medicare | $117.23 | $72.68 | $70.34 | |
| 80415 | Q | ESTRADIOL RESPONSE PANEL | | | | Medicare | $126.88 | $78.67 | $76.13 | |
| 80416 | Q | RENIN STIMULATION PANEL | | | | Medicare | $299.60 | $185.75 | $179.76 | |
| 80417 | Q | RENIN STIMULATION PANEL | | | | Medicare | $99.87 | $61.92 | $59.92 | |
| 80418 | Q | PITUITARY EVALUATION PANEL | | | | Medicare | $1,315.88 | $815.85 | $789.53 | |
| 80420 | Q | DEXAMETHASONE PANEL | | | | Medicare | $163.57 | $101.41 | $98.14 | |
| 80422 | Q | GLUCAGON TOLERANCE PANEL | | | | Medicare | $104.60 | $64.85 | $62.76 | |
| 80424 | Q | GLUCAGON TOLERANCE PANEL | | | | Medicare | $114.65 | $71.08 | $68.79 | |
| 80426 | Q | GONADOTROPIN HORMONE PANEL | | | | Medicare | $336.93 | $208.90 | $202.16 | |
| 80428 | Q | GROWTH HORMONE PANEL | | | | Medicare | $151.43 | $93.89 | $90.86 | |
| 80430 | Q | GROWTH HORMONE PANEL | | | | Medicare | $178.18 | $110.47 | $106.91 | |
| 80432 | Q | INSULIN SUPPRESSION PANEL | | | | Medicare | $255.42 | $158.36 | $153.25 | |
| 80434 | Q | INSULIN TOLERANCE PANEL | | | | Medicare | $229.70 | $142.41 | $137.82 | |
| 80435 | Q | INSULIN TOLERANCE PANEL | | | | Medicare | $233.88 | $145.01 | $140.33 | |
| 80436 | Q | METYRAPONE PANEL | | | | Medicare | $206.97 | $128.32 | $124.18 | |
| 80438 | Q | TRH STIMULATION PANEL | | | | Medicare | $114.45 | $70.96 | $68.67 | |
| 80439 | Q | TRH STIMULATION PANEL | | | | Medicare | $152.60 | $94.61 | $91.56 | |
| 80500 | N | LAB PATHOLOGY CONSULTATION | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 80502 | N | LAB PATHOLOGY CONSULTATION | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 81000 | Q | URINALYSIS NONAUTO W/SCOPE | | | | Medicare | $7.20 | $4.46 | $4.32 | |
| 81001 | Q | URINALYSIS AUTO W/SCOPE | | | | Medicare | $7.20 | $4.46 | $4.32 | |
| 81002 | Q | URINALYSIS NONAUTO W/O SCOPE | | | | Medicare | $5.80 | $3.60 | $3.48 | |
| 81003 | Q | URINALYSIS AUTO W/O SCOPE | | | | Medicare | $5.10 | $3.16 | $3.06 | |
| 81005 | Q | URINALYSIS | | | | Medicare | $4.92 | $3.05 | $2.95 | |
| 81007 | Q | URINE SCREEN FOR BACTERIA | | | | Medicare | $5.82 | $3.61 | $3.49 | |
| 81015 | Q | MICROSCOPIC EXAM OF URINE | | | | Medicare | $6.92 | $4.29 | $4.15 | |
| 81020 | Q | URINALYSIS GLASS TEST | | | | Medicare | $8.37 | $5.19 | $5.02 | |
| 81025 | Q | URINE PREGNANCY TEST | | | | Medicare | $9.02 | $5.59 | $5.41 | |
| 81050 | Q | URINALYSIS VOLUME MEASURE | | | | Medicare | $6.82 | $4.23 | $4.09 | |
| 81099 | N | URINALYSIS TEST PROCEDURE | | | | Bundled | $0.00 | | | |
| 81161 | Q | DMD DUP/DELET ANALYSIS | | | | Medicare | $233.57 | $144.81 | $140.14 | |
| 81162 | Q | BRCA1&2 SEQ & FULL DUP/DEL | | | | Medicare | $4,143.10 | $2,568.72 | $2,485.86 | |
| 81170 | Q | ABL1 GENE | | | | Medicare | $549.18 | $340.49 | $329.51 | |
| 81200 | Q | ASPA GENE | | | | Charge Ratio | $0.00 | | | |
| 81201 | Q | APC GENE FULL SEQUENCE | | | | Charge Ratio | $0.00 | | | |
| 81202 | Q | APC GENE KNOWN FAM VARIANTS | | | | Charge Ratio | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 81203 | Q | APC GENE DUP/DELET VARIANTS | | | | Charge Ratio | $0.00 | | | |
| 81205 | Q | BCKDHB GENE | | | | Charge Ratio | $0.00 | | | |
| 81206 | Q | BCR/ABL1 GENE MAJOR BP | | | | Medicare | $372.25 | $230.80 | $223.35 | |
| 81207 | Q | BCR/ABL1 GENE MINOR BP | | | | Medicare | $328.83 | $203.87 | $197.30 | |
| 81208 | Q | BCR/ABL1 GENE OTHER BP | | | | Medicare | $365.17 | $226.41 | $219.10 | |
| 81209 | Q | BLM GENE | | | | Charge Ratio | $0.00 | | | |
| 81210 | Q | BRAF GENE | | | | Medicare | $298.30 | $184.95 | $178.98 | |
| 81211 | E | BRCA1&2 SEQ & COM DUP/DEL | | | | Not Allowed | $0.00 | | | |
| 81212 | E | BRCA1&2 185&5385&6174 VAR | | | | Not Allowed | $0.00 | | | |
| 81213 | E | BRCA1&2 UNCOM DUP/DEL VAR | | | | Not Allowed | $0.00 | | | |
| 81214 | E | BRCA1 FULL SEQ & COM DUP/DEL | | | | Not Allowed | $0.00 | | | |
| 81215 | E | BRCA1 GENE KNOWN FAM VARIANT | | | | Not Allowed | $0.00 | | | |
| 81216 | E | BRCA2 GENE FULL SEQUENCE | | | | Not Allowed | $0.00 | | | |
| 81217 | E | BRCA2 GENE KNOWN FAM VARIANT | | | | Not Allowed | $0.00 | | | |
| 81218 | Q | CEBPA GENE FULL SEQUENCE | | | | Medicare | $549.18 | $340.49 | $329.51 | |
| 81219 | Q | CALR GENE COM VARIANTS | | | | Medicare | $276.13 | $171.20 | $165.68 | |
| 81220 | Q | CFTR GENE COM VARIANTS | | | | Charge Ratio | $0.00 | | | |
| 81221 | Q | CFTR GENE KNOWN FAM VARIANTS | | | | Charge Ratio | $0.00 | | | |
| 81222 | Q | CFTR GENE DUP/DELET VARIANTS | | | | Charge Ratio | $0.00 | | | |
| 81223 | Q | CFTR GENE FULL SEQUENCE | | | | Charge Ratio | $0.00 | | | |
| 81224 | Q | CFTR GENE INTRON POLY T | | | | Charge Ratio | $0.00 | | | |
| 81225 | Q | CYP2C19 GENE COM VARIANTS | | | | Medicare | $485.60 | $301.07 | $291.36 | |
| 81226 | Q | CYP2D6 GENE COM VARIANTS | | | | Medicare | $751.52 | $465.94 | $450.91 | |
| 81227 | Q | CYP2C9 GENE COM VARIANTS | | | | Medicare | $291.35 | $180.64 | $174.81 | |
| 81228 | Q | CYTOGEN MICRARRAY COPY NMBR | | | | Charge Ratio | $0.00 | | | |
| 81229 | Q | CYTOGEN M ARRAY COPY NO&SNP | | | | Charge Ratio | $0.00 | | | |
| 81235 | Q | EGFR GENE COM VARIANTS | | | | Medicare | $549.18 | $340.49 | $329.51 | |
| 81240 | Q | F2 GENE | | | | Medicare | $111.72 | $69.27 | $67.03 | |
| 81241 | Q | F5 GENE | | | | Medicare | $138.73 | $86.01 | $83.24 | |
| 81242 | Q | FANCC GENE | | | | Charge Ratio | $0.00 | | | |
| 81243 | Q | FMR1 GENE DETECTION | | | | Charge Ratio | $0.00 | | | |
| 81244 | Q | FMR1 GENE CHARACTERIZATION | | | | Charge Ratio | $0.00 | | | |
| 81245 | Q | FLT3 GENE | | | | Medicare | $276.13 | $171.20 | $165.68 | |
| 81246 | Q | FLT3 GENE ANALYSIS | | | | Medicare | $138.40 | $85.81 | $83.04 | |
| 81250 | Q | G6PC GENE | | | | Charge Ratio | $0.00 | | | |
| 81251 | Q | GBA GENE | | | | Charge Ratio | $0.00 | | | |
| 81252 | Q | GJB2 GENE FULL SEQUENCE | | | | Charge Ratio | $0.00 | | | |
| 81253 | Q | GJB2 GENE KNOWN FAM VARIANTS | | | | Charge Ratio | $0.00 | | | |
| 81254 | Q | GJB6 GENE COM VARIANTS | | | | Charge Ratio | $0.00 | | | |
| 81255 | Q | HEXA GENE | | | | Charge Ratio | $0.00 | | | |
| 81256 | Q | HFE GENE | | | | Medicare | $148.40 | $92.01 | $89.04 | |
| 81257 | Q | HBA1/HBA2 GENE | | | | Charge Ratio | $0.00 | | | |
| 81260 | Q | IKBKAP GENE | | | | Charge Ratio | $0.00 | | | |
| 81261 | Q | IGH GENE REARRANGE AMP METH | | | | Medicare | $449.50 | $278.69 | $269.70 | |
| 81262 | Q | IGH GENE REARRANG DIR PROBE | | | | Medicare | $99.10 | $61.44 | $59.46 | |
| 81263 | Q | IGH VARI REGIONAL MUTATION | | | | Medicare | $668.65 | $414.56 | $401.19 | |
| 81264 | Q | IGK REARRANGEABN CLONAL POP | | | | Medicare | $339.02 | $210.19 | $203.41 | |
| 81265 | Q | STR MARKERS SPECIMEN ANAL | | | | Medicare | $488.23 | $302.70 | $292.94 | |
| 81266 | Q | STR MARKERS SPEC ANAL ADDL | | | | Charge Ratio | $0.00 | | | |
| 81267 | Q | CHIMERISM ANAL NO CELL SELEC | | | | Medicare | $471.00 | $292.02 | $282.60 | |
| 81268 | Q | CHIMERISM ANAL W/CELL SELECT | | | | Medicare | $592.07 | $367.08 | $355.24 | |
| 81270 | Q | JAK2 GENE | | | | Medicare | $208.12 | $129.03 | $124.87 | |
| 81272 | Q | KIT GENE TARGETED SEQ ANALYS | | | | Medicare | $549.18 | $340.49 | $329.51 | |
| 81273 | Q | KIT GENE ANALYS D816 VARIANT | | | | Medicare | $208.12 | $129.03 | $124.87 | |
| 81275 | Q | KRAS GENE VARIANTS EXON 2 | | | | Medicare | $328.65 | $203.76 | $197.19 | |
| 81276 | Q | KRAS GENE ADDL VARIANTS | | | | Medicare | $296.00 | $183.52 | $177.60 | |
| 81280 | Q | LONG QT SYND GENE FULL SEQ | | | | Charge Ratio | $0.00 | | | |
| 81281 | Q | LONG QT SYND KNOWN FAM VAR | | | | Charge Ratio | $0.00 | | | |
| 81282 | Q | LONG QT SYN GENE DUP/DLT VAR | | | | Charge Ratio | $0.00 | | | |
| 81287 | Q | MGMT GENE METHYLATION ANAL | | | | Medicare | $138.48 | $85.86 | $83.09 | |
| 81288 | Q | MLH1 GENE | | | | Medicare | $266.07 | $164.96 | $159.64 | |
| 81290 | Q | MCOLN1 GENE | | | | Charge Ratio | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 81291 | Q | MTHFR GENE | | | | Medicare | $99.10 | $61.44 | $59.46 | |
| 81292 | Q | MLH1 GENE FULL SEQ | | | | Medicare | $1,075.43 | $666.77 | $645.26 | |
| 81293 | Q | MLH1 GENE KNOWN VARIANTS | | | | Medicare | $431.12 | $267.29 | $258.67 | |
| 81294 | Q | MLH1 GENE DUP/DELETE VARIANT | | | | Medicare | $317.32 | $196.74 | $190.39 | |
| 81295 | Q | MSH2 GENE FULL SEQ | | | | Medicare | $252.47 | $156.53 | $151.48 | |
| 81296 | Q | MSH2 GENE KNOWN VARIANTS | | | | Medicare | $215.57 | $133.65 | $129.34 | |
| 81297 | Q | MSH2 GENE DUP/DELETE VARIANT | | | | Medicare | $252.47 | $156.53 | $151.48 | |
| 81298 | Q | MSH6 GENE FULL SEQ | | | | Medicare | $479.00 | $296.98 | $287.40 | |
| 81299 | Q | MSH6 GENE KNOWN VARIANTS | | | | Medicare | $268.33 | $166.36 | $161.00 | |
| 81300 | Q | MSH6 GENE DUP/DELETE VARIANT | | | | Medicare | $269.07 | $166.82 | $161.44 | |
| 81301 | Q | MICROSATELLITE INSTABILITY | | | | Medicare | $657.40 | $407.59 | $394.44 | |
| 81302 | Q | MECP2 GENE FULL SEQ | | | | Charge Ratio | $0.00 | | | |
| 81303 | Q | MECP2 GENE KNOWN VARIANT | | | | Charge Ratio | $0.00 | | | |
| 81304 | Q | MECP2 GENE DUP/DELET VARIANT | | | | Charge Ratio | $0.00 | | | |
| 81310 | Q | NPM1 GENE | | | | Medicare | $411.28 | $254.99 | $246.77 | |
| 81311 | Q | NRAS GENE VARIANTS EXON 2&3 | | | | Medicare | $444.00 | $275.28 | $266.40 | |
| 81313 | Q | PCA3/KLK3 ANTIGEN | | | | Medicare | $433.77 | $268.94 | $260.26 | |
| 81314 | Q | PDGFRA GENE | | | | Medicare | $549.18 | $340.49 | $329.51 | |
| 81315 | Q | PML/RARALPHA COM BREAKPOINTS | | | | Medicare | $470.67 | $291.82 | $282.40 | |
| 81316 | Q | PML/RARALPHA 1 BREAKPOINT | | | | Medicare | $717.90 | $445.10 | $430.74 | |
| 81317 | Q | PMS2 GENE FULL SEQ ANALYSIS | | | | Medicare | $1,300.20 | $806.12 | $780.12 | |
| 81318 | Q | PMS2 KNOWN FAMILIAL VARIANTS | | | | Medicare | $307.22 | $190.48 | $184.33 | |
| 81319 | Q | PMS2 GENE DUP/DELET VARIANTS | | | | Medicare | $368.88 | $228.71 | $221.33 | |
| 81321 | Q | PTEN GENE FULL SEQUENCE | | | | Medicare | $999.67 | $619.80 | $599.80 | |
| 81322 | Q | PTEN GENE KNOWN FAM VARIANT | | | | Medicare | $97.18 | $60.25 | $58.31 | |
| 81323 | Q | PTEN GENE DUP/DELET VARIANT | | | | Medicare | $145.78 | $90.38 | $87.47 | |
| 81324 | Q | PMP22 GENE DUP/DELET | | | | Charge Ratio | $0.00 | | | |
| 81325 | Q | PMP22 GENE FULL SEQUENCE | | | | Charge Ratio | $0.00 | | | |
| 81326 | Q | PMP22 GENE KNOWN FAM VARIANT | | | | Charge Ratio | $0.00 | | | |
| 81330 | Q | SMPD1 GENE COMMON VARIANTS | | | | Charge Ratio | $0.00 | | | |
| 81331 | Q | SNRPN/UBE3A GENE | | | | Charge Ratio | $0.00 | | | |
| 81332 | Q | SERPINA1 GENE | | | | Medicare | $99.10 | $61.44 | $59.46 | |
| 81340 | Q | TRB@ GENE REARRANGE AMPLIFY | | | | Medicare | $474.32 | $294.08 | $284.59 | |
| 81341 | Q | TRB@ GENE REARRANGE DIRPROBE | | | | Medicare | $112.58 | $69.80 | $67.55 | |
| 81342 | Q | TRG GENE REARRANGEMENT ANAL | | | | Medicare | $457.47 | $283.63 | $274.48 | |
| 81350 | Q | UGT1A1 GENE | | | | Charge Ratio | $0.00 | | | |
| 81355 | Q | VKORC1 GENE | | | | Charge Ratio | $0.00 | | | |
| 81370 | Q | HLA I & II TYPING LR | | | | Medicare | $912.97 | $566.04 | $547.78 | |
| 81371 | Q | HLA I & II TYPE VERIFY LR | | | | Medicare | $546.45 | $338.80 | $327.87 | |
| 81372 | Q | HLA I TYPING COMPLETE LR | | | | Medicare | $501.52 | $310.94 | $300.91 | |
| 81373 | Q | HLA I TYPING 1 LOCUS LR | | | | Medicare | $252.83 | $156.75 | $151.70 | |
| 81374 | Q | HLA I TYPING 1 ANTIGEN LR | | | | Medicare | $165.17 | $102.41 | $99.10 | |
| 81375 | Q | HLA II TYPING AG EQUIV LR | | | | Medicare | $501.17 | $310.73 | $300.70 | |
| 81376 | Q | HLA II TYPING 1 LOCUS LR | | | | Medicare | $277.48 | $172.04 | $166.49 | |
| 81377 | Q | HLA II TYPE 1 AG EQUIV LR | | | | Medicare | $208.43 | $129.23 | $125.06 | |
| 81378 | Q | HLA I & II TYPING HR | | | | Medicare | $784.55 | $486.42 | $470.73 | |
| 81379 | Q | HLA I TYPING COMPLETE HR | | | | Medicare | $761.43 | $472.09 | $456.86 | |
| 81380 | Q | HLA I TYPING 1 LOCUS HR | | | | Medicare | $402.42 | $249.50 | $241.45 | |
| 81381 | Q | HLA I TYPING 1 ALLELE HR | | | | Medicare | $214.73 | $133.13 | $128.84 | |
| 81382 | Q | HLA II TYPING 1 LOC HR | | | | Medicare | $280.80 | $174.10 | $168.48 | |
| 81383 | Q | HLA II TYPING 1 ALLELE HR | | | | Medicare | $247.77 | $153.62 | $148.66 | |
| 81400 | Q | MOPATH PROCEDURE LEVEL 1 | | | | Charge Ratio | $0.00 | | | |
| 81401 | Q | MOPATH PROCEDURE LEVEL 2 | | | | Charge Ratio | $0.00 | | | |
| 81402 | Q | MOPATH PROCEDURE LEVEL 3 | | | | Charge Ratio | $0.00 | | | |
| 81403 | Q | MOPATH PROCEDURE LEVEL 4 | | | | Charge Ratio | $0.00 | | | |
| 81404 | Q | MOPATH PROCEDURE LEVEL 5 | | | | Charge Ratio | $0.00 | | | |
| 81405 | Q | MOPATH PROCEDURE LEVEL 6 | | | | Charge Ratio | $0.00 | | | |
| 81406 | Q | MOPATH PROCEDURE LEVEL 7 | | | | Charge Ratio | $0.00 | | | |
| 81407 | Q | MOPATH PROCEDURE LEVEL 8 | | | | Charge Ratio | $0.00 | | | |
| 81408 | Q | MOPATH PROCEDURE LEVEL 9 | | | | Charge Ratio | $0.00 | | | |
| 81410 | Q | AORTIC DYSFUNCTION/DILATION | | | | Charge Ratio | $0.00 | | | |
| 81411 | Q | AORTIC DYSFUNCTION/DILATION | | | | Charge Ratio | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 81412 | E | ASHKENAZI JEWISH ASSOC DIS | | | | Not Allowed | $0.00 | | | |
| 81415 | Q | EXOME SEQUENCE ANALYSIS | | | | Charge Ratio | $0.00 | | | |
| 81416 | Q | EXOME SEQUENCE ANALYSIS | | | | Charge Ratio | $0.00 | | | |
| 81417 | Q | EXOME RE-EVALUATION | | | | Charge Ratio | $0.00 | | | |
| 81420 | Q | FETAL CHRMOML ANEUPLOIDY | | | | Charge Ratio | $0.00 | | | |
| 81425 | Q | GENOME SEQUENCE ANALYSIS | | | | Charge Ratio | $0.00 | | | |
| 81426 | Q | GENOME SEQUENCE ANALYSIS | | | | Charge Ratio | $0.00 | | | |
| 81427 | Q | GENOME RE-EVALUATION | | | | Charge Ratio | $0.00 | | | |
| 81430 | Q | HEARING LOSS SEQUENCE ANALYS | | | | Charge Ratio | $0.00 | | | |
| 81431 | Q | HEARING LOSS DUP/DEL ANALYS | | | | Charge Ratio | $0.00 | | | |
| 81432 | E | HRDTRY BRST CA-RLATD DSORDRS | | | | Not Allowed | $0.00 | | | |
| 81433 | E | HRDTRY BRST CA-RLATD DSORDRS | | | | Not Allowed | $0.00 | | | |
| 81434 | E | HEREDITARY RETINAL DISORDERS | | | | Not Allowed | $0.00 | | | |
| 81435 | Q | HEREDITARY COLON CA DSORDRS | | | | Medicare | $1,327.92 | $823.31 | $796.75 | |
| 81436 | Q | HEREDITARY COLON CA DSORDRS | | | | Medicare | $1,327.92 | $823.31 | $796.75 | |
| 81437 | E | HEREDTRY NURONDCRN TUM DSRDR | | | | Not Allowed | $0.00 | | | |
| 81438 | E | HEREDTRY NURONDCRN TUM DSRDR | | | | Not Allowed | $0.00 | | | |
| 81440 | Q | MITOCHONDRIAL GENE | | | | Charge Ratio | $0.00 | | | |
| 81442 | E | NOONAN SPECTRUM DISORDERS | | | | Not Allowed | $0.00 | | | |
| 81445 | Q | TARGETED GENOMIC SEQ ANALYS | | | | Medicare | $996.52 | $617.84 | $597.91 | |
| 81450 | Q | TARGETED GENOMIC SEQ ANALYS | | | | Medicare | $1,080.67 | $670.02 | $648.40 | |
| 81455 | Q | TARGETED GENOMIC SEQ ANALYS | | | | Charge Ratio | $0.00 | | | |
| 81460 | Q | WHOLE MITOCHONDRIAL GENOME | | | | Charge Ratio | $0.00 | | | |
| 81465 | Q | WHOLE MITOCHONDRIAL GENOME | | | | Charge Ratio | $0.00 | | | |
| 81470 | Q | X-LINKED INTELLECTUAL DBLT | | | | Charge Ratio | $0.00 | | | |
| 81471 | Q | X-LINKED INTELLECTUAL DBLT | | | | Charge Ratio | $0.00 | | | |
| 81479 | N | UNLISTED MOLECULAR PATHOLOGY | | | | Bundled | $0.00 | | | |
| 81490 | E | AUTOIMMUNE RHEUMATOID ARTHR | | | | Not Allowed | $0.00 | | | |
| 81493 | E | COR ARTERY DISEASE MRNA | | | | Not Allowed | $0.00 | | | |
| 81500 | E | ONCO (OVAR) TWO PROTEINS | | | | Not Allowed | $0.00 | | | |
| 81503 | E | ONCO (OVAR) FIVE PROTEINS | | | | Not Allowed | $0.00 | | | |
| 81504 | E | ONCOLOGY TISSUE OF ORIGIN | | | | Not Allowed | $0.00 | | | |
| 81506 | E | ENDO ASSAY SEVEN ANAL | | | | Not Allowed | $0.00 | | | |
| 81507 | E | FETAL ANEUPLOIDY TRISOM RISK | | | | Not Allowed | $0.00 | | | |
| 81508 | E | FTL CGEN ABNOR TWO PROTEINS | | | | Not Allowed | $0.00 | | | |
| 81509 | E | FTL CGEN ABNOR 3 PROTEINS | | | | Not Allowed | $0.00 | | | |
| 81510 | E | FTL CGEN ABNOR THREE ANAL | | | | Not Allowed | $0.00 | | | |
| 81511 | E | FTL CGEN ABNOR FOUR ANAL | | | | Not Allowed | $0.00 | | | |
| 81512 | E | FTL CGEN ABNOR FIVE ANAL | | | | Not Allowed | $0.00 | | | |
| 81519 | Q | ONCOLOGY BREAST MRNA | | | | Medicare | $5,699.03 | $3,533.40 | $3,419.42 | |
| 81525 | E | ONCOLOGY COLON MRNA | | | | Not Allowed | $0.00 | | | |
| 81528 | Q | ONCOLOGY COLORECTAL SCR | | | | Medicare | $822.02 | $509.65 | $493.21 | |
| 81535 | Q | ONCOLOGY GYNECOLOGIC | | | | Medicare | $965.77 | $598.78 | $579.46 | |
| 81536 | Q | ONCOLOGY GYNECOLOGIC | | | | Medicare | $283.32 | $175.66 | $169.99 | |
| 81538 | E | ONCOLOGY LUNG | | | | Not Allowed | $0.00 | | | |
| 81540 | E | ONCOLOGY TUM UNKNOWN ORIGIN | | | | Not Allowed | $0.00 | | | |
| 81545 | E | ONCOLOGY THYROID | | | | Not Allowed | $0.00 | | | |
| 81595 | E | CARDIOLOGY HRT TRNSPL MRNA | | | | Not Allowed | $0.00 | | | |
| 81599 | E | UNLISTED MAAA | | | | Not Allowed | $0.00 | | | |
| 82009 | Q | TEST FOR ACETONE/KETONES | | | | Medicare | $10.27 | $6.37 | $6.16 | |
| 82010 | Q | ACETONE ASSAY | | | | Medicare | $18.55 | $11.50 | $11.13 | |
| 82013 | Q | ACETYLCHOLINESTERASE ASSAY | | | | Medicare | $25.35 | $15.72 | $15.21 | |
| 82016 | Q | ACYLCARNITINES QUAL | | | | Medicare | $31.48 | $19.52 | $18.89 | |
| 82017 | Q | ACYLCARNITINES QUANT | | | | Medicare | $38.28 | $23.73 | $22.97 | |
| 82024 | Q | ASSAY OF ACTH | | | | Medicare | $87.68 | $54.36 | $52.61 | |
| 82030 | Q | ASSAY OF ADP & AMP | | | | Medicare | $58.57 | $36.31 | $35.14 | |
| 82040 | Q | ASSAY OF SERUM ALBUMIN | | | | Medicare | $9.52 | $5.90 | $5.71 | |
| 82042 | Q | ASSAY OF URINE ALBUMIN | | | | Medicare | $6.77 | $4.20 | $4.06 | |
| 82043 | Q | MICROALBUMIN QUANTITATIVE | | | | Medicare | $13.12 | $8.13 | $7.87 | |
| 82044 | Q | MICROALBUMIN SEMIQUANT | | | | Medicare | $10.38 | $6.44 | $6.23 | |
| 82045 | Q | ALBUMIN ISCHEMIA MODIFIED | | | | Medicare | $77.07 | $47.78 | $46.24 | |
| 82075 | Q | ASSAY OF BREATH ETHANOL | | | | Medicare | $27.35 | $16.96 | $16.41 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 82085 | Q | ASSAY OF ALDOLASE | | | | Medicare | $22.03 | $13.66 | $13.22 | |
| 82088 | Q | ASSAY OF ALDOSTERONE | | | | Medicare | $92.52 | $57.36 | $55.51 | |
| 82103 | Q | ALPHA-1-ANTITRYPSIN TOTAL | | | | Medicare | $30.50 | $18.91 | $18.30 | |
| 82104 | Q | ALPHA-1-ANTITRYPSIN PHENO | | | | Medicare | $32.83 | $20.35 | $19.70 | |
| 82105 | Q | ALPHA-FETOPROTEIN SERUM | | | | Medicare | $38.08 | $23.61 | $22.85 | |
| 82106 | Q | ALPHA-FETOPROTEIN AMNIOTIC | | | | Medicare | $38.08 | $23.61 | $22.85 | |
| 82107 | Q | ALPHA-FETOPROTEIN L3 | | | | Medicare | $146.23 | $90.66 | $87.74 | |
| 82108 | Q | ASSAY OF ALUMINUM | | | | Medicare | $57.85 | $35.87 | $34.71 | |
| 82120 | Q | AMINES VAGINAL FLUID QUAL | | | | Medicare | $8.55 | $5.30 | $5.13 | |
| 82127 | Q | AMINO ACID SINGLE QUAL | | | | Medicare | $31.48 | $19.52 | $18.89 | |
| 82128 | Q | AMINO ACIDS MULT QUAL | | | | Medicare | $31.48 | $19.52 | $18.89 | |
| 82131 | Q | AMINO ACIDS SINGLE QUANT | | | | Medicare | $38.30 | $23.75 | $22.98 | |
| 82135 | Q | ASSAY AMINOLEVULINIC ACID | | | | Medicare | $37.35 | $23.16 | $22.41 | |
| 82136 | Q | AMINO ACIDS QUANT 2-5 | | | | Medicare | $38.28 | $23.73 | $22.97 | |
| 82139 | Q | AMINO ACIDS QUAN 6 OR MORE | | | | Medicare | $38.28 | $23.73 | $22.97 | |
| 82140 | Q | ASSAY OF AMMONIA | | | | Medicare | $29.83 | $18.49 | $17.90 | |
| 82143 | Q | AMNIOTIC FLUID SCAN | | | | Medicare | $15.58 | $9.66 | $9.35 | |
| 82150 | Q | ASSAY OF AMYLASE | | | | Medicare | $14.72 | $9.13 | $8.83 | |
| 82154 | Q | ANDROSTANEDIOL GLUCURONIDE | | | | Medicare | $65.47 | $40.59 | $39.28 | |
| 82157 | Q | ASSAY OF ANDROSTENEDIONE | | | | Medicare | $66.47 | $41.21 | $39.88 | |
| 82160 | Q | ASSAY OF ANDROSTERONE | | | | Medicare | $56.77 | $35.20 | $34.06 | |
| 82163 | Q | ASSAY OF ANGIOTENSIN II | | | | Medicare | $46.60 | $28.89 | $27.96 | |
| 82164 | Q | ANGIOTENSIN I ENZYME TEST | | | | Medicare | $33.15 | $20.55 | $19.89 | |
| 82172 | Q | ASSAY OF APOLIPOPROTEIN | | | | Medicare | $35.18 | $21.81 | $21.11 | |
| 82175 | Q | ASSAY OF ARSENIC | | | | Medicare | $43.07 | $26.70 | $25.84 | |
| 82180 | Q | ASSAY OF ASCORBIC ACID | | | | Medicare | $22.43 | $13.91 | $13.46 | |
| 82190 | Q | ATOMIC ABSORPTION | | | | Medicare | $33.85 | $20.99 | $20.31 | |
| 82232 | Q | ASSAY OF BETA-2 PROTEIN | | | | Medicare | $36.73 | $22.77 | $22.04 | |
| 82239 | Q | BILE ACIDS TOTAL | | | | Medicare | $38.88 | $24.11 | $23.33 | |
| 82240 | Q | BILE ACIDS CHOLYLGLYCINE | | | | Medicare | $60.35 | $37.42 | $36.21 | |
| 82247 | Q | BILIRUBIN TOTAL | | | | Medicare | $11.38 | $7.06 | $6.83 | |
| 82248 | Q | BILIRUBIN DIRECT | | | | Medicare | $11.38 | $7.06 | $6.83 | |
| 82252 | Q | FECAL BILIRUBIN TEST | | | | Medicare | $10.33 | $6.40 | $6.20 | |
| 82261 | Q | ASSAY OF BIOTINIDASE | | | | Medicare | $38.28 | $23.73 | $22.97 | |
| 82270 | Q | OCCULT BLOOD FECES | | | | Medicare | $7.38 | $4.58 | $4.43 | |
| 82271 | Q | OCCULT BLOOD OTHER SOURCES | | | | Medicare | $7.38 | $4.58 | $4.43 | |
| 82272 | Q | OCCULT BLD FECES 1-3 TESTS | | | | Medicare | $7.38 | $4.58 | $4.43 | |
| 82274 | Q | ASSAY TEST FOR BLOOD FECAL | | | | Medicare | $36.12 | $22.39 | $21.67 | |
| 82286 | Q | ASSAY OF BRADYKININ | | | | Medicare | $15.63 | $9.69 | $9.38 | |
| 82300 | Q | ASSAY OF CADMIUM | | | | Medicare | $52.53 | $32.57 | $31.52 | |
| 82306 | Q | VITAMIN D 25 HYDROXY | | | | Medicare | $67.22 | $41.68 | $40.33 | |
| 82308 | Q | ASSAY OF CALCITONIN | | | | Medicare | $60.82 | $37.71 | $36.49 | |
| 82310 | Q | ASSAY OF CALCIUM | | | | Medicare | $11.72 | $7.27 | $7.03 | |
| 82330 | Q | ASSAY OF CALCIUM | | | | Medicare | $31.05 | $19.25 | $18.63 | |
| 82331 | Q | CALCIUM INFUSION TEST | | | | Medicare | $11.75 | $7.29 | $7.05 | |
| 82340 | Q | ASSAY OF CALCIUM IN URINE | | | | Medicare | $13.68 | $8.48 | $8.21 | |
| 82355 | Q | CALCULUS ANALYSIS QUAL | | | | Medicare | $26.28 | $16.29 | $15.77 | |
| 82360 | Q | CALCULUS ASSAY QUANT | | | | Medicare | $29.22 | $18.12 | $17.53 | |
| 82365 | Q | CALCULUS SPECTROSCOPY | | | | Medicare | $29.27 | $18.15 | $17.56 | |
| 82370 | Q | X-RAY ASSAY CALCULUS | | | | Medicare | $28.43 | $17.63 | $17.06 | |
| 82373 | Q | ASSAY C-D TRANSFER MEASURE | | | | Medicare | $41.00 | $25.42 | $24.60 | |
| 82374 | Q | ASSAY BLOOD CARBON DIOXIDE | | | | Medicare | $11.10 | $6.88 | $6.66 | |
| 82375 | Q | ASSAY CARBOXYHB QUANT | | | | Medicare | $19.85 | $12.31 | $11.91 | |
| 82376 | Q | ASSAY CARBOXYHB QUAL | | | | Medicare | $13.60 | $8.43 | $8.16 | |
| 82378 | Q | CARCINOEMBRYONIC ANTIGEN | | | | Medicare | $43.07 | $26.70 | $25.84 | |
| 82379 | Q | ASSAY OF CARNITINE | | | | Medicare | $38.28 | $23.73 | $22.97 | |
| 82380 | Q | ASSAY OF CAROTENE | | | | Medicare | $20.95 | $12.99 | $12.57 | |
| 82382 | Q | ASSAY URINE CATECHOLAMINES | | | | Medicare | $39.03 | $24.20 | $23.42 | |
| 82383 | Q | ASSAY BLOOD CATECHOLAMINES | | | | Medicare | $56.90 | $35.28 | $34.14 | |
| 82384 | Q | ASSAY THREE CATECHOLAMINES | | | | Medicare | $57.33 | $35.54 | $34.40 | |
| 82387 | Q | ASSAY OF CATHEPSIN-D | | | | Medicare | $8.95 | $5.55 | $5.37 | |
| 82390 | Q | ASSAY OF CERULOPLASMIN | | | | Medicare | $24.38 | $15.12 | $14.63 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 82397 | Q | CHEMILUMINESCENT ASSAY | | | | Medicare | $29.75 | $18.45 | $17.85 | |
| 82415 | Q | ASSAY OF CHLORAMPHENICOL | | | | Medicare | $28.77 | $17.84 | $17.26 | |
| 82435 | Q | ASSAY OF BLOOD CHLORIDE | | | | Medicare | $10.43 | $6.47 | $6.26 | |
| 82436 | Q | ASSAY OF URINE CHLORIDE | | | | Medicare | $11.42 | $7.08 | $6.85 | |
| 82438 | Q | ASSAY OTHER FLUID CHLORIDES | | | | Medicare | $11.10 | $6.88 | $6.66 | |
| 82441 | Q | TEST FOR CHLOROHYDROCARBONS | | | | Medicare | $13.63 | $8.45 | $8.18 | |
| 82465 | Q | ASSAY BLD/SERUM CHOLESTEROL | | | | Medicare | $9.87 | $6.12 | $5.92 | |
| 82480 | Q | ASSAY SERUM CHOLINESTERASE | | | | Medicare | $17.88 | $11.09 | $10.73 | |
| 82482 | Q | ASSAY RBC CHOLINESTERASE | | | | Medicare | $17.43 | $10.81 | $10.46 | |
| 82485 | Q | ASSAY CHONDROITIN SULFATE | | | | Medicare | $46.88 | $29.07 | $28.13 | |
| 82495 | Q | ASSAY OF CHROMIUM | | | | Medicare | $46.05 | $28.55 | $27.63 | |
| 82507 | Q | ASSAY OF CITRATE | | | | Medicare | $63.12 | $39.13 | $37.87 | |
| 82523 | Q | COLLAGEN CROSSLINKS | | | | Medicare | $34.77 | $21.56 | $20.86 | |
| 82525 | Q | ASSAY OF COPPER | | | | Medicare | $28.17 | $17.47 | $16.90 | |
| 82528 | Q | ASSAY OF CORTICOSTERONE | | | | Medicare | $51.12 | $31.69 | $30.67 | |
| 82530 | Q | CORTISOL FREE | | | | Medicare | $37.93 | $23.52 | $22.76 | |
| 82533 | Q | TOTAL CORTISOL | | | | Medicare | $37.02 | $22.95 | $22.21 | |
| 82540 | Q | ASSAY OF CREATINE | | | | Medicare | $10.53 | $6.53 | $6.32 | |
| 82542 | Q | COL CHROMOTOGRAPHY QUAL/QUAN | | | | Medicare | $41.00 | $25.42 | $24.60 | |
| 82550 | Q | ASSAY OF CK (CPK) | | | | Medicare | $14.78 | $9.16 | $8.87 | |
| 82552 | Q | ASSAY OF CPK IN BLOOD | | | | Medicare | $30.42 | $18.86 | $18.25 | |
| 82553 | Q | CREATINE MB FRACTION | | | | Medicare | $26.22 | $16.26 | $15.73 | |
| 82554 | Q | CREATINE ISOFORMS | | | | Medicare | $20.83 | $12.91 | $12.50 | |
| 82565 | Q | ASSAY OF CREATININE | | | | Medicare | $11.63 | $7.21 | $6.98 | |
| 82570 | Q | ASSAY OF URINE CREATININE | | | | Medicare | $11.75 | $7.29 | $7.05 | |
| 82575 | Q | CREATININE CLEARANCE TEST | | | | Medicare | $21.47 | $13.31 | $12.88 | |
| 82585 | Q | ASSAY OF CRYOFIBRINOGEN | | | | Medicare | $19.48 | $12.08 | $11.69 | |
| 82595 | Q | ASSAY OF CRYOGLOBULIN | | | | Medicare | $14.68 | $9.10 | $8.81 | |
| 82600 | Q | ASSAY OF CYANIDE | | | | Medicare | $44.05 | $27.31 | $26.43 | |
| 82607 | Q | VITAMIN B-12 | | | | Medicare | $34.23 | $21.22 | $20.54 | |
| 82608 | Q | B-12 BINDING CAPACITY | | | | Medicare | $32.52 | $20.16 | $19.51 | |
| 82610 | Q | CYSTATIN C | | | | Medicare | $30.87 | $19.14 | $18.52 | |
| 82615 | Q | TEST FOR URINE CYSTINES | | | | Medicare | $18.53 | $11.49 | $11.12 | |
| 82626 | Q | DEHYDROEPIANDROSTERONE | | | | Medicare | $57.37 | $35.57 | $34.42 | |
| 82627 | Q | DEHYDROEPIANDROSTERONE | | | | Medicare | $50.48 | $31.30 | $30.29 | |
| 82633 | Q | DESOXYCORTICOSTERONE | | | | Medicare | $70.33 | $43.60 | $42.20 | |
| 82634 | Q | DEOXYCORTISOL | | | | Medicare | $66.47 | $41.21 | $39.88 | |
| 82638 | Q | ASSAY OF DIBUCAINE NUMBER | | | | Medicare | $27.80 | $17.24 | $16.68 | |
| 82652 | Q | VIT D 1 25-DIHYDROXY | | | | Medicare | $87.40 | $54.19 | $52.44 | |
| 82656 | Q | PANCREATIC ELASTASE FECAL | | | | Medicare | $26.18 | $16.23 | $15.71 | |
| 82657 | Q | ENZYME CELL ACTIVITY | | | | Medicare | $41.00 | $25.42 | $24.60 | |
| 82658 | Q | ENZYME CELL ACTIVITY RA | | | | Medicare | $41.00 | $25.42 | $24.60 | |
| 82664 | Q | ELECTROPHORETIC TEST | | | | Medicare | $78.00 | $48.36 | $46.80 | |
| 82668 | Q | ASSAY OF ERYTHROPOIETIN | | | | Medicare | $42.67 | $26.46 | $25.60 | |
| 82670 | Q | ASSAY OF ESTRADIOL | | | | Medicare | $63.43 | $39.33 | $38.06 | |
| 82671 | Q | ASSAY OF ESTROGENS | | | | Medicare | $73.33 | $45.46 | $44.00 | |
| 82672 | Q | ASSAY OF ESTROGEN | | | | Medicare | $49.27 | $30.55 | $29.56 | |
| 82677 | Q | ASSAY OF ESTRIOL | | | | Medicare | $54.90 | $34.04 | $32.94 | |
| 82679 | Q | ASSAY OF ESTRONE | | | | Medicare | $56.67 | $35.14 | $34.00 | |
| 82693 | Q | ASSAY OF ETHYLENE GLYCOL | | | | Medicare | $33.82 | $20.97 | $20.29 | |
| 82696 | Q | ASSAY OF ETIOCHOLANOLONE | | | | Medicare | $53.53 | $33.19 | $32.12 | |
| 82705 | Q | FATS/LIPIDS FECES QUAL | | | | Medicare | $11.55 | $7.16 | $6.93 | |
| 82710 | Q | FATS/LIPIDS FECES QUANT | | | | Medicare | $38.15 | $23.65 | $22.89 | |
| 82715 | Q | ASSAY OF FECAL FAT | | | | Medicare | $39.07 | $24.22 | $23.44 | |
| 82725 | Q | ASSAY OF BLOOD FATTY ACIDS | | | | Medicare | $30.22 | $18.74 | $18.13 | |
| 82726 | Q | LONG CHAIN FATTY ACIDS | | | | Medicare | $41.00 | $25.42 | $24.60 | |
| 82728 | Q | ASSAY OF FERRITIN | | | | Medicare | $30.95 | $19.19 | $18.57 | |
| 82731 | Q | ASSAY OF FETAL FIBRONECTIN | | | | Medicare | $146.23 | $90.66 | $87.74 | |
| 82735 | Q | ASSAY OF FLUORIDE | | | | Medicare | $42.08 | $26.09 | $25.25 | |
| 82746 | Q | ASSAY OF FOLIC ACID SERUM | | | | Medicare | $33.38 | $20.70 | $20.03 | |
| 82747 | Q | ASSAY OF FOLIC ACID RBC | | | | Medicare | $39.32 | $24.38 | $23.59 | |
| 82757 | Q | ASSAY OF SEMEN FRUCTOSE | | | | Medicare | $39.37 | $24.41 | $23.62 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 82759 | Q | ASSAY OF RBC GALACTOKINASE | | | | Medicare | $48.78 | $30.24 | $29.27 | |
| 82760 | Q | ASSAY OF GALACTOSE | | | | Medicare | $25.42 | $15.76 | $15.25 | |
| 82775 | Q | ASSAY GALACTOSE TRANSFERASE | | | | Medicare | $47.83 | $29.65 | $28.70 | |
| 82776 | Q | GALACTOSE TRANSFERASE TEST | | | | Medicare | $19.05 | $11.81 | $11.43 | |
| 82777 | Q | GALECTIN-3 | | | | Medicare | $49.93 | $30.96 | $29.96 | |
| 82784 | Q | ASSAY IGA/IGD/IGG/IGM EACH | | | | Medicare | $20.67 | $12.82 | $12.40 | |
| 82785 | Q | ASSAY OF IGE | | | | Medicare | $37.38 | $23.18 | $22.43 | |
| 82787 | Q | IGG 1 2 3 OR 4 EACH | | | | Medicare | $18.20 | $11.28 | $10.92 | |
| 82800 | Q | BLOOD PH | | | | Medicare | $19.22 | $11.92 | $11.53 | |
| 82803 | Q | BLOOD GASES ANY COMBINATION | | | | Medicare | $43.93 | $27.24 | $26.36 | |
| 82805 | Q | BLOOD GASES W/O2 SATURATION | | | | Medicare | $64.42 | $39.94 | $38.65 | |
| 82810 | Q | BLOOD GASES O2 SAT ONLY | | | | Medicare | $19.82 | $12.29 | $11.89 | |
| 82820 | Q | HEMOGLOBIN-OXYGEN AFFINITY | | | | Medicare | $22.68 | $14.06 | $13.61 | |
| 82930 | Q | GASTRIC ANALY W/PH EA SPEC | | | | Medicare | $12.37 | $7.67 | $7.42 | |
| 82938 | Q | GASTRIN TEST | | | | Medicare | $40.17 | $24.91 | $24.10 | |
| 82941 | Q | ASSAY OF GASTRIN | | | | Medicare | $40.03 | $24.82 | $24.02 | |
| 82943 | Q | ASSAY OF GLUCAGON | | | | Medicare | $32.43 | $20.11 | $19.46 | |
| 82945 | Q | GLUCOSE OTHER FLUID | | | | Medicare | $8.92 | $5.53 | $5.35 | |
| 82946 | Q | GLUCAGON TOLERANCE TEST | | | | Medicare | $31.07 | $19.26 | $18.64 | |
| 82947 | Q | ASSAY GLUCOSE BLOOD QUANT | | | | Medicare | $8.92 | $5.53 | $5.35 | |
| 82948 | Q | REAGENT STRIP/BLOOD GLUCOSE | | | | Medicare | $7.20 | $4.46 | $4.32 | |
| 82950 | Q | GLUCOSE TEST | | | | Medicare | $10.78 | $6.68 | $6.47 | |
| 82951 | Q | GLUCOSE TOLERANCE TEST (GTT) | | | | Medicare | $29.22 | $18.12 | $17.53 | |
| 82952 | Q | GTT-ADDED SAMPLES | | | | Medicare | $8.90 | $5.52 | $5.34 | |
| 82955 | Q | ASSAY OF G6PD ENZYME | | | | Medicare | $22.02 | $13.65 | $13.21 | |
| 82960 | Q | TEST FOR G6PD ENZYME | | | | Medicare | $13.73 | $8.51 | $8.24 | |
| 82962 | Q | GLUCOSE BLOOD TEST | | | | Medicare | $5.32 | $3.30 | $3.19 | |
| 82963 | Q | ASSAY OF GLUCOSIDASE | | | | Medicare | $48.78 | $30.24 | $29.27 | |
| 82965 | Q | ASSAY OF GDH ENZYME | | | | Medicare | $17.53 | $10.87 | $10.52 | |
| 82977 | Q | ASSAY OF GGT | | | | Medicare | $16.35 | $10.14 | $9.81 | |
| 82978 | Q | ASSAY OF GLUTATHIONE | | | | Medicare | $32.37 | $20.07 | $19.42 | |
| 82979 | Q | ASSAY RBC GLUTATHIONE | | | | Medicare | $15.63 | $9.69 | $9.38 | |
| 82985 | Q | ASSAY OF GLYCATED PROTEIN | | | | Medicare | $26.43 | $16.39 | $15.86 | |
| 83001 | Q | ASSAY OF GONADOTROPIN (FSH) | | | | Medicare | $42.18 | $26.15 | $25.31 | |
| 83002 | Q | ASSAY OF GONADOTROPIN (LH) | | | | Medicare | $42.03 | $26.06 | $25.22 | |
| 83003 | Q | ASSAY GROWTH HORMONE (HGH) | | | | Medicare | $37.87 | $23.48 | $22.72 | |
| 83006 | Q | GROWTH STIMULATION GENE 2 | | | | Medicare | $49.93 | $30.96 | $29.96 | |
| 83009 | Q | H PYLORI (C-13) BLOOD | | | | Medicare | $152.92 | $94.81 | $91.75 | |
| 83010 | Q | ASSAY OF HAPTOGLOBIN QUANT | | | | Medicare | $28.55 | $17.70 | $17.13 | |
| 83012 | Q | ASSAY OF HAPTOGLOBINS | | | | Medicare | $39.03 | $24.20 | $23.42 | |
| 83013 | Q | H PYLORI (C-13) BREATH | | | | Medicare | $152.92 | $94.81 | $91.75 | |
| 83014 | Q | H PYLORI DRUG ADMIN | | | | Medicare | $17.85 | $11.07 | $10.71 | |
| 83015 | Q | HEAVY METAL SCREEN | | | | Medicare | $42.75 | $26.51 | $25.65 | |
| 83018 | Q | QUANTITATIVE SCREEN METALS | | | | Medicare | $49.87 | $30.92 | $29.92 | |
| 83020 | Q | HEMOGLOBIN ELECTROPHORESIS | | | | Medicare | $29.22 | $18.12 | $17.53 | |
| 83021 | Q | HEMOGLOBIN CHROMOTOGRAPHY | | | | Medicare | $41.00 | $25.42 | $24.60 | |
| 83026 | Q | HEMOGLOBIN COPPER SULFATE | | | | Medicare | $5.37 | $3.33 | $3.22 | |
| 83030 | Q | FETAL HEMOGLOBIN CHEMICAL | | | | Medicare | $18.77 | $11.64 | $11.26 | |
| 83033 | Q | FETAL HEMOGLOBIN ASSAY QUAL | | | | Medicare | $13.53 | $8.39 | $8.12 | |
| 83036 | Q | GLYCOSYLATED HEMOGLOBIN TEST | | | | Medicare | $22.03 | $13.66 | $13.22 | |
| 83037 | E | GLYCOSYLATED HB HOME DEVICE | | | | Not Allowed | $0.00 | | | |
| 83045 | Q | BLOOD METHEMOGLOBIN TEST | | | | Medicare | $11.25 | $6.98 | $6.75 | |
| 83050 | Q | BLOOD METHEMOGLOBIN ASSAY | | | | Medicare | $16.63 | $10.31 | $9.98 | |
| 83051 | Q | ASSAY OF PLASMA HEMOGLOBIN | | | | Medicare | $16.60 | $10.29 | $9.96 | |
| 83060 | Q | BLOOD SULFHEMOGLOBIN ASSAY | | | | Medicare | $18.77 | $11.64 | $11.26 | |
| 83065 | Q | ASSAY OF HEMOGLOBIN HEAT | | | | Medicare | $15.63 | $9.69 | $9.38 | |
| 83068 | Q | HEMOGLOBIN STABILITY SCREEN | | | | Medicare | $19.22 | $11.92 | $11.53 | |
| 83069 | Q | ASSAY OF URINE HEMOGLOBIN | | | | Medicare | $8.97 | $5.56 | $5.38 | |
| 83070 | Q | ASSAY OF HEMOSIDERIN QUAL | | | | Medicare | $10.78 | $6.68 | $6.47 | |
| 83080 | Q | ASSAY OF B HEXOSAMINIDASE | | | | Medicare | $38.28 | $23.73 | $22.97 | |
| 83088 | Q | ASSAY OF HISTAMINE | | | | Medicare | $67.05 | $41.57 | $40.23 | |
| 83090 | Q | ASSAY OF HOMOCYSTINE | | | | Medicare | $38.30 | $23.75 | $22.98 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 83150 | Q | ASSAY OF HOMOVANILLIC ACID | | | | Medicare | $43.93 | $27.24 | $26.36 | |
| 83491 | Q | ASSAY OF CORTICOSTEROIDS 17 | | | | Medicare | $39.78 | $24.66 | $23.87 | |
| 83497 | Q | ASSAY OF 5-HIAA | | | | Medicare | $29.27 | $18.15 | $17.56 | |
| 83498 | Q | ASSAY OF PROGESTERONE 17-D | | | | Medicare | $61.68 | $38.24 | $37.01 | |
| 83499 | Q | ASSAY OF PROGESTERONE 20- | | | | Medicare | $57.23 | $35.48 | $34.34 | |
| 83500 | Q | ASSAY FREE HYDROXYPROLINE | | | | Medicare | $51.42 | $31.88 | $30.85 | |
| 83505 | Q | ASSAY TOTAL HYDROXYPROLINE | | | | Medicare | $55.20 | $34.22 | $33.12 | |
| 83516 | Q | IMMUNOASSAY NONANTIBODY | | | | Medicare | $26.18 | $16.23 | $15.71 | |
| 83518 | Q | IMMUNOASSAY DIPSTICK | | | | Medicare | $19.23 | $11.92 | $11.54 | |
| 83519 | Q | RIA NONANTIBODY | | | | Medicare | $30.67 | $19.02 | $18.40 | |
| 83520 | Q | IMMUNOASSAY QUANT NOS NONAB | | | | Medicare | $29.38 | $18.22 | $17.63 | |
| 83525 | Q | ASSAY OF INSULIN | | | | Medicare | $25.95 | $16.09 | $15.57 | |
| 83527 | Q | ASSAY OF INSULIN | | | | Medicare | $29.40 | $18.23 | $17.64 | |
| 83528 | Q | ASSAY OF INTRINSIC FACTOR | | | | Medicare | $36.12 | $22.39 | $21.67 | |
| 83540 | Q | ASSAY OF IRON | | | | Medicare | $9.87 | $6.12 | $5.92 | |
| 83550 | Q | IRON BINDING TEST | | | | Medicare | $12.30 | $7.63 | $7.38 | |
| 83570 | Q | ASSAY OF IDH ENZYME | | | | Medicare | $20.08 | $12.45 | $12.05 | |
| 83582 | Q | ASSAY OF KETOGENIC STEROIDS | | | | Medicare | $32.18 | $19.95 | $19.31 | |
| 83586 | Q | ASSAY 17- KETOSTEROIDS | | | | Medicare | $29.07 | $18.02 | $17.44 | |
| 83593 | Q | FRACTIONATION KETOSTEROIDS | | | | Medicare | $59.70 | $37.01 | $35.82 | |
| 83605 | Q | ASSAY OF LACTIC ACID | | | | Medicare | $24.25 | $15.04 | $14.55 | |
| 83615 | Q | LACTATE (LD) (LDH) ENZYME | | | | Medicare | $13.70 | $8.49 | $8.22 | |
| 83625 | Q | ASSAY OF LDH ENZYMES | | | | Medicare | $29.05 | $18.01 | $17.43 | |
| 83630 | Q | LACTOFERRIN FECAL (QUAL) | | | | Medicare | $44.57 | $27.63 | $26.74 | |
| 83631 | Q | LACTOFERRIN FECAL (QUANT) | | | | Medicare | $44.57 | $27.63 | $26.74 | |
| 83632 | Q | PLACENTAL LACTOGEN | | | | Medicare | $45.90 | $28.46 | $27.54 | |
| 83633 | Q | TEST URINE FOR LACTOSE | | | | Medicare | $12.48 | $7.74 | $7.49 | |
| 83655 | Q | ASSAY OF LEAD | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 83661 | Q | L/S RATIO FETAL LUNG | | | | Medicare | $49.92 | $30.95 | $29.95 | |
| 83662 | Q | FOAM STABILITY FETAL LUNG | | | | Medicare | $15.37 | $9.53 | $9.22 | |
| 83663 | Q | FLUORO POLARIZE FETAL LUNG | | | | Medicare | $15.37 | $9.53 | $9.22 | |
| 83664 | Q | LAMELLAR BDY FETAL LUNG | | | | Medicare | $15.37 | $9.53 | $9.22 | |
| 83670 | Q | ASSAY OF LAP ENZYME | | | | Medicare | $20.80 | $12.90 | $12.48 | |
| 83690 | Q | ASSAY OF LIPASE | | | | Medicare | $15.20 | $9.42 | $9.12 | |
| 83695 | Q | ASSAY OF LIPOPROTEIN(A) | | | | Medicare | $29.38 | $18.22 | $17.63 | |
| 83698 | Q | ASSAY LIPOPROTEIN PLA2 | | | | Medicare | $77.07 | $47.78 | $46.24 | |
| 83700 | Q | LIPOPRO BLD ELECTROPHORETIC | | | | Medicare | $25.55 | $15.84 | $15.33 | |
| 83701 | Q | LIPOPROTEIN BLD HR FRACTION | | | | Medicare | $56.37 | $34.95 | $33.82 | |
| 83704 | Q | LIPOPROTEIN BLD BY NMR | | | | Medicare | $71.63 | $44.41 | $42.98 | |
| 83718 | Q | ASSAY OF LIPOPROTEIN | | | | Medicare | $18.60 | $11.53 | $11.16 | |
| 83719 | Q | ASSAY OF BLOOD LIPOPROTEIN | | | | Medicare | $26.42 | $16.38 | $15.85 | |
| 83721 | Q | ASSAY OF BLOOD LIPOPROTEIN | | | | Medicare | $21.67 | $13.44 | $13.00 | |
| 83727 | Q | ASSAY OF LRH HORMONE | | | | Medicare | $39.03 | $24.20 | $23.42 | |
| 83735 | Q | ASSAY OF MAGNESIUM | | | | Medicare | $15.20 | $9.42 | $9.12 | |
| 83775 | Q | ASSAY MALATE DEHYDROGENASE | | | | Medicare | $16.73 | $10.37 | $10.04 | |
| 83785 | Q | ASSAY OF MANGANESE | | | | Medicare | $55.85 | $34.63 | $33.51 | |
| 83789 | Q | MASS SPECTROMETRY QUAL/QUAN | | | | Medicare | $41.00 | $25.42 | $24.60 | |
| 83825 | Q | ASSAY OF MERCURY | | | | Medicare | $36.90 | $22.88 | $22.14 | |
| 83835 | Q | ASSAY OF METANEPHRINES | | | | Medicare | $38.45 | $23.84 | $23.07 | |
| 83857 | Q | ASSAY OF METHEMALBUMIN | | | | Medicare | $24.38 | $15.12 | $14.63 | |
| 83861 | Q | MICROFLUID ANALY TEARS | | | | Medicare | $37.50 | $23.25 | $22.50 | |
| 83864 | Q | MUCOPOLYSACCHARIDES | | | | Medicare | $45.22 | $28.04 | $27.13 | |
| 83872 | Q | ASSAY SYNOVIAL FLUID MUCIN | | | | Medicare | $13.30 | $8.25 | $7.98 | |
| 83873 | Q | ASSAY OF CSF PROTEIN | | | | Medicare | $39.07 | $24.22 | $23.44 | |
| 83874 | Q | ASSAY OF MYOGLOBIN | | | | Medicare | $29.32 | $18.18 | $17.59 | |
| 83876 | Q | ASSAY MYELOPEROXIDASE | | | | Medicare | $77.07 | $47.78 | $46.24 | |
| 83880 | Q | ASSAY OF NATRIURETIC PEPTIDE | | | | Medicare | $77.07 | $47.78 | $46.24 | |
| 83883 | Q | ASSAY NEPHELOMETRY NOT SPEC | | | | Medicare | $30.87 | $19.14 | $18.52 | |
| 83885 | Q | ASSAY OF NICKEL | | | | Medicare | $55.63 | $34.49 | $33.38 | |
| 83915 | Q | ASSAY OF NUCLEOTIDASE | | | | Medicare | $25.32 | $15.70 | $15.19 | |
| 83916 | Q | OLIGOCLONAL BANDS | | | | Medicare | $45.65 | $28.30 | $27.39 | |
| 83918 | Q | ORGANIC ACIDS TOTAL QUANT | | | | Medicare | $37.35 | $23.16 | $22.41 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 83919 | Q | ORGANIC ACIDS QUAL EACH | | | | Medicare | $37.35 | $23.16 | $22.41 | |
| 83921 | Q | ORGANIC ACID SINGLE QUANT | | | | Medicare | $37.35 | $23.16 | $22.41 | |
| 83930 | Q | ASSAY OF BLOOD OSMOLALITY | | | | Medicare | $15.02 | $9.31 | $9.01 | |
| 83935 | Q | ASSAY OF URINE OSMOLALITY | | | | Medicare | $15.48 | $9.60 | $9.29 | |
| 83937 | Q | ASSAY OF OSTEOCALCIN | | | | Medicare | $67.77 | $42.02 | $40.66 | |
| 83945 | Q | ASSAY OF OXALATE | | | | Medicare | $29.22 | $18.12 | $17.53 | |
| 83950 | Q | ONCOPROTEIN HER-2/NEU | | | | Medicare | $146.23 | $90.66 | $87.74 | |
| 83951 | Q | ONCOPROTEIN DCP | | | | Medicare | $146.23 | $90.66 | $87.74 | |
| 83970 | Q | ASSAY OF PARATHORMONE | | | | Medicare | $93.72 | $58.11 | $56.23 | |
| 83986 | Q | ASSAY PH BODY FLUID NOS | | | | Medicare | $8.13 | $5.04 | $4.88 | |
| 83987 | Q | EXHALED BREATH CONDENSATE | | | | Medicare | $36.05 | $22.35 | $21.63 | |
| 83992 | Q | ASSAY FOR PHENCYCLIDINE | | | | Medicare | $33.37 | $20.69 | $20.02 | |
| 83993 | Q | ASSAY FOR CALPROTECTIN FECAL | | | | Medicare | $44.57 | $27.63 | $26.74 | |
| 84030 | Q | ASSAY OF BLOOD PKU | | | | Medicare | $12.48 | $7.74 | $7.49 | |
| 84035 | Q | ASSAY OF PHENYLKETONES | | | | Medicare | $8.32 | $5.16 | $4.99 | |
| 84060 | Q | ASSAY ACID PHOSPHATASE | | | | Medicare | $16.77 | $10.40 | $10.06 | |
| 84061 | Q | PHOSPHATASE FORENSIC EXAM | | | | Medicare | $17.95 | $11.13 | $10.77 | |
| 84066 | Q | ASSAY PROSTATE PHOSPHATASE | | | | Medicare | $21.93 | $13.60 | $13.16 | |
| 84075 | Q | ASSAY ALKALINE PHOSPHATASE | | | | Medicare | $11.75 | $7.29 | $7.05 | |
| 84078 | Q | ASSAY ALKALINE PHOSPHATASE | | | | Medicare | $16.58 | $10.28 | $9.95 | |
| 84080 | Q | ASSAY ALKALINE PHOSPHATASES | | | | Medicare | $33.57 | $20.81 | $20.14 | |
| 84081 | Q | ASSAY PHOSPHATIDYLGLYCEROL | | | | Medicare | $37.50 | $23.25 | $22.50 | |
| 84085 | Q | ASSAY OF RBC PG6D ENZYME | | | | Medicare | $15.30 | $9.49 | $9.18 | |
| 84087 | Q | ASSAY PHOSPHOHEXOSE ENZYMES | | | | Medicare | $23.45 | $14.54 | $14.07 | |
| 84100 | Q | ASSAY OF PHOSPHORUS | | | | Medicare | $10.77 | $6.68 | $6.46 | |
| 84105 | Q | ASSAY OF URINE PHOSPHORUS | | | | Medicare | $11.75 | $7.29 | $7.05 | |
| 84106 | Q | TEST FOR PORPHOBILINOGEN | | | | Medicare | $9.72 | $6.03 | $5.83 | |
| 84110 | Q | ASSAY OF PORPHOBILINOGEN | | | | Medicare | $19.17 | $11.89 | $11.50 | |
| 84112 | Q | EVAL AMNIOTIC FLUID PROTEIN | | | | Medicare | $146.23 | $90.66 | $87.74 | |
| 84119 | Q | TEST URINE FOR PORPHYRINS | | | | Medicare | $19.57 | $12.13 | $11.74 | |
| 84120 | Q | ASSAY OF URINE PORPHYRINS | | | | Medicare | $33.40 | $20.71 | $20.04 | |
| 84126 | Q | ASSAY OF FECES PORPHYRINS | | | | Medicare | $57.83 | $35.85 | $34.70 | |
| 84132 | Q | ASSAY OF SERUM POTASSIUM | | | | Medicare | $10.43 | $6.47 | $6.26 | |
| 84133 | Q | ASSAY OF URINE POTASSIUM | | | | Medicare | $9.77 | $6.06 | $5.86 | |
| 84134 | Q | ASSAY OF PREALBUMIN | | | | Medicare | $33.12 | $20.53 | $19.87 | |
| 84135 | Q | ASSAY OF PREGNANEDIOL | | | | Medicare | $43.43 | $26.93 | $26.06 | |
| 84138 | Q | ASSAY OF PREGNANETRIOL | | | | Medicare | $42.98 | $26.65 | $25.79 | |
| 84140 | Q | ASSAY OF PREGNENOLONE | | | | Medicare | $46.93 | $29.10 | $28.16 | |
| 84143 | Q | ASSAY OF 17-HYDROXYPREGNENO | | | | Medicare | $34.93 | $21.66 | $20.96 | |
| 84144 | Q | ASSAY OF PROGESTERONE | | | | Medicare | $47.37 | $29.37 | $28.42 | |
| 84145 | Q | PROCALCITONIN (PCT) | | | | Medicare | $60.82 | $37.71 | $36.49 | |
| 84146 | Q | ASSAY OF PROLACTIN | | | | Medicare | $44.00 | $27.28 | $26.40 | |
| 84150 | Q | ASSAY OF PROSTAGLANDIN | | | | Medicare | $56.67 | $35.14 | $34.00 | |
| 84152 | Q | ASSAY OF PSA COMPLEXED | | | | Medicare | $41.77 | $25.90 | $25.06 | |
| 84153 | Q | ASSAY OF PSA TOTAL | | | | Medicare | $41.77 | $25.90 | $25.06 | |
| 84154 | Q | ASSAY OF PSA FREE | | | | Medicare | $41.77 | $25.90 | $25.06 | |
| 84155 | Q | ASSAY OF PROTEIN SERUM | | | | Medicare | $8.33 | $5.16 | $5.00 | |
| 84156 | Q | ASSAY OF PROTEIN URINE | | | | Medicare | $8.33 | $5.16 | $5.00 | |
| 84157 | Q | ASSAY OF PROTEIN OTHER | | | | Medicare | $8.33 | $5.16 | $5.00 | |
| 84160 | Q | ASSAY OF PROTEIN ANY SOURCE | | | | Medicare | $11.75 | $7.29 | $7.05 | |
| 84163 | Q | PAPPA SERUM | | | | Medicare | $34.18 | $21.19 | $20.51 | |
| 84165 | Q | PROTEIN E-PHORESIS SERUM | | | | Medicare | $24.38 | $15.12 | $14.63 | |
| 84166 | Q | PROTEIN E-PHORESIS/URINE/CSF | | | | Medicare | $40.48 | $25.10 | $24.29 | |
| 84181 | Q | WESTERN BLOT TEST | | | | Medicare | $38.67 | $23.98 | $23.20 | |
| 84182 | Q | PROTEIN WESTERN BLOT TEST | | | | Medicare | $40.87 | $25.34 | $24.52 | |
| 84202 | Q | ASSAY RBC PROTOPORPHYRIN | | | | Medicare | $32.57 | $20.19 | $19.54 | |
| 84203 | Q | TEST RBC PROTOPORPHYRIN | | | | Medicare | $19.55 | $12.12 | $11.73 | |
| 84206 | Q | ASSAY OF PROINSULIN | | | | Medicare | $40.43 | $25.07 | $24.26 | |
| 84207 | Q | ASSAY OF VITAMIN B-6 | | | | Medicare | $63.78 | $39.54 | $38.27 | |
| 84210 | Q | ASSAY OF PYRUVATE | | | | Medicare | $24.65 | $15.28 | $14.79 | |
| 84220 | Q | ASSAY OF PYRUVATE KINASE | | | | Medicare | $21.43 | $13.29 | $12.86 | |
| 84228 | Q | ASSAY OF QUININE | | | | Medicare | $26.42 | $16.38 | $15.85 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 84233 | Q | ASSAY OF ESTROGEN | | | | Medicare | $146.23 | $90.66 | $87.74 | |
| 84234 | Q | ASSAY OF PROGESTERONE | | | | Medicare | $147.30 | $91.33 | $88.38 | |
| 84235 | Q | ASSAY OF ENDOCRINE HORMONE | | | | Medicare | $118.83 | $73.67 | $71.30 | |
| 84238 | Q | ASSAY NONENDOCRINE RECEPTOR | | | | Medicare | $83.03 | $51.48 | $49.82 | |
| 84244 | Q | ASSAY OF RENIN | | | | Medicare | $49.93 | $30.96 | $29.96 | |
| 84252 | Q | ASSAY OF VITAMIN B-2 | | | | Medicare | $45.95 | $28.49 | $27.57 | |
| 84255 | Q | ASSAY OF SELENIUM | | | | Medicare | $57.97 | $35.94 | $34.78 | |
| 84260 | Q | ASSAY OF SEROTONIN | | | | Medicare | $70.33 | $43.60 | $42.20 | |
| 84270 | Q | ASSAY OF SEX HORMONE GLOBUL | | | | Medicare | $49.35 | $30.60 | $29.61 | |
| 84275 | Q | ASSAY OF SIALIC ACID | | | | Medicare | $30.50 | $18.91 | $18.30 | |
| 84285 | Q | ASSAY OF SILICA | | | | Medicare | $53.45 | $33.14 | $32.07 | |
| 84295 | Q | ASSAY OF SERUM SODIUM | | | | Medicare | $10.93 | $6.78 | $6.56 | |
| 84300 | Q | ASSAY OF URINE SODIUM | | | | Medicare | $11.05 | $6.85 | $6.63 | |
| 84302 | Q | ASSAY OF SWEAT SODIUM | | | | Medicare | $11.05 | $6.85 | $6.63 | |
| 84305 | Q | ASSAY OF SOMATOMEDIN | | | | Medicare | $48.27 | $29.93 | $28.96 | |
| 84307 | Q | ASSAY OF SOMATOSTATIN | | | | Medicare | $41.50 | $25.73 | $24.90 | |
| 84311 | Q | SPECTROPHOTOMETRY | | | | Medicare | $15.87 | $9.84 | $9.52 | |
| 84315 | Q | BODY FLUID SPECIFIC GRAVITY | | | | Medicare | $5.70 | $3.53 | $3.42 | |
| 84375 | Q | CHROMATOGRAM ASSAY SUGARS | | | | Medicare | $44.52 | $27.60 | $26.71 | |
| 84376 | Q | SUGARS SINGLE QUAL | | | | Medicare | $12.48 | $7.74 | $7.49 | |
| 84377 | Q | SUGARS MULTIPLE QUAL | | | | Medicare | $12.48 | $7.74 | $7.49 | |
| 84378 | Q | SUGARS SINGLE QUANT | | | | Medicare | $26.17 | $16.23 | $15.70 | |
| 84379 | Q | SUGARS MULTIPLE QUANT | | | | Medicare | $26.17 | $16.23 | $15.70 | |
| 84392 | Q | ASSAY OF URINE SULFATE | | | | Medicare | $10.78 | $6.68 | $6.47 | |
| 84402 | Q | ASSAY OF FREE TESTOSTERONE | | | | Medicare | $57.82 | $35.85 | $34.69 | |
| 84403 | Q | ASSAY OF TOTAL TESTOSTERONE | | | | Medicare | $58.62 | $36.34 | $35.17 | |
| 84425 | Q | ASSAY OF VITAMIN B-1 | | | | Medicare | $48.20 | $29.88 | $28.92 | |
| 84430 | Q | ASSAY OF THIOCYANATE | | | | Medicare | $26.42 | $16.38 | $15.85 | |
| 84431 | Q | THROMBOXANE URINE | | | | Medicare | $38.15 | $23.65 | $22.89 | |
| 84432 | Q | ASSAY OF THYROGLOBULIN | | | | Medicare | $36.47 | $22.61 | $21.88 | |
| 84436 | Q | ASSAY OF TOTAL THYROXINE | | | | Medicare | $15.58 | $9.66 | $9.35 | |
| 84437 | Q | ASSAY OF NEONATAL THYROXINE | | | | Medicare | $14.68 | $9.10 | $8.81 | |
| 84439 | Q | ASSAY OF FREE THYROXINE | | | | Medicare | $20.47 | $12.69 | $12.28 | |
| 84442 | Q | ASSAY OF THYROID ACTIVITY | | | | Medicare | $33.57 | $20.81 | $20.14 | |
| 84443 | Q | ASSAY THYROID STIM HORMONE | | | | Medicare | $38.15 | $23.65 | $22.89 | |
| 84445 | Q | ASSAY OF TSI GLOBULIN | | | | Medicare | $115.45 | $71.58 | $69.27 | |
| 84446 | Q | ASSAY OF VITAMIN E | | | | Medicare | $32.18 | $19.95 | $19.31 | |
| 84449 | Q | ASSAY OF TRANSCORTIN | | | | Medicare | $40.87 | $25.34 | $24.52 | |
| 84450 | Q | TRANSFERASE (AST) (SGOT) | | | | Medicare | $11.75 | $7.29 | $7.05 | |
| 84460 | Q | ALANINE AMINO (ALT) (SGPT) | | | | Medicare | $12.03 | $7.46 | $7.22 | |
| 84466 | Q | ASSAY OF TRANSFERRIN | | | | Medicare | $28.98 | $17.97 | $17.39 | |
| 84478 | Q | ASSAY OF TRIGLYCERIDES | | | | Medicare | $13.05 | $8.09 | $7.83 | |
| 84479 | Q | ASSAY OF THYROID (T3 OR T4) | | | | Medicare | $14.68 | $9.10 | $8.81 | |
| 84480 | Q | ASSAY TRIIODOTHYRONINE (T3) | | | | Medicare | $32.18 | $19.95 | $19.31 | |
| 84481 | Q | FREE ASSAY (FT-3) | | | | Medicare | $38.45 | $23.84 | $23.07 | |
| 84482 | Q | T3 REVERSE | | | | Medicare | $35.78 | $22.18 | $21.47 | |
| 84484 | Q | ASSAY OF TROPONIN QUANT | | | | Medicare | $22.33 | $13.84 | $13.40 | |
| 84485 | Q | ASSAY DUODENAL FLUID TRYPSIN | | | | Medicare | $17.05 | $10.57 | $10.23 | |
| 84488 | Q | TEST FECES FOR TRYPSIN | | | | Medicare | $16.58 | $10.28 | $9.95 | |
| 84490 | Q | ASSAY OF FECES FOR TRYPSIN | | | | Medicare | $17.25 | $10.70 | $10.35 | |
| 84510 | Q | ASSAY OF TYROSINE | | | | Medicare | $23.62 | $14.64 | $14.17 | |
| 84512 | Q | ASSAY OF TROPONIN QUAL | | | | Medicare | $17.48 | $10.84 | $10.49 | |
| 84520 | Q | ASSAY OF UREA NITROGEN | | | | Medicare | $8.97 | $5.56 | $5.38 | |
| 84525 | Q | UREA NITROGEN SEMI-QUANT | | | | Medicare | $8.55 | $5.30 | $5.13 | |
| 84540 | Q | ASSAY OF URINE/UREA-N | | | | Medicare | $10.78 | $6.68 | $6.47 | |
| 84545 | Q | UREA-N CLEARANCE TEST | | | | Medicare | $15.00 | $9.30 | $9.00 | |
| 84550 | Q | ASSAY OF BLOOD/URIC ACID | | | | Medicare | $10.27 | $6.37 | $6.16 | |
| 84560 | Q | ASSAY OF URINE/URIC ACID | | | | Medicare | $10.78 | $6.68 | $6.47 | |
| 84577 | Q | ASSAY OF FECES/UROBILINOGEN | | | | Medicare | $28.33 | $17.56 | $17.00 | |
| 84578 | Q | TEST URINE UROBILINOGEN | | | | Medicare | $7.38 | $4.58 | $4.43 | |
| 84580 | Q | ASSAY OF URINE UROBILINOGEN | | | | Medicare | $16.10 | $9.98 | $9.66 | |
| 84583 | Q | ASSAY OF URINE UROBILINOGEN | | | | Medicare | $11.42 | $7.08 | $6.85 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 84585 | Q | ASSAY OF URINE VMA | | | | Medicare | $35.18 | $21.81 | $21.11 | |
| 84586 | Q | ASSAY OF VIP | | | | Medicare | $80.22 | $49.74 | $48.13 | |
| 84588 | Q | ASSAY OF VASOPRESSIN | | | | Medicare | $77.07 | $47.78 | $46.24 | |
| 84590 | Q | ASSAY OF VITAMIN A | | | | Medicare | $26.35 | $16.34 | $15.81 | |
| 84591 | Q | ASSAY OF NOS VITAMIN | | | | Medicare | $26.35 | $16.34 | $15.81 | |
| 84597 | Q | ASSAY OF VITAMIN K | | | | Medicare | $31.15 | $19.31 | $18.69 | |
| 84600 | Q | ASSAY OF VOLATILES | | | | Medicare | $36.50 | $22.63 | $21.90 | |
| 84620 | Q | XYLOSE TOLERANCE TEST | | | | Medicare | $26.90 | $16.68 | $16.14 | |
| 84630 | Q | ASSAY OF ZINC | | | | Medicare | $25.85 | $16.03 | $15.51 | |
| 84681 | Q | ASSAY OF C-PEPTIDE | | | | Medicare | $36.97 | $22.92 | $22.18 | |
| 84702 | Q | CHORIONIC GONADOTROPIN TEST | | | | Medicare | $34.18 | $21.19 | $20.51 | |
| 84703 | Q | CHORIONIC GONADOTROPIN ASSAY | | | | Medicare | $17.07 | $10.58 | $10.24 | |
| 84704 | Q | HCG FREE BETACHAIN TEST | | | | Medicare | $34.18 | $21.19 | $20.51 | |
| 84830 | Q | OVULATION TESTS | | | | Medicare | $9.02 | $5.59 | $5.41 | |
| 84999 | N | CLINICAL CHEMISTRY TEST | | | | Bundled | $0.00 | | | |
| 85002 | Q | BLEEDING TIME TEST | | | | Medicare | $10.23 | $6.34 | $6.14 | |
| 85004 | Q | AUTOMATED DIFF WBC COUNT | | | | Medicare | $14.68 | $9.10 | $8.81 | |
| 85007 | Q | BL SMEAR W/DIFF WBC COUNT | | | | Medicare | $7.80 | $4.84 | $4.68 | |
| 85008 | Q | BL SMEAR W/O DIFF WBC COUNT | | | | Medicare | $7.80 | $4.84 | $4.68 | |
| 85009 | Q | MANUAL DIFF WBC COUNT B-COAT | | | | Medicare | $6.53 | $4.05 | $3.92 | |
| 85013 | Q | SPUN MICROHEMATOCRIT | | | | Medicare | $5.38 | $3.34 | $3.23 | |
| 85014 | Q | HEMATOCRIT | | | | Medicare | $5.38 | $3.34 | $3.23 | |
| 85018 | Q | HEMOGLOBIN | | | | Medicare | $5.38 | $3.34 | $3.23 | |
| 85025 | Q | COMPLETE CBC W/AUTO DIFF WBC | | | | Medicare | $17.65 | $10.94 | $10.59 | |
| 85027 | Q | COMPLETE CBC AUTOMATED | | | | Medicare | $14.68 | $9.10 | $8.81 | |
| 85032 | Q | MANUAL CELL COUNT EACH | | | | Medicare | $9.77 | $6.06 | $5.86 | |
| 85041 | Q | AUTOMATED RBC COUNT | | | | Medicare | $6.85 | $4.25 | $4.11 | |
| 85044 | Q | MANUAL RETICULOCYTE COUNT | | | | Medicare | $9.77 | $6.06 | $5.86 | |
| 85045 | Q | AUTOMATED RETICULOCYTE COUNT | | | | Medicare | $9.08 | $5.63 | $5.45 | |
| 85046 | Q | RETICYTE/HGB CONCENTRATE | | | | Medicare | $12.65 | $7.84 | $7.59 | |
| 85048 | Q | AUTOMATED LEUKOCYTE COUNT | | | | Medicare | $5.77 | $3.58 | $3.46 | |
| 85049 | Q | AUTOMATED PLATELET COUNT | | | | Medicare | $10.17 | $6.31 | $6.10 | |
| 85055 | Q | RETICULATED PLATELET ASSAY | | | | Medicare | $60.78 | $37.68 | $36.47 | |
| 85060 | E | BLOOD SMEAR INTERPRETATION | | | | Not Allowed | $0.00 | | | |
| 85097 | N | BONE MARROW INTERPRETATION | | 05674 | 5.9753 | Bundled, sometimes payable | $338.44 | | | |
| 85130 | Q | CHROMOGENIC SUBSTRATE ASSAY | | | | Medicare | $27.00 | $16.74 | $16.20 | |
| 85170 | Q | BLOOD CLOT RETRACTION | | | | Medicare | $8.22 | $5.10 | $4.93 | |
| 85175 | Q | BLOOD CLOT LYSIS TIME | | | | Medicare | $10.33 | $6.40 | $6.20 | |
| 85210 | Q | CLOT FACTOR II PROTHROM SPEC | | | | Medicare | $29.48 | $18.28 | $17.69 | |
| 85220 | Q | BLOOC CLOT FACTOR V TEST | | | | Medicare | $40.07 | $24.84 | $24.04 | |
| 85230 | Q | CLOT FACTOR VII PROCONVERTIN | | | | Medicare | $40.65 | $25.20 | $24.39 | |
| 85240 | Q | CLOT FACTOR VIII AHG 1 STAGE | | | | Medicare | $40.65 | $25.20 | $24.39 | |
| 85244 | Q | CLOT FACTOR VIII RELTD ANTGN | | | | Medicare | $46.37 | $28.75 | $27.82 | |
| 85245 | Q | CLOT FACTOR VIII VW RISTOCTN | | | | Medicare | $52.08 | $32.29 | $31.25 | |
| 85246 | Q | CLOT FACTOR VIII VW ANTIGEN | | | | Medicare | $52.08 | $32.29 | $31.25 | |
| 85247 | Q | CLOT FACTOR VIII MULTIMETRIC | | | | Medicare | $52.08 | $32.29 | $31.25 | |
| 85250 | Q | CLOT FACTOR IX PTC/CHRSTMAS | | | | Medicare | $43.23 | $26.80 | $25.94 | |
| 85260 | Q | CLOT FACTOR X STUART-POWER | | | | Medicare | $40.65 | $25.20 | $24.39 | |
| 85270 | Q | CLOT FACTOR XI PTA | | | | Medicare | $40.65 | $25.20 | $24.39 | |
| 85280 | Q | CLOT FACTOR XII HAGEMAN | | | | Medicare | $43.93 | $27.24 | $26.36 | |
| 85290 | Q | CLOT FACTOR XIII FIBRIN STAB | | | | Medicare | $37.10 | $23.00 | $22.26 | |
| 85291 | Q | CLOT FACTOR XIII FIBRIN SCRN | | | | Medicare | $20.20 | $12.52 | $12.12 | |
| 85292 | Q | CLOT FACTOR FLETCHER FACT | | | | Medicare | $43.00 | $26.66 | $25.80 | |
| 85293 | Q | CLOT FACTOR WGHT KININOGEN | | | | Medicare | $43.00 | $26.66 | $25.80 | |
| 85300 | Q | ANTITHROMBIN III ACTIVITY | | | | Medicare | $26.92 | $16.69 | $16.15 | |
| 85301 | Q | ANTITHROMBIN III ANTIGEN | | | | Medicare | $24.55 | $15.22 | $14.73 | |
| 85302 | Q | CLOT INHIBIT PROT C ANTIGEN | | | | Medicare | $27.28 | $16.91 | $16.37 | |
| 85303 | Q | CLOT INHIBIT PROT C ACTIVITY | | | | Medicare | $31.40 | $19.47 | $18.84 | |
| 85305 | Q | CLOT INHIBIT PROT S TOTAL | | | | Medicare | $26.35 | $16.34 | $15.81 | |
| 85306 | Q | CLOT INHIBIT PROT S FREE | | | | Medicare | $34.80 | $21.58 | $20.88 | |
| 85307 | Q | ASSAY ACTIVATED PROTEIN C | | | | Medicare | $34.80 | $21.58 | $20.88 | |
| 85335 | Q | FACTOR INHIBITOR TEST | | | | Medicare | $29.22 | $18.12 | $17.53 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 85337 | Q | THROMBOMODULIN | | | | Medicare | $23.67 | $14.68 | $14.20 | |
| 85345 | Q | COAGULATION TIME LEE & WHITE | | | | Medicare | $9.77 | $6.06 | $5.86 | |
| 85347 | Q | COAGULATION TIME ACTIVATED | | | | Medicare | $9.67 | $6.00 | $5.80 | |
| 85348 | Q | COAGULATION TIME OTR METHOD | | | | Medicare | $8.47 | $5.25 | $5.08 | |
| 85360 | Q | EUGLOBULIN LYSIS | | | | Medicare | $19.08 | $11.83 | $11.45 | |
| 85362 | Q | FIBRIN DEGRADATION PRODUCTS | | | | Medicare | $15.63 | $9.69 | $9.38 | |
| 85366 | Q | FIBRINOGEN TEST | | | | Medicare | $19.57 | $12.13 | $11.74 | |
| 85370 | Q | FIBRINOGEN TEST | | | | Medicare | $25.78 | $15.98 | $15.47 | |
| 85378 | Q | FIBRIN DEGRADE SEMIQUANT | | | | Medicare | $16.20 | $10.04 | $9.72 | |
| 85379 | Q | FIBRIN DEGRADATION QUANT | | | | Medicare | $23.12 | $14.33 | $13.87 | |
| 85380 | Q | FIBRIN DEGRADJ D-DIMER | | | | Medicare | $23.12 | $14.33 | $13.87 | |
| 85384 | Q | FIBRINOGEN ACTIVITY | | | | Medicare | $19.28 | $11.95 | $11.57 | |
| 85385 | Q | FIBRINOGEN ANTIGEN | | | | Medicare | $19.28 | $11.95 | $11.57 | |
| 85390 | Q | FIBRINOLYSINS SCREEN I&R | | | | Medicare | $11.73 | $7.27 | $7.04 | |
| 85396 | N | CLOTTING ASSAY WHOLE BLOOD | | | | Bundled | $0.00 | | | |
| 85397 | Q | CLOTTING FUNCT ACTIVITY | | | | Medicare | $52.08 | $32.29 | $31.25 | |
| 85400 | Q | FIBRINOLYTIC PLASMIN | | | | Medicare | $20.08 | $12.45 | $12.05 | |
| 85410 | Q | FIBRINOLYTIC ANTIPLASMIN | | | | Medicare | $17.50 | $10.85 | $10.50 | |
| 85415 | Q | FIBRINOLYTIC PLASMINOGEN | | | | Medicare | $39.03 | $24.20 | $23.42 | |
| 85420 | Q | FIBRINOLYTIC PLASMINOGEN | | | | Medicare | $14.83 | $9.19 | $8.90 | |
| 85421 | Q | FIBRINOLYTIC PLASMINOGEN | | | | Medicare | $23.13 | $14.34 | $13.88 | |
| 85441 | Q | HEINZ BODIES DIRECT | | | | Medicare | $9.55 | $5.92 | $5.73 | |
| 85445 | Q | HEINZ BODIES INDUCED | | | | Medicare | $15.48 | $9.60 | $9.29 | |
| 85460 | Q | HEMOGLOBIN FETAL | | | | Medicare | $17.57 | $10.89 | $10.54 | |
| 85461 | Q | HEMOGLOBIN FETAL | | | | Medicare | $15.07 | $9.34 | $9.04 | |
| 85475 | Q | HEMOLYSIN ACID | | | | Medicare | $20.15 | $12.49 | $12.09 | |
| 85520 | Q | HEPARIN ASSAY | | | | Medicare | $29.72 | $18.43 | $17.83 | |
| 85525 | Q | HEPARIN NEUTRALIZATION | | | | Medicare | $26.88 | $16.67 | $16.13 | |
| 85530 | Q | HEPARIN-PROTAMINE TOLERANCE | | | | Medicare | $32.18 | $19.95 | $19.31 | |
| 85536 | Q | IRON STAIN PERIPHERAL BLOOD | | | | Medicare | $14.68 | $9.10 | $8.81 | |
| 85540 | Q | WBC ALKALINE PHOSPHATASE | | | | Medicare | $19.53 | $12.11 | $11.72 | |
| 85547 | Q | RBC MECHANICAL FRAGILITY | | | | Medicare | $19.53 | $12.11 | $11.72 | |
| 85549 | Q | MURAMIDASE | | | | Medicare | $42.57 | $26.39 | $25.54 | |
| 85555 | Q | RBC OSMOTIC FRAGILITY | | | | Medicare | $15.17 | $9.41 | $9.10 | |
| 85557 | Q | RBC OSMOTIC FRAGILITY | | | | Medicare | $30.33 | $18.80 | $18.20 | |
| 85576 | Q | BLOOD PLATELET AGGREGATION | | | | Medicare | $48.78 | $30.24 | $29.27 | |
| 85597 | Q | PHOSPHOLIPID PLTLT NEUTRALIZ | | | | Medicare | $12.15 | $7.53 | $7.29 | |
| 85598 | Q | HEXAGNAL PHOSPH PLTLT NEUTRL | | | | Medicare | $12.15 | $7.53 | $7.29 | |
| 85610 | Q | PROTHROMBIN TIME | | | | Medicare | $8.93 | $5.54 | $5.36 | |
| 85611 | Q | PROTHROMBIN TEST | | | | Medicare | $8.95 | $5.55 | $5.37 | |
| 85612 | Q | VIPER VENOM PROTHROMBIN TIME | | | | Medicare | $21.75 | $13.49 | $13.05 | |
| 85613 | Q | RUSSELL VIPER VENOM DILUTED | | | | Medicare | $21.75 | $13.49 | $13.05 | |
| 85635 | Q | REPTILASE TEST | | | | Medicare | $22.35 | $13.86 | $13.41 | |
| 85651 | Q | RBC SED RATE NONAUTOMATED | | | | Medicare | $8.05 | $4.99 | $4.83 | |
| 85652 | Q | RBC SED RATE AUTOMATED | | | | Medicare | $6.13 | $3.80 | $3.68 | |
| 85660 | Q | RBC SICKLE CELL TEST | | | | Medicare | $12.52 | $7.76 | $7.51 | |
| 85670 | Q | THROMBIN TIME PLASMA | | | | Medicare | $13.10 | $8.12 | $7.86 | |
| 85675 | Q | THROMBIN TIME TITER | | | | Medicare | $15.53 | $9.63 | $9.32 | |
| 85705 | Q | THROMBOPLASTIN INHIBITION | | | | Medicare | $21.42 | $13.28 | $12.85 | |
| 85730 | Q | THROMBOPLASTIN TIME PARTIAL | | | | Medicare | $13.63 | $8.45 | $8.18 | |
| 85732 | Q | THROMBOPLASTIN TIME PARTIAL | | | | Medicare | $14.68 | $9.10 | $8.81 | |
| 85810 | Q | BLOOD VISCOSITY EXAMINATION | | | | Medicare | $26.50 | $16.43 | $15.90 | |
| 85999 | N | HEMATOLOGY PROCEDURE | | | | Bundled | $0.00 | | | |
| 86000 | Q | AGGLUTININS FEBRILE ANTIGEN | | | | Medicare | $15.85 | $9.83 | $9.51 | |
| 86001 | Q | ALLERGEN SPECIFIC IGG | | | | Medicare | $6.57 | $4.07 | $3.94 | |
| 86003 | Q | ALLERGEN SPECIFIC IGE | | | | Medicare | $6.57 | $4.07 | $3.94 | |
| 86005 | Q | ALLERGEN SPECIFIC IGE | | | | Medicare | $18.10 | $11.22 | $10.86 | |
| 86021 | Q | WBC ANTIBODY IDENTIFICATION | | | | Medicare | $34.18 | $21.19 | $20.51 | |
| 86022 | Q | PLATELET ANTIBODIES | | | | Medicare | $41.70 | $25.85 | $25.02 | |
| 86023 | Q | IMMUNOGLOBULIN ASSAY | | | | Medicare | $28.28 | $17.53 | $16.97 | |
| 86038 | Q | ANTINUCLEAR ANTIBODIES | | | | Medicare | $27.45 | $17.02 | $16.47 | |
| 86039 | Q | ANTINUCLEAR ANTIBODIES (ANA) | | | | Medicare | $25.33 | $15.70 | $15.20 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 86060 | Q | ANTISTREPTOLYSIN O TITER | | | | Medicare | $16.58 | $10.28 | $9.95 | |
| 86063 | Q | ANTISTREPTOLYSIN O SCREEN | | | | Medicare | $13.10 | $8.12 | $7.86 | |
| 86077 | N | PHYS BLOOD BANK SERV XMATCH | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 86078 | N | PHYS BLOOD BANK SERV REACTJ | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |
| 86079 | N | PHYS BLOOD BANK SERV AUTHRJ | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |
| 86140 | Q | C-REACTIVE PROTEIN | | | | Medicare | $11.75 | $7.29 | $7.05 | |
| 86141 | Q | C-REACTIVE PROTEIN HS | | | | Medicare | $29.38 | $18.22 | $17.63 | |
| 86146 | Q | BETA-2 GLYCOPROTEIN ANTIBODY | | | | Medicare | $57.77 | $35.82 | $34.66 | |
| 86147 | Q | CARDIOLIPIN ANTIBODY EA IG | | | | Medicare | $57.77 | $35.82 | $34.66 | |
| 86148 | Q | ANTI-PHOSPHOLIPID ANTIBODY | | | | Medicare | $36.48 | $22.62 | $21.89 | |
| 86152 | Q | CELL ENUMERATION & ID | | | | Medicare | $557.83 | $345.85 | $334.70 | |
| 86153 | E | CELL ENUMERATION PHYS INTERP | | | | Not Allowed | $0.00 | | | |
| 86155 | Q | CHEMOTAXIS ASSAY | | | | Medicare | $36.30 | $22.51 | $21.78 | |
| 86156 | Q | COLD AGGLUTININ SCREEN | | | | Medicare | $15.20 | $9.42 | $9.12 | |
| 86157 | Q | COLD AGGLUTININ TITER | | | | Medicare | $18.30 | $11.35 | $10.98 | |
| 86160 | Q | COMPLEMENT ANTIGEN | | | | Medicare | $27.25 | $16.90 | $16.35 | |
| 86161 | Q | COMPLEMENT/FUNCTION ACTIVITY | | | | Medicare | $27.25 | $16.90 | $16.35 | |
| 86162 | Q | COMPLEMENT TOTAL (CH50) | | | | Medicare | $43.73 | $27.11 | $26.24 | |
| 86171 | Q | COMPLEMENT FIXATION EACH | | | | Medicare | $22.73 | $14.09 | $13.64 | |
| 86185 | Q | COUNTERIMMUNOELECTROPHORESIS | | | | Medicare | $20.32 | $12.60 | $12.19 | |
| 86200 | Q | CCP ANTIBODY | | | | Medicare | $29.38 | $18.22 | $17.63 | |
| 86215 | Q | DEOXYRIBONUCLEASE ANTIBODY | | | | Medicare | $30.08 | $18.65 | $18.05 | |
| 86225 | Q | DNA ANTIBODY NATIVE | | | | Medicare | $31.18 | $19.33 | $18.71 | |
| 86226 | Q | DNA ANTIBODY SINGLE STRAND | | | | Medicare | $25.12 | $15.57 | $15.07 | |
| 86235 | Q | NUCLEAR ANTIGEN ANTIBODY | | | | Medicare | $40.72 | $25.25 | $24.43 | |
| 86243 | Q | FC RECEPTOR | | | | Medicare | $46.58 | $28.88 | $27.95 | |
| 86255 | Q | FLUORESCENT ANTIBODY SCREEN | | | | Medicare | $27.35 | $16.96 | $16.41 | |
| 86256 | Q | FLUORESCENT ANTIBODY TITER | | | | Medicare | $27.35 | $16.96 | $16.41 | |
| 86277 | Q | GROWTH HORMONE ANTIBODY | | | | Medicare | $35.73 | $22.15 | $21.44 | |
| 86280 | Q | HEMAGGLUTINATION INHIBITION | | | | Medicare | $18.60 | $11.53 | $11.16 | |
| 86294 | Q | IMMUNOASSAY TUMOR QUAL | | | | Medicare | $44.55 | $27.62 | $26.73 | |
| 86300 | Q | IMMUNOASSAY TUMOR CA 15-3 | | | | Medicare | $47.25 | $29.30 | $28.35 | |
| 86301 | Q | IMMUNOASSAY TUMOR CA 19-9 | | | | Medicare | $47.25 | $29.30 | $28.35 | |
| 86304 | Q | IMMUNOASSAY TUMOR CA 125 | | | | Medicare | $47.25 | $29.30 | $28.35 | |
| 86305 | Q | HUMAN EPIDIDYMIS PROTEIN 4 | | | | Medicare | $47.25 | $29.30 | $28.35 | |
| 86308 | Q | HETEROPHILE ANTIBODY SCREEN | | | | Medicare | $9.35 | $5.80 | $5.61 | |
| 86309 | Q | HETEROPHILE ANTIBODY TITER | | | | Medicare | $14.68 | $9.10 | $8.81 | |
| 86310 | Q | HETEROPHILE ANTIBODY ABSRBJ | | | | Medicare | $16.73 | $10.37 | $10.04 | |
| 86316 | Q | IMMUNOASSAY TUMOR OTHER | | | | Medicare | $47.25 | $29.30 | $28.35 | |
| 86317 | Q | IMMUNOASSAY INFECTIOUS AGENT | | | | Medicare | $25.15 | $15.59 | $15.09 | |
| 86318 | Q | IMMUNOASSAY INFECTIOUS AGENT | | | | Medicare | $29.38 | $18.22 | $17.63 | |
| 86320 | Q | SERUM IMMUNOELECTROPHORESIS | | | | Medicare | $50.88 | $31.55 | $30.53 | |
| 86325 | Q | OTHER IMMUNOELECTROPHORESIS | | | | Medicare | $50.78 | $31.48 | $30.47 | |
| 86327 | Q | IMMUNOELECTROPHORESIS ASSAY | | | | Medicare | $51.52 | $31.94 | $30.91 | |
| 86329 | Q | IMMUNODIFFUSION NES | | | | Medicare | $31.88 | $19.77 | $19.13 | |
| 86331 | Q | IMMUNODIFFUSION OUCHTERLONY | | | | Medicare | $27.20 | $16.86 | $16.32 | |
| 86332 | Q | IMMUNE COMPLEX ASSAY | | | | Medicare | $55.33 | $34.30 | $33.20 | |
| 86334 | Q | IMMUNOFIX E-PHORESIS SERUM | | | | Medicare | $50.73 | $31.45 | $30.44 | |
| 86335 | Q | IMMUNFIX E-PHORSIS/URINE/CSF | | | | Medicare | $66.62 | $41.30 | $39.97 | |
| 86336 | Q | INHIBIN A | | | | Medicare | $35.38 | $21.94 | $21.23 | |
| 86337 | Q | INSULIN ANTIBODIES | | | | Medicare | $48.60 | $30.13 | $29.16 | |
| 86340 | Q | INTRINSIC FACTOR ANTIBODY | | | | Medicare | $34.23 | $21.22 | $20.54 | |
| 86341 | Q | ISLET CELL ANTIBODY | | | | Medicare | $44.92 | $27.85 | $26.95 | |
| 86343 | Q | LEUKOCYTE HISTAMINE RELEASE | | | | Medicare | $28.30 | $17.55 | $16.98 | |
| 86344 | Q | LEUKOCYTE PHAGOCYTOSIS | | | | Medicare | $18.13 | $11.24 | $10.88 | |
| 86352 | Q | CELL FUNCTION ASSAY W/STIM | | | | Medicare | $308.45 | $191.24 | $185.07 | |
| 86353 | Q | LYMPHOCYTE TRANSFORMATION | | | | Medicare | $111.32 | $69.02 | $66.79 | |
| 86355 | Q | B CELLS TOTAL COUNT | | | | Medicare | $85.65 | $53.10 | $51.39 | |
| 86356 | Q | MONONUCLEAR CELL ANTIGEN | | | | Medicare | $60.78 | $37.68 | $36.47 | |
| 86357 | Q | NK CELLS TOTAL COUNT | | | | Medicare | $85.65 | $53.10 | $51.39 | |
| 86359 | Q | T CELLS TOTAL COUNT | | | | Medicare | $85.65 | $53.10 | $51.39 | |
| 86360 | Q | T CELL ABSOLUTE COUNT/RATIO | | | | Medicare | $106.68 | $66.14 | $64.01 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 86361 | Q | T CELL ABSOLUTE COUNT | | | | Medicare | $60.78 | $37.68 | $36.47 | |
| 86367 | Q | STEM CELLS TOTAL COUNT | | | | Medicare | $85.65 | $53.10 | $51.39 | |
| 86376 | Q | MICROSOMAL ANTIBODY EACH | | | | Medicare | $33.03 | $20.48 | $19.82 | |
| 86378 | Q | MIGRATION INHIBITORY FACTOR | | | | Medicare | $44.72 | $27.73 | $26.83 | |
| 86382 | Q | NEUTRALIZATION TEST VIRAL | | | | Medicare | $38.40 | $23.81 | $23.04 | |
| 86384 | Q | NITROBLUE TETRAZOLIUM DYE | | | | Medicare | $25.85 | $16.03 | $15.51 | |
| 86386 | Q | NUCLEAR MATRIX PROTEIN 22 | | | | Medicare | $36.27 | $22.49 | $21.76 | |
| 86403 | Q | PARTICLE AGGLUT ANTBDY SCRN | | | | Medicare | $23.13 | $14.34 | $13.88 | |
| 86406 | Q | PARTICLE AGGLUT ANTBDY TITR | | | | Medicare | $24.15 | $14.97 | $14.49 | |
| 86430 | Q | RHEUMATOID FACTOR TEST QUAL | | | | Medicare | $12.88 | $7.99 | $7.73 | |
| 86431 | Q | RHEUMATOID FACTOR QUANT | | | | Medicare | $12.88 | $7.99 | $7.73 | |
| 86480 | Q | TB TEST CELL IMMUN MEASURE | | | | Medicare | $140.72 | $87.25 | $84.43 | |
| 86481 | Q | TB AG RESPONSE T-CELL SUSP | | | | Medicare | $170.12 | $105.47 | $102.07 | |
| 86485 | N | SKIN TEST CANDIDA | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 86486 | N | SKIN TEST NOS ANTIGEN | | 05731 | 0.1722 | Bundled, sometimes payable | $9.75 | | | |
| 86490 | N | COCCIDIOIDOMYCOSIS SKIN TEST | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 86510 | N | HISTOPLASMOSIS SKIN TEST | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 86580 | N | TB INTRADERMAL TEST | | 05731 | 0.1722 | Bundled, sometimes payable | $9.75 | | | |
| 86590 | Q | STREPTOKINASE ANTIBODY | | | | Medicare | $25.07 | $15.54 | $15.04 | |
| 86592 | Q | SYPHILIS TEST NON-TREP QUAL | | | | Medicare | $9.70 | $6.01 | $5.82 | |
| 86593 | Q | SYPHILIS TEST NON-TREP QUANT | | | | Medicare | $9.98 | $6.19 | $5.99 | |
| 86602 | Q | ANTINOMYCES ANTIBODY | | | | Medicare | $23.12 | $14.33 | $13.87 | |
| 86603 | Q | ADENOVIRUS ANTIBODY | | | | Medicare | $29.20 | $18.10 | $17.52 | |
| 86606 | Q | ASPERGILLUS ANTIBODY | | | | Medicare | $34.18 | $21.19 | $20.51 | |
| 86609 | Q | BACTERIUM ANTIBODY | | | | Medicare | $29.25 | $18.14 | $17.55 | |
| 86611 | Q | BARTONELLA ANTIBODY | | | | Medicare | $23.12 | $14.33 | $13.87 | |
| 86612 | Q | BLASTOMYCES ANTIBODY | | | | Medicare | $29.30 | $18.17 | $17.58 | |
| 86615 | Q | BORDETELLA ANTIBODY | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86617 | Q | LYME DISEASE ANTIBODY | | | | Medicare | $35.17 | $21.81 | $21.10 | |
| 86618 | Q | LYME DISEASE ANTIBODY | | | | Medicare | $38.67 | $23.98 | $23.20 | |
| 86619 | Q | BORRELIA ANTIBODY | | | | Medicare | $30.37 | $18.83 | $18.22 | |
| 86622 | Q | BRUCELLA ANTIBODY | | | | Medicare | $20.28 | $12.57 | $12.17 | |
| 86625 | Q | CAMPYLOBACTER ANTIBODY | | | | Medicare | $29.78 | $18.46 | $17.87 | |
| 86628 | Q | CANDIDA ANTIBODY | | | | Medicare | $27.25 | $16.90 | $16.35 | |
| 86631 | Q | CHLAMYDIA ANTIBODY | | | | Medicare | $26.85 | $16.65 | $16.11 | |
| 86632 | Q | CHLAMYDIA IGM ANTIBODY | | | | Medicare | $28.80 | $17.86 | $17.28 | |
| 86635 | Q | COCCIDIOIDES ANTIBODY | | | | Medicare | $26.05 | $16.15 | $15.63 | |
| 86638 | Q | Q FEVER ANTIBODY | | | | Medicare | $27.52 | $17.06 | $16.51 | |
| 86641 | Q | CRYPTOCOCCUS ANTIBODY | | | | Medicare | $32.72 | $20.29 | $19.63 | |
| 86644 | Q | CMV ANTIBODY | | | | Medicare | $25.65 | $15.90 | $15.39 | |
| 86645 | Q | CMV ANTIBODY IGM | | | | Medicare | $38.25 | $23.72 | $22.95 | |
| 86648 | Q | DIPHTHERIA ANTIBODY | | | | Medicare | $34.53 | $21.41 | $20.72 | |
| 86651 | Q | ENCEPHALITIS CALIFORN ANTBDY | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86652 | Q | ENCEPHALTIS EAST EQNE ANBDY | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86653 | Q | ENCEPHALTIS ST LOUIS ANTBODY | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86654 | Q | ENCEPHALTIS WEST EQNE ANTBDY | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86658 | Q | ENTEROVIRUS ANTIBODY | | | | Medicare | $29.58 | $18.34 | $17.75 | |
| 86663 | Q | EPSTEIN-BARR ANTIBODY | | | | Medicare | $29.78 | $18.46 | $17.87 | |
| 86664 | Q | EPSTEIN-BARR NUCLEAR ANTIGEN | | | | Medicare | $34.73 | $21.53 | $20.84 | |
| 86665 | Q | EPSTEIN-BARR CAPSID VCA | | | | Medicare | $41.20 | $25.54 | $24.72 | |
| 86666 | Q | EHRLICHIA ANTIBODY | | | | Medicare | $23.12 | $14.33 | $13.87 | |
| 86668 | Q | FRANCISELLA TULARENSIS | | | | Medicare | $23.62 | $14.64 | $14.17 | |
| 86671 | Q | FUNGUS NES ANTIBODY | | | | Medicare | $27.82 | $17.25 | $16.69 | |
| 86674 | Q | GIARDIA LAMBLIA ANTIBODY | | | | Medicare | $33.42 | $20.72 | $20.05 | |
| 86677 | Q | HELICOBACTER PYLORI ANTIBODY | | | | Medicare | $32.95 | $20.43 | $19.77 | |
| 86682 | Q | HELMINTH ANTIBODY | | | | Medicare | $29.53 | $18.31 | $17.72 | |
| 86684 | Q | HEMOPHILUS INFLUENZA ANTIBDY | | | | Medicare | $35.97 | $22.30 | $21.58 | |
| 86687 | Q | HTLV-I ANTIBODY | | | | Medicare | $19.05 | $11.81 | $11.43 | |
| 86688 | Q | HTLV-II ANTIBODY | | | | Medicare | $31.80 | $19.72 | $19.08 | |
| 86689 | Q | HTLV/HIV CONFIRMJ ANTIBODY | | | | Medicare | $43.95 | $27.25 | $26.37 | |
| 86692 | Q | HEPATITIS DELTA AGENT ANTBDY | | | | Medicare | $38.97 | $24.16 | $23.38 | |
| 86694 | Q | HERPES SIMPLEX NES ANTBDY | | | | Medicare | $25.65 | $15.90 | $15.39 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 86695 | Q | HERPES SIMPLEX TYPE 1 TEST | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86696 | Q | HERPES SIMPLEX TYPE 2 TEST | | | | Medicare | $43.95 | $27.25 | $26.37 | |
| 86698 | Q | HISTOPLASMA ANTIBODY | | | | Medicare | $28.37 | $17.59 | $17.02 | |
| 86701 | Q | HIV-1ANTIBODY | | | | Medicare | $16.70 | $10.35 | $10.02 | |
| 86702 | Q | HIV-2 ANTIBODY | | | | Medicare | $30.68 | $19.02 | $18.41 | |
| 86703 | Q | HIV-1/HIV-2 1 RESULT ANTBDY | | | | Medicare | $31.12 | $19.29 | $18.67 | |
| 86704 | Q | HEP B CORE ANTIBODY TOTAL | | | | Medicare | $27.35 | $16.96 | $16.41 | |
| 86705 | Q | HEP B CORE ANTIBODY IGM | | | | Medicare | $26.73 | $16.57 | $16.04 | |
| 86706 | Q | HEP B SURFACE ANTIBODY | | | | Medicare | $20.67 | $12.82 | $12.40 | |
| 86707 | Q | HEPATITIS BE ANTIBODY | | | | Medicare | $26.27 | $16.29 | $15.76 | |
| 86708 | Q | HEPATITIS A ANTIBODY | | | | Medicare | $28.12 | $17.43 | $16.87 | |
| 86709 | Q | HEPATITIS A IGM ANTIBODY | | | | Medicare | $25.55 | $15.84 | $15.33 | |
| 86710 | Q | INFLUENZA VIRUS ANTIBODY | | | | Medicare | $30.77 | $19.08 | $18.46 | |
| 86711 | Q | JOHN CUNNINGHAM ANTIBODY | | | | Medicare | $25.65 | $15.90 | $15.39 | |
| 86713 | Q | LEGIONELLA ANTIBODY | | | | Medicare | $34.75 | $21.55 | $20.85 | |
| 86717 | Q | LEISHMANIA ANTIBODY | | | | Medicare | $27.80 | $17.24 | $16.68 | |
| 86720 | Q | LEPTOSPIRA ANTIBODY | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86723 | Q | LISTERIA MONOCYTOGENES | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86727 | Q | LYMPH CHORIOMENINGITIS AB | | | | Medicare | $29.20 | $18.10 | $17.52 | |
| 86729 | Q | LYMPHO VENEREUM ANTIBODY | | | | Medicare | $27.12 | $16.81 | $16.27 | |
| 86732 | Q | MUCORMYCOSIS ANTIBODY | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86735 | Q | MUMPS ANTIBODY | | | | Medicare | $29.62 | $18.36 | $17.77 | |
| 86738 | Q | MYCOPLASMA ANTIBODY | | | | Medicare | $30.07 | $18.64 | $18.04 | |
| 86741 | Q | NEISSERIA MENINGITIDIS | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86744 | Q | NOCARDIA ANTIBODY | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86747 | Q | PARVOVIRUS ANTIBODY | | | | Medicare | $34.13 | $21.16 | $20.48 | |
| 86750 | Q | MALARIA ANTIBODY | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86753 | Q | PROTOZOA ANTIBODY NOS | | | | Medicare | $28.12 | $17.43 | $16.87 | |
| 86756 | Q | RESPIRATORY VIRUS ANTIBODY | | | | Medicare | $29.25 | $18.14 | $17.55 | |
| 86757 | Q | RICKETTSIA ANTIBODY | | | | Medicare | $43.95 | $27.25 | $26.37 | |
| 86759 | Q | ROTAVIRUS ANTIBODY | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86762 | Q | RUBELLA ANTIBODY | | | | Medicare | $25.65 | $15.90 | $15.39 | |
| 86765 | Q | RUBEOLA ANTIBODY | | | | Medicare | $29.25 | $18.14 | $17.55 | |
| 86768 | Q | SALMONELLA ANTIBODY | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86771 | Q | SHIGELLA ANTIBODY | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86774 | Q | TETANUS ANTIBODY | | | | Medicare | $33.60 | $20.83 | $20.16 | |
| 86777 | Q | TOXOPLASMA ANTIBODY | | | | Medicare | $25.65 | $15.90 | $15.39 | |
| 86778 | Q | TOXOPLASMA ANTIBODY IGM | | | | Medicare | $32.70 | $20.27 | $19.62 | |
| 86780 | Q | TREPONEMA PALLIDUM | | | | Medicare | $30.05 | $18.63 | $18.03 | |
| 86784 | Q | TRICHINELLA ANTIBODY | | | | Medicare | $28.52 | $17.68 | $17.11 | |
| 86787 | Q | VARICELLA-ZOSTER ANTIBODY | | | | Medicare | $29.25 | $18.14 | $17.55 | |
| 86788 | Q | WEST NILE VIRUS AB IGM | | | | Medicare | $38.25 | $23.72 | $22.95 | |
| 86789 | Q | WEST NILE VIRUS ANTIBODY | | | | Medicare | $25.65 | $15.90 | $15.39 | |
| 86790 | Q | VIRUS ANTIBODY NOS | | | | Medicare | $29.25 | $18.14 | $17.55 | |
| 86793 | Q | YERSINIA ANTIBODY | | | | Medicare | $29.95 | $18.57 | $17.97 | |
| 86800 | Q | THYROGLOBULIN ANTIBODY | | | | Medicare | $36.12 | $22.39 | $21.67 | |
| 86803 | Q | HEPATITIS C AB TEST | | | | Medicare | $32.40 | $20.09 | $19.44 | |
| 86804 | Q | HEP C AB TEST CONFIRM | | | | Medicare | $35.03 | $21.72 | $21.02 | |
| 86805 | Q | LYMPHOCYTOTOXICITY ASSAY | | | | Medicare | $118.72 | $73.61 | $71.23 | |
| 86806 | Q | LYMPHOCYTOTOXICITY ASSAY | | | | Medicare | $108.05 | $66.99 | $64.83 | |
| 86807 | Q | CYTOTOXIC ANTIBODY SCREENING | | | | Medicare | $89.85 | $55.71 | $53.91 | |
| 86808 | Q | CYTOTOXIC ANTIBODY SCREENING | | | | Medicare | $67.38 | $41.78 | $40.43 | |
| 86812 | Q | HLA TYPING A B OR C | | | | Medicare | $58.60 | $36.33 | $35.16 | |
| 86813 | Q | HLA TYPING A B OR C | | | | Medicare | $131.67 | $81.64 | $79.00 | |
| 86816 | Q | HLA TYPING DR/DQ | | | | Medicare | $63.25 | $39.22 | $37.95 | |
| 86817 | Q | HLA TYPING DR/DQ | | | | Medicare | $146.17 | $90.63 | $87.70 | |
| 86821 | Q | LYMPHOCYTE CULTURE MIXED | | | | Medicare | $128.18 | $79.47 | $76.91 | |
| 86822 | Q | LYMPHOCYTE CULTURE PRIMED | | | | Medicare | $83.00 | $51.46 | $49.80 | |
| 86825 | Q | HLA X-MATH NON-CYTOTOXIC | | | | Medicare | $182.35 | $113.06 | $109.41 | |
| 86826 | Q | HLA X-MATCH NONCYTOTOXC ADDL | | | | Medicare | $60.78 | $37.68 | $36.47 | |
| 86828 | Q | HLA CLASS I&II ANTIBODY QUAL | | | | Medicare | $89.85 | $55.71 | $53.91 | |
| 86829 | Q | HLA CLASS I/II ANTIBODY QUAL | | | | Medicare | $67.38 | $41.78 | $40.43 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 86830 | Q | HLA CLASS I PHENOTYPE QUAL | | | | Medicare | $183.30 | $113.65 | $109.98 | |
| 86831 | Q | HLA CLASS II PHENOTYPE QUAL | | | | Medicare | $157.12 | $97.41 | $94.27 | |
| 86832 | Q | HLA CLASS I HIGH DEFIN QUAL | | | | Medicare | $288.05 | $178.59 | $172.83 | |
| 86833 | Q | HLA CLASS II HIGH DEFIN QUAL | | | | Medicare | $261.87 | $162.36 | $157.12 | |
| 86834 | Q | HLA CLASS I SEMIQUANT PANEL | | | | Medicare | $811.78 | $503.30 | $487.07 | |
| 86835 | Q | HLA CLASS II SEMIQUANT PANEL | | | | Medicare | $733.22 | $454.60 | $439.93 | |
| 86849 | N | IMMUNOLOGY PROCEDURE | | | | Bundled | $0.00 | | | |
| 86850 | N | RBC ANTIBODY SCREEN | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 86860 | N | RBC ANTIBODY ELUTION | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86870 | N | RBC ANTIBODY IDENTIFICATION | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 86880 | N | COOMBS TEST DIRECT | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 86885 | N | COOMBS TEST INDIRECT QUAL | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86886 | N | COOMBS TEST INDIRECT TITER | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |
| 86890 | N | AUTOLOGOUS BLOOD PROCESS | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 86891 | N | AUTOLOGOUS BLOOD OP SALVAGE | | 05674 | 5.9753 | Bundled, sometimes payable | $338.44 | | | |
| 86900 | N | BLOOD TYPING SEROLOGIC ABO | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 86901 | N | BLOOD TYPING SEROLOGIC RH(D) | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 86902 | N | BLOOD TYPE ANTIGEN DONOR EA | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86904 | N | BLOOD TYPING PATIENT SERUM | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 86905 | N | BLOOD TYPING RBC ANTIGENS | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86906 | N | BLD TYPING SEROLOGIC RH PHNT | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 86910 | E | BLOOD TYPING PATERNITY TEST | | | | Not Allowed | $0.00 | | | |
| 86911 | E | BLOOD TYPING ANTIGEN SYSTEM | | | | Not Allowed | $0.00 | | | |
| 86920 | N | COMPATIBILITY TEST SPIN | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86921 | N | COMPATIBILITY TEST INCUBATE | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86922 | N | COMPATIBILITY TEST ANTIGLOB | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86923 | N | COMPATIBILITY TEST ELECTRIC | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86927 | S | PLASMA FRESH FROZEN | | 05673 | 2.8406 | APC | $160.89 | | | |
| 86930 | N | FROZEN BLOOD PREP | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86931 | N | FROZEN BLOOD THAW | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 86932 | N | FROZEN BLOOD FREEZE/THAW | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 86940 | Q | HEMOLYSINS/AGGLUTININS AUTO | | | | Medicare | $18.62 | $11.54 | $11.17 | |
| 86941 | Q | HEMOLYSINS/AGGLUTININS | | | | Medicare | $27.48 | $17.04 | $16.49 | |
| 86945 | N | BLOOD PRODUCT/IRRADIATION | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 86950 | N | LEUKACYTE TRANSFUSION | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86960 | N | VOL REDUCTION OF BLOOD/PROD | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86965 | N | POOLING BLOOD PLATELETS | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86970 | N | RBC PRETX INCUBATJ W/CHEMICL | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 86971 | N | RBC PRETX INCUBATJ W/ENZYMES | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86972 | N | RBC PRETX INCUBATJ W/DENSITY | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86975 | N | RBC SERUM PRETX INCUBJ DRUGS | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 86976 | N | RBC SERUM PRETX ID DILUTION | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 86977 | N | RBC SERUM PRETX INCUBJ/INHIB | | 05681 | 1.3974 | Bundled, sometimes payable | $79.15 | | | |
| 86978 | N | RBC PRETREATMENT SERUM | | 05731 | 0.1722 | Bundled, sometimes payable | $9.75 | | | |
| 86985 | N | SPLIT BLOOD OR PRODUCTS | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |
| 86999 | N | TRANSFUSION PROCEDURE | | 05731 | 0.1722 | Bundled, sometimes payable | $9.75 | | | |
| 87003 | Q | SMALL ANIMAL INOCULATION | | | | Medicare | $38.22 | $23.70 | $22.93 | |
| 87015 | Q | SPECIMEN INFECT AGNT CONCNTJ | | | | Medicare | $15.15 | $9.39 | $9.09 | |
| 87040 | Q | BLOOD CULTURE FOR BACTERIA | | | | Medicare | $23.45 | $14.54 | $14.07 | |
| 87045 | Q | FECES CULTURE AEROBIC BACT | | | | Medicare | $21.43 | $13.29 | $12.86 | |
| 87046 | Q | STOOL CULTR AEROBIC BACT EA | | | | Medicare | $21.43 | $13.29 | $12.86 | |
| 87070 | Q | CULTURE OTHR SPECIMN AEROBIC | | | | Medicare | $19.57 | $12.13 | $11.74 | |
| 87071 | Q | CULTURE AEROBIC QUANT OTHER | | | | Medicare | $21.43 | $13.29 | $12.86 | |
| 87073 | Q | CULTURE BACTERIA ANAEROBIC | | | | Medicare | $21.43 | $13.29 | $12.86 | |
| 87075 | Q | CULTR BACTERIA EXCEPT BLOOD | | | | Medicare | $21.50 | $13.33 | $12.90 | |
| 87076 | Q | CULTURE ANAEROBE IDENT EACH | | | | Medicare | $18.33 | $11.36 | $11.00 | |
| 87077 | Q | CULTURE AEROBIC IDENTIFY | | | | Medicare | $18.33 | $11.36 | $11.00 | |
| 87081 | Q | CULTURE SCREEN ONLY | | | | Medicare | $12.90 | $8.00 | $7.74 | |
| 87084 | Q | CULTURE OF SPECIMEN BY KIT | | | | Medicare | $19.57 | $12.13 | $11.74 | |
| 87086 | Q | URINE CULTURE/COLONY COUNT | | | | Medicare | $18.33 | $11.36 | $11.00 | |
| 87088 | Q | URINE BACTERIA CULTURE | | | | Medicare | $12.90 | $8.00 | $7.74 | |
| 87101 | Q | SKIN FUNGI CULTURE | | | | Medicare | $17.50 | $10.85 | $10.50 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 87102 | Q | FUNGUS ISOLATION CULTURE | | | | Medicare | $15.88 | $9.85 | $9.53 | |
| 87103 | Q | BLOOD FUNGUS CULTURE | | | | Medicare | $20.47 | $12.69 | $12.28 | |
| 87106 | Q | FUNGI IDENTIFICATION YEAST | | | | Medicare | $12.47 | $7.73 | $7.48 | |
| 87107 | Q | FUNGI IDENTIFICATION MOLD | | | | Medicare | $12.47 | $7.73 | $7.48 | |
| 87109 | Q | MYCOPLASMA | | | | Medicare | $34.93 | $21.66 | $20.96 | |
| 87110 | Q | CHLAMYDIA CULTURE | | | | Medicare | $44.48 | $27.58 | $26.69 | |
| 87116 | Q | MYCOBACTERIA CULTURE | | | | Medicare | $24.52 | $15.20 | $14.71 | |
| 87118 | Q | MYCOBACTERIC IDENTIFICATION | | | | Medicare | $24.85 | $15.41 | $14.91 | |
| 87140 | Q | CULTURE TYPE IMMUNOFLUORESC | | | | Medicare | $12.65 | $7.84 | $7.59 | |
| 87143 | Q | CULTURE TYPING GLC/HPLC | | | | Medicare | $28.43 | $17.63 | $17.06 | |
| 87147 | Q | CULTURE TYPE IMMUNOLOGIC | | | | Medicare | $11.75 | $7.29 | $7.05 | |
| 87149 | Q | DNA/RNA DIRECT PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87150 | Q | DNA/RNA AMPLIFIED PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87152 | Q | CULTURE TYPE PULSE FIELD GEL | | | | Medicare | $11.88 | $7.37 | $7.13 | |
| 87153 | Q | DNA/RNA SEQUENCING | | | | Medicare | $261.90 | $162.38 | $157.14 | |
| 87158 | Q | CULTURE TYPING ADDED METHOD | | | | Medicare | $11.88 | $7.37 | $7.13 | |
| 87164 | Q | DARK FIELD EXAMINATION | | | | Medicare | $24.38 | $15.12 | $14.63 | |
| 87166 | Q | DARK FIELD EXAMINATION | | | | Medicare | $25.63 | $15.89 | $15.38 | |
| 87168 | Q | MACROSCOPIC EXAM ARTHROPOD | | | | Medicare | $9.70 | $6.01 | $5.82 | |
| 87169 | Q | MACROSCOPIC EXAM PARASITE | | | | Medicare | $9.70 | $6.01 | $5.82 | |
| 87172 | Q | PINWORM EXAM | | | | Medicare | $9.70 | $6.01 | $5.82 | |
| 87176 | Q | TISSUE HOMOGENIZATION CULTR | | | | Medicare | $13.35 | $8.28 | $8.01 | |
| 87177 | Q | OVA AND PARASITES SMEARS | | | | Medicare | $20.20 | $12.52 | $12.12 | |
| 87181 | Q | MICROBE SUSCEPTIBLE DIFFUSE | | | | Medicare | $9.35 | $5.80 | $5.61 | |
| 87184 | Q | MICROBE SUSCEPTIBLE DISK | | | | Medicare | $15.65 | $9.70 | $9.39 | |
| 87185 | Q | MICROBE SUSCEPTIBLE ENZYME | | | | Medicare | $9.35 | $5.80 | $5.61 | |
| 87186 | Q | MICROBE SUSCEPTIBLE MIC | | | | Medicare | $19.63 | $12.17 | $11.78 | |
| 87187 | Q | MICROBE SUSCEPTIBLE MLC | | | | Medicare | $23.53 | $14.59 | $14.12 | |
| 87188 | Q | MICROBE SUSCEPT MACROBROTH | | | | Medicare | $15.07 | $9.34 | $9.04 | |
| 87190 | Q | MICROBE SUSCEPT MYCOBACTERI | | | | Medicare | $12.83 | $7.95 | $7.70 | |
| 87197 | Q | BACTERICIDAL LEVEL SERUM | | | | Medicare | $34.12 | $21.15 | $20.47 | |
| 87205 | Q | SMEAR GRAM STAIN | | | | Medicare | $9.70 | $6.01 | $5.82 | |
| 87206 | Q | SMEAR FLUORESCENT/ACID STAI | | | | Medicare | $12.22 | $7.58 | $7.33 | |
| 87207 | Q | SMEAR SPECIAL STAIN | | | | Medicare | $13.60 | $8.43 | $8.16 | |
| 87209 | Q | SMEAR COMPLEX STAIN | | | | Medicare | $40.82 | $25.31 | $24.49 | |
| 87210 | Q | SMEAR WET MOUNT SALINE/INK | | | | Medicare | $9.70 | $6.01 | $5.82 | |
| 87220 | Q | TISSUE EXAM FOR FUNGI | | | | Medicare | $9.70 | $6.01 | $5.82 | |
| 87230 | Q | ASSAY TOXIN OR ANTITOXIN | | | | Medicare | $44.83 | $27.79 | $26.90 | |
| 87250 | Q | VIRUS INOCULATE EGGS/ANIMAL | | | | Medicare | $44.42 | $27.54 | $26.65 | |
| 87252 | Q | VIRUS INOCULATION TISSUE | | | | Medicare | $56.65 | $35.12 | $33.99 | |
| 87253 | Q | VIRUS INOCULATE TISSUE ADDL | | | | Medicare | $45.87 | $28.44 | $27.52 | |
| 87254 | Q | VIRUS INOCULATION SHELL VIA | | | | Medicare | $44.42 | $27.54 | $26.65 | |
| 87255 | Q | GENET VIRUS ISOLATE HSV | | | | Medicare | $76.88 | $47.67 | $46.13 | |
| 87260 | Q | ADENOVIRUS AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87265 | Q | PERTUSSIS AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87267 | Q | ENTEROVIRUS ANTIBODY DFA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87269 | Q | GIARDIA AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87270 | Q | CHLAMYDIA TRACHOMATIS AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87271 | Q | CYTOMEGALOVIRUS DFA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87272 | Q | CRYPTOSPORIDIUM AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87273 | Q | HERPES SIMPLEX 2 AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87274 | Q | HERPES SIMPLEX 1 AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87275 | Q | INFLUENZA B AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87276 | Q | INFLUENZA A AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87277 | Q | LEGIONELLA MICDADEI AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87278 | Q | LEGION PNEUMOPHILIA AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87279 | Q | PARAINFLUENZA AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87280 | Q | RESPIRATORY SYNCYTIAL AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87281 | Q | PNEUMOCYSTIS CARINII AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87283 | Q | RUBEOLA AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87285 | Q | TREPONEMA PALLIDUM AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87290 | Q | VARICELLA ZOSTER AG IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 87299 | Q | ANTIBODY DETECTION NOS IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87300 | Q | AG DETECTION POLYVAL IF | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87301 | Q | ADENOVIRUS AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87305 | Q | ASPERGILLUS AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87320 | Q | CHYLMD TRACH AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87324 | Q | CLOSTRIDIUM AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87327 | Q | CRYPTOCOCCUS NEOFORM AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87328 | Q | CRYPTOSPORIDIUM AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87329 | Q | GIARDIA AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87332 | Q | CYTOMEGALOVIRUS AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87335 | Q | E COLI 0157 AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87336 | Q | ENTAMOEB HIST DISPR AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87337 | Q | ENTAMOEB HIST GROUP AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87338 | Q | HPYLORI STOOL IA | | | | Medicare | $27.25 | $16.90 | $16.35 | |
| 87339 | Q | H PYLORI AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87340 | Q | HEPATITIS B SURFACE AG IA | | | | Medicare | $21.98 | $13.63 | $13.19 | |
| 87341 | Q | HEPATITIS B SURFACE AG IA | | | | Medicare | $21.98 | $13.63 | $13.19 | |
| 87350 | Q | HEPATITIS BE AG IA | | | | Medicare | $22.20 | $13.76 | $13.32 | |
| 87380 | Q | HEPATITIS DELTA AG IA | | | | Medicare | $37.27 | $23.11 | $22.36 | |
| 87385 | Q | HISTOPLASMA CAPSUL AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87389 | Q | HIV-1 AG W/HIV-1 & HIV-2 AB | | | | Medicare | $54.67 | $33.90 | $32.80 | |
| 87390 | Q | HIV-1 AG IA | | | | Medicare | $40.05 | $24.83 | $24.03 | |
| 87391 | Q | HIV-2 AG IA | | | | Medicare | $40.05 | $24.83 | $24.03 | |
| 87400 | Q | INFLUENZA A/B AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87420 | Q | RESP SYNCYTIAL AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87425 | Q | ROTAVIRUS AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87427 | Q | SHIGA-LIKE TOXIN AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87430 | Q | STREP A AG IA | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87449 | Q | AG DETECT NOS IA MULT | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87450 | Q | AG DETECT NOS IA SINGLE | | | | Medicare | $21.78 | $13.50 | $13.07 | |
| 87451 | Q | AG DETECT POLYVAL IA MULT | | | | Medicare | $21.78 | $13.50 | $13.07 | |
| 87470 | Q | BARTONELLA DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87471 | Q | BARTONELLA DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87472 | Q | BARTONELLA DNA QUANT | | | | Medicare | $97.25 | $60.30 | $58.35 | |
| 87475 | Q | LYME DIS DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87476 | Q | LYME DIS DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87477 | Q | LYME DIS DNA QUANT | | | | Medicare | $97.25 | $60.30 | $58.35 | |
| 87480 | Q | CANDIDA DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87481 | Q | CANDIDA DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87482 | Q | CANDIDA DNA QUANT | | | | Medicare | $94.80 | $58.78 | $56.88 | |
| 87485 | Q | CHYLMD PNEUM DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87486 | Q | CHYLMD PNEUM DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87487 | Q | CHYLMD PNEUM DNA QUANT | | | | Medicare | $97.25 | $60.30 | $58.35 | |
| 87490 | Q | CHYLMD TRACH DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87491 | Q | CHYLMD TRACH DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87492 | Q | CHYLMD TRACH DNA QUANT | | | | Medicare | $79.37 | $49.21 | $47.62 | |
| 87493 | Q | C DIFF AMPLIFIED PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87495 | Q | CYTOMEG DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87496 | Q | CYTOMEG DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87497 | Q | CYTOMEG DNA QUANT | | | | Medicare | $97.25 | $60.30 | $58.35 | |
| 87498 | Q | ENTEROVIRUS PROBE&REVRS TRNS | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87500 | Q | VANOMYCIN DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87501 | Q | INFLUENZA DNA AMP PROB 1+ | | | | Medicare | $116.50 | $72.23 | $69.90 | |
| 87502 | Q | INFLUENZA DNA AMP PROBE | | | | Medicare | $193.20 | $119.78 | $115.92 | |
| 87503 | Q | INFLUENZA DNA AMP PROB ADDL | | | | Medicare | $47.15 | $29.23 | $28.29 | |
| 87505 | Q | NFCT AGENT DETECTION GI | | | | Medicare | $291.27 | $180.59 | $174.76 | |
| 87506 | Q | IADNA-DNA/RNA PROBE TQ 6-11 | | | | Medicare | $484.57 | $300.43 | $290.74 | |
| 87507 | Q | IADNA-DNA/RNA PROBE TQ 12-25 | | | | Medicare | $946.25 | $586.68 | $567.75 | |
| 87510 | Q | GARDNER VAG DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87511 | Q | GARDNER VAG DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87512 | Q | GARDNER VAG DNA QUANT | | | | Medicare | $94.80 | $58.78 | $56.88 | |
| 87515 | Q | HEPATITIS B DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 87516 | Q | HEPATITIS B DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87517 | Q | HEPATITIS B DNA QUANT | | | | Medicare | $97.25 | $60.30 | $58.35 | |
| 87520 | Q | HEPATITIS C RNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87521 | Q | HEPATITIS C PROBE&RVRS TRNSC | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87522 | Q | HEPATITIS C REVRS TRNSCRPJ | | | | Medicare | $97.25 | $60.30 | $58.35 | |
| 87525 | Q | HEPATITIS G DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87526 | Q | HEPATITIS G DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87527 | Q | HEPATITIS G DNA QUANT | | | | Medicare | $94.80 | $58.78 | $56.88 | |
| 87528 | Q | HSV DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87529 | Q | HSV DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87530 | Q | HSV DNA QUANT | | | | Medicare | $97.25 | $60.30 | $58.35 | |
| 87531 | Q | HHV-6 DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87532 | Q | HHV-6 DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87533 | Q | HHV-6 DNA QUANT | | | | Medicare | $94.80 | $58.78 | $56.88 | |
| 87534 | Q | HIV-1 DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87535 | Q | HIV-1 PROBE&REVERSE TRNSCRPJ | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87536 | Q | HIV-1 QUANT&REVRSE TRNSCRPJ | | | | Medicare | $193.20 | $119.78 | $115.92 | |
| 87537 | Q | HIV-2 DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87538 | Q | HIV-2 PROBE&REVRSE TRNSCRIPJ | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87539 | Q | HIV-2 QUANT&REVRSE TRNSCRIPJ | | | | Medicare | $97.25 | $60.30 | $58.35 | |
| 87540 | Q | LEGION PNEUMO DNA DIR PROB | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87541 | Q | LEGION PNEUMO DNA AMP PROB | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87542 | Q | LEGION PNEUMO DNA QUANT | | | | Medicare | $94.80 | $58.78 | $56.88 | |
| 87550 | Q | MYCOBACTERIA DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87551 | Q | MYCOBACTERIA DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87552 | Q | MYCOBACTERIA DNA QUANT | | | | Medicare | $97.25 | $60.30 | $58.35 | |
| 87555 | Q | M.TUBERCULO DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87556 | Q | M.TUBERCULO DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87557 | Q | M.TUBERCULO DNA QUANT | | | | Medicare | $97.25 | $60.30 | $58.35 | |
| 87560 | Q | M.AVIUM-INTRA DNA DIR PROB | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87561 | Q | M.AVIUM-INTRA DNA AMP PROB | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87562 | Q | M.AVIUM-INTRA DNA QUANT | | | | Medicare | $97.25 | $60.30 | $58.35 | |
| 87580 | Q | M.PNEUMON DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87581 | Q | M.PNEUMON DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87582 | Q | M.PNEUMON DNA QUANT | | | | Medicare | $94.80 | $58.78 | $56.88 | |
| 87590 | Q | N.GONORRHOEAE DNA DIR PROB | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87591 | Q | N.GONORRHOEAE DNA AMP PROB | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87592 | Q | N.GONORRHOEAE DNA QUANT | | | | Medicare | $97.25 | $60.30 | $58.35 | |
| 87623 | Q | HPV LOW-RISK TYPES | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87624 | Q | HPV HIGH-RISK TYPES | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87625 | Q | HPV TYPES 16 & 18 ONLY | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87631 | Q | RESP VIRUS 3-5 TARGETS | | | | Medicare | $291.27 | $180.59 | $174.76 | |
| 87632 | Q | RESP VIRUS 6-11 TARGETS | | | | Medicare | $484.57 | $300.43 | $290.74 | |
| 87633 | Q | RESP VIRUS 12-25 TARGETS | | | | Medicare | $946.25 | $586.68 | $567.75 | |
| 87640 | Q | STAPH A DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87641 | Q | MR-STAPH DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87650 | Q | STREP A DNA DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87651 | Q | STREP A DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87652 | Q | STREP A DNA QUANT | | | | Medicare | $94.80 | $58.78 | $56.88 | |
| 87653 | Q | STREP B DNA AMP PROBE | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87660 | Q | TRICHOMONAS VAGIN DIR PROBE | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87661 | Q | TRICHOMONAS VAGINALIS AMPLIF | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87797 | Q | DETECT AGENT NOS DNA DIR | | | | Medicare | $45.53 | $28.23 | $27.32 | |
| 87798 | Q | DETECT AGENT NOS DNA AMP | | | | Medicare | $79.67 | $49.40 | $47.80 | |
| 87799 | Q | DETECT AGENT NOS DNA QUANT | | | | Medicare | $97.25 | $60.30 | $58.35 | |
| 87800 | Q | DETECT AGNT MULT DNA DIREC | | | | Medicare | $91.07 | $56.46 | $54.64 | |
| 87801 | Q | DETECT AGNT MULT DNA AMPLI | | | | Medicare | $159.37 | $98.81 | $95.62 | |
| 87802 | Q | STREP B ASSAY W/OPTIC | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87803 | Q | CLOSTRIDIUM TOXIN A W/OPTIC | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87804 | Q | INFLUENZA ASSAY W/OPTIC | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87806 | Q | HIV ANTIGEN W/HIV ANTIBODIES | | | | Medicare | $54.67 | $33.90 | $32.80 | |
| 87807 | Q | RSV ASSAY W/OPTIC | | | | Medicare | $27.22 | $16.88 | $16.33 | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 87808 | Q | TRICHOMONAS ASSAY W/OPTIC | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87809 | Q | ADENOVIRUS ASSAY W/OPTIC | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87810 | Q | CHYLMD TRACH ASSAY W/OPTIC | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87850 | Q | N. GONORRHOEAE ASSAY W/OPTIC | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87880 | Q | STREP A ASSAY W/OPTIC | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87899 | Q | AGENT NOS ASSAY W/OPTIC | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| 87900 | Q | PHENOTYPE INFECT AGENT DRUG | | | | Medicare | $283.32 | $175.66 | $169.99 | |
| 87901 | Q | GENOTYPE DNA HIV REVERSE T | | | | Medicare | $584.48 | $362.38 | $350.69 | |
| 87902 | Q | GENOTYPE DNA/RNA HEP C | | | | Medicare | $584.48 | $362.38 | $350.69 | |
| 87903 | Q | PHENOTYPE DNA HIV W/CULTURE | | | | Medicare | $1,109.40 | $687.83 | $665.64 | |
| 87904 | Q | PHENOTYPE DNA HIV W/CLT ADD | | | | Medicare | $56.65 | $35.12 | $33.99 | |
| 87905 | Q | SIALIDASE ENZYME ASSAY | | | | Medicare | $27.73 | $17.19 | $16.64 | |
| 87906 | Q | GENOTYPE DNA/RNA HIV | | | | Medicare | $292.25 | $181.20 | $175.35 | |
| 87910 | Q | GENOTYPE CYTOMEGALOVIRUS | | | | Medicare | $584.48 | $362.38 | $350.69 | |
| 87912 | Q | GENOTYPE DNA HEPATITIS B | | | | Medicare | $584.48 | $362.38 | $350.69 | |
| 87999 | N | MICROBIOLOGY PROCEDURE | | | | Bundled | $0.00 | | | |
| 88000 | E | AUTOPSY (NECROPSY) GROSS | | | | Not Allowed | $0.00 | | | |
| 88005 | E | AUTOPSY (NECROPSY) GROSS | | | | Not Allowed | $0.00 | | | |
| 88007 | E | AUTOPSY (NECROPSY) GROSS | | | | Not Allowed | $0.00 | | | |
| 88012 | E | AUTOPSY (NECROPSY) GROSS | | | | Not Allowed | $0.00 | | | |
| 88014 | E | AUTOPSY (NECROPSY) GROSS | | | | Not Allowed | $0.00 | | | |
| 88016 | E | AUTOPSY (NECROPSY) GROSS | | | | Not Allowed | $0.00 | | | |
| 88020 | E | AUTOPSY (NECROPSY) COMPLETE | | | | Not Allowed | $0.00 | | | |
| 88025 | E | AUTOPSY (NECROPSY) COMPLETE | | | | Not Allowed | $0.00 | | | |
| 88027 | E | AUTOPSY (NECROPSY) COMPLETE | | | | Not Allowed | $0.00 | | | |
| 88028 | E | AUTOPSY (NECROPSY) COMPLETE | | | | Not Allowed | $0.00 | | | |
| 88029 | E | AUTOPSY (NECROPSY) COMPLETE | | | | Not Allowed | $0.00 | | | |
| 88036 | E | LIMITED AUTOPSY | | | | Not Allowed | $0.00 | | | |
| 88037 | E | LIMITED AUTOPSY | | | | Not Allowed | $0.00 | | | |
| 88040 | E | FORENSIC AUTOPSY (NECROPSY) | | | | Not Allowed | $0.00 | | | |
| 88045 | E | CORONERS AUTOPSY (NECROPSY) | | | | Not Allowed | $0.00 | | | |
| 88099 | E | NECROPSY (AUTOPSY) PROCEDURE | | | | Not Allowed | $0.00 | | | |
| 88104 | N | CYTOPATH FL NONGYN SMEARS | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 88106 | N | CYTOPATH FL NONGYN FILTER | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 88108 | N | CYTOPATH CONCENTRATE TECH | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 88112 | N | CYTOPATH CELL ENHANCE TECH | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 88120 | N | CYTP URNE 3-5 PROBES EA SPEC | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 88121 | N | CYTP URINE 3-5 PROBES CMPTR | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |
| 88125 | N | FORENSIC CYTOPATHOLOGY | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 88130 | Q | SEX CHROMATIN IDENTIFICATION | | | | Medicare | $34.18 | $21.19 | $20.51 | |
| 88140 | Q | SEX CHROMATIN IDENTIFICATION | | | | Medicare | $18.15 | $11.25 | $10.89 | |
| 88141 | N | CYTOPATH C/V INTERPRET | | | | Bundled | $0.00 | | | |
| 88142 | Q | CYTOPATH C/V THIN LAYER | | | | Medicare | $46.00 | $28.52 | $27.60 | |
| 88143 | Q | CYTOPATH C/V THIN LAYER REDO | | | | Medicare | $46.00 | $28.52 | $27.60 | |
| 88147 | Q | CYTOPATH C/V AUTOMATED | | | | Medicare | $25.83 | $16.01 | $15.50 | |
| 88148 | Q | CYTOPATH C/V AUTO RESCREEN | | | | Medicare | $34.50 | $21.39 | $20.70 | |
| 88150 | Q | CYTOPATH C/V MANUAL | | | | Medicare | $23.98 | $14.87 | $14.39 | |
| 88152 | Q | CYTOPATH C/V AUTO REDO | | | | Medicare | $23.98 | $14.87 | $14.39 | |
| 88153 | Q | CYTOPATH C/V REDO | | | | Medicare | $23.98 | $14.87 | $14.39 | |
| 88154 | Q | CYTOPATH C/V SELECT | | | | Medicare | $23.98 | $14.87 | $14.39 | |
| 88155 | Q | CYTOPATH C/V INDEX ADD-ON | | | | Medicare | $13.60 | $8.43 | $8.16 | |
| 88160 | N | CYTOPATH SMEAR OTHER SOURCE | | 05731 | 0.1722 | Bundled, sometimes payable | $9.75 | | | |
| 88161 | N | CYTOPATH SMEAR OTHER SOURCE | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 88162 | N | CYTOPATH SMEAR OTHER SOURCE | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 88164 | Q | CYTOPATH TBS C/V MANUAL | | | | Medicare | $23.98 | $14.87 | $14.39 | |
| 88165 | Q | CYTOPATH TBS C/V REDO | | | | Medicare | $23.98 | $14.87 | $14.39 | |
| 88166 | Q | CYTOPATH TBS C/V AUTO REDO | | | | Medicare | $23.98 | $14.87 | $14.39 | |
| 88167 | Q | CYTOPATH TBS C/V SELECT | | | | Medicare | $23.98 | $14.87 | $14.39 | |
| 88172 | N | CYTP DX EVAL FNA 1ST EA SITE | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |
| 88173 | N | CYTOPATH EVAL FNA REPORT | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 88174 | N | CYTOPATH C/V AUTO IN FLUID | | | | Bundled | $0.00 | | | |
| 88175 | N | CYTOPATH C/V AUTO FLUID REDO | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 88177 | N | CYTP FNA EVAL EA ADDL | | | | Bundled | $0.00 | | | |
| 88182 | N | CELL MARKER STUDY | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |
| 88184 | N | FLOWCYTOMETRY/ TC 1 MARKER | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 88185 | N | FLOWCYTOMETRY/TC ADD-ON | | | | Bundled | $0.00 | | | |
| 88187 | E | FLOWCYTOMETRY/READ 2-8 | | | | Not Allowed | $0.00 | | | |
| 88188 | E | FLOWCYTOMETRY/READ 9-15 | | | | Not Allowed | $0.00 | | | |
| 88189 | E | FLOWCYTOMETRY/READ 16 & > | | | | Not Allowed | $0.00 | | | |
| 88199 | N | CYTOPATHOLOGY PROCEDURE | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 88230 | Q | TISSUE CULTURE LYMPHOCYTE | | | | Medicare | $264.48 | $163.98 | $158.69 | |
| 88233 | Q | TISSUE CULTURE SKIN/BIOPSY | | | | Medicare | $319.50 | $198.09 | $191.70 | |
| 88235 | Q | TISSUE CULTURE PLACENTA | | | | Medicare | $334.33 | $207.28 | $200.60 | |
| 88237 | Q | TISSUE CULTURE BONE MARROW | | | | Medicare | $286.77 | $177.80 | $172.06 | |
| 88239 | Q | TISSUE CULTURE TUMOR | | | | Medicare | $334.92 | $207.65 | $200.95 | |
| 88240 | Q | CELL CRYOPRESERVE/STORAGE | | | | Medicare | $22.93 | $14.22 | $13.76 | |
| 88241 | Q | FROZEN CELL PREPARATION | | | | Medicare | $22.93 | $14.22 | $13.76 | |
| 88245 | Q | CHROMOSOME ANALYSIS 20-25 | | | | Medicare | $337.97 | $209.54 | $202.78 | |
| 88248 | Q | CHROMOSOME ANALYSIS 50-100 | | | | Medicare | $393.17 | $243.77 | $235.90 | |
| 88249 | Q | CHROMOSOME ANALYSIS 100 | | | | Medicare | $393.17 | $243.77 | $235.90 | |
| 88261 | Q | CHROMOSOME ANALYSIS 5 | | | | Medicare | $401.27 | $248.79 | $240.76 | |
| 88262 | Q | CHROMOSOME ANALYSIS 15-20 | | | | Medicare | $282.98 | $175.45 | $169.79 | |
| 88263 | Q | CHROMOSOME ANALYSIS 45 | | | | Medicare | $341.22 | $211.56 | $204.73 | |
| 88264 | Q | CHROMOSOME ANALYSIS 20-25 | | | | Medicare | $282.98 | $175.45 | $169.79 | |
| 88267 | Q | CHROMOSOME ANALYS PLACENTA | | | | Medicare | $408.15 | $253.05 | $244.89 | |
| 88269 | Q | CHROMOSOME ANALYS AMNIOTIC | | | | Medicare | $377.62 | $234.12 | $226.57 | |
| 88271 | Q | CYTOGENETICS DNA PROBE | | | | Medicare | $32.87 | $20.38 | $19.72 | |
| 88272 | Q | CYTOGENETICS 3-5 | | | | Medicare | $41.08 | $25.47 | $24.65 | |
| 88273 | Q | CYTOGENETICS 10-30 | | | | Medicare | $57.50 | $35.65 | $34.50 | |
| 88274 | Q | CYTOGENETICS 25-99 | | | | Medicare | $65.70 | $40.73 | $39.42 | |
| 88275 | Q | CYTOGENETICS 100-300 | | | | Medicare | $73.93 | $45.84 | $44.36 | |
| 88280 | Q | CHROMOSOME KARYOTYPE STUDY | | | | Medicare | $56.98 | $35.33 | $34.19 | |
| 88283 | Q | CHROMOSOME BANDING STUDY | | | | Medicare | $42.13 | $26.12 | $25.28 | |
| 88285 | Q | CHROMOSOME COUNT ADDITIONAL | | | | Medicare | $43.13 | $26.74 | $25.88 | |
| 88289 | Q | CHROMOSOME STUDY ADDITIONAL | | | | Medicare | $7.23 | $4.48 | $4.34 | |
| 88291 | E | CYTO/MOLECULAR REPORT | | | | Not Allowed | $0.00 | | | |
| 88299 | N | CYTOGENETIC STUDY | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 88300 | N | SURGICAL PATH GROSS | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 88302 | N | TISSUE EXAM BY PATHOLOGIST | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 88304 | N | TISSUE EXAM BY PATHOLOGIST | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 88305 | N | TISSUE EXAM BY PATHOLOGIST | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 88307 | N | TISSUE EXAM BY PATHOLOGIST | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 88309 | N | TISSUE EXAM BY PATHOLOGIST | | 05674 | 5.9753 | Bundled, sometimes payable | $338.44 | | | |
| 88311 | N | DECALCIFY TISSUE | | | | Bundled | $0.00 | | | |
| 88312 | N | SPECIAL STAINS GROUP 1 | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 88313 | N | SPECIAL STAINS GROUP 2 | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 88314 | N | HISTOCHEMICAL STAINS ADD-ON | | | | Bundled | $0.00 | | | |
| 88319 | N | ENZYME HISTOCHEMISTRY | | 05674 | 5.9753 | Bundled, sometimes payable | $338.44 | | | |
| 88321 | N | MICROSLIDE CONSULTATION | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 88323 | N | MICROSLIDE CONSULTATION | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |
| 88325 | N | COMPREHENSIVE REVIEW OF DATA | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 88329 | N | PATH CONSULT INTROP | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 88331 | N | PATH CONSULT INTRAOP 1 BLOC | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |
| 88332 | N | PATH CONSULT INTRAOP ADDL | | | | Bundled | $0.00 | | | |
| 88333 | N | INTRAOP CYTO PATH CONSULT 1 | | 05674 | 5.9753 | Bundled, sometimes payable | $338.44 | | | |
| 88334 | N | INTRAOP CYTO PATH CONSULT 2 | | | | Bundled | $0.00 | | | |
| 88341 | N | IMMUNOHISTO ANTB ADDL SLIDE | | | | Bundled | $0.00 | | | |
| 88342 | E | IMMUNOHISTO ANTB 1ST STAIN | | | | Not Allowed | $0.00 | | | |
| 88344 | N | IMMUNOHISTO ANTIBODY SLIDE | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 88346 | N | IMMUNOFLUOR ANTB 1ST STAIN | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 88348 | N | ELECTRON MICROSCOPY | | 05674 | 5.9753 | Bundled, sometimes payable | $338.44 | | | |
| 88350 | N | IMMUNOFLUOR ANTB ADDL STAIN | | | | Bundled | $0.00 | | | |
| 88355 | N | ANALYSIS SKELETAL MUSCLE | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |
| 88356 | N | ANALYSIS NERVE | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 88358 | N | ANALYSIS TUMOR | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 88360 | N | TUMOR IMMUNOHISTOCHEM/MANUAL | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 88361 | N | TUMOR IMMUNOHISTOCHEM/COMPUT | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 88362 | N | NERVE TEASING PREPARATIONS | | 05674 | 5.9753 | Bundled, sometimes payable | $338.44 | | | |
| 88363 | N | XM ARCHIVE TISSUE MOLEC ANAL | | 05731 | 0.1722 | Bundled, sometimes payable | $9.75 | | | |
| 88364 | N | INSITU HYBRIDIZATION (FISH) | | | | Bundled | $0.00 | | | |
| 88365 | N | INSITU HYBRIDIZATION (FISH) | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |
| 88366 | N | INSITU HYBRIDIZATION (FISH) | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 88367 | N | INSITU HYBRIDIZATION AUTO | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 88368 | N | INSITU HYBRIDIZATION MANUAL | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 88369 | N | M/PHMTRC ALYSISHQUANT/SEMIQ | | | | Bundled | $0.00 | | | |
| 88371 | N | PROTEIN WESTERN BLOT TISSUE | | | | Bundled | $0.00 | | | |
| 88372 | N | PROTEIN ANALYSIS W/PROBE | | | | Bundled | $0.00 | | | |
| 88373 | N | M/PHMTRC ALYS ISHQUANT/SEMIQ | | | | Bundled | $0.00 | | | |
| 88374 | N | M/PHMTRC ALYS ISHQUANT/SEMIQ | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 88375 | E | OPTICAL ENDOMICROSCPY INTERP | | | | Not Allowed | $0.00 | | | |
| 88377 | N | M/PHMTRC ALYS ISHQUANT/SEMIQ | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| 88380 | N | MICRODISSECTION LASER | | | | Bundled | $0.00 | | | |
| 88381 | N | MICRODISSECTION MANUAL | | | | Bundled | $0.00 | | | |
| 88387 | N | TISS EXAM MOLECULAR STUDY | | | | Bundled | $0.00 | | | |
| 88388 | N | TISS EX MOLECUL STUDY ADD-ON | | | | Bundled | $0.00 | | | |
| 88399 | N | SURGICAL PATHOLOGY PROCEDURE | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 88720 | Q | BILIRUBIN TOTAL TRANSCUT | | | | Medicare | $11.38 | $7.06 | $6.83 | |
| 88738 | Q | HGB QUANT TRANSCUTANEOUS | | | | Medicare | $11.38 | $7.06 | $6.83 | |
| 88740 | Q | TRANSCUTANEOUS CARBOXYHB | | | | Medicare | $11.38 | $7.06 | $6.83 | |
| 88741 | Q | TRANSCUTANEOUS METHB | | | | Medicare | $11.38 | $7.06 | $6.83 | |
| 88749 | N | IN VIVO LAB SERVICE | | | | Bundled | $0.00 | | | |
| 89049 | N | CHCT FOR MAL HYPERTHERMIA | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |
| 89050 | Q | BODY FLUID CELL COUNT | | | | Medicare | $10.73 | $6.65 | $6.44 | |
| 89051 | Q | BODY FLUID CELL COUNT | | | | Medicare | $12.50 | $7.75 | $7.50 | |
| 89055 | Q | LEUKOCYTE ASSESSMENT FECAL | | | | Medicare | $9.70 | $6.01 | $5.82 | |
| 89060 | Q | EXAM SYNOVIAL FLUID CRYSTALS | | | | Medicare | $16.25 | $10.08 | $9.75 | |
| 89125 | Q | SPECIMEN FAT STAIN | | | | Medicare | $9.80 | $6.08 | $5.88 | |
| 89160 | Q | EXAM FECES FOR MEAT FIBERS | | | | Medicare | $8.37 | $5.19 | $5.02 | |
| 89190 | Q | NASAL SMEAR FOR EOSINOPHILS | | | | Medicare | $10.78 | $6.68 | $6.47 | |
| 89220 | N | SPUTUM SPECIMEN COLLECTION | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |
| 89230 | N | COLLECT SWEAT FOR TEST | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 89240 | N | PATHOLOGY LAB PROCEDURE | | 05671 | 0.6477 | Bundled, sometimes payable | $36.69 | | | |
| 89250 | E | CULTR OOCYTE/EMBRYO <4 DAYS | | | | Not Allowed | $0.00 | | | |
| 89251 | E | CULTR OOCYTE/EMBRYO <4 DAYS | | | | Not Allowed | $0.00 | | | |
| 89253 | E | EMBRYO HATCHING | | | | Not Allowed | $0.00 | | | |
| 89254 | E | OOCYTE IDENTIFICATION | | | | Not Allowed | $0.00 | | | |
| 89255 | E | PREPARE EMBRYO FOR TRANSFER | | | | Not Allowed | $0.00 | | | |
| 89257 | E | SPERM IDENTIFICATION | | | | Not Allowed | $0.00 | | | |
| 89258 | E | CRYOPRESERVATION EMBRYO(S) | | | | Not Allowed | $0.00 | | | |
| 89259 | E | CRYOPRESERVATION SPERM | | | | Not Allowed | $0.00 | | | |
| 89260 | E | SPERM ISOLATION SIMPLE | | | | Not Allowed | $0.00 | | | |
| 89261 | E | SPERM ISOLATION COMPLEX | | | | Not Allowed | $0.00 | | | |
| 89264 | E | IDENTIFY SPERM TISSUE | | | | Not Allowed | $0.00 | | | |
| 89268 | E | INSEMINATION OF OOCYTES | | | | Not Allowed | $0.00 | | | |
| 89272 | E | EXTENDED CULTURE OF OOCYTES | | | | Not Allowed | $0.00 | | | |
| 89280 | E | ASSIST OOCYTE FERTILIZATION | | | | Not Allowed | $0.00 | | | |
| 89281 | E | ASSIST OOCYTE FERTILIZATION | | | | Not Allowed | $0.00 | | | |
| 89290 | E | BIOPSY OOCYTE POLAR BODY | | | | Not Allowed | $0.00 | | | |
| 89291 | E | BIOPSY OOCYTE POLAR BODY | | | | Not Allowed | $0.00 | | | |
| 89300 | E | SEMEN ANALYSIS W/HUHNER | | | | Not Allowed | $0.00 | | | |
| 89310 | E | SEMEN ANALYSIS W/COUNT | | | | Not Allowed | $0.00 | | | |
| 89320 | E | SEMEN ANAL VOL/COUNT/MOT | | | | Not Allowed | $0.00 | | | |
| 89321 | E | SEMEN ANAL SPERM DETECTION | | | | Not Allowed | $0.00 | | | |
| 89322 | E | SEMEN ANAL STRICT CRITERIA | | | | Not Allowed | $0.00 | | | |
| 89325 | E | SPERM ANTIBODY TEST | | | | Not Allowed | $0.00 | | | |
| 89329 | E | SPERM EVALUATION TEST | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 89330 | E | EVALUATION CERVICAL MUCUS | | | | Not Allowed | $0.00 | | | |
| 89331 | E | RETROGRADE EJACULATION ANAL | | | | Not Allowed | $0.00 | | | |
| 89335 | E | CRYOPRESERVE TESTICULAR TISS | | | | Not Allowed | $0.00 | | | |
| 89337 | N | CRYOPRESERVATION OOCYTE(S) | | 05672 | 1.3863 | Bundled, sometimes payable | $78.52 | | | |
| 89342 | E | STORAGE/YEAR EMBRYO(S) | | | | Not Allowed | $0.00 | | | |
| 89343 | E | STORAGE/YEAR SPERM/SEMEN | | | | Not Allowed | $0.00 | | | |
| 89344 | E | STORAGE/YEAR REPROD TISSUE | | | | Not Allowed | $0.00 | | | |
| 89346 | E | STORAGE/YEAR OOCYTE(S) | | | | Not Allowed | $0.00 | | | |
| 89352 | E | THAWING CRYOPRESRVED EMBRYO | | | | Not Allowed | $0.00 | | | |
| 89353 | E | THAWING CRYOPRESRVED SPERM | | | | Not Allowed | $0.00 | | | |
| 89354 | E | THAW CRYOPRSVRD REPROD TISS | | | | Not Allowed | $0.00 | | | |
| 89356 | E | THAWING CRYOPRESRVED OOCYTE | | | | Not Allowed | $0.00 | | | |
| 89398 | E | UNLISTED REPROD MED LAB PROC | | | | Not Allowed | $0.00 | | | |
| 90281 | E | HUMAN IG IM | | | | Not Allowed | $0.00 | | | |
| 90283 | E | HUMAN IG IV | | | | Not Allowed | $0.00 | | | |
| 90284 | E | HUMAN IG SC | | | | Not Allowed | $0.00 | | | |
| 90287 | E | BOTULINUM ANTITOXIN | | | | Not Allowed | $0.00 | | | |
| 90288 | E | BOTULISM IG IV | | | | Not Allowed | $0.00 | | | |
| 90291 | E | CMV IG IV | | | | Not Allowed | $0.00 | | | |
| 90296 | E | DIPHTHERIA ANTITOXIN | | | | Not Allowed | $0.00 | | | |
| 90371 | K | HEP B IG IM | | 01630 | 2.0205 | APC (blood and non-blood product codes) | $114.44 | | | |
| 90375 | K | RABIES IG IM/SC | | 09133 | 5.0076 | APC (blood and non-blood product codes) | $283.63 | | | |
| 90376 | K | RABIES IG HEAT TREATED | | 09134 | 4.8037 | APC (blood and non-blood product codes) | $272.08 | | | |
| 90378 | K | RSV MAB IM 50MG | | 09003 | 34.3837 | APC (blood and non-blood product codes) | $1,947.49 | | | |
| 90384 | E | RH IG FULL-DOSE IM | | | | Not Allowed | $0.00 | | | |
| 90385 | N | RH IG MINIDOSE IM | | | | Bundled | $0.00 | | | |
| 90386 | E | RH IG IV | | | | Not Allowed | $0.00 | | | |
| 90389 | E | TETANUS IG IM | | | | Not Allowed | $0.00 | | | |
| 90393 | E | VACCINA IG IM | | | | Not Allowed | $0.00 | | | |
| 90396 | K | VARICELLA-ZOSTER IG IM | | 09135 | 21.7334 | APC (blood and non-blood product codes) | $1,230.98 | | | |
| 90399 | E | IMMUNE GLOBULIN | | | | Not Allowed | $0.00 | | | |
| 90460 | E | IM ADMIN 1ST/ONLY COMPONENT | | | | Not Allowed | $0.00 | | | |
| 90461 | E | IM ADMIN EACH ADDL COMPONENT | | | | Not Allowed | $0.00 | | | |
| 90471 | E | IMMUNIZATION ADMIN | | | | Not Allowed | $0.00 | | | |
| 90472 | E | IMMUNIZATION ADMIN EACH ADD | | | | Not Allowed | $0.00 | | | |
| 90473 | E | IMMUNE ADMIN ORAL/NASAL | | | | Not Allowed | $0.00 | | | |
| 90474 | E | IMMUNE ADMIN ORAL/NASAL ADDL | | | | Not Allowed | $0.00 | | | |
| 90476 | N | ADENOVIRUS VACCINE TYPE 4 | | | | Bundled | $0.00 | | | |
| 90477 | E | ADENOVIRUS VACCINE TYPE 7 | | | | Not Allowed | $0.00 | | | |
| 90581 | N | ANTHRAX VACCINE SC OR IM | | | | Bundled | $0.00 | | | Y |
| 90585 | K | BCG VACCINE PERCUT | | 09137 | 2.1785 | APC (blood and non-blood product codes) | $123.39 | | | |
| 90586 | M | BCG VACCINE INTRAVESICAL | | | | Fee Schedule | $123.39 | | | |
| 90620 | K | MENB RP W/OMV VACCINE IM | | 01807 | 2.6061 | APC (blood and non-blood product codes) | $147.61 | | | |
| 90621 | K | MENB RLP VACCINE IM | | 01808 | 2.1663 | APC (blood and non-blood product codes) | $122.70 | | | |
| 90625 | E | CHOLERA VACCINE LIVE ORAL | | | | Not Allowed | $0.00 | | | |
| 90630 | M | FLU VACC IIV4 NO PRESERV ID | | | | Fee Schedule | $21.00 | | | |
| 90632 | N | HEPA VACCINE ADULT IM | | | | Bundled | $0.00 | | | |
| 90633 | N | HEPA VACC PED/ADOL 2 DOSE IM | | | | Bundled | $0.00 | | | |
| 90634 | N | HEPA VACC PED/ADOL 3 DOSE | | | | Bundled | $0.00 | | | |
| 90636 | N | HEP A/HEP B VACC ADULT IM | | | | Bundled | $0.00 | | | |
| 90644 | E | HIB-MENCY VACCINE 4 DOSE IM | | | | Not Allowed | $0.00 | | | |
| 90647 | N | HIB PRP-OMP VACC 3 DOSE IM | | | | Bundled | $0.00 | | | |
| 90648 | N | HIB PRP-T VACCINE 4 DOSE IM | | | | Bundled | $0.00 | | | |
| 90649 | M | 4VHPV VACCINE 3 DOSE IM | | | | Fee Schedule | $177.70 | | | |
| 90650 | M | 2VHPV VACCINE 3 DOSE IM | | | | Fee Schedule | $128.75 | | | |
| 90651 | M | 9VHPV VACCINE 3 DOSE IM | | | | Fee Schedule | $0.00 | | | |
| 90653 | E | IIV ADJUVANT VACCINE IM | | | | Not Allowed | $0.00 | | | |
| 90654 | M | FLU VACC IIV3 NO PRESERV ID | | | | Fee Schedule | $16.93 | | | |
| 90655 | M | IIV3 VACC NO PRSV 6-35 MO IM | | | | Fee Schedule | $15.43 | | | |
| 90656 | M | IIV3 VACC NO PRSV 3 YRS+ IM | | | | Fee Schedule | $12.42 | | | |
| 90657 | M | IIV3 VACCINE 6-35 MONTHS IM | | | | Fee Schedule | $5.39 | | | |
| 90658 | M | IIV3 VACCINE 3 YRS+ IM | | | | Fee Schedule | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 90660 | M | LAIV3 VACCINE INTRANASAL | | | | Fee Schedule | $20.99 | | | |
| 90661 | M | CCIIV3 VAC IM CULT PRSV FREE | | | | Fee Schedule | $19.94 | | | |
| 90662 | E | IIV NO PRSV INCREASED AG IM | | | | Not Allowed | $0.00 | | | |
| 90664 | E | LAIV VACC PANDEMIC INTRANASL | | | | Not Allowed | $0.00 | | | |
| 90666 | E | FLU VAC PANDEM PRSRV FREE IM | | | | Not Allowed | $0.00 | | | |
| 90667 | E | IIV VACC PANDEMIC ADJUVT IM | | | | Not Allowed | $0.00 | | | |
| 90668 | E | IIV VACCINE PANDEMIC IM | | | | Not Allowed | $0.00 | | | |
| 90670 | M | PCV13 VACCINE IM | | | | Fee Schedule | $162.00 | | | |
| 90672 | E | LAIV4 VACCINE INTRANASAL | | | | Not Allowed | $0.00 | | | |
| 90673 | M | RIV3 VACCINE NO PRESERV IM | | | | Fee Schedule | $33.28 | | | |
| 90675 | K | RABIES VACCINE IM | | 09139 | 4.5680 | APC (blood and non-blood product codes) | $258.73 | | | |
| 90676 | K | RABIES VACCINE ID | | 09140 | 3.0420 | APC (blood and non-blood product codes) | $172.30 | | | |
| 90680 | N | RV5 VACC 3 DOSE LIVE ORAL | | | | Bundled | $0.00 | | | |
| 90681 | E | RV1 VACC 2 DOSE LIVE ORAL | | | | Not Allowed | $0.00 | | | |
| 90685 | M | IIV4 VACC NO PRSV 6-35 M IM | | | | Fee Schedule | $22.01 | | | |
| 90686 | M | IIV4 VACC NO PRSV 3 YRS+ IM | | | | Fee Schedule | $16.24 | | | |
| 90687 | M | IIV4 VACCINE 6-35 MONTHS IM | | | | Fee Schedule | $8.17 | | | |
| 90688 | M | IIV4 VACCINE 3 YRS PLUS IM | | | | Fee Schedule | $16.35 | | | |
| 90690 | N | TYPHOID VACCINE ORAL | | | | Bundled | $0.00 | | | |
| 90691 | N | TYPHOID VACCINE IM | | | | Bundled | $0.00 | | | |
| 90696 | N | DTAP-IPV VACCINE 4-6 YRS IM | | | | Bundled | $0.00 | | | |
| 90697 | E | DTAP-IPV-HIB-HEPB VACCINE IM | | | | Not Allowed | $0.00 | | | |
| 90698 | N | DTAP-IPV/HIB VACCINE IM | | | | Bundled | $0.00 | | | |
| 90700 | N | DTAP VACCINE < 7 YRS IM | | | | Bundled | $0.00 | | | |
| 90702 | N | DT VACCINE UNDER 7 YRS IM | | | | Bundled | $0.00 | | | |
| 90707 | N | MMR VACCINE SC | | | | Bundled | $0.00 | | | |
| 90710 | N | MMRV VACCINE SC | | | | Bundled | $0.00 | | | |
| 90713 | N | POLIOVIRUS IPV SC/IM | | | | Bundled | $0.00 | | | |
| 90714 | N | TD VACC NO PRESV 7 YRS+ IM | | | | Bundled | $0.00 | | | |
| 90715 | N | TDAP VACCINE 7 YRS/> IM | | | | Bundled | $0.00 | | | |
| 90716 | M | VAR VACCINE LIVE SUBQ | | | | Fee Schedule | $0.00 | | | |
| 90717 | N | YELLOW FEVER VACCINE SUBQ | | | | Bundled | $0.00 | | | |
| 90723 | M | DTAP-HEP B-IPV VACCINE IM | | | | Fee Schedule | $0.00 | | | |
| 90732 | M | PPSV23 VACC 2 YRS+ SUBQ/IM | | | | Fee Schedule | $80.48 | | | |
| 90733 | K | MPSV4 VACCINE SUBQ | | 09143 | 1.8801 | APC (blood and non-blood product codes) | $106.49 | | | |
| 90734 | K | MENACWY VACCINE IM | | 01843 | 1.7927 | APC (blood and non-blood product codes) | $101.54 | | | |
| 90736 | M | HZV VACCINE LIVE SUBQ | | | | Fee Schedule | $196.91 | | | |
| 90738 | E | INACTIVATED JE VACC IM | | | | Not Allowed | $0.00 | | | |
| 90739 | E | HEPB VACC 2 DOSE ADULT IM | | | | Not Allowed | $0.00 | | | |
| 90740 | M | HEPB VACC 3 DOSE IMMUNSUP IM | | | | Fee Schedule | $110.02 | | | |
| 90743 | M | HEPB VACC 2 DOSE ADOLESC IM | | | | Fee Schedule | $22.72 | | | |
| 90744 | M | HEPB VACC 3 DOSE PED/ADOL IM | | | | Fee Schedule | $22.72 | | | |
| 90746 | M | HEPB VACCINE 3 DOSE ADULT IM | | | | Fee Schedule | $55.01 | | | |
| 90747 | M | HEPB VACC 4 DOSE IMMUNSUP IM | | | | Fee Schedule | $110.02 | | | |
| 90748 | M | HIB-HEPB VACCINE IM | | | | Fee Schedule | $0.00 | | | |
| 90749 | N | VACCINE TOXOID | | | | Bundled | $0.00 | | | |
| 90785 | N | PSYTX COMPLEX INTERACTIVE | | | | Bundled | $0.00 | | | |
| 90791 | N | PSYCH DIAGNOSTIC EVALUATION | | 05841 | 1.6960 | Bundled, sometimes payable | $96.06 | | | |
| 90792 | N | PSYCH DIAG EVAL W/MED SRVCS | | 05841 | 1.6960 | Bundled, sometimes payable | $96.06 | | | |
| 90832 | N | PSYTX PT&/FAMILY 30 MINUTES | | 05822 | 0.9447 | Bundled, sometimes payable | $53.51 | | | |
| 90833 | N | PSYTX PT&/FAM W/E&M 30 MIN | | | | Bundled | $0.00 | | | |
| 90834 | N | PSYTX PT&/FAMILY 45 MINUTES | | 05841 | 1.6960 | Bundled, sometimes payable | $96.06 | | | |
| 90836 | N | PSYTX PT&/FAM W/E&M 45 MIN | | | | Bundled | $0.00 | | | |
| 90837 | N | PSYTX PT&/FAMILY 60 MINUTES | | 05841 | 1.6960 | Bundled, sometimes payable | $96.06 | | | |
| 90838 | N | PSYTX PT&/FAM W/E&M 60 MIN | | | | Bundled | $0.00 | | | |
| 90839 | N | PSYTX CRISIS INITIAL 60 MIN | | 05841 | 1.6960 | Bundled, sometimes payable | $96.06 | | | |
| 90840 | N | PSYTX CRISIS EA ADDL 30 MIN | | | | Bundled | $0.00 | | | |
| 90845 | N | PSYCHOANALYSIS | | 05841 | 1.6960 | Bundled, sometimes payable | $96.06 | | | |
| 90846 | N | FAMILY PSYTX W/O PATIENT | | 05841 | 1.6960 | Bundled, sometimes payable | $96.06 | | | |
| 90847 | N | FAMILY PSYTX W/PATIENT | | 05841 | 1.6960 | Bundled, sometimes payable | $96.06 | | | |
| 90849 | N | MULTIPLE FAMILY GROUP PSYTX | | 05841 | 1.6960 | Bundled, sometimes payable | $96.06 | | | |
| 90853 | N | GROUP PSYCHOTHERAPY | | 05822 | 0.9447 | Bundled, sometimes payable | $53.51 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 90863 | E | PHARMACOLOGIC MGMT W/PSYTX | | | | Not Allowed | $0.00 | | | |
| 90865 | N | NARCOSYNTHESIS | | 05841 | 1.6960 | Bundled, sometimes payable | $96.06 | | | |
| 90867 | S | TCRANIAL MAGN STIM TX PLAN | | 05722 | 2.9888 | APC | $169.29 | | | |
| 90868 | S | TCRANIAL MAGN STIM TX DELI | | 05722 | 2.9888 | APC | $169.29 | | | |
| 90869 | S | TCRAN MAGN STIM REDETEMINE | | 05722 | 2.9888 | APC | $169.29 | | | |
| 90870 | S | ELECTROCONVULSIVE THERAPY | | 05723 | 5.3783 | APC | $304.63 | | | |
| 90875 | E | PSYCHOPHYSIOLOGICAL THERAPY | | | | Not Allowed | $0.00 | | | |
| 90876 | E | PSYCHOPHYSIOLOGICAL THERAPY | | | | Not Allowed | $0.00 | | | |
| 90880 | N | HYPNOTHERAPY | | 05841 | 1.6960 | Bundled, sometimes payable | $96.06 | | | |
| 90882 | E | ENVIRONMENTAL MANIPULATION | | | | Not Allowed | $0.00 | | | |
| 90885 | N | PSY EVALUATION OF RECORDS | | | | Bundled | $0.00 | | | |
| 90887 | N | CONSULTATION WITH FAMILY | | | | Bundled | $0.00 | | | |
| 90889 | N | PREPARATION OF REPORT | | | | Bundled | $0.00 | | | |
| 90899 | N | PSYCHIATRIC SERVICE/THERAPY | | 05841 | 1.6960 | Bundled, sometimes payable | $96.06 | | | |
| 90901 | M | BIOFEEDBACK TRAIN ANY METH | | | | Fee Schedule | $21.41 | | | |
| 90911 | S | BIOFEEDBACK PERI/URO/RECTAL | | 05721 | 1.7599 | APC | $99.68 | | | |
| 90935 | S | HEMODIALYSIS ONE EVALUATION | | 05401 | 7.4150 | APC | $419.99 | | | |
| 90937 | M | HEMODIALYSIS REPEATED EVAL | | | | Fee Schedule | $0.00 | | | |
| 90940 | N | HEMODIALYSIS ACCESS STUDY | | | | Bundled | $0.00 | | | |
| 90945 | V | DIALYSIS ONE EVALUATION | | 05013 | 6.5201 | APC | $369.30 | | | |
| 90947 | M | DIALYSIS REPEATED EVAL | | | | Fee Schedule | $0.00 | | | |
| 90951 | E | ESRD SERV 4 VISITS P MO <2YR | | | | Not Allowed | $0.00 | | | |
| 90952 | E | ESRD SERV 2-3 VSTS P MO <2YR | | | | Not Allowed | $0.00 | | | |
| 90953 | E | ESRD SERV 1 VISIT P MO <2YRS | | | | Not Allowed | $0.00 | | | |
| 90954 | E | ESRD SERV 4 VSTS P MO 2-11 | | | | Not Allowed | $0.00 | | | |
| 90955 | E | ESRD SRV 2-3 VSTS P MO 2-11 | | | | Not Allowed | $0.00 | | | |
| 90956 | E | ESRD SRV 1 VISIT P MO 2-11 | | | | Not Allowed | $0.00 | | | |
| 90957 | E | ESRD SRV 4 VSTS P MO 12-19 | | | | Not Allowed | $0.00 | | | |
| 90958 | E | ESRD SRV 2-3 VSTS P MO 12-19 | | | | Not Allowed | $0.00 | | | |
| 90959 | E | ESRD SERV 1 VST P MO 12-19 | | | | Not Allowed | $0.00 | | | |
| 90960 | E | ESRD SRV 4 VISITS P MO 20+ | | | | Not Allowed | $0.00 | | | |
| 90961 | E | ESRD SRV 2-3 VSTS P MO 20+ | | | | Not Allowed | $0.00 | | | |
| 90962 | E | ESRD SERV 1 VISIT P MO 20+ | | | | Not Allowed | $0.00 | | | |
| 90963 | E | ESRD HOME PT SERV P MO <2YRS | | | | Not Allowed | $0.00 | | | |
| 90964 | E | ESRD HOME PT SERV P MO 2-11 | | | | Not Allowed | $0.00 | | | |
| 90965 | E | ESRD HOME PT SERV P MO 12-19 | | | | Not Allowed | $0.00 | | | |
| 90966 | E | ESRD HOME PT SERV P MO 20+ | | | | Not Allowed | $0.00 | | | |
| 90967 | E | ESRD HOME PT SERV P DAY <2 | | | | Not Allowed | $0.00 | | | |
| 90968 | E | ESRD HOME PT SRV P DAY 2-11 | | | | Not Allowed | $0.00 | | | |
| 90969 | E | ESRD HOME PT SRV P DAY 12-19 | | | | Not Allowed | $0.00 | | | |
| 90970 | E | ESRD HOME PT SERV P DAY 20+ | | | | Not Allowed | $0.00 | | | |
| 90989 | M | DIALYSIS TRAINING COMPLETE | | | | Fee Schedule | $0.00 | | | |
| 90993 | M | DIALYSIS TRAINING INCOMPL | | | | Fee Schedule | $0.00 | | | |
| 90997 | M | HEMOPERFUSION | | | | Fee Schedule | $0.00 | | | |
| 90999 | M | DIALYSIS PROCEDURE | | | | Fee Schedule | $0.00 | | | |
| 91010 | S | ESOPHAGUS MOTILITY STUDY | | 05723 | 5.3783 | APC | $304.63 | | | |
| 91013 | N | ESOPHGL MOTIL W/STIM/PERFUS | | | | Bundled | $0.00 | | | |
| 91020 | S | GASTRIC MOTILITY STUDIES | | 05723 | 5.3783 | APC | $304.63 | | | |
| 91022 | S | DUODENAL MOTILITY STUDY | | 05724 | 11.6167 | APC | $657.97 | | | |
| 91030 | S | ACID PERFUSION OF ESOPHAGUS | | 05723 | 5.3783 | APC | $304.63 | | | |
| 91034 | S | GASTROESOPHAGEAL REFLUX TEST | | 05723 | 5.3783 | APC | $304.63 | | | |
| 91035 | S | G-ESOPH REFLX TST W/ELECTROD | | 05723 | 5.3783 | APC | $304.63 | | | |
| 91037 | S | ESOPH IMPED FUNCTION TEST | | 05722 | 2.9888 | APC | $169.29 | | | |
| 91038 | S | ESOPH IMPED FUNCT TEST > 1HR | | 05723 | 5.3783 | APC | $304.63 | | | |
| 91040 | S | ESOPH BALLOON DISTENSION TST | | 05723 | 5.3783 | APC | $304.63 | | | |
| 91065 | S | BREATH HYDROGEN/METHANE TEST | | 05721 | 1.7599 | APC | $99.68 | | | |
| 91110 | T | GI TRACT CAPSULE ENDOSCOPY | | 05301 | 10.1100 | APC | $572.63 | | | |
| 91111 | T | ESOPHAGEAL CAPSULE ENDOSCOPY | | 05301 | 10.1100 | APC | $572.63 | | | |
| 91112 | T | GI WIRELESS CAPSULE MEASURE | | 05301 | 10.1100 | APC | $572.63 | | | |
| 91117 | T | COLON MOTILITY 6 HR STUDY | | 05371 | 2.8025 | APC | $158.73 | | | |
| 91120 | S | RECTAL SENSATION TEST | | 05721 | 1.7599 | APC | $99.68 | | | |
| 91122 | T | ANAL PRESSURE RECORD | | 05372 | 7.1140 | APC | $402.94 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 91132 | S | ELECTROGASTROGRAPHY | | 05721 | 1.7599 | APC | $99.68 | | | |
| 91133 | N | ELECTROGASTROGRAPHY W/TEST | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 91200 | S | LIVER ELASTOGRAPHY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 91299 | S | GASTROENTEROLOGY PROCEDURE | | 05721 | 1.7599 | APC | $99.68 | | | |
| 92002 | V | EYE EXAM NEW PATIENT | | 05012 | 1.3852 | APC | $78.46 | | | |
| 92004 | V | EYE EXAM NEW PATIENT | | 05012 | 1.3852 | APC | $78.46 | | | |
| 92012 | V | EYE EXAM ESTABLISH PATIENT | | 05012 | 1.3852 | APC | $78.46 | | | |
| 92014 | V | EYE EXAM&TX ESTAB PT 1/>VST | | 05012 | 1.3852 | APC | $78.46 | | | |
| 92015 | E | DETERMINE REFRACTIVE STATE | | | | Not Allowed | $0.00 | | | |
| 92018 | T | NEW EYE EXAM & TREATMENT | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 92019 | T | EYE EXAM & TREATMENT | | 05503 | 19.0052 | APC | $1,076.45 | | | |
| 92020 | N | SPECIAL EYE EVALUATION | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92025 | N | CORNEAL TOPOGRAPHY | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 92060 | N | SPECIAL EYE EVALUATION | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92065 | N | ORTHOPTIC/PLEOPTIC TRAINING | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92071 | N | CONTACT LENS FITTING FOR TX | | | | Bundled | $0.00 | | | |
| 92072 | N | FIT CONTAC LENS FOR MANAGMNT | | | | Bundled | $0.00 | | | |
| 92081 | N | VISUAL FIELD EXAMINATION(S) | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92082 | N | VISUAL FIELD EXAMINATION(S) | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 92083 | N | VISUAL FIELD EXAMINATION(S) | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92100 | N | SERIAL TONOMETRY EXAM(S) | | | | Bundled | $0.00 | | | |
| 92132 | N | CMPTR OPHTH DX IMG ANT SEGMT | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 92133 | N | CMPTR OPHTH IMG OPTIC NERVE | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 92134 | N | CPTR OPHTH DX IMG POST SEGMT | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 92136 | N | OPHTHALMIC BIOMETRY | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92140 | N | GLAUCOMA PROVOCATIVE TESTS | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92145 | N | CORNEAL HYSTERESIS DETER | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92225 | N | SPECIAL EYE EXAM INITIAL | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 92226 | N | SPECIAL EYE EXAM SUBSEQUENT | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 92227 | N | REMOTE DX RETINAL IMAGING | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92228 | N | REMOTE RETINAL IMAGING MGMT | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92230 | N | EYE EXAM WITH PHOTOS | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92235 | S | EYE EXAM WITH PHOTOS | | 05722 | 2.9888 | APC | $169.29 | | | |
| 92240 | S | ICG ANGIOGRAPHY | | 05722 | 2.9888 | APC | $169.29 | | | |
| 92250 | N | EYE EXAM WITH PHOTOS | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92260 | N | OPHTHALMOSCOPY/DYNAMOMETRY | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92265 | N | EYE MUSCLE EVALUATION | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 92270 | N | ELECTRO-OCULOGRAPHY | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92275 | S | ELECTRORETINOGRAPHY | | 05722 | 2.9888 | APC | $169.29 | | | |
| 92283 | N | COLOR VISION EXAMINATION | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92284 | N | DARK ADAPTATION EYE EXAM | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92285 | N | EYE PHOTOGRAPHY | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92286 | N | INTERNAL EYE PHOTOGRAPHY | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92287 | N | INTERNAL EYE PHOTOGRAPHY | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92310 | E | CONTACT LENS FITTING | | | | Not Allowed | $0.00 | | | |
| 92311 | E | CONTACT LENS FITTING | | | | Not Allowed | $0.00 | | | |
| 92312 | E | CONTACT LENS FITTING | | | | Not Allowed | $0.00 | | | |
| 92313 | E | CONTACT LENS FITTING | | | | Not Allowed | $0.00 | | | |
| 92314 | E | PRESCRIPTION OF CONTACT LENS | | | | Not Allowed | $0.00 | | | |
| 92315 | E | RX CNTACT LENS APHAKIA 1 EYE | | | | Not Allowed | $0.00 | | | |
| 92316 | E | RX CNTACT LENS APHAKIA 2 EYE | | | | Not Allowed | $0.00 | | | |
| 92317 | E | RX CORNEOSCLERAL CNTACT LENS | | | | Not Allowed | $0.00 | | | |
| 92325 | E | MODIFICATION OF CONTACT LENS | | | | Not Allowed | $0.00 | | | |
| 92326 | E | REPLACEMENT OF CONTACT LENS | | | | Not Allowed | $0.00 | | | |
| 92340 | M | FIT SPECTACLES MONOFOCAL | | | | Fee Schedule | $0.00 | | | |
| 92341 | M | FIT SPECTACLES BIFOCAL | | | | Fee Schedule | $0.00 | | | |
| 92342 | M | FIT SPECTACLES MULTIFOCAL | | | | Fee Schedule | $0.00 | | | |
| 92352 | E | FIT APHAKIA SPECTCL MONOFOCL | | | | Not Allowed | $0.00 | | | |
| 92353 | E | FIT APHAKIA SPECTCL MULTIFOC | | | | Not Allowed | $0.00 | | | |
| 92354 | E | FIT SPECTACLES SINGLE SYSTEM | | | | Not Allowed | $0.00 | | | |
| 92355 | E | FIT SPECTACLES COMPOUND LENS | | | | Not Allowed | $0.00 | | | |
| 92358 | N | APHAKIA PROSTH SERVICE TEMP | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 92370 | E | REPAIR & ADJUST SPECTACLES | | | | Not Allowed | $0.00 | | | |
| 92371 | E | REPAIR & ADJUST SPECTACLES | | | | Not Allowed | $0.00 | | | |
| 92499 | N | EYE SERVICE OR PROCEDURE | | 05731 | 0.1722 | Bundled, sometimes payable | $9.75 | | | |
| 92502 | T | EAR AND THROAT EXAMINATION | | 05162 | 4.2445 | APC | $240.41 | | | |
| 92504 | N | EAR MICROSCOPY EXAMINATION | | | | Bundled | $0.00 | | | |
| 92507 | Y | SPEECH/HEARING THERAPY | | | | Fee Schedule | $56.88 | | | |
| 92508 | Y | SPEECH/HEARING THERAPY | | | | Fee Schedule | $16.80 | | | |
| 92511 | T | NASOPHARYNGOSCOPY | | 05151 | 1.9167 | APC | $108.56 | | | |
| 92512 | S | NASAL FUNCTION STUDIES | | 05722 | 2.9888 | APC | $169.29 | | | |
| 92516 | S | FACIAL NERVE FUNCTION TEST | | 05722 | 2.9888 | APC | $169.29 | | | |
| 92520 | N | LARYNGEAL FUNCTION STUDIES | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92521 | Y | EVALUATION OF SPEECH FLUENCY | | | | Fee Schedule | $79.90 | | | |
| 92522 | Y | EVALUATE SPEECH PRODUCTION | | | | Fee Schedule | $66.65 | | | |
| 92523 | Y | SPEECH SOUND LANG COMPREHEN | | | | Fee Schedule | $139.56 | | | |
| 92524 | Y | BEHAVRAL QUALIT ANALYS VOICE | | | | Fee Schedule | $64.62 | | | |
| 92526 | Y | ORAL FUNCTION THERAPY | | | | Fee Schedule | $61.95 | | | |
| 92531 | N | SPONTANEOUS NYSTAGMUS STUDY | | | | Bundled | $0.00 | | | |
| 92532 | N | POSITIONAL NYSTAGMUS TEST | | | | Bundled | $0.00 | | | |
| 92533 | N | CALORIC VESTIBULAR TEST | | | | Bundled | $0.00 | | | |
| 92534 | N | OPTOKINETIC NYSTAGMUS TEST | | | | Bundled | $0.00 | | | |
| 92537 | S | CALORIC VSTBLR TEST W/REC | | 05722 | 2.9888 | APC | $169.29 | | | |
| 92538 | S | CALORIC VSTBLR TEST W/REC | | 05722 | 2.9888 | APC | $169.29 | | | |
| 92540 | S | BASIC VESTIBULAR EVALUATION | | 05722 | 2.9888 | APC | $169.29 | | | |
| 92541 | N | SPONTANEOUS NYSTAGMUS TEST | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92542 | N | POSITIONAL NYSTAGMUS TEST | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92544 | S | OPTOKINETIC NYSTAGMUS TEST | | 05721 | 1.7599 | APC | $99.68 | | | |
| 92545 | S | OSCILLATING TRACKING TEST | | 05721 | 1.7599 | APC | $99.68 | | | |
| 92546 | S | SINUSOIDAL ROTATIONAL TEST | | 05721 | 1.7599 | APC | $99.68 | | | |
| 92547 | N | SUPPLEMENTAL ELECTRICAL TEST | | | | Bundled | $0.00 | | | |
| 92548 | N | POSTUROGRAPHY | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92550 | N | TYMPANOMETRY & REFLEX THRESH | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 92551 | M | PURE TONE HEARING TEST AIR | | | | Fee Schedule | $12.96 | | | |
| 92552 | N | PURE TONE AUDIOMETRY AIR | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92553 | N | AUDIOMETRY AIR & BONE | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 92555 | N | SPEECH THRESHOLD AUDIOMETRY | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92556 | N | SPEECH AUDIOMETRY COMPLETE | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92557 | N | COMPREHENSIVE HEARING TEST | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 92558 | E | EVOKED AUDITORY TEST QUAL | | | | Not Allowed | $0.00 | | | |
| 92559 | E | GROUP AUDIOMETRIC TESTING | | | | Not Allowed | $0.00 | | | |
| 92560 | E | BEKESY AUDIOMETRY SCREEN | | | | Not Allowed | $0.00 | | | |
| 92561 | N | BEKESY AUDIOMETRY DIAGNOSIS | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 92562 | N | LOUDNESS BALANCE TEST | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 92563 | N | TONE DECAY HEARING TEST | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92564 | N | SISI HEARING TEST | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92565 | N | STENGER TEST PURE TONE | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92567 | N | TYMPANOMETRY | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92568 | N | ACOUSTIC REFL THRESHOLD TST | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92570 | N | ACOUSTIC IMMITANCE TESTING | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 92571 | N | FILTERED SPEECH HEARING TEST | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92572 | N | STAGGERED SPONDAIC WORD TEST | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 92575 | N | SENSORINEURAL ACUITY TEST | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92576 | N | SYNTHETIC SENTENCE TEST | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92577 | N | STENGER TEST SPEECH | | 05723 | 5.3783 | Bundled, sometimes payable | $304.63 | | | |
| 92579 | N | VISUAL AUDIOMETRY (VRA) | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 92582 | N | CONDITIONING PLAY AUDIOMETRY | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 92583 | N | SELECT PICTURE AUDIOMETRY | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92584 | S | ELECTROCOCHLEOGRAPHY | | 05721 | 1.7599 | APC | $99.68 | | | |
| 92585 | S | AUDITOR EVOKE POTENT COMPRE | | 05722 | 2.9888 | APC | $169.29 | | | |
| 92586 | S | AUDITOR EVOKE POTENT LIMIT | | 05721 | 1.7599 | APC | $99.68 | | | |
| 92587 | S | EVOKED AUDITORY TEST LIMITED | | 05722 | 2.9888 | APC | $169.29 | | | |
| 92588 | S | EVOKED AUDITORY TST COMPLETE | | 05722 | 2.9888 | APC | $169.29 | | | |
| 92590 | E | HEARING AID EXAM ONE EAR | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 92591 | E | HEARING AID EXAM BOTH EARS | | | | Not Allowed | $0.00 | | | |
| 92592 | M | HEARING AID CHECK ONE EAR | | | | Fee Schedule | $12.90 | | | |
| 92593 | M | HEARING AID CHECK BOTH EARS | | | | Fee Schedule | $20.19 | | | |
| 92594 | E | ELECTRO HEARNG AID TEST ONE | | | | Not Allowed | $0.00 | | | |
| 92595 | E | ELECTRO HEARNG AID TST BOTH | | | | Not Allowed | $0.00 | | | |
| 92596 | N | EAR PROTECTOR EVALUATION | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 92597 | Y | ORAL SPEECH DEVICE EVAL | | | | Fee Schedule | $52.18 | | | |
| 92601 | S | COCHLEAR IMPLT F/UP EXAM <7 | | 05721 | 1.7599 | APC | $99.68 | | | |
| 92602 | S | REPROGRAM COCHLEAR IMPLT 7/> | | 05721 | 1.7599 | APC | $99.68 | | | |
| 92603 | S | COCHLEAR IMPLT F/UP EXAM 7/> | | 05721 | 1.7599 | APC | $99.68 | | | |
| 92604 | S | REPROGRAM COCHLEAR IMPLT 7/> | | 05721 | 1.7599 | APC | $99.68 | | | |
| 92605 | M | EX FOR NONSPEECH DEVICE RX | | | | Fee Schedule | $0.00 | | | |
| 92606 | N | NON-SPEECH DEVICE SERVICE | | | | Bundled | $0.00 | | | |
| 92607 | Y | EX FOR SPEECH DEVICE RX 1HR | | | | Fee Schedule | $91.06 | | | |
| 92608 | Y | EX FOR SPEECH DEVICE RX ADDL | | | | Fee Schedule | $37.99 | | | |
| 92609 | Y | USE OF SPEECH DEVICE SERVICE | | | | Fee Schedule | $79.46 | | | |
| 92610 | Y | EVALUATE SWALLOWING FUNCTION | | | | Fee Schedule | $52.64 | | | |
| 92611 | Y | MOTION FLUOROSCOPY/SWALLOW | | | | Fee Schedule | $62.94 | | | |
| 92612 | M | ENDOSCOPY SWALLOW TST (FEES) | | | | Fee Schedule | $49.69 | | | |
| 92613 | E | ENDOSCOPY SWALLOW TST (FEES) | | | | Not Allowed | $0.00 | | | |
| 92614 | M | LARYNGOSCOPIC SENSORY TEST | | | | Fee Schedule | $49.44 | | | |
| 92615 | E | EVAL LARYNGOSCOPY SENSE TST | | | | Not Allowed | $0.00 | | | |
| 92616 | M | FEES W/LARYNGEAL SENSE TEST | | | | Fee Schedule | $73.78 | | | |
| 92617 | E | INTERPRT FEES/LARYNGEAL TEST | | | | Not Allowed | $0.00 | | | |
| 92618 | E | EX FOR NONSPEECH DEV RX ADD | | | | Not Allowed | $0.00 | | | |
| 92620 | N | AUDITORY FUNCTION 60 MIN | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 92621 | N | AUDITORY FUNCTION + 15 MIN | | | | Bundled | $0.00 | | | |
| 92625 | N | TINNITUS ASSESSMENT | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 92626 | N | EVAL AUD REHAB STATUS | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 92627 | N | EVAL AUD STATUS REHAB ADD-ON | | | | Bundled | $0.00 | | | |
| 92630 | E | AUD REHAB PRE-LING HEAR LOSS | | | | Not Allowed | $0.00 | | | |
| 92633 | E | AUD REHAB POSTLING HEAR LOSS | | | | Not Allowed | $0.00 | | | |
| 92640 | S | AUD BRAINSTEM IMPLT PROGRAMG | | 05721 | 1.7599 | APC | $99.68 | | | |
| 92700 | N | ENT PROCEDURE/SERVICE | | 05731 | 0.1722 | Bundled, sometimes payable | $9.75 | | | |
| 92920 | N | PRQ CARDIAC ANGIOPLAST 1 ART | | 05191 | 62.2875 | Bundled, sometimes payable | $3,527.96 | | | |
| 92921 | N | PRQ CARDIAC ANGIO ADDL ART | | | | Bundled | $0.00 | | | |
| 92924 | N | PRQ CARD ANGIO/ATHRECT 1 ART | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 92925 | N | PRQ CARD ANGIO/ATHRECT ADDL | | | | Bundled | $0.00 | | | |
| 92928 | N | PRQ CARD STENT W/ANGIO 1 VSL | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 92929 | N | PRQ CARD STENT W/ANGIO ADDL | | | | Bundled | $0.00 | | | |
| 92933 | N | PRQ CARD STENT/ATH/ANGIO | | 05193 | 198.1983 | Bundled, sometimes payable | $11,225.95 | | | |
| 92934 | N | PRQ CARD STENT/ATH/ANGIO | | | | Bundled | $0.00 | | | |
| 92937 | N | PRQ REVASC BYP GRAFT 1 VSL | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 92938 | N | PRQ REVASC BYP GRAFT ADDL | | | | Bundled | $0.00 | | | |
| 92941 | N | PRQ CARD REVASC MI 1 VSL | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 92943 | N | PRQ CARD REVASC CHRONIC 1VSL | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 92944 | N | PRQ CARD REVASC CHRONIC ADDL | | | | Bundled | $0.00 | | | |
| 92950 | S | HEART/LUNG RESUSCITATION CPR | | 05722 | 2.9888 | APC | $169.29 | | | |
| 92953 | N | TEMPORARY EXTERNAL PACING | | 05781 | 6.3356 | Bundled, sometimes payable | $358.85 | | | |
| 92960 | S | CARDIOVERSION ELECTRIC EXT | | 05781 | 6.3356 | APC | $358.85 | | | |
| 92961 | S | CARDIOVERSION ELECTRIC INT | | 05781 | 6.3356 | APC | $358.85 | | | |
| 92970 | C | CARDIOASSIST INTERNAL | | | | Inpatient Only | $0.00 | | | |
| 92971 | C | CARDIOASSIST EXTERNAL | | | | Inpatient Only | $0.00 | | | |
| 92973 | N | PRQ CORONARY MECH THROMBECT | | | | Bundled | $0.00 | | | |
| 92974 | N | CATH PLACE CARDIO BRACHYTX | | | | Bundled | $0.00 | | | |
| 92975 | C | DISSOLVE CLOT HEART VESSEL | | | | Inpatient Only | $0.00 | | | |
| 92977 | T | DISSOLVE CLOT HEART VESSEL | | 05291 | 2.7101 | APC | $153.50 | | | |
| 92978 | N | INTRAVASC US HEART ADD-ON | | | | Bundled | $0.00 | | | |
| 92979 | N | INTRAVASC US HEART ADD-ON | | | | Bundled | $0.00 | | | |
| 92986 | N | REVISION OF AORTIC VALVE | | 05191 | 62.2875 | Bundled, sometimes payable | $3,527.96 | | | |
| 92987 | N | REVISION OF MITRAL VALVE | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 92990 | N | REVISION OF PULMONARY VALVE | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 92992 | C | REVISION OF HEART CHAMBER | | | | Inpatient Only | $0.00 | | | |
| 92993 | C | REVISION OF HEART CHAMBER | | | | Inpatient Only | $0.00 | | | |
| 92997 | N | PUL ART BALLOON REPR PERCUT | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| 92998 | N | PUL ART BALLOON REPR PERCUT | | | | Bundled | $0.00 | | | |
| 93000 | M | ELECTROCARDIOGRAM COMPLETE | | | | Fee Schedule | $0.00 | | | |
| 93005 | N | ELECTROCARDIOGRAM TRACING | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 93010 | M | ELECTROCARDIOGRAM REPORT | | | | Fee Schedule | $0.00 | | | |
| 93015 | M | CARDIOVASCULAR STRESS TEST | | | | Fee Schedule | $0.00 | | | |
| 93016 | M | CARDIOVASCULAR STRESS TEST | | | | Fee Schedule | $0.00 | | | |
| 93017 | N | CARDIOVASCULAR STRESS TEST | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 93018 | M | CARDIOVASCULAR STRESS TEST | | | | Fee Schedule | $0.00 | | | |
| 93024 | N | CARDIAC DRUG STRESS TEST | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 93025 | S | MICROVOLT T-WAVE ASSESS | | 05721 | 1.7599 | APC | $99.68 | | | |
| 93040 | M | RHYTHM ECG WITH REPORT | | | | Fee Schedule | $0.00 | | | |
| 93041 | N | RHYTHM ECG TRACING | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 93042 | M | RHYTHM ECG REPORT | | | | Fee Schedule | $0.00 | | | |
| 93050 | N | ART PRESSURE WAVEFORM ANALYS | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 93224 | M | ECG MONIT/REPRT UP TO 48 HRS | | | | Fee Schedule | $0.00 | | | |
| 93225 | N | ECG MONIT/REPRT UP TO 48 HRS | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 93226 | N | ECG MONIT/REPRT UP TO 48 HRS | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 93227 | M | ECG MONIT/REPRT UP TO 48 HRS | | | | Fee Schedule | $0.00 | | | |
| 93228 | E | REMOTE 30 DAY ECG REV/REPORT | | | | Not Allowed | $0.00 | | | |
| 93229 | S | REMOTE 30 DAY ECG TECH SUPP | | 05722 | 2.9888 | APC | $169.29 | | | |
| 93260 | N | PRGRMG DEV EVAL IMPLTBL SYS | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93261 | N | INTERROGATE SUBQ DEFIB | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93268 | M | ECG RECORD/REVIEW | | | | Fee Schedule | $0.00 | | | |
| 93270 | N | REMOTE 30 DAY ECG REV/REPORT | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93271 | S | ECG/MONITORING AND ANALYSIS | | 05742 | 1.4438 | APC | $81.78 | | | |
| 93272 | M | ECG/REVIEW INTERPRET ONLY | | | | Fee Schedule | $0.00 | | | |
| 93278 | N | ECG/SIGNAL-AVERAGED | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 93279 | N | PM DEVICE PROGR EVAL SNGL | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93280 | N | PM DEVICE PROGR EVAL DUAL | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93281 | N | PM DEVICE PROGR EVAL MULTI | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93282 | N | PRGRMG EVAL IMPLANTABLE DFB | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93283 | N | PRGRMG EVAL IMPLANTABLE DFB | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93284 | N | PRGRMG EVAL IMPLANTABLE DFB | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93285 | N | ILR DEVICE EVAL PROGR | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93286 | N | PERI-PX PACEMAKER DEVICE EVL | | | | Bundled | $0.00 | | | |
| 93287 | N | PERI-PX DEVICE EVAL & PRGR | | | | Bundled | $0.00 | | | |
| 93288 | N | PM DEVICE EVAL IN PERSON | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93289 | N | INTERROG DEVICE EVAL HEART | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93290 | N | ICM DEVICE EVAL | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93291 | N | ILR DEVICE INTERROGATE | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 93292 | N | WCD DEVICE INTERROGATE | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93293 | N | PM PHONE R-STRIP DEVICE EVAL | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93294 | E | PM DEVICE INTERROGATE REMOTE | | | | Not Allowed | $0.00 | | | |
| 93295 | E | DEV INTERROG REMOTE 1/2/MLT | | | | Not Allowed | $0.00 | | | |
| 93296 | N | PM/ICD REMOTE TECH SERV | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93297 | E | ICM DEVICE INTERROGAT REMOTE | | | | Not Allowed | $0.00 | | | |
| 93298 | E | ILR DEVICE INTERROGAT REMOTE | | | | Not Allowed | $0.00 | | | |
| 93299 | N | ICM/ILR REMOTE TECH SERV | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 93303 | S | ECHO TRANSTHORACIC | | 05534 | 9.4764 | APC | $536.74 | | | |
| 93304 | S | ECHO TRANSTHORACIC | | 05533 | 5.6534 | APC | $320.21 | | | |
| 93306 | S | TTE W/DOPPLER COMPLETE | | 05533 | 5.6534 | APC | $320.21 | | | |
| 93307 | S | TTE W/O DOPPLER COMPLETE | | 05533 | 5.6534 | APC | $320.21 | | | |
| 93308 | S | TTE F-UP OR LMTD | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93312 | S | ECHO TRANSESOPHAGEAL | | 05534 | 9.4764 | APC | $536.74 | | | |
| 93313 | S | ECHO TRANSESOPHAGEAL | | 05534 | 9.4764 | APC | $536.74 | | | |
| 93314 | N | ECHO TRANSESOPHAGEAL | | | | Bundled | $0.00 | | | |
| 93315 | S | ECHO TRANSESOPHAGEAL | | 05534 | 9.4764 | APC | $536.74 | | | |
| 93316 | S | ECHO TRANSESOPHAGEAL | | 05534 | 9.4764 | APC | $536.74 | | | |
| 93317 | N | ECHO TRANSESOPHAGEAL | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 93318 | S | ECHO TRANSESOPHAGEAL INTRAOP | | 05534 | 9.4764 | APC | $536.74 | | | |
| 93320 | N | DOPPLER ECHO EXAM HEART | | | | Bundled | $0.00 | | | |
| 93321 | N | DOPPLER ECHO EXAM HEART | | | | Bundled | $0.00 | | | |
| 93325 | N | DOPPLER COLOR FLOW ADD-ON | | | | Bundled | $0.00 | | | |
| 93350 | S | STRESS TTE ONLY | | 05533 | 5.6534 | APC | $320.21 | | | |
| 93351 | S | STRESS TTE COMPLETE | | 05533 | 5.6534 | APC | $320.21 | | | |
| 93352 | E | ADMIN ECG CONTRAST AGENT | | | | Not Allowed | $0.00 | | | |
| 93355 | N | ECHO TRANSESOPHAGEAL (TEE) | | | | Bundled | $0.00 | | | |
| 93451 | T | RIGHT HEART CATH | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93452 | T | LEFT HRT CATH W/VENTRCLGRPHY | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93453 | T | R&L HRT CATH W/VENTRICLGRPHY | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93454 | T | CORONARY ARTERY ANGIO S&I | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93455 | T | CORONARY ART/GRFT ANGIO S&I | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93456 | T | R HRT CORONARY ARTERY ANGIO | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93457 | T | R HRT ART/GRFT ANGIO | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93458 | T | L HRT ARTERY/VENTRICLE ANGIO | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93459 | T | L HRT ART/GRFT ANGIO | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93460 | T | R&L HRT ART/VENTRICLE ANGIO | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93461 | T | R&L HRT ART/VENTRICLE ANGIO | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93462 | N | L HRT CATH TRNSPTL PUNCTURE | | | | Bundled | $0.00 | | | |
| 93463 | N | DRUG ADMIN & HEMODYNMIC MEAS | | | | Bundled | $0.00 | | | |
| 93464 | N | EXERCISE W/HEMODYNAMIC MEAS | | | | Bundled | $0.00 | | | |
| 93503 | T | INSERT/PLACE HEART CATHETER | | 05181 | 11.6990 | APC | $662.63 | | | |
| 93505 | T | BIOPSY OF HEART LINING | | 05182 | 30.4826 | APC | $1,726.53 | | | |
| 93530 | T | RT HEART CATH CONGENITAL | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93531 | T | R & L HEART CATH CONGENITAL | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93532 | T | R & L HEART CATH CONGENITAL | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93533 | T | R & L HEART CATH CONGENITAL | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| 93561 | N | CARDIAC OUTPUT MEASUREMENT | | | | Bundled | $0.00 | | | |
| 93562 | N | CARD OUTPUT MEASURE SUBSQ | | | | Bundled | $0.00 | | | |
| 93563 | N | INJECT CONGENITAL CARD CATH | | | | Bundled | $0.00 | | | |
| 93564 | N | INJECT HRT CONGNTL ART/GRFT | | | | Bundled | $0.00 | | | |
| 93565 | N | INJECT L VENTR/ATRIAL ANGIO | | | | Bundled | $0.00 | | | |
| 93566 | N | INJECT R VENTR/ATRIAL ANGIO | | | | Bundled | $0.00 | | | |
| 93567 | N | INJECT SUPRVLV AORTOGRAPHY | | | | Bundled | $0.00 | | | |
| 93568 | N | INJECT PULM ART HRT CATH | | | | Bundled | $0.00 | | | |
| 93571 | N | HEART FLOW RESERVE MEASURE | | | | Bundled | $0.00 | | | |
| 93572 | N | HEART FLOW RESERVE MEASURE | | | | Bundled | $0.00 | | | |
| 93580 | N | TRANSCATH CLOSURE OF ASD | | 05193 | 198.1983 | Bundled, sometimes payable | $11,225.95 | | | |
| 93581 | N | TRANSCATH CLOSURE OF VSD | | 05193 | 198.1983 | Bundled, sometimes payable | $11,225.95 | | | |
| 93582 | N | PERQ TRANSCATH CLOSURE PDA | | 05193 | 198.1983 | Bundled, sometimes payable | $11,225.95 | | | |
| 93583 | C | PERQ TRANSCATH SEPTAL REDUXN | | | | Inpatient Only | $0.00 | | | |
| 93600 | N | BUNDLE OF HIS RECORDING | | 05212 | 63.7229 | Bundled, sometimes payable | $3,609.27 | | | |
| 93602 | N | INTRA-ATRIAL RECORDING | | 05212 | 63.7229 | Bundled, sometimes payable | $3,609.27 | | | |
| 93603 | N | RIGHT VENTRICULAR RECORDING | | 05211 | 11.4621 | Bundled, sometimes payable | $649.21 | | | |
| 93609 | N | MAP TACHYCARDIA ADD-ON | | | | Bundled | $0.00 | | | |
| 93610 | N | INTRA-ATRIAL PACING | | 05212 | 63.7229 | Bundled, sometimes payable | $3,609.27 | | | |
| 93612 | N | INTRAVENTRICULAR PACING | | 05212 | 63.7229 | Bundled, sometimes payable | $3,609.27 | | | |
| 93613 | N | ELECTROPHYS MAP 3D ADD-ON | | | | Bundled | $0.00 | | | |
| 93615 | N | ESOPHAGEAL RECORDING | | 05211 | 11.4621 | Bundled, sometimes payable | $649.21 | | | |
| 93616 | N | ESOPHAGEAL RECORDING | | 05211 | 11.4621 | Bundled, sometimes payable | $649.21 | | | |
| 93618 | N | HEART RHYTHM PACING | | 05211 | 11.4621 | Bundled, sometimes payable | $649.21 | | | |
| 93619 | N | ELECTROPHYSIOLOGY EVALUATION | | 05212 | 63.7229 | Bundled, sometimes payable | $3,609.27 | | | |
| 93620 | N | ELECTROPHYSIOLOGY EVALUATION | | 05212 | 63.7229 | Bundled, sometimes payable | $3,609.27 | | | |
| 93621 | N | ELECTROPHYSIOLOGY EVALUATION | | | | Bundled | $0.00 | | | |
| 93622 | N | ELECTROPHYSIOLOGY EVALUATION | | | | Bundled | $0.00 | | | |
| 93623 | N | STIMULATION PACING HEART | | | | Bundled | $0.00 | | | |
| 93624 | N | ELECTROPHYSIOLOGIC STUDY | | 05212 | 63.7229 | Bundled, sometimes payable | $3,609.27 | | | |
| 93631 | N | HEART PACING MAPPING | | | | Bundled | $0.00 | | | |
| 93640 | N | EVALUATION HEART DEVICE | | | | Bundled | $0.00 | | | |
| 93641 | N | ELECTROPHYSIOLOGY EVALUATION | | | | Bundled | $0.00 | | | |
| 93642 | N | ELECTROPHYSIOLOGY EVALUATION | | 05211 | 11.4621 | Bundled, sometimes payable | $649.21 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 93644 | N | ELECTROPHYSIOLOGY EVALUATION | | | | Bundled | $0.00 | | | |
| 93650 | N | ABLATE HEART DYSRHYTHM FOCUS | | 05212 | 63.7229 | Bundled, sometimes payable | $3,609.27 | | | |
| 93653 | N | EP & ABLATE SUPRAVENT ARRHYT | | 05213 | 211.0697 | Bundled, sometimes payable | $11,954.99 | | | |
| 93654 | N | EP & ABLATE VENTRIC TACHY | | 05213 | 211.0697 | Bundled, sometimes payable | $11,954.99 | | | |
| 93655 | N | ABLATE ARRHYTHMIA ADD ON | | | | Bundled | $0.00 | | | |
| 93656 | N | TX ATRIAL FIB PULM VEIN ISOL | | 05213 | 211.0697 | Bundled, sometimes payable | $11,954.99 | | | |
| 93657 | N | TX L/R ATRIAL FIB ADDL | | | | Bundled | $0.00 | | | |
| 93660 | S | TILT TABLE EVALUATION | | 05723 | 5.3783 | APC | $304.63 | | | |
| 93662 | N | INTRACARDIAC ECG (ICE) | | | | Bundled | $0.00 | | | |
| 93668 | E | PERIPHERAL VASCULAR REHAB | | | | Not Allowed | $0.00 | | | |
| 93701 | N | BIOIMPEDANCE CV ANALYSIS | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 93702 | S | BIS XTRACELL FLUID ANALYSIS | | 05721 | 1.7599 | APC | $99.68 | | | |
| 93724 | S | ANALYZE PACEMAKER SYSTEM | | 05743 | 3.2713 | APC | $185.29 | | | |
| 93740 | N | TEMPERATURE GRADIENT STUDIES | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 93745 | S | SET-UP CARDIOVERT-DEFIBRILL | | 05743 | 3.2713 | APC | $185.29 | | | |
| 93750 | S | INTERROGATION VAD IN PERSON | | 05742 | 1.4438 | APC | $81.78 | | | |
| 93770 | N | MEASURE VENOUS PRESSURE | | | | Bundled | $0.00 | | | |
| 93784 | M | AMBULATORY BP MONITORING | | | | Fee Schedule | $0.00 | | | |
| 93786 | N | AMBULATORY BP RECORDING | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 93788 | N | AMBULATORY BP ANALYSIS | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 93790 | M | REVIEW/REPORT BP RECORDING | | | | Fee Schedule | $0.00 | | | |
| 93797 | S | CARDIAC REHAB | | 05771 | 1.4096 | APC | $79.84 | | | |
| 93798 | S | CARDIAC REHAB/MONITOR | | 05771 | 1.4096 | APC | $79.84 | | | |
| 93799 | S | CARDIOVASCULAR PROCEDURE | | 05721 | 1.7599 | APC | $99.68 | | | |
| 93880 | S | EXTRACRANIAL BILAT STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93882 | S | EXTRACRANIAL UNI/LTD STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93886 | S | INTRACRANIAL COMPLETE STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93888 | S | INTRACRANIAL LIMITED STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93890 | N | TCD VASOREACTIVITY STUDY | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 93892 | N | TCD EMBOLI DETECT W/O INJ | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 93893 | N | TCD EMBOLI DETECT W/INJ | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 93895 | E | CAROTID INTIMA ATHEROMA EVAL | | | | Not Allowed | $0.00 | | | |
| 93922 | N | UPR/L XTREMITY ART 2 LEVELS | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 93923 | S | UPR/LXTR ART STDY 3+ LVLS | | 05721 | 1.7599 | APC | $99.68 | | | |
| 93924 | S | LWR XTR VASC STDY BILAT | | 05721 | 1.7599 | APC | $99.68 | | | |
| 93925 | S | LOWER EXTREMITY STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93926 | S | LOWER EXTREMITY STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93930 | S | UPPER EXTREMITY STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93931 | S | UPPER EXTREMITY STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93965 | S | EXTREMITY STUDY | | 05721 | 1.7599 | APC | $99.68 | | | |
| 93970 | S | EXTREMITY STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93971 | S | EXTREMITY STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93975 | S | VASCULAR STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93976 | S | VASCULAR STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93978 | S | VASCULAR STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93979 | N | VASCULAR STUDY | | 05532 | 2.0831 | Bundled, sometimes payable | $117.99 | | | |
| 93980 | S | PENILE VASCULAR STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93981 | S | PENILE VASCULAR STUDY | | 05532 | 2.0831 | APC | $117.99 | | | |
| 93982 | N | ANEURYSM PRESSURE SENS STUDY | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 93990 | N | DOPPLER FLOW TESTING | | 05531 | 1.2488 | Bundled, sometimes payable | $70.73 | | | |
| 93998 | N | NONINVAS VASC DX STUDY PROC | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 94002 | N | VENT MGMT INPAT INIT DAY | | 05801 | 6.2002 | Bundled, sometimes payable | $351.18 | | | |
| 94003 | N | VENT MGMT INPAT SUBQ DAY | | 05801 | 6.2002 | Bundled, sometimes payable | $351.18 | | | |
| 94004 | E | VENT MGMT NF PER DAY | | | | Not Allowed | $0.00 | | | |
| 94005 | E | HOME VENT MGMT SUPERVISION | | | | Not Allowed | $0.00 | | | |
| 94010 | N | BREATHING CAPACITY TEST | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 94011 | N | SPIROMETRY UP TO 2 YRS OLD | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 94012 | N | SPIRMTRY W/BRNCHDIL INF-2 YR | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 94013 | S | MEAS LUNG VOL THRU 2 YRS | | 05723 | 5.3783 | APC | $304.63 | | | |
| 94014 | N | PATIENT RECORDED SPIROMETRY | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 94015 | N | PATIENT RECORDED SPIROMETRY | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 94016 | N | REVIEW PATIENT SPIROMETRY | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 94060 | S | EVALUATION OF WHEEZING | | 05722 | 2.9888 | APC | $169.29 | | | |
| 94070 | S | EVALUATION OF WHEEZING | | 05722 | 2.9888 | APC | $169.29 | | | |
| 94150 | N | VITAL CAPACITY TEST | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 94200 | N | LUNG FUNCTION TEST (MBC/MVV) | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 94250 | N | EXPIRED GAS COLLECTION | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 94375 | N | RESPIRATORY FLOW VOLUME LOOP | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 94400 | N | CO2 BREATHING RESPONSE CURVE | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 94450 | N | HYPOXIA RESPONSE CURVE | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 94452 | N | HAST W/REPORT | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 94453 | N | HAST W/OXYGEN TITRATE | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 94610 | N | SURFACTANT ADMIN THRU TUBE | | 05791 | 2.0272 | Bundled, sometimes payable | $114.82 | | | |
| 94620 | N | PULMONARY STRESS TEST/SIMPLE | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 94621 | S | PULM STRESS TEST/COMPLEX | | 05722 | 2.9888 | APC | $169.29 | | | |
| 94640 | N | AIRWAY INHALATION TREATMENT | | 05791 | 2.0272 | Bundled, sometimes payable | $114.82 | | | |
| 94642 | N | AEROSOL INHALATION TREATMENT | | 05791 | 2.0272 | Bundled, sometimes payable | $114.82 | | | |
| 94644 | N | CBT 1ST HOUR | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 94645 | N | CBT EACH ADDL HOUR | | | | Bundled | $0.00 | | | |
| 94660 | N | POS AIRWAY PRESSURE CPAP | | 05791 | 2.0272 | Bundled, sometimes payable | $114.82 | | | |
| 94662 | N | NEG PRESS VENTILATION CNP | | 05801 | 6.2002 | Bundled, sometimes payable | $351.18 | | | |
| 94664 | N | EVALUATE PT USE OF INHALER | | 05791 | 2.0272 | Bundled, sometimes payable | $114.82 | | | |
| 94667 | N | CHEST WALL MANIPULATION | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 94668 | N | CHEST WALL MANIPULATION | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 94669 | N | MECHANICAL CHEST WALL OSCILL | | 05791 | 2.0272 | Bundled, sometimes payable | $114.82 | | | |
| 94680 | N | EXHALED AIR ANALYSIS O2 | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 94681 | N | EXHALED AIR ANALYSIS O2/CO2 | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 94690 | N | EXHALED AIR ANALYSIS | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 94726 | N | PULM FUNCT TST PLETHYSMOGRAP | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 94727 | N | PULM FUNCTION TEST BY GAS | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 94728 | N | PULM FUNCT TEST OSCILLOMETRY | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 94729 | N | CO/MEMBANE DIFFUSE CAPACITY | | | | Bundled | $0.00 | | | |
| 94750 | N | PULMONARY COMPLIANCE STUDY | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 94760 | N | MEASURE BLOOD OXYGEN LEVEL | | | | Bundled | $0.00 | | | |
| 94761 | N | MEASURE BLOOD OXYGEN LEVEL | | | | Bundled | $0.00 | | | |
| 94762 | N | MEASURE BLOOD OXYGEN LEVEL | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 94770 | S | EXHALED CARBON DIOXIDE TEST | | 05722 | 2.9888 | APC | $169.29 | | | |
| 94772 | S | BREATH RECORDING INFANT | | 05723 | 5.3783 | APC | $304.63 | | | |
| 94774 | E | PED HOME APNEA REC COMPL | | | | Not Allowed | $0.00 | | | |
| 94775 | S | PED HOME APNEA REC HK-UP | | 05721 | 1.7599 | APC | $99.68 | | | |
| 94776 | S | PED HOME APNEA REC DOWNLD | | 05721 | 1.7599 | APC | $99.68 | | | |
| 94777 | E | PED HOME APNEA REC REPORT | | | | Not Allowed | $0.00 | | | |
| 94780 | N | CAR SEAT/BED TEST 60 MIN | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 94781 | N | CAR SEAT/BED TEST + 30 MIN | | | | Bundled | $0.00 | | | |
| 94799 | N | PULMONARY SERVICE/PROCEDURE | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 95004 | N | PERCUT ALLERGY SKIN TESTS | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 95012 | N | EXHALED NITRIC OXIDE MEAS | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 95017 | N | PERQ & ICUT ALLG TEST VENOMS | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 95018 | N | PERQ&IC ALLG TEST DRUGS/BIOL | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 95024 | N | ICUT ALLERGY TEST DRUG/BUG | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 95027 | N | ICUT ALLERGY TITRATE-AIRBORN | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 95028 | N | ICUT ALLERGY TEST-DELAYED | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 95044 | N | ALLERGY PATCH TESTS | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 95052 | N | PHOTO PATCH TEST | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 95056 | N | PHOTOSENSITIVITY TESTS | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 95060 | N | EYE ALLERGY TESTS | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 95065 | N | NOSE ALLERGY TEST | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 95070 | S | BRONCHIAL ALLERGY TESTS | | 05723 | 5.3783 | APC | $304.63 | | | |
| 95071 | N | BRONCHIAL ALLERGY TESTS | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 95076 | S | INGEST CHALLENGE INI 120 MIN | | 05723 | 5.3783 | APC | $304.63 | | | |
| 95079 | N | INGEST CHALLENGE ADDL 60 MIN | | | | Bundled | $0.00 | | | |
| 95115 | S | IMMUNOTHERAPY ONE INJECTION | | 05691 | 0.4187 | APC | $23.72 | | | |
| 95117 | S | IMMUNOTHERAPY INJECTIONS | | 05691 | 0.4187 | APC | $23.72 | | | |
| 95120 | E | IMMUNOTHERAPY ONE INJECTION | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 95125 | E | IMMUNOTHERAPY 2/> INJECTIONS | | | | Not Allowed | $0.00 | | | |
| 95130 | E | IMMNTX 1 STING INSECT | | | | Not Allowed | $0.00 | | | |
| 95131 | E | IMMNTX 2 STING INSECTS | | | | Not Allowed | $0.00 | | | |
| 95132 | E | IMMNTX 3 STING INSECTS | | | | Not Allowed | $0.00 | | | |
| 95133 | E | IMMNTX 4 STING INSECTS | | | | Not Allowed | $0.00 | | | |
| 95134 | E | IMMNTX 5 STING INSECTS | | | | Not Allowed | $0.00 | | | |
| 95144 | S | ANTIGEN THERAPY SERVICES | | 05691 | 0.4187 | APC | $23.72 | | | |
| 95145 | S | ANTIGEN THERAPY SERVICES | | 05691 | 0.4187 | APC | $23.72 | | | |
| 95146 | S | ANTIGEN THERAPY SERVICES | | 05691 | 0.4187 | APC | $23.72 | | | |
| 95147 | S | ANTIGEN THERAPY SERVICES | | 05692 | 0.5739 | APC | $32.51 | | | |
| 95148 | S | ANTIGEN THERAPY SERVICES | | 05692 | 0.5739 | APC | $32.51 | | | |
| 95149 | S | ANTIGEN THERAPY SERVICES | | 05692 | 0.5739 | APC | $32.51 | | | |
| 95165 | S | ANTIGEN THERAPY SERVICES | | 05691 | 0.4187 | APC | $23.72 | | | |
| 95170 | S | ANTIGEN THERAPY SERVICES | | 05692 | 0.5739 | APC | $32.51 | | | |
| 95180 | N | RAPID DESENSITIZATION | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 95199 | N | ALLERGY IMMUNOLOGY SERVICES | | 05731 | 0.1722 | Bundled, sometimes payable | $9.75 | | | |
| 95250 | V | GLUCOSE MONITORING CONT | | 05012 | 1.3852 | APC | $78.46 | | | |
| 95251 | E | GLUC MONITOR CONT PHYS I&R | | | | Not Allowed | $0.00 | | | |
| 95782 | S | POLYSOM <6 YRS 4/> PARAMTRS | | 05724 | 11.6167 | APC | $657.97 | | | |
| 95783 | S | POLYSOM <6 YRS CPAP/BILVL | | 05724 | 11.6167 | APC | $657.97 | | | |
| 95800 | S | SLP STDY UNATTENDED | | 05721 | 1.7599 | APC | $99.68 | | | |
| 95801 | N | SLP STDY UNATND W/ANAL | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 95803 | N | ACTIGRAPHY TESTING | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 95805 | S | MULTIPLE SLEEP LATENCY TEST | | 05724 | 11.6167 | APC | $657.97 | | | |
| 95806 | S | SLEEP STUDY UNATT&RESP EFFT | | 05721 | 1.7599 | APC | $99.68 | | | |
| 95807 | S | SLEEP STUDY ATTENDED | | 05723 | 5.3783 | APC | $304.63 | | | |
| 95808 | S | POLYSOM ANY AGE 1-3> PARAM | | 05724 | 11.6167 | APC | $657.97 | | | |
| 95810 | S | POLYSOM 6/> YRS 4/> PARAM | | 05724 | 11.6167 | APC | $657.97 | | | |
| 95811 | S | POLYSOM 6/>YRS CPAP 4/> PARM | | 05724 | 11.6167 | APC | $657.97 | | | |
| 95812 | S | EEG 41-60 MINUTES | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95813 | S | EEG OVER 1 HOUR | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95816 | S | EEG AWAKE AND DROWSY | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95819 | S | EEG AWAKE AND ASLEEP | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95822 | S | EEG COMA OR SLEEP ONLY | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95824 | S | EEG CEREBRAL DEATH ONLY | | 05723 | 5.3783 | APC | $304.63 | | | |
| 95827 | S | EEG ALL NIGHT RECORDING | | 05723 | 5.3783 | APC | $304.63 | | | |
| 95829 | N | SURGERY ELECTROCORTICOGRAM | | | | Bundled | $0.00 | | | |
| 95830 | M | INSERT ELECTRODES FOR EEG | | | | Fee Schedule | $0.00 | | | |
| 95831 | N | LIMB MUSCLE TESTING MANUAL | | | | Bundled | $0.00 | | | |
| 95832 | N | HAND MUSCLE TESTING MANUAL | | | | Bundled | $0.00 | | | |
| 95833 | N | BODY MUSCLE TESTING MANUAL | | | | Bundled | $0.00 | | | |
| 95834 | N | BODY MUSCLE TESTING MANUAL | | | | Bundled | $0.00 | | | |
| 95851 | N | RANGE OF MOTION MEASUREMENTS | | | | Bundled | $0.00 | | | |
| 95852 | N | RANGE OF MOTION MEASUREMENTS | | | | Bundled | $0.00 | | | |
| 95857 | S | CHOLINESTERASE CHALLENGE | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95860 | N | MUSCLE TEST ONE LIMB | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 95861 | N | MUSCLE TEST 2 LIMBS | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 95863 | S | MUSCLE TEST 3 LIMBS | | 05721 | 1.7599 | APC | $99.68 | | | |
| 95864 | S | MUSCLE TEST 4 LIMBS | | 05721 | 1.7599 | APC | $99.68 | | | |
| 95865 | N | MUSCLE TEST LARYNX | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 95866 | N | MUSCLE TEST HEMIDIAPHRAGM | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 95867 | S | MUSCLE TEST CRAN NERV UNILAT | | 05721 | 1.7599 | APC | $99.68 | | | |
| 95868 | S | MUSCLE TEST CRAN NERVE BILAT | | 05721 | 1.7599 | APC | $99.68 | | | |
| 95869 | N | MUSCLE TEST THOR PARASPINAL | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 95870 | N | MUSCLE TEST NONPARASPINAL | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 95872 | S | MUSCLE TEST ONE FIBER | | 05721 | 1.7599 | APC | $99.68 | | | |
| 95873 | N | GUIDE NERV DESTR ELEC STIM | | | | Bundled | $0.00 | | | |
| 95874 | N | GUIDE NERV DESTR NEEDLE EMG | | | | Bundled | $0.00 | | | |
| 95875 | S | LIMB EXERCISE TEST | | 05721 | 1.7599 | APC | $99.68 | | | |
| 95885 | N | MUSC TST DONE W/NERV TST LIM | | | | Bundled | $0.00 | | | |
| 95886 | N | MUSC TEST DONE W/N TEST COMP | | | | Bundled | $0.00 | | | |
| 95887 | N | MUSC TST DONE W/N TST NONEXT | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 95905 | N | MOTOR &/ SENS NRVE CNDJ TEST | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 95907 | S | NVR CNDJ TST 1-2 STUDIES | | 05721 | 1.7599 | APC | $99.68 | | | |
| 95908 | S | NRV CNDJ TST 3-4 STUDIES | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95909 | S | NRV CNDJ TST 5-6 STUDIES | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95910 | S | NRV CNDJ TEST 7-8 STUDIES | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95911 | S | NRV CNDJ TEST 9-10 STUDIES | | 05723 | 5.3783 | APC | $304.63 | | | |
| 95912 | S | NRV CNDJ TEST 11-12 STUDIES | | 05723 | 5.3783 | APC | $304.63 | | | |
| 95913 | S | NRV CNDJ TEST 13/> STUDIES | | 05723 | 5.3783 | APC | $304.63 | | | |
| 95921 | S | AUTONOMIC NRV PARASYM INERVJ | | 05721 | 1.7599 | APC | $99.68 | | | |
| 95922 | N | AUTONOMIC NRV ADRENRG INERVJ | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 95923 | N | AUTONOMIC NRV SYST FUNJ TEST | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 95924 | S | ANS PARASYMP & SYMP W/TILT | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95925 | S | SOMATOSENSORY TESTING | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95926 | S | SOMATOSENSORY TESTING | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95927 | S | SOMATOSENSORY TESTING | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95928 | S | C MOTOR EVOKED UPPR LIMBS | | 05724 | 11.6167 | APC | $657.97 | | | |
| 95929 | S | C MOTOR EVOKED LWR LIMBS | | 05724 | 11.6167 | APC | $657.97 | | | |
| 95930 | S | VISUAL EVOKED POTENTIAL TEST | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95933 | N | BLINK REFLEX TEST | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 95937 | S | NEUROMUSCULAR JUNCTION TEST | | 05721 | 1.7599 | APC | $99.68 | | | |
| 95938 | S | SOMATOSENSORY TESTING | | 05723 | 5.3783 | APC | $304.63 | | | |
| 95939 | S | C MOTOR EVOKED UPR&LWR LIMBS | | 05724 | 11.6167 | APC | $657.97 | | | |
| 95940 | N | IONM IN OPERATNG ROOM 15 MIN | | | | Bundled | $0.00 | | | |
| 95941 | N | IONM REMOTE/>1 PT OR PER HR | | | | Bundled | $0.00 | | | |
| 95943 | S | PARASYMP&SYMP HRT RATE TEST | | 05722 | 2.9888 | APC | $169.29 | | | |
| 95950 | S | AMBULATORY EEG MONITORING | | 05723 | 5.3783 | APC | $304.63 | | | |
| 95951 | S | EEG MONITORING/VIDEORECORD | | 05724 | 11.6167 | APC | $657.97 | | | |
| 95953 | S | EEG MONITORING/COMPUTER | | 05723 | 5.3783 | APC | $304.63 | | | |
| 95954 | S | EEG MONITORING/GIVING DRUGS | | 05723 | 5.3783 | APC | $304.63 | | | |
| 95955 | N | EEG DURING SURGERY | | | | Bundled | $0.00 | | | |
| 95956 | S | EEG MONITOR TECHNOL ATTENDED | | 05723 | 5.3783 | APC | $304.63 | | | |
| 95957 | N | EEG DIGITAL ANALYSIS | | | | Bundled | $0.00 | | | |
| 95958 | S | EEG MONITORING/FUNCTION TEST | | 05724 | 11.6167 | APC | $657.97 | | | |
| 95961 | S | ELECTRODE STIMULATION BRAIN | | 05724 | 11.6167 | APC | $657.97 | | | |
| 95962 | N | ELECTRODE STIM BRAIN ADD-ON | | | | Bundled | $0.00 | | | |
| 95965 | S | MEG SPONTANEOUS | | 05724 | 11.6167 | APC | $657.97 | | | |
| 95966 | S | MEG EVOKED SINGLE | | 05724 | 11.6167 | APC | $657.97 | | | |
| 95967 | N | MEG EVOKED EACH ADDL | | | | Bundled | $0.00 | | | |
| 95970 | N | ANALYZE NEUROSTIM NO PROG | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 95971 | S | ANALYZE NEUROSTIM SIMPLE | | 05742 | 1.4438 | APC | $81.78 | | | |
| 95972 | S | ANALYZE NEUROSTIM COMPLEX | | 05742 | 1.4438 | APC | $81.78 | | | |
| 95974 | S | CRANIAL NEUROSTIM COMPLEX | | 05742 | 1.4438 | APC | $81.78 | | | |
| 95975 | N | CRANIAL NEUROSTIM COMPLEX | | | | Bundled | $0.00 | | | |
| 95978 | S | ANALYZE NEUROSTIM BRAIN/1H | | 05742 | 1.4438 | APC | $81.78 | | | |
| 95979 | N | ANALYZ NEUROSTIM BRAIN ADDON | | | | Bundled | $0.00 | | | |
| 95980 | N | IO ANAL GAST N-STIM INIT | | | | Bundled | $0.00 | | | |
| 95981 | N | IO ANAL GAST N-STIM SUBSQ | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 95982 | N | IO GA N-STIM SUBSQ W/REPROG | | 05741 | 0.4560 | Bundled, sometimes payable | $25.83 | | | |
| 95990 | S | SPIN/BRAIN PUMP REFIL & MAIN | | 05695 | 3.8015 | APC | $215.32 | | | |
| 95991 | S | SPIN/BRAIN PUMP REFIL & MAIN | | 05694 | 2.3490 | APC | $133.05 | | | |
| 95992 | M | CANALITH REPOSITIONING PROC | | | | Fee Schedule | $27.13 | | | |
| 95999 | N | NEUROLOGICAL PROCEDURE | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 96000 | S | MOTION ANALYSIS VIDEO/3D | | 05723 | 5.3783 | APC | $304.63 | | | |
| 96001 | S | MOTION TEST W/FT PRESS MEAS | | 05724 | 11.6167 | APC | $657.97 | | | |
| 96002 | S | DYNAMIC SURFACE EMG | | 05722 | 2.9888 | APC | $169.29 | | | |
| 96003 | N | DYNAMIC FINE WIRE EMG | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 96004 | M | PHYS REVIEW OF MOTION TESTS | | | | Fee Schedule | $0.00 | | | |
| 96020 | N | FUNCTIONAL BRAIN MAPPING | | | | Bundled | $0.00 | | | |
| 96040 | E | GENETIC COUNSELING 30 MIN | | | | Not Allowed | $0.00 | | | |
| 96101 | N | PSYCHO TESTING BY PSYCH/PHYS | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 96102 | N | PSYCHO TESTING BY TECHNICIAN | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 96103 | N | PSYCHO TESTING ADMIN BY COMP | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 96105 | Y | ASSESSMENT OF APHASIA | | | | Fee Schedule | $77.36 | | | |
| 96110 | E | DEVELOPMENTAL SCREEN W/SCORE | | | | Not Allowed | $0.00 | | | |
| 96111 | N | DEVELOPMENTAL TEST EXTEND | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 96116 | N | NEUROBEHAVIORAL STATUS EXAM | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 96118 | N | NEUROPSYCH TST BY PSYCH/PHYS | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 96119 | N | NEUROPSYCH TESTING BY TEC | | 05722 | 2.9888 | Bundled, sometimes payable | $169.29 | | | |
| 96120 | N | NEUROPSYCH TST ADMIN W/COMP | | 05721 | 1.7599 | Bundled, sometimes payable | $99.68 | | | |
| 96125 | E | COGNITIVE TEST BY HC PRO | | | | Not Allowed | $0.00 | | | |
| 96127 | N | BRIEF EMOTIONAL/BEHAV ASSMT | | 05731 | 0.1722 | Bundled, sometimes payable | $9.75 | | | |
| 96150 | N | ASSESS HLTH/BEHAVE INIT | | 05822 | 0.9447 | Bundled, sometimes payable | $53.51 | | | |
| 96151 | N | ASSESS HLTH/BEHAVE SUBSEQ | | 05822 | 0.9447 | Bundled, sometimes payable | $53.51 | | | |
| 96152 | N | INTERVENE HLTH/BEHAVE INDIV | | 05822 | 0.9447 | Bundled, sometimes payable | $53.51 | | | |
| 96153 | N | INTERVENE HLTH/BEHAVE GROUP | | 05821 | 0.3678 | Bundled, sometimes payable | $20.83 | | | |
| 96154 | N | INTERV HLTH/BEHAV FAM W/PT | | 05822 | 0.9447 | Bundled, sometimes payable | $53.51 | | | |
| 96155 | E | INTERV HLTH/BEHAV FAM NO PT | | | | Not Allowed | $0.00 | | | |
| 96360 | S | HYDRATION IV INFUSION INIT | | 05693 | 1.2533 | APC | $70.99 | | | |
| 96361 | S | HYDRATE IV INFUSION ADD-ON | | 05691 | 0.4187 | APC | $23.72 | | | |
| 96365 | S | THER/PROPH/DIAG IV INF INIT | | 05694 | 2.3490 | APC | $133.05 | | | |
| 96366 | S | THER/PROPH/DIAG IV INF ADDON | | 05691 | 0.4187 | APC | $23.72 | | | |
| 96367 | S | TX/PROPH/DG ADDL SEQ IV INF | | 05692 | 0.5739 | APC | $32.51 | | | |
| 96368 | N | THER/DIAG CONCURRENT INF | | | | Bundled | $0.00 | | | |
| 96369 | S | SC THER INFUSION UP TO 1 HR | | 05694 | 2.3490 | APC | $133.05 | | | |
| 96370 | S | SC THER INFUSION ADDL HR | | 05691 | 0.4187 | APC | $23.72 | | | |
| 96371 | N | SC THER INFUSION RESET PUMP | | | | Bundled | $0.00 | | | |
| 96372 | S | THER/PROPH/DIAG INJ SC/IM | | 05692 | 0.5739 | APC | $32.51 | | | |
| 96373 | S | THER/PROPH/DIAG INJ IA | | 05693 | 1.2533 | APC | $70.99 | | | |
| 96374 | S | THER/PROPH/DIAG INJ IV PUSH | | 05693 | 1.2533 | APC | $70.99 | | | |
| 96375 | S | TX/PRO/DX INJ NEW DRUG ADDON | | 05692 | 0.5739 | APC | $32.51 | | | |
| 96376 | N | TX/PRO/DX INJ SAME DRUG ADON | | | | Bundled | $0.00 | | | |
| 96379 | S | THER/PROP/DIAG INJ/INF PROC | | 05691 | 0.4187 | APC | $23.72 | | | |
| 96401 | S | CHEMO ANTI-NEOPL SQ/IM | | 05693 | 1.2533 | APC | $70.99 | | | |
| 96402 | S | CHEMO HORMON ANTINEOPL SQ/IM | | 05692 | 0.5739 | APC | $32.51 | | | |
| 96405 | S | CHEMO INTRALESIONAL UP TO 7 | | 05692 | 0.5739 | APC | $32.51 | | | |
| 96406 | S | CHEMO INTRALESIONAL OVER 7 | | 05694 | 2.3490 | APC | $133.05 | | | |
| 96409 | S | CHEMO IV PUSH SNGL DRUG | | 05694 | 2.3490 | APC | $133.05 | | | |
| 96411 | S | CHEMO IV PUSH ADDL DRUG | | 05693 | 1.2533 | APC | $70.99 | | | |
| 96413 | S | CHEMO IV INFUSION 1 HR | | 05695 | 3.8015 | APC | $215.32 | | | |
| 96415 | S | CHEMO IV INFUSION ADDL HR | | 05692 | 0.5739 | APC | $32.51 | | | |
| 96416 | S | CHEMO PROLONG INFUSE W/PUMP | | 05695 | 3.8015 | APC | $215.32 | | | |
| 96417 | S | CHEMO IV INFUS EACH ADDL SEQ | | 05692 | 0.5739 | APC | $32.51 | | | |
| 96420 | S | CHEMO IA PUSH TECNIQUE | | 05695 | 3.8015 | APC | $215.32 | | | |
| 96422 | S | CHEMO IA INFUSION UP TO 1 HR | | 05695 | 3.8015 | APC | $215.32 | | | |
| 96423 | S | CHEMO IA INFUSE EACH ADDL HR | | 05692 | 0.5739 | APC | $32.51 | | | |
| 96425 | S | CHEMOTHERAPY INFUSION METHOD | | 05695 | 3.8015 | APC | $215.32 | | | |
| 96440 | S | CHEMOTHERAPY INTRACAVITARY | | 05695 | 3.8015 | APC | $215.32 | | | |
| 96446 | S | CHEMOTX ADMN PRTL CAVITY | | 05695 | 3.8015 | APC | $215.32 | | | |
| 96450 | S | CHEMOTHERAPY INTO CNS | | 05695 | 3.8015 | APC | $215.32 | | | |
| 96521 | S | REFILL/MAINT PORTABLE PUMP | | 05694 | 2.3490 | APC | $133.05 | | | |
| 96522 | S | REFILL/MAINT PUMP/RESVR SYST | | 05694 | 2.3490 | APC | $133.05 | | | |
| 96523 | N | IRRIG DRUG DELIVERY DEVICE | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 96542 | S | CHEMOTHERAPY INJECTION | | 05694 | 2.3490 | APC | $133.05 | | | |
| 96549 | S | CHEMOTHERAPY UNSPECIFIED | | 05691 | 0.4187 | APC | $23.72 | | | |
| 96567 | N | PHOTODYNAMIC TX SKIN | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 96570 | N | PHOTODYNMC TX 30 MIN ADD-ON | | | | Bundled | $0.00 | | | |
| 96571 | N | PHOTODYNAMIC TX ADDL 15 MIN | | | | Bundled | $0.00 | | | |
| 96900 | N | ULTRAVIOLET LIGHT THERAPY | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 96902 | N | TRICHOGRAM | | | | Bundled | $0.00 | | | |
| 96904 | N | WHOLE BODY PHOTOGRAPHY | | | | Bundled | $0.00 | | | |
| 96910 | N | PHOTOCHEMOTHERAPY WITH UV-B | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 96912 | N | PHOTOCHEMOTHERAPY WITH UV-A | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| 96913 | T | PHOTOCHEMOTHERAPY UV-A OR B | | 05052 | 3.0594 | APC | $173.28 | | | |
| 96920 | N | LASER TX SKIN < 250 SQ CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 96921 | N | LASER TX SKIN 250-500 SQ CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 96922 | N | LASER TX SKIN >500 SQ CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 96931 | E | RCM CELULR SUBCELULR IMG SKN | | | | Not Allowed | $0.00 | | | |
| 96932 | N | RCM CELULR SUBCELULR IMG SKN | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| 96933 | E | RCM CELULR SUBCELULR IMG SKN | | | | Not Allowed | $0.00 | | | |
| 96934 | N | RCM CELULR SUBCELULR IMG SKN | | | | Bundled | $0.00 | | | |
| 96935 | N | RCM CELULR SUBCELULR IMG SKN | | | | Bundled | $0.00 | | | |
| 96936 | N | RCM CELULR SUBCELULR IMG SKN | | | | Bundled | $0.00 | | | |
| 96999 | N | DERMATOLOGICAL PROCEDURE | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 97001 | Y | PT EVALUATION | | | | Fee Schedule | $54.08 | | | |
| 97002 | Y | PT RE-EVALUATION | | | | Fee Schedule | $30.08 | | | |
| 97003 | Y | OT EVALUATION | | | | Fee Schedule | $60.94 | | | |
| 97004 | Y | OT RE-EVALUATION | | | | Fee Schedule | $37.69 | | | |
| 97005 | E | ATHLETIC TRAIN EVAL | | | | Not Allowed | $0.00 | | | |
| 97006 | E | ATHLETIC TRAIN REEVAL | | | | Not Allowed | $0.00 | | | |
| 97010 | E | HOT OR COLD PACKS THERAPY | | | | Not Allowed | $0.00 | | | |
| 97012 | Y | MECHANICAL TRACTION THERAPY | | | | Fee Schedule | $11.47 | | | |
| 97014 | E | ELECTRIC STIMULATION THERAPY | | | | Not Allowed | $0.00 | | | |
| 97016 | Y | VASOPNEUMATIC DEVICE THERAPY | | | | Fee Schedule | $13.76 | | | |
| 97018 | Y | PARAFFIN BATH THERAPY | | | | Fee Schedule | $7.92 | | | |
| 97022 | Y | WHIRLPOOL THERAPY | | | | Fee Schedule | $16.80 | | | |
| 97024 | Y | DIATHERMY EG MICROWAVE | | | | Fee Schedule | $4.62 | | | |
| 97026 | Y | INFRARED THERAPY | | | | Fee Schedule | $4.37 | | | |
| 97028 | Y | ULTRAVIOLET THERAPY | | | | Fee Schedule | $5.38 | | | |
| 97032 | Y | ELECTRICAL STIMULATION | | | | Fee Schedule | $13.76 | | | |
| 97033 | Y | ELECTRIC CURRENT THERAPY | | | | Fee Schedule | $18.83 | | | |
| 97034 | Y | CONTRAST BATH THERAPY | | | | Fee Schedule | $12.99 | | | |
| 97035 | Y | ULTRASOUND THERAPY | | | | Fee Schedule | $9.19 | | | |
| 97036 | Y | HYDROTHERAPY | | | | Fee Schedule | $23.65 | | | |
| 97039 | Y | PHYSICAL THERAPY TREATMENT | | | | Charge Ratio | $0.00 | | | |
| 97110 | Y | THERAPEUTIC EXERCISES | | | | Fee Schedule | $23.22 | | | |
| 97112 | Y | NEUROMUSCULAR REEDUCATION | | | | Fee Schedule | $24.24 | | | |
| 97113 | Y | AQUATIC THERAPY/EXERCISES | | | | Fee Schedule | $30.76 | | | |
| 97116 | Y | GAIT TRAINING THERAPY | | | | Fee Schedule | $20.35 | | | |
| 97124 | Y | MASSAGE THERAPY | | | | Fee Schedule | $18.83 | | | |
| 97139 | Y | PHYSICAL MEDICINE PROCEDURE | | | | Charge Ratio | $0.00 | | | |
| 97140 | Y | MANUAL THERAPY 1/> REGIONS | | | | Fee Schedule | $21.37 | | | |
| 97150 | Y | GROUP THERAPEUTIC PROCEDURES | | | | Fee Schedule | $12.49 | | | |
| 97530 | Y | THERAPEUTIC ACTIVITIES | | | | Fee Schedule | $24.92 | | | |
| 97532 | Y | COGNITIVE SKILLS DEVELOPMENT | | | | Fee Schedule | $19.09 | | | |
| 97533 | Y | SENSORY INTEGRATION | | | | Fee Schedule | $20.86 | | | |
| 97535 | Y | SELF CARE MNGMENT TRAINING | | | | Fee Schedule | $25.25 | | | |
| 97537 | Y | COMMUNITY/WORK REINTEGRATION | | | | Fee Schedule | $21.70 | | | |
| 97542 | Y | WHEELCHAIR MNGMENT TRAINING | | | | Fee Schedule | $22.21 | | | |
| 97545 | Y | WORK HARDENING | | | | Charge Ratio | $0.00 | | | |
| 97546 | Y | WORK HARDENING ADD-ON | | | | Charge Ratio | $0.00 | | | |
| 97597 | T | RMVL DEVITAL TIS 20 CM/< | | 05052 | 3.0594 | APC | $173.28 | | | |
| 97598 | N | RMVL DEVITAL TIS ADDL 20CM/< | | | | Bundled | $0.00 | | | |
| 97602 | N | WOUND(S) CARE NON-SELECTIVE | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 97605 | N | NEG PRESS WOUND TX </=50 CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 97606 | N | NEG PRESS WOUND TX >50 CM | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 97607 | T | NEG PRESS WND TX </=50 SQ CM | | 05052 | 3.0594 | APC | $173.28 | | | |
| 97608 | T | NEG PRESS WOUND TX >50 CM | | 05052 | 3.0594 | APC | $173.28 | | | |
| 97610 | N | LOW FREQUENCY NON-THERMAL US | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| 97750 | Y | PHYSICAL PERFORMANCE TEST | | | | Fee Schedule | $23.73 | | | |
| 97755 | Y | ASSISTIVE TECHNOLOGY ASSESS | | | | Fee Schedule | $25.76 | | | |
| 97760 | Y | ORTHOTIC MGMT AND TRAINING | | | | Fee Schedule | $27.28 | | | |
| 97761 | M | PROSTHETIC TRAINING | | | | Fee Schedule | $0.00 | | | |
| 97762 | M | C/O FOR ORTHOTIC/PROSTH USE | | | | Fee Schedule | $34.06 | | | |
| 97799 | Y | PHYSICAL MEDICINE PROCEDURE | | | | Charge Ratio | $0.00 | | | |
| 97802 | M | MEDICAL NUTRITION INDIV IN | | | | Fee Schedule | $35.05 | | | |
| 97803 | M | MED NUTRITION INDIV SUBSEQ | | | | Fee Schedule | $29.74 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 97804 | M | MEDICAL NUTRITION GROUP | | | | Fee Schedule | $16.37 | | | |
| 97810 | E | ACUPUNCT W/O STIMUL 15 MIN | | | | Not Allowed | $0.00 | | | |
| 97811 | E | ACUPUNCT W/O STIMUL ADDL 15M | | | | Not Allowed | $0.00 | | | |
| 97813 | E | ACUPUNCT W/STIMUL 15 MIN | | | | Not Allowed | $0.00 | | | |
| 97814 | E | ACUPUNCT W/STIMUL ADDL 15M | | | | Not Allowed | $0.00 | | | |
| 98925 | N | OSTEOPATH MANJ 1-2 REGIONS | | 05811 | 0.3113 | Bundled, sometimes payable | $17.63 | | | |
| 98926 | N | OSTEOPATH MANJ 3-4 REGIONS | | 05811 | 0.3113 | Bundled, sometimes payable | $17.63 | | | |
| 98927 | N | OSTEOPATH MANJ 5-6 REGIONS | | 05811 | 0.3113 | Bundled, sometimes payable | $17.63 | | | |
| 98928 | N | OSTEOPATH MANJ 7-8 REGIONS | | 05811 | 0.3113 | Bundled, sometimes payable | $17.63 | | | |
| 98929 | N | OSTEOPATH MANJ 9-10 REGIONS | | 05811 | 0.3113 | Bundled, sometimes payable | $17.63 | | | |
| 98940 | N | CHIROPRACT MANJ 1-2 REGIONS | | 05811 | 0.3113 | Bundled, sometimes payable | $17.63 | | | |
| 98941 | N | CHIROPRACT MANJ 3-4 REGIONS | | 05811 | 0.3113 | Bundled, sometimes payable | $17.63 | | | |
| 98942 | N | CHIROPRACTIC MANJ 5 REGIONS | | 05811 | 0.3113 | Bundled, sometimes payable | $17.63 | | | |
| 98943 | E | CHIROPRACT MANJ XTRSPINL 1/> | | | | Not Allowed | $0.00 | | | |
| 98960 | E | SELF-MGMT EDUC & TRAIN 1 PT | | | | Not Allowed | $0.00 | | | |
| 98961 | E | SELF-MGMT EDUC/TRAIN 2-4 PT | | | | Not Allowed | $0.00 | | | |
| 98962 | E | SELF-MGMT EDUC/TRAIN 5-8 PT | | | | Not Allowed | $0.00 | | | |
| 98966 | E | HC PRO PHONE CALL 5-10 MIN | | | | Not Allowed | $0.00 | | | |
| 98967 | E | HC PRO PHONE CALL 11-20 MIN | | | | Not Allowed | $0.00 | | | |
| 98968 | E | HC PRO PHONE CALL 21-30 MIN | | | | Not Allowed | $0.00 | | | |
| 98969 | E | ONLINE SERVICE BY HC PRO | | | | Not Allowed | $0.00 | | | |
| 99000 | E | SPECIMEN HANDLING OFFICE-LAB | | | | Not Allowed | $0.00 | | | |
| 99001 | E | SPECIMEN HANDLING PT-LAB | | | | Not Allowed | $0.00 | | | |
| 99002 | N | DEVICE HANDLING PHYS/QHP | | | | Bundled | $0.00 | | | |
| 99024 | M | POSTOP FOLLOW-UP VISIT | | | | Fee Schedule | $0.00 | | | |
| 99026 | E | IN-HOSPITAL ON CALL SERVICE | | | | Not Allowed | $0.00 | | | |
| 99027 | E | OUT-OF-HOSP ON CALL SERVICE | | | | Not Allowed | $0.00 | | | |
| 99050 | E | MEDICAL SERVICES AFTER HRS | | | | Not Allowed | $0.00 | | | |
| 99051 | M | MED SERV EVE/WKEND/HOLIDAY | | | | Fee Schedule | $0.00 | | | |
| 99053 | M | MED SERV 10PM-8AM 24 HR FAC | | | | Fee Schedule | $0.00 | | | |
| 99056 | E | MED SERVICE OUT OF OFFICE | | | | Not Allowed | $0.00 | | | |
| 99058 | E | OFFICE EMERGENCY CARE | | | | Not Allowed | $0.00 | | | |
| 99060 | M | OUT OF OFFICE EMERG MED SERV | | | | Fee Schedule | $0.00 | | | |
| 99070 | N | SPECIAL SUPPLIES PHYS/QHP | | | | Bundled | $0.00 | | | |
| 99071 | N | PATIENT EDUCATION MATERIALS | | | | Bundled | $0.00 | | | |
| 99075 | E | MEDICAL TESTIMONY | | | | Not Allowed | $0.00 | | | |
| 99078 | N | GROUP HEALTH EDUCATION | | | | Bundled | $0.00 | | | |
| 99080 | E | SPECIAL REPORTS OR FORMS | | | | Not Allowed | $0.00 | | | |
| 99082 | E | UNUSUAL PHYSICIAN TRAVEL | | | | Not Allowed | $0.00 | | | |
| 99090 | E | COMPUTER DATA ANALYSIS | | | | Not Allowed | $0.00 | | | |
| 99091 | E | COLLECT/REVIEW DATA FROM PT | | | | Not Allowed | $0.00 | | | |
| 99100 | N | SPECIAL ANESTHESIA SERVICE | | | | Bundled | $0.00 | | | |
| 99116 | N | ANESTHESIA WITH HYPOTHERMIA | | | | Bundled | $0.00 | | | |
| 99135 | N | SPECIAL ANESTHESIA PROCEDURE | | | | Bundled | $0.00 | | | |
| 99140 | N | EMERGENCY ANESTHESIA | | | | Bundled | $0.00 | | | |
| 99143 | N | MOD SEDAT PHYS/QHP <5 YRS | | | | Bundled | $0.00 | | | |
| 99144 | N | MOD SEDAT PHYS/QHP 5YRS/> | | | | Bundled | $0.00 | | | |
| 99145 | N | MOD SEDAT PHYS/QHP EA 15 MIN | | | | Bundled | $0.00 | | | |
| 99148 | N | MOD SED DIFF PHYS/QHP<5 YRS | | | | Bundled | $0.00 | | | |
| 99149 | N | MOD SED DIFF PHYS/QHP 5/>YRS | | | | Bundled | $0.00 | | | |
| 99150 | N | MOD SED DIFF PHYS/QHP ADD ON | | | | Bundled | $0.00 | | | |
| 99170 | T | ANOGENITAL EXAM CHILD W IMAG | | 05411 | 1.9069 | APC | $108.01 | | | |
| 99172 | E | OCULAR FUNCTION SCREEN | | | | Not Allowed | $0.00 | | | |
| 99173 | E | VISUAL ACUITY SCREEN | | | | Not Allowed | $0.00 | | | |
| 99174 | E | OCULAR INSTRUMNT SCREEN BIL | | | | Not Allowed | $0.00 | | | |
| 99175 | N | INDUCTION OF VOMITING | | | | Bundled | $0.00 | | | |
| 99177 | E | OCULAR INSTRUMNT SCREEN BIL | | | | Not Allowed | $0.00 | | | |
| 99183 | E | HYPERBARIC OXYGEN THERAPY | | | | Not Allowed | $0.00 | | | |
| 99184 | C | HYPOTHERMIA ILL NEONATE | | | | Inpatient Only | $0.00 | | | |
| 99188 | E | APP TOPICAL FLUORIDE VARNISH | | | | Not Allowed | $0.00 | | | |
| 99190 | C | SPECIAL PUMP SERVICES | | | | Inpatient Only | $0.00 | | | |
| 99191 | C | SPECIAL PUMP SERVICES | | | | Inpatient Only | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 99192 | C | SPECIAL PUMP SERVICES | | | | Inpatient Only | $0.00 | | | |
| 99195 | N | PHLEBOTOMY | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| 99199 | E | SPECIAL SERVICE/PROC/REPORT | | | | Not Allowed | $0.00 | | | |
| 99201 | M | OFFICE/OUTPATIENT VISIT NEW | | | | Fee Schedule | $0.00 | | | |
| 99202 | M | OFFICE/OUTPATIENT VISIT NEW | | | | Fee Schedule | $0.00 | | | |
| 99203 | M | OFFICE/OUTPATIENT VISIT NEW | | | | Fee Schedule | $0.00 | | | |
| 99204 | M | OFFICE/OUTPATIENT VISIT NEW | | | | Fee Schedule | $0.00 | | | |
| 99205 | M | OFFICE/OUTPATIENT VISIT NEW | | | | Fee Schedule | $0.00 | | | |
| 99211 | M | OFFICE/OUTPATIENT VISIT EST | | | | Fee Schedule | $0.00 | | | |
| 99212 | M | OFFICE/OUTPATIENT VISIT EST | | | | Fee Schedule | $0.00 | | | |
| 99213 | M | OFFICE/OUTPATIENT VISIT EST | | | | Fee Schedule | $0.00 | | | |
| 99214 | M | OFFICE/OUTPATIENT VISIT EST | | | | Fee Schedule | $0.00 | | | |
| 99215 | M | OFFICE/OUTPATIENT VISIT EST | | | | Fee Schedule | $0.00 | | | |
| 99217 | M | OBSERVATION CARE DISCHARGE | | | | Fee Schedule | $0.00 | | | |
| 99218 | M | INITIAL OBSERVATION CARE | | | | Fee Schedule | $0.00 | | | |
| 99219 | M | INITIAL OBSERVATION CARE | | | | Fee Schedule | $0.00 | | | |
| 99220 | M | INITIAL OBSERVATION CARE | | | | Fee Schedule | $0.00 | | | |
| 99221 | M | INITIAL HOSPITAL CARE | | | | Fee Schedule | $0.00 | | | |
| 99222 | M | INITIAL HOSPITAL CARE | | | | Fee Schedule | $0.00 | | | |
| 99223 | M | INITIAL HOSPITAL CARE | | | | Fee Schedule | $0.00 | | | |
| 99224 | E | SUBSEQUENT OBSERVATION CARE | | | | Not Allowed | $0.00 | | | |
| 99225 | E | SUBSEQUENT OBSERVATION CARE | | | | Not Allowed | $0.00 | | | |
| 99226 | E | SUBSEQUENT OBSERVATION CARE | | | | Not Allowed | $0.00 | | | |
| 99231 | M | SUBSEQUENT HOSPITAL CARE | | | | Fee Schedule | $0.00 | | | |
| 99232 | M | SUBSEQUENT HOSPITAL CARE | | | | Fee Schedule | $0.00 | | | |
| 99233 | M | SUBSEQUENT HOSPITAL CARE | | | | Fee Schedule | $0.00 | | | |
| 99234 | N | OBSERV/HOSP SAME DATE | | | | Bundled | $0.00 | | | |
| 99235 | N | OBSERV/HOSP SAME DATE | | | | Bundled | $0.00 | | | |
| 99236 | N | OBSERV/HOSP SAME DATE | | | | Bundled | $0.00 | | | |
| 99238 | M | HOSPITAL DISCHARGE DAY | | | | Fee Schedule | $0.00 | | | |
| 99239 | M | HOSPITAL DISCHARGE DAY | | | | Fee Schedule | $0.00 | | | |
| 99241 | E | OFFICE CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99242 | E | OFFICE CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99243 | E | OFFICE CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99244 | E | OFFICE CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99245 | E | OFFICE CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99251 | E | INPATIENT CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99252 | E | INPATIENT CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99253 | E | INPATIENT CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99254 | E | INPATIENT CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99255 | E | INPATIENT CONSULTATION | | | | Not Allowed | $0.00 | | | |
| 99281 | N | EMERGENCY DEPT VISIT | | 05021 | 1.3852 | Bundled, sometimes payable | $78.46 | | | |
| 99282 | N | EMERGENCY DEPT VISIT | | 05022 | 1.3852 | Bundled, sometimes payable | $78.46 | | | |
| 99283 | N | EMERGENCY DEPT VISIT | | 05023 | 2.6582 | Bundled, sometimes payable | $150.56 | | | |
| 99284 | N | EMERGENCY DEPT VISIT | | 05024 | 4.4353 | Bundled, sometimes payable | $251.22 | | | |
| 99285 | N | EMERGENCY DEPT VISIT | | 05025 | 6.5926 | Bundled, sometimes payable | $373.40 | | | |
| 99288 | E | DIRECT ADVANCED LIFE SUPPORT | | | | Not Allowed | $0.00 | | | |
| 99291 | N | CRITICAL CARE FIRST HOUR | | 05041 | 9.0373 | Bundled, sometimes payable | $511.87 | | | |
| 99292 | N | CRITICAL CARE ADDL 30 MIN | | | | Bundled | $0.00 | | | |
| 99304 | M | NURSING FACILITY CARE INIT | | | | Fee Schedule | $0.00 | | | |
| 99305 | M | NURSING FACILITY CARE INIT | | | | Fee Schedule | $0.00 | | | |
| 99306 | M | NURSING FACILITY CARE INIT | | | | Fee Schedule | $0.00 | | | |
| 99307 | M | NURSING FAC CARE SUBSEQ | | | | Fee Schedule | $0.00 | | | |
| 99308 | M | NURSING FAC CARE SUBSEQ | | | | Fee Schedule | $0.00 | | | |
| 99309 | M | NURSING FAC CARE SUBSEQ | | | | Fee Schedule | $0.00 | | | |
| 99310 | M | NURSING FAC CARE SUBSEQ | | | | Fee Schedule | $0.00 | | | |
| 99315 | M | NURSING FAC DISCHARGE DAY | | | | Fee Schedule | $0.00 | | | |
| 99316 | M | NURSING FAC DISCHARGE DAY | | | | Fee Schedule | $0.00 | | | |
| 99318 | M | ANNUAL NURSING FAC ASSESSMNT | | | | Fee Schedule | $0.00 | | | |
| 99324 | M | DOMICIL/R-HOME VISIT NEW PAT | | | | Fee Schedule | $0.00 | | | |
| 99325 | M | DOMICIL/R-HOME VISIT NEW PAT | | | | Fee Schedule | $0.00 | | | |
| 99326 | M | DOMICIL/R-HOME VISIT NEW PAT | | | | Fee Schedule | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 99327 | M | DOMICIL/R-HOME VISIT NEW PAT | | | | Fee Schedule | $0.00 | | | |
| 99328 | M | DOMICIL/R-HOME VISIT NEW PAT | | | | Fee Schedule | $0.00 | | | |
| 99334 | M | DOMICIL/R-HOME VISIT EST PAT | | | | Fee Schedule | $0.00 | | | |
| 99335 | M | DOMICIL/R-HOME VISIT EST PAT | | | | Fee Schedule | $0.00 | | | |
| 99336 | M | DOMICIL/R-HOME VISIT EST PAT | | | | Fee Schedule | $0.00 | | | |
| 99337 | M | DOMICIL/R-HOME VISIT EST PAT | | | | Fee Schedule | $0.00 | | | |
| 99339 | M | DOMICIL/R-HOME CARE SUPERVIS | | | | Fee Schedule | $0.00 | | | |
| 99340 | M | DOMICIL/R-HOME CARE SUPERVIS | | | | Fee Schedule | $0.00 | | | |
| 99341 | M | HOME VISIT NEW PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99342 | M | HOME VISIT NEW PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99343 | M | HOME VISIT NEW PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99344 | M | HOME VISIT NEW PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99345 | M | HOME VISIT NEW PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99347 | M | HOME VISIT EST PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99348 | M | HOME VISIT EST PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99349 | M | HOME VISIT EST PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99350 | M | HOME VISIT EST PATIENT | | | | Fee Schedule | $0.00 | | | |
| 99354 | N | PROLONG E&M/PSYCTX SERV O/P | | | | Bundled | $0.00 | | | |
| 99355 | N | PROLONG E&M/PSYCTX SERV O/P | | | | Bundled | $0.00 | | | |
| 99356 | C | PROLONGED SERVICE INPATIENT | | | | Inpatient Only | $0.00 | | | |
| 99357 | C | PROLONGED SERVICE INPATIENT | | | | Inpatient Only | $0.00 | | | |
| 99358 | N | PROLONG SERVICE W/O CONTACT | | | | Bundled | $0.00 | | | |
| 99359 | N | PROLONG SERV W/O CONTACT ADD | | | | Bundled | $0.00 | | | |
| 99360 | E | PHYSICIAN STANDBY SERVICES | | | | Not Allowed | $0.00 | | | |
| 99363 | E | ANTICOAGULANT MGMT INITIAL | | | | Not Allowed | $0.00 | | | |
| 99364 | E | ANTICOAGULANT MGMT SUBSEQ | | | | Not Allowed | $0.00 | | | |
| 99366 | E | TEAM CONF W/PAT BY HC PROF | | | | Not Allowed | $0.00 | | | |
| 99367 | N | TEAM CONF W/O PAT BY PHYS | | | | Bundled | $0.00 | | | |
| 99368 | E | TEAM CONF W/O PAT BY HC PRO | | | | Not Allowed | $0.00 | | | |
| 99374 | E | HOME HEALTH CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| 99375 | E | HOME HEALTH CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| 99377 | E | HOSPICE CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| 99378 | E | HOSPICE CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| 99379 | E | NURSING FAC CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| 99380 | E | NURSING FAC CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| 99381 | M | INIT PM E/M NEW PAT INFANT | | | | Fee Schedule | $82.60 | | | |
| 99382 | M | INIT PM E/M NEW PAT 1-4 YRS | | | | Fee Schedule | $87.90 | | | |
| 99383 | M | PREV VISIT NEW AGE 5-11 | | | | Fee Schedule | $93.70 | | | |
| 99384 | M | PREV VISIT NEW AGE 12-17 | | | | Fee Schedule | $110.15 | | | |
| 99385 | M | PREV VISIT NEW AGE 18-39 | | | | Fee Schedule | $105.52 | | | |
| 99386 | M | PREV VISIT NEW AGE 40-64 | | | | Fee Schedule | $128.52 | | | |
| 99387 | M | INIT PM E/M NEW PAT 65+ YRS | | | | Fee Schedule | $138.07 | | | |
| 99391 | M | PER PM REEVAL EST PAT INFANT | | | | Fee Schedule | $75.33 | | | |
| 99392 | M | PREV VISIT EST AGE 1-4 | | | | Fee Schedule | $82.60 | | | |
| 99393 | M | PREV VISIT EST AGE 5-11 | | | | Fee Schedule | $82.60 | | | |
| 99394 | M | PREV VISIT EST AGE 12-17 | | | | Fee Schedule | $93.70 | | | |
| 99395 | M | PREV VISIT EST AGE 18-39 | | | | Fee Schedule | $96.35 | | | |
| 99396 | M | PREV VISIT EST AGE 40-64 | | | | Fee Schedule | $104.77 | | | |
| 99397 | M | PER PM REEVAL EST PAT 65+ YR | | | | Fee Schedule | $110.15 | | | |
| 99401 | M | PREVENTIVE COUNSELING INDIV | | | | Fee Schedule | $0.00 | | | |
| 99402 | M | PREVENTIVE COUNSELING INDIV | | | | Fee Schedule | $0.00 | | | |
| 99403 | M | PREVENTIVE COUNSELING INDIV | | | | Fee Schedule | $0.00 | | | |
| 99404 | M | PREVENTIVE COUNSELING INDIV | | | | Fee Schedule | $0.00 | | | |
| 99406 | S | BEHAV CHNG SMOKING 3-10 MIN | | 05821 | 0.3678 | APC | $20.83 | | | |
| 99407 | S | BEHAV CHNG SMOKING > 10 MIN | | 05821 | 0.3678 | APC | $20.83 | | | |
| 99408 | M | AUDIT/DAST 15-30 MIN | | | | Fee Schedule | $0.00 | | | |
| 99409 | M | AUDIT/DAST OVER 30 MIN | | | | Fee Schedule | $0.00 | | | |
| 99411 | M | PREVENTIVE COUNSELING GROUP | | | | Fee Schedule | $0.00 | | | |
| 99412 | M | PREVENTIVE COUNSELING GROUP | | | | Fee Schedule | $0.00 | | | |
| 99415 | N | PROLONG CLINCL STAFF SVC | | | | Bundled | $0.00 | | | |
| 99416 | N | PROLONG CLINCL STAFF SVC ADD | | | | Bundled | $0.00 | | | |
| 99420 | M | HEALTH RISK ASSESSMENT TEST | | | | Fee Schedule | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 99429 | M | UNLISTED PREVENTIVE SERVICE | | | | Fee Schedule | $0.00 | | | |
| 99441 | E | PHONE E/M PHYS/QHP 5-10 MIN | | | | Not Allowed | $0.00 | | | |
| 99442 | E | PHONE E/M PHYS/QHP 11-20 MIN | | | | Not Allowed | $0.00 | | | |
| 99443 | E | PHONE E/M PHYS/QHP 21-30 MIN | | | | Not Allowed | $0.00 | | | |
| 99444 | E | ONLINE E/M BY PHYS/QHP | | | | Not Allowed | $0.00 | | | |
| 99446 | E | INTERPROF PHONE/ONLINE 5-10 | | | | Not Allowed | $0.00 | | | |
| 99447 | E | INTERPROF PHONE/ONLINE 11-20 | | | | Not Allowed | $0.00 | | | |
| 99448 | E | INTERPROF PHONE/ONLINE 21-30 | | | | Not Allowed | $0.00 | | | |
| 99449 | E | INTERPROF PHONE/ONLINE 31/> | | | | Not Allowed | $0.00 | | | |
| 99450 | E | BASIC LIFE DISABILITY EXAM | | | | Not Allowed | $0.00 | | | |
| 99455 | E | WORK RELATED DISABILITY EXAM | | | | Not Allowed | $0.00 | | | |
| 99456 | E | DISABILITY EXAMINATION | | | | Not Allowed | $0.00 | | | |
| 99460 | V | INIT NB EM PER DAY HOSP | | 05012 | 1.3852 | APC | $78.46 | | | |
| 99461 | E | INIT NB EM PER DAY NON-FAC | | | | Not Allowed | $0.00 | | | |
| 99462 | C | SBSQ NB EM PER DAY HOSP | | | | Inpatient Only | $0.00 | | | |
| 99463 | V | SAME DAY NB DISCHARGE | | 05012 | 1.3852 | APC | $78.46 | | | |
| 99464 | N | ATTENDANCE AT DELIVERY | | | | Bundled | $0.00 | | | |
| 99465 | S | NB RESUSCITATION | | 05781 | 6.3356 | APC | $358.85 | | | |
| 99466 | N | PED CRIT CARE TRANSPORT | | | | Bundled | $0.00 | | | |
| 99467 | N | PED CRIT CARE TRANSPORT ADDL | | | | Bundled | $0.00 | | | |
| 99468 | C | NEONATE CRIT CARE INITIAL | | | | Inpatient Only | $0.00 | | | |
| 99469 | C | NEONATE CRIT CARE SUBSQ | | | | Inpatient Only | $0.00 | | | |
| 99471 | C | PED CRITICAL CARE INITIAL | | | | Inpatient Only | $0.00 | | | |
| 99472 | C | PED CRITICAL CARE SUBSQ | | | | Inpatient Only | $0.00 | | | |
| 99475 | C | PED CRIT CARE AGE 2-5 INIT | | | | Inpatient Only | $0.00 | | | |
| 99476 | C | PED CRIT CARE AGE 2-5 SUBSQ | | | | Inpatient Only | $0.00 | | | |
| 99477 | C | INIT DAY HOSP NEONATE CARE | | | | Inpatient Only | $0.00 | | | |
| 99478 | C | IC LBW INF < 1500 GM SUBSQ | | | | Inpatient Only | $0.00 | | | |
| 99479 | C | IC LBW INF 1500-2500 G SUBSQ | | | | Inpatient Only | $0.00 | | | |
| 99480 | C | IC INF PBW 2501-5000 G SUBSQ | | | | Inpatient Only | $0.00 | | | |
| 99485 | E | SUPRV INTERFACILTY TRANSPORT | | | | Not Allowed | $0.00 | | | |
| 99486 | E | SUPRV INTERFAC TRNSPORT ADDL | | | | Not Allowed | $0.00 | | | |
| 99487 | N | CMPLX CHRON CARE W/O PT VSIT | | | | Bundled | $0.00 | | | |
| 99489 | N | CMPLX CHRON CARE ADDL 30 MIN | | | | Bundled | $0.00 | | | |
| 99490 | V | CHRON CARE MGMT SRVC 20 MIN | | 05011 | 0.7380 | APC | $41.80 | | | |
| 99495 | V | TRANS CARE MGMT 14 DAY DISCH | | 05012 | 1.3852 | APC | $78.46 | | | |
| 99496 | V | TRANS CARE MGMT 7 DAY DISCH | | 05012 | 1.3852 | APC | $78.46 | | | |
| 99497 | N | ADVNCD CARE PLAN 30 MIN | | 05011 | 0.7380 | Bundled, sometimes payable | $41.80 | | | |
| 99498 | N | ADVNCD CARE PLAN ADDL 30 MIN | | | | Bundled | $0.00 | | | |
| 99499 | M | UNLISTED E&M SERVICE | | | | Fee Schedule | $0.00 | | | |
| 99500 | M | HOME VISIT PRENATAL | | | | Fee Schedule | $0.00 | | | |
| 99501 | M | HOME VISIT POSTNATAL | | | | Fee Schedule | $0.00 | | | |
| 99502 | M | HOME VISIT NB CARE | | | | Fee Schedule | $0.00 | | | |
| 99503 | E | HOME VISIT RESP THERAPY | | | | Not Allowed | $0.00 | | | |
| 99504 | E | HOME VISIT MECH VENTILATOR | | | | Not Allowed | $0.00 | | | |
| 99505 | E | HOME VISIT STOMA CARE | | | | Not Allowed | $0.00 | | | |
| 99506 | E | HOME VISIT IM INJECTION | | | | Not Allowed | $0.00 | | | |
| 99507 | E | HOME VISIT CATH MAINTAIN | | | | Not Allowed | $0.00 | | | |
| 99509 | E | HOME VISIT DAY LIFE ACTIVITY | | | | Not Allowed | $0.00 | | | |
| 99510 | E | HOME VISIT SING/M/FAM COUNS | | | | Not Allowed | $0.00 | | | |
| 99511 | E | HOME VISIT FECAL/ENEMA MGMT | | | | Not Allowed | $0.00 | | | |
| 99512 | E | HOME VISIT FOR HEMODIALYSIS | | | | Not Allowed | $0.00 | | | |
| 99600 | E | HOME VISIT NOS | | | | Not Allowed | $0.00 | | | |
| 99601 | E | HOME INFUSION/VISIT 2 HRS | | | | Not Allowed | $0.00 | | | |
| 99602 | E | HOME INFUSION EACH ADDTL HR | | | | Not Allowed | $0.00 | | | |
| 99605 | E | MTMS BY PHARM NP 15 MIN | | | | Not Allowed | $0.00 | | | |
| 99606 | E | MTMS BY PHARM EST 15 MIN | | | | Not Allowed | $0.00 | | | |
| 99607 | E | MTMS BY PHARM ADDL 15 MIN | | | | Not Allowed | $0.00 | | | |
| 0001F | E | HEART FAILURE COMPOSITE | | | | Not Allowed | $0.00 | | | |
| 0001M | E | INFECTIOUS DIS HCV 6 ASSAYS | | | | Not Allowed | $0.00 | | | |
| 0002M | E | LIVER DIS 10 ASSAYS W/ASH | | | | Not Allowed | $0.00 | | | |
| 0003M | E | LIVER DIS 10 ASSAYS W/NASH | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 0004M | E | SCOLIOSIS DNA ALYS | | | | Not Allowed | $0.00 | | | |
| 0005F | E | OSTEOARTHRITIS COMPOSITE | | | | Not Allowed | $0.00 | | | |
| 0006M | E | ONC HEP GENE RISK CLASSIFIER | | | | Not Allowed | $0.00 | | | |
| 0007M | E | ONC GASTRO 51 GENE NOMOGRAM | | | | Not Allowed | $0.00 | | | |
| 0008M | E | ONC BREAST RISK SCORE | | | | Not Allowed | $0.00 | | | |
| 0009M | E | FETAL ANEUPLOIDY TRISOM RISK | | | | Not Allowed | $0.00 | | | |
| 0010M | E | ONC PROSTATE PROB SCORE | | | | Not Allowed | $0.00 | | | |
| 0012F | E | CAP BACTERIAL ASSESS | | | | Not Allowed | $0.00 | | | |
| 0014F | E | COMP PREOP ASSESS CAT SURG | | | | Not Allowed | $0.00 | | | |
| 0015F | E | MELAN FOLLOW-UP COMPLETE | | | | Not Allowed | $0.00 | | | |
| 0019T | E | EXTRACORP SHOCK WV TX MS NOS | | | | Not Allowed | $0.00 | | | |
| 0030T | E | ANTIPROTHROMBIN ANTIBODY | | | | Not Allowed | $0.00 | | | |
| 0042T | E | CT PERFUSION W/CONTRAST CBF | | | | Not Allowed | $0.00 | | | |
| 0048T | E | IMPLANT VENTRICULAR DEVICE | | | | Not Allowed | $0.00 | | | |
| 0050T | E | REMOVAL CIRCULATION ASSIST | | | | Not Allowed | $0.00 | | | |
| 0051T | E | IMPLANT TOTAL HEART SYSTEM | | | | Not Allowed | $0.00 | | | |
| 0052T | E | REPLACE THRC UNIT HRT SYST | | | | Not Allowed | $0.00 | | | |
| 0053T | E | REPLACE IMPLANTABLE HRT SYST | | | | Not Allowed | $0.00 | | | |
| 0054T | E | BONE SRGRY CMPTR FLUOR IMAGE | | | | Not Allowed | $0.00 | | | |
| 0055T | E | BONE SRGRY CMPTR CT/MRI IMAG | | | | Not Allowed | $0.00 | | | |
| 0058T | E | CRYOPRESERVATION OVARY TISS | | | | Not Allowed | $0.00 | | | |
| 0071T | E | US LEIOMYOMATA ABLATE <200 | | | | Not Allowed | $0.00 | | | |
| 0072T | E | US LEIOMYOMATA ABLATE >200 | | | | Not Allowed | $0.00 | | | |
| 0075T | E | PERQ STENT/CHEST VERT ART | | | | Not Allowed | $0.00 | | | |
| 0076T | E | S&I STENT/CHEST VERT ART | | | | Not Allowed | $0.00 | | | |
| 0085T | E | BREATH TEST HEART REJECT | | | | Not Allowed | $0.00 | | | |
| 0095T | E | RMVL ARTIFIC DISC ADDL CRVCL | | | | Not Allowed | $0.00 | | | |
| 0098T | E | REV ARTIFIC DISC ADDL | | | | Not Allowed | $0.00 | | | |
| 0100T | E | PROSTH RETINA RECEIVE&GEN | | | | Not Allowed | $0.00 | | | |
| 0101T | E | EXTRACORP SHOCKWV TX HI ENRG | | | | Not Allowed | $0.00 | | | |
| 0102T | E | EXTRACORP SHOCKWV TX ANESTH | | | | Not Allowed | $0.00 | | | |
| 0106T | E | TOUCH QUANT SENSORY TEST | | | | Not Allowed | $0.00 | | | |
| 0107T | E | VIBRATE QUANT SENSORY TEST | | | | Not Allowed | $0.00 | | | |
| 0108T | E | COOL QUANT SENSORY TEST | | | | Not Allowed | $0.00 | | | |
| 0109T | E | HEAT QUANT SENSORY TEST | | | | Not Allowed | $0.00 | | | |
| 0110T | E | NOS QUANT SENSORY TEST | | | | Not Allowed | $0.00 | | | |
| 0111T | E | RBC MEMBRANES FATTY ACIDS | | | | Not Allowed | $0.00 | | | |
| 0126T | E | CHD RISK IMT STUDY | | | | Not Allowed | $0.00 | | | |
| 0159T | E | CAD BREAST MRI | | | | Not Allowed | $0.00 | | | |
| 0163T | E | LUMB ARTIF DISKECTOMY ADDL | | | | Not Allowed | $0.00 | | | |
| 0164T | E | REMOVE LUMB ARTIF DISC ADDL | | | | Not Allowed | $0.00 | | | |
| 0165T | E | REVISE LUMB ARTIF DISC ADDL | | | | Not Allowed | $0.00 | | | |
| 0169T | E | PLACE STEREO CATH BRAIN | | | | Not Allowed | $0.00 | | | |
| 0171T | E | LUMBAR SPINE PROCES DISTRACT | | | | Not Allowed | $0.00 | | | |
| 0172T | E | LUMBAR SPINE PROCESS ADDL | | | | Not Allowed | $0.00 | | | |
| 0173T | E | IOP MONIT IO PRESSURE | | | | Not Allowed | $0.00 | | | |
| 0174T | E | CAD CXR WITH INTERP | | | | Not Allowed | $0.00 | | | |
| 0175T | E | CAD CXR REMOTE | | | | Not Allowed | $0.00 | | | |
| 0178T | E | 64 LEAD ECG W/I&R | | | | Not Allowed | $0.00 | | | |
| 0179T | E | 64 LEAD ECG W/TRACING | | | | Not Allowed | $0.00 | | | |
| 0180T | E | 64 LEAD ECG W/I&R ONLY | | | | Not Allowed | $0.00 | | | |
| 0184T | E | EXC RECTAL TUMOR ENDOSCOPIC | | | | Not Allowed | $0.00 | | | |
| 0188T | E | VIDEOCONF CRIT CARE 74 MIN | | | | Not Allowed | $0.00 | | | |
| 0189T | E | VIDEOCONF CRIT CARE ADDL 30 | | | | Not Allowed | $0.00 | | | |
| 0190T | E | PLACE INTRAOC RADIATION SRC | | | | Not Allowed | $0.00 | | | |
| 0191T | E | INSERT ANT SEGMENT DRAIN INT | | | | Not Allowed | $0.00 | | | |
| 0195T | E | PRESCRL FUSE W/O INSTR L5/S1 | | | | Not Allowed | $0.00 | | | |
| 0196T | E | PRESCRL FUSE W/O INSTR L4/L5 | | | | Not Allowed | $0.00 | | | |
| 0198T | E | OCULAR BLOOD FLOW MEASURE | | | | Not Allowed | $0.00 | | | |
| 0200T | E | PERQ SACRAL AUGMT UNILAT INJ | | | | Not Allowed | $0.00 | | | |
| 0201T | E | PERQ SACRAL AUGMT BILAT INJ | | | | Not Allowed | $0.00 | | | |
| 0202T | E | POST VERT ARTHRPLST 1 LUMBAR | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 0205T | E | INIRS EACH VESSEL ADD-ON | | | | Not Allowed | $0.00 | | | |
| 0206T | E | CPTR DBS ALYS CAR ELEC DTA | | | | Not Allowed | $0.00 | | | |
| 0207T | E | CLEAR EYELID GLAND W/HEAT | | | | Not Allowed | $0.00 | | | |
| 0208T | E | AUDIOMETRY AIR ONLY | | | | Not Allowed | $0.00 | | | |
| 0209T | E | AUDIOMETRY AIR & BONE | | | | Not Allowed | $0.00 | | | |
| 0210T | E | SPEECH AUDIOMETRY THRESHOLD | | | | Not Allowed | $0.00 | | | |
| 0211T | E | SPEECH AUDIOM THRESH & RECOG | | | | Not Allowed | $0.00 | | | |
| 0212T | E | COMPRE AUDIOMETRY EVALUATION | | | | Not Allowed | $0.00 | | | |
| 0213T | E | NJX PARAVERT W/US CER/THOR | | | | Not Allowed | $0.00 | | | |
| 0214T | E | NJX PARAVERT W/US CER/THOR | | | | Not Allowed | $0.00 | | | |
| 0215T | E | NJX PARAVERT W/US CER/THOR | | | | Not Allowed | $0.00 | | | |
| 0216T | E | NJX PARAVERT W/US LUMB/SAC | | | | Not Allowed | $0.00 | | | |
| 0217T | E | NJX PARAVERT W/US LUMB/SAC | | | | Not Allowed | $0.00 | | | |
| 0218T | E | NJX PARAVERT W/US LUMB/SAC | | | | Not Allowed | $0.00 | | | |
| 0219T | E | PLMT POST FACET IMPLT CERV | | | | Not Allowed | $0.00 | | | |
| 0220T | E | PLMT POST FACET IMPLT THOR | | | | Not Allowed | $0.00 | | | |
| 0221T | E | PLMT POST FACET IMPLT LUMB | | | | Not Allowed | $0.00 | | | |
| 0222T | E | PLMT POST FACET IMPLT ADDL | | | | Not Allowed | $0.00 | | | |
| 0226T | E | ANOSCOPY HRA W/SPEC COLLECT | | | | Not Allowed | $0.00 | | | |
| 0227T | E | ANOSCOPY HRA W/BIOPSY | | | | Not Allowed | $0.00 | | | |
| 0228T | E | NJX TFRML EPRL W/US CER/THOR | | | | Not Allowed | $0.00 | | | |
| 0229T | E | NJX TFRML EPRL W/US CER/THOR | | | | Not Allowed | $0.00 | | | |
| 0230T | E | NJX TFRML EPRL W/US LUMB/SAC | | | | Not Allowed | $0.00 | | | |
| 0231T | E | NJX TFRML EPRL W/US LUMB/SAC | | | | Not Allowed | $0.00 | | | |
| 0232T | E | NJX PLATELET PLASMA | | | | Not Allowed | $0.00 | | | |
| 0234T | E | TRLUML PERIP ATHRC RENAL ART | | | | Not Allowed | $0.00 | | | |
| 0235T | E | TRLUML PERIP ATHRC VISCERAL | | | | Not Allowed | $0.00 | | | |
| 0236T | E | TRLUML PERIP ATHRC ABD AORTA | | | | Not Allowed | $0.00 | | | |
| 0237T | E | TRLUML PERIP ATHRC BRCHIOCPH | | | | Not Allowed | $0.00 | | | |
| 0238T | E | TRLUML PERIP ATHRC ILIAC ART | | | | Not Allowed | $0.00 | | | |
| 0242T | E | GI TRACT TRANSIT & PRES MEAS | | | | Not Allowed | $0.00 | | | |
| 0249T | E | LIGATION HEMORRHOID W/US | | | | Not Allowed | $0.00 | | | |
| 0250T | E | INSERT BRONCHIAL VALVE | | | | Not Allowed | $0.00 | | | |
| 0251T | E | REMOV BRONCHIAL VALVE | | | | Not Allowed | $0.00 | | | |
| 0252T | E | REMOV BRONCH VALVE ADDL | | | | Not Allowed | $0.00 | | | |
| 0253T | E | INSERT AQUEOUS DRAIN DEVICE | | | | Not Allowed | $0.00 | | | |
| 0254T | E | EVASC RPR ILIAC ART BIFUR | | | | Not Allowed | $0.00 | | | |
| 0255T | E | EVASC RPR ILIAC ART BIFR S&I | | | | Not Allowed | $0.00 | | | |
| 0256T | E | EVASC AORTIC HRT VALVE | | | | Not Allowed | $0.00 | | | |
| 0257T | E | OPN TTHRC AORTIC HRT VALVE | | | | Not Allowed | $0.00 | | | |
| 0258T | E | AORTIC HRT VALV W/O CARD BYP | | | | Not Allowed | $0.00 | | | |
| 0259T | E | AORTIC HRT VALVE W/CARD BYP | | | | Not Allowed | $0.00 | | | |
| 0263T | E | IM B1 MRW CEL THER CMPL | | | | Not Allowed | $0.00 | | | |
| 0264T | E | IM B1 MRW CEL THER XCL HRVST | | | | Not Allowed | $0.00 | | | |
| 0265T | E | IM B1 MRW CEL THER HRVST ONL | | | | Not Allowed | $0.00 | | | |
| 0266T | E | IMPLT/RPL CRTD SNS DEV TOTAL | | | | Not Allowed | $0.00 | | | |
| 0267T | E | IMPLT/RPL CRTD SNS DEV LEAD | | | | Not Allowed | $0.00 | | | |
| 0268T | E | IMPLT/RPL CRTD SNS DEV GEN | | | | Not Allowed | $0.00 | | | |
| 0269T | E | REV/REMVL CRTD SNS DEV TOTAL | | | | Not Allowed | $0.00 | | | |
| 0270T | E | REV/REMVL CRTD SNS DEV LEAD | | | | Not Allowed | $0.00 | | | |
| 0271T | E | REV/REMVL CRTD SNS DEV GEN | | | | Not Allowed | $0.00 | | | |
| 0272T | E | INTERROGATE CRTD SNS DEV | | | | Not Allowed | $0.00 | | | |
| 0273T | E | INTERROGATE CRTD SNS W/PGRMG | | | | Not Allowed | $0.00 | | | |
| 0274T | E | PERQ LAMOT/LAM CRV/THRC | | | | Not Allowed | $0.00 | | | |
| 0275T | E | PERQ LAMOT/LAM LUMBAR | | | | Not Allowed | $0.00 | | | |
| 0276T | E | BRONCH THERMOPLASTY 1 LOBE | | | | Not Allowed | $0.00 | | | |
| 0277T | E | BRONCH THERMOPLASTY LOBES | | | | Not Allowed | $0.00 | | | |
| 0278T | E | TEMPR | | | | Not Allowed | $0.00 | | | |
| 0279T | E | CTC TEST | | | | Not Allowed | $0.00 | | | |
| 0280T | E | CTC TEST W/I & R | | | | Not Allowed | $0.00 | | | |
| 0281T | E | LAA CLOSURE W/IMPLANT | | | | Not Allowed | $0.00 | | | |
| 0282T | E | PERIPH FIELD STIMUL TRIAL | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 0283T | E | PERIPH FIELD STIMUL PERM | | | | Not Allowed | $0.00 | | | |
| 0284T | E | PERIPH FIELD STIMUL REVISE | | | | Not Allowed | $0.00 | | | |
| 0285T | E | PERIPH FIELD STIMUL ANALYS | | | | Not Allowed | $0.00 | | | |
| 0286T | E | NEAR IFR SPECTRSC OF WOUNDS | | | | Not Allowed | $0.00 | | | |
| 0287T | E | NEAR IFR GUIDE OF VASC SITE | | | | Not Allowed | $0.00 | | | |
| 0288T | E | ANOSCOPY W/RF DELIVERY | | | | Not Allowed | $0.00 | | | |
| 0289T | E | LASER INC FOR PKP/LKP DONOR | | | | Not Allowed | $0.00 | | | |
| 0290T | E | LASER INC FOR PKP/LKP RECIP | | | | Not Allowed | $0.00 | | | |
| 0291T | E | IV OCT FOR PROC INIT VESSEL | | | | Not Allowed | $0.00 | | | |
| 0292T | E | IV OCT FOR PROC ADDL VESSEL | | | | Not Allowed | $0.00 | | | |
| 0293T | E | INS LT ATRL PRESS MONITOR | | | | Not Allowed | $0.00 | | | |
| 0294T | E | INS LT ATRL MONT PRES LEAD | | | | Not Allowed | $0.00 | | | |
| 0295T | E | EXT ECG COMPLETE | | | | Not Allowed | $0.00 | | | |
| 0296T | E | EXT ECG RECORDING | | | | Not Allowed | $0.00 | | | |
| 0297T | E | EXT ECG SCAN W/REPORT | | | | Not Allowed | $0.00 | | | |
| 0298T | E | EXT ECG REVIEW AND INTERP | | | | Not Allowed | $0.00 | | | |
| 0299T | E | ESW WOUND HEALING INIT WOUND | | | | Not Allowed | $0.00 | | | |
| 0300T | E | ESW WOUND HEALING ADDL WOUND | | | | Not Allowed | $0.00 | | | |
| 0301T | E | MW THERAPY FOR BREAST TUMOR | | | | Not Allowed | $0.00 | | | |
| 0302T | E | ICAR ISCHM MNTRNG SYS COMPL | | | | Not Allowed | $0.00 | | | Y |
| 0303T | E | ICAR ISCHM MNTRNG SYS ELTRD | | | | Not Allowed | $0.00 | | | Y |
| 0304T | E | ICAR ISCHM MNTRNG SYS DEVICE | | | | Not Allowed | $0.00 | | | Y |
| 0305T | E | ICAR ISCHM MNTRNG PRGRM EVAL | | | | Not Allowed | $0.00 | | | Y |
| 0306T | E | ICAR ISCHM MNTR INTERR EVAL | | | | Not Allowed | $0.00 | | | Y |
| 0307T | E | RMVL ICAR ISCHM MNTRNG DVCE | | | | Not Allowed | $0.00 | | | Y |
| 0308T | E | INSJ OCULAR TELESCOPE PROSTH | | | | Not Allowed | $0.00 | | | Y |
| 0309T | E | PRESCRL FUSE W/ INSTR L4/L5 | | | | Not Allowed | $0.00 | | | Y |
| 0310T | E | MOTOR FUNCTION MAPPING NTMS | | | | Not Allowed | $0.00 | | | Y |
| 0312T | E | LAPS IMPLTJ NSTIM VAGUS | | | | Not Allowed | $0.00 | | | Y |
| 0313T | E | LAPS RMVL NSTIM ARRAY VAGUS | | | | Not Allowed | $0.00 | | | Y |
| 0314T | E | LAPS RMVL VGL ARRY&PLS GEN | | | | Not Allowed | $0.00 | | | Y |
| 0315T | E | RMVL VAGUS NERVE PLS GEN | | | | Not Allowed | $0.00 | | | Y |
| 0316T | E | REPLC VAGUS NERVE PLS GEN | | | | Not Allowed | $0.00 | | | Y |
| 0317T | E | ELEC ALYS VAGUS NRV PLS GEN | | | | Not Allowed | $0.00 | | | Y |
| 0319T | E | INSERT SUBQ DEFIB W/ELTRD | | | | Not Allowed | $0.00 | | | Y |
| 0320T | E | INSERT SUBQ DEFIB ELECTRODE | | | | Not Allowed | $0.00 | | | Y |
| 0321T | E | INSERT SUBQ DEFIB PLS GEN | | | | Not Allowed | $0.00 | | | Y |
| 0322T | E | RMVL SUBQ DEFIB PLS GEN | | | | Not Allowed | $0.00 | | | Y |
| 0323T | E | RMVL & REPLC SUBQ PLS GEN | | | | Not Allowed | $0.00 | | | Y |
| 0324T | E | RMVL SUBQ DEFIB ELECTRODE | | | | Not Allowed | $0.00 | | | Y |
| 0325T | E | REPOS SUBQ DEFIB ELTRD &/GEN | | | | Not Allowed | $0.00 | | | Y |
| 0326T | E | EPHYS EVAL SUBQ IMPLT DEFIB | | | | Not Allowed | $0.00 | | | Y |
| 0327T | E | IMPLT SUBQ DEFIB INTEROGAT | | | | Not Allowed | $0.00 | | | Y |
| 0328T | E | IMPLT SUBQ DEFIB SYS DEV EVL | | | | Not Allowed | $0.00 | | | Y |
| 0329T | E | MNTR IO PRESS 24HRS/> UNI/BI | | | | Not Allowed | $0.00 | | | |
| 0330T | E | TEAR FILM IMG UNI/BI W/I&R | | | | Not Allowed | $0.00 | | | |
| 0331T | E | HEART SYMP IMAGE PLNR | | | | Not Allowed | $0.00 | | | |
| 0332T | E | HEART SYMP IMAGE PLNR SPECT | | | | Not Allowed | $0.00 | | | |
| 0333T | E | VISUAL EP ACUITY SCREEN AUTO | | | | Not Allowed | $0.00 | | | |
| 0335T | E | EXTRAOSSEOUS JOINT STBLZTION | | | | Not Allowed | $0.00 | | | Y |
| 0336T | E | LAP ABLAT UTERINE FIBROIDS | | | | Not Allowed | $0.00 | | | Y |
| 0337T | E | ENDOTHEL FXNASSMNT NON-INVAS | | | | Not Allowed | $0.00 | | | Y |
| 0338T | E | TRNSCTH RENAL SYMP DENRV UNL | | | | Not Allowed | $0.00 | | | Y |
| 0339T | E | TRNSCTH RENAL SYMP DENRV BIL | | | | Not Allowed | $0.00 | | | Y |
| 0340T | E | ABLATE PULM TUMORS + EXTNSN | | | | Not Allowed | $0.00 | | | Y |
| 0341T | E | QUANT PUPILLOMETRY W/ RPRT | | | | Not Allowed | $0.00 | | | Y |
| 0342T | E | THXP APHERESIS W/HDL DELIP | | | | Not Allowed | $0.00 | | | Y |
| 0345T | E | TRANSCATH MTRAL VLVE REPAIR | | | | Not Allowed | $0.00 | | | Y |
| 0346T | E | ULTRASOUND ELASTOGRAPHY | | | | Not Allowed | $0.00 | | | Y |
| 0347T | E | INS BONE DEVICE FOR RSA | | | | Not Allowed | $0.00 | | | Y |
| 0348T | E | RSA SPINE EXAM | | | | Not Allowed | $0.00 | | | Y |
| 0349T | E | RSA UPPER EXTR EXAM | | | | Not Allowed | $0.00 | | | Y |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 0350T | E | RSA LOWER EXTR EXAM | | | | Not Allowed | $0.00 | | | Y |
| 0351T | E | INTRAOP OCT BRST/NODE SPEC | | | | Not Allowed | $0.00 | | | Y |
| 0352T | E | OCT BRST/NODE I&R PER SPEC | | | | Not Allowed | $0.00 | | | Y |
| 0353T | E | INTRAOP OCT BREAST CAVITY | | | | Not Allowed | $0.00 | | | Y |
| 0354T | E | OCT BREAST SURG CAVITY I&R | | | | Not Allowed | $0.00 | | | Y |
| 0355T | E | GI TRACT CAPSULE ENDOSCOPY | | | | Not Allowed | $0.00 | | | Y |
| 0356T | E | INSRT DRUG DEVICE FOR IOP | | | | Not Allowed | $0.00 | | | Y |
| 0357T | E | CRYOPRESERVATION OOCYTE(S) | | | | Not Allowed | $0.00 | | | Y |
| 0358T | E | BIA WHOLE BODY | | | | Not Allowed | $0.00 | | | Y |
| 0359T | E | BEHAVIORAL ID ASSESSMENT | | | | Not Allowed | $0.00 | | | Y |
| 0360T | E | OBSERV BEHAV ASSESSMENT | | | | Not Allowed | $0.00 | | | Y |
| 0361T | E | OBSERV BEHAV ASSESS ADDL | | | | Not Allowed | $0.00 | | | Y |
| 0362T | E | EXPOSE BEHAV ASSESSMENT | | | | Not Allowed | $0.00 | | | Y |
| 0363T | E | EXPOSE BEHAV ASSESS ADDL | | | | Not Allowed | $0.00 | | | Y |
| 0364T | E | ADAPTIVE BEHAVIOR TREATMENT | | | | Not Allowed | $0.00 | | | Y |
| 0365T | E | ADAPTIVE BEHAVIOR TX ADDL | | | | Not Allowed | $0.00 | | | Y |
| 0366T | E | GROUP BEHAVIOR TREATMENT | | | | Not Allowed | $0.00 | | | Y |
| 0367T | E | GROUP BEHAV TREATMENT ADDL | | | | Not Allowed | $0.00 | | | Y |
| 0368T | E | BEHAVIOR TREATMENT MODIFIED | | | | Not Allowed | $0.00 | | | Y |
| 0369T | E | BEHAV TREATMENT MODIFY ADDL | | | | Not Allowed | $0.00 | | | Y |
| 0370T | E | FAM BEHAV TREATMENT GUIDANCE | | | | Not Allowed | $0.00 | | | Y |
| 0371T | E | MULT FAM BEHAV TREAT GUIDE | | | | Not Allowed | $0.00 | | | Y |
| 0372T | E | SOCIAL SKILLS TRAINING GROUP | | | | Not Allowed | $0.00 | | | Y |
| 0373T | E | EXPOSURE BEHAVIOR TREATMENT | | | | Not Allowed | $0.00 | | | Y |
| 0374T | E | EXPOSE BEHAV TREATMENT ADDL | | | | Not Allowed | $0.00 | | | Y |
| 0375T | E | TOTAL DISC ARTHRP ANT APPR | | | | Not Allowed | $0.00 | | | Y |
| 0376T | E | INSERT ANT SEGMENT DRAIN INT | | | | Not Allowed | $0.00 | | | Y |
| 0377T | E | ANOSCPY INJ AGENT FOR INCONT | | | | Not Allowed | $0.00 | | | Y |
| 0378T | E | VISUAL FIELD ASSMNT REV/RPRT | | | | Not Allowed | $0.00 | | | Y |
| 0379T | E | VIS FIELD ASSMNT TECH SUPPT | | | | Not Allowed | $0.00 | | | Y |
| 0380T | E | COMP ANIMAT RET IMAG SERIES | | | | Not Allowed | $0.00 | | | Y |
| 0381T | E | EXT H RATE EPI SZ 14 DAYS | | | | Not Allowed | $0.00 | | | Y |
| 0382T | E | EXT H RATE SZ 14 DAY RI ONLY | | | | Not Allowed | $0.00 | | | Y |
| 0383T | E | EXT H RATE SZ UP TO 30 DAYS | | | | Not Allowed | $0.00 | | | Y |
| 0384T | E | EX H RATE SZ 30 DAY RI ONLY | | | | Not Allowed | $0.00 | | | Y |
| 0385T | E | EX H RATE FOR SZ OVR 30 DAY | | | | Not Allowed | $0.00 | | | Y |
| 0386T | E | EX H RATE SZ 30+ DAY RI ONLY | | | | Not Allowed | $0.00 | | | Y |
| 0387T | E | LEADLESS C PM INS/RPL VENTR | | | | Not Allowed | $0.00 | | | Y |
| 0388T | E | LEADLESS C PM REMOVE VENTR | | | | Not Allowed | $0.00 | | | Y |
| 0389T | E | PROG EVAL INPER LEADLS PM | | | | Not Allowed | $0.00 | | | Y |
| 0390T | E | PERIPROC EVAL INPER LEDLS PM | | | | Not Allowed | $0.00 | | | Y |
| 0391T | E | INTERGT EVAL INPER LEADLS PM | | | | Not Allowed | $0.00 | | | Y |
| 0392T | E | LAP ES SPH AUGMENT DEV PLACE | | | | Not Allowed | $0.00 | | | |
| 0393T | E | ES SPH AUGMNT DEVICE REMOVAL | | | | Not Allowed | $0.00 | | | |
| 0394T | E | HDR ELCTRNC SKN SURF BRCHYTX | | | | Not Allowed | $0.00 | | | Y |
| 0395T | E | HDR ELCTR NTRST/NTRCV BRCHTX | | | | Not Allowed | $0.00 | | | Y |
| 0396T | E | INTRAOP KINETIC BALNCE SENSR | | | | Not Allowed | $0.00 | | | Y |
| 0397T | E | ERCP W/OPTICAL ENDOMICROSCPY | | | | Not Allowed | $0.00 | | | Y |
| 0398T | E | MRGFUS STRTCTC LES ABLTJ | | | | Not Allowed | $0.00 | | | Y |
| 0399T | E | MYOCARDIAL STRAIN IMAGING | | | | Not Allowed | $0.00 | | | Y |
| 0400T | E | MLTISPECTRL DIGITAL LES ALYS | | | | Not Allowed | $0.00 | | | Y |
| 0401T | E | MLTISPECTRL DIGITAL LES ALYS | | | | Not Allowed | $0.00 | | | Y |
| 0402T | E | COLLAGEN CROSSLINKING CORNEA | | | | Not Allowed | $0.00 | | | Y |
| 0403T | E | DIABETES PREV STANDARD CURR | | | | Not Allowed | $0.00 | | | Y |
| 0404T | E | TRNSCRV UTERIN FIBROID ABLTJ | | | | Not Allowed | $0.00 | | | Y |
| 0405T | E | OVRSGHT XTRCORP LIV ASST PAT | | | | Not Allowed | $0.00 | | | Y |
| 0406T | E | SIN NDSC PLMT DRG ELUT MPLNT | | | | Not Allowed | $0.00 | | | Y |
| 0407T | E | SIN NDSC PLMT DRG ELUT MPLNT | | | | Not Allowed | $0.00 | | | Y |
| 0408T | E | INSJ/RPLC CARDIAC MODULJ SYS | | | | Not Allowed | $0.00 | | | Y |
| 0409T | E | INSJ/RPLC CARDIAC MODULJ PLS GN | | | | Not Allowed | $0.00 | | | Y |
| 0410T | E | INSJ/RPLC CAR MODULJ ATR ELT | | | | Not Allowed | $0.00 | | | Y |
| 0411T | E | INSJ/RPLC CAR MODULJ VNT ELT | | | | Not Allowed | $0.00 | | | Y |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 0412T | E | RMVL CARDIAC MODULJ PLS GEN | | | | Not Allowed | $0.00 | | | Y |
| 0413T | E | RMVL CAR MODULJ TRANVNS ELT | | | | Not Allowed | $0.00 | | | Y |
| 0414T | E | RMVL & RPL CAR MODULJ PLS GN | | | | Not Allowed | $0.00 | | | Y |
| 0415T | E | REPOS CAR MODULJ TRANVNS ELT | | | | Not Allowed | $0.00 | | | Y |
| 0416T | E | RELOC SKIN POCKET PLS GEN | | | | Not Allowed | $0.00 | | | Y |
| 0417T | E | PRGRMG EVAL CARDIAC MODULJ | | | | Not Allowed | $0.00 | | | Y |
| 0418T | E | INTERRO EVAL CARDIAC MODULJ | | | | Not Allowed | $0.00 | | | Y |
| 0419T | E | DSTRJ NEUROFIBROMATA XTNSV | | | | Not Allowed | $0.00 | | | Y |
| 0420T | E | DSTRJ NEUROFIBROMATA XTNSV | | | | Not Allowed | $0.00 | | | Y |
| 0421T | E | WATERJET PROSTATE ABLTJ CMPL | | | | Not Allowed | $0.00 | | | Y |
| 0422T | E | TACTILE BREAST IMG UNI/BI | | | | Not Allowed | $0.00 | | | Y |
| 0423T | E | ASSAY SECRETORY TYPE II PLA2' | | | | Not Allowed | $0.00 | | | Y |
| 0424T | E | INSJ/RPLC NSTIM APNEA COMPL | | | | Not Allowed | $0.00 | | | Y |
| 0425T | E | INSJ/RPLC NSTIM APNEA SEN LD | | | | Not Allowed | $0.00 | | | Y |
| 0426T | E | INSJ/RPLC NSTIM APNEA STM LD | | | | Not Allowed | $0.00 | | | Y |
| 0427T | E | INSJ/RPLC NSTIM APNEA PLS GN | | | | Not Allowed | $0.00 | | | Y |
| 0428T | E | RMVL NSTIM APNEA PLS GEN | | | | Not Allowed | $0.00 | | | Y |
| 0429T | E | RMVL NSTIM APNEA SEN LD | | | | Not Allowed | $0.00 | | | Y |
| 0430T | E | RMVL NSTIM APNEA STIMJ LD | | | | Not Allowed | $0.00 | | | Y |
| 0431T | E | RMVL/RPLC NSTIM APNEA PLS GN | | | | Not Allowed | $0.00 | | | Y |
| 0432T | E | REPOS NSTIM APNEA STIMJ LD | | | | Not Allowed | $0.00 | | | Y |
| 0433T | E | REPOS NSTIM APNEA SENSING LD | | | | Not Allowed | $0.00 | | | Y |
| 0434T | E | INTERRO EVAL NPGS SLEEP APNEA | | | | Not Allowed | $0.00 | | | Y |
| 0435T | E | PRGRMG EVAL NPGS APNEA 1 SES | | | | Not Allowed | $0.00 | | | Y |
| 0436T | E | PRGRMG EVAL NPGS APNEA STUDY | | | | Not Allowed | $0.00 | | | Y |
| 0437T | E | IMPLTJ SYNTH RNFCMT ABDL WAL | | | | Not Allowed | $0.00 | | | |
| 0438T | E | TPRNL PLMT BIODEGRDABL MATRL | | | | Not Allowed | $0.00 | | | |
| 0439T | E | MYOCRD CONTRAST PRFUJ ECHO | | | | Not Allowed | $0.00 | | | |
| 0440T | E | ABLTJ PERC UXTR/PERPH NRV | | | | Not Allowed | $0.00 | | | |
| 0441T | E | ABLTJ PERC LXTR/PERPH NRV | | | | Not Allowed | $0.00 | | | |
| 0442T | E | ABLTJ PERC PLEX/TRNCL NRV | | | | Not Allowed | $0.00 | | | |
| 0443T | E | R-T SPCTRL ALYS PRST8 TISS | | | | Not Allowed | $0.00 | | | |
| 0444T | E | 1ST PLMT DRUG ELUT OC INS | | | | Not Allowed | $0.00 | | | |
| 0445T | E | SBSQT PLMT DRUG ELUT OC INS | | | | Not Allowed | $0.00 | | | |
| 0500F | E | INITIAL PRENATAL CARE VISIT | | | | Not Allowed | $0.00 | | | |
| 0501F | E | PRENATAL FLOW SHEET | | | | Not Allowed | $0.00 | | | |
| 0502F | E | SUBSEQUENT PRENATAL CARE | | | | Not Allowed | $0.00 | | | |
| 0503F | E | POSTPARTUM CARE VISIT | | | | Not Allowed | $0.00 | | | |
| 0505F | E | HEMODIALYSIS PLAN DOCD | | | | Not Allowed | $0.00 | | | |
| 0507F | E | PERITON DIALYSIS PLAN DOCD | | | | Not Allowed | $0.00 | | | |
| 0509F | E | URINE INCON PLAN DOCD | | | | Not Allowed | $0.00 | | | |
| 0513F | E | ELEV BP PLAN OF CARE DOCD | | | | Not Allowed | $0.00 | | | |
| 0514F | E | CARE PLAN HGB DOCD ESA PT | | | | Not Allowed | $0.00 | | | |
| 0516F | E | ANEMIA PLAN OF CARE DOCD | | | | Not Allowed | $0.00 | | | |
| 0517F | E | GLAUCOMA PLAN OF CARE DOCD | | | | Not Allowed | $0.00 | | | |
| 0518F | E | FALL PLAN OF CARE DOCD | | | | Not Allowed | $0.00 | | | |
| 0519F | E | PLAND CHEMO DOCD B/4 TXMNT | | | | Not Allowed | $0.00 | | | |
| 0520F | E | RAD DOS LIMTS B/4 3D RAD | | | | Not Allowed | $0.00 | | | |
| 0521F | E | PLAN OF CARE 4 PAIN DOCD | | | | Not Allowed | $0.00 | | | |
| 0525F | E | INITIAL VISIT FOR EPISODE | | | | Not Allowed | $0.00 | | | |
| 0526F | E | SUBS VISIT FOR EPISODE | | | | Not Allowed | $0.00 | | | |
| 0528F | E | RCMND FLW-UP 10 YRS DOCD | | | | Not Allowed | $0.00 | | | |
| 0529F | E | INTRVL 3/>YR PTS CLNSCP DOCD | | | | Not Allowed | $0.00 | | | |
| 0535F | E | DYSPNEA MNGMNT PLAN DOCD | | | | Not Allowed | $0.00 | | | |
| 0540F | E | GLUCO MNGMNT PLAN DOCD | | | | Not Allowed | $0.00 | | | |
| 0545F | E | FOLLOW UP CARE PLAN MDD DOCD | | | | Not Allowed | $0.00 | | | |
| 0550F | E | CYTOPATH REPORT NONGYN SPCMN | | | | Not Allowed | $0.00 | | | |
| 0551F | E | CYTOPATH REPORT NON ROUTINE | | | | Not Allowed | $0.00 | | | |
| 0555F | E | SYMPTOM MGMNT PLAN CARE DOCD | | | | Not Allowed | $0.00 | | | |
| 0556F | E | PLAN CARE LIPID CONTROL DOCD | | | | Not Allowed | $0.00 | | | |
| 0557F | E | PLAN CAREMNG ANGNL SYMPTDOCD | | | | Not Allowed | $0.00 | | | |
| 0575F | E | HIV RNA PLAN CARE DOCD | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 0580F | E | MULTIDISCIPLINARY CARE PLAN | | | | Not Allowed | $0.00 | | | |
| 0581F | E | PT TRNSFRD FROM ANESTH TO CC | | | | Not Allowed | $0.00 | | | |
| 0582F | E | NO TRNSFR FROM ANESTH TO CC | | | | Not Allowed | $0.00 | | | |
| 0583F | E | TRANSFER CARE CHECKLIST USED | | | | Not Allowed | $0.00 | | | |
| 0584F | E | NO TRANSFERCARE CHKLIST USED | | | | Not Allowed | $0.00 | | | |
| 1000F | E | TOBACCO USE ASSESSED | | | | Not Allowed | $0.00 | | | |
| 1002F | E | ASSESS ANGINAL SYMPTOM/LEVEL | | | | Not Allowed | $0.00 | | | |
| 1003F | E | LEVEL OF ACTIVITY ASSESS | | | | Not Allowed | $0.00 | | | |
| 1004F | E | CLIN SYMP VOL OVRLD ASSESS | | | | Not Allowed | $0.00 | | | |
| 1005F | E | ASTHMA SYMPTOMS EVALUATE | | | | Not Allowed | $0.00 | | | |
| 1006F | E | OSTEOARTHRITIS ASSESS | | | | Not Allowed | $0.00 | | | |
| 1007F | E | ANTI-INFLM/ANLGSC OTC ASSESS | | | | Not Allowed | $0.00 | | | |
| 1008F | E | GI/RENAL RISK ASSESS | | | | Not Allowed | $0.00 | | | |
| 1010F | E | SEVERITY ANGINA BY ACTVTY | | | | Not Allowed | $0.00 | | | |
| 1011F | E | ANGINA PRESENT | | | | Not Allowed | $0.00 | | | |
| 1012F | E | ANGINA ABSENT | | | | Not Allowed | $0.00 | | | |
| 1015F | E | COPD SYMPTOMS ASSESS | | | | Not Allowed | $0.00 | | | |
| 1018F | E | ASSESS DYSPNEA NOT PRESENT | | | | Not Allowed | $0.00 | | | |
| 1019F | E | ASSESS DYSPNEA PRESENT | | | | Not Allowed | $0.00 | | | |
| 1022F | E | PNEUMO IMM STATUS ASSESS | | | | Not Allowed | $0.00 | | | |
| 1026F | E | CO-MORBID CONDITION ASSESS | | | | Not Allowed | $0.00 | | | |
| 1030F | E | INFLUENZA IMM STATUS ASSESS | | | | Not Allowed | $0.00 | | | |
| 1031F | E | SMOKING & 2ND HAND ASSESSED | | | | Not Allowed | $0.00 | | | |
| 1032F | E | SMOKER/EXPOSED 2ND HND SMOKE | | | | Not Allowed | $0.00 | | | |
| 1033F | E | TOBACCO NONSMOKER NOR 2NDHND | | | | Not Allowed | $0.00 | | | |
| 1034F | E | CURRENT TOBACCO SMOKER | | | | Not Allowed | $0.00 | | | |
| 1035F | E | SMOKELESS TOBACCO USER | | | | Not Allowed | $0.00 | | | |
| 1036F | E | TOBACCO NON-USER | | | | Not Allowed | $0.00 | | | |
| 1038F | E | PERSISTENT ASTHMA | | | | Not Allowed | $0.00 | | | |
| 1039F | E | INTERMITTENT ASTHMA | | | | Not Allowed | $0.00 | | | |
| 1040F | E | DSM-5 INFO MDD DOCD | | | | Not Allowed | $0.00 | | | |
| 1050F | E | HISTORY OF MOLE CHANGES | | | | Not Allowed | $0.00 | | | |
| 1052F | E | TYPE LOCATION ACTIVITYASSESS | | | | Not Allowed | $0.00 | | | |
| 1055F | E | VISUAL FUNCT STATUS ASSESS | | | | Not Allowed | $0.00 | | | |
| 1060F | E | DOC PERM/CONT/PAROX ATR FIB | | | | Not Allowed | $0.00 | | | |
| 1061F | E | DOC LACK PERM+CONT+PAROX FIB | | | | Not Allowed | $0.00 | | | |
| 1065F | E | ISCHM STROKE SYMP LT3 HRSB/4 | | | | Not Allowed | $0.00 | | | |
| 1066F | E | ISCHM STROKE SYMP GE3 HRSB/4 | | | | Not Allowed | $0.00 | | | |
| 1070F | E | ALARM SYMP ASSESSED-ABSENT | | | | Not Allowed | $0.00 | | | |
| 1071F | E | ALARM SYMP ASSESSED-1+ PRSNT | | | | Not Allowed | $0.00 | | | |
| 1090F | E | PRES/ABSN URINE INCON ASSESS | | | | Not Allowed | $0.00 | | | |
| 1091F | E | URINE INCON CHARACTERIZED | | | | Not Allowed | $0.00 | | | |
| 1100F | E | PTFALLS ASSESS-DOCD GE2>/YR | | | | Not Allowed | $0.00 | | | |
| 1101F | E | PT FALLS ASSESS-DOCD LE1/YR | | | | Not Allowed | $0.00 | | | |
| 1110F | E | PT LFT INPT FAC W/IN 60 DAYS | | | | Not Allowed | $0.00 | | | |
| 1111F | E | DSCHRG MED/CURRENT MED MERGE | | | | Not Allowed | $0.00 | | | |
| 1116F | E | AURIC/PERI PAIN ASSESSED | | | | Not Allowed | $0.00 | | | |
| 1118F | E | GERD SYMPS ASSESSED 12 MONTH | | | | Not Allowed | $0.00 | | | |
| 1119F | E | INIT EVAL FOR CONDITION | | | | Not Allowed | $0.00 | | | |
| 1121F | E | SUBS EVAL FOR CONDITION | | | | Not Allowed | $0.00 | | | |
| 1123F | E | ACP DISCUSS/DSCN MKR DOCD | | | | Not Allowed | $0.00 | | | |
| 1124F | E | ACP DISCUSS-NO DSCNMKR DOCD | | | | Not Allowed | $0.00 | | | |
| 1125F | E | AMNT PAIN NOTED PAIN PRSNT | | | | Not Allowed | $0.00 | | | |
| 1126F | E | AMNT PAIN NOTED NONE PRSNT | | | | Not Allowed | $0.00 | | | |
| 1127F | E | NEW EPISODE FOR CONDITION | | | | Not Allowed | $0.00 | | | |
| 1128F | E | SUBS EPISODE FOR CONDITION | | | | Not Allowed | $0.00 | | | |
| 1130F | E | BK PAIN & FXN ASSESSED | | | | Not Allowed | $0.00 | | | |
| 1134F | E | EPSD BK PAIN FOR 6 WKS/< | | | | Not Allowed | $0.00 | | | |
| 1135F | E | EPSD BK PAIN FOR >6 WKS | | | | Not Allowed | $0.00 | | | |
| 1136F | E | EPSD BK PAIN FOR 12 WKS/< | | | | Not Allowed | $0.00 | | | |
| 1137F | E | EPSD BK PAIN FOR >12 WKS | | | | Not Allowed | $0.00 | | | |
| 1150F | E | DOC PT RSK DEATH W/IN 1YR | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 1151F | E | DOC NO PT RSK DEATH W/IN 1YR | | | | Not Allowed | $0.00 | | | |
| 1152F | E | DOC ADVNCD DIS COMFORT 1ST | | | | Not Allowed | $0.00 | | | |
| 1153F | E | DOC ADVNCD DIS CMFRT NOT 1ST | | | | Not Allowed | $0.00 | | | |
| 1157F | E | ADVNC CARE PLAN IN RCRD | | | | Not Allowed | $0.00 | | | |
| 1158F | E | ADVNC CARE PLAN TLK DOCD | | | | Not Allowed | $0.00 | | | |
| 1159F | E | MED LIST DOCD IN RCRD | | | | Not Allowed | $0.00 | | | |
| 1160F | E | RVW MEDS BY RX/DR IN RCRD | | | | Not Allowed | $0.00 | | | |
| 1170F | E | FXNL STATUS ASSESSED | | | | Not Allowed | $0.00 | | | |
| 1175F | E | FUNCTION STAT ASSESSED RVWD | | | | Not Allowed | $0.00 | | | |
| 1180F | E | THROMBOEMB RISK ASSESSED | | | | Not Allowed | $0.00 | | | |
| 1181F | E | NEUROPSYCHIA SYMPTS ASSESSED | | | | Not Allowed | $0.00 | | | |
| 1182F | E | NEUROPSYCHI SYMPT 1+PRESENT | | | | Not Allowed | $0.00 | | | |
| 1183F | E | NEUROPSYCHIATRIC SYMP ABSENT | | | | Not Allowed | $0.00 | | | |
| 1200F | E | SEIZURE TYPE& FREQU DOCD | | | | Not Allowed | $0.00 | | | |
| 1205F | E | EPI ETIOL SYND RVWD AND DOCD | | | | Not Allowed | $0.00 | | | |
| 1220F | E | PT SCREENED FOR DEPRESSION | | | | Not Allowed | $0.00 | | | |
| 1400F | E | PRKNS DIAG RVIEWED | | | | Not Allowed | $0.00 | | | |
| 1450F | E | SYMPTOMS IMPROVED/CONSIST | | | | Not Allowed | $0.00 | | | |
| 1451F | E | SYMPT SHOW CLIN IMPORT DROP | | | | Not Allowed | $0.00 | | | |
| 1460F | E | QUAL CARD DIAG PRIOR 12 MONS | | | | Not Allowed | $0.00 | | | |
| 1461F | E | NO QUAL CARD DIAG PRIOR12MON | | | | Not Allowed | $0.00 | | | |
| 1490F | E | DEM SEVERITY CLASSIFIED MILD | | | | Not Allowed | $0.00 | | | |
| 1491F | E | DEM SEVERITY CLASSIFIED MOD | | | | Not Allowed | $0.00 | | | |
| 1493F | E | DEM SEVERITY CLASS SEVERE | | | | Not Allowed | $0.00 | | | |
| 1494F | E | COGNIT ASSESSED AND REVIEWED | | | | Not Allowed | $0.00 | | | |
| 1500F | E | SYMPTOM+SIGN SYMM POLYNEURO | | | | Not Allowed | $0.00 | | | |
| 1501F | E | NOT INITIAL EVAL FOR COND | | | | Not Allowed | $0.00 | | | |
| 1502F | E | PT QUERIED PAIN FXN W/ INSTR | | | | Not Allowed | $0.00 | | | |
| 1503F | E | PT QUERIED SYMP RESP INSUFF | | | | Not Allowed | $0.00 | | | |
| 1504F | E | PT HAS RESP INSUFFICIENCY | | | | Not Allowed | $0.00 | | | |
| 1505F | E | PT HAS NO RESP INSUFFICIENCY | | | | Not Allowed | $0.00 | | | |
| 2000F | E | BLOOD PRESSURE MEASURE | | | | Not Allowed | $0.00 | | | |
| 2001F | E | WEIGHT RECORD | | | | Not Allowed | $0.00 | | | |
| 2002F | E | CLIN SIGN VOL OVRLD ASSESS | | | | Not Allowed | $0.00 | | | |
| 2004F | E | INITIAL EXAM INVOLVED JOINTS | | | | Not Allowed | $0.00 | | | |
| 2010F | E | VITAL SIGNS RECORDED | | | | Not Allowed | $0.00 | | | |
| 2014F | E | MENTAL STATUS ASSESS | | | | Not Allowed | $0.00 | | | |
| 2015F | E | ASTHMA IMPAIRMENT ASSESSED | | | | Not Allowed | $0.00 | | | |
| 2016F | E | ASTHMA RISK ASSESSED | | | | Not Allowed | $0.00 | | | |
| 2018F | E | HYDRATION STATUS ASSESS | | | | Not Allowed | $0.00 | | | |
| 2019F | E | DILATED MACUL EXAM DONE | | | | Not Allowed | $0.00 | | | |
| 2020F | E | DILATED FUNDUS EVAL DONE | | | | Not Allowed | $0.00 | | | |
| 2021F | E | DILAT MACULAR EXAM DONE | | | | Not Allowed | $0.00 | | | |
| 2022F | E | DIL RETINA EXAM INTERP REV | | | | Not Allowed | $0.00 | | | |
| 2024F | E | 7 FIELD PHOTO INTERP DOC REV | | | | Not Allowed | $0.00 | | | |
| 2026F | E | EYE IMAGE VALID TO DX REV | | | | Not Allowed | $0.00 | | | |
| 2027F | E | OPTIC NERVE HEAD EVAL DONE | | | | Not Allowed | $0.00 | | | |
| 2028F | E | FOOT EXAM PERFORMED | | | | Not Allowed | $0.00 | | | |
| 2029F | E | COMPLETE PHYS SKIN EXAM DONE | | | | Not Allowed | $0.00 | | | |
| 2030F | E | H2O STAT DOCD NORMAL | | | | Not Allowed | $0.00 | | | |
| 2031F | E | H2O STAT DOCD DEHYDRATED | | | | Not Allowed | $0.00 | | | |
| 2035F | E | TYMP MEMB MOTION EXAMD | | | | Not Allowed | $0.00 | | | |
| 2040F | E | BK PN XM ON INIT VISIT DATE | | | | Not Allowed | $0.00 | | | |
| 2044F | E | DOC MNTL TST B/4 BK TRXMNT | | | | Not Allowed | $0.00 | | | |
| 2050F | E | WOUND CHAR SIZE ETC DOCD | | | | Not Allowed | $0.00 | | | |
| 2060F | E | PT TALK EVAL HLTHWKR RE MDD | | | | Not Allowed | $0.00 | | | |
| 3006F | E | CXR DOC REV | | | | Not Allowed | $0.00 | | | |
| 3008F | E | BODY MASS INDEX DOCD | | | | Not Allowed | $0.00 | | | |
| 3011F | E | LIPID PANEL DOC REV | | | | Not Allowed | $0.00 | | | |
| 3014F | E | SCREEN MAMMO DOC REV | | | | Not Allowed | $0.00 | | | |
| 3015F | E | CERV CANCER SCREEN DOCD | | | | Not Allowed | $0.00 | | | |
| 3016F | E | PT SCRND UNHLTHY OH USE | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 3017F | E | COLORECTAL CA SCREEN DOC REV | | | | Not Allowed | $0.00 | | | |
| 3018F | E | PRE-PRXD RSK ET AL DOCD | | | | Not Allowed | $0.00 | | | |
| 3019F | E | LVEF ASSESS PLANPOST DSCHRGE | | | | Not Allowed | $0.00 | | | |
| 3020F | E | LVF ASSESS | | | | Not Allowed | $0.00 | | | |
| 3021F | E | LVEF MOD/SEVER DEPRS SYST | | | | Not Allowed | $0.00 | | | |
| 3022F | E | LVEF >/=40% SYSTOLIC | | | | Not Allowed | $0.00 | | | |
| 3023F | E | SPIROM DOC REV | | | | Not Allowed | $0.00 | | | |
| 3025F | E | SPIROM FEV/FVC <70% W/COPD | | | | Not Allowed | $0.00 | | | |
| 3027F | E | SPIROM FEV/FVC>/=70%/W/OCOPD | | | | Not Allowed | $0.00 | | | |
| 3028F | E | O2 SATURATION DOC REV | | | | Not Allowed | $0.00 | | | |
| 3035F | E | O2 SATURATION</=88%/PAO</=55 | | | | Not Allowed | $0.00 | | | |
| 3037F | E | O2 SATURATION >88%/PAO>55 HG | | | | Not Allowed | $0.00 | | | |
| 3038F | E | PULM FX W/IN 12 MON B/4 SURG | | | | Not Allowed | $0.00 | | | |
| 3040F | E | FEV <40% PREDICTED VALUE | | | | Not Allowed | $0.00 | | | |
| 3042F | E | FEV >/=40% PREDICTED VALUE | | | | Not Allowed | $0.00 | | | |
| 3044F | E | HG A1C LEVEL LT 7.0% | | | | Not Allowed | $0.00 | | | |
| 3045F | E | HG A1C LEVEL 7.0-9.0% | | | | Not Allowed | $0.00 | | | |
| 3046F | E | HEMOGLOBIN A1C LEVEL >9.0% | | | | Not Allowed | $0.00 | | | |
| 3048F | E | LDL-C <100 MG/DL | | | | Not Allowed | $0.00 | | | |
| 3049F | E | LDL-C 100-129 MG/DL | | | | Not Allowed | $0.00 | | | |
| 3050F | E | LDL-C >/= 130 MG/DL | | | | Not Allowed | $0.00 | | | |
| 3055F | E | LVEF LESS THAN/EQUAL TO 35% | | | | Not Allowed | $0.00 | | | |
| 3056F | E | LVEF GREATER THAN 35% | | | | Not Allowed | $0.00 | | | |
| 3060F | E | POS MICROALBUMINURIA REV | | | | Not Allowed | $0.00 | | | |
| 3061F | E | NEG MICROALBUMINURIA REV | | | | Not Allowed | $0.00 | | | |
| 3062F | E | POS MACROALBUMINURIA REV | | | | Not Allowed | $0.00 | | | |
| 3066F | E | NEPHROPATHY DOC TX | | | | Not Allowed | $0.00 | | | |
| 3072F | E | LOW RISK FOR RETINOPATHY | | | | Not Allowed | $0.00 | | | |
| 3073F | E | PRE-SURG EYE MEASURES DOCD | | | | Not Allowed | $0.00 | | | |
| 3074F | E | SYST BP LT 130 MM HG | | | | Not Allowed | $0.00 | | | |
| 3075F | E | SYST BP GE 130 - 139MM HG | | | | Not Allowed | $0.00 | | | |
| 3077F | E | SYST BP >/= 140 MM HG | | | | Not Allowed | $0.00 | | | |
| 3078F | E | DIAST BP <80 MM HG | | | | Not Allowed | $0.00 | | | |
| 3079F | E | DIAST BP 80-89 MM HG | | | | Not Allowed | $0.00 | | | |
| 3080F | E | DIAST BP >/= 90 MM HG | | | | Not Allowed | $0.00 | | | |
| 3082F | E | KT/V <1.2 | | | | Not Allowed | $0.00 | | | |
| 3083F | E | KT/V =/> 1.2 & <1.7 | | | | Not Allowed | $0.00 | | | |
| 3084F | E | KT/V >/= 1.7 | | | | Not Allowed | $0.00 | | | |
| 3085F | E | SUICIDE RISK ASSESSED | | | | Not Allowed | $0.00 | | | |
| 3088F | E | MDD MILD | | | | Not Allowed | $0.00 | | | |
| 3089F | E | MDD MODERATE | | | | Not Allowed | $0.00 | | | |
| 3090F | E | MDD SEVERE W/O PSYCH | | | | Not Allowed | $0.00 | | | |
| 3091F | E | MDD SEVERE W/PSYCH | | | | Not Allowed | $0.00 | | | |
| 3092F | E | MDD IN REMISSION | | | | Not Allowed | $0.00 | | | |
| 3093F | E | DOC NEW DIAG 1ST/ADDL MDD | | | | Not Allowed | $0.00 | | | |
| 3095F | E | CENTRAL DEXA RESULTS DOCD | | | | Not Allowed | $0.00 | | | |
| 3096F | E | CENTRAL DEXA ORDERED | | | | Not Allowed | $0.00 | | | |
| 3100F | E | IMAGE TEST REF CAROT DIAM | | | | Not Allowed | $0.00 | | | |
| 3110F | E | PRES/ABSN HMRHG/LESION DOCD | | | | Not Allowed | $0.00 | | | |
| 3111F | E | CT/MRI BRAIN DONE W/IN 24HRS | | | | Not Allowed | $0.00 | | | |
| 3112F | E | CT/MRI BRAIN DONE 24 HRS | | | | Not Allowed | $0.00 | | | |
| 3115F | E | QUANT RESULTS ACTIVITY &SYMP | | | | Not Allowed | $0.00 | | | |
| 3117F | E | HF ASSESSMENT TOOL COMPLETED | | | | Not Allowed | $0.00 | | | |
| 3118F | E | NY HEART ASSOC CLASS DOCD | | | | Not Allowed | $0.00 | | | |
| 3119F | E | NO EVAL ACTIVITY CLIN SYMP | | | | Not Allowed | $0.00 | | | |
| 3120F | E | 12-LEAD ECG PERFORMED | | | | Not Allowed | $0.00 | | | |
| 3126F | E | ESOPH BX RPRT W/DYSPL INFO | | | | Not Allowed | $0.00 | | | |
| 3130F | E | UPPER GI ENDOSCOPY PERFORMED | | | | Not Allowed | $0.00 | | | |
| 3132F | E | DOC REF UPPER GI ENDOSCOPY | | | | Not Allowed | $0.00 | | | |
| 3140F | E | UPPER GI ENDO SHOWS BARRTTS | | | | Not Allowed | $0.00 | | | |
| 3141F | E | UPPER GI ENDO NOT BARRTTS | | | | Not Allowed | $0.00 | | | |
| 3142F | E | BARIUM SWALLOW TEST ORDERED | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 3150F | E | FORCEPS ESOPH BIOPSY DONE | | | | Not Allowed | $0.00 | | | |
| 3155F | E | CYTOGEN TEST MARROW B/4 TX | | | | Not Allowed | $0.00 | | | |
| 3160F | E | DOC FE+ STORES B/4 EPO THX | | | | Not Allowed | $0.00 | | | |
| 3170F | E | FLOW CYTO DONE B/4 TX | | | | Not Allowed | $0.00 | | | |
| 3200F | E | BARIUM SWALLOW TEST NOT REQ | | | | Not Allowed | $0.00 | | | |
| 3210F | E | GRP A STREP TEST PERFORMED | | | | Not Allowed | $0.00 | | | |
| 3215F | E | PT IMMUNITY TO HEP A DOCD | | | | Not Allowed | $0.00 | | | |
| 3216F | E | PT IMMUNITY TO HEP B DOCD | | | | Not Allowed | $0.00 | | | |
| 3218F | E | RNA TSTNG HEP C DOCD DONE | | | | Not Allowed | $0.00 | | | |
| 3220F | E | HEP C QUANT RNA TSTNG DOCD | | | | Not Allowed | $0.00 | | | |
| 3230F | E | NOTE HRING TST W/IN 6 MON | | | | Not Allowed | $0.00 | | | |
| 3250F | E | NONPRIM LOC ANAT BX SITE TUM | | | | Not Allowed | $0.00 | | | |
| 3260F | E | PT CAT/PN CAT/HIST GRD DOCD | | | | Not Allowed | $0.00 | | | |
| 3265F | E | RNA TSTNG HEPC VIR ORD/DOCD | | | | Not Allowed | $0.00 | | | |
| 3266F | E | HEPC GN TSTNG DOCD B/4TXMNT | | | | Not Allowed | $0.00 | | | |
| 3267F | E | PATH RPRT W/ PT PN CAT ET AL | | | | Not Allowed | $0.00 | | | |
| 3268F | E | PSA/T/GLSC DOCD B/4 TXMNT | | | | Not Allowed | $0.00 | | | |
| 3269F | E | BONE SCN B/4 TXMNT/AFTR DX | | | | Not Allowed | $0.00 | | | |
| 3270F | E | NO BONE SCN B/4 TXMNT/AFTRDX | | | | Not Allowed | $0.00 | | | |
| 3271F | E | LOW RISK PROSTATE CANCER | | | | Not Allowed | $0.00 | | | |
| 3272F | E | MED RISK PROSTATE CANCER | | | | Not Allowed | $0.00 | | | |
| 3273F | E | HIGH RISK PROSTATE CANCER | | | | Not Allowed | $0.00 | | | |
| 3274F | E | PROST CNCR RSK NOT LW/MD/HGH | | | | Not Allowed | $0.00 | | | |
| 3278F | E | SERUM LVLS CA/IPTH/LPD ORD | | | | Not Allowed | $0.00 | | | |
| 3279F | E | HGB LVL >/= 13 G/DL | | | | Not Allowed | $0.00 | | | |
| 3280F | E | HGB LVL 11-12.9 G/DL | | | | Not Allowed | $0.00 | | | |
| 3281F | E | HGB LVL <11 G/DL | | | | Not Allowed | $0.00 | | | |
| 3284F | E | IOP DOWN >15% OF PRE-SVC LVL | | | | Not Allowed | $0.00 | | | |
| 3285F | E | IOP DOWN <15% OF PRE-SVC LVL | | | | Not Allowed | $0.00 | | | |
| 3288F | E | FALL RISK ASSESSMENT DOCD | | | | Not Allowed | $0.00 | | | |
| 3290F | E | PT=D(RH)- AND UNSENSITIZED | | | | Not Allowed | $0.00 | | | |
| 3291F | E | PT=D(RH)+ OR SENSITIZED | | | | Not Allowed | $0.00 | | | |
| 3292F | E | HIV TSTNG ASKED/DOCD/REVWD | | | | Not Allowed | $0.00 | | | |
| 3293F | E | ABO RH BLOOD TYPING DOCD | | | | Not Allowed | $0.00 | | | |
| 3294F | E | GRP B STREP SCREENING DOCD | | | | Not Allowed | $0.00 | | | |
| 3300F | E | AJCC STAGE DOCD B/4 THXPY | | | | Not Allowed | $0.00 | | | |
| 3301F | E | CANCER STAGE DOCD METAST | | | | Not Allowed | $0.00 | | | |
| 3315F | E | ER+ OR PR+ BREAST CANCER | | | | Not Allowed | $0.00 | | | |
| 3316F | E | ER- OR PR- BREAST CANCER | | | | Not Allowed | $0.00 | | | |
| 3317F | E | PATH RPT MALIG CANCER DOCD | | | | Not Allowed | $0.00 | | | |
| 3318F | E | PATH RPT MALIG CANCER DOCD | | | | Not Allowed | $0.00 | | | |
| 3319F | E | X-RAY/CT/ULTRSND ET AL ORD | | | | Not Allowed | $0.00 | | | |
| 3320F | E | NO XRAY/CT/ ET AL ORDD | | | | Not Allowed | $0.00 | | | |
| 3321F | E | AJCC CNCR 0/IA MELAN DOCD | | | | Not Allowed | $0.00 | | | |
| 3322F | E | MELANOMAAJCC STAGE 0 OR IA | | | | Not Allowed | $0.00 | | | |
| 3323F | E | CLIN NODE STGNG DOCDB/4 SURG | | | | Not Allowed | $0.00 | | | |
| 3324F | E | MRI CT SCAN ORD RVWD RQSTD | | | | Not Allowed | $0.00 | | | |
| 3325F | E | PREOP ASSES 4 CATARACT SURG | | | | Not Allowed | $0.00 | | | |
| 3328F | E | PRFRMNC DOCD 2 WKS B/4 SURG | | | | Not Allowed | $0.00 | | | |
| 3330F | E | IMAGING STUDY ORDERED (BKP) | | | | Not Allowed | $0.00 | | | |
| 3331F | E | BK IMAGING TST NOT ORDERED | | | | Not Allowed | $0.00 | | | |
| 3340F | E | MAMMO ASSESS INC XRAY DOCD | | | | Not Allowed | $0.00 | | | |
| 3341F | E | MAMMO ASSESS NEGATIVE DOCD | | | | Not Allowed | $0.00 | | | |
| 3342F | E | MAMMO ASSESS BENGN DOCD | | | | Not Allowed | $0.00 | | | |
| 3343F | E | MAMMO PROBABLY BENGN DOCD | | | | Not Allowed | $0.00 | | | |
| 3344F | E | MAMMO ASSESS SUSP DOCD | | | | Not Allowed | $0.00 | | | |
| 3345F | E | MAMMO ASSESS HGHLYMALIG DOC | | | | Not Allowed | $0.00 | | | |
| 3350F | E | MAMMO BX PROVEN MALIG DOCD | | | | Not Allowed | $0.00 | | | |
| 3351F | E | NEG SCRN DEP SYMP BY DEPTOOL | | | | Not Allowed | $0.00 | | | |
| 3352F | E | NO SIG DEP SYMP BY DEP TOOL | | | | Not Allowed | $0.00 | | | |
| 3353F | E | MILD-MOD DEP SYMP BY DEPTOOL | | | | Not Allowed | $0.00 | | | |
| 3354F | E | CLIN SIG DEP SYM BY DEP TOOL | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 3370F | E | AJCC BRST CNCR STAGE 0 DOCD | | | | Not Allowed | $0.00 | | | |
| 3372F | E | AJCC BRST CNCR STAGE 1 DOCD | | | | Not Allowed | $0.00 | | | |
| 3374F | E | AJCC BRST CNCR STAGE 1 DOCD | | | | Not Allowed | $0.00 | | | |
| 3376F | E | AJCC BRSTCNCR STAGE 2 DOCD | | | | Not Allowed | $0.00 | | | |
| 3378F | E | AJCC BRSTCNCR STAGE 3 DOCD | | | | Not Allowed | $0.00 | | | |
| 3380F | E | AJCC BRSTCNCR STAGE 4 DOCD | | | | Not Allowed | $0.00 | | | |
| 3382F | E | AJCC CLN CNCR STAGE 0 DOCD | | | | Not Allowed | $0.00 | | | |
| 3384F | E | AJCC CLN CNCR STAGE 1 DOCD | | | | Not Allowed | $0.00 | | | |
| 3386F | E | AJCC CLN CNCR STAGE 2 DOCD | | | | Not Allowed | $0.00 | | | |
| 3388F | E | AJCC CLN CNCR STAGE 3 DOCD | | | | Not Allowed | $0.00 | | | |
| 3390F | E | AJCC CLN CNCR STAGE 4 DOCD | | | | Not Allowed | $0.00 | | | |
| 3394F | E | QUANT HER2 IHC EVAL BRST CX | | | | Not Allowed | $0.00 | | | |
| 3395F | E | QUANT NONHER2 IHC BRST CX | | | | Not Allowed | $0.00 | | | |
| 3450F | E | DYSPNEA SCRND NO-MILD DYSP | | | | Not Allowed | $0.00 | | | |
| 3451F | E | DYSPNEA SCRND MOD-HIGH DYSP | | | | Not Allowed | $0.00 | | | |
| 3452F | E | DYSPNEA NOT SCREENED | | | | Not Allowed | $0.00 | | | |
| 3455F | E | TB SCRNG DONE-INTERPD 6MON | | | | Not Allowed | $0.00 | | | |
| 3470F | E | RA DISEASE ACTIVITY LOW | | | | Not Allowed | $0.00 | | | |
| 3471F | E | RA DISEASE ACTIVITY MOD | | | | Not Allowed | $0.00 | | | |
| 3472F | E | RA DISEASE ACTIVITY HIGH | | | | Not Allowed | $0.00 | | | |
| 3475F | E | DISEASE PROGN RA POOR DOCD | | | | Not Allowed | $0.00 | | | |
| 3476F | E | DISEASE PROGN RA GOOD DOCD | | | | Not Allowed | $0.00 | | | |
| 3490F | E | HISTORY AIDS-DEFINING COND | | | | Not Allowed | $0.00 | | | |
| 3491F | E | HIV UNSURE BABY OF HIV+MOMS | | | | Not Allowed | $0.00 | | | |
| 3492F | E | HISTORY CD4+ CELL COUNT <350 | | | | Not Allowed | $0.00 | | | |
| 3493F | E | NO HIST CD4+ CELL COUNT <350 | | | | Not Allowed | $0.00 | | | |
| 3494F | E | CD4+CELL COUNT <200CELLS/MM3 | | | | Not Allowed | $0.00 | | | |
| 3495F | E | CD4+CELL CNT 200-499 CELLS | | | | Not Allowed | $0.00 | | | |
| 3496F | E | CD4+ CELL COUNT + 500 CELLS | | | | Not Allowed | $0.00 | | | |
| 3497F | E | CD4+ CELL PERCENTAGE <15% | | | | Not Allowed | $0.00 | | | |
| 3498F | E | CD4+ CELL =15% (HIV) | | | | Not Allowed | $0.00 | | | |
| 3500F | E | CD4+CELL CNT/% DOCD AS DONE | | | | Not Allowed | $0.00 | | | |
| 3502F | E | HIV RNA VRL LD <LMTS QUANTIF | | | | Not Allowed | $0.00 | | | |
| 3503F | E | HIV RNA VRL LDNOT<LMTS QUNTF | | | | Not Allowed | $0.00 | | | |
| 3510F | E | DOC TB SCRNG-RSLTS INTERPD | | | | Not Allowed | $0.00 | | | |
| 3511F | E | CHLMYD/GONRH TSTS DOCD DONE | | | | Not Allowed | $0.00 | | | |
| 3512F | E | SYPH SCRNG DOCD AS DONE | | | | Not Allowed | $0.00 | | | |
| 3513F | E | HEP B SCRNG DOCD AS DONE | | | | Not Allowed | $0.00 | | | |
| 3514F | E | HEP C SCRNG DOCD AS DONE | | | | Not Allowed | $0.00 | | | |
| 3515F | E | PT HAS DOCD IMMUN TO HEP C | | | | Not Allowed | $0.00 | | | |
| 3517F | E | HBV ASSESS&RESULTS INTRP 1YR | | | | Not Allowed | $0.00 | | | |
| 3520F | E | CDIFFICILE TESTING PERFORMED | | | | Not Allowed | $0.00 | | | |
| 3550F | E | LOW RSK THROMBOEMBOLISM | | | | Not Allowed | $0.00 | | | |
| 3551F | E | INTRMED RSK THROMBOEMBOLISM | | | | Not Allowed | $0.00 | | | |
| 3552F | E | HGH RISK FOR THROMBOEMBOLISM | | | | Not Allowed | $0.00 | | | |
| 3555F | E | PT INR MEASUREMENT PERFORMED | | | | Not Allowed | $0.00 | | | |
| 3570F | E | RPRT BONE SCINT XREF W XRAY | | | | Not Allowed | $0.00 | | | |
| 3572F | E | PT CONSID POSS RISK FX | | | | Not Allowed | $0.00 | | | |
| 3573F | E | PT NOT CONSID POSS RISK FX | | | | Not Allowed | $0.00 | | | |
| 3650F | E | EEG ORDERED RVWD REQSTD | | | | Not Allowed | $0.00 | | | |
| 3700F | E | PSYCH DISORDERS ASSESSED | | | | Not Allowed | $0.00 | | | |
| 3720F | E | COGNIT IMPAIRMENT ASSESSED | | | | Not Allowed | $0.00 | | | |
| 3725F | E | SCREEN DEPRESSION PERFORMED | | | | Not Allowed | $0.00 | | | |
| 3750F | E | PTNOTRCVNGSTEROID>/=10MG/DAY | | | | Not Allowed | $0.00 | | | |
| 3751F | E | ELECTRODIAG POLYNEURO 6 MN | | | | Not Allowed | $0.00 | | | |
| 3752F | E | NO ELECTRODIAG POLYNEURO 6MN | | | | Not Allowed | $0.00 | | | |
| 3753F | E | PT HAS SYMP&SIGNS NEUROPATHY | | | | Not Allowed | $0.00 | | | |
| 3754F | E | SCREENING TESTS DM DONE | | | | Not Allowed | $0.00 | | | |
| 3755F | E | COG&BEHAV IMPRMNT SCRNG DONE | | | | Not Allowed | $0.00 | | | |
| 3756F | E | PT W/PSEUDOBULB AFFECT/ALS | | | | Not Allowed | $0.00 | | | |
| 3757F | E | PT W/O PSEUDOBULBAFFECT/ALS | | | | Not Allowed | $0.00 | | | |
| 3758F | E | PT REF PULM FX TEST/PEAKFLOW | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 3759F | E | PT SCRN DYSPHAG/WT LOSS/NUTR | | | | Not Allowed | $0.00 | | | |
| 3760F | E | PT W/ DYSPHAG/WT LOSS/NUTR | | | | Not Allowed | $0.00 | | | |
| 3761F | E | PT W/O DYSPHAG/WT LOSS/NUTR | | | | Not Allowed | $0.00 | | | |
| 3762F | E | PATIENT IS DYSARTHRIC | | | | Not Allowed | $0.00 | | | |
| 3763F | E | PATIENT IS NOT DYSARTHRIC | | | | Not Allowed | $0.00 | | | |
| 3775F | E | ADENOMA DETECTED SCREENING | | | | Not Allowed | $0.00 | | | |
| 3776F | E | ADENOMA NOT DETECT SCREENING | | | | Not Allowed | $0.00 | | | |
| 4000F | E | TOBACCO USE TXMNT COUNSELING | | | | Not Allowed | $0.00 | | | |
| 4001F | E | TOBACCO USE TXMNT PHARMACOL | | | | Not Allowed | $0.00 | | | |
| 4003F | E | PT ED WRITE/ORAL PTS W/ HF | | | | Not Allowed | $0.00 | | | |
| 4004F | E | PT TOBACCO SCREEN RCVD TLK | | | | Not Allowed | $0.00 | | | |
| 4005F | E | PHARM THX FOR OP RXD | | | | Not Allowed | $0.00 | | | |
| 4008F | E | BETA-BLOCKER THERAPY RXD/TKN | | | | Not Allowed | $0.00 | | | |
| 4010F | E | ACE/ARB THERAPY RXD/TAKEN | | | | Not Allowed | $0.00 | | | |
| 4011F | E | ORAL ANTIPLATELET THERAPY RX | | | | Not Allowed | $0.00 | | | |
| 4012F | E | WARFARIN THERAPY RX | | | | Not Allowed | $0.00 | | | |
| 4013F | E | STATIN THERAPY/CURRENTLY TKN | | | | Not Allowed | $0.00 | | | |
| 4014F | E | WRITTEN DISCHARGE INSTR PRVD | | | | Not Allowed | $0.00 | | | |
| 4015F | E | PERSIST ASTHMA MEDICINE CTRL | | | | Not Allowed | $0.00 | | | |
| 4016F | E | ANTI-INFLM/ANLGSC AGENT RX | | | | Not Allowed | $0.00 | | | |
| 4017F | E | GI PROPHYLAXIS FOR NSAID RX | | | | Not Allowed | $0.00 | | | |
| 4018F | E | THERAPY EXERCISE JOINT RX | | | | Not Allowed | $0.00 | | | |
| 4019F | E | DOC RECPT COUNSL VIT D/CALC+ | | | | Not Allowed | $0.00 | | | |
| 4025F | E | INHALED BRONCHODILATOR RX | | | | Not Allowed | $0.00 | | | |
| 4030F | E | OXYGEN THERAPY RX | | | | Not Allowed | $0.00 | | | |
| 4033F | E | PULMONARY REHAB REC | | | | Not Allowed | $0.00 | | | |
| 4035F | E | INFLUENZA IMM REC | | | | Not Allowed | $0.00 | | | |
| 4037F | E | INFLUENZA IMM ORDER/ADMIN | | | | Not Allowed | $0.00 | | | |
| 4040F | E | PNEUMOC VAC/ADMIN/RCVD | | | | Not Allowed | $0.00 | | | |
| 4041F | E | DOC ORDER CEFAZOLIN/CEFUROX | | | | Not Allowed | $0.00 | | | |
| 4042F | E | DOC ANTIBIO NOT GIVEN | | | | Not Allowed | $0.00 | | | |
| 4043F | E | DOC ORDER GIVEN STOP ANTIBIO | | | | Not Allowed | $0.00 | | | |
| 4044F | E | DOC ORDER GIVEN VTE PROPHYLX | | | | Not Allowed | $0.00 | | | |
| 4045F | E | EMPIRIC ANTIBIOTIC RX | | | | Not Allowed | $0.00 | | | |
| 4046F | E | DOC ANTIBIO GIVEN B/4 SURG | | | | Not Allowed | $0.00 | | | |
| 4047F | E | DOC ANTIBIO GIVEN B/4 SURG | | | | Not Allowed | $0.00 | | | |
| 4048F | E | DOC ANTIBIO GIVEN B/4 SURG | | | | Not Allowed | $0.00 | | | |
| 4049F | E | DOC ORDER GIVEN STOP ANTIBIO | | | | Not Allowed | $0.00 | | | |
| 4050F | E | HT CARE PLAN DOC | | | | Not Allowed | $0.00 | | | |
| 4051F | E | REFERRED FOR AN AV FISTULA | | | | Not Allowed | $0.00 | | | |
| 4052F | E | HEMODIALYSIS VIA AV FISTULA | | | | Not Allowed | $0.00 | | | |
| 4053F | E | HEMODIALYSIS VIA AV GRAFT | | | | Not Allowed | $0.00 | | | |
| 4054F | E | HEMODIALYSIS VIA CATHETER | | | | Not Allowed | $0.00 | | | |
| 4055F | E | PT RCVNG PERITON DIALYSIS | | | | Not Allowed | $0.00 | | | |
| 4056F | E | APPROP ORAL REHYD RECOMMD | | | | Not Allowed | $0.00 | | | |
| 4058F | E | PED GASTRO ED GIVEN CAREGVR | | | | Not Allowed | $0.00 | | | |
| 4060F | E | PSYCH SVCS PROVIDED | | | | Not Allowed | $0.00 | | | |
| 4062F | E | PT REFERRAL PSYCH DOCD | | | | Not Allowed | $0.00 | | | |
| 4063F | E | ANTIDEPRES RXTHXPY NOT RXD | | | | Not Allowed | $0.00 | | | |
| 4064F | E | ANTIDEPRESSANT RX | | | | Not Allowed | $0.00 | | | |
| 4065F | E | ANTIPSYCHOTIC RX | | | | Not Allowed | $0.00 | | | |
| 4066F | E | ECT PROVIDED | | | | Not Allowed | $0.00 | | | |
| 4067F | E | PT REFERRAL FOR ECT DOCD | | | | Not Allowed | $0.00 | | | |
| 4069F | E | VTE PROPHYLAXIS RCVD | | | | Not Allowed | $0.00 | | | |
| 4070F | E | DVT PROPHYLX RECVD DAY 2 | | | | Not Allowed | $0.00 | | | |
| 4073F | E | ORAL ANTIPLAT THX RX DISCHRG | | | | Not Allowed | $0.00 | | | |
| 4075F | E | ANTICOAG THX RX AT DISCHRG | | | | Not Allowed | $0.00 | | | |
| 4077F | E | DOC T-PA ADMIN CONSIDERED | | | | Not Allowed | $0.00 | | | |
| 4079F | E | DOC REHAB SVCS CONSIDERED | | | | Not Allowed | $0.00 | | | |
| 4084F | E | ASPIRIN RECVD W/IN 24 HRS | | | | Not Allowed | $0.00 | | | |
| 4086F | E | ASPIRIN/CLOPIDOGREL RXD | | | | Not Allowed | $0.00 | | | |
| 4090F | E | PT RCVNG EPO THXPY | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 4095F | E | PT NOT RCVNG EPO THXPY | | | | Not Allowed | $0.00 | | | |
| 4100F | E | BIPHOS THXPY VEIN ORD/RECVD | | | | Not Allowed | $0.00 | | | |
| 4110F | E | INT MAM ART USED FOR CABG | | | | Not Allowed | $0.00 | | | |
| 4115F | E | BETA BLCKR ADMIN W/IN 24 HRS | | | | Not Allowed | $0.00 | | | |
| 4120F | E | ANTIBIOT RXD/GIVEN | | | | Not Allowed | $0.00 | | | |
| 4124F | E | ANTIBIOT NOT RXD/GIVEN | | | | Not Allowed | $0.00 | | | |
| 4130F | E | TOPICAL PREP RX AOE | | | | Not Allowed | $0.00 | | | |
| 4131F | E | SYST ANTIMICROBIAL THX RX | | | | Not Allowed | $0.00 | | | |
| 4132F | E | NO SYST ANTIMICROBIAL THX RX | | | | Not Allowed | $0.00 | | | |
| 4133F | E | ANTIHIST/DECONG RX/RECOM | | | | Not Allowed | $0.00 | | | |
| 4134F | E | NO ANTIHIST/DECONG RX/RECOM | | | | Not Allowed | $0.00 | | | |
| 4135F | E | SYSTEMIC CORTICOSTEROIDS RX | | | | Not Allowed | $0.00 | | | |
| 4136F | E | SYST CORTICOSTEROIDS NOT RX | | | | Not Allowed | $0.00 | | | |
| 4140F | E | INHALED CORTICOSTEROIDS RXD | | | | Not Allowed | $0.00 | | | |
| 4142F | E | CORTICOSTER SPARNG THRPY RXD | | | | Not Allowed | $0.00 | | | |
| 4144F | E | ALT LONG-TERM CNTRL MED RXD | | | | Not Allowed | $0.00 | | | |
| 4145F | E | 2+ ANTI-HYPRTNSV AGENTS TKN | | | | Not Allowed | $0.00 | | | |
| 4148F | E | HEP A VAC INJXN ADMIN/RECVD | | | | Not Allowed | $0.00 | | | |
| 4149F | E | HEP B VAC INJXN ADMIN/RECVD | | | | Not Allowed | $0.00 | | | |
| 4150F | E | PT RECVNG ANTIVIR TXMNT HEPC | | | | Not Allowed | $0.00 | | | |
| 4151F | E | PT NOT RECVNG ANTIV HEP C | | | | Not Allowed | $0.00 | | | |
| 4153F | E | COMBO PEGINTF/RIB RX | | | | Not Allowed | $0.00 | | | |
| 4155F | E | HEP A VAC SERIES PREV RECVD | | | | Not Allowed | $0.00 | | | |
| 4157F | E | HEP B VAC SERIES PREV RECVD | | | | Not Allowed | $0.00 | | | |
| 4158F | E | PT EDU RE ALCOH DRNKNG DONE | | | | Not Allowed | $0.00 | | | |
| 4159F | E | CONTRCP TALK B/4 ANTIV TXMNT | | | | Not Allowed | $0.00 | | | |
| 4163F | E | PT COUNS 4 TXMNT OPT PROST | | | | Not Allowed | $0.00 | | | |
| 4164F | E | ADJV HRMNL THXPY RXD | | | | Not Allowed | $0.00 | | | |
| 4165F | E | 3D-CRT/IMRT RECEIVED | | | | Not Allowed | $0.00 | | | |
| 4167F | E | HD BED TILTED 1ST DAY VENT | | | | Not Allowed | $0.00 | | | |
| 4168F | E | PT CARE ICU&VENT W/IN 24HRS | | | | Not Allowed | $0.00 | | | |
| 4169F | E | NO PT CARE ICU/VENT IN 24HRS | | | | Not Allowed | $0.00 | | | |
| 4171F | E | PT RCVNG ESA THXPY | | | | Not Allowed | $0.00 | | | |
| 4172F | E | PT NOT RCVNG ESA THXPY | | | | Not Allowed | $0.00 | | | |
| 4174F | E | COUNS POTENT GLAUC IMPCT | | | | Not Allowed | $0.00 | | | |
| 4175F | E | VIS 20/40/> W/IN 90 DAYS | | | | Not Allowed | $0.00 | | | |
| 4176F | E | TALK RE UV LIGHT PT/CRGVR | | | | Not Allowed | $0.00 | | | |
| 4177F | E | TALK PT/CRGVR RE AREDS PREV | | | | Not Allowed | $0.00 | | | |
| 4178F | E | ANTID GLBLN RCVD W/IN 26WKS | | | | Not Allowed | $0.00 | | | |
| 4179F | E | TAMOXIFEN/AI PRESCRIBED | | | | Not Allowed | $0.00 | | | |
| 4180F | E | ADJV THXPYRXD/RCVD COLON CA | | | | Not Allowed | $0.00 | | | |
| 4181F | E | CONFORMAL RADN THXPY RCVD | | | | Not Allowed | $0.00 | | | |
| 4182F | E | NO CONFORMAL RADN THXPY | | | | Not Allowed | $0.00 | | | |
| 4185F | E | CONTINUOUS PPI OR H2RA RCVD | | | | Not Allowed | $0.00 | | | |
| 4186F | E | NO CONT PPI OR H2RA RCVD | | | | Not Allowed | $0.00 | | | |
| 4187F | E | ANTI RHEUM DRUGTHXPYRXD/GVN | | | | Not Allowed | $0.00 | | | |
| 4188F | E | APPROP ACE/ARB TSTNG DONE | | | | Not Allowed | $0.00 | | | |
| 4189F | E | APPROP DIGOXIN TSTNG DONE | | | | Not Allowed | $0.00 | | | |
| 4190F | E | APPROP DIURETIC TSTNG DONE | | | | Not Allowed | $0.00 | | | |
| 4191F | E | APPROP ANTICONVULS TSTNG | | | | Not Allowed | $0.00 | | | |
| 4192F | E | PT NOT RCVNG GLUCOCO THXPY | | | | Not Allowed | $0.00 | | | |
| 4193F | E | PT RCVNG<10MG DAILY PREDNISO | | | | Not Allowed | $0.00 | | | |
| 4194F | E | PT RCVNG10MG DAILY PREDNISO | | | | Not Allowed | $0.00 | | | |
| 4195F | E | PT RCVNG ANTI-RHEUM THXPY RA | | | | Not Allowed | $0.00 | | | |
| 4196F | E | PTNOT RCVNG ANTI-RHM THXPYRA | | | | Not Allowed | $0.00 | | | |
| 4200F | E | EXTERNAL BEAM TO PROST ONLY | | | | Not Allowed | $0.00 | | | |
| 4201F | E | EXTRNL BEAM OTHER THAN PROST | | | | Not Allowed | $0.00 | | | |
| 4210F | E | ACE/ARB THXPY FOR MOS/> | | | | Not Allowed | $0.00 | | | |
| 4220F | E | DIGOXIN THXPY FOR 6 MOS/> | | | | Not Allowed | $0.00 | | | |
| 4221F | E | DIURETIC THXPY FOR 6 MOS/> | | | | Not Allowed | $0.00 | | | |
| 4230F | E | ANTICONV THXPY FOR 6 MOS/> | | | | Not Allowed | $0.00 | | | |
| 4240F | E | INSTR XRCZ BACK PAIN 12 WKS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 4242F | E | SPRVSD XRCZ BACK PN >12 WKS | | | | Not Allowed | $0.00 | | | |
| 4245F | E | PT INSTR NRML LIFEST | | | | Not Allowed | $0.00 | | | |
| 4248F | E | PT INSTR NO BD REST 4 DAYS/> | | | | Not Allowed | $0.00 | | | |
| 4250F | E | WRMNG 4 SURG NORMOTHERMIA | | | | Not Allowed | $0.00 | | | |
| 4255F | E | ANESTH 60 MIN/> AS DOCD | | | | Not Allowed | $0.00 | | | |
| 4256F | E | ANESTHE <60 MIN AS DOCD | | | | Not Allowed | $0.00 | | | |
| 4260F | E | WOUND SRFC CULTURETECH USED | | | | Not Allowed | $0.00 | | | |
| 4261F | E | TECH OTHER THAN SURFC CULTR | | | | Not Allowed | $0.00 | | | |
| 4265F | E | WET-DRY DRESSINGS RX RECMD | | | | Not Allowed | $0.00 | | | |
| 4266F | E | NO WET-DRY DRSSINGS RX RECMD | | | | Not Allowed | $0.00 | | | |
| 4267F | E | COMPRSSION THXPY PRESCRIBED | | | | Not Allowed | $0.00 | | | |
| 4268F | E | PT ED RE COMP THXPY RCVD | | | | Not Allowed | $0.00 | | | |
| 4269F | E | APPROPOS MTHD OFFLOADING RXD | | | | Not Allowed | $0.00 | | | |
| 4270F | E | PT RCVNG ANTI R-VIRAL THXPY | | | | Not Allowed | $0.00 | | | |
| 4271F | E | PT RCVNG ANTI R-VIRAL THXPY | | | | Not Allowed | $0.00 | | | |
| 4274F | E | FLU IMMUNO ADMIND RCVD | | | | Not Allowed | $0.00 | | | |
| 4276F | E | POTENT ANTIVIR THXPY RXD | | | | Not Allowed | $0.00 | | | |
| 4279F | E | PCP PROPHYLAXIS RXD | | | | Not Allowed | $0.00 | | | |
| 4280F | E | PCP PROPHYLAX RXD 3MON LOW % | | | | Not Allowed | $0.00 | | | |
| 4290F | E | PT SCRNED FOR INJ DRUG USE | | | | Not Allowed | $0.00 | | | |
| 4293F | E | PT SCRND HGH-RISK SEX BEHAV | | | | Not Allowed | $0.00 | | | |
| 4300F | E | PT RCVNG WARF THXPY | | | | Not Allowed | $0.00 | | | |
| 4301F | E | PT NOT RCVNG WARF THXPY | | | | Not Allowed | $0.00 | | | |
| 4305F | E | PT ED RE FT CARE INSPCT RCVD | | | | Not Allowed | $0.00 | | | |
| 4306F | E | PT TLK PSYCH & RX OPD ADDIC | | | | Not Allowed | $0.00 | | | |
| 4320F | E | PT TALK PSYCHSOC&RX OH DPND | | | | Not Allowed | $0.00 | | | |
| 4322F | E | CRGVR PROV W/ ED ADDL RSRCS | | | | Not Allowed | $0.00 | | | |
| 4324F | E | PT QUERIED PRKNS COMPLIC | | | | Not Allowed | $0.00 | | | |
| 4325F | E | MED TXMNT OPTIONS RVWD W/PT | | | | Not Allowed | $0.00 | | | |
| 4326F | E | PT ASKED RE SYMP AUTO DYSFXN | | | | Not Allowed | $0.00 | | | |
| 4328F | E | PT ASKED RE SLEEP DISTURB | | | | Not Allowed | $0.00 | | | |
| 4330F | E | CNSLNG EPI SPEC SFTY ISSUES | | | | Not Allowed | $0.00 | | | |
| 4340F | E | CNSLNG CHLDBRNG WOMEN EPI | | | | Not Allowed | $0.00 | | | |
| 4350F | E | CNSLNG PROVIDED SYMP MNGMNT | | | | Not Allowed | $0.00 | | | |
| 4400F | E | REHAB THXPY OPTIONS W/PT | | | | Not Allowed | $0.00 | | | |
| 4450F | E | SELF-CARE ED PROVIDED TO PT | | | | Not Allowed | $0.00 | | | |
| 4470F | E | ICD COUNSELING PROVIDED | | | | Not Allowed | $0.00 | | | |
| 4480F | E | PT RCVNG ACE/ARB B-BLOCKERTX | | | | Not Allowed | $0.00 | | | |
| 4481F | E | PT RCVNG ACE/ARB BLKER >3MOS | | | | Not Allowed | $0.00 | | | |
| 4500F | E | REF TO OUTPT CARD REHAB PROG | | | | Not Allowed | $0.00 | | | |
| 4510F | E | PREV CARDREHAB QUALCARDEVENT | | | | Not Allowed | $0.00 | | | |
| 4525F | E | NEUROPSYCHIA INTERVEN ORDER | | | | Not Allowed | $0.00 | | | |
| 4526F | E | NEUROPSYCHIA INTERVEN RCVD | | | | Not Allowed | $0.00 | | | |
| 4540F | E | DISEASE MODIF PHARMACOTHXPY | | | | Not Allowed | $0.00 | | | |
| 4541F | E | PT OFFERED TX FOR PSEUDOBULB | | | | Not Allowed | $0.00 | | | |
| 4550F | E | NONINVAS RESP SUPPORT TALK | | | | Not Allowed | $0.00 | | | |
| 4551F | E | NUTRITIONAL SUPPORT OFFERED | | | | Not Allowed | $0.00 | | | |
| 4552F | E | PT REF FOR SPEECH LANG PATH | | | | Not Allowed | $0.00 | | | |
| 4553F | E | PT ASST RE END LIFE ISSUES | | | | Not Allowed | $0.00 | | | |
| 4554F | E | PT RECVD INHAL ANESTHETIC | | | | Not Allowed | $0.00 | | | |
| 4555F | E | PT RECVD NO INHAL ANESTHIC | | | | Not Allowed | $0.00 | | | |
| 4556F | E | PT W/ 3+ POST-OP NAUSEA&VOM | | | | Not Allowed | $0.00 | | | |
| 4557F | E | PT W/O 3+ POST-OPNAUSEA&VOM | | | | Not Allowed | $0.00 | | | |
| 4558F | E | PT RECVD 2 RX ANTI-EMET AGT | | | | Not Allowed | $0.00 | | | |
| 4559F | E | 1 BODYTEMP >=35.5CW/IN 30MIN | | | | Not Allowed | $0.00 | | | |
| 4560F | E | ANESTH W/O GEN/NEURAX ANESTH | | | | Not Allowed | $0.00 | | | |
| 4561F | E | PT W/ CORONARY ARTERY STENT | | | | Not Allowed | $0.00 | | | |
| 4562F | E | PT W/O CORONARY ARTERY STENT | | | | Not Allowed | $0.00 | | | |
| 4563F | E | PT RECVD ASPIRIN W/IN 24 HRS | | | | Not Allowed | $0.00 | | | |
| 5005F | E | PT COUNSLD ON EXAM FOR MOLES | | | | Not Allowed | $0.00 | | | |
| 5010F | E | MACUL RESULT PHY/QHP MNG DM | | | | Not Allowed | $0.00 | | | |
| 5015F | E | DOC FX & TEST/TXMNT FOR OP | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| 5020F | E | TXMNTS 2 PHYS/QHP BY 1 MON | | | | Not Allowed | $0.00 | | | |
| 5050F | E | PLAN 2 MAIN DR BY 1 MONTH | | | | Not Allowed | $0.00 | | | |
| 5060F | E | FNDNGS MAMMO 2PT W/IN 3 DAYS | | | | Not Allowed | $0.00 | | | |
| 5062F | E | MAMMO RESULT COM TO PT 5 DAY | | | | Not Allowed | $0.00 | | | |
| 5100F | E | RSK FX REF W/N 24 HRS XRAY | | | | Not Allowed | $0.00 | | | |
| 5200F | E | EVAL APPROS SURG THXPY EPI | | | | Not Allowed | $0.00 | | | |
| 5250F | E | ASTHMA DISCHARGE PLAN PRESNT | | | | Not Allowed | $0.00 | | | |
| 6005F | E | CARE LEVEL RATIONALE DOC | | | | Not Allowed | $0.00 | | | |
| 6010F | E | DYSPHAG TEST DONE B/4 EATING | | | | Not Allowed | $0.00 | | | |
| 6015F | E | DYSPHAG TEST DONE B/4 EATING | | | | Not Allowed | $0.00 | | | |
| 6020F | E | NPO (NOTHING-MOUTH) ORDERED | | | | Not Allowed | $0.00 | | | |
| 6030F | E | MAX STERILE BARRIERS FOLLWD | | | | Not Allowed | $0.00 | | | |
| 6040F | E | APPRO RAD DS DVCS TECHS DOCD | | | | Not Allowed | $0.00 | | | |
| 6045F | E | RADXPS IN END RPRT4FLURO PXD | | | | Not Allowed | $0.00 | | | |
| 6070F | E | PT ASKED/CNSLD AED EFFECTS | | | | Not Allowed | $0.00 | | | |
| 6080F | E | PT/CAREGIVER QUERIED FALLS | | | | Not Allowed | $0.00 | | | |
| 6090F | E | PT/CAREGIVER COUNSEL SAFETY | | | | Not Allowed | $0.00 | | | |
| 6100F | E | VERIFY PT SITE PXD DOCD | | | | Not Allowed | $0.00 | | | |
| 6101F | E | SAFETY COUNSELING DEMENTIA | | | | Not Allowed | $0.00 | | | |
| 6102F | E | SAFETY COUNSELING DEM ORDER | | | | Not Allowed | $0.00 | | | |
| 6110F | E | COUNSEL PROV DRIVING RISKS | | | | Not Allowed | $0.00 | | | |
| 6150F | E | PT NOTRCVNG1ST ANTITNF TXMNT | | | | Not Allowed | $0.00 | | | |
| 7010F | E | PT INFO INTO RECALL SYSTEM | | | | Not Allowed | $0.00 | | | |
| 7020F | E | MAMMO ASSESS CAT IN DBASE | | | | Not Allowed | $0.00 | | | |
| 7025F | E | PT INFOSYS ALARM 4 NXT MAMMO | | | | Not Allowed | $0.00 | | | |
| 9001F | E | AORTIC ANEURYSM<5CM DIAM CT | | | | Not Allowed | $0.00 | | | |
| 9002F | E | AORTIC ANEURYSM 5-5.4CM DIAM | | | | Not Allowed | $0.00 | | | |
| 9003F | E | AORTIC ANRYSM5.5-5.9CM DIAM | | | | Not Allowed | $0.00 | | | |
| 9004F | E | AORTIC ANRYSM 6/> CM DIAM | | | | Not Allowed | $0.00 | | | |
| 9005F | E | ASYMPT CAROT/VRTBRBAS STEN | | | | Not Allowed | $0.00 | | | |
| 9006F | E | SYMPT STEN-TIA/STRK<120DAYS | | | | Not Allowed | $0.00 | | | |
| 9007F | E | OTHER CAROT STEN 120 DAYS/> | | | | Not Allowed | $0.00 | | | |
| A0021 | E | OUTSIDE STATE AMBULANCE SERV | | | | Not Allowed | $0.00 | | | |
| A0080 | E | NONINTEREST ESCORT IN NON ER | | | | Not Allowed | $0.00 | | | |
| A0090 | E | INTEREST ESCORT IN NON ER | | | | Not Allowed | $0.00 | | | |
| A0100 | E | NONEMERGENCY TRANSPORT TAXI | | | | Not Allowed | $0.00 | | | |
| A0110 | E | NONEMERGENCY TRANSPORT BUS | | | | Not Allowed | $0.00 | | | |
| A0120 | E | NONER TRANSPORT MINI-BUS | | | | Not Allowed | $0.00 | | | |
| A0130 | E | NONER TRANSPORT WHEELCH VAN | | | | Not Allowed | $0.00 | | | |
| A0140 | E | NONEMERGENCY TRANSPORT AIR | | | | Not Allowed | $0.00 | | | |
| A0160 | E | NONER TRANSPORT CASE WORKER | | | | Not Allowed | $0.00 | | | |
| A0170 | E | TRANSPORT PARKING FEES/TOLLS | | | | Not Allowed | $0.00 | | | |
| A0180 | E | NONER TRANSPORT LODGNG RECIP | | | | Not Allowed | $0.00 | | | |
| A0190 | E | NONER TRANSPORT MEALS RECIP | | | | Not Allowed | $0.00 | | | |
| A0200 | E | NONER TRANSPORT LODGNG ESCRT | | | | Not Allowed | $0.00 | | | |
| A0210 | E | NONER TRANSPORT MEALS ESCORT | | | | Not Allowed | $0.00 | | | |
| A0225 | E | NEONATAL EMERGENCY TRANSPORT | | | | Not Allowed | $0.00 | | | |
| A0380 | E | BASIC LIFE SUPPORT MILEAGE | | | | Not Allowed | $0.00 | | | |
| A0382 | E | BASIC SUPPORT ROUTINE SUPPLS | | | | Not Allowed | $0.00 | | | |
| A0384 | E | BLS DEFIBRILLATION SUPPLIES | | | | Not Allowed | $0.00 | | | |
| A0390 | E | ADVANCED LIFE SUPPORT MILEAG | | | | Not Allowed | $0.00 | | | |
| A0392 | E | ALS DEFIBRILLATION SUPPLIES | | | | Not Allowed | $0.00 | | | |
| A0394 | E | ALS IV DRUG THERAPY SUPPLIES | | | | Not Allowed | $0.00 | | | |
| A0396 | E | ALS ESOPHAGEAL INTUB SUPPLS | | | | Not Allowed | $0.00 | | | |
| A0398 | E | ALS ROUTINE DISPOSBLE SUPPLS | | | | Not Allowed | $0.00 | | | |
| A0420 | E | AMBULANCE WAITING 1/2 HR | | | | Not Allowed | $0.00 | | | |
| A0422 | E | AMBULANCE 02 LIFE SUSTAINING | | | | Not Allowed | $0.00 | | | |
| A0424 | E | EXTRA AMBULANCE ATTENDANT | | | | Not Allowed | $0.00 | | | |
| A0425 | E | GROUND MILEAGE | | | | Not Allowed | $0.00 | | | |
| A0426 | E | ALS 1 | | | | Not Allowed | $0.00 | | | |
| A0427 | E | ALS1-EMERGENCY | | | | Not Allowed | $0.00 | | | |
| A0428 | E | BLS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A0429 | E | BLS-EMERGENCY | | | | Not Allowed | $0.00 | | | |
| A0430 | E | FIXED WING AIR TRANSPORT | | | | Not Allowed | $0.00 | | | |
| A0431 | E | ROTARY WING AIR TRANSPORT | | | | Not Allowed | $0.00 | | | |
| A0432 | E | PI VOLUNTEER AMBULANCE CO | | | | Not Allowed | $0.00 | | | |
| A0433 | E | ALS 2 | | | | Not Allowed | $0.00 | | | |
| A0434 | E | SPECIALTY CARE TRANSPORT | | | | Not Allowed | $0.00 | | | |
| A0435 | E | FIXED WING AIR MILEAGE | | | | Not Allowed | $0.00 | | | |
| A0436 | E | ROTARY WING AIR MILEAGE | | | | Not Allowed | $0.00 | | | |
| A0888 | E | NONCOVERED AMBULANCE MILEAGE | | | | Not Allowed | $0.00 | | | |
| A0998 | E | AMBULANCE RESPONSE/TREATMENT | | | | Not Allowed | $0.00 | | | |
| A0999 | E | UNLISTED AMBULANCE SERVICE | | | | Not Allowed | $0.00 | | | |
| A4206 | E | 1 CC STERILE SYRINGE&NEEDLE | | | | Not Allowed | $0.00 | | | |
| A4207 | E | 2 CC STERILE SYRINGE&NEEDLE | | | | Not Allowed | $0.00 | | | |
| A4208 | E | 3 CC STERILE SYRINGE&NEEDLE | | | | Not Allowed | $0.00 | | | |
| A4209 | E | 5+ CC STERILE SYRINGE&NEEDLE | | | | Not Allowed | $0.00 | | | |
| A4210 | E | NONNEEDLE INJECTION DEVICE | | | | Not Allowed | $0.00 | | | |
| A4211 | E | SUPP FOR SELF-ADM INJECTIONS | | | | Not Allowed | $0.00 | | | |
| A4212 | E | NON CORING NEEDLE OR STYLET | | | | Not Allowed | $0.00 | | | |
| A4213 | E | 20+ CC SYRINGE ONLY | | | | Not Allowed | $0.00 | | | |
| A4215 | E | STERILE NEEDLE | | | | Not Allowed | $0.00 | | | |
| A4216 | E | STERILE WATER/SALINE, 10 ML | | | | Not Allowed | $0.00 | | | |
| A4217 | E | STERILE WATER/SALINE, 500 ML | | | | Not Allowed | $0.00 | | | |
| A4218 | N | STERILE SALINE OR WATER | | | | Bundled | $0.00 | | | |
| A4220 | N | INFUSION PUMP REFILL KIT | | | | Bundled | $0.00 | | | |
| A4221 | E | MAINT DRUG INFUS CATH PER WK | | | | Not Allowed | $0.00 | | | |
| A4222 | E | INFUSION SUPPLIES WITH PUMP | | | | Not Allowed | $0.00 | | | |
| A4223 | E | INFUSION SUPPLIES W/O PUMP | | | | Not Allowed | $0.00 | | | |
| A4230 | N | INFUS INSULIN PUMP NON NEEDL | | | | Bundled | $0.00 | | | |
| A4231 | N | INFUSION INSULIN PUMP NEEDLE | | | | Bundled | $0.00 | | | |
| A4232 | E | SYRINGE W/NEEDLE INSULIN 3CC | | | | Not Allowed | $0.00 | | | |
| A4233 | E | ALKALIN BATT FOR GLUCOSE MON | | | | Not Allowed | $0.00 | | | |
| A4234 | E | J-CELL BATT FOR GLUCOSE MON | | | | Not Allowed | $0.00 | | | |
| A4235 | E | LITHIUM BATT FOR GLUCOSE MON | | | | Not Allowed | $0.00 | | | |
| A4236 | E | SILVR OXIDE BATT GLUCOSE MON | | | | Not Allowed | $0.00 | | | |
| A4244 | E | ALCOHOL OR PEROXIDE PER PINT | | | | Not Allowed | $0.00 | | | |
| A4245 | E | ALCOHOL WIPES PER BOX | | | | Not Allowed | $0.00 | | | |
| A4246 | E | BETADINE/PHISOHEX SOLUTION | | | | Not Allowed | $0.00 | | | |
| A4247 | E | BETADINE/IODINE SWABS/WIPES | | | | Not Allowed | $0.00 | | | |
| A4248 | N | CHLORHEXIDINE ANTISEPT | | | | Bundled | $0.00 | | | |
| A4250 | E | URINE REAGENT STRIPS/TABLETS | | | | Not Allowed | $0.00 | | | |
| A4252 | E | BLOOD KETONE TEST OR STRIP | | | | Not Allowed | $0.00 | | | |
| A4253 | E | BLOOD GLUCOSE/REAGENT STRIPS | | | | Not Allowed | $0.00 | | | |
| A4255 | E | GLUCOSE MONITOR PLATFORMS | | | | Not Allowed | $0.00 | | | |
| A4256 | E | CALIBRATOR SOLUTION/CHIPS | | | | Not Allowed | $0.00 | | | |
| A4257 | E | REPLACE LENSSHIELD CARTRIDGE | | | | Not Allowed | $0.00 | | | |
| A4258 | E | LANCET DEVICE EACH | | | | Not Allowed | $0.00 | | | |
| A4259 | E | LANCETS PER BOX | | | | Not Allowed | $0.00 | | | |
| A4261 | E | CERVICAL CAP CONTRACEPTIVE | | | | Not Allowed | $0.00 | | | |
| A4262 | N | TEMPORARY TEAR DUCT PLUG | | | | Bundled | $0.00 | | | |
| A4263 | N | PERMANENT TEAR DUCT PLUG | | | | Bundled | $0.00 | | | |
| A4264 | E | INTRATUBAL OCCLUSION DEVICE | | | | Not Allowed | $0.00 | | | |
| A4265 | E | PARAFFIN | | | | Not Allowed | $0.00 | | | |
| A4266 | E | DIAPHRAGM | | | | Not Allowed | $0.00 | | | |
| A4267 | E | MALE CONDOM | | | | Not Allowed | $0.00 | | | |
| A4268 | N | FEMALE CONDOM | | | | Bundled | $0.00 | | | |
| A4269 | N | SPERMICIDE | | | | Bundled | $0.00 | | | |
| A4270 | N | DISPOSABLE ENDOSCOPE SHEATH | | | | Bundled | $0.00 | | | |
| A4280 | N | BRST PRSTHS ADHSV ATTCHMNT | | | | Bundled | $0.00 | | | |
| A4281 | E | REPLACEMENT BREASTPUMP TUBE | | | | Not Allowed | $0.00 | | | |
| A4282 | E | REPLACEMENT BREASTPUMP ADPT | | | | Not Allowed | $0.00 | | | |
| A4283 | E | REPLACEMENT BREASTPUMP CAP | | | | Not Allowed | $0.00 | | | |
| A4284 | E | REPLCMNT BREAST PUMP SHIELD | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A4285 | E | REPLCMNT BREAST PUMP BOTTLE | | | | Not Allowed | $0.00 | | | |
| A4286 | E | REPLCMNT BREASTPUMP LOK RING | | | | Not Allowed | $0.00 | | | |
| A4290 | E | SACRAL NERVE STIM TEST LEAD | | | | Not Allowed | $0.00 | | | |
| A4300 | N | CATH IMPL VASC ACCESS PORTAL | | | | Bundled | $0.00 | | | |
| A4301 | N | IMPLANTABLE ACCESS SYST PERC | | | | Bundled | $0.00 | | | |
| A4305 | N | DRUG DELIVERY SYSTEM >=50 ML | | | | Bundled | $0.00 | | | |
| A4306 | N | DRUG DELIVERY SYSTEM <=50 ML | | | | Bundled | $0.00 | | | |
| A4310 | N | INSERT TRAY W/O BAG/CATH | | | | Bundled | $0.00 | | | |
| A4311 | N | CATHETER W/O BAG 2-WAY LATEX | | | | Bundled | $0.00 | | | |
| A4312 | N | CATH W/O BAG 2-WAY SILICONE | | | | Bundled | $0.00 | | | |
| A4313 | N | CATHETER W/BAG 3-WAY | | | | Bundled | $0.00 | | | |
| A4314 | N | CATH W/DRAINAGE 2-WAY LATEX | | | | Bundled | $0.00 | | | |
| A4315 | N | CATH W/DRAINAGE 2-WAY SILCNE | | | | Bundled | $0.00 | | | |
| A4316 | N | CATH W/DRAINAGE 3-WAY | | | | Bundled | $0.00 | | | |
| A4320 | N | IRRIGATION TRAY | | | | Bundled | $0.00 | | | |
| A4321 | N | CATH THERAPEUTIC IRRIG AGENT | | | | Bundled | $0.00 | | | |
| A4322 | N | IRRIGATION SYRINGE | | | | Bundled | $0.00 | | | |
| A4326 | N | MALE EXTERNAL CATHETER | | | | Bundled | $0.00 | | | |
| A4327 | N | FEM URINARY COLLECT DEV CUP | | | | Bundled | $0.00 | | | |
| A4328 | N | FEM URINARY COLLECT POUCH | | | | Bundled | $0.00 | | | |
| A4330 | N | STOOL COLLECTION POUCH | | | | Bundled | $0.00 | | | |
| A4331 | N | EXTENSION DRAINAGE TUBING | | | | Bundled | $0.00 | | | |
| A4332 | N | LUBE STERILE PACKET | | | | Bundled | $0.00 | | | |
| A4333 | N | URINARY CATH ANCHOR DEVICE | | | | Bundled | $0.00 | | | |
| A4334 | N | URINARY CATH LEG STRAP | | | | Bundled | $0.00 | | | |
| A4335 | N | INCONTINENCE SUPPLY | | | | Bundled | $0.00 | | | |
| A4336 | N | URETHRAL INSERT | | | | Bundled | $0.00 | | | |
| A4337 | N | INCONTINENT RECTAL INSERT | | | | Bundled | $0.00 | | | |
| A4338 | N | INDWELLING CATHETER LATEX | | | | Bundled | $0.00 | | | |
| A4340 | N | INDWELLING CATHETER SPECIAL | | | | Bundled | $0.00 | | | |
| A4344 | N | CATH INDW FOLEY 2 WAY SILICN | | | | Bundled | $0.00 | | | |
| A4346 | N | CATH INDW FOLEY 3 WAY | | | | Bundled | $0.00 | | | |
| A4349 | E | DISPOSABLE MALE EXTERNAL CAT | | | | Not Allowed | $0.00 | | | |
| A4351 | N | STRAIGHT TIP URINE CATHETER | | | | Bundled | $0.00 | | | |
| A4352 | N | COUDE TIP URINARY CATHETER | | | | Bundled | $0.00 | | | |
| A4353 | N | INTERMITTENT URINARY CATH | | | | Bundled | $0.00 | | | |
| A4354 | N | CATH INSERTION TRAY W/BAG | | | | Bundled | $0.00 | | | |
| A4355 | N | BLADDER IRRIGATION TUBING | | | | Bundled | $0.00 | | | |
| A4356 | N | EXT URETH CLMP OR COMPR DVC | | | | Bundled | $0.00 | | | |
| A4357 | N | BEDSIDE DRAINAGE BAG | | | | Bundled | $0.00 | | | |
| A4358 | N | URINARY LEG OR ABDOMEN BAG | | | | Bundled | $0.00 | | | |
| A4360 | N | DISPOSABLE EXT URETHRAL DEV | | | | Bundled | $0.00 | | | |
| A4361 | N | OSTOMY FACE PLATE | | | | Bundled | $0.00 | | | |
| A4362 | N | SOLID SKIN BARRIER | | | | Bundled | $0.00 | | | |
| A4363 | E | OSTOMY CLAMP, REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| A4364 | N | ADHESIVE, LIQUID OR EQUAL | | | | Bundled | $0.00 | | | |
| A4366 | E | OSTOMY VENT | | | | Not Allowed | $0.00 | | | |
| A4367 | N | OSTOMY BELT | | | | Bundled | $0.00 | | | |
| A4368 | N | OSTOMY FILTER | | | | Bundled | $0.00 | | | |
| A4369 | N | SKIN BARRIER LIQUID PER OZ | | | | Bundled | $0.00 | | | |
| A4371 | N | SKIN BARRIER POWDER PER OZ | | | | Bundled | $0.00 | | | |
| A4372 | N | SKIN BARRIER SOLID 4X4 EQUIV | | | | Bundled | $0.00 | | | |
| A4373 | N | SKIN BARRIER WITH FLANGE | | | | Bundled | $0.00 | | | |
| A4375 | N | DRAINABLE PLASTIC PCH W FCPL | | | | Bundled | $0.00 | | | |
| A4376 | N | DRAINABLE RUBBER PCH W FCPLT | | | | Bundled | $0.00 | | | |
| A4377 | N | DRAINABLE PLSTIC PCH W/O FP | | | | Bundled | $0.00 | | | |
| A4378 | N | DRAINABLE RUBBER PCH W/O FP | | | | Bundled | $0.00 | | | |
| A4379 | N | URINARY PLASTIC POUCH W FCPL | | | | Bundled | $0.00 | | | |
| A4380 | N | URINARY RUBBER POUCH W FCPLT | | | | Bundled | $0.00 | | | |
| A4381 | N | URINARY PLASTIC POUCH W/O FP | | | | Bundled | $0.00 | | | |
| A4382 | N | URINARY HVY PLSTC PCH W/O FP | | | | Bundled | $0.00 | | | |
| A4383 | N | URINARY RUBBER POUCH W/O FP | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A4384 | N | OSTOMY FACEPLT/SILICONE RING | | | | Bundled | $0.00 | | | |
| A4385 | N | OST SKN BARRIER SLD EXT WEAR | | | | Bundled | $0.00 | | | |
| A4387 | N | OST CLSD POUCH W ATT ST BARR | | | | Bundled | $0.00 | | | |
| A4388 | N | DRAINABLE PCH W EX WEAR BARR | | | | Bundled | $0.00 | | | |
| A4389 | N | DRAINABLE PCH W ST WEAR BARR | | | | Bundled | $0.00 | | | |
| A4390 | N | DRAINABLE PCH EX WEAR CONVEX | | | | Bundled | $0.00 | | | |
| A4391 | N | URINARY POUCH W EX WEAR BARR | | | | Bundled | $0.00 | | | |
| A4392 | N | URINARY POUCH W ST WEAR BARR | | | | Bundled | $0.00 | | | |
| A4393 | N | URINE PCH W EX WEAR BAR CONV | | | | Bundled | $0.00 | | | |
| A4394 | N | OSTOMY POUCH LIQ DEODORANT | | | | Bundled | $0.00 | | | |
| A4395 | N | OSTOMY POUCH SOLID DEODORANT | | | | Bundled | $0.00 | | | |
| A4396 | N | PERISTOMAL HERNIA SUPPRT BLT | | | | Bundled | $0.00 | | | |
| A4397 | N | IRRIGATION SUPPLY SLEEVE | | | | Bundled | $0.00 | | | |
| A4398 | N | OSTOMY IRRIGATION BAG | | | | Bundled | $0.00 | | | |
| A4399 | N | OSTOMY IRRIG CONE/CATH W BRS | | | | Bundled | $0.00 | | | |
| A4400 | N | OSTOMY IRRIGATION SET | | | | Bundled | $0.00 | | | |
| A4402 | N | LUBRICANT PER OUNCE | | | | Bundled | $0.00 | | | |
| A4404 | N | OSTOMY RING EACH | | | | Bundled | $0.00 | | | |
| A4405 | N | NONPECTIN BASED OSTOMY PASTE | | | | Bundled | $0.00 | | | |
| A4406 | N | PECTIN BASED OSTOMY PASTE | | | | Bundled | $0.00 | | | |
| A4407 | N | EXT WEAR OST SKN BARR <=4SQ" | | | | Bundled | $0.00 | | | |
| A4408 | N | EXT WEAR OST SKN BARR >4SQ" | | | | Bundled | $0.00 | | | |
| A4409 | N | OST SKN BARR CONVEX <=4 SQ I | | | | Bundled | $0.00 | | | |
| A4410 | N | OST SKN BARR EXTND >4 SQ | | | | Bundled | $0.00 | | | |
| A4411 | E | OST SKN BARR EXTND =4SQ | | | | Not Allowed | $0.00 | | | |
| A4412 | E | OST POUCH DRAIN HIGH OUTPUT | | | | Not Allowed | $0.00 | | | |
| A4413 | N | 2 PC DRAINABLE OST POUCH | | | | Bundled | $0.00 | | | |
| A4414 | N | OST SKNBAR W/O CONV<=4 SQ IN | | | | Bundled | $0.00 | | | |
| A4415 | N | OST SKN BARR W/O CONV >4 SQI | | | | Bundled | $0.00 | | | |
| A4416 | E | OST PCH CLSD W BARRIER/FILTR | | | | Not Allowed | $0.00 | | | |
| A4417 | E | OST PCH W BAR/BLTINCONV/FLTR | | | | Not Allowed | $0.00 | | | |
| A4418 | E | OST PCH CLSD W/O BAR W FILTR | | | | Not Allowed | $0.00 | | | |
| A4419 | E | OST PCH FOR BAR W FLANGE/FLT | | | | Not Allowed | $0.00 | | | |
| A4420 | E | OST PCH CLSD FOR BAR W LK FL | | | | Not Allowed | $0.00 | | | |
| A4421 | E | OSTOMY SUPPLY MISC | | | | Not Allowed | $0.00 | | | |
| A4422 | N | OST POUCH ABSORBENT MATERIAL | | | | Bundled | $0.00 | | | |
| A4423 | E | OST PCH FOR BAR W LK FL/FLTR | | | | Not Allowed | $0.00 | | | |
| A4424 | E | OST PCH DRAIN W BAR & FILTER | | | | Not Allowed | $0.00 | | | |
| A4425 | E | OST PCH DRAIN FOR BARRIER FL | | | | Not Allowed | $0.00 | | | |
| A4426 | E | OST PCH DRAIN 2 PIECE SYSTEM | | | | Not Allowed | $0.00 | | | |
| A4427 | E | OST PCH DRAIN/BARR LK FLNG/F | | | | Not Allowed | $0.00 | | | |
| A4428 | E | URINE OST POUCH W FAUCET/TAP | | | | Not Allowed | $0.00 | | | |
| A4429 | E | URINE OST POUCH W BLTINCONV | | | | Not Allowed | $0.00 | | | |
| A4430 | E | OST URINE PCH W B/BLTIN CONV | | | | Not Allowed | $0.00 | | | |
| A4431 | E | OST PCH URINE W BARRIER/TAPV | | | | Not Allowed | $0.00 | | | |
| A4432 | E | OS PCH URINE W BAR/FANGE/TAP | | | | Not Allowed | $0.00 | | | |
| A4433 | E | URINE OST PCH BAR W LOCK FLN | | | | Not Allowed | $0.00 | | | |
| A4434 | E | OST PCH URINE W LOCK FLNG/FT | | | | Not Allowed | $0.00 | | | |
| A4435 | E | 1PC OST PCH DRAIN HGH OUTPUT | | | | Not Allowed | $0.00 | | | |
| A4450 | N | NON-WATERPROOF TAPE | | | | Bundled | $0.00 | | | |
| A4452 | N | WATERPROOF TAPE | | | | Bundled | $0.00 | | | |
| A4455 | N | ADHESIVE REMOVER PER OUNCE | | | | Bundled | $0.00 | | | |
| A4456 | N | ADHESIVE REMOVER, WIPES | | | | Bundled | $0.00 | | | |
| A4458 | E | REUSABLE ENEMA BAG | | | | Not Allowed | $0.00 | | | |
| A4459 | N | MANUAL PUMP ENEMA, REUSABLE | | | | Bundled | $0.00 | | | |
| A4461 | E | SURGICL DRESS HOLD NON-REUSE | | | | Not Allowed | $0.00 | | | |
| A4463 | E | SURGICAL DRESS HOLDER REUSE | | | | Not Allowed | $0.00 | | | |
| A4465 | N | NON-ELASTIC EXTREMITY BINDER | | | | Bundled | $0.00 | | | |
| A4466 | E | ELASTIC GARMENT/COVERING | | | | Not Allowed | $0.00 | | | |
| A4470 | N | GRAVLEE JET WASHER | | | | Bundled | $0.00 | | | |
| A4480 | N | VABRA ASPIRATOR | | | | Bundled | $0.00 | | | |
| A4481 | N | TRACHEOSTOMA FILTER | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A4483 | N | MOISTURE EXCHANGER | | | | Bundled | $0.00 | | | |
| A4490 | E | ABOVE KNEE SURGICAL STOCKING | | | | Not Allowed | $0.00 | | | |
| A4495 | E | THIGH LENGTH SURG STOCKING | | | | Not Allowed | $0.00 | | | |
| A4500 | E | BELOW KNEE SURGICAL STOCKING | | | | Not Allowed | $0.00 | | | |
| A4510 | E | FULL LENGTH SURG STOCKING | | | | Not Allowed | $0.00 | | | |
| A4520 | E | INCONTINENCE GARMENT ANYTYPE | | | | Not Allowed | $0.00 | | | |
| A4550 | E | SURGICAL TRAYS | | | | Not Allowed | $0.00 | | | |
| A4554 | E | DISPOSABLE UNDERPADS | | | | Not Allowed | $0.00 | | | |
| A4555 | E | CA TX E-STIM ELECTR/TRANSDUC | | | | Not Allowed | $0.00 | | | |
| A4556 | E | ELECTRODES, PAIR | | | | Not Allowed | $0.00 | | | |
| A4557 | E | LEAD WIRES, PAIR | | | | Not Allowed | $0.00 | | | |
| A4558 | E | CONDUCTIVE GEL OR PASTE | | | | Not Allowed | $0.00 | | | |
| A4559 | E | COUPLING GEL OR PASTE | | | | Not Allowed | $0.00 | | | |
| A4561 | N | PESSARY RUBBER, ANY TYPE | | | | Bundled | $0.00 | | | |
| A4562 | N | PESSARY, NON RUBBER,ANY TYPE | | | | Bundled | $0.00 | | | |
| A4565 | N | SLINGS | | | | Bundled | $0.00 | | | |
| A4566 | E | SHOULD SLING/VEST/ABRESTRAIN | | | | Not Allowed | $0.00 | | | |
| A4570 | E | SPLINT | | | | Not Allowed | $0.00 | | | |
| A4575 | E | HYPERBARIC O2 CHAMBER DISPS | | | | Not Allowed | $0.00 | | | |
| A4580 | E | CAST SUPPLIES (PLASTER) | | | | Not Allowed | $0.00 | | | |
| A4590 | E | SPECIAL CASTING MATERIAL | | | | Not Allowed | $0.00 | | | |
| A4595 | E | TENS SUPPL 2 LEAD PER MONTH | | | | Not Allowed | $0.00 | | | |
| A4600 | E | SLEEVE, INTER LIMB COMP DEV | | | | Not Allowed | $0.00 | | | |
| A4601 | E | LITH ION NON PROSTH RECHARGE | | | | Not Allowed | $0.00 | | | |
| A4602 | N | REPLACE LITHIUM BATTERY 1.5V | | | | Bundled | $0.00 | | | |
| A4604 | E | TUBING WITH HEATING ELEMENT | | | | Not Allowed | $0.00 | | | |
| A4605 | E | TRACH SUCTION CATH CLOSE SYS | | | | Not Allowed | $0.00 | | | |
| A4606 | N | OXYGEN PROBE USED W OXIMETER | | | | Bundled | $0.00 | | | |
| A4608 | E | TRANSTRACHEAL OXYGEN CATH | | | | Not Allowed | $0.00 | | | |
| A4611 | E | HEAVY DUTY BATTERY | | | | Not Allowed | $0.00 | | | |
| A4612 | E | BATTERY CABLES | | | | Not Allowed | $0.00 | | | |
| A4613 | E | BATTERY CHARGER | | | | Not Allowed | $0.00 | | | |
| A4614 | E | HAND-HELD PEFR METER | | | | Not Allowed | $0.00 | | | |
| A4615 | E | CANNULA NASAL | | | | Not Allowed | $0.00 | | | |
| A4616 | E | TUBING (OXYGEN) PER FOOT | | | | Not Allowed | $0.00 | | | |
| A4617 | E | MOUTH PIECE | | | | Not Allowed | $0.00 | | | |
| A4618 | E | BREATHING CIRCUITS | | | | Not Allowed | $0.00 | | | |
| A4619 | E | FACE TENT | | | | Not Allowed | $0.00 | | | |
| A4620 | E | VARIABLE CONCENTRATION MASK | | | | Not Allowed | $0.00 | | | |
| A4623 | N | TRACHEOSTOMY INNER CANNULA | | | | Bundled | $0.00 | | | |
| A4624 | E | TRACHEAL SUCTION TUBE | | | | Not Allowed | $0.00 | | | |
| A4625 | N | TRACH CARE KIT FOR NEW TRACH | | | | Bundled | $0.00 | | | |
| A4626 | N | TRACHEOSTOMY CLEANING BRUSH | | | | Bundled | $0.00 | | | |
| A4627 | E | SPACER BAG/RESERVOIR | | | | Not Allowed | $0.00 | | | |
| A4628 | E | OROPHARYNGEAL SUCTION CATH | | | | Not Allowed | $0.00 | | | |
| A4629 | N | TRACHEOSTOMY CARE KIT | | | | Bundled | $0.00 | | | |
| A4630 | E | REPL BAT T.E.N.S. OWN BY PT | | | | Not Allowed | $0.00 | | | |
| A4633 | E | UVL REPLACEMENT BULB | | | | Not Allowed | $0.00 | | | |
| A4634 | N | REPLACEMENT BULB TH LIGHTBOX | | | | Bundled | $0.00 | | | |
| A4635 | E | UNDERARM CRUTCH PAD | | | | Not Allowed | $0.00 | | | |
| A4636 | E | HANDGRIP FOR CANE ETC | | | | Not Allowed | $0.00 | | | |
| A4637 | E | REPL TIP CANE/CRUTCH/WALKER | | | | Not Allowed | $0.00 | | | |
| A4638 | E | REPL BATT PULSE GEN SYS | | | | Not Allowed | $0.00 | | | |
| A4639 | E | INFRARED HT SYS REPLCMNT PAD | | | | Not Allowed | $0.00 | | | |
| A4640 | E | ALTERNATING PRESSURE PAD | | | | Not Allowed | $0.00 | | | |
| A4641 | N | RADIOPHARM DX AGENT NOC | | | | Bundled | $0.00 | | | |
| A4642 | N | IN111 SATUMOMAB | | | | Bundled | $0.00 | | | |
| A4648 | N | IMPLANTABLE TISSUE MARKER | | | | Bundled | $0.00 | | | |
| A4649 | N | SURGICAL SUPPLIES | | | | Bundled | $0.00 | | | |
| A4650 | N | IMPLANT RADIATION DOSIMETER | | | | Bundled | $0.00 | | | |
| A4651 | N | CALIBRATED MICROCAP TUBE | | | | Bundled | $0.00 | | | |
| A4652 | N | MICROCAPILLARY TUBE SEALANT | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A4653 | N | PD CATHETER ANCHOR BELT | | | | Bundled | $0.00 | | | |
| A4657 | N | SYRINGE W/WO NEEDLE | | | | Bundled | $0.00 | | | |
| A4660 | N | SPHYG/BP APP W CUFF AND STET | | | | Bundled | $0.00 | | | |
| A4663 | N | DIALYSIS BLOOD PRESSURE CUFF | | | | Bundled | $0.00 | | | |
| A4670 | E | AUTOMATIC BP MONITOR, DIAL | | | | Not Allowed | $0.00 | | | |
| A4671 | E | DISPOSABLE CYCLER SET | | | | Not Allowed | $0.00 | | | |
| A4672 | E | DRAINAGE EXT LINE, DIALYSIS | | | | Not Allowed | $0.00 | | | |
| A4673 | E | EXT LINE W EASY LOCK CONNECT | | | | Not Allowed | $0.00 | | | |
| A4674 | E | CHEM/ANTISEPT SOLUTION, 8OZ | | | | Not Allowed | $0.00 | | | |
| A4680 | N | ACTIVATED CARBON FILTER, EA | | | | Bundled | $0.00 | | | |
| A4690 | N | DIALYZER, EACH | | | | Bundled | $0.00 | | | |
| A4706 | N | BICARBONATE CONC SOL PER GAL | | | | Bundled | $0.00 | | | |
| A4707 | N | BICARBONATE CONC POW PER PAC | | | | Bundled | $0.00 | | | |
| A4708 | N | ACETATE CONC SOL PER GALLON | | | | Bundled | $0.00 | | | |
| A4709 | N | ACID CONC SOL PER GALLON | | | | Bundled | $0.00 | | | |
| A4714 | N | TREATED WATER PER GALLON | | | | Bundled | $0.00 | | | |
| A4719 | N | "Y SET" TUBING | | | | Bundled | $0.00 | | | |
| A4720 | N | DIALYSAT SOL FLD VOL > 249CC | | | | Bundled | $0.00 | | | |
| A4721 | N | DIALYSAT SOL FLD VOL > 999CC | | | | Bundled | $0.00 | | | |
| A4722 | N | DIALYS SOL FLD VOL > 1999CC | | | | Bundled | $0.00 | | | |
| A4723 | N | DIALYS SOL FLD VOL > 2999CC | | | | Bundled | $0.00 | | | |
| A4724 | N | DIALYS SOL FLD VOL > 3999CC | | | | Bundled | $0.00 | | | |
| A4725 | N | DIALYS SOL FLD VOL > 4999CC | | | | Bundled | $0.00 | | | |
| A4726 | N | DIALYS SOL FLD VOL > 5999CC | | | | Bundled | $0.00 | | | |
| A4728 | E | DIALYSATE SOLUTION, NON-DEX | | | | Not Allowed | $0.00 | | | |
| A4730 | N | FISTULA CANNULATION SET, EA | | | | Bundled | $0.00 | | | |
| A4736 | N | TOPICAL ANESTHETIC, PER GRAM | | | | Bundled | $0.00 | | | |
| A4737 | N | INJ ANESTHETIC PER 10 ML | | | | Bundled | $0.00 | | | |
| A4740 | N | SHUNT ACCESSORY | | | | Bundled | $0.00 | | | |
| A4750 | N | ART OR VENOUS BLOOD TUBING | | | | Bundled | $0.00 | | | |
| A4755 | N | COMB ART/VENOUS BLOOD TUBING | | | | Bundled | $0.00 | | | |
| A4760 | N | DIALYSATE SOL TEST KIT, EACH | | | | Bundled | $0.00 | | | |
| A4765 | N | DIALYSATE CONC POW PER PACK | | | | Bundled | $0.00 | | | |
| A4766 | N | DIALYSATE CONC SOL ADD 10 ML | | | | Bundled | $0.00 | | | |
| A4770 | N | BLOOD COLLECTION TUBE/VACUUM | | | | Bundled | $0.00 | | | |
| A4771 | N | SERUM CLOTTING TIME TUBE | | | | Bundled | $0.00 | | | |
| A4772 | N | BLOOD GLUCOSE TEST STRIPS | | | | Bundled | $0.00 | | | |
| A4773 | N | OCCULT BLOOD TEST STRIPS | | | | Bundled | $0.00 | | | |
| A4774 | N | AMMONIA TEST STRIPS | | | | Bundled | $0.00 | | | |
| A4802 | N | PROTAMINE SULFATE PER 50 MG | | | | Bundled | $0.00 | | | |
| A4860 | N | DISPOSABLE CATHETER TIPS | | | | Bundled | $0.00 | | | |
| A4870 | N | PLUMB/ELEC WK HM HEMO EQUIP | | | | Bundled | $0.00 | | | |
| A4890 | N | REPAIR/MAINT CONT HEMO EQUIP | | | | Bundled | $0.00 | | | |
| A4911 | N | DRAIN BAG/BOTTLE | | | | Bundled | $0.00 | | | |
| A4913 | N | MISC DIALYSIS SUPPLIES NOC | | | | Bundled | $0.00 | | | |
| A4918 | N | VENOUS PRESSURE CLAMP | | | | Bundled | $0.00 | | | |
| A4927 | N | NON-STERILE GLOVES | | | | Bundled | $0.00 | | | |
| A4928 | N | SURGICAL MASK | | | | Bundled | $0.00 | | | |
| A4929 | N | TOURNIQUET FOR DIALYSIS, EA | | | | Bundled | $0.00 | | | |
| A4930 | N | STERILE, GLOVES PER PAIR | | | | Bundled | $0.00 | | | |
| A4931 | N | REUSABLE ORAL THERMOMETER | | | | Bundled | $0.00 | | | |
| A4932 | E | REUSABLE RECTAL THERMOMETER | | | | Not Allowed | $0.00 | | | |
| A5051 | N | POUCH CLSD W BARR ATTACHED | | | | Bundled | $0.00 | | | |
| A5052 | N | CLSD OSTOMY POUCH W/O BARR | | | | Bundled | $0.00 | | | |
| A5053 | N | CLSD OSTOMY POUCH FACEPLATE | | | | Bundled | $0.00 | | | |
| A5054 | N | CLSD OSTOMY POUCH W/FLANGE | | | | Bundled | $0.00 | | | |
| A5055 | N | STOMA CAP | | | | Bundled | $0.00 | | | |
| A5056 | E | 1 PC OST POUCH W FILTER | | | | Not Allowed | $0.00 | | | |
| A5057 | E | 1 PC OST POU W BUILT-IN CONV | | | | Not Allowed | $0.00 | | | |
| A5061 | N | POUCH DRAINABLE W BARRIER AT | | | | Bundled | $0.00 | | | |
| A5062 | N | DRNBLE OSTOMY POUCH W/O BARR | | | | Bundled | $0.00 | | | |
| A5063 | N | DRAIN OSTOMY POUCH W/FLANGE | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A5071 | N | URINARY POUCH W/BARRIER | | | | Bundled | $0.00 | | | |
| A5072 | N | URINARY POUCH W/O BARRIER | | | | Bundled | $0.00 | | | |
| A5073 | N | URINARY POUCH ON BARR W/FLNG | | | | Bundled | $0.00 | | | |
| A5081 | N | STOMA PLUG OR SEAL, ANY TYPE | | | | Bundled | $0.00 | | | |
| A5082 | N | CONTINENT STOMA CATHETER | | | | Bundled | $0.00 | | | |
| A5083 | N | STOMA ABSORPTIVE COVER | | | | Bundled | $0.00 | | | |
| A5093 | N | OSTOMY ACCESSORY CONVEX INSE | | | | Bundled | $0.00 | | | |
| A5102 | N | BEDSIDE DRAIN BTL W/WO TUBE | | | | Bundled | $0.00 | | | |
| A5105 | N | URINARY SUSPENSORY | | | | Bundled | $0.00 | | | |
| A5112 | N | URINARY LEG BAG | | | | Bundled | $0.00 | | | |
| A5113 | E | LATEX LEG STRAP | | | | Not Allowed | $0.00 | | | |
| A5114 | E | FOAM/FABRIC LEG STRAP | | | | Not Allowed | $0.00 | | | |
| A5120 | E | SKIN BARRIER, WIPE OR SWAB | | | | Not Allowed | $0.00 | | | |
| A5121 | N | SOLID SKIN BARRIER 6X6 | | | | Bundled | $0.00 | | | |
| A5122 | N | SOLID SKIN BARRIER 8X8 | | | | Bundled | $0.00 | | | |
| A5126 | N | DISK/FOAM PAD +OR- ADHESIVE | | | | Bundled | $0.00 | | | |
| A5131 | N | APPLIANCE CLEANER | | | | Bundled | $0.00 | | | |
| A5200 | N | PERCUTANEOUS CATHETER ANCHOR | | | | Bundled | $0.00 | | | |
| A5500 | E | DIAB SHOE FOR DENSITY INSERT | | | | Not Allowed | $0.00 | | | |
| A5501 | E | DIABETIC CUSTOM MOLDED SHOE | | | | Not Allowed | $0.00 | | | |
| A5503 | E | DIABETIC SHOE W/ROLLER/ROCKR | | | | Not Allowed | $0.00 | | | |
| A5504 | E | DIABETIC SHOE WITH WEDGE | | | | Not Allowed | $0.00 | | | |
| A5505 | E | DIAB SHOE W/METATARSAL BAR | | | | Not Allowed | $0.00 | | | |
| A5506 | E | DIABETIC SHOE W/OFF SET HEEL | | | | Not Allowed | $0.00 | | | |
| A5507 | E | MODIFICATION DIABETIC SHOE | | | | Not Allowed | $0.00 | | | |
| A5508 | E | DIABETIC DELUXE SHOE | | | | Not Allowed | $0.00 | | | |
| A5510 | E | COMPRESSION FORM SHOE INSERT | | | | Not Allowed | $0.00 | | | |
| A5512 | E | MULTI DEN INSERT DIRECT FORM | | | | Not Allowed | $0.00 | | | |
| A5513 | E | MULTI DEN INSERT CUSTOM MOLD | | | | Not Allowed | $0.00 | | | |
| A6000 | E | WOUND WARMING WOUND COVER | | | | Not Allowed | $0.00 | | | |
| A6010 | N | COLLAGEN BASED WOUND FILLER | | | | Bundled | $0.00 | | | |
| A6011 | N | COLLAGEN GEL/PASTE WOUND FIL | | | | Bundled | $0.00 | | | |
| A6021 | N | COLLAGEN DRESSING <=16 SQ IN | | | | Bundled | $0.00 | | | |
| A6022 | N | COLLAGEN DRSG>16<=48 SQ IN | | | | Bundled | $0.00 | | | |
| A6023 | N | COLLAGEN DRESSING >48 SQ IN | | | | Bundled | $0.00 | | | |
| A6024 | N | COLLAGEN DSG WOUND FILLER | | | | Bundled | $0.00 | | | |
| A6025 | E | SILICONE GEL SHEET, EACH | | | | Not Allowed | $0.00 | | | |
| A6154 | N | WOUND POUCH EACH | | | | Bundled | $0.00 | | | |
| A6196 | N | ALGINATE DRESSING <=16 SQ IN | | | | Bundled | $0.00 | | | |
| A6197 | N | ALGINATE DRSG >16 <=48 SQ IN | | | | Bundled | $0.00 | | | |
| A6198 | N | ALGINATE DRESSING > 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6199 | N | ALGINATE DRSG WOUND FILLER | | | | Bundled | $0.00 | | | |
| A6203 | N | COMPOSITE DRSG <= 16 SQ IN | | | | Bundled | $0.00 | | | |
| A6204 | N | COMPOSITE DRSG >16<=48 SQ IN | | | | Bundled | $0.00 | | | |
| A6205 | N | COMPOSITE DRSG > 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6206 | N | CONTACT LAYER <= 16 SQ IN | | | | Bundled | $0.00 | | | |
| A6207 | N | CONTACT LAYER >16<= 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6208 | N | CONTACT LAYER > 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6209 | N | FOAM DRSG <=16 SQ IN W/O BDR | | | | Bundled | $0.00 | | | |
| A6210 | N | FOAM DRG >16<=48 SQ IN W/O B | | | | Bundled | $0.00 | | | |
| A6211 | N | FOAM DRG > 48 SQ IN W/O BRDR | | | | Bundled | $0.00 | | | |
| A6212 | N | FOAM DRG <=16 SQ IN W/BORDER | | | | Bundled | $0.00 | | | |
| A6213 | N | FOAM DRG >16<=48 SQ IN W/BDR | | | | Bundled | $0.00 | | | |
| A6214 | N | FOAM DRG > 48 SQ IN W/BORDER | | | | Bundled | $0.00 | | | |
| A6215 | N | FOAM DRESSING WOUND FILLER | | | | Bundled | $0.00 | | | |
| A6216 | N | NON-STERILE GAUZE<=16 SQ IN | | | | Bundled | $0.00 | | | |
| A6217 | N | NON-STERILE GAUZE>16<=48 SQ | | | | Bundled | $0.00 | | | |
| A6218 | N | NON-STERILE GAUZE > 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6219 | N | GAUZE <= 16 SQ IN W/BORDER | | | | Bundled | $0.00 | | | |
| A6220 | N | GAUZE >16 <=48 SQ IN W/BORDR | | | | Bundled | $0.00 | | | |
| A6221 | N | GAUZE > 48 SQ IN W/BORDER | | | | Bundled | $0.00 | | | |
| A6222 | N | GAUZE <=16 IN NO W/SAL W/O B | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A6223 | N | GAUZE >16<=48 NO W/SAL W/O B | | | | Bundled | $0.00 | | | |
| A6224 | N | GAUZE > 48 IN NO W/SAL W/O B | | | | Bundled | $0.00 | | | |
| A6228 | N | GAUZE <= 16 SQ IN WATER/SAL | | | | Bundled | $0.00 | | | |
| A6229 | N | GAUZE >16<=48 SQ IN WATR/SAL | | | | Bundled | $0.00 | | | |
| A6230 | N | GAUZE > 48 SQ IN WATER/SALNE | | | | Bundled | $0.00 | | | |
| A6231 | N | HYDROGEL DSG<=16 SQ IN | | | | Bundled | $0.00 | | | |
| A6232 | N | HYDROGEL DSG>16<=48 SQ IN | | | | Bundled | $0.00 | | | |
| A6233 | N | HYDROGEL DRESSING >48 SQ IN | | | | Bundled | $0.00 | | | |
| A6234 | N | HYDROCOLLD DRG <=16 W/O BDR | | | | Bundled | $0.00 | | | |
| A6235 | N | HYDROCOLLD DRG >16<=48 W/O B | | | | Bundled | $0.00 | | | |
| A6236 | N | HYDROCOLLD DRG > 48 IN W/O B | | | | Bundled | $0.00 | | | |
| A6237 | N | HYDROCOLLD DRG <=16 IN W/BDR | | | | Bundled | $0.00 | | | |
| A6238 | N | HYDROCOLLD DRG >16<=48 W/BDR | | | | Bundled | $0.00 | | | |
| A6239 | N | HYDROCOLLD DRG > 48 IN W/BDR | | | | Bundled | $0.00 | | | |
| A6240 | N | HYDROCOLLD DRG FILLER PASTE | | | | Bundled | $0.00 | | | |
| A6241 | N | HYDROCOLLOID DRG FILLER DRY | | | | Bundled | $0.00 | | | |
| A6242 | N | HYDROGEL DRG <=16 IN W/O BDR | | | | Bundled | $0.00 | | | |
| A6243 | N | HYDROGEL DRG >16<=48 W/O BDR | | | | Bundled | $0.00 | | | |
| A6244 | N | HYDROGEL DRG >48 IN W/O BDR | | | | Bundled | $0.00 | | | |
| A6245 | N | HYDROGEL DRG <= 16 IN W/BDR | | | | Bundled | $0.00 | | | |
| A6246 | N | HYDROGEL DRG >16<=48 IN W/B | | | | Bundled | $0.00 | | | |
| A6247 | N | HYDROGEL DRG > 48 SQ IN W/B | | | | Bundled | $0.00 | | | |
| A6248 | N | HYDROGEL DRSG GEL FILLER | | | | Bundled | $0.00 | | | |
| A6250 | N | SKIN SEAL PROTECT MOISTURIZR | | | | Bundled | $0.00 | | | |
| A6251 | N | ABSORPT DRG <=16 SQ IN W/O B | | | | Bundled | $0.00 | | | |
| A6252 | N | ABSORPT DRG >16 <=48 W/O BDR | | | | Bundled | $0.00 | | | |
| A6253 | N | ABSORPT DRG > 48 SQ IN W/O B | | | | Bundled | $0.00 | | | |
| A6254 | N | ABSORPT DRG <=16 SQ IN W/BDR | | | | Bundled | $0.00 | | | |
| A6255 | N | ABSORPT DRG >16<=48 IN W/BDR | | | | Bundled | $0.00 | | | |
| A6256 | N | ABSORPT DRG > 48 SQ IN W/BDR | | | | Bundled | $0.00 | | | |
| A6257 | N | TRANSPARENT FILM <= 16 SQ IN | | | | Bundled | $0.00 | | | |
| A6258 | N | TRANSPARENT FILM >16<=48 IN | | | | Bundled | $0.00 | | | |
| A6259 | N | TRANSPARENT FILM > 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6260 | N | WOUND CLEANSER ANY TYPE/SIZE | | | | Bundled | $0.00 | | | |
| A6261 | N | WOUND FILLER GEL/PASTE /OZ | | | | Bundled | $0.00 | | | |
| A6262 | N | WOUND FILLER DRY FORM / GRAM | | | | Bundled | $0.00 | | | |
| A6266 | N | IMPREG GAUZE NO H20/SAL/YARD | | | | Bundled | $0.00 | | | |
| A6402 | N | STERILE GAUZE <= 16 SQ IN | | | | Bundled | $0.00 | | | |
| A6403 | N | STERILE GAUZE>16 <= 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6404 | N | STERILE GAUZE > 48 SQ IN | | | | Bundled | $0.00 | | | |
| A6407 | E | PACKING STRIPS, NON-IMPREG | | | | Not Allowed | $0.00 | | | |
| A6410 | N | STERILE EYE PAD | | | | Bundled | $0.00 | | | |
| A6411 | N | NON-STERILE EYE PAD | | | | Bundled | $0.00 | | | |
| A6412 | N | OCCLUSIVE EYE PATCH | | | | Bundled | $0.00 | | | |
| A6413 | E | ADHESIVE BANDAGE, FIRST-AID | | | | Not Allowed | $0.00 | | | |
| A6441 | E | PAD BAND W>=3" <5"/YD | | | | Not Allowed | $0.00 | | | |
| A6442 | E | CONFORM BAND N/S W<3"/YD | | | | Not Allowed | $0.00 | | | |
| A6443 | E | CONFORM BAND N/S W>=3"<5"/YD | | | | Not Allowed | $0.00 | | | |
| A6444 | E | CONFORM BAND N/S W>=5"/YD | | | | Not Allowed | $0.00 | | | |
| A6445 | E | CONFORM BAND S W <3"/YD | | | | Not Allowed | $0.00 | | | |
| A6446 | E | CONFORM BAND S W>=3" <5"/YD | | | | Not Allowed | $0.00 | | | |
| A6447 | E | CONFORM BAND S W >=5"/YD | | | | Not Allowed | $0.00 | | | |
| A6448 | E | LT COMPRES BAND <3"/YD | | | | Not Allowed | $0.00 | | | |
| A6449 | E | LT COMPRES BAND >=3" <5"/YD | | | | Not Allowed | $0.00 | | | |
| A6450 | E | LT COMPRES BAND >=5"/YD | | | | Not Allowed | $0.00 | | | |
| A6451 | E | MOD COMPRES BAND W>=3"<5"/YD | | | | Not Allowed | $0.00 | | | |
| A6452 | E | HIGH COMPRES BAND W>=3"<5"YD | | | | Not Allowed | $0.00 | | | |
| A6453 | E | SELF-ADHER BAND W <3"/YD | | | | Not Allowed | $0.00 | | | |
| A6454 | E | SELF-ADHER BAND W>=3" <5"/YD | | | | Not Allowed | $0.00 | | | |
| A6455 | E | SELF-ADHER BAND >=5"/YD | | | | Not Allowed | $0.00 | | | |
| A6456 | E | ZINC PASTE BAND W >=3"<5"/YD | | | | Not Allowed | $0.00 | | | |
| A6457 | E | TUBULAR DRESSING | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A6501 | N | COMPRES BURNGARMENT BODYSUIT | | | | Bundled | $0.00 | | | |
| A6502 | N | COMPRES BURNGARMENT CHINSTRP | | | | Bundled | $0.00 | | | |
| A6503 | N | COMPRES BURNGARMENT FACEHOOD | | | | Bundled | $0.00 | | | |
| A6504 | N | CMPRSBURNGARMENT GLOVE-WRIST | | | | Bundled | $0.00 | | | |
| A6505 | N | CMPRSBURNGARMENT GLOVE-ELBOW | | | | Bundled | $0.00 | | | |
| A6506 | N | CMPRSBURNGRMNT GLOVE-AXILLA | | | | Bundled | $0.00 | | | |
| A6507 | N | CMPRS BURNGARMENT FOOT-KNEE | | | | Bundled | $0.00 | | | |
| A6508 | N | CMPRS BURNGARMENT FOOT-THIGH | | | | Bundled | $0.00 | | | |
| A6509 | N | COMPRES BURN GARMENT JACKET | | | | Bundled | $0.00 | | | |
| A6510 | N | COMPRES BURN GARMENT LEOTARD | | | | Bundled | $0.00 | | | |
| A6511 | N | COMPRES BURN GARMENT PANTY | | | | Bundled | $0.00 | | | |
| A6512 | N | COMPRES BURN GARMENT, NOC | | | | Bundled | $0.00 | | | |
| A6513 | E | COMPRESS BURN MASK FACE/NECK | | | | Not Allowed | $0.00 | | | |
| A6530 | E | COMPRESSION STOCKING BK18-30 | | | | Not Allowed | $0.00 | | | |
| A6531 | E | COMPRESSION STOCKING BK30-40 | | | | Not Allowed | $0.00 | | | |
| A6532 | E | COMPRESSION STOCKING BK40-50 | | | | Not Allowed | $0.00 | | | |
| A6533 | E | GC STOCKING THIGHLNGTH 18-30 | | | | Not Allowed | $0.00 | | | |
| A6534 | E | GC STOCKING THIGHLNGTH 30-40 | | | | Not Allowed | $0.00 | | | |
| A6535 | E | GC STOCKING THIGHLNGTH 40-50 | | | | Not Allowed | $0.00 | | | |
| A6536 | E | GC STOCKING FULL LNGTH 18-30 | | | | Not Allowed | $0.00 | | | |
| A6537 | E | GC STOCKING FULL LNGTH 30-40 | | | | Not Allowed | $0.00 | | | |
| A6538 | E | GC STOCKING FULL LNGTH 40-50 | | | | Not Allowed | $0.00 | | | |
| A6539 | E | GC STOCKING WAISTLNGTH 18-30 | | | | Not Allowed | $0.00 | | | |
| A6540 | E | GC STOCKING WAISTLNGTH 30-40 | | | | Not Allowed | $0.00 | | | |
| A6541 | E | GC STOCKING WAISTLNGTH 40-50 | | | | Not Allowed | $0.00 | | | |
| A6544 | E | GC STOCKING GARTER BELT | | | | Not Allowed | $0.00 | | | |
| A6545 | E | GRAD COMP NON-ELASTIC BK | | | | Not Allowed | $0.00 | | | |
| A6549 | E | G COMPRESSION STOCKING | | | | Not Allowed | $0.00 | | | |
| A6550 | E | NEG PRES WOUND THER DRSG SET | | | | Not Allowed | $0.00 | | | |
| A7000 | E | DISPOSABLE CANISTER FOR PUMP | | | | Not Allowed | $0.00 | | | |
| A7001 | E | NONDISPOSABLE PUMP CANISTER | | | | Not Allowed | $0.00 | | | |
| A7002 | E | TUBING USED W SUCTION PUMP | | | | Not Allowed | $0.00 | | | |
| A7003 | E | NEBULIZER ADMINISTRATION SET | | | | Not Allowed | $0.00 | | | |
| A7004 | E | DISPOSABLE NEBULIZER SML VOL | | | | Not Allowed | $0.00 | | | |
| A7005 | E | NONDISPOSABLE NEBULIZER SET | | | | Not Allowed | $0.00 | | | |
| A7006 | E | FILTERED NEBULIZER ADMIN SET | | | | Not Allowed | $0.00 | | | |
| A7007 | E | LG VOL NEBULIZER DISPOSABLE | | | | Not Allowed | $0.00 | | | |
| A7008 | E | DISPOSABLE NEBULIZER PREFILL | | | | Not Allowed | $0.00 | | | |
| A7009 | E | NEBULIZER RESERVOIR BOTTLE | | | | Not Allowed | $0.00 | | | |
| A7010 | E | DISPOSABLE CORRUGATED TUBING | | | | Not Allowed | $0.00 | | | |
| A7012 | E | NEBULIZER WATER COLLEC DEVIC | | | | Not Allowed | $0.00 | | | |
| A7013 | E | DISPOSABLE COMPRESSOR FILTER | | | | Not Allowed | $0.00 | | | |
| A7014 | E | COMPRESSOR NONDISPOS FILTER | | | | Not Allowed | $0.00 | | | |
| A7015 | E | AEROSOL MASK USED W NEBULIZE | | | | Not Allowed | $0.00 | | | |
| A7016 | E | NEBULIZER DOME & MOUTHPIECE | | | | Not Allowed | $0.00 | | | |
| A7017 | E | NEBULIZER NOT USED W OXYGEN | | | | Not Allowed | $0.00 | | | |
| A7018 | E | WATER DISTILLED W/NEBULIZER | | | | Not Allowed | $0.00 | | | |
| A7020 | E | INTERFACE, COUGH STIM DEVICE | | | | Not Allowed | $0.00 | | | |
| A7025 | E | REPLACE CHEST COMPRESS VEST | | | | Not Allowed | $0.00 | | | |
| A7026 | E | REPLACE CHST CMPRSS SYS HOSE | | | | Not Allowed | $0.00 | | | |
| A7027 | E | COMBINATION ORAL/NASAL MASK | | | | Not Allowed | $0.00 | | | |
| A7028 | E | REPL ORAL CUSHION COMBO MASK | | | | Not Allowed | $0.00 | | | |
| A7029 | E | REPL NASAL PILLOW COMB MASK | | | | Not Allowed | $0.00 | | | |
| A7030 | E | CPAP FULL FACE MASK | | | | Not Allowed | $0.00 | | | |
| A7031 | E | REPLACEMENT FACEMASK INTERFA | | | | Not Allowed | $0.00 | | | |
| A7032 | E | REPLACEMENT NASAL CUSHION | | | | Not Allowed | $0.00 | | | |
| A7033 | E | REPLACEMENT NASAL PILLOWS | | | | Not Allowed | $0.00 | | | |
| A7034 | E | NASAL APPLICATION DEVICE | | | | Not Allowed | $0.00 | | | |
| A7035 | E | POS AIRWAY PRESS HEADGEAR | | | | Not Allowed | $0.00 | | | |
| A7036 | E | POS AIRWAY PRESS CHINSTRAP | | | | Not Allowed | $0.00 | | | |
| A7037 | E | POS AIRWAY PRESSURE TUBING | | | | Not Allowed | $0.00 | | | |
| A7038 | E | POS AIRWAY PRESSURE FILTER | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A7039 | E | FILTER, NON DISPOSABLE W PAP | | | | Not Allowed | $0.00 | | | |
| A7040 | E | ONE WAY CHEST DRAIN VALVE | | | | Not Allowed | $0.00 | | | |
| A7041 | E | WATER SEAL DRAIN CONTAINER | | | | Not Allowed | $0.00 | | | |
| A7044 | E | PAP ORAL INTERFACE | | | | Not Allowed | $0.00 | | | |
| A7045 | E | REPL EXHALATION PORT FOR PAP | | | | Not Allowed | $0.00 | | | |
| A7046 | E | REPL WATER CHAMBER, PAP DEV | | | | Not Allowed | $0.00 | | | |
| A7047 | N | RESP SUCTION ORAL INTERFACE | | | | Bundled | $0.00 | | | |
| A7048 | N | VACUUM DRAIN BOTTLE/TUBE KIT | | | | Bundled | $0.00 | | | |
| A7501 | N | TRACHEOSTOMA VALVE W DIAPHRA | | | | Bundled | $0.00 | | | |
| A7502 | N | REPLACEMENT DIAPHRAGM/FPLATE | | | | Bundled | $0.00 | | | |
| A7503 | N | HMES FILTER HOLDER OR CAP | | | | Bundled | $0.00 | | | |
| A7504 | N | TRACHEOSTOMA HMES FILTER | | | | Bundled | $0.00 | | | |
| A7505 | N | HMES OR TRACH VALVE HOUSING | | | | Bundled | $0.00 | | | |
| A7506 | N | HMES/TRACHVALVE ADHESIVEDISK | | | | Bundled | $0.00 | | | |
| A7507 | N | INTEGRATED FILTER & HOLDER | | | | Bundled | $0.00 | | | |
| A7508 | N | HOUSING & INTEGRATED ADHESIV | | | | Bundled | $0.00 | | | |
| A7509 | N | HEAT & MOISTURE EXCHANGE SYS | | | | Bundled | $0.00 | | | |
| A7520 | E | TRACH/LARYN TUBE NON-CUFFED | | | | Not Allowed | $0.00 | | | |
| A7521 | E | TRACH/LARYN TUBE CUFFED | | | | Not Allowed | $0.00 | | | |
| A7522 | E | TRACH/LARYN TUBE STAINLESS | | | | Not Allowed | $0.00 | | | |
| A7523 | E | TRACHEOSTOMY SHOWER PROTECT | | | | Not Allowed | $0.00 | | | |
| A7524 | E | TRACHEOSTOMA STENT/STUD/BTTN | | | | Not Allowed | $0.00 | | | |
| A7525 | E | TRACHEOSTOMY MASK | | | | Not Allowed | $0.00 | | | |
| A7526 | E | TRACHEOSTOMY TUBE COLLAR | | | | Not Allowed | $0.00 | | | |
| A7527 | E | TRACH/LARYN TUBE PLUG/STOP | | | | Not Allowed | $0.00 | | | |
| A8000 | E | SOFT PROTECT HELMET PREFAB | | | | Not Allowed | $0.00 | | | |
| A8001 | E | HARD PROTECT HELMET PREFAB | | | | Not Allowed | $0.00 | | | |
| A8002 | E | SOFT PROTECT HELMET CUSTOM | | | | Not Allowed | $0.00 | | | |
| A8003 | E | HARD PROTECT HELMET CUSTOM | | | | Not Allowed | $0.00 | | | |
| A8004 | E | REPL SOFT INTERFACE, HELMET | | | | Not Allowed | $0.00 | | | |
| A9150 | E | MISC/EXPER NON-PRESCRIPT DRU | | | | Not Allowed | $0.00 | | | |
| A9152 | E | SINGLE VITAMIN NOS | | | | Not Allowed | $0.00 | | | |
| A9153 | E | MULTI-VITAMIN NOS | | | | Not Allowed | $0.00 | | | |
| A9155 | E | ARTIFICIAL SALIVA | | | | Not Allowed | $0.00 | | | |
| A9180 | E | LICE TREATMENT, TOPICAL | | | | Not Allowed | $0.00 | | | |
| A9270 | E | NON-COVERED ITEM OR SERVICE | | | | Not Allowed | $0.00 | | | |
| A9272 | E | DISP WOUND SUCT, DRSG/ACCESS | | | | Not Allowed | $0.00 | | | |
| A9273 | E | HOT/COLD H2OBOT/CAP/COL/WRAP | | | | Not Allowed | $0.00 | | | |
| A9274 | E | EXT AMB INSULIN DELIVERY SYS | | | | Not Allowed | $0.00 | | | |
| A9275 | E | DISP HOME GLUCOSE MONITOR | | | | Not Allowed | $0.00 | | | |
| A9276 | E | DISPOSABLE SENSOR, CGM SYS | | | | Not Allowed | $0.00 | | | |
| A9277 | E | EXTERNAL TRANSMITTER, CGM | | | | Not Allowed | $0.00 | | | |
| A9278 | E | EXTERNAL RECEIVER, CGM SYS | | | | Not Allowed | $0.00 | | | |
| A9279 | E | MONITORING FEATURE/DEVICENOC | | | | Not Allowed | $0.00 | | | |
| A9280 | E | ALERT DEVICE, NOC | | | | Not Allowed | $0.00 | | | |
| A9281 | E | REACHING/GRABBING DEVICE | | | | Not Allowed | $0.00 | | | |
| A9282 | E | WIG ANY TYPE | | | | Not Allowed | $0.00 | | | |
| A9283 | E | FOOT PRESS OFF LOAD SUPP DEV | | | | Not Allowed | $0.00 | | | |
| A9284 | N | NON-ELECTRONIC SPIROMETER | | | | Bundled | $0.00 | | | |
| A9300 | E | EXERCISE EQUIPMENT | | | | Not Allowed | $0.00 | | | |
| A9500 | N | TC99M SESTAMIBI | | | | Bundled | $0.00 | | | |
| A9501 | N | TECHNETIUM TC-99M TEBOROXIME | | | | Bundled | $0.00 | | | |
| A9502 | N | TC99M TETROFOSMIN | | | | Bundled | $0.00 | | | |
| A9503 | N | TC99M MEDRONATE | | | | Bundled | $0.00 | | | |
| A9504 | N | TC99M APCITIDE | | | | Bundled | $0.00 | | | |
| A9505 | N | TL201 THALLIUM | | | | Bundled | $0.00 | | | |
| A9507 | N | IN111 CAPROMAB | | | | Bundled | $0.00 | | | |
| A9508 | N | I131 IODOBENGUATE, DX | | | | Bundled | $0.00 | | | |
| A9509 | N | IODINE I-123 SOD IODIDE MIL | | | | Bundled | $0.00 | | | |
| A9510 | N | TC99M DISOFENIN | | | | Bundled | $0.00 | | | |
| A9512 | N | TC99M PERTECHNETATE | | | | Bundled | $0.00 | | | |
| A9516 | N | IODINE I-123 SOD IODIDE MIC | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A9517 | K | I131 IODIDE CAP, RX | | 01064 | 0.7186 | APC (blood and non-blood product codes) | $40.70 | | | |
| A9520 | N | TC99 TILMANOCEPT DIAG 0.5MCI | | | | Bundled | $0.00 | | | |
| A9521 | N | TC99M EXAMETAZIME | | | | Bundled | $0.00 | | | |
| A9524 | N | I131 SERUM ALBUMIN, DX | | | | Bundled | $0.00 | | | |
| A9526 | N | NITROGEN N-13 AMMONIA | | | | Bundled | $0.00 | | | |
| A9527 | U | IODINE I-125 SODIUM IODIDE | | 02632 | 0.0968 | APC | $5.48 | | | |
| A9528 | N | IODINE I-131 IODIDE CAP, DX | | | | Bundled | $0.00 | | | |
| A9529 | N | I131 IODIDE SOL, DX | | | | Bundled | $0.00 | | | |
| A9530 | K | I131 IODIDE SOL, RX | | 01150 | 0.1815 | APC (blood and non-blood product codes) | $10.28 | | | |
| A9531 | N | I131 MAX 100UCI | | | | Bundled | $0.00 | | | |
| A9532 | N | I125 SERUM ALBUMIN, DX | | | | Bundled | $0.00 | | | |
| A9536 | N | TC99M DEPREOTIDE | | | | Bundled | $0.00 | | | |
| A9537 | N | TC99M MEBROFENIN | | | | Bundled | $0.00 | | | |
| A9538 | N | TC99M PYROPHOSPHATE | | | | Bundled | $0.00 | | | |
| A9539 | N | TC99M PENTETATE | | | | Bundled | $0.00 | | | |
| A9540 | N | TC99M MAA | | | | Bundled | $0.00 | | | |
| A9541 | N | TC99M SULFUR COLLOID | | | | Bundled | $0.00 | | | |
| A9542 | N | IN111 IBRITUMOMAB, DX | | | | Bundled | $0.00 | | | |
| A9543 | K | Y90 IBRITUMOMAB, RX | | 01643 | 827.2375 | APC (blood and non-blood product codes) | $46,854.73 | | | |
| A9544 | N | I131 TOSITUMOMAB, DX | | | | Bundled | $0.00 | | | |
| A9545 | E | I131 TOSITUMOMAB, RX | | | | Not Allowed | $0.00 | | | |
| A9546 | N | CO57/58 | | | | Bundled | $0.00 | | | |
| A9547 | N | IN111 OXYQUINOLINE | | | | Bundled | $0.00 | | | |
| A9548 | N | IN111 PENTETATE | | | | Bundled | $0.00 | | | |
| A9550 | N | TC99M GLUCEPTATE | | | | Bundled | $0.00 | | | |
| A9551 | N | TC99M SUCCIMER | | | | Bundled | $0.00 | | | |
| A9552 | N | F18 FDG | | | | Bundled | $0.00 | | | |
| A9553 | N | CR51 CHROMATE | | | | Bundled | $0.00 | | | |
| A9554 | N | I125 IOTHALAMATE, DX | | | | Bundled | $0.00 | | | |
| A9555 | N | RB82 RUBIDIUM | | | | Bundled | $0.00 | | | |
| A9556 | N | GA67 GALLIUM | | | | Bundled | $0.00 | | | |
| A9557 | N | TC99M BICISATE | | | | Bundled | $0.00 | | | |
| A9558 | N | XE133 XENON 10MCI | | | | Bundled | $0.00 | | | |
| A9559 | N | CO57 CYANO | | | | Bundled | $0.00 | | | |
| A9560 | N | TC99M LABELED RBC | | | | Bundled | $0.00 | | | |
| A9561 | N | TC99M OXIDRONATE | | | | Bundled | $0.00 | | | |
| A9562 | N | TC99M MERTIATIDE | | | | Bundled | $0.00 | | | |
| A9563 | K | P32 NA PHOSPHATE | | 01675 | 3.7705 | APC (blood and non-blood product codes) | $213.56 | | | |
| A9564 | K | P32 CHROMIC PHOSPHATE | | 01676 | 16.0067 | APC (blood and non-blood product codes) | $906.62 | | | |
| A9566 | N | TC99M FANOLESOMAB | | | | Bundled | $0.00 | | | |
| A9567 | N | TECHNETIUM TC-99M AEROSOL | | | | Bundled | $0.00 | | | |
| A9568 | N | TECHNETIUM TC99M ARCITUMOMAB | | | | Bundled | $0.00 | | | |
| A9569 | N | TECHNETIUM TC-99M AUTO WBC | | | | Bundled | $0.00 | | | |
| A9570 | N | INDIUM IN-111 AUTO WBC | | | | Bundled | $0.00 | | | |
| A9571 | N | INDIUM IN-111 AUTO PLATELET | | | | Bundled | $0.00 | | | |
| A9572 | N | INDIUM IN-111 PENTETREOTIDE | | | | Bundled | $0.00 | | | |
| A9575 | N | INJ GADOTERATE MEGLUMI 0.1ML | | | | Bundled | $0.00 | | | |
| A9576 | N | INJ PROHANCE MULTIPACK | | | | Bundled | $0.00 | | | |
| A9577 | N | INJ MULTIHANCE | | | | Bundled | $0.00 | | | |
| A9578 | N | INJ MULTIHANCE MULTIPACK | | | | Bundled | $0.00 | | | |
| A9579 | N | GAD-BASE MR CONTRAST NOS,1ML | | | | Bundled | $0.00 | | | |
| A9580 | N | SODIUM FLUORIDE F-18 | | | | Bundled | $0.00 | | | |
| A9581 | N | GADOXETATE DISODIUM INJ | | | | Bundled | $0.00 | | | |
| A9582 | N | IODINE I-123 IOBENGUANE | | | | Bundled | $0.00 | | | |
| A9583 | N | GADOFOSVESET TRISODIUM INJ | | | | Bundled | $0.00 | | | |
| A9584 | N | IODINE I-123 IOFLUPANE | | | | Bundled | $0.00 | | | |
| A9585 | N | GADOBUTROL INJECTION | | | | Bundled | $0.00 | | | |
| A9586 | G | FLORBETAPIR F18 | | 01664 | | APC - Pays by Fee Schedule Amount | $2,756.00 | | | |
| A9599 | N | RADIOPHA DX BETA AMYLOID PET | | | | Bundled | $0.00 | | | |
| A9600 | K | SR89 STRONTIUM | | 00701 | 22.7671 | APC (blood and non-blood product codes) | $1,289.53 | | | |
| A9604 | K | SM 153 LEXIDRONAM | | 01295 | 212.9299 | APC (blood and non-blood product codes) | $12,060.35 | | | |
| A9606 | K | RADIUM RA223 DICHLORIDE THER | | 01745 | 2.2355 | APC (blood and non-blood product codes) | $126.62 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| A9698 | N | NON-RAD CONTRAST MATERIALNOC | | | | Bundled | $0.00 | | | |
| A9699 | N | RADIOPHARM RX AGENT NOC | | | | Bundled | $0.00 | | | |
| A9700 | N | ECHOCARDIOGRAPHY CONTRAST | | | | Bundled | $0.00 | | | |
| A9900 | N | SUPPLY/ACCESSORY/SERVICE | | | | Bundled | $0.00 | | | |
| A9901 | N | DELIVERY/SET UP/DISPENSING | | | | Bundled | $0.00 | | | |
| A9999 | E | DME SUPPLY OR ACCESSORY, NOS | | | | Not Allowed | $0.00 | | | |
| B4034 | E | ENTER FEED SUPKIT SYR BY DAY | | | | Not Allowed | $0.00 | | | |
| B4035 | E | ENTERAL FEED SUPP PUMP PER D | | | | Not Allowed | $0.00 | | | |
| B4036 | E | ENTERAL FEED SUP KIT GRAV BY | | | | Not Allowed | $0.00 | | | |
| B4081 | E | ENTERAL NG TUBING W/ STYLET | | | | Not Allowed | $0.00 | | | |
| B4082 | E | ENTERAL NG TUBING W/O STYLET | | | | Not Allowed | $0.00 | | | |
| B4083 | E | ENTERAL STOMACH TUBE LEVINE | | | | Not Allowed | $0.00 | | | |
| B4087 | N | GASTRO/JEJUNO TUBE, STD | | | | Bundled | $0.00 | | | |
| B4088 | N | GASTRO/JEJUNO TUBE, LOW-PRO | | | | Bundled | $0.00 | | | |
| B4100 | E | FOOD THICKENER ORAL | | | | Not Allowed | $0.00 | | | |
| B4102 | E | EF ADULT FLUIDS AND ELECTRO | | | | Not Allowed | $0.00 | | | |
| B4103 | E | EF PED FLUID AND ELECTROLYTE | | | | Not Allowed | $0.00 | | | |
| B4104 | E | ADDITIVE FOR ENTERAL FORMULA | | | | Not Allowed | $0.00 | | | |
| B4149 | E | EF BLENDERIZED FOODS | | | | Not Allowed | $0.00 | | | |
| B4150 | E | EF COMPLET W/INTACT NUTRIENT | | | | Not Allowed | $0.00 | | | |
| B4152 | E | EF CALORIE DENSE>/=1.5KCAL | | | | Not Allowed | $0.00 | | | |
| B4153 | E | EF HYDROLYZED/AMINO ACIDS | | | | Not Allowed | $0.00 | | | |
| B4154 | E | EF SPEC METABOLIC NONINHERIT | | | | Not Allowed | $0.00 | | | |
| B4155 | E | EF INCOMPLETE/MODULAR | | | | Not Allowed | $0.00 | | | |
| B4157 | E | EF SPECIAL METABOLIC INHERIT | | | | Not Allowed | $0.00 | | | |
| B4158 | E | EF PED COMPLETE INTACT NUT | | | | Not Allowed | $0.00 | | | |
| B4159 | E | EF PED COMPLETE SOY BASED | | | | Not Allowed | $0.00 | | | |
| B4160 | E | EF PED CALORIC DENSE>/=0.7KC | | | | Not Allowed | $0.00 | | | |
| B4161 | E | EF PED HYDROLYZED/AMINO ACID | | | | Not Allowed | $0.00 | | | |
| B4162 | E | EF PED SPECMETABOLIC INHERIT | | | | Not Allowed | $0.00 | | | |
| B4164 | E | PARENTERAL 50% DEXTROSE SOLU | | | | Not Allowed | $0.00 | | | |
| B4168 | E | PARENTERAL SOL AMINO ACID 3. | | | | Not Allowed | $0.00 | | | |
| B4172 | E | PARENTERAL SOL AMINO ACID 5. | | | | Not Allowed | $0.00 | | | |
| B4176 | E | PARENTERAL SOL AMINO ACID 7- | | | | Not Allowed | $0.00 | | | |
| B4178 | E | PARENTERAL SOL AMINO ACID > | | | | Not Allowed | $0.00 | | | |
| B4180 | E | PARENTERAL SOL CARB > 50% | | | | Not Allowed | $0.00 | | | |
| B4185 | E | PARENTERAL SOL 10 GM LIPIDS | | | | Not Allowed | $0.00 | | | |
| B4189 | E | PARENTERAL SOL AMINO ACID & | | | | Not Allowed | $0.00 | | | |
| B4193 | E | PARENTERAL SOL 52-73 GM PROT | | | | Not Allowed | $0.00 | | | |
| B4197 | E | PARENTERAL SOL 74-100 GM PRO | | | | Not Allowed | $0.00 | | | |
| B4199 | E | PARENTERAL SOL > 100GM PROTE | | | | Not Allowed | $0.00 | | | |
| B4216 | E | PARENTERAL NUTRITION ADDITIV | | | | Not Allowed | $0.00 | | | |
| B4220 | E | PARENTERAL SUPPLY KIT PREMIX | | | | Not Allowed | $0.00 | | | |
| B4222 | E | PARENTERAL SUPPLY KIT HOMEMI | | | | Not Allowed | $0.00 | | | |
| B4224 | E | PARENTERAL ADMINISTRATION KI | | | | Not Allowed | $0.00 | | | |
| B5000 | E | PARENTERAL SOL RENAL-AMIROSY | | | | Not Allowed | $0.00 | | | |
| B5100 | E | PARENTERAL SOLUTION HEPATIC | | | | Not Allowed | $0.00 | | | |
| B5200 | E | PARENTERAL SOL HEPATIC FREAM | | | | Not Allowed | $0.00 | | | |
| B9000 | E | ENTER INFUSION PUMP W/O ALRM | | | | Not Allowed | $0.00 | | | |
| B9002 | E | ENTERAL INFUSION PUMP W/ ALA | | | | Not Allowed | $0.00 | | | |
| B9004 | E | PARENTERAL INFUS PUMP PORTAB | | | | Not Allowed | $0.00 | | | |
| B9006 | E | PARENTERAL INFUS PUMP STATIO | | | | Not Allowed | $0.00 | | | |
| B9998 | E | ENTERAL SUPP NOT OTHERWISE C | | | | Not Allowed | $0.00 | | | |
| B9999 | E | PARENTERAL SUPP NOT OTHRWS C | | | | Not Allowed | $0.00 | | | |
| C1713 | N | ANCHOR/SCREW BN/BN,TIS/BN | | | | Bundled | $0.00 | | | |
| C1714 | N | CATH, TRANS ATHERECTOMY, DIR | | | | Bundled | $0.00 | | | |
| C1715 | N | BRACHYTHERAPY NEEDLE | | | | Bundled | $0.00 | | | |
| C1716 | U | BRACHYTX, NON-STR, GOLD-198 | | 02645 | 0.6177 | APC | $34.99 | | | |
| C1717 | U | BRACHYTX, NON-STR,HDR IR-192 | | 02646 | 3.9884 | APC | $225.90 | | | |
| C1719 | U | BRACHYTX, NS, NON-HDRIR-192 | | 02647 | 1.2629 | APC | $71.53 | | | |
| C1721 | N | AICD, DUAL CHAMBER | | | | Bundled | $0.00 | | | |
| C1722 | N | AICD, SINGLE CHAMBER | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C1724 | N | CATH, TRANS ATHEREC,ROTATION | | | | Bundled | $0.00 | | | |
| C1725 | N | CATH, TRANSLUMIN NON-LASER | | | | Bundled | $0.00 | | | |
| C1726 | N | CATH, BAL DIL, NON-VASCULAR | | | | Bundled | $0.00 | | | |
| C1727 | N | CATH, BAL TIS DIS, NON-VAS | | | | Bundled | $0.00 | | | |
| C1728 | N | CATH, BRACHYTX SEED ADM | | | | Bundled | $0.00 | | | |
| C1729 | N | CATH, DRAINAGE | | | | Bundled | $0.00 | | | |
| C1730 | N | CATH, EP, 19 OR FEW ELECT | | | | Bundled | $0.00 | | | |
| C1731 | N | CATH, EP, 20 OR MORE ELEC | | | | Bundled | $0.00 | | | |
| C1732 | N | CATH, EP, DIAG/ABL, 3D/VECT | | | | Bundled | $0.00 | | | |
| C1733 | N | CATH, EP, OTHR THAN COOL-TIP | | | | Bundled | $0.00 | | | |
| C1749 | N | ENDO, COLON, RETRO IMAGING | | | | Bundled | $0.00 | | | |
| C1750 | N | CATH, HEMODIALYSIS,LONG-TERM | | | | Bundled | $0.00 | | | |
| C1751 | N | CATH, INF, PER/CENT/MIDLINE | | | | Bundled | $0.00 | | | |
| C1752 | N | CATH,HEMODIALYSIS,SHORT-TERM | | | | Bundled | $0.00 | | | |
| C1753 | N | CATH, INTRAVAS ULTRASOUND | | | | Bundled | $0.00 | | | |
| C1754 | N | CATHETER, INTRADISCAL | | | | Bundled | $0.00 | | | |
| C1755 | N | CATHETER, INTRASPINAL | | | | Bundled | $0.00 | | | |
| C1756 | N | CATH, PACING, TRANSESOPH | | | | Bundled | $0.00 | | | |
| C1757 | N | CATH, THROMBECTOMY/EMBOLECT | | | | Bundled | $0.00 | | | |
| C1758 | N | CATHETER, URETERAL | | | | Bundled | $0.00 | | | |
| C1759 | N | CATH, INTRA ECHOCARDIOGRAPHY | | | | Bundled | $0.00 | | | |
| C1760 | N | CLOSURE DEV, VASC | | | | Bundled | $0.00 | | | |
| C1762 | N | CONN TISS, HUMAN(INC FASCIA) | | | | Bundled | $0.00 | | | |
| C1763 | N | CONN TISS, NON-HUMAN | | | | Bundled | $0.00 | | | |
| C1764 | N | EVENT RECORDER, CARDIAC | | | | Bundled | $0.00 | | | |
| C1765 | N | ADHESION BARRIER | | | | Bundled | $0.00 | | | |
| C1766 | N | INTRO/SHEATH,STRBLE,NON-PEEL | | | | Bundled | $0.00 | | | |
| C1767 | N | GENERATOR, NEURO NON-RECHARG | | | | Bundled | $0.00 | | | |
| C1768 | N | GRAFT, VASCULAR | | | | Bundled | $0.00 | | | |
| C1769 | N | GUIDE WIRE | | | | Bundled | $0.00 | | | |
| C1770 | N | IMAGING COIL, MR, INSERTABLE | | | | Bundled | $0.00 | | | |
| C1771 | N | REP DEV, URINARY, W/SLING | | | | Bundled | $0.00 | | | |
| C1772 | N | INFUSION PUMP, PROGRAMMABLE | | | | Bundled | $0.00 | | | |
| C1773 | N | RET DEV, INSERTABLE | | | | Bundled | $0.00 | | | |
| C1776 | N | JOINT DEVICE (IMPLANTABLE) | | | | Bundled | $0.00 | | | |
| C1777 | N | LEAD, AICD, ENDO SINGLE COIL | | | | Bundled | $0.00 | | | |
| C1778 | N | LEAD, NEUROSTIMULATOR | | | | Bundled | $0.00 | | | |
| C1779 | N | LEAD, PMKR, TRANSVENOUS VDD | | | | Bundled | $0.00 | | | |
| C1780 | N | LENS, INTRAOCULAR (NEW TECH) | | | | Bundled | $0.00 | | | |
| C1781 | N | MESH (IMPLANTABLE) | | | | Bundled | $0.00 | | | |
| C1782 | N | MORCELLATOR | | | | Bundled | $0.00 | | | |
| C1783 | N | OCULAR IMP, AQUEOUS DRAIN DE | | | | Bundled | $0.00 | | | |
| C1784 | N | OCULAR DEV, INTRAOP, DET RET | | | | Bundled | $0.00 | | | |
| C1785 | N | PMKR, DUAL, RATE-RESP | | | | Bundled | $0.00 | | | |
| C1786 | N | PMKR, SINGLE, RATE-RESP | | | | Bundled | $0.00 | | | |
| C1787 | N | PATIENT PROGR, NEUROSTIM | | | | Bundled | $0.00 | | | |
| C1788 | N | PORT, INDWELLING, IMP | | | | Bundled | $0.00 | | | |
| C1789 | N | PROSTHESIS, BREAST, IMP | | | | Bundled | $0.00 | | | |
| C1813 | E | PROSTHESIS, PENILE, INFLATAB | | | | Not Allowed | $0.00 | | | |
| C1814 | N | RETINAL TAMP, SILICONE OIL | | | | Bundled | $0.00 | | | |
| C1815 | N | PROS, URINARY SPH, IMP | | | | Bundled | $0.00 | | | |
| C1816 | N | RECEIVER/TRANSMITTER, NEURO | | | | Bundled | $0.00 | | | |
| C1817 | N | SEPTAL DEFECT IMP SYS | | | | Bundled | $0.00 | | | |
| C1818 | N | INTEGRATED KERATOPROSTHESIS | | | | Bundled | $0.00 | | | |
| C1819 | N | TISSUE LOCALIZATION-EXCISION | | | | Bundled | $0.00 | | | |
| C1820 | N | GEN, NEURO, NON-HF RECHG BAT | | | | Bundled | $0.00 | | | |
| C1821 | N | INTERSPINOUS IMPLANT | | | | Bundled | $0.00 | | | |
| C1822 | H | GEN, NEURO, HF, RECHG BAT | | 01661 | | Charge Ratio | $0.00 | | | |
| C1830 | N | POWER BONE MARROW BX NEEDLE | | | | Bundled | $0.00 | | | |
| C1840 | N | TELESCOPIC INTRAOCULAR LENS | | | | Bundled | $0.00 | | | |
| C1841 | N | RETINAL PROSTH INT/EXT COMP | | | | Bundled | $0.00 | | | |
| C1874 | N | STENT, COATED/COV W/DEL SYS | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C1875 | N | STENT, COATED/COV W/O DEL SY | | | | Bundled | $0.00 | | | |
| C1876 | N | STENT, NON-COA/NON-COV W/DEL | | | | Bundled | $0.00 | | | |
| C1877 | N | STENT, NON-COAT/COV W/O DEL | | | | Bundled | $0.00 | | | |
| C1878 | N | MATRL FOR VOCAL CORD | | | | Bundled | $0.00 | | | |
| C1880 | N | VENA CAVA FILTER | | | | Bundled | $0.00 | | | |
| C1881 | N | DIALYSIS ACCESS SYSTEM | | | | Bundled | $0.00 | | | |
| C1882 | N | AICD, OTHER THAN SING/DUAL | | | | Bundled | $0.00 | | | |
| C1883 | N | ADAPT/EXT, PACING/NEURO LEAD | | | | Bundled | $0.00 | | | |
| C1884 | N | EMBOLIZATION PROTECT SYST | | | | Bundled | $0.00 | | | |
| C1885 | N | CATH, TRANSLUMIN ANGIO LASER | | | | Bundled | $0.00 | | | |
| C1886 | N | CATHETER, ABLATION | | | | Bundled | $0.00 | | | |
| C1887 | N | CATHETER, GUIDING | | | | Bundled | $0.00 | | | |
| C1888 | N | ENDOVAS NON-CARDIAC ABL CATH | | | | Bundled | $0.00 | | | |
| C1891 | N | INFUSION PUMP,NON-PROG, PERM | | | | Bundled | $0.00 | | | |
| C1892 | N | INTRO/SHEATH,FIXED,PEEL-AWAY | | | | Bundled | $0.00 | | | |
| C1893 | N | INTRO/SHEATH, FIXED,NON-PEEL | | | | Bundled | $0.00 | | | |
| C1894 | N | INTRO/SHEATH, NON-LASER | | | | Bundled | $0.00 | | | |
| C1895 | N | LEAD, AICD, ENDO DUAL COIL | | | | Bundled | $0.00 | | | |
| C1896 | N | LEAD, AICD, NON SING/DUAL | | | | Bundled | $0.00 | | | |
| C1897 | N | LEAD, NEUROSTIM TEST KIT | | | | Bundled | $0.00 | | | |
| C1898 | N | LEAD, PMKR, OTHER THAN TRANS | | | | Bundled | $0.00 | | | |
| C1899 | N | LEAD, PMKR/AICD COMBINATION | | | | Bundled | $0.00 | | | |
| C1900 | N | LEAD, CORONARY VENOUS | | | | Bundled | $0.00 | | | |
| C2613 | H | LUNG BX PLUG W/DEL SYS | | 02613 | | Charge Ratio | $0.00 | | | |
| C2614 | N | PROBE, PERC LUMB DISC | | | | Bundled | $0.00 | | | |
| C2615 | N | SEALANT, PULMONARY, LIQUID | | | | Bundled | $0.00 | | | |
| C2616 | U | BRACHYTX, NON-STR,YTTRIUM-90 | | 02616 | 217.3170 | APC | $12,308.83 | | | |
| C2617 | N | STENT, NON-COR, TEM W/O DEL | | | | Bundled | $0.00 | | | |
| C2618 | N | PROBE/NEEDLE, CRYO | | | | Bundled | $0.00 | | | |
| C2619 | N | PMKR, DUAL, NON RATE-RESP | | | | Bundled | $0.00 | | | |
| C2620 | N | PMKR, SINGLE, NON RATE-RESP | | | | Bundled | $0.00 | | | |
| C2621 | N | PMKR, OTHER THAN SING/DUAL | | | | Bundled | $0.00 | | | |
| C2622 | E | PROSTHESIS, PENILE, NON-INF | | | | Not Allowed | $0.00 | | | |
| C2623 | H | CATH, TRANSLUMIN, DRUG-COAT | | 02623 | | Charge Ratio | $0.00 | | | |
| C2624 | H | WIRELESS PRESSURE SENSOR | | 02624 | | Charge Ratio | $0.00 | | | |
| C2625 | N | STENT, NON-COR, TEM W/DEL SY | | | | Bundled | $0.00 | | | |
| C2626 | N | INFUSION PUMP, NON-PROG,TEMP | | | | Bundled | $0.00 | | | |
| C2627 | N | CATH, SUPRAPUBIC/CYSTOSCOPIC | | | | Bundled | $0.00 | | | |
| C2628 | N | CATHETER, OCCLUSION | | | | Bundled | $0.00 | | | |
| C2629 | N | INTRO/SHEATH, LASER | | | | Bundled | $0.00 | | | |
| C2630 | N | CATH, EP, COOL-TIP | | | | Bundled | $0.00 | | | |
| C2631 | N | REP DEV, URINARY, W/O SLING | | | | Bundled | $0.00 | | | |
| C2634 | U | BRACHYTX, NON-STR, HA, I-125 | | 02634 | 1.1554 | APC | $65.44 | | | |
| C2635 | U | BRACHYTX, NON-STR, HA, P-103 | | 02635 | 0.4780 | APC | $27.07 | | | |
| C2636 | U | BRACHY LINEAR, NON-STR,P-103 | | 02636 | 0.1932 | APC | $10.94 | | | |
| C2637 | E | BRACHY,NON-STR,YTTERBIUM-169 | | | | Not Allowed | $0.00 | | | |
| C2638 | U | BRACHYTX, STRANDED, I-125 | | 02638 | 0.5167 | APC | $29.27 | | | |
| C2639 | U | BRACHYTX, NON-STRANDED,I-125 | | 02639 | 0.4970 | APC | $28.15 | | | |
| C2640 | U | BRACHYTX, STRANDED, P-103 | | 02640 | 0.9329 | APC | $52.84 | | | |
| C2641 | U | BRACHYTX, NON-STRANDED,P-103 | | 02641 | 0.8983 | APC | $50.88 | | | |
| C2642 | U | BRACHYTX, STRANDED, C-131 | | 02642 | 1.1745 | APC | $66.52 | | | |
| C2643 | U | BRACHYTX, NON-STRANDED,C-131 | | 02643 | 0.7077 | APC | $40.08 | | | |
| C2644 | U | BRACHYTX CESIUM-131 CHLORIDE | | 02644 | 0.1683 | APC | $9.53 | | | |
| C2645 | U | BRACHYTX PLANAR, P-103 | | 02648 | 0.0636 | APC | $3.60 | | | |
| C2698 | U | BRACHYTX, STRANDED, NOS | | 02698 | 0.5167 | APC | $29.27 | | | |
| C2699 | U | BRACHYTX, NON-STRANDED, NOS | | 02699 | 0.1932 | APC | $10.94 | | | |
| C5271 | T | LOW COST SKIN SUBSTITUTE APP | | 05053 | 5.8144 | APC | $329.33 | | | |
| C5272 | N | LOW COST SKIN SUBSTITUTE APP | | | | Bundled | $0.00 | | | |
| C5273 | T | LOW COST SKIN SUBSTITUTE APP | | 05055 | 28.9928 | APC | $1,642.15 | | | |
| C5274 | N | LOW COST SKIN SUBSTITUTE APP | | | | Bundled | $0.00 | | | |
| C5275 | T | LOW COST SKIN SUBSTITUTE APP | | 05053 | 5.8144 | APC | $329.33 | | | |
| C5276 | N | LOW COST SKIN SUBSTITUTE APP | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C5277 | T | LOW COST SKIN SUBSTITUTE APP | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| C5278 | N | LOW COST SKIN SUBSTITUTE APP | | | | Bundled | $0.00 | | | |
| C8900 | N | MRA W/CONT, ABD | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8901 | N | MRA W/O CONT, ABD | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| C8902 | N | MRA W/O FOL W/CONT, ABD | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8903 | N | MRI W/CONT, BREAST, UNI | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8904 | N | MRI W/O CONT, BREAST, UNI | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| C8905 | N | MRI W/O FOL W/CONT, BRST, UN | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8906 | N | MRI W/CONT, BREAST, BI | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8907 | N | MRI W/O CONT, BREAST, BI | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| C8908 | N | MRI W/O FOL W/CONT, BREAST, | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8909 | N | MRA W/CONT, CHEST | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8910 | N | MRA W/O CONT, CHEST | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| C8911 | N | MRA W/O FOL W/CONT, CHEST | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8912 | N | MRA W/CONT, LWR EXT | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8913 | N | MRA W/O CONT, LWR EXT | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| C8914 | N | MRA W/O FOL W/CONT, LWR EXT | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8918 | N | MRA W/CONT, PELVIS | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8919 | N | MRA W/O CONT, PELVIS | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| C8920 | N | MRA W/O FOL W/CONT, PELVIS | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8921 | S | TTE W OR W/O FOL W/CONT, COM | | 05562 | 9.1008 | APC | $515.47 | | | |
| C8922 | S | TTE W OR W/O FOL W/CONT, F/U | | 05561 | 6.1587 | APC | $348.83 | | | |
| C8923 | S | 2D TTE W OR W/O FOL W/CON,CO | | 05561 | 6.1587 | APC | $348.83 | | | |
| C8924 | S | 2D TTE W OR W/O FOL W/CON,FU | | 05561 | 6.1587 | APC | $348.83 | | | |
| C8925 | S | 2D TEE W OR W/O FOL W/CON,IN | | 05562 | 9.1008 | APC | $515.47 | | | |
| C8926 | S | TEE W OR W/O FOL W/CONT,CONG | | 05562 | 9.1008 | APC | $515.47 | | | |
| C8927 | S | TEE W OR W/O FOL W/CONT, MON | | 05562 | 9.1008 | APC | $515.47 | | | |
| C8928 | S | TTE W OR W/O FOL W/CON,STRES | | 05562 | 9.1008 | APC | $515.47 | | | |
| C8929 | S | TTE W OR WO FOL WCON,DOPPLER | | 05562 | 9.1008 | APC | $515.47 | | | |
| C8930 | S | TTE W OR W/O CONTR, CONT ECG | | 05562 | 9.1008 | APC | $515.47 | | | |
| C8931 | N | MRA, W/DYE, SPINAL CANAL | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8932 | N | MRA, W/O DYE, SPINAL CANAL | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| C8933 | N | MRA, W/O&W/DYE, SPINAL CANAL | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8934 | N | MRA, W/DYE, UPPER EXTREMITY | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8935 | N | MRA, W/O DYE, UPPER EXTR | | 05581 | 3.7103 | Bundled, sometimes payable | $210.15 | | | |
| C8936 | N | MRA, W/O&W/DYE, UPPER EXTR | | 05582 | 6.1623 | Bundled, sometimes payable | $349.03 | | | |
| C8957 | S | PROLONGED IV INF, REQ PUMP | | 05695 | 3.8015 | APC | $215.32 | | | |
| C9113 | N | INJ PANTOPRAZOLE SODIUM, VIA | | | | Bundled | $0.00 | | | |
| C9121 | K | INJECTION, ARGATROBAN | | 09121 | 0.2014 | APC (blood and non-blood product codes) | $11.41 | | | |
| C9132 | K | KCENTRA, PER I.U. | | 09132 | 0.0313 | APC (blood and non-blood product codes) | $1.77 | | | |
| C9137 | G | ADYNOVATE FACTOR VIII RECOM | | 01844 | | APC - Pays by Fee Schedule Amount | $1.55 | | | |
| C9138 | G | NUWIQ FACTOR VIII RECOMB | | 01846 | | APC - Pays by Fee Schedule Amount | $1.52 | | | |
| C9248 | K | INJ, CLEVIDIPINE BUTYRATE | | 09248 | 0.0445 | APC (blood and non-blood product codes) | $2.52 | | | |
| C9250 | N | ARTISS FIBRIN SEALANT | | | | Bundled | $0.00 | | | |
| C9254 | N | INJECTION, LACOSAMIDE | | | | Bundled | $0.00 | | | |
| C9257 | K | BEVACIZUMAB INJECTION | | 01281 | 0.0320 | APC (blood and non-blood product codes) | $1.81 | | | |
| C9275 | N | HEXAMINOLEVULINATE HCL | | | | Bundled | $0.00 | | | |
| C9285 | N | PATCH, LIDOCAINE/TETRACAINE | | | | Bundled | $0.00 | | | |
| C9290 | N | INJ, BUPIVACAINE LIPOSOME | | | | Bundled | $0.00 | | | |
| C9293 | K | INJECTION, GLUCARPIDASE | | 09293 | 4.7790 | APC (blood and non-blood product codes) | $270.68 | | | |
| C9349 | G | PURAPLY, PURAPLY ANTIMIC | | 01657 | | APC - Pays by Fee Schedule Amount | $121.38 | | | |
| C9352 | N | NEURAGEN NERVE GUIDE, PER CM | | | | Bundled | $0.00 | | | |
| C9353 | N | NEURAWRAP NERVE PROTECTOR,CM | | | | Bundled | $0.00 | | | |
| C9354 | N | VERITAS COLLAGEN MATRIX, CM2 | | | | Bundled | $0.00 | | | |
| C9355 | N | NEUROMATRIX NERVE CUFF, CM | | | | Bundled | $0.00 | | | |
| C9356 | N | TENOGLIDE TENDON PROT, CM2 | | | | Bundled | $0.00 | | | |
| C9358 | N | SURGIMEND, FETAL | | | | Bundled | $0.00 | | | |
| C9359 | N | IMPLNT,BON VOID FILLER-PUTTY | | | | Bundled | $0.00 | | | |
| C9360 | N | SURGIMEND, NEONATAL | | | | Bundled | $0.00 | | | |
| C9361 | N | NEUROMEND NERVE WRAP | | | | Bundled | $0.00 | | | |
| C9362 | N | IMPLNT,BON VOID FILLER-STRIP | | | | Bundled | $0.00 | | | |
| C9363 | N | INTEGRA MESHED BIL WOUND MAT | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| C9364 | N | PORCINE IMPLANT, PERMACOL | | | | Bundled | $0.00 | | | |
| C9399 | M | UNCLASSIFIED DRUGS OR BIOLOG | | | | Fee Schedule | $0.00 | | | |
| C9447 | G | INJ, PHENYLEPHRINE KETOROLAC | | 01663 | | APC - Pays by Fee Schedule Amount | $487.40 | | | |
| C9460 | G | INJECTION, CANGRELOR | | 09460 | | APC - Pays by Fee Schedule Amount | $15.47 | | | |
| C9461 | G | CHOLINE C 11, DIAGNOSTIC | | 09461 | | APC - Pays by Fee Schedule Amount | $5,700.00 | | | |
| C9470 | G | ARIPIPRAZOLE LAUROXIL IM | | 09470 | | APC - Pays by Fee Schedule Amount | $2.43 | | | |
| C9471 | G | HYMOVIS, 1 MG | | 09471 | | APC - Pays by Fee Schedule Amount | $19.00 | | | |
| C9472 | G | INJ TALIMOGENE LAHERPAREPVEC | | 09472 | | APC - Pays by Fee Schedule Amount | $46.48 | | | |
| C9473 | G | INJECTION, MEPOLIZUMAB | | 09473 | | APC - Pays by Fee Schedule Amount | $25.96 | | | |
| C9474 | G | INJ, IRINOTECAN LIPOSOME | | 09474 | | APC - Pays by Fee Schedule Amount | $39.58 | | | |
| C9475 | G | INJECTION, NECITUMUMAB | | 09475 | | APC - Pays by Fee Schedule Amount | $5.29 | | | |
| C9476 | G | INJECTION, DARATUMUMAB | | 09476 | | APC - Pays by Fee Schedule Amount | $46.43 | | | |
| C9477 | G | INJECTION, ELOTUZUMAB | | 09477 | | APC - Pays by Fee Schedule Amount | $6.25 | | | |
| C9478 | G | INJECTION, SEBELIPASE ALFA | | 09478 | | APC - Pays by Fee Schedule Amount | $5.30 | | | |
| C9479 | G | INSTILL, CIPROFLOXACIN OTIC | | 09479 | | APC - Pays by Fee Schedule Amount | $30.02 | | | |
| C9480 | G | INJECTION, TRABECTEDIN | | 09480 | | APC - Pays by Fee Schedule Amount | $280.57 | | | |
| C9497 | G | LOXAPINE, INHALATION POWDER | | 09497 | | APC - Pays by Fee Schedule Amount | $148.71 | | | |
| C9600 | N | PERC DRUG-EL COR STENT SING | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| C9601 | N | PERC DRUG-EL COR STENT BRAN | | | | Bundled | $0.00 | | | |
| C9602 | N | PERC D-E COR STENT ATHER S | | 05193 | 198.1983 | Bundled, sometimes payable | $11,225.95 | | | |
| C9603 | N | PERC D-E COR STENT ATHER BR | | | | Bundled | $0.00 | | | |
| C9604 | N | PERC D-E COR REVASC T CABG S | | 05192 | 129.4317 | Bundled, sometimes payable | $7,331.01 | | | |
| C9605 | N | PERC D-E COR REVASC T CABG B | | | | Bundled | $0.00 | | | |
| C9606 | N | PERC D-E COR REVASC W AMI S | | 05193 | 198.1983 | Bundled, sometimes payable | $11,225.95 | | | |
| C9607 | N | PERC D-E COR REVASC CHRO SIN | | 05193 | 198.1983 | Bundled, sometimes payable | $11,225.95 | | | |
| C9608 | N | PERC D-E COR REVASC CHRO ADD | | | | Bundled | $0.00 | | | |
| C9725 | T | PLACE ENDORECTAL APP | | 05311 | 6.6796 | APC | $378.33 | | | |
| C9726 | N | RXT BREAST APPL PLACE/REMOV | | | | Bundled | $0.00 | | | |
| C9727 | T | INSERT PALATE IMPLANTS | | 05163 | 9.3541 | APC | $529.82 | | | |
| C9728 | S | PLACE DEVICE/MARKER, NON PRO | | 05614 | 13.9276 | APC | $788.86 | | | |
| C9733 | N | NON-OPHTHALMIC FVA | | 05524 | 4.7706 | Bundled, sometimes payable | $270.21 | | | |
| C9734 | T | U/S TRTMT, NOT LEIOMYOMATA | | 05122 | 32.4936 | APC | $1,840.44 | | | |
| C9739 | N | CYSTOSCOPY PROSTATIC IMP 1-3 | | 05375 | 46.0323 | Bundled, sometimes payable | $2,607.27 | | | |
| C9740 | T | CYSTO IMPL 4 OR MORE | | 01565 | 92.6907 | APC | $5,250.00 | | | |
| C9741 | T | IMPL PRESSURE SENSOR W/ANGIO | | 05188 | 34.5760 | APC | $1,958.38 | | | |
| C9742 | T | LARYNGOSCOPY WITH INJECTION | | 05153 | 14.0725 | APC | $797.07 | | | |
| C9800 | T | DERMAL FILLER INJ PX/SUPPL | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| C9898 | N | INPNT STAY RADIOLABELED ITEM | | | | Bundled | $0.00 | | | |
| C9899 | E | INPT IMPLANT PROS DEV,NO COV | | | | Not Allowed | $0.00 | | | |
| D0120 | M | PERIODIC ORAL EVALUATION | | | | Fee Schedule | $68.64 | | | |
| D0140 | M | LIMIT ORAL EVAL PROBLM FOCUS | | | | Fee Schedule | $68.64 | | | |
| D0145 | M | ORAL EVALUATION, PT < 3YRS | | | | Fee Schedule | $68.64 | | | |
| D0150 | S | COMPREHENSVE ORAL EVALUATION | | 05871 | 5.0351 | APC | $285.19 | | | |
| D0160 | E | EXTENSV ORAL EVAL PROB FOCUS | | | | Not Allowed | $0.00 | | | |
| D0170 | E | RE-EVAL,EST PT,PROBLEM FOCUS | | | | Not Allowed | $0.00 | | | |
| D0171 | E | RE-EVAL POST-OP VISIT | | | | Not Allowed | $0.00 | | | |
| D0180 | E | COMP PERIODONTAL EVALUATION | | | | Not Allowed | $0.00 | | | |
| D0190 | E | SCREENING OF A PATIENT | | | | Not Allowed | $0.00 | | | |
| D0191 | E | ASSESSMENT OF A PATIENT | | | | Not Allowed | $0.00 | | | |
| D0210 | M | INTRAOR COMPLETE FILM SERIES | | | | Fee Schedule | $68.64 | | | |
| D0220 | M | INTRAORAL PERIAPICAL FIRST | | | | Fee Schedule | $68.64 | | | |
| D0230 | M | INTRAORAL PERIAPICAL EA ADD | | | | Fee Schedule | $68.64 | | | |
| D0240 | S | INTRAORAL OCCLUSAL FILM | | 05871 | 5.0351 | APC | $285.19 | | | |
| D0250 | S | EXTRAORAL 2D PROJECT IMAGE | | 05871 | 5.0351 | APC | $285.19 | | | |
| D0251 | N | EXTRAORAL POSTERIOR IMAGE | | 05521 | 0.8247 | Bundled, sometimes payable | $46.71 | | | |
| D0270 | S | DENTAL BITEWING SINGLE IMAGE | | 05871 | 5.0351 | APC | $285.19 | | | |
| D0272 | S | DENTAL BITEWINGS TWO IMAGES | | 05871 | 5.0351 | APC | $285.19 | | | |
| D0273 | M | BITEWINGS - THREE IMAGES | | | | Fee Schedule | $68.64 | | | |
| D0274 | S | BITEWINGS FOUR IMAGES | | 05871 | 5.0351 | APC | $285.19 | | | |
| D0277 | S | VERT BITEWINGS 7 TO 8 IMAGES | | 05871 | 5.0351 | APC | $285.19 | | | |
| D0290 | E | SKULL/FACIAL BONE IMAGE | | | | Not Allowed | $0.00 | | | |
| D0310 | E | DENTAL SALIOGRAPHY | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D0320 | E | DENTAL TMJ ARTHROGRAM INCL I | | | | Not Allowed | $0.00 | | | |
| D0321 | E | OTHER TMJ IMAGES BY REPORT | | | | Not Allowed | $0.00 | | | |
| D0322 | E | DENTAL TOMOGRAPHIC SURVEY | | | | Not Allowed | $0.00 | | | |
| D0330 | M | PANORAMIC IMAGE | | | | Fee Schedule | $68.64 | | | |
| D0340 | M | 2D CEPHALOMETRIC IMAGE | | | | Fee Schedule | $68.64 | | | |
| D0350 | M | ORAL/FACIAL PHOTO IMAGES | | | | Fee Schedule | $68.64 | | | |
| D0351 | E | 3D PHOTOGRAPHIC IMAGE | | | | Not Allowed | $0.00 | | | |
| D0360 | E | CONE BEAM CT | | | | Not Allowed | $0.00 | | | |
| D0362 | E | CONE BEAM, TWO DIMENSIONAL | | | | Not Allowed | $0.00 | | | |
| D0364 | E | CONE BEAM CT CAPT & INTERP | | | | Not Allowed | $0.00 | | | |
| D0365 | E | CONE BEAM CT INTERPRETE MAN | | | | Not Allowed | $0.00 | | | |
| D0366 | E | CONE BEAM CT INTERPRETE MAX | | | | Not Allowed | $0.00 | | | |
| D0367 | M | CONE BEAM CT INTERP BOTH JAW | | | | Fee Schedule | $68.64 | | | |
| D0368 | E | CONE BEAM CT INTERPRETE TMJ | | | | Not Allowed | $0.00 | | | |
| D0369 | E | MAX MRI CAPTURE & INTERPRETE | | | | Not Allowed | $0.00 | | | |
| D0370 | E | MAX ULTRASOUND CAPT & INTERP | | | | Not Allowed | $0.00 | | | |
| D0371 | E | SIALOENDOSCOPY CAPT & INTERP | | | | Not Allowed | $0.00 | | | |
| D0380 | E | CONE BEAM CT CAPTURE LIMITED | | | | Not Allowed | $0.00 | | | |
| D0381 | E | CONE BEAM CT CAPT MANDIBLE | | | | Not Allowed | $0.00 | | | |
| D0382 | E | CONE BEAM CT CAPT MAXILLA | | | | Not Allowed | $0.00 | | | |
| D0383 | E | CONE BEAM CT BOTH JAWS | | | | Not Allowed | $0.00 | | | |
| D0384 | E | CONE BEAM CT CAPTURE TMJ | | | | Not Allowed | $0.00 | | | |
| D0385 | E | MAX MRI IMAGE CAPTURE | | | | Not Allowed | $0.00 | | | |
| D0386 | E | MAX ULTRASOUND IMAGE CAPTURE | | | | Not Allowed | $0.00 | | | |
| D0391 | E | IMTERPRETE DIAGNOSTIC IMAGE | | | | Not Allowed | $0.00 | | | |
| D0393 | E | TRTMNT SIMULATION 3D IMAGE | | | | Not Allowed | $0.00 | | | |
| D0394 | E | DIGITAL SUB 2 OR MORE IMAGES | | | | Not Allowed | $0.00 | | | |
| D0395 | E | FUSION 2 OR MORE 3D IMAGES | | | | Not Allowed | $0.00 | | | |
| D0415 | E | COLLECTION OF MICROORGANISMS | | | | Not Allowed | $0.00 | | | |
| D0416 | E | VIRAL CULTURE | | | | Not Allowed | $0.00 | | | |
| D0417 | E | COLLECT & PREP SALIVA SAMPLE | | | | Not Allowed | $0.00 | | | |
| D0418 | E | ANALYSIS OF SALIVA SAMPLE | | | | Not Allowed | $0.00 | | | |
| D0422 | E | COLLECT & PREP GENETIC SAMP | | | | Not Allowed | $0.00 | | | |
| D0423 | E | GENETIC TEST SPEC ANALYSIS | | | | Not Allowed | $0.00 | | | |
| D0425 | M | CARIES SUSCEPTIBILITY TEST | | | | Fee Schedule | $68.64 | | | |
| D0431 | E | DIAG TST DETECT MUCOS ABNORM | | | | Not Allowed | $0.00 | | | |
| D0460 | S | PULP VITALITY TEST | | 05871 | 5.0351 | APC | $285.19 | | | |
| D0470 | M | DIAGNOSTIC CASTS | | | | Fee Schedule | $68.64 | | | |
| D0472 | E | GROSS EXAM, PREP & REPORT | | | | Not Allowed | $0.00 | | | |
| D0473 | E | MICRO EXAM, PREP & REPORT | | | | Not Allowed | $0.00 | | | |
| D0474 | E | MICRO W EXAM OF SURG MARGINS | | | | Not Allowed | $0.00 | | | |
| D0475 | E | DECALCIFICATION PROCEDURE | | | | Not Allowed | $0.00 | | | |
| D0476 | E | SPEC STAINS FOR MICROORGANIS | | | | Not Allowed | $0.00 | | | |
| D0477 | E | SPEC STAINS NOT FOR MICROORG | | | | Not Allowed | $0.00 | | | |
| D0478 | E | IMMUNOHISTOCHEMICAL STAINS | | | | Not Allowed | $0.00 | | | |
| D0479 | E | TISSUE IN-SITU HYBRIDIZATION | | | | Not Allowed | $0.00 | | | |
| D0480 | E | CYTOPATH SMEAR PREP & REPORT | | | | Not Allowed | $0.00 | | | |
| D0481 | E | ELECTRON MICROSCOPY | | | | Not Allowed | $0.00 | | | |
| D0482 | E | DIRECT IMMUNOFLUORESCENCE | | | | Not Allowed | $0.00 | | | |
| D0483 | E | INDIRECT IMMUNOFLUORESCENCE | | | | Not Allowed | $0.00 | | | |
| D0484 | E | CONSULT SLIDES PREP ELSEWHER | | | | Not Allowed | $0.00 | | | |
| D0485 | E | CONSULT INC PREP OF SLIDES | | | | Not Allowed | $0.00 | | | |
| D0486 | M | ACCESS OF TRANSEP CYTOL SAMP | | | | Fee Schedule | $68.64 | | | |
| D0502 | E | OTHER ORAL PATHOLOGY PROCEDU | | | | Not Allowed | $0.00 | | | |
| D0601 | M | CARIES RISK ASSESS LOW RISK | | | | Fee Schedule | $68.64 | | | |
| D0602 | M | CARIES RISK ASSESS MOD RISK | | | | Fee Schedule | $68.64 | | | |
| D0603 | M | CARIES RISK ASSESS HIGH RISK | | | | Fee Schedule | $68.64 | | | |
| D0999 | E | UNSPECIFIED DIAGNOSTIC PROCE | | | | Not Allowed | $0.00 | | | |
| D1110 | M | DENTAL PROPHYLAXIS ADULT | | | | Fee Schedule | $68.64 | | | |
| D1120 | M | DENTAL PROPHYLAXIS CHILD | | | | Fee Schedule | $68.64 | | | |
| D1206 | M | TOPICAL FLUORIDE VARNISH | | | | Fee Schedule | $68.64 | | | |
| D1208 | M | TOPICAL APP FLUORID EX VRNSH | | | | Fee Schedule | $68.64 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D1310 | M | NUTRI COUNSEL-CONTROL CARIES | | | | Fee Schedule | $68.64 | | | |
| D1320 | M | TOBACCO COUNSELING | | | | Fee Schedule | $68.64 | | | |
| D1330 | M | ORAL HYGIENE INSTRUCTION | | | | Fee Schedule | $68.64 | | | |
| D1351 | M | DENTAL SEALANT PER TOOTH | | | | Fee Schedule | $68.64 | | | |
| D1352 | M | PREV RESIN REST, PERM TOOTH | | | | Fee Schedule | $68.64 | | | |
| D1353 | M | SEALANT REPAIR PER TOOTH | | | | Fee Schedule | $0.00 | | | |
| D1354 | E | INTERIM CARIES MED APP | | | | Not Allowed | $0.00 | | | |
| D1510 | S | SPACE MAINTAINER FXD UNILAT | | 05871 | 5.0351 | APC | $285.19 | | | |
| D1515 | S | FIXED BILAT SPACE MAINTAINER | | 05871 | 5.0351 | APC | $285.19 | | | |
| D1520 | E | REMOVE UNILAT SPACE MAINTAIN | | | | Not Allowed | $0.00 | | | |
| D1525 | E | REMOVE BILAT SPACE MAINTAIN | | | | Not Allowed | $0.00 | | | |
| D1550 | S | RECEMENT SPACE MAINTAINER | | 05871 | 5.0351 | APC | $285.19 | | | |
| D1555 | M | REMOVE FIX SPACE MAINTAINER | | | | Fee Schedule | $68.64 | | | |
| D1999 | E | UNSPECIFIED PREVENTIVE PROC | | | | Not Allowed | $0.00 | | | |
| D2140 | M | AMALGAM ONE SURFACE PERMANEN | | | | Fee Schedule | $68.64 | | | |
| D2150 | M | AMALGAM TWO SURFACES PERMANE | | | | Fee Schedule | $68.64 | | | |
| D2160 | M | AMALGAM THREE SURFACES PERMA | | | | Fee Schedule | $68.64 | | | |
| D2161 | M | AMALGAM 4 OR > SURFACES PERM | | | | Fee Schedule | $68.64 | | | |
| D2330 | M | RESIN ONE SURFACE-ANTERIOR | | | | Fee Schedule | $68.64 | | | |
| D2331 | M | RESIN TWO SURFACES-ANTERIOR | | | | Fee Schedule | $68.64 | | | |
| D2332 | M | RESIN THREE SURFACES-ANTERIO | | | | Fee Schedule | $68.64 | | | |
| D2335 | M | RESIN 4/> SURF OR W INCIS AN | | | | Fee Schedule | $68.64 | | | |
| D2390 | M | ANT RESIN-BASED CMPST CROWN | | | | Fee Schedule | $68.64 | | | |
| D2391 | M | POST 1 SRFC RESINBASED CMPST | | | | Fee Schedule | $68.64 | | | |
| D2392 | M | POST 2 SRFC RESINBASED CMPST | | | | Fee Schedule | $68.64 | | | |
| D2393 | M | POST 3 SRFC RESINBASED CMPST | | | | Fee Schedule | $68.64 | | | |
| D2394 | M | POST >=4SRFC RESINBASE CMPST | | | | Fee Schedule | $68.64 | | | |
| D2410 | E | DENTAL GOLD FOIL ONE SURFACE | | | | Not Allowed | $0.00 | | | |
| D2420 | E | DENTAL GOLD FOIL TWO SURFACE | | | | Not Allowed | $0.00 | | | |
| D2430 | E | DENTAL GOLD FOIL THREE SURFA | | | | Not Allowed | $0.00 | | | |
| D2510 | E | DENTAL INLAY METALIC 1 SURF | | | | Not Allowed | $0.00 | | | |
| D2520 | E | DENTAL INLAY METALLIC 2 SURF | | | | Not Allowed | $0.00 | | | |
| D2530 | E | DENTAL INLAY METL 3/MORE SUR | | | | Not Allowed | $0.00 | | | |
| D2542 | E | DENTAL ONLAY METALLIC 2 SURF | | | | Not Allowed | $0.00 | | | |
| D2543 | E | DENTAL ONLAY METALLIC 3 SURF | | | | Not Allowed | $0.00 | | | |
| D2544 | E | DENTAL ONLAY METL 4/MORE SUR | | | | Not Allowed | $0.00 | | | |
| D2610 | E | INLAY PORCELAIN/CERAMIC 1 SU | | | | Not Allowed | $0.00 | | | |
| D2620 | E | INLAY PORCELAIN/CERAMIC 2 SU | | | | Not Allowed | $0.00 | | | |
| D2630 | E | DENTAL ONLAY PORC 3/MORE SUR | | | | Not Allowed | $0.00 | | | |
| D2642 | E | DENTAL ONLAY PORCELIN 2 SURF | | | | Not Allowed | $0.00 | | | |
| D2643 | E | DENTAL ONLAY PORCELIN 3 SURF | | | | Not Allowed | $0.00 | | | |
| D2644 | E | DENTAL ONLAY PORC 4/MORE SUR | | | | Not Allowed | $0.00 | | | |
| D2650 | E | INLAY COMPOSITE/RESIN ONE SU | | | | Not Allowed | $0.00 | | | |
| D2651 | E | INLAY COMPOSITE/RESIN TWO SU | | | | Not Allowed | $0.00 | | | |
| D2652 | E | DENTAL INLAY RESIN 3/MRE SUR | | | | Not Allowed | $0.00 | | | |
| D2662 | E | DENTAL ONLAY RESIN 2 SURFACE | | | | Not Allowed | $0.00 | | | |
| D2663 | E | DENTAL ONLAY RESIN 3 SURFACE | | | | Not Allowed | $0.00 | | | |
| D2664 | E | DENTAL ONLAY RESIN 4/MRE SUR | | | | Not Allowed | $0.00 | | | |
| D2710 | M | CROWN RESIN-BASED INDIRECT | | | | Fee Schedule | $68.64 | | | |
| D2712 | M | CROWN 3/4 RESIN-BASED COMPOS | | | | Fee Schedule | $68.64 | | | |
| D2720 | M | CROWN RESIN W/ HIGH NOBLE ME | | | | Fee Schedule | $68.64 | | | |
| D2721 | M | CROWN RESIN W/ BASE METAL | | | | Fee Schedule | $68.64 | | | |
| D2722 | M | CROWN RESIN W/ NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D2740 | M | CROWN PORCELAIN/CERAMIC SUBS | | | | Fee Schedule | $68.64 | | | |
| D2750 | M | CROWN PORCELAIN W/ H NOBLE M | | | | Fee Schedule | $68.64 | | | |
| D2751 | M | CROWN PORCELAIN FUSED BASE M | | | | Fee Schedule | $68.64 | | | |
| D2752 | M | CROWN PORCELAIN W/ NOBLE MET | | | | Fee Schedule | $68.64 | | | |
| D2780 | M | CROWN 3/4 CAST HI NOBLE MET | | | | Fee Schedule | $68.64 | | | |
| D2781 | M | CROWN 3/4 CAST BASE METAL | | | | Fee Schedule | $68.64 | | | |
| D2782 | M | CROWN 3/4 CAST NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D2783 | M | CROWN 3/4 PORCELAIN/CERAMIC | | | | Fee Schedule | $68.64 | | | |
| D2790 | M | CROWN FULL CAST HIGH NOBLE M | | | | Fee Schedule | $68.64 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D2791 | M | CROWN FULL CAST BASE METAL | | | | Fee Schedule | $68.64 | | | |
| D2792 | M | CROWN FULL CAST NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D2794 | M | CROWN-TITANIUM | | | | Fee Schedule | $68.64 | | | |
| D2799 | M | PROVISIONAL CROWN | | | | Fee Schedule | $68.64 | | | |
| D2910 | M | RECEMENT INLAY ONLAY OR PART | | | | Fee Schedule | $68.64 | | | |
| D2915 | E | RECEMENT CAST OR PREFAB POST | | | | Not Allowed | $0.00 | | | |
| D2920 | M | RE-CEMENT OR RE-BOND CROWN | | | | Fee Schedule | $68.64 | | | |
| D2921 | M | REATTACH TOOTH FRAGMENT | | | | Fee Schedule | $68.64 | | | |
| D2929 | M | PREFAB PORC/CERAM CROWN PRI | | | | Fee Schedule | $68.64 | | | |
| D2930 | M | PREFAB STNLSS STEEL CRWN PRI | | | | Fee Schedule | $68.64 | | | |
| D2931 | M | PREFAB STNLSS STEEL CROWN PE | | | | Fee Schedule | $68.64 | | | |
| D2932 | M | PREFABRICATED RESIN CROWN | | | | Fee Schedule | $68.64 | | | |
| D2933 | M | PREFAB STAINLESS STEEL CROWN | | | | Fee Schedule | $68.64 | | | |
| D2934 | E | PREFAB STEEL CROWN PRIMARY | | | | Not Allowed | $0.00 | | | |
| D2940 | M | PROTECTIVE RESTORATION | | | | Fee Schedule | $68.64 | | | |
| D2941 | E | INT THERAPEUTIC RESTORATION | | | | Not Allowed | $0.00 | | | |
| D2949 | E | RESTORATIVE FOUNDATION | | | | Not Allowed | $0.00 | | | |
| D2950 | M | CORE BUILD-UP INCL ANY PINS | | | | Fee Schedule | $68.64 | | | |
| D2951 | M | TOOTH PIN RETENTION | | | | Fee Schedule | $68.64 | | | |
| D2952 | M | POST AND CORE CAST + CROWN | | | | Fee Schedule | $68.64 | | | |
| D2953 | M | EACH ADDTNL CAST POST | | | | Fee Schedule | $68.64 | | | |
| D2954 | M | PREFAB POST/CORE + CROWN | | | | Fee Schedule | $68.64 | | | |
| D2955 | E | POST REMOVAL | | | | Not Allowed | $0.00 | | | |
| D2957 | M | EACH ADDTNL PREFAB POST | | | | Fee Schedule | $68.64 | | | |
| D2960 | M | LAMINATE LABIAL VENEER | | | | Fee Schedule | $68.64 | | | Y |
| D2961 | M | LAB LABIAL VENEER RESIN | | | | Fee Schedule | $68.64 | | | Y |
| D2962 | M | LAB LABIAL VENEER PORCELAIN | | | | Fee Schedule | $68.64 | | | Y |
| D2971 | E | ADD PROC CONSTRUCT NEW CROWN | | | | Not Allowed | $0.00 | | | |
| D2975 | E | COPING | | | | Not Allowed | $0.00 | | | |
| D2980 | M | CROWN REPAIR | | | | Fee Schedule | $68.64 | | | |
| D2981 | E | INLAY REPAIR | | | | Not Allowed | $0.00 | | | |
| D2982 | E | ONLAY REPAIR | | | | Not Allowed | $0.00 | | | |
| D2983 | E | VENEER REPAIR | | | | Not Allowed | $0.00 | | | |
| D2990 | E | RESIN INFILTRATION OF LESION | | | | Not Allowed | $0.00 | | | |
| D2999 | E | DENTAL UNSPEC RESTORATIVE PR | | | | Not Allowed | $0.00 | | | |
| D3110 | M | PULP CAP DIRECT | | | | Fee Schedule | $68.64 | | | |
| D3120 | M | PULP CAP INDIRECT | | | | Fee Schedule | $68.64 | | | |
| D3220 | M | THERAPEUTIC PULPOTOMY | | | | Fee Schedule | $68.64 | | | |
| D3221 | M | GROSS PULPAL DEBRIDEMENT | | | | Fee Schedule | $68.64 | | | |
| D3222 | E | PART PULP FOR APEXOGENESIS | | | | Not Allowed | $0.00 | | | |
| D3230 | M | PULPAL THERAPY ANTERIOR PRIM | | | | Fee Schedule | $68.64 | | | |
| D3240 | M | PULPAL THERAPY POSTERIOR PRI | | | | Fee Schedule | $68.64 | | | |
| D3310 | M | END THXPY, ANTERIOR TOOTH | | | | Fee Schedule | $68.64 | | | |
| D3320 | M | END THXPY, BICUSPID TOOTH | | | | Fee Schedule | $68.64 | | | |
| D3330 | M | END THXPY, MOLAR | | | | Fee Schedule | $68.64 | | | |
| D3331 | M | NON-SURG TX ROOT CANAL OBS | | | | Fee Schedule | $68.64 | | | |
| D3332 | E | INCOMPLETE ENDODONTIC TX | | | | Not Allowed | $0.00 | | | |
| D3333 | E | INTERNAL ROOT REPAIR | | | | Not Allowed | $0.00 | | | |
| D3346 | M | RETREAT ROOT CANAL ANTERIOR | | | | Fee Schedule | $68.64 | | | |
| D3347 | M | RETREAT ROOT CANAL BICUSPID | | | | Fee Schedule | $68.64 | | | |
| D3348 | M | RETREAT ROOT CANAL MOLAR | | | | Fee Schedule | $68.64 | | | |
| D3351 | E | APEXIFICATION/RECALC INITIAL | | | | Not Allowed | $0.00 | | | |
| D3352 | E | APEXIFICATION/RECALC INTERIM | | | | Not Allowed | $0.00 | | | |
| D3353 | E | APEXIFICATION/RECALC FINAL | | | | Not Allowed | $0.00 | | | |
| D3355 | E | PULPAL REGENERATION INITIAL | | | | Not Allowed | $0.00 | | | |
| D3356 | E | PULPAL REGENERATION INTERIM | | | | Not Allowed | $0.00 | | | |
| D3357 | E | PULPAL REGENERATION COMPLETE | | | | Not Allowed | $0.00 | | | |
| D3410 | M | APICOECTOMY - ANTERIOR | | | | Fee Schedule | $68.64 | | | |
| D3421 | M | ROOT SURGERY BICUSPID | | | | Fee Schedule | $68.64 | | | |
| D3425 | M | ROOT SURGERY MOLAR | | | | Fee Schedule | $68.64 | | | |
| D3426 | M | ROOT SURGERY EA ADD ROOT | | | | Fee Schedule | $68.64 | | | |
| D3427 | E | PERIRADICULAR SURGERY | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D3428 | E | BONE GRAFT PERI PER TOOTH | | | | Not Allowed | $0.00 | | | |
| D3429 | E | BONE GRAFT PERI EACH ADDL | | | | Not Allowed | $0.00 | | | |
| D3430 | M | RETROGRADE FILLING | | | | Fee Schedule | $68.64 | | | |
| D3431 | E | BIOLOGICAL MATERIALS | | | | Not Allowed | $0.00 | | | |
| D3432 | E | GUIDED TISSUE REGENERATION | | | | Not Allowed | $0.00 | | | |
| D3450 | E | ROOT AMPUTATION | | | | Not Allowed | $0.00 | | | |
| D3460 | E | ENDODONTIC ENDOSSEOUS IMPLAN | | | | Not Allowed | $0.00 | | | |
| D3470 | E | INTENTIONAL REPLANTATION | | | | Not Allowed | $0.00 | | | |
| D3910 | E | ISOLATION- TOOTH W RUBB DAM | | | | Not Allowed | $0.00 | | | |
| D3920 | E | TOOTH SPLITTING | | | | Not Allowed | $0.00 | | | |
| D3950 | E | CANAL PREP/FITTING OF DOWEL | | | | Not Allowed | $0.00 | | | |
| D3999 | E | ENDODONTIC PROCEDURE | | | | Not Allowed | $0.00 | | | |
| D4210 | M | GINGIVECTOMY/PLASTY 4 OR MOR | | | | Fee Schedule | $68.64 | | | |
| D4211 | M | GINGIVECTOMY/PLASTY 1 TO 3 | | | | Fee Schedule | $68.64 | | | |
| D4212 | M | GINGIVECTOMY/PLASTY REST | | | | Fee Schedule | $68.64 | | | |
| D4230 | M | ANA CROWN EXP 4 OR> PER QUAD | | | | Fee Schedule | $68.64 | | | |
| D4231 | M | ANA CROWN EXP 1-3 PER QUAD | | | | Fee Schedule | $68.64 | | | |
| D4240 | M | GINGIVAL FLAP PROC W/ PLANIN | | | | Fee Schedule | $68.64 | | | |
| D4241 | M | GNGVL FLAP W ROOTPLAN 1-3 TH | | | | Fee Schedule | $68.64 | | | |
| D4245 | E | APICALLY POSITIONED FLAP | | | | Not Allowed | $0.00 | | | |
| D4249 | E | CROWN LENGTHEN HARD TISSUE | | | | Not Allowed | $0.00 | | | |
| D4260 | S | OSSEOUS SURGERY 4 OR MORE | | 05871 | 5.0351 | APC | $285.19 | | | |
| D4261 | M | OSSEOUS SURG 1 TO 3 TEETH | | | | Fee Schedule | $68.64 | | | |
| D4263 | E | BONE REPLCE GRAFT FIRST SITE | | | | Not Allowed | $0.00 | | | |
| D4264 | E | BONE REPLCE GRAFT EACH ADD | | | | Not Allowed | $0.00 | | | |
| D4265 | E | BIO MTRLS TO AID SOFT/OS REG | | | | Not Allowed | $0.00 | | | |
| D4266 | E | GUIDED TISS REGEN RESORBLE | | | | Not Allowed | $0.00 | | | |
| D4267 | E | GUIDED TISS REGEN NONRESORB | | | | Not Allowed | $0.00 | | | |
| D4268 | E | SURGICAL REVISION PROCEDURE | | | | Not Allowed | $0.00 | | | |
| D4270 | S | PEDICLE SOFT TISSUE GRAFT PR | | 05871 | 5.0351 | APC | $285.19 | | | |
| D4273 | M | AUTO TISSUE GRAFT 1ST TOOTH | | | | Fee Schedule | $68.64 | | | |
| D4274 | E | DISTAL/PROXIMAL WEDGE PROC | | | | Not Allowed | $0.00 | | | |
| D4275 | M | NON-AUTO GRAFT 1ST TOOTH | | | | Fee Schedule | $0.00 | | | |
| D4276 | E | CON TISSUE W DBLE PED GRAFT | | | | Not Allowed | $0.00 | | | |
| D4277 | M | SOFT TISSUE GRAFT FIRSTTOOTH | | | | Fee Schedule | $68.64 | | | |
| D4278 | M | SOFT TISSUE GRAFT ADDL TOOTH | | | | Fee Schedule | $68.64 | | | |
| D4283 | E | AUTO TISSUE GRAFT ADDL TOOTH | | | | Not Allowed | $0.00 | | | |
| D4285 | E | NON-AUTO GRAFT ADDL TOOTH | | | | Not Allowed | $0.00 | | | |
| D4320 | M | PROVISION SPLNT INTRACORONAL | | | | Fee Schedule | $68.64 | | | |
| D4321 | M | PROVISIONAL SPLINT EXTRACORO | | | | Fee Schedule | $68.64 | | | |
| D4341 | M | PERIODONTAL SCALING & ROOT | | | | Fee Schedule | $68.64 | | | |
| D4342 | M | PERIODONTAL SCALING 1-3TEETH | | | | Fee Schedule | $68.64 | | | |
| D4355 | S | FULL MOUTH DEBRIDEMENT | | 05871 | 5.0351 | APC | $285.19 | | | |
| D4381 | E | LOCALIZED DELIVERY ANTIMICRO | | | | Not Allowed | $0.00 | | | |
| D4910 | M | PERIODONTAL MAINT PROCEDURES | | | | Fee Schedule | $68.64 | | | |
| D4920 | M | UNSCHEDULED DRESSING CHANGE | | | | Fee Schedule | $68.64 | | | |
| D4921 | E | GINGIVAL IRRIGATION PER QUAD | | | | Not Allowed | $0.00 | | | |
| D4999 | E | UNSPECIFIED PERIODONTAL PROC | | | | Not Allowed | $0.00 | | | |
| D5110 | M | DENTURES COMPLETE MAXILLARY | | | | Fee Schedule | $68.64 | | | |
| D5120 | M | DENTURES COMPLETE MANDIBLE | | | | Fee Schedule | $68.64 | | | |
| D5130 | M | DENTURES IMMEDIAT MAXILLARY | | | | Fee Schedule | $68.64 | | | |
| D5140 | M | DENTURES IMMEDIAT MANDIBLE | | | | Fee Schedule | $68.64 | | | |
| D5211 | M | DENTURES MAXILL PART RESIN | | | | Fee Schedule | $68.64 | | | |
| D5212 | M | DENTURES MAND PART RESIN | | | | Fee Schedule | $68.64 | | | |
| D5213 | M | DENTURES MAXILL PART METAL | | | | Fee Schedule | $68.64 | | | |
| D5214 | M | DENTURES MANDIBL PART METAL | | | | Fee Schedule | $68.64 | | | |
| D5221 | E | IMMED MAX PART DENTURE RESIN | | | | Not Allowed | $0.00 | | | |
| D5222 | E | IMMED MAN PART DENTURE RESIN | | | | Not Allowed | $0.00 | | | |
| D5223 | E | IMMED MAX PART DENT METAL | | | | Not Allowed | $0.00 | | | |
| D5224 | E | IMMED MAND PART DENT METAL | | | | Not Allowed | $0.00 | | | |
| D5225 | M | MAXILLARY PART DENTURE FLEX | | | | Fee Schedule | $68.64 | | | |
| D5226 | M | MANDIBULAR PART DENTURE FLEX | | | | Fee Schedule | $68.64 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D5281 | E | REMOVABLE PARTIAL DENTURE | | | | Not Allowed | $0.00 | | | |
| D5410 | M | DENTURES ADJUST CMPLT MAXIL | | | | Fee Schedule | $68.64 | | | |
| D5411 | M | DENTURES ADJUST CMPLT MAND | | | | Fee Schedule | $68.64 | | | |
| D5421 | M | DENTURES ADJUST PART MAXILL | | | | Fee Schedule | $68.64 | | | |
| D5422 | M | DENTURES ADJUST PART MANDBL | | | | Fee Schedule | $68.64 | | | |
| D5510 | M | DENTUR REPR BROKEN COMPL BAS | | | | Fee Schedule | $68.64 | | | |
| D5520 | M | REPLACE DENTURE TEETH COMPLT | | | | Fee Schedule | $68.64 | | | |
| D5610 | M | DENTURES REPAIR RESIN BASE | | | | Fee Schedule | $68.64 | | | |
| D5620 | M | REP PART DENTURE CAST FRAME | | | | Fee Schedule | $68.64 | | | |
| D5630 | M | REP PARTIAL DENTURE CLASP | | | | Fee Schedule | $68.64 | | | |
| D5640 | M | REPLACE PART DENTURE TEETH | | | | Fee Schedule | $68.64 | | | |
| D5650 | M | ADD TOOTH TO PARTIAL DENTURE | | | | Fee Schedule | $68.64 | | | |
| D5660 | M | ADD CLASP TO PARTIAL DENTURE | | | | Fee Schedule | $68.64 | | | |
| D5670 | E | REPLC TTH&ACRLC ON MTL FRMWK | | | | Not Allowed | $0.00 | | | |
| D5671 | E | REPLC TTH&ACRLC MANDIBULAR | | | | Not Allowed | $0.00 | | | |
| D5710 | M | DENTURES REBASE CMPLT MAXIL | | | | Fee Schedule | $68.64 | | | |
| D5711 | M | DENTURES REBASE CMPLT MAND | | | | Fee Schedule | $68.64 | | | |
| D5720 | M | DENTURES REBASE PART MAXILL | | | | Fee Schedule | $68.64 | | | |
| D5721 | M | DENTURES REBASE PART MANDBL | | | | Fee Schedule | $68.64 | | | |
| D5730 | M | DENTURE RELN CMPLT MAXIL CH | | | | Fee Schedule | $68.64 | | | |
| D5731 | M | DENTURE RELN CMPLT MAND CHR | | | | Fee Schedule | $68.64 | | | |
| D5740 | M | DENTURE RELN PART MAXIL CHR | | | | Fee Schedule | $68.64 | | | |
| D5741 | M | DENTURE RELN PART MAND CHR | | | | Fee Schedule | $68.64 | | | |
| D5750 | M | DENTURE RELN CMPLT MAX LAB | | | | Fee Schedule | $68.64 | | | |
| D5751 | M | DENTURE RELN CMPLT MAND LAB | | | | Fee Schedule | $68.64 | | | |
| D5760 | M | DENTURE RELN PART MAXIL LAB | | | | Fee Schedule | $68.64 | | | |
| D5761 | M | DENTURE RELN PART MAND LAB | | | | Fee Schedule | $68.64 | | | |
| D5810 | M | DENTURE INTERM CMPLT MAXILL | | | | Fee Schedule | $68.64 | | | |
| D5811 | E | DENTURE INTERM CMPLT MANDBL | | | | Not Allowed | $0.00 | | | |
| D5820 | M | DENTURE INTERM PART MAXILL | | | | Fee Schedule | $68.64 | | | |
| D5821 | M | DENTURE INTERM PART MANDBL | | | | Fee Schedule | $68.64 | | | |
| D5850 | M | DENTURE TISS CONDITN MAXILL | | | | Fee Schedule | $68.64 | | | |
| D5851 | M | DENTURE TISS CONDTIN MANDBL | | | | Fee Schedule | $68.64 | | | |
| D5862 | E | PRECISION ATTACHMENT | | | | Not Allowed | $0.00 | | | |
| D5863 | E | OVERDENTURE COMPLETE MAX | | | | Not Allowed | $0.00 | | | |
| D5864 | E | OVERDENTURE PARTIAL MAX | | | | Not Allowed | $0.00 | | | |
| D5865 | E | OVERDENTURE COMPLETE MANDIB | | | | Not Allowed | $0.00 | | | |
| D5866 | E | OVERDENTURE PARTIAL MANDIB | | | | Not Allowed | $0.00 | | | |
| D5867 | E | REPLACEMENT OF PRECISION ATT | | | | Not Allowed | $0.00 | | | |
| D5875 | E | PROSTHESIS MODIFICATION | | | | Not Allowed | $0.00 | | | |
| D5899 | M | REMOVABLE PROSTHODONTIC PROC | | | | Fee Schedule | $68.64 | | | |
| D5911 | E | FACIAL MOULAGE SECTIONAL | | | | Not Allowed | $0.00 | | | |
| D5912 | E | FACIAL MOULAGE COMPLETE | | | | Not Allowed | $0.00 | | | |
| D5913 | E | NASAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5914 | E | AURICULAR PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5915 | E | ORBITAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5916 | E | OCULAR PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5919 | E | FACIAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5922 | E | NASAL SEPTAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5923 | E | OCULAR PROSTHESIS INTERIM | | | | Not Allowed | $0.00 | | | |
| D5924 | E | CRANIAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5925 | E | FACIAL AUGMENTATION IMPLANT | | | | Not Allowed | $0.00 | | | |
| D5926 | E | REPLACEMENT NASAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5927 | E | AURICULAR REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| D5928 | E | ORBITAL REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| D5929 | E | FACIAL REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| D5931 | E | SURGICAL OBTURATOR | | | | Not Allowed | $0.00 | | | |
| D5932 | E | POSTSURGICAL OBTURATOR | | | | Not Allowed | $0.00 | | | |
| D5933 | E | REFITTING OF OBTURATOR | | | | Not Allowed | $0.00 | | | |
| D5934 | E | MANDIBULAR FLANGE PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5935 | E | MANDIBULAR DENTURE PROSTH | | | | Not Allowed | $0.00 | | | |
| D5936 | E | TEMP OBTURATOR PROSTHESIS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D5937 | E | TRISMUS APPLIANCE | | | | Not Allowed | $0.00 | | | |
| D5951 | E | FEEDING AID | | | | Not Allowed | $0.00 | | | |
| D5952 | E | PEDIATRIC SPEECH AID | | | | Not Allowed | $0.00 | | | |
| D5953 | E | ADULT SPEECH AID | | | | Not Allowed | $0.00 | | | |
| D5954 | E | SUPERIMPOSED PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5955 | E | PALATAL LIFT PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5958 | E | INTRAORAL CON DEF INTER PLT | | | | Not Allowed | $0.00 | | | |
| D5959 | E | INTRAORAL CON DEF MOD PALAT | | | | Not Allowed | $0.00 | | | |
| D5960 | E | MODIFY SPEECH AID PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5982 | E | SURGICAL STENT | | | | Not Allowed | $0.00 | | | |
| D5983 | E | RADIATION APPLICATOR | | | | Not Allowed | $0.00 | | | |
| D5984 | E | RADIATION SHIELD | | | | Not Allowed | $0.00 | | | |
| D5985 | E | RADIATION CONE LOCATOR | | | | Not Allowed | $0.00 | | | |
| D5986 | E | FLUORIDE APPLICATOR | | | | Not Allowed | $0.00 | | | |
| D5987 | E | COMMISSURE SPLINT | | | | Not Allowed | $0.00 | | | |
| D5988 | E | SURGICAL SPLINT | | | | Not Allowed | $0.00 | | | |
| D5991 | E | VESICULOBULLOUS DISEASE CARR | | | | Not Allowed | $0.00 | | | |
| D5992 | E | ADJUST MAX PROST APPLIANCE | | | | Not Allowed | $0.00 | | | |
| D5993 | E | MAIN/CLEAN MAX PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D5994 | E | PERIDONTAL MEDICAMENT | | | | Not Allowed | $0.00 | | | |
| D5999 | E | MAXILLOFACIAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| D6010 | E | ODONTICS ENDOSTEAL IMPLANT | | | | Not Allowed | $0.00 | | | |
| D6011 | E | SECOND STAGE IMPLANT SURGERY | | | | Not Allowed | $0.00 | | | |
| D6012 | E | ENDOSTEAL IMPLANT | | | | Not Allowed | $0.00 | | | |
| D6013 | E | SURGICAL PLACE MINI IMPLANT | | | | Not Allowed | $0.00 | | | |
| D6040 | E | ODONTICS EPOSTEAL IMPLANT | | | | Not Allowed | $0.00 | | | |
| D6050 | E | ODONTICS TRANSOSTEAL IMPLNT | | | | Not Allowed | $0.00 | | | |
| D6051 | E | INTERIM ABUTMENT | | | | Not Allowed | $0.00 | | | |
| D6052 | E | SEMI PRECISION ATTACH ABUT | | | | Not Allowed | $0.00 | | | |
| D6053 | E | IMPLNT/ABTMNT SPPRT REMV DNT | | | | Not Allowed | $0.00 | | | |
| D6054 | E | IMPLNT/ABTMNT SPPRT REMVPRTL | | | | Not Allowed | $0.00 | | | |
| D6055 | E | IMPLANT CONNECTING BAR | | | | Not Allowed | $0.00 | | | |
| D6056 | E | PREFABRICATED ABUTMENT | | | | Not Allowed | $0.00 | | | |
| D6057 | E | CUSTOM ABUTMENT | | | | Not Allowed | $0.00 | | | |
| D6058 | E | ABUTMENT SUPPORTED CROWN | | | | Not Allowed | $0.00 | | | |
| D6059 | E | ABUTMENT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6060 | E | ABUTMENT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6061 | E | ABUTMENT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6062 | E | ABUTMENT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6063 | E | ABUTMENT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6064 | E | ABUTMENT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6065 | E | IMPLANT SUPPORTED CROWN | | | | Not Allowed | $0.00 | | | |
| D6066 | E | IMPLANT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6067 | E | IMPLANT SUPPORTED MTL CROWN | | | | Not Allowed | $0.00 | | | |
| D6068 | E | ABUTMENT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6069 | E | ABUTMENT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6070 | E | ABUTMENT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6071 | E | ABUTMENT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6072 | E | ABUTMENT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6073 | E | ABUTMENT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6074 | E | ABUTMENT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6075 | E | IMPLANT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6076 | E | IMPLANT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6077 | E | IMPLANT SUPPORTED RETAINER | | | | Not Allowed | $0.00 | | | |
| D6078 | E | IMPLNT/ABUT SUPRTD FIXD DENT | | | | Not Allowed | $0.00 | | | |
| D6079 | E | IMPLNT/ABUT SUPRTD FIXD DENT | | | | Not Allowed | $0.00 | | | |
| D6080 | E | IMPLANT MAINTENANCE | | | | Not Allowed | $0.00 | | | |
| D6090 | E | REPAIR IMPLANT | | | | Not Allowed | $0.00 | | | |
| D6091 | E | REPL SEMI/PRECISION ATTACH | | | | Not Allowed | $0.00 | | | |
| D6092 | E | RECEMENT SUPP CROWN | | | | Not Allowed | $0.00 | | | |
| D6093 | E | RECEMENT SUPP PART DENTURE | | | | Not Allowed | $0.00 | | | |
| D6094 | E | ABUT SUPPORT CROWN TITANIUM | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D6095 | E | ODONTICS REPR ABUTMENT | | | | Not Allowed | $0.00 | | | |
| D6100 | E | REMOVAL OF IMPLANT | | | | Not Allowed | $0.00 | | | |
| D6101 | E | DEBRIDEMENT OF A PERIIMPLANT | | | | Not Allowed | $0.00 | | | |
| D6102 | E | DEBRIDEMENT & CONTOURING | | | | Not Allowed | $0.00 | | | |
| D6103 | E | BONE GRAFT REPAIR PERIMPLANT | | | | Not Allowed | $0.00 | | | |
| D6104 | E | BONE GRAFT TIME OF IMPLANT | | | | Not Allowed | $0.00 | | | |
| D6110 | E | IMPLNT/ABUT REMOV DENT MAX | | | | Not Allowed | $0.00 | | | |
| D6111 | E | IMPLNT/ABUT REMOV DENT MAND | | | | Not Allowed | $0.00 | | | |
| D6112 | E | IMP/ABUT REM DENT PART MAX | | | | Not Allowed | $0.00 | | | |
| D6113 | E | IMP/ABUT REM DENT PART MAND | | | | Not Allowed | $0.00 | | | |
| D6114 | E | IMPLNT/ABUT FIXED DENT MAX | | | | Not Allowed | $0.00 | | | |
| D6115 | E | IMPLNT/ABUT FIXED DENT MAND | | | | Not Allowed | $0.00 | | | |
| D6116 | E | IMP/ABUT FIXED DENT PART MAX | | | | Not Allowed | $0.00 | | | |
| D6117 | E | IMP/ABUT FIXED DENT PART MAN | | | | Not Allowed | $0.00 | | | |
| D6190 | E | RADIO/SURGICAL IMPLANT INDEX | | | | Not Allowed | $0.00 | | | |
| D6194 | E | ABUT SUPPORT RETAINER TITANI | | | | Not Allowed | $0.00 | | | |
| D6199 | E | IMPLANT PROCEDURE | | | | Not Allowed | $0.00 | | | |
| D6205 | M | PONTIC-INDIRECT RESIN BASED | | | | Fee Schedule | $68.64 | | | |
| D6210 | M | PROSTHODONT HIGH NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D6211 | M | BRIDGE BASE METAL CAST | | | | Fee Schedule | $68.64 | | | |
| D6212 | M | BRIDGE NOBLE METAL CAST | | | | Fee Schedule | $68.64 | | | |
| D6214 | M | PONTIC TITANIUM | | | | Fee Schedule | $68.64 | | | |
| D6240 | M | BRIDGE PORCELAIN HIGH NOBLE | | | | Fee Schedule | $68.64 | | | |
| D6241 | M | BRIDGE PORCELAIN BASE METAL | | | | Fee Schedule | $68.64 | | | |
| D6242 | M | BRIDGE PORCELAIN NOBEL METAL | | | | Fee Schedule | $68.64 | | | |
| D6245 | M | BRIDGE PORCELAIN/CERAMIC | | | | Fee Schedule | $68.64 | | | |
| D6250 | M | BRIDGE RESIN W/HIGH NOBLE | | | | Fee Schedule | $68.64 | | | |
| D6251 | M | BRIDGE RESIN BASE METAL | | | | Fee Schedule | $68.64 | | | |
| D6252 | M | BRIDGE RESIN W/NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D6253 | E | PROVISIONAL PONTIC | | | | Not Allowed | $0.00 | | | |
| D6254 | E | INTERIM PONTIC | | | | Not Allowed | $0.00 | | | |
| D6545 | E | DENTAL RETAINR CAST METL | | | | Not Allowed | $0.00 | | | |
| D6548 | E | PORCELAIN/CERAMIC RETAINER | | | | Not Allowed | $0.00 | | | |
| D6549 | E | RESIN RETAINER | | | | Not Allowed | $0.00 | | | |
| D6600 | E | PORCELAIN/CERAMIC INLAY 2SRF | | | | Not Allowed | $0.00 | | | |
| D6601 | E | PORC/CERAM INLAY >= 3 SURFAC | | | | Not Allowed | $0.00 | | | |
| D6602 | E | CST HGH NBLE MTL INLAY 2 SRF | | | | Not Allowed | $0.00 | | | |
| D6603 | E | CST HGH NBLE MTL INLAY >=3SR | | | | Not Allowed | $0.00 | | | |
| D6604 | E | CST BSE MTL INLAY 2 SURFACES | | | | Not Allowed | $0.00 | | | |
| D6605 | E | CST BSE MTL INLAY >= 3 SURFA | | | | Not Allowed | $0.00 | | | |
| D6606 | E | CAST NOBLE METAL INLAY 2 SUR | | | | Not Allowed | $0.00 | | | |
| D6607 | E | CST NOBLE MTL INLAY >=3 SURF | | | | Not Allowed | $0.00 | | | |
| D6608 | E | ONLAY PORC/CRMC 2 SURFACES | | | | Not Allowed | $0.00 | | | |
| D6609 | E | ONLAY PORC/CRMC >=3 SURFACES | | | | Not Allowed | $0.00 | | | |
| D6610 | E | ONLAY CST HGH NBL MTL 2 SRFC | | | | Not Allowed | $0.00 | | | |
| D6611 | E | ONLAY CST HGH NBL MTL >=3SRF | | | | Not Allowed | $0.00 | | | |
| D6612 | E | ONLAY CST BASE MTL 2 SURFACE | | | | Not Allowed | $0.00 | | | |
| D6613 | E | ONLAY CST BASE MTL >=3 SURFA | | | | Not Allowed | $0.00 | | | |
| D6614 | E | ONLAY CST NBL MTL 2 SURFACES | | | | Not Allowed | $0.00 | | | |
| D6615 | E | ONLAY CST NBL MTL >=3 SURFAC | | | | Not Allowed | $0.00 | | | |
| D6624 | E | INLAY TITANIUM | | | | Not Allowed | $0.00 | | | |
| D6634 | E | ONLAY TITANIUM | | | | Not Allowed | $0.00 | | | |
| D6710 | M | CROWN-INDIRECT RESIN BASED | | | | Fee Schedule | $68.64 | | | |
| D6720 | M | RETAIN CROWN RESIN W HI NBLE | | | | Fee Schedule | $68.64 | | | |
| D6721 | M | CROWN RESIN W/BASE METAL | | | | Fee Schedule | $68.64 | | | |
| D6722 | M | CROWN RESIN W/NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D6740 | M | CROWN PORCELAIN/CERAMIC | | | | Fee Schedule | $68.64 | | | |
| D6750 | M | CROWN PORCELAIN HIGH NOBLE | | | | Fee Schedule | $68.64 | | | |
| D6751 | M | CROWN PORCELAIN BASE METAL | | | | Fee Schedule | $68.64 | | | |
| D6752 | M | CROWN PORCELAIN NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D6780 | M | CROWN 3/4 HIGH NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D6781 | M | CROWN 3/4 CAST BASED METAL | | | | Fee Schedule | $68.64 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D6782 | M | CROWN 3/4 CAST NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D6783 | M | CROWN 3/4 PORCELAIN/CERAMIC | | | | Fee Schedule | $68.64 | | | |
| D6790 | M | CROWN FULL HIGH NOBLE METAL | | | | Fee Schedule | $68.64 | | | |
| D6791 | M | CROWN FULL BASE METAL CAST | | | | Fee Schedule | $68.64 | | | |
| D6792 | M | CROWN FULL NOBLE METAL CAST | | | | Fee Schedule | $68.64 | | | |
| D6793 | E | PROVISIONAL RETAINER CROWN | | | | Not Allowed | $0.00 | | | |
| D6794 | M | CROWN TITANIUM | | | | Fee Schedule | $68.64 | | | |
| D6795 | E | INTERIM RETAINER CROWN | | | | Not Allowed | $0.00 | | | |
| D6920 | E | DENTAL CONNECTOR BAR | | | | Not Allowed | $0.00 | | | |
| D6930 | M | RECEMENT/BOND PART DENTURE | | | | Fee Schedule | $68.64 | | | |
| D6940 | E | STRESS BREAKER | | | | Not Allowed | $0.00 | | | |
| D6950 | M | PRECISION ATTACHMENT | | | | Fee Schedule | $68.64 | | | |
| D6970 | E | POST & CORE PLUS RETAINER | | | | Not Allowed | $0.00 | | | |
| D6972 | E | PREFAB POST & CORE PLUS RETA | | | | Not Allowed | $0.00 | | | |
| D6973 | E | CORE BUILD UP FOR RETAINER | | | | Not Allowed | $0.00 | | | |
| D6975 | E | COPING | | | | Not Allowed | $0.00 | | | |
| D6976 | E | EACH ADDTNL CAST POST | | | | Not Allowed | $0.00 | | | |
| D6977 | E | EACH ADDTL PREFAB POST | | | | Not Allowed | $0.00 | | | |
| D6980 | M | FIXED PARTIAL REPAIR | | | | Fee Schedule | $189.39 | | | |
| D6985 | E | PEDIATRIC PARTIAL DENTURE FX | | | | Not Allowed | $0.00 | | | |
| D6999 | E | FIXED PROSTHODONTIC PROC | | | | Not Allowed | $0.00 | | | |
| D7111 | S | EXTRACTION CORONAL REMNANTS | | 05871 | 5.0351 | APC | $285.19 | | | |
| D7140 | S | EXTRACTION ERUPTED TOOTH/EXR | | 05871 | 5.0351 | APC | $285.19 | | | |
| D7210 | S | REM IMP TOOTH W MUCOPER FLP | | 05871 | 5.0351 | APC | $285.19 | | | |
| D7220 | S | IMPACT TOOTH REMOV SOFT TISS | | 05871 | 5.0351 | APC | $285.19 | | | |
| D7230 | S | IMPACT TOOTH REMOV PART BONY | | 05871 | 5.0351 | APC | $285.19 | | | |
| D7240 | S | IMPACT TOOTH REMOV COMP BONY | | 05871 | 5.0351 | APC | $285.19 | | | |
| D7241 | S | IMPACT TOOTH REM BONY W/COMP | | 05871 | 5.0351 | APC | $285.19 | | | |
| D7250 | S | TOOTH ROOT REMOVAL | | 05871 | 5.0351 | APC | $285.19 | | | |
| D7251 | E | CORONECTOMY | | | | Not Allowed | $0.00 | | | |
| D7260 | E | ORAL ANTRAL FISTULA CLOSURE | | | | Not Allowed | $0.00 | | | |
| D7261 | E | PRIMARY CLOSURE SINUS PERF | | | | Not Allowed | $0.00 | | | |
| D7270 | M | TOOTH REIMPLANTATION | | | | Fee Schedule | $68.64 | | | |
| D7272 | E | TOOTH TRANSPLANTATION | | | | Not Allowed | $0.00 | | | |
| D7280 | M | EXPOSURE IMPACT TOOTH ORTHOD | | | | Fee Schedule | $68.64 | | | |
| D7282 | M | MOBILIZE ERUPTED/MALPOS TOOT | | | | Fee Schedule | $68.64 | | | |
| D7283 | E | PLACE DEVICE IMPACTED TOOTH | | | | Not Allowed | $0.00 | | | |
| D7285 | E | BIOPSY OF ORAL TISSUE HARD | | | | Not Allowed | $0.00 | | | |
| D7286 | E | BIOPSY OF ORAL TISSUE SOFT | | | | Not Allowed | $0.00 | | | |
| D7287 | E | EXFOLIATIVE CYTOLOG COLLECT | | | | Not Allowed | $0.00 | | | |
| D7288 | E | BRUSH BIOPSY | | | | Not Allowed | $0.00 | | | |
| D7290 | E | REPOSITIONING OF TEETH | | | | Not Allowed | $0.00 | | | |
| D7291 | E | TRANSSEPTAL FIBEROTOMY | | | | Not Allowed | $0.00 | | | |
| D7292 | E | SCREW RETAINED PLATE | | | | Not Allowed | $0.00 | | | |
| D7293 | E | TEMP ANCHORAGE DEV W FLAP | | | | Not Allowed | $0.00 | | | |
| D7294 | E | TEMP ANCHORAGE DEV W/O FLAP | | | | Not Allowed | $0.00 | | | |
| D7295 | E | BONE HARVEST,AUTO GRAFT PROC | | | | Not Allowed | $0.00 | | | |
| D7310 | M | ALVEOPLASTY W/ EXTRACTION | | | | Fee Schedule | $68.64 | | | |
| D7311 | M | ALVEOLOPLASTY W/EXTRACT 1-3 | | | | Fee Schedule | $68.64 | | | |
| D7320 | M | ALVEOPLASTY W/O EXTRACTION | | | | Fee Schedule | $68.64 | | | |
| D7321 | M | ALVEOLOPLASTY NOT W/EXTRACTS | | | | Fee Schedule | $68.64 | | | |
| D7340 | E | VESTIBULOPLASTY RIDGE EXTENS | | | | Not Allowed | $0.00 | | | |
| D7350 | E | VESTIBULOPLASTY EXTEN GRAFT | | | | Not Allowed | $0.00 | | | |
| D7410 | E | RAD EXC LESION UP TO 1.25 CM | | | | Not Allowed | $0.00 | | | |
| D7411 | E | EXCISION BENIGN LESION>1.25C | | | | Not Allowed | $0.00 | | | |
| D7412 | E | EXCISION BENIGN LESION COMPL | | | | Not Allowed | $0.00 | | | |
| D7413 | E | EXCISION MALIG LESION<=1.25C | | | | Not Allowed | $0.00 | | | |
| D7414 | E | EXCISION MALIG LESION>1.25CM | | | | Not Allowed | $0.00 | | | |
| D7415 | E | EXCISION MALIG LES COMPLICAT | | | | Not Allowed | $0.00 | | | |
| D7440 | E | MALIG TUMOR EXC TO 1.25 CM | | | | Not Allowed | $0.00 | | | |
| D7441 | E | MALIG TUMOR > 1.25 CM | | | | Not Allowed | $0.00 | | | |
| D7450 | E | REM ODONTOGEN CYST TO 1.25CM | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D7451 | E | REM ODONTOGEN CYST > 1.25 CM | | | | Not Allowed | $0.00 | | | |
| D7460 | E | REM NONODONTO CYST TO 1.25CM | | | | Not Allowed | $0.00 | | | |
| D7461 | E | REM NONODONTO CYST > 1.25 CM | | | | Not Allowed | $0.00 | | | |
| D7465 | E | LESION DESTRUCTION | | | | Not Allowed | $0.00 | | | |
| D7471 | E | REM EXOSTOSIS ANY SITE | | | | Not Allowed | $0.00 | | | |
| D7472 | E | REMOVAL OF TORUS PALATINUS | | | | Not Allowed | $0.00 | | | |
| D7473 | E | REMOVE TORUS MANDIBULARIS | | | | Not Allowed | $0.00 | | | |
| D7485 | E | SURG REDUCT OSSEOUSTUBEROSIT | | | | Not Allowed | $0.00 | | | |
| D7490 | E | MAXILLA OR MANDIBLE RESECTIO | | | | Not Allowed | $0.00 | | | |
| D7510 | M | I&D ABSC INTRAORAL SOFT TISS | | | | Fee Schedule | $68.64 | | | |
| D7511 | M | INCISION/DRAIN ABSCESS INTRA | | | | Fee Schedule | $68.64 | | | |
| D7520 | M | I&D ABSCESS EXTRAORAL | | | | Fee Schedule | $68.64 | | | |
| D7521 | M | INCISION/DRAIN ABSCESS EXTRA | | | | Fee Schedule | $68.64 | | | |
| D7530 | E | REMOVAL FB SKIN/AREOLAR TISS | | | | Not Allowed | $0.00 | | | |
| D7540 | M | REMOVAL OF FB REACTION | | | | Fee Schedule | $68.64 | | | |
| D7550 | M | REMOVAL OF SLOUGHED OFF BONE | | | | Fee Schedule | $68.64 | | | |
| D7560 | M | MAXILLARY SINUSOTOMY | | | | Fee Schedule | $68.64 | | | |
| D7610 | E | MAXILLA OPEN REDUCT SIMPLE | | | | Not Allowed | $0.00 | | | |
| D7620 | E | CLSD REDUCT SIMPL MAXILLA FX | | | | Not Allowed | $0.00 | | | |
| D7630 | E | OPEN RED SIMPL MANDIBLE FX | | | | Not Allowed | $0.00 | | | |
| D7640 | E | CLSD RED SIMPL MANDIBLE FX | | | | Not Allowed | $0.00 | | | |
| D7650 | E | OPEN RED SIMP MALAR/ZYGOM FX | | | | Not Allowed | $0.00 | | | |
| D7660 | E | CLSD RED SIMP MALAR/ZYGOM FX | | | | Not Allowed | $0.00 | | | |
| D7670 | E | CLOSD RDUCTN SPLINT ALVEOLUS | | | | Not Allowed | $0.00 | | | |
| D7671 | E | ALVEOLUS OPEN REDUCTION | | | | Not Allowed | $0.00 | | | |
| D7680 | E | REDUCT SIMPLE FACIAL BONE FX | | | | Not Allowed | $0.00 | | | |
| D7710 | E | MAXILLA OPEN REDUCT COMPOUND | | | | Not Allowed | $0.00 | | | |
| D7720 | E | CLSD REDUCT COMPD MAXILLA FX | | | | Not Allowed | $0.00 | | | |
| D7730 | E | OPEN REDUCT COMPD MANDBLE FX | | | | Not Allowed | $0.00 | | | |
| D7740 | E | CLSD REDUCT COMPD MANDBLE FX | | | | Not Allowed | $0.00 | | | |
| D7750 | E | OPEN RED COMP MALAR/ZYGMA FX | | | | Not Allowed | $0.00 | | | |
| D7760 | E | CLSD RED COMP MALAR/ZYGMA FX | | | | Not Allowed | $0.00 | | | |
| D7770 | E | OPEN REDUC COMPD ALVEOLUS FX | | | | Not Allowed | $0.00 | | | |
| D7771 | E | ALVEOLUS CLSD REDUC STBLZ TE | | | | Not Allowed | $0.00 | | | |
| D7780 | E | REDUCT COMPND FACIAL BONE FX | | | | Not Allowed | $0.00 | | | |
| D7810 | E | TMJ OPEN REDUCT-DISLOCATION | | | | Not Allowed | $0.00 | | | |
| D7820 | E | CLOSED TMP MANIPULATION | | | | Not Allowed | $0.00 | | | |
| D7830 | E | TMJ MANIPULATION UNDER ANEST | | | | Not Allowed | $0.00 | | | |
| D7840 | E | REMOVAL OF TMJ CONDYLE | | | | Not Allowed | $0.00 | | | |
| D7850 | E | TMJ MENISCECTOMY | | | | Not Allowed | $0.00 | | | |
| D7852 | E | TMJ REPAIR OF JOINT DISC | | | | Not Allowed | $0.00 | | | |
| D7854 | E | TMJ EXCISN OF JOINT MEMBRANE | | | | Not Allowed | $0.00 | | | |
| D7856 | E | TMJ CUTTING OF A MUSCLE | | | | Not Allowed | $0.00 | | | |
| D7858 | E | TMJ RECONSTRUCTION | | | | Not Allowed | $0.00 | | | |
| D7860 | E | TMJ CUTTING INTO JOINT | | | | Not Allowed | $0.00 | | | |
| D7865 | E | TMJ RESHAPING COMPONENTS | | | | Not Allowed | $0.00 | | | |
| D7870 | E | TMJ ASPIRATION JOINT FLUID | | | | Not Allowed | $0.00 | | | |
| D7871 | E | LYSIS + LAVAGE W CATHETERS | | | | Not Allowed | $0.00 | | | |
| D7872 | E | TMJ DIAGNOSTIC ARTHROSCOPY | | | | Not Allowed | $0.00 | | | |
| D7873 | E | TMJ ARTHROSCOPY LYSIS ADHESN | | | | Not Allowed | $0.00 | | | |
| D7874 | E | TMJ ARTHROSCOPY DISC REPOSIT | | | | Not Allowed | $0.00 | | | |
| D7875 | E | TMJ ARTHROSCOPY SYNOVECTOMY | | | | Not Allowed | $0.00 | | | |
| D7876 | E | TMJ ARTHROSCOPY DISCECTOMY | | | | Not Allowed | $0.00 | | | |
| D7877 | E | TMJ ARTHROSCOPY DEBRIDEMENT | | | | Not Allowed | $0.00 | | | |
| D7880 | E | OCCLUSAL ORTHOTIC APPLIANCE | | | | Not Allowed | $0.00 | | | |
| D7881 | E | OCC ORTHOTIC DEVICE ADJUST | | | | Not Allowed | $0.00 | | | |
| D7899 | E | TMJ UNSPECIFIED THERAPY | | | | Not Allowed | $0.00 | | | |
| D7910 | M | DENT SUTUR RECENT WND TO 5CM | | | | Fee Schedule | $68.64 | | | |
| D7911 | M | DENTAL SUTURE WOUND TO 5 CM | | | | Fee Schedule | $68.64 | | | |
| D7912 | M | SUTURE COMPLICATE WND > 5 CM | | | | Fee Schedule | $68.64 | | | |
| D7920 | E | DENTAL SKIN GRAFT | | | | Not Allowed | $0.00 | | | |
| D7921 | E | COLLECT & APPL BLOOD PRODUCT | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D7940 | E | RESHAPING BONE ORTHOGNATHIC | | | | Not Allowed | $0.00 | | | |
| D7941 | E | BONE CUTTING RAMUS CLOSED | | | | Not Allowed | $0.00 | | | |
| D7943 | E | CUTTING RAMUS OPEN W/GRAFT | | | | Not Allowed | $0.00 | | | |
| D7944 | E | BONE CUTTING SEGMENTED | | | | Not Allowed | $0.00 | | | |
| D7945 | E | BONE CUTTING BODY MANDIBLE | | | | Not Allowed | $0.00 | | | |
| D7946 | E | RECONSTRUCTION MAXILLA TOTAL | | | | Not Allowed | $0.00 | | | |
| D7947 | E | RECONSTRUCT MAXILLA SEGMENT | | | | Not Allowed | $0.00 | | | |
| D7948 | E | RECONSTRUCT MIDFACE NO GRAFT | | | | Not Allowed | $0.00 | | | |
| D7949 | E | RECONSTRUCT MIDFACE W/GRAFT | | | | Not Allowed | $0.00 | | | |
| D7950 | E | MANDIBLE GRAFT | | | | Not Allowed | $0.00 | | | |
| D7951 | M | SINUS AUG W BONE OR BONE SUB | | | | Fee Schedule | $68.64 | | | |
| D7952 | E | SINUS AUGMENTATION VERTICAL | | | | Not Allowed | $0.00 | | | |
| D7953 | E | BONE REPLACEMENT GRAFT | | | | Not Allowed | $0.00 | | | |
| D7955 | E | REPAIR MAXILLOFACIAL DEFECTS | | | | Not Allowed | $0.00 | | | |
| D7960 | E | FRENULECTOMY/FRENECTOMY | | | | Not Allowed | $0.00 | | | |
| D7963 | E | FRENULOPLASTY | | | | Not Allowed | $0.00 | | | |
| D7970 | M | EXCISION HYPERPLASTIC TISSUE | | | | Fee Schedule | $68.64 | | | |
| D7971 | E | EXCISION PERICORONAL GINGIVA | | | | Not Allowed | $0.00 | | | |
| D7972 | E | SURG REDCT FIBROUS TUBEROSIT | | | | Not Allowed | $0.00 | | | |
| D7980 | E | SIALOLITHOTOMY | | | | Not Allowed | $0.00 | | | |
| D7981 | E | EXCISION OF SALIVARY GLAND | | | | Not Allowed | $0.00 | | | |
| D7982 | E | SIALODOCHOPLASTY | | | | Not Allowed | $0.00 | | | |
| D7983 | E | CLOSURE OF SALIVARY FISTULA | | | | Not Allowed | $0.00 | | | |
| D7990 | E | EMERGENCY TRACHEOTOMY | | | | Not Allowed | $0.00 | | | |
| D7991 | E | DENTAL CORONOIDECTOMY | | | | Not Allowed | $0.00 | | | |
| D7995 | E | SYNTHETIC GRAFT FACIAL BONES | | | | Not Allowed | $0.00 | | | |
| D7996 | E | IMPLANT MANDIBLE FOR AUGMENT | | | | Not Allowed | $0.00 | | | |
| D7997 | E | APPLIANCE REMOVAL | | | | Not Allowed | $0.00 | | | |
| D7998 | M | INTRAORAL PLACE OF FIX DEV | | | | Fee Schedule | $68.64 | | | |
| D7999 | E | ORAL SURGERY PROCEDURE | | | | Not Allowed | $0.00 | | | |
| D8010 | E | LIMITED DENTAL TX PRIMARY | | | | Not Allowed | $0.00 | | | |
| D8020 | E | LIMITED DENTAL TX TRANSITION | | | | Not Allowed | $0.00 | | | |
| D8030 | E | LIMITED DENTAL TX ADOLESCENT | | | | Not Allowed | $0.00 | | | |
| D8040 | E | LIMITED DENTAL TX ADULT | | | | Not Allowed | $0.00 | | | |
| D8050 | M | INTERCEP DENTAL TX PRIMARY | | | | Fee Schedule | $68.64 | | | Y |
| D8060 | M | INTERCEP DENTAL TX TRANSITN | | | | Fee Schedule | $68.64 | | | Y |
| D8070 | M | COMPRE DENTAL TX TRANSITION | | | | Fee Schedule | $68.64 | | | Y |
| D8080 | M | COMPRE DENTAL TX ADOLESCENT | | | | Fee Schedule | $68.64 | | | Y |
| D8090 | M | COMPRE DENTAL TX ADULT | | | | Fee Schedule | $68.64 | | | Y |
| D8210 | E | ORTHODONTIC REM APPLIANCE TX | | | | Not Allowed | $0.00 | | | |
| D8220 | M | FIXED APPLIANCE THERAPY HABT | | | | Fee Schedule | $68.64 | | | |
| D8660 | E | PREORTHODONTIC TX VISIT | | | | Not Allowed | $0.00 | | | |
| D8670 | M | PERIODIC ORTHODONTC TX VISIT | | | | Fee Schedule | $68.64 | | | Y |
| D8680 | M | ORTHODONTIC RETENTION | | | | Fee Schedule | $68.64 | | | Y |
| D8681 | E | REMOVABLE RETAINER ADJUST | | | | Not Allowed | $0.00 | | | |
| D8690 | E | ORTHODONTIC TREATMENT | | | | Not Allowed | $0.00 | | | |
| D8691 | E | REPAIR ORTHO APPLIANCE | | | | Not Allowed | $0.00 | | | |
| D8692 | E | REPLACEMENT RETAINER | | | | Not Allowed | $0.00 | | | |
| D8693 | E | REBOND/RECEMENT RETAINERS | | | | Not Allowed | $0.00 | | | |
| D8694 | E | REPAIR FIXED RETAINERS | | | | Not Allowed | $0.00 | | | |
| D8999 | E | ORTHODONTIC PROCEDURE | | | | Not Allowed | $0.00 | | | |
| D9110 | N | TX DENTAL PAIN MINOR PROC | | | | Bundled | $0.00 | | | |
| D9120 | E | FIX PARTIAL DENTURE SECTION | | | | Not Allowed | $0.00 | | | |
| D9210 | E | DENT ANESTHESIA W/O SURGERY | | | | Not Allowed | $0.00 | | | |
| D9211 | E | REGIONAL BLOCK ANESTHESIA | | | | Not Allowed | $0.00 | | | |
| D9212 | E | TRIGEMINAL BLOCK ANESTHESIA | | | | Not Allowed | $0.00 | | | |
| D9215 | E | LOCAL ANESTHESIA | | | | Not Allowed | $0.00 | | | |
| D9219 | E | EVAL FOR DEEP SED/GEN ANESTH | | | | Not Allowed | $0.00 | | | |
| D9223 | M | GENERAL ANESTHESIA EACH 15M | | | | Fee Schedule | $68.64 | | | |
| D9230 | M | ANALGESIA | | | | Fee Schedule | $0.00 | | | |
| D9243 | M | IV SEDATION EACH 15M | | | | Fee Schedule | $68.64 | | | |
| D9248 | M | SEDATION (NON-IV) | | | | Fee Schedule | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| D9310 | M | DENTAL CONSULTATION | | | | Fee Schedule | $68.64 | | | |
| D9410 | E | DENTAL HOUSE CALL | | | | Not Allowed | $0.00 | | | |
| D9420 | M | HOSPITAL/ASC CALL | | | | Fee Schedule | $68.64 | | | |
| D9430 | E | OFFICE VISIT DURING HOURS | | | | Not Allowed | $0.00 | | | |
| D9440 | E | OFFICE VISIT AFTER HOURS | | | | Not Allowed | $0.00 | | | |
| D9450 | E | CASE PRESENTATION TX PLAN | | | | Not Allowed | $0.00 | | | |
| D9610 | E | DENT THERAPEUTIC DRUG INJECT | | | | Not Allowed | $0.00 | | | |
| D9612 | M | THERA PAR DRUGS 2 OR > ADMIN | | | | Fee Schedule | $0.00 | | | |
| D9630 | S | OTHER DRUGS/MEDICAMENTS | | 05871 | 5.0351 | APC | $285.19 | | | |
| D9910 | E | DENT APPL DESENSITIZING MED | | | | Not Allowed | $0.00 | | | |
| D9911 | E | APPL DESENSITIZING RESIN | | | | Not Allowed | $0.00 | | | |
| D9920 | M | BEHAVIOR MANAGEMENT | | | | Fee Schedule | $68.64 | | | |
| D9930 | E | TREATMENT OF COMPLICATIONS | | | | Not Allowed | $0.00 | | | |
| D9932 | E | CLEAN & INSPECT REM DENT MAX | | | | Not Allowed | $0.00 | | | |
| D9933 | E | CLEAN & INSPECT REM DENT MAN | | | | Not Allowed | $0.00 | | | |
| D9934 | E | CLEAN REM PART DENTURE MAX | | | | Not Allowed | $0.00 | | | |
| D9935 | E | CLEAN REM PART DENTURE MAND | | | | Not Allowed | $0.00 | | | |
| D9940 | M | DENTAL OCCLUSAL GUARD | | | | Fee Schedule | $0.00 | | | |
| D9941 | E | FABRICATION ATHLETIC GUARD | | | | Not Allowed | $0.00 | | | |
| D9942 | E | REPAIR/RELINE OCCLUSAL GUARD | | | | Not Allowed | $0.00 | | | |
| D9943 | E | OCCLUSAL GUARD ADJUSTMENT | | | | Not Allowed | $0.00 | | | |
| D9950 | E | OCCLUSION ANALYSIS | | | | Not Allowed | $0.00 | | | |
| D9951 | E | LIMITED OCCLUSAL ADJUSTMENT | | | | Not Allowed | $0.00 | | | |
| D9952 | E | COMPLETE OCCLUSAL ADJUSTMENT | | | | Not Allowed | $0.00 | | | |
| D9970 | E | ENAMEL MICROABRASION | | | | Not Allowed | $0.00 | | | |
| D9971 | E | ODONTOPLASTY 1-2 TEETH | | | | Not Allowed | $0.00 | | | |
| D9972 | E | EXTRNL BLEACHING PER ARCH | | | | Not Allowed | $0.00 | | | |
| D9973 | E | EXTRNL BLEACHING PER TOOTH | | | | Not Allowed | $0.00 | | | |
| D9974 | E | INTRNL BLEACHING PER TOOTH | | | | Not Allowed | $0.00 | | | |
| D9975 | E | EXTERNAL BLEACHING HOME APP | | | | Not Allowed | $0.00 | | | |
| D9985 | E | SALES TAX | | | | Not Allowed | $0.00 | | | |
| D9986 | E | MISSED APPOINTMENT | | | | Not Allowed | $0.00 | | | |
| D9987 | E | CANCELLED APPOINTMENT | | | | Not Allowed | $0.00 | | | |
| D9999 | E | ADJUNCTIVE PROCEDURE | | | | Not Allowed | $0.00 | | | |
| E0100 | E | CANE ADJUST/FIXED WITH TIP | | | | Not Allowed | $0.00 | | | |
| E0105 | E | CANE ADJUST/FIXED QUAD/3 PRO | | | | Not Allowed | $0.00 | | | |
| E0110 | E | CRUTCH FOREARM PAIR | | | | Not Allowed | $0.00 | | | |
| E0111 | E | CRUTCH FOREARM EACH | | | | Not Allowed | $0.00 | | | |
| E0112 | E | CRUTCH UNDERARM PAIR WOOD | | | | Not Allowed | $0.00 | | | |
| E0113 | E | CRUTCH UNDERARM EACH WOOD | | | | Not Allowed | $0.00 | | | |
| E0114 | E | CRUTCH UNDERARM PAIR NO WOOD | | | | Not Allowed | $0.00 | | | |
| E0116 | E | CRUTCH UNDERARM EACH NO WOOD | | | | Not Allowed | $0.00 | | | |
| E0117 | E | UNDERARM SPRINGASSIST CRUTCH | | | | Not Allowed | $0.00 | | | |
| E0118 | E | CRUTCH SUBSTITUTE | | | | Not Allowed | $0.00 | | | |
| E0130 | E | WALKER RIGID ADJUST/FIXED HT | | | | Not Allowed | $0.00 | | | |
| E0135 | E | WALKER FOLDING ADJUST/FIXED | | | | Not Allowed | $0.00 | | | |
| E0140 | E | WALKER W TRUNK SUPPORT | | | | Not Allowed | $0.00 | | | |
| E0141 | E | RIGID WHEELED WALKER ADJ/FIX | | | | Not Allowed | $0.00 | | | |
| E0143 | E | WALKER FOLDING WHEELED W/O S | | | | Not Allowed | $0.00 | | | |
| E0144 | E | ENCLOSED WALKER W REAR SEAT | | | | Not Allowed | $0.00 | | | |
| E0147 | E | WALKER VARIABLE WHEEL RESIST | | | | Not Allowed | $0.00 | | | |
| E0148 | E | HEAVYDUTY WALKER NO WHEELS | | | | Not Allowed | $0.00 | | | |
| E0149 | E | HEAVY DUTY WHEELED WALKER | | | | Not Allowed | $0.00 | | | |
| E0153 | E | FOREARM CRUTCH PLATFORM ATTA | | | | Not Allowed | $0.00 | | | |
| E0154 | E | WALKER PLATFORM ATTACHMENT | | | | Not Allowed | $0.00 | | | |
| E0155 | E | WALKER WHEEL ATTACHMENT,PAIR | | | | Not Allowed | $0.00 | | | |
| E0156 | E | WALKER SEAT ATTACHMENT | | | | Not Allowed | $0.00 | | | |
| E0157 | E | WALKER CRUTCH ATTACHMENT | | | | Not Allowed | $0.00 | | | |
| E0158 | E | WALKER LEG EXTENDERS SET OF4 | | | | Not Allowed | $0.00 | | | |
| E0159 | E | BRAKE FOR WHEELED WALKER | | | | Not Allowed | $0.00 | | | |
| E0160 | E | SITZ TYPE BATH OR EQUIPMENT | | | | Not Allowed | $0.00 | | | |
| E0161 | E | SITZ BATH/EQUIPMENT W/FAUCET | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E0162 | E | SITZ BATH CHAIR | | | | Not Allowed | $0.00 | | | |
| E0163 | E | COMMODE CHAIR WITH FIXED ARM | | | | Not Allowed | $0.00 | | | |
| E0165 | E | COMMODE CHAIR WITH DETACHARM | | | | Not Allowed | $0.00 | | | |
| E0167 | E | COMMODE CHAIR PAIL OR PAN | | | | Not Allowed | $0.00 | | | |
| E0168 | E | HEAVYDUTY/WIDE COMMODE CHAIR | | | | Not Allowed | $0.00 | | | |
| E0170 | E | COMMODE CHAIR ELECTRIC | | | | Not Allowed | $0.00 | | | |
| E0171 | E | COMMODE CHAIR NON-ELECTRIC | | | | Not Allowed | $0.00 | | | |
| E0172 | E | SEAT LIFT MECHANISM TOILET | | | | Not Allowed | $0.00 | | | |
| E0175 | E | COMMODE CHAIR FOOT REST | | | | Not Allowed | $0.00 | | | |
| E0181 | E | PRESS PAD ALTERNATING W/ PUM | | | | Not Allowed | $0.00 | | | |
| E0182 | E | REPLACE PUMP, ALT PRESS PAD | | | | Not Allowed | $0.00 | | | |
| E0184 | E | DRY PRESSURE MATTRESS | | | | Not Allowed | $0.00 | | | |
| E0185 | E | GEL PRESSURE MATTRESS PAD | | | | Not Allowed | $0.00 | | | |
| E0186 | E | AIR PRESSURE MATTRESS | | | | Not Allowed | $0.00 | | | |
| E0187 | E | WATER PRESSURE MATTRESS | | | | Not Allowed | $0.00 | | | |
| E0188 | E | SYNTHETIC SHEEPSKIN PAD | | | | Not Allowed | $0.00 | | | |
| E0189 | E | LAMBSWOOL SHEEPSKIN PAD | | | | Not Allowed | $0.00 | | | |
| E0190 | E | POSITIONING CUSHION | | | | Not Allowed | $0.00 | | | |
| E0191 | E | PROTECTOR HEEL OR ELBOW | | | | Not Allowed | $0.00 | | | |
| E0193 | E | POWERED AIR FLOTATION BED | | | | Not Allowed | $0.00 | | | |
| E0194 | E | AIR FLUIDIZED BED | | | | Not Allowed | $0.00 | | | |
| E0196 | E | GEL PRESSURE MATTRESS | | | | Not Allowed | $0.00 | | | |
| E0197 | E | AIR PRESSURE PAD FOR MATTRES | | | | Not Allowed | $0.00 | | | |
| E0198 | E | WATER PRESSURE PAD FOR MATTR | | | | Not Allowed | $0.00 | | | |
| E0199 | E | DRY PRESSURE PAD FOR MATTRES | | | | Not Allowed | $0.00 | | | |
| E0200 | E | HEAT LAMP WITHOUT STAND | | | | Not Allowed | $0.00 | | | |
| E0202 | E | PHOTOTHERAPY LIGHT W/ PHOTOM | | | | Not Allowed | $0.00 | | | |
| E0203 | E | THERAPEUTIC LIGHTBOX TABLETP | | | | Not Allowed | $0.00 | | | |
| E0205 | E | HEAT LAMP WITH STAND | | | | Not Allowed | $0.00 | | | |
| E0210 | E | ELECTRIC HEAT PAD STANDARD | | | | Not Allowed | $0.00 | | | |
| E0215 | E | ELECTRIC HEAT PAD MOIST | | | | Not Allowed | $0.00 | | | |
| E0217 | E | WATER CIRC HEAT PAD W PUMP | | | | Not Allowed | $0.00 | | | |
| E0218 | E | WATER CIRC COLD PAD W PUMP | | | | Not Allowed | $0.00 | | | |
| E0221 | E | INFRARED HEATING PAD SYSTEM | | | | Not Allowed | $0.00 | | | |
| E0225 | E | HYDROCOLLATOR UNIT | | | | Not Allowed | $0.00 | | | |
| E0231 | E | WOUND WARMING DEVICE | | | | Not Allowed | $0.00 | | | |
| E0232 | E | WARMING CARD FOR NWT | | | | Not Allowed | $0.00 | | | |
| E0235 | E | PARAFFIN BATH UNIT PORTABLE | | | | Not Allowed | $0.00 | | | |
| E0236 | E | PUMP FOR WATER CIRCULATING P | | | | Not Allowed | $0.00 | | | |
| E0239 | E | HYDROCOLLATOR UNIT PORTABLE | | | | Not Allowed | $0.00 | | | |
| E0240 | E | BATH/SHOWER CHAIR | | | | Not Allowed | $0.00 | | | |
| E0241 | E | BATH TUB WALL RAIL | | | | Not Allowed | $0.00 | | | |
| E0242 | E | BATH TUB RAIL FLOOR | | | | Not Allowed | $0.00 | | | |
| E0243 | E | TOILET RAIL | | | | Not Allowed | $0.00 | | | |
| E0244 | E | TOILET SEAT RAISED | | | | Not Allowed | $0.00 | | | |
| E0245 | E | TUB STOOL OR BENCH | | | | Not Allowed | $0.00 | | | |
| E0246 | E | TRANSFER TUB RAIL ATTACHMENT | | | | Not Allowed | $0.00 | | | |
| E0247 | E | TRANS BENCH W/WO COMM OPEN | | | | Not Allowed | $0.00 | | | |
| E0248 | E | HDTRANS BENCH W/WO COMM OPEN | | | | Not Allowed | $0.00 | | | |
| E0249 | E | PAD WATER CIRCULATING HEAT U | | | | Not Allowed | $0.00 | | | |
| E0250 | E | HOSP BED FIXED HT W/ MATTRES | | | | Not Allowed | $0.00 | | | |
| E0251 | E | HOSP BED FIXD HT W/O MATTRES | | | | Not Allowed | $0.00 | | | |
| E0255 | E | HOSPITAL BED VAR HT W/ MATTR | | | | Not Allowed | $0.00 | | | |
| E0256 | E | HOSPITAL BED VAR HT W/O MATT | | | | Not Allowed | $0.00 | | | |
| E0260 | E | HOSP BED SEMI-ELECTR W/ MATT | | | | Not Allowed | $0.00 | | | |
| E0261 | E | HOSP BED SEMI-ELECTR W/O MAT | | | | Not Allowed | $0.00 | | | |
| E0265 | E | HOSP BED TOTAL ELECTR W/ MAT | | | | Not Allowed | $0.00 | | | |
| E0266 | E | HOSP BED TOTAL ELEC W/O MATT | | | | Not Allowed | $0.00 | | | |
| E0270 | E | HOSPITAL BED INSTITUTIONAL T | | | | Not Allowed | $0.00 | | | |
| E0271 | E | MATTRESS INNERSPRING | | | | Not Allowed | $0.00 | | | |
| E0272 | E | MATTRESS FOAM RUBBER | | | | Not Allowed | $0.00 | | | |
| E0273 | E | BED BOARD | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E0274 | E | OVER-BED TABLE | | | | Not Allowed | $0.00 | | | |
| E0275 | E | BED PAN STANDARD | | | | Not Allowed | $0.00 | | | |
| E0276 | E | BED PAN FRACTURE | | | | Not Allowed | $0.00 | | | |
| E0277 | E | POWERED PRES-REDU AIR MATTRS | | | | Not Allowed | $0.00 | | | |
| E0280 | E | BED CRADLE | | | | Not Allowed | $0.00 | | | |
| E0290 | E | HOSP BED FX HT W/O RAILS W/M | | | | Not Allowed | $0.00 | | | |
| E0291 | E | HOSP BED FX HT W/O RAIL W/O | | | | Not Allowed | $0.00 | | | |
| E0292 | E | HOSP BED VAR HT W/O RAIL W/O | | | | Not Allowed | $0.00 | | | |
| E0293 | E | HOSP BED VAR HT W/O RAIL W/ | | | | Not Allowed | $0.00 | | | |
| E0294 | E | HOSP BED SEMI-ELECT W/ MATTR | | | | Not Allowed | $0.00 | | | |
| E0295 | E | HOSP BED SEMI-ELECT W/O MATT | | | | Not Allowed | $0.00 | | | |
| E0296 | E | HOSP BED TOTAL ELECT W/ MATT | | | | Not Allowed | $0.00 | | | |
| E0297 | E | HOSP BED TOTAL ELECT W/O MAT | | | | Not Allowed | $0.00 | | | |
| E0300 | E | ENCLOSED PED CRIB HOSP GRADE | | | | Not Allowed | $0.00 | | | |
| E0301 | E | HD HOSP BED, 350-600 LBS | | | | Not Allowed | $0.00 | | | |
| E0302 | E | EX HD HOSP BED > 600 LBS | | | | Not Allowed | $0.00 | | | |
| E0303 | E | HOSP BED HVY DTY XTRA WIDE | | | | Not Allowed | $0.00 | | | |
| E0304 | E | HOSP BED XTRA HVY DTY X WIDE | | | | Not Allowed | $0.00 | | | |
| E0305 | E | RAILS BED SIDE HALF LENGTH | | | | Not Allowed | $0.00 | | | |
| E0310 | E | RAILS BED SIDE FULL LENGTH | | | | Not Allowed | $0.00 | | | |
| E0315 | E | BED ACCESSORY BRD/TBL/SUPPRT | | | | Not Allowed | $0.00 | | | |
| E0316 | E | BED SAFETY ENCLOSURE | | | | Not Allowed | $0.00 | | | |
| E0325 | E | URINAL MALE JUG-TYPE | | | | Not Allowed | $0.00 | | | |
| E0326 | E | URINAL FEMALE JUG-TYPE | | | | Not Allowed | $0.00 | | | |
| E0328 | E | PED HOSPITAL BED, MANUAL | | | | Not Allowed | $0.00 | | | |
| E0329 | E | PED HOSPITAL BED SEMI/ELECT | | | | Not Allowed | $0.00 | | | |
| E0350 | E | CONTROL UNIT BOWEL SYSTEM | | | | Not Allowed | $0.00 | | | |
| E0352 | E | DISPOSABLE PACK W/BOWEL SYST | | | | Not Allowed | $0.00 | | | |
| E0370 | E | AIR ELEVATOR FOR HEEL | | | | Not Allowed | $0.00 | | | |
| E0371 | E | NONPOWER MATTRESS OVERLAY | | | | Not Allowed | $0.00 | | | |
| E0372 | E | POWERED AIR MATTRESS OVERLAY | | | | Not Allowed | $0.00 | | | |
| E0373 | E | NONPOWERED PRESSURE MATTRESS | | | | Not Allowed | $0.00 | | | |
| E0424 | E | STATIONARY COMPRESSED GAS 02 | | | | Not Allowed | $0.00 | | | |
| E0425 | E | GAS SYSTEM STATIONARY COMPRE | | | | Not Allowed | $0.00 | | | |
| E0430 | E | OXYGEN SYSTEM GAS PORTABLE | | | | Not Allowed | $0.00 | | | |
| E0431 | E | PORTABLE GASEOUS 02 | | | | Not Allowed | $0.00 | | | |
| E0433 | E | PORTABLE LIQUID OXYGEN SYS | | | | Not Allowed | $0.00 | | | |
| E0434 | E | PORTABLE LIQUID 02 | | | | Not Allowed | $0.00 | | | |
| E0435 | E | OXYGEN SYSTEM LIQUID PORTABL | | | | Not Allowed | $0.00 | | | |
| E0439 | E | STATIONARY LIQUID 02 | | | | Not Allowed | $0.00 | | | |
| E0440 | E | OXYGEN SYSTEM LIQUID STATION | | | | Not Allowed | $0.00 | | | |
| E0441 | E | STATIONARY O2 CONTENTS, GAS | | | | Not Allowed | $0.00 | | | |
| E0442 | E | STATIONARY O2 CONTENTS, LIQ | | | | Not Allowed | $0.00 | | | |
| E0443 | E | PORTABLE 02 CONTENTS, GAS | | | | Not Allowed | $0.00 | | | |
| E0444 | E | PORTABLE 02 CONTENTS, LIQUID | | | | Not Allowed | $0.00 | | | |
| E0445 | E | OXIMETER NON-INVASIVE | | | | Not Allowed | $0.00 | | | |
| E0446 | E | TOPICAL OX DELIVER SYS, NOS | | | | Not Allowed | $0.00 | | | |
| E0455 | E | OXYGEN TENT EXCL CROUP/PED T | | | | Not Allowed | $0.00 | | | |
| E0457 | E | CHEST SHELL | | | | Not Allowed | $0.00 | | | |
| E0459 | E | CHEST WRAP | | | | Not Allowed | $0.00 | | | |
| E0462 | E | ROCKING BED W/ OR W/O SIDE R | | | | Not Allowed | $0.00 | | | |
| E0465 | E | HOME VENT INVASIVE INTERFACE | | | | Not Allowed | $0.00 | | | |
| E0466 | E | HOME VENT NON-INVASIVE INTER | | | | Not Allowed | $0.00 | | | |
| E0470 | E | RAD W/O BACKUP NON-INV INTFC | | | | Not Allowed | $0.00 | | | |
| E0471 | E | RAD W/BACKUP NON INV INTRFC | | | | Not Allowed | $0.00 | | | |
| E0472 | E | RAD W BACKUP INVASIVE INTRFC | | | | Not Allowed | $0.00 | | | |
| E0480 | E | PERCUSSOR ELECT/PNEUM HOME M | | | | Not Allowed | $0.00 | | | |
| E0481 | E | INTRPULMNRY PERCUSS VENT SYS | | | | Not Allowed | $0.00 | | | |
| E0482 | E | COUGH STIMULATING DEVICE | | | | Not Allowed | $0.00 | | | |
| E0483 | E | CHEST COMPRESSION GEN SYSTEM | | | | Not Allowed | $0.00 | | | |
| E0484 | E | NON-ELEC OSCILLATORY PEP DVC | | | | Not Allowed | $0.00 | | | |
| E0485 | E | ORAL DEVICE/APPLIANCE PREFAB | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E0486 | E | ORAL DEVICE/APPLIANCE CUSFAB | | | | Not Allowed | $0.00 | | | |
| E0487 | N | ELECTRONIC SPIROMETER | | | | Bundled | $0.00 | | | |
| E0500 | E | IPPB ALL TYPES | | | | Not Allowed | $0.00 | | | |
| E0550 | E | HUMIDIF EXTENS SUPPLE W IPPB | | | | Not Allowed | $0.00 | | | |
| E0555 | E | HUMIDIFIER FOR USE W/ REGULA | | | | Not Allowed | $0.00 | | | |
| E0560 | E | HUMIDIFIER SUPPLEMENTAL W/ I | | | | Not Allowed | $0.00 | | | |
| E0561 | E | HUMIDIFIER NONHEATED W PAP | | | | Not Allowed | $0.00 | | | |
| E0562 | E | HUMIDIFIER HEATED USED W PAP | | | | Not Allowed | $0.00 | | | |
| E0565 | E | COMPRESSOR AIR POWER SOURCE | | | | Not Allowed | $0.00 | | | |
| E0570 | E | NEBULIZER WITH COMPRESSION | | | | Not Allowed | $0.00 | | | |
| E0572 | E | AEROSOL COMPRESSOR ADJUST PR | | | | Not Allowed | $0.00 | | | |
| E0574 | E | ULTRASONIC GENERATOR W SVNEB | | | | Not Allowed | $0.00 | | | |
| E0575 | E | NEBULIZER ULTRASONIC | | | | Not Allowed | $0.00 | | | |
| E0580 | E | NEBULIZER FOR USE W/ REGULAT | | | | Not Allowed | $0.00 | | | |
| E0585 | E | NEBULIZER W/ COMPRESSOR & HE | | | | Not Allowed | $0.00 | | | |
| E0600 | E | SUCTION PUMP PORTAB HOM MODL | | | | Not Allowed | $0.00 | | | |
| E0601 | E | CONT AIRWAY PRESSURE DEVICE | | | | Not Allowed | $0.00 | | | |
| E0602 | E | MANUAL BREAST PUMP | | | | Not Allowed | $0.00 | | | |
| E0603 | E | ELECTRIC BREAST PUMP | | | | Not Allowed | $0.00 | | | |
| E0604 | E | HOSP GRADE ELEC BREAST PUMP | | | | Not Allowed | $0.00 | | | |
| E0605 | E | VAPORIZER ROOM TYPE | | | | Not Allowed | $0.00 | | | |
| E0606 | E | DRAINAGE BOARD POSTURAL | | | | Not Allowed | $0.00 | | | |
| E0607 | E | BLOOD GLUCOSE MONITOR HOME | | | | Not Allowed | $0.00 | | | |
| E0610 | E | PACEMAKER MONITR AUDIBLE/VIS | | | | Not Allowed | $0.00 | | | |
| E0615 | E | PACEMAKER MONITR DIGITAL/VIS | | | | Not Allowed | $0.00 | | | |
| E0616 | N | CARDIAC EVENT RECORDER | | | | Bundled | $0.00 | | | |
| E0617 | E | AUTOMATIC EXT DEFIBRILLATOR | | | | Not Allowed | $0.00 | | | |
| E0618 | E | APNEA MONITOR | | | | Not Allowed | $0.00 | | | |
| E0619 | E | APNEA MONITOR W RECORDER | | | | Not Allowed | $0.00 | | | |
| E0620 | E | CAP BLD SKIN PIERCING LASER | | | | Not Allowed | $0.00 | | | |
| E0621 | E | PATIENT LIFT SLING OR SEAT | | | | Not Allowed | $0.00 | | | |
| E0625 | E | PATIENT LIFT BATHROOM OR TOI | | | | Not Allowed | $0.00 | | | |
| E0627 | E | SEAT LIFT INCORP LIFT-CHAIR | | | | Not Allowed | $0.00 | | | |
| E0628 | E | SEAT LIFT FOR PT FURN-ELECTR | | | | Not Allowed | $0.00 | | | |
| E0629 | E | SEAT LIFT FOR PT FURN-NON-EL | | | | Not Allowed | $0.00 | | | |
| E0630 | E | PATIENT LIFT HYDRAULIC | | | | Not Allowed | $0.00 | | | |
| E0635 | E | PATIENT LIFT ELECTRIC | | | | Not Allowed | $0.00 | | | |
| E0636 | E | PT SUPPORT & POSITIONING SYS | | | | Not Allowed | $0.00 | | | |
| E0637 | E | COMBINATION SIT TO STAND SYS | | | | Not Allowed | $0.00 | | | |
| E0638 | E | STANDING FRAME SYS | | | | Not Allowed | $0.00 | | | |
| E0639 | E | MOVEABLE PATIENT LIFT SYSTEM | | | | Not Allowed | $0.00 | | | |
| E0640 | E | FIXED PATIENT LIFT SYSTEM | | | | Not Allowed | $0.00 | | | |
| E0641 | E | MULTI-POSITION STND FRAM SYS | | | | Not Allowed | $0.00 | | | |
| E0642 | E | DYNAMIC STANDING FRAME | | | | Not Allowed | $0.00 | | | |
| E0650 | E | PNEUMA COMPRESOR NON-SEGMENT | | | | Not Allowed | $0.00 | | | |
| E0651 | E | PNEUM COMPRESSOR SEGMENTAL | | | | Not Allowed | $0.00 | | | |
| E0652 | E | PNEUM COMPRES W/CAL PRESSURE | | | | Not Allowed | $0.00 | | | |
| E0655 | E | PNEUMATIC APPLIANCE HALF ARM | | | | Not Allowed | $0.00 | | | |
| E0656 | E | SEGMENTAL PNEUMATIC TRUNK | | | | Not Allowed | $0.00 | | | |
| E0657 | E | SEGMENTAL PNEUMATIC CHEST | | | | Not Allowed | $0.00 | | | |
| E0660 | E | PNEUMATIC APPLIANCE FULL LEG | | | | Not Allowed | $0.00 | | | |
| E0665 | E | PNEUMATIC APPLIANCE FULL ARM | | | | Not Allowed | $0.00 | | | |
| E0666 | E | PNEUMATIC APPLIANCE HALF LEG | | | | Not Allowed | $0.00 | | | |
| E0667 | E | SEG PNEUMATIC APPL FULL LEG | | | | Not Allowed | $0.00 | | | |
| E0668 | E | SEG PNEUMATIC APPL FULL ARM | | | | Not Allowed | $0.00 | | | |
| E0669 | E | SEG PNEUMATIC APPLI HALF LEG | | | | Not Allowed | $0.00 | | | |
| E0670 | E | SEG PNEUM INT LEGS/TRUNK | | | | Not Allowed | $0.00 | | | |
| E0671 | E | PRESSURE PNEUM APPL FULL LEG | | | | Not Allowed | $0.00 | | | |
| E0672 | E | PRESSURE PNEUM APPL FULL ARM | | | | Not Allowed | $0.00 | | | |
| E0673 | E | PRESSURE PNEUM APPL HALF LEG | | | | Not Allowed | $0.00 | | | |
| E0675 | E | PNEUMATIC COMPRESSION DEVICE | | | | Not Allowed | $0.00 | | | |
| E0676 | E | INTER LIMB COMPRESS DEV NOS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E0691 | E | UVL PNL 2 SQ FT OR LESS | | | | Not Allowed | $0.00 | | | |
| E0692 | E | UVL SYS PANEL 4 FT | | | | Not Allowed | $0.00 | | | |
| E0693 | E | UVL SYS PANEL 6 FT | | | | Not Allowed | $0.00 | | | |
| E0694 | E | UVL MD CABINET SYS 6 FT | | | | Not Allowed | $0.00 | | | |
| E0700 | E | SAFETY EQUIPMENT | | | | Not Allowed | $0.00 | | | |
| E0705 | E | TRANSFER DEVICE | | | | Not Allowed | $0.00 | | | |
| E0710 | E | RESTRAINTS ANY TYPE | | | | Not Allowed | $0.00 | | | |
| E0720 | E | TENS TWO LEAD | | | | Not Allowed | $0.00 | | | |
| E0730 | E | TENS FOUR LEAD | | | | Not Allowed | $0.00 | | | |
| E0731 | E | CONDUCTIVE GARMENT FOR TENS/ | | | | Not Allowed | $0.00 | | | |
| E0740 | E | INCONTINENCE TREATMENT SYSTM | | | | Not Allowed | $0.00 | | | |
| E0744 | E | NEUROMUSCULAR STIM FOR SCOLI | | | | Not Allowed | $0.00 | | | |
| E0745 | E | NEUROMUSCULAR STIM FOR SHOCK | | | | Not Allowed | $0.00 | | | |
| E0746 | E | ELECTROMYOGRAPH BIOFEEDBACK | | | | Not Allowed | $0.00 | | | |
| E0747 | E | ELEC OSTEOGEN STIM NOT SPINE | | | | Not Allowed | $0.00 | | | |
| E0748 | E | ELEC OSTEOGEN STIM SPINAL | | | | Not Allowed | $0.00 | | | |
| E0749 | N | ELEC OSTEOGEN STIM IMPLANTED | | | | Bundled | $0.00 | | | |
| E0755 | E | ELECTRONIC SALIVARY REFLEX S | | | | Not Allowed | $0.00 | | | |
| E0760 | E | OSTEOGEN ULTRASOUND STIMLTOR | | | | Not Allowed | $0.00 | | | |
| E0761 | E | NONTHERM ELECTROMGNTC DEVICE | | | | Not Allowed | $0.00 | | | |
| E0762 | E | TRANS ELEC JT STIM DEV SYS | | | | Not Allowed | $0.00 | | | |
| E0764 | E | FUNCTIONAL NEUROMUSCULARSTIM | | | | Not Allowed | $0.00 | | | |
| E0765 | E | NERVE STIMULATOR FOR TX N&V | | | | Not Allowed | $0.00 | | | |
| E0766 | E | ELEC STIM CANCER TREATMENT | | | | Not Allowed | $0.00 | | | |
| E0769 | E | ELECTRIC WOUND TREATMENT DEV | | | | Not Allowed | $0.00 | | | |
| E0770 | E | FUNCTIONAL ELECTRIC STIM NOS | | | | Not Allowed | $0.00 | | | |
| E0776 | E | IV POLE | | | | Not Allowed | $0.00 | | | |
| E0779 | E | AMB INFUSION PUMP MECHANICAL | | | | Not Allowed | $0.00 | | | |
| E0780 | E | MECH AMB INFUSION PUMP <8HRS | | | | Not Allowed | $0.00 | | | |
| E0781 | E | EXTERNAL AMBULATORY INFUS PU | | | | Not Allowed | $0.00 | | | |
| E0782 | N | NON-PROGRAMBLE INFUSION PUMP | | | | Bundled | $0.00 | | | |
| E0783 | N | PROGRAMMABLE INFUSION PUMP | | | | Bundled | $0.00 | | | |
| E0784 | E | EXT AMB INFUSN PUMP INSULIN | | | | Not Allowed | $0.00 | | | |
| E0785 | N | REPLACEMENT IMPL PUMP CATHET | | | | Bundled | $0.00 | | | |
| E0786 | N | IMPLANTABLE PUMP REPLACEMENT | | | | Bundled | $0.00 | | | |
| E0791 | E | PARENTERAL INFUSION PUMP STA | | | | Not Allowed | $0.00 | | | |
| E0830 | N | AMBULATORY TRACTION DEVICE | | | | Bundled | $0.00 | | | |
| E0840 | E | TRACT FRAME ATTACH HEADBOARD | | | | Not Allowed | $0.00 | | | |
| E0849 | E | CERVICAL PNEUM TRAC EQUIP | | | | Not Allowed | $0.00 | | | |
| E0850 | E | TRACTION STAND FREE STANDING | | | | Not Allowed | $0.00 | | | |
| E0855 | E | CERVICAL TRACTION EQUIPMENT | | | | Not Allowed | $0.00 | | | |
| E0856 | E | CERVIC COLLAR W AIR BLADDERS | | | | Not Allowed | $0.00 | | | |
| E0860 | E | TRACT EQUIP CERVICAL TRACT | | | | Not Allowed | $0.00 | | | |
| E0870 | E | TRACT FRAME ATTACH FOOTBOARD | | | | Not Allowed | $0.00 | | | |
| E0880 | E | TRAC STAND FREE STAND EXTREM | | | | Not Allowed | $0.00 | | | |
| E0890 | E | TRACTION FRAME ATTACH PELVIC | | | | Not Allowed | $0.00 | | | |
| E0900 | E | TRAC STAND FREE STAND PELVIC | | | | Not Allowed | $0.00 | | | |
| E0910 | E | TRAPEZE BAR ATTACHED TO BED | | | | Not Allowed | $0.00 | | | |
| E0911 | E | HD TRAPEZE BAR ATTACH TO BED | | | | Not Allowed | $0.00 | | | |
| E0912 | E | HD TRAPEZE BAR FREE STANDING | | | | Not Allowed | $0.00 | | | |
| E0920 | E | FRACTURE FRAME ATTACHED TO B | | | | Not Allowed | $0.00 | | | |
| E0930 | E | FRACTURE FRAME FREE STANDING | | | | Not Allowed | $0.00 | | | |
| E0935 | E | CONT PAS MOTION EXERCISE DEV | | | | Not Allowed | $0.00 | | | |
| E0936 | E | CPM DEVICE, OTHER THAN KNEE | | | | Not Allowed | $0.00 | | | |
| E0940 | E | TRAPEZE BAR FREE STANDING | | | | Not Allowed | $0.00 | | | |
| E0941 | E | GRAVITY ASSISTED TRACTION DE | | | | Not Allowed | $0.00 | | | |
| E0942 | E | CERVICAL HEAD HARNESS/HALTER | | | | Not Allowed | $0.00 | | | |
| E0944 | E | PELVIC BELT/HARNESS/BOOT | | | | Not Allowed | $0.00 | | | |
| E0945 | E | BELT/HARNESS EXTREMITY | | | | Not Allowed | $0.00 | | | |
| E0946 | E | FRACTURE FRAME DUAL W CROSS | | | | Not Allowed | $0.00 | | | |
| E0947 | E | FRACTURE FRAME ATTACHMNTS PE | | | | Not Allowed | $0.00 | | | |
| E0948 | E | FRACTURE FRAME ATTACHMNTS CE | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E0950 | E | TRAY | | | | Not Allowed | $0.00 | | | |
| E0951 | E | LOOP HEEL | | | | Not Allowed | $0.00 | | | |
| E0952 | E | TOE LOOP/HOLDER, EACH | | | | Not Allowed | $0.00 | | | |
| E0955 | E | CUSHIONED HEADREST | | | | Not Allowed | $0.00 | | | |
| E0956 | E | W/C LATERAL TRUNK/HIP SUPPOR | | | | Not Allowed | $0.00 | | | |
| E0957 | E | W/C MEDIAL THIGH SUPPORT | | | | Not Allowed | $0.00 | | | |
| E0958 | E | WHLCHR ATT- CONV 1 ARM DRIVE | | | | Not Allowed | $0.00 | | | |
| E0959 | E | AMPUTEE ADAPTER | | | | Not Allowed | $0.00 | | | |
| E0960 | E | W/C SHOULDER HARNESS/STRAPS | | | | Not Allowed | $0.00 | | | |
| E0961 | E | WHEELCHAIR BRAKE EXTENSION | | | | Not Allowed | $0.00 | | | |
| E0966 | E | WHEELCHAIR HEAD REST EXTENSI | | | | Not Allowed | $0.00 | | | |
| E0967 | E | MANUAL WC HAND RIM W PROJECT | | | | Not Allowed | $0.00 | | | |
| E0968 | E | WHEELCHAIR COMMODE SEAT | | | | Not Allowed | $0.00 | | | |
| E0969 | E | WHEELCHAIR NARROWING DEVICE | | | | Not Allowed | $0.00 | | | |
| E0970 | E | WHEELCHAIR NO. 2 FOOTPLATES | | | | Not Allowed | $0.00 | | | |
| E0971 | E | WHEELCHAIR ANTI-TIPPING DEVI | | | | Not Allowed | $0.00 | | | |
| E0973 | E | W/CH ACCESS DET ADJ ARMREST | | | | Not Allowed | $0.00 | | | |
| E0974 | E | W/CH ACCESS ANTI-ROLLBACK | | | | Not Allowed | $0.00 | | | |
| E0978 | E | W/C ACC,SAF BELT PELV STRAP | | | | Not Allowed | $0.00 | | | |
| E0980 | E | WHEELCHAIR SAFETY VEST | | | | Not Allowed | $0.00 | | | |
| E0981 | E | SEAT UPHOLSTERY, REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| E0982 | E | BACK UPHOLSTERY, REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| E0983 | E | ADD PWR JOYSTICK | | | | Not Allowed | $0.00 | | | |
| E0984 | E | ADD PWR TILLER | | | | Not Allowed | $0.00 | | | |
| E0985 | E | W/C SEAT LIFT MECHANISM | | | | Not Allowed | $0.00 | | | |
| E0986 | E | MAN W/C PUSH-RIM POWR SYSTEM | | | | Not Allowed | $0.00 | | | |
| E0988 | E | LEVER-ACTIVATED WHEEL DRIVE | | | | Not Allowed | $0.00 | | | |
| E0990 | E | WHEELCHAIR ELEVATING LEG RES | | | | Not Allowed | $0.00 | | | |
| E0992 | E | WHEELCHAIR SOLID SEAT INSERT | | | | Not Allowed | $0.00 | | | |
| E0994 | E | WHEELCHAIR ARM REST | | | | Not Allowed | $0.00 | | | |
| E0995 | E | WHEELCHAIR CALF REST | | | | Not Allowed | $0.00 | | | |
| E1002 | E | PWR SEAT TILT | | | | Not Allowed | $0.00 | | | |
| E1003 | E | PWR SEAT RECLINE | | | | Not Allowed | $0.00 | | | |
| E1004 | E | PWR SEAT RECLINE MECH | | | | Not Allowed | $0.00 | | | |
| E1005 | E | PWR SEAT RECLINE PWR | | | | Not Allowed | $0.00 | | | |
| E1006 | E | PWR SEAT COMBO W/O SHEAR | | | | Not Allowed | $0.00 | | | |
| E1007 | E | PWR SEAT COMBO W/SHEAR | | | | Not Allowed | $0.00 | | | |
| E1008 | E | PWR SEAT COMBO PWR SHEAR | | | | Not Allowed | $0.00 | | | |
| E1009 | E | ADD MECH LEG ELEVATION | | | | Not Allowed | $0.00 | | | |
| E1010 | E | ADD PWR LEG ELEVATION | | | | Not Allowed | $0.00 | | | |
| E1011 | E | PED WC MODIFY WIDTH ADJUSTM | | | | Not Allowed | $0.00 | | | |
| E1012 | E | CTR MOUNT PWR ELEV LEG REST | | | | Not Allowed | $0.00 | | | |
| E1014 | E | RECLINING BACK ADD PED W/C | | | | Not Allowed | $0.00 | | | |
| E1015 | E | SHOCK ABSORBER FOR MAN W/C | | | | Not Allowed | $0.00 | | | |
| E1016 | E | SHOCK ABSORBER FOR POWER W/C | | | | Not Allowed | $0.00 | | | |
| E1017 | E | HD SHCK ABSRBR FOR HD MAN WC | | | | Not Allowed | $0.00 | | | |
| E1018 | E | HD SHCK ABSRBER FOR HD POWWC | | | | Not Allowed | $0.00 | | | |
| E1020 | E | RESIDUAL LIMB SUPPORT SYSTEM | | | | Not Allowed | $0.00 | | | |
| E1028 | E | W/C MANUAL SWINGAWAY | | | | Not Allowed | $0.00 | | | |
| E1029 | E | W/C VENT TRAY FIXED | | | | Not Allowed | $0.00 | | | |
| E1030 | E | W/C VENT TRAY GIMBALED | | | | Not Allowed | $0.00 | | | |
| E1031 | E | ROLLABOUT CHAIR WITH CASTERS | | | | Not Allowed | $0.00 | | | |
| E1035 | E | PATIENT TRANSFER SYSTEM <300 | | | | Not Allowed | $0.00 | | | |
| E1036 | E | PATIENT TRANSFER SYSTEM >300 | | | | Not Allowed | $0.00 | | | |
| E1037 | E | TRANSPORT CHAIR, PED SIZE | | | | Not Allowed | $0.00 | | | |
| E1038 | E | TRANSPORT CHAIR PT WT<=300LB | | | | Not Allowed | $0.00 | | | |
| E1039 | E | TRANSPORT CHAIR PT WT >300LB | | | | Not Allowed | $0.00 | | | |
| E1050 | E | WHELCHR FXD FULL LENGTH ARMS | | | | Not Allowed | $0.00 | | | |
| E1060 | E | WHEELCHAIR DETACHABLE ARMS | | | | Not Allowed | $0.00 | | | |
| E1070 | E | WHEELCHAIR DETACHABLE FOOT R | | | | Not Allowed | $0.00 | | | |
| E1083 | E | HEMI-WHEELCHAIR FIXED ARMS | | | | Not Allowed | $0.00 | | | |
| E1084 | E | HEMI-WHEELCHAIR DETACHABLE A | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E1085 | E | HEMI-WHEELCHAIR FIXED ARMS | | | | Not Allowed | $0.00 | | | |
| E1086 | E | HEMI-WHEELCHAIR DETACHABLE A | | | | Not Allowed | $0.00 | | | |
| E1087 | E | WHEELCHAIR LIGHTWT FIXED ARM | | | | Not Allowed | $0.00 | | | |
| E1088 | E | WHEELCHAIR LIGHTWEIGHT DET A | | | | Not Allowed | $0.00 | | | |
| E1089 | E | WHEELCHAIR LIGHTWT FIXED ARM | | | | Not Allowed | $0.00 | | | |
| E1090 | E | WHEELCHAIR LIGHTWEIGHT DET A | | | | Not Allowed | $0.00 | | | |
| E1092 | E | WHEELCHAIR WIDE W/ LEG RESTS | | | | Not Allowed | $0.00 | | | |
| E1093 | E | WHEELCHAIR WIDE W/ FOOT REST | | | | Not Allowed | $0.00 | | | |
| E1100 | E | WHCHR S-RECL FXD ARM LEG RES | | | | Not Allowed | $0.00 | | | |
| E1110 | E | WHEELCHAIR SEMI-RECL DETACH | | | | Not Allowed | $0.00 | | | |
| E1130 | E | WHLCHR STAND FXD ARM FT REST | | | | Not Allowed | $0.00 | | | |
| E1140 | E | WHEELCHAIR STANDARD DETACH A | | | | Not Allowed | $0.00 | | | |
| E1150 | E | WHEELCHAIR STANDARD W/ LEG R | | | | Not Allowed | $0.00 | | | |
| E1160 | E | WHEELCHAIR FIXED ARMS | | | | Not Allowed | $0.00 | | | |
| E1161 | E | MANUAL ADULT WC W TILTINSPAC | | | | Not Allowed | $0.00 | | | |
| E1170 | E | WHLCHR AMPU FXD ARM LEG REST | | | | Not Allowed | $0.00 | | | |
| E1171 | E | WHEELCHAIR AMPUTEE W/O LEG R | | | | Not Allowed | $0.00 | | | |
| E1172 | E | WHEELCHAIR AMPUTEE DETACH AR | | | | Not Allowed | $0.00 | | | |
| E1180 | E | WHEELCHAIR AMPUTEE W/ FOOT R | | | | Not Allowed | $0.00 | | | |
| E1190 | E | WHEELCHAIR AMPUTEE W/ LEG RE | | | | Not Allowed | $0.00 | | | |
| E1195 | E | WHEELCHAIR AMPUTEE HEAVY DUT | | | | Not Allowed | $0.00 | | | |
| E1200 | E | WHEELCHAIR AMPUTEE FIXED ARM | | | | Not Allowed | $0.00 | | | |
| E1220 | E | WHLCHR SPECIAL SIZE/CONSTRC | | | | Not Allowed | $0.00 | | | |
| E1221 | E | WHEELCHAIR SPEC SIZE W FOOT | | | | Not Allowed | $0.00 | | | |
| E1222 | E | WHEELCHAIR SPEC SIZE W/ LEG | | | | Not Allowed | $0.00 | | | |
| E1223 | E | WHEELCHAIR SPEC SIZE W FOOT | | | | Not Allowed | $0.00 | | | |
| E1224 | E | WHEELCHAIR SPEC SIZE W/ LEG | | | | Not Allowed | $0.00 | | | |
| E1225 | E | MANUAL SEMI-RECLINING BACK | | | | Not Allowed | $0.00 | | | |
| E1226 | E | MANUAL FULLY RECLINING BACK | | | | Not Allowed | $0.00 | | | |
| E1227 | E | WHEELCHAIR SPEC SZ SPEC HT A | | | | Not Allowed | $0.00 | | | |
| E1228 | E | WHEELCHAIR SPEC SZ SPEC HT B | | | | Not Allowed | $0.00 | | | |
| E1229 | E | PEDIATRIC WHEELCHAIR NOS | | | | Not Allowed | $0.00 | | | |
| E1230 | E | POWER OPERATED VEHICLE | | | | Not Allowed | $0.00 | | | |
| E1231 | E | RIGID PED W/C TILT-IN-SPACE | | | | Not Allowed | $0.00 | | | |
| E1232 | E | FOLDING PED WC TILT-IN-SPACE | | | | Not Allowed | $0.00 | | | |
| E1233 | E | RIG PED WC TLTNSPC W/O SEAT | | | | Not Allowed | $0.00 | | | |
| E1234 | E | FLD PED WC TLTNSPC W/O SEAT | | | | Not Allowed | $0.00 | | | |
| E1235 | E | RIGID PED WC ADJUSTABLE | | | | Not Allowed | $0.00 | | | |
| E1236 | E | FOLDING PED WC ADJUSTABLE | | | | Not Allowed | $0.00 | | | |
| E1237 | E | RGD PED WC ADJSTABL W/O SEAT | | | | Not Allowed | $0.00 | | | |
| E1238 | E | FLD PED WC ADJSTABL W/O SEAT | | | | Not Allowed | $0.00 | | | |
| E1239 | E | PED POWER WHEELCHAIR NOS | | | | Not Allowed | $0.00 | | | |
| E1240 | E | WHCHR LITWT DET ARM LEG REST | | | | Not Allowed | $0.00 | | | |
| E1250 | E | WHEELCHAIR LIGHTWT FIXED ARM | | | | Not Allowed | $0.00 | | | |
| E1260 | E | WHEELCHAIR LIGHTWT FOOT REST | | | | Not Allowed | $0.00 | | | |
| E1270 | E | WHEELCHAIR LIGHTWEIGHT LEG R | | | | Not Allowed | $0.00 | | | |
| E1280 | E | WHCHR H-DUTY DET ARM LEG RES | | | | Not Allowed | $0.00 | | | |
| E1285 | E | WHEELCHAIR HEAVY DUTY FIXED | | | | Not Allowed | $0.00 | | | |
| E1290 | E | WHEELCHAIR HVY DUTY DETACH A | | | | Not Allowed | $0.00 | | | |
| E1295 | E | WHEELCHAIR HEAVY DUTY FIXED | | | | Not Allowed | $0.00 | | | |
| E1296 | E | WHEELCHAIR SPECIAL SEAT HEIG | | | | Not Allowed | $0.00 | | | |
| E1297 | E | WHEELCHAIR SPECIAL SEAT DEPT | | | | Not Allowed | $0.00 | | | |
| E1298 | E | WHEELCHAIR SPEC SEAT DEPTH/W | | | | Not Allowed | $0.00 | | | |
| E1300 | E | WHIRLPOOL PORTABLE | | | | Not Allowed | $0.00 | | | |
| E1310 | E | WHIRLPOOL NON-PORTABLE | | | | Not Allowed | $0.00 | | | |
| E1352 | E | O2 FLOW REG POS INSPIR PRESS | | | | Not Allowed | $0.00 | | | |
| E1353 | E | OXYGEN SUPPLIES REGULATOR | | | | Not Allowed | $0.00 | | | |
| E1354 | E | WHEELED CART, PORT CYL/CONC | | | | Not Allowed | $0.00 | | | |
| E1355 | E | OXYGEN SUPPLIES STAND/RACK | | | | Not Allowed | $0.00 | | | |
| E1356 | E | BATT PACK/CART, PORT CONC | | | | Not Allowed | $0.00 | | | |
| E1357 | E | BATTERY CHARGER, PORT CONC | | | | Not Allowed | $0.00 | | | |
| E1358 | E | DC POWER ADAPTER, PORT CONC | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E1372 | E | OXY SUPPL HEATER FOR NEBULIZ | | | | Not Allowed | $0.00 | | | |
| E1390 | E | OXYGEN CONCENTRATOR | | | | Not Allowed | $0.00 | | | |
| E1391 | E | OXYGEN CONCENTRATOR, DUAL | | | | Not Allowed | $0.00 | | | |
| E1392 | E | PORTABLE OXYGEN CONCENTRATOR | | | | Not Allowed | $0.00 | | | |
| E1399 | E | DURABLE MEDICAL EQUIPMENT MI | | | | Not Allowed | $0.00 | | | |
| E1405 | E | O2/WATER VAPOR ENRICH W/HEAT | | | | Not Allowed | $0.00 | | | |
| E1406 | E | O2/WATER VAPOR ENRICH W/O HE | | | | Not Allowed | $0.00 | | | |
| E1500 | E | CENTRIFUGE | | | | Not Allowed | $0.00 | | | |
| E1510 | E | KIDNEY DIALYSATE DELIVRY SYS | | | | Not Allowed | $0.00 | | | |
| E1520 | E | HEPARIN INFUSION PUMP | | | | Not Allowed | $0.00 | | | |
| E1530 | E | REPLACEMENT AIR BUBBLE DETEC | | | | Not Allowed | $0.00 | | | |
| E1540 | E | REPLACEMENT PRESSURE ALARM | | | | Not Allowed | $0.00 | | | |
| E1550 | E | BATH CONDUCTIVITY METER | | | | Not Allowed | $0.00 | | | |
| E1560 | E | REPLACE BLOOD LEAK DETECTOR | | | | Not Allowed | $0.00 | | | |
| E1570 | E | ADJUSTABLE CHAIR FOR ESRD PT | | | | Not Allowed | $0.00 | | | |
| E1575 | E | TRANSDUCER PROTECT/FLD BAR | | | | Not Allowed | $0.00 | | | |
| E1580 | E | UNIPUNCTURE CONTROL SYSTEM | | | | Not Allowed | $0.00 | | | |
| E1590 | E | HEMODIALYSIS MACHINE | | | | Not Allowed | $0.00 | | | |
| E1592 | E | AUTO INTERM PERITONEAL DIALY | | | | Not Allowed | $0.00 | | | |
| E1594 | E | CYCLER DIALYSIS MACHINE | | | | Not Allowed | $0.00 | | | |
| E1600 | E | DELI/INSTALL CHRG HEMO EQUIP | | | | Not Allowed | $0.00 | | | |
| E1610 | E | REVERSE OSMOSIS H2O PURI SYS | | | | Not Allowed | $0.00 | | | |
| E1615 | E | DEIONIZER H2O PURI SYSTEM | | | | Not Allowed | $0.00 | | | |
| E1620 | E | REPLACEMENT BLOOD PUMP | | | | Not Allowed | $0.00 | | | |
| E1625 | E | WATER SOFTENING SYSTEM | | | | Not Allowed | $0.00 | | | |
| E1630 | E | RECIPROCATING PERITONEAL DIA | | | | Not Allowed | $0.00 | | | |
| E1632 | E | WEARABLE ARTIFICIAL KIDNEY | | | | Not Allowed | $0.00 | | | |
| E1634 | E | PERITONEAL DIALYSIS CLAMP | | | | Not Allowed | $0.00 | | | |
| E1635 | E | COMPACT TRAVEL HEMODIALYZER | | | | Not Allowed | $0.00 | | | |
| E1636 | E | SORBENT CARTRIDGES PER 10 | | | | Not Allowed | $0.00 | | | |
| E1637 | E | HEMOSTATS FOR DIALYSIS, EACH | | | | Not Allowed | $0.00 | | | |
| E1639 | E | DIALYSIS SCALE | | | | Not Allowed | $0.00 | | | |
| E1699 | E | DIALYSIS EQUIPMENT NOC | | | | Not Allowed | $0.00 | | | |
| E1700 | E | JAW MOTION REHAB SYSTEM | | | | Not Allowed | $0.00 | | | |
| E1701 | E | REPL CUSHIONS FOR JAW MOTION | | | | Not Allowed | $0.00 | | | |
| E1702 | E | REPL MEASR SCALES JAW MOTION | | | | Not Allowed | $0.00 | | | |
| E1800 | E | ADJUST ELBOW EXT/FLEX DEVICE | | | | Not Allowed | $0.00 | | | |
| E1801 | E | SPS ELBOW DEVICE | | | | Not Allowed | $0.00 | | | |
| E1802 | E | ADJST FOREARM PRO/SUP DEVICE | | | | Not Allowed | $0.00 | | | |
| E1805 | E | ADJUST WRIST EXT/FLEX DEVICE | | | | Not Allowed | $0.00 | | | |
| E1806 | E | SPS WRIST DEVICE | | | | Not Allowed | $0.00 | | | |
| E1810 | E | ADJUST KNEE EXT/FLEX DEVICE | | | | Not Allowed | $0.00 | | | |
| E1811 | E | SPS KNEE DEVICE | | | | Not Allowed | $0.00 | | | |
| E1812 | E | KNEE EXT/FLEX W ACT RES CTRL | | | | Not Allowed | $0.00 | | | |
| E1815 | E | ADJUST ANKLE EXT/FLEX DEVICE | | | | Not Allowed | $0.00 | | | |
| E1816 | E | SPS ANKLE DEVICE | | | | Not Allowed | $0.00 | | | |
| E1818 | E | SPS FOREARM DEVICE | | | | Not Allowed | $0.00 | | | |
| E1820 | E | SOFT INTERFACE MATERIAL | | | | Not Allowed | $0.00 | | | |
| E1821 | E | REPLACEMENT INTERFACE SPSD | | | | Not Allowed | $0.00 | | | |
| E1825 | E | ADJUST FINGER EXT/FLEX DEVC | | | | Not Allowed | $0.00 | | | |
| E1830 | E | ADJUST TOE EXT/FLEX DEVICE | | | | Not Allowed | $0.00 | | | |
| E1831 | E | STATIC STR TOE DEV EXT/FLEX | | | | Not Allowed | $0.00 | | | |
| E1840 | E | ADJ SHOULDER EXT/FLEX DEVICE | | | | Not Allowed | $0.00 | | | |
| E1841 | E | STATIC STR SHLDR DEV ROM ADJ | | | | Not Allowed | $0.00 | | | |
| E1902 | E | AAC NON-ELECTRONIC BOARD | | | | Not Allowed | $0.00 | | | |
| E2000 | E | GASTRIC SUCTION PUMP HME MDL | | | | Not Allowed | $0.00 | | | |
| E2100 | E | BLD GLUCOSE MONITOR W VOICE | | | | Not Allowed | $0.00 | | | |
| E2101 | E | BLD GLUCOSE MONITOR W LANCE | | | | Not Allowed | $0.00 | | | |
| E2120 | E | PULSE GEN SYS TX ENDOLYMP FL | | | | Not Allowed | $0.00 | | | |
| E2201 | E | MAN W/CH ACC SEAT W>=20"<24" | | | | Not Allowed | $0.00 | | | |
| E2202 | E | SEAT WIDTH 24-27 IN | | | | Not Allowed | $0.00 | | | |
| E2203 | E | FRAME DEPTH LESS THAN 22 IN | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E2204 | E | FRAME DEPTH 22 TO 25 IN | | | | Not Allowed | $0.00 | | | |
| E2205 | E | MANUAL WC ACCESSORY, HANDRIM | | | | Not Allowed | $0.00 | | | |
| E2206 | E | COMPLETE WHEEL LOCK ASSEMBLY | | | | Not Allowed | $0.00 | | | |
| E2207 | E | CRUTCH AND CANE HOLDER | | | | Not Allowed | $0.00 | | | |
| E2208 | E | CYLINDER TANK CARRIER | | | | Not Allowed | $0.00 | | | |
| E2209 | E | ARM TROUGH EACH | | | | Not Allowed | $0.00 | | | |
| E2210 | E | WHEELCHAIR BEARINGS | | | | Not Allowed | $0.00 | | | |
| E2211 | E | PNEUMATIC PROPULSION TIRE | | | | Not Allowed | $0.00 | | | |
| E2212 | E | PNEUMATIC PROP TIRE TUBE | | | | Not Allowed | $0.00 | | | |
| E2213 | E | PNEUMATIC PROP TIRE INSERT | | | | Not Allowed | $0.00 | | | |
| E2214 | E | PNEUMATIC CASTER TIRE EACH | | | | Not Allowed | $0.00 | | | |
| E2215 | E | PNEUMATIC CASTER TIRE TUBE | | | | Not Allowed | $0.00 | | | |
| E2216 | E | FOAM FILLED PROPULSION TIRE | | | | Not Allowed | $0.00 | | | |
| E2217 | E | FOAM FILLED CASTER TIRE EACH | | | | Not Allowed | $0.00 | | | |
| E2218 | E | FOAM PROPULSION TIRE EACH | | | | Not Allowed | $0.00 | | | |
| E2219 | E | FOAM CASTER TIRE ANY SIZE EA | | | | Not Allowed | $0.00 | | | |
| E2220 | E | SOLID PROPULSION TIRE EACH | | | | Not Allowed | $0.00 | | | |
| E2221 | E | SOLID CASTER TIRE EACH | | | | Not Allowed | $0.00 | | | |
| E2222 | E | SOLID CASTER INTEGRATED WHL | | | | Not Allowed | $0.00 | | | |
| E2224 | E | PROPULSION WHL EXCLUDES TIRE | | | | Not Allowed | $0.00 | | | |
| E2225 | E | CASTER WHEEL EXCLUDES TIRE | | | | Not Allowed | $0.00 | | | |
| E2226 | E | CASTER FORK REPLACEMENT ONLY | | | | Not Allowed | $0.00 | | | |
| E2227 | E | GEAR REDUCTION DRIVE WHEEL | | | | Not Allowed | $0.00 | | | |
| E2228 | E | MWC ACC, WHEELCHAIR BRAKE | | | | Not Allowed | $0.00 | | | |
| E2230 | E | MANUAL STANDING SYSTEM | | | | Not Allowed | $0.00 | | | |
| E2231 | E | SOLID SEAT SUPPORT BASE | | | | Not Allowed | $0.00 | | | |
| E2291 | E | PLANAR BACK FOR PED SIZE WC | | | | Not Allowed | $0.00 | | | |
| E2292 | E | PLANAR SEAT FOR PED SIZE WC | | | | Not Allowed | $0.00 | | | |
| E2293 | E | CONTOUR BACK FOR PED SIZE WC | | | | Not Allowed | $0.00 | | | |
| E2294 | E | CONTOUR SEAT FOR PED SIZE WC | | | | Not Allowed | $0.00 | | | |
| E2295 | E | PED DYNAMIC SEATING FRAME | | | | Not Allowed | $0.00 | | | |
| E2300 | E | PWR SEAT ELEVATION SYS | | | | Not Allowed | $0.00 | | | |
| E2301 | E | PWR STANDING | | | | Not Allowed | $0.00 | | | |
| E2310 | E | ELECTRO CONNECT BTW CONTROL | | | | Not Allowed | $0.00 | | | |
| E2311 | E | ELECTRO CONNECT BTW 2 SYS | | | | Not Allowed | $0.00 | | | |
| E2312 | E | MINI-PROP REMOTE JOYSTICK | | | | Not Allowed | $0.00 | | | |
| E2313 | E | PWC HARNESS, EXPAND CONTROL | | | | Not Allowed | $0.00 | | | |
| E2321 | E | HAND INTERFACE JOYSTICK | | | | Not Allowed | $0.00 | | | |
| E2322 | E | MULT MECH SWITCHES | | | | Not Allowed | $0.00 | | | |
| E2323 | E | SPECIAL JOYSTICK HANDLE | | | | Not Allowed | $0.00 | | | |
| E2324 | E | CHIN CUP INTERFACE | | | | Not Allowed | $0.00 | | | |
| E2325 | E | SIP AND PUFF INTERFACE | | | | Not Allowed | $0.00 | | | |
| E2326 | E | BREATH TUBE KIT | | | | Not Allowed | $0.00 | | | |
| E2327 | E | HEAD CONTROL INTERFACE MECH | | | | Not Allowed | $0.00 | | | |
| E2328 | E | HEAD/EXTREMITY CONTROL INTER | | | | Not Allowed | $0.00 | | | |
| E2329 | E | HEAD CONTROL NONPROPORTIONAL | | | | Not Allowed | $0.00 | | | |
| E2330 | E | HEAD CONTROL PROXIMITY SWITC | | | | Not Allowed | $0.00 | | | |
| E2331 | E | ATTENDANT CONTROL | | | | Not Allowed | $0.00 | | | |
| E2340 | E | W/C WDTH 20-23 IN SEAT FRAME | | | | Not Allowed | $0.00 | | | |
| E2341 | E | W/C WDTH 24-27 IN SEAT FRAME | | | | Not Allowed | $0.00 | | | |
| E2342 | E | W/C DPTH 20-21 IN SEAT FRAME | | | | Not Allowed | $0.00 | | | |
| E2343 | E | W/C DPTH 22-25 IN SEAT FRAME | | | | Not Allowed | $0.00 | | | |
| E2351 | E | ELECTRONIC SGD INTERFACE | | | | Not Allowed | $0.00 | | | |
| E2358 | E | GR 34 NONSEALED LEADACID | | | | Not Allowed | $0.00 | | | |
| E2359 | E | GR34 SEALED LEADACID BATTERY | | | | Not Allowed | $0.00 | | | |
| E2360 | E | 22NF NONSEALED LEADACID | | | | Not Allowed | $0.00 | | | |
| E2361 | E | 22NF SEALED LEADACID BATTERY | | | | Not Allowed | $0.00 | | | |
| E2362 | E | GR24 NONSEALED LEADACID | | | | Not Allowed | $0.00 | | | |
| E2363 | E | GR24 SEALED LEADACID BATTERY | | | | Not Allowed | $0.00 | | | |
| E2364 | E | U1NONSEALED LEADACID BATTERY | | | | Not Allowed | $0.00 | | | |
| E2365 | E | U1 SEALED LEADACID BATTERY | | | | Not Allowed | $0.00 | | | |
| E2366 | E | BATTERY CHARGER, SINGLE MODE | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E2367 | E | BATTERY CHARGER, DUAL MODE | | | | Not Allowed | $0.00 | | | |
| E2368 | E | PWR WC DRIVEWHEEL MOTOR REPL | | | | Not Allowed | $0.00 | | | |
| E2369 | E | PWR WC DRIVEWHEEL GEAR REPL | | | | Not Allowed | $0.00 | | | |
| E2370 | E | PWR WC DR WH MOTOR/GEAR COMB | | | | Not Allowed | $0.00 | | | |
| E2371 | E | GR27 SEALED LEADACID BATTERY | | | | Not Allowed | $0.00 | | | |
| E2372 | E | GR27 NON-SEALED LEADACID | | | | Not Allowed | $0.00 | | | |
| E2373 | E | HAND/CHIN CTRL SPEC JOYSTICK | | | | Not Allowed | $0.00 | | | |
| E2374 | E | HAND/CHIN CTRL STD JOYSTICK | | | | Not Allowed | $0.00 | | | |
| E2375 | E | NON-EXPANDABLE CONTROLLER | | | | Not Allowed | $0.00 | | | |
| E2376 | E | EXPANDABLE CONTROLLER, REPL | | | | Not Allowed | $0.00 | | | |
| E2377 | E | EXPANDABLE CONTROLLER, INITL | | | | Not Allowed | $0.00 | | | |
| E2378 | E | PW ACTUATOR REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| E2381 | E | PNEUM DRIVE WHEEL TIRE | | | | Not Allowed | $0.00 | | | |
| E2382 | E | TUBE, PNEUM WHEEL DRIVE TIRE | | | | Not Allowed | $0.00 | | | |
| E2383 | E | INSERT, PNEUM WHEEL DRIVE | | | | Not Allowed | $0.00 | | | |
| E2384 | E | PNEUMATIC CASTER TIRE | | | | Not Allowed | $0.00 | | | |
| E2385 | E | TUBE, PNEUMATIC CASTER TIRE | | | | Not Allowed | $0.00 | | | |
| E2386 | E | FOAM FILLED DRIVE WHEEL TIRE | | | | Not Allowed | $0.00 | | | |
| E2387 | E | FOAM FILLED CASTER TIRE | | | | Not Allowed | $0.00 | | | |
| E2388 | E | FOAM DRIVE WHEEL TIRE | | | | Not Allowed | $0.00 | | | |
| E2389 | E | FOAM CASTER TIRE | | | | Not Allowed | $0.00 | | | |
| E2390 | E | SOLID DRIVE WHEEL TIRE | | | | Not Allowed | $0.00 | | | |
| E2391 | E | SOLID CASTER TIRE | | | | Not Allowed | $0.00 | | | |
| E2392 | E | SOLID CASTER TIRE, INTEGRATE | | | | Not Allowed | $0.00 | | | |
| E2394 | E | DRIVE WHEEL EXCLUDES TIRE | | | | Not Allowed | $0.00 | | | |
| E2395 | E | CASTER WHEEL EXCLUDES TIRE | | | | Not Allowed | $0.00 | | | |
| E2396 | E | CASTER FORK | | | | Not Allowed | $0.00 | | | |
| E2397 | E | PWC ACC, LITH-BASED BATTERY | | | | Not Allowed | $0.00 | | | |
| E2402 | E | NEG PRESS WOUND THERAPY PUMP | | | | Not Allowed | $0.00 | | | |
| E2500 | E | SGD DIGITIZED PRE-REC <=8MIN | | | | Not Allowed | $0.00 | | | |
| E2502 | E | SGD PREREC MSG >8MIN <=20MIN | | | | Not Allowed | $0.00 | | | |
| E2504 | E | SGD PREREC MSG>20MIN <=40MIN | | | | Not Allowed | $0.00 | | | |
| E2506 | E | SGD PREREC MSG > 40 MIN | | | | Not Allowed | $0.00 | | | |
| E2508 | E | SGD SPELLING PHYS CONTACT | | | | Not Allowed | $0.00 | | | |
| E2510 | E | SGD W MULTI METHODS MSG/ACCS | | | | Not Allowed | $0.00 | | | |
| E2511 | E | SGD SFTWRE PRGRM FOR PC/PDA | | | | Not Allowed | $0.00 | | | |
| E2512 | E | SGD ACCESSORY, MOUNTING SYS | | | | Not Allowed | $0.00 | | | |
| E2599 | E | SGD ACCESSORY NOC | | | | Not Allowed | $0.00 | | | |
| E2601 | E | GEN W/C CUSHION WDTH < 22 IN | | | | Not Allowed | $0.00 | | | |
| E2602 | E | GEN W/C CUSHION WDTH >=22 IN | | | | Not Allowed | $0.00 | | | |
| E2603 | E | SKIN PROTECT WC CUS WD <22IN | | | | Not Allowed | $0.00 | | | |
| E2604 | E | SKIN PROTECT WC CUS WD>=22IN | | | | Not Allowed | $0.00 | | | |
| E2605 | E | POSITION WC CUSH WDTH <22 IN | | | | Not Allowed | $0.00 | | | |
| E2606 | E | POSITION WC CUSH WDTH>=22 IN | | | | Not Allowed | $0.00 | | | |
| E2607 | E | SKIN PRO/POS WC CUS WD <22IN | | | | Not Allowed | $0.00 | | | |
| E2608 | E | SKIN PRO/POS WC CUS WD>=22IN | | | | Not Allowed | $0.00 | | | |
| E2609 | E | CUSTOM FABRICATE W/C CUSHION | | | | Not Allowed | $0.00 | | | |
| E2610 | E | POWERED W/C CUSHION | | | | Not Allowed | $0.00 | | | |
| E2611 | E | GEN USE BACK CUSH WDTH <22IN | | | | Not Allowed | $0.00 | | | |
| E2612 | E | GEN USE BACK CUSH WDTH>=22IN | | | | Not Allowed | $0.00 | | | |
| E2613 | E | POSITION BACK CUSH WD <22IN | | | | Not Allowed | $0.00 | | | |
| E2614 | E | POSITION BACK CUSH WD>=22IN | | | | Not Allowed | $0.00 | | | |
| E2615 | E | POS BACK POST/LAT WDTH <22IN | | | | Not Allowed | $0.00 | | | |
| E2616 | E | POS BACK POST/LAT WDTH>=22IN | | | | Not Allowed | $0.00 | | | |
| E2617 | E | CUSTOM FAB W/C BACK CUSHION | | | | Not Allowed | $0.00 | | | |
| E2619 | E | REPLACE COVER W/C SEAT CUSH | | | | Not Allowed | $0.00 | | | |
| E2620 | E | WC PLANAR BACK CUSH WD <22IN | | | | Not Allowed | $0.00 | | | |
| E2621 | E | WC PLANAR BACK CUSH WD>=22IN | | | | Not Allowed | $0.00 | | | |
| E2622 | E | ADJ SKIN PRO W/C CUS WD<22IN | | | | Not Allowed | $0.00 | | | |
| E2623 | E | ADJ SKIN PRO WC CUS WD>=22IN | | | | Not Allowed | $0.00 | | | |
| E2624 | E | ADJ SKIN PRO/POS CUS<22IN | | | | Not Allowed | $0.00 | | | |
| E2625 | E | ADJ SKIN PRO/POS WC CUS>=22 | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| E2626 | E | SEO MOBILE ARM SUP ATT TO WC | | | | Not Allowed | $0.00 | | | |
| E2627 | E | ARM SUPP ATT TO WC RANCHO TY | | | | Not Allowed | $0.00 | | | |
| E2628 | E | MOBILE ARM SUPPORTS RECLININ | | | | Not Allowed | $0.00 | | | |
| E2629 | E | FRICTION DAMPENING ARM SUPP | | | | Not Allowed | $0.00 | | | |
| E2630 | E | MONOSUSPENSION ARM/HAND SUPP | | | | Not Allowed | $0.00 | | | |
| E2631 | E | ELEVAT PROXIMAL ARM SUPPORT | | | | Not Allowed | $0.00 | | | |
| E2632 | E | OFFSET/LAT ROCKER ARM W/ELA | | | | Not Allowed | $0.00 | | | |
| E2633 | E | MOBILE ARM SUPPORT SUPINATOR | | | | Not Allowed | $0.00 | | | |
| E8000 | E | POSTERIOR GAIT TRAINER | | | | Not Allowed | $0.00 | | | |
| E8001 | E | UPRIGHT GAIT TRAINER | | | | Not Allowed | $0.00 | | | |
| E8002 | E | ANTERIOR GAIT TRAINER | | | | Not Allowed | $0.00 | | | |
| G0008 | E | ADMIN INFLUENZA VIRUS VAC | | | | Not Allowed | $0.00 | | | |
| G0009 | E | ADMIN PNEUMOCOCCAL VACCINE | | | | Not Allowed | $0.00 | | | |
| G0010 | E | ADMIN HEPATITIS B VACCINE | | | | Not Allowed | $0.00 | | | |
| G0027 | E | SEMEN ANALYSIS | | | | Not Allowed | $0.00 | | | |
| G0101 | V | CA SCREEN;PELVIC/BREAST EXAM | | 05011 | 0.7380 | APC | $41.80 | | | |
| G0102 | N | PROSTATE CA SCREENING; DRE | | | | Bundled | $0.00 | | | |
| G0103 | Q | PSA SCREENING | | | | Medicare | $41.77 | $25.90 | $25.06 | |
| G0104 | T | CA SCREEN;FLEXI SIGMOIDSCOPE | | 05311 | 6.6796 | APC | $378.33 | | | |
| G0105 | T | COLORECTAL SCRN; HI RISK IND | | 05312 | 10.2104 | APC | $578.32 | | | |
| G0106 | S | COLON CA SCREEN;BARIUM ENEMA | | 05524 | 4.7706 | APC | $270.21 | | | |
| G0108 | M | DIAB MANAGE TRN PER INDIV | | | | Fee Schedule | $56.87 | | | |
| G0109 | M | DIAB MANAGE TRN IND/GROUP | | | | Fee Schedule | $15.23 | | | |
| G0117 | S | GLAUCOMA SCRN HGH RISK DIREC | | 05732 | 0.4139 | APC | $23.44 | | | |
| G0118 | S | GLAUCOMA SCRN HGH RISK DIREC | | 05732 | 0.4139 | APC | $23.44 | | | |
| G0120 | S | COLON CA SCRN; BARIUM ENEMA | | 05524 | 4.7706 | APC | $270.21 | | | |
| G0121 | T | COLON CA SCRN NOT HI RSK IND | | 05312 | 10.2104 | APC | $578.32 | | | |
| G0122 | E | COLON CA SCRN; BARIUM ENEMA | | | | Not Allowed | $0.00 | | | |
| G0123 | Q | SCREEN CERV/VAG THIN LAYER | | | | Medicare | $46.00 | $28.52 | $27.60 | |
| G0124 | E | SCREEN C/V THIN LAYER BY MD | | | | Not Allowed | $0.00 | | | |
| G0127 | N | TRIM NAIL(S) | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| G0128 | E | CORF SKILLED NURSING SERVICE | | | | Not Allowed | $0.00 | | | |
| G0129 | E | PARTIAL HOSP PROG SERVICE | | | | Not Allowed | $0.00 | | | |
| G0130 | S | SINGLE ENERGY X-RAY STUDY | | 05521 | 0.8247 | APC | $46.71 | | | |
| G0141 | E | SCR C/V CYTO,AUTOSYS AND MD | | | | Not Allowed | $0.00 | | | |
| G0143 | Q | SCR C/V CYTO,THINLAYER,RESCR | | | | Medicare | $46.00 | $28.52 | $27.60 | |
| G0144 | Q | SCR C/V CYTO,THINLAYER,RESCR | | | | Medicare | $48.52 | $30.08 | $29.11 | |
| G0145 | Q | SCR C/V CYTO,THINLAYER,RESCR | | | | Medicare | $60.15 | $37.29 | $36.09 | |
| G0147 | Q | SCR C/V CYTO, AUTOMATED SYS | | | | Medicare | $25.83 | $16.01 | $15.50 | |
| G0148 | Q | SCR C/V CYTO, AUTOSYS, RESCR | | | | Medicare | $34.50 | $21.39 | $20.70 | |
| G0151 | M | HHCP-SERV OF PT,EA 15 MIN | | | | Fee Schedule | $0.00 | | | |
| G0152 | M | HHCP-SERV OF OT,EA 15 MIN | | | | Fee Schedule | $0.00 | | | |
| G0153 | M | HHCP-SVS OF S/L PATH,EA 15MN | | | | Fee Schedule | $0.00 | | | |
| G0155 | E | HHCP-SVS OF CSW,EA 15 MIN | | | | Not Allowed | $0.00 | | | |
| G0156 | M | HHCP-SVS OF AIDE,EA 15 MIN | | | | Fee Schedule | $0.00 | | | |
| G0157 | E | HHC PT ASSISTANT EA 15 | | | | Not Allowed | $0.00 | | | |
| G0158 | E | HHC OT ASSISTANT EA 15 | | | | Not Allowed | $0.00 | | | |
| G0159 | E | HHC PT MAINT EA 15 MIN | | | | Not Allowed | $0.00 | | | |
| G0160 | E | HHC OCCUP THERAPY EA 15 | | | | Not Allowed | $0.00 | | | |
| G0161 | E | HHC SLP EA 15 MIN | | | | Not Allowed | $0.00 | | | |
| G0162 | E | HHC RN E&M PLAN SVS, 15 MIN | | | | Not Allowed | $0.00 | | | |
| G0163 | E | HHC LPN/RN OBS/ASSES EA 15 | | | | Not Allowed | $0.00 | | | |
| G0164 | E | HHC LIS NURSE TRAIN EA 15 | | | | Not Allowed | $0.00 | | | |
| G0166 | N | EXTRNL COUNTERPULSE, PER TX | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| G0168 | E | WOUND CLOSURE BY ADHESIVE | | | | Not Allowed | $0.00 | | | |
| G0175 | V | OPPS SERVICE,SCHED TEAM CONF | | 05013 | 6.5201 | APC | $369.30 | | | |
| G0176 | E | OPPS/PHP;ACTIVITY THERAPY | | | | Not Allowed | $0.00 | | | |
| G0177 | E | OPPS/PHP; TRAIN & EDUC SERV | | | | Not Allowed | $0.00 | | | |
| G0179 | E | MD RECERTIFICATION HHA PT | | | | Not Allowed | $0.00 | | | |
| G0180 | E | MD CERTIFICATION HHA PATIENT | | | | Not Allowed | $0.00 | | | |
| G0181 | E | HOME HEALTH CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |
| G0182 | E | HOSPICE CARE SUPERVISION | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G0186 | T | DSTRY EYE LESN,FDR VSSL TECH | | 05481 | 5.9733 | APC | $338.33 | | | |
| G0202 | M | SCREENINGMAMMOGRAPHYDIGITAL | | | | Fee Schedule | $143.26 | | | |
| G0204 | M | DIAGNOSTICMAMMOGRAPHYDIGITAL | | | | Fee Schedule | $175.20 | | | |
| G0206 | M | DIAGNOSTICMAMMOGRAPHYDIGITAL | | | | Fee Schedule | $137.58 | | | |
| G0219 | E | PET IMG WHOLBOD MELANO NONCO | | | | Not Allowed | $0.00 | | | |
| G0235 | E | PET NOT OTHERWISE SPECIFIED | | | | Not Allowed | $0.00 | | | |
| G0237 | N | THERAPEUTIC PROCD STRG ENDUR | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| G0238 | N | OTH RESP PROC, INDIV | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | |
| G0239 | N | OTH RESP PROC, GROUP | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| G0245 | V | INITIAL FOOT EXAM PT LOPS | | 05012 | 1.3852 | APC | $78.46 | | | |
| G0246 | V | FOLLOWUP EVAL OF FOOT PT LOP | | 05012 | 1.3852 | APC | $78.46 | | | |
| G0247 | N | ROUTINE FOOTCARE PT W LOPS | | 05051 | 1.5982 | Bundled, sometimes payable | $90.52 | | | |
| G0248 | V | DEMONSTRATE USE HOME INR MON | | 05012 | 1.3852 | APC | $78.46 | | | |
| G0249 | V | PROVIDE INR TEST MATER/EQUIP | | 05012 | 1.3852 | APC | $78.46 | | | |
| G0250 | E | MD INR TEST REVIE INTER MGMT | | | | Not Allowed | $0.00 | | | |
| G0252 | E | PET IMAGING INITIAL DX | | | | Not Allowed | $0.00 | | | |
| G0255 | E | CURRENT PERCEP THRESHOLD TST | | | | Not Allowed | $0.00 | | | |
| G0257 | S | UNSCHED DIALYSIS ESRD PT HOS | | 05401 | 7.4150 | APC | $419.99 | | | |
| G0259 | N | INJECT FOR SACROILIAC JOINT | | | | Bundled | $0.00 | | | |
| G0260 | T | INJ FOR SACROILIAC JT ANESTH | | 05442 | 7.9372 | APC | $449.56 | | | |
| G0268 | N | REMOVAL OF IMPACTED WAX MD | | | | Bundled | $0.00 | | | |
| G0269 | N | OCCLUSIVE DEVICE IN VEIN ART | | | | Bundled | $0.00 | | | |
| G0270 | M | MNT SUBS TX FOR CHANGE DX | | | | Fee Schedule | $29.74 | | | |
| G0271 | M | GROUP MNT 2 OR MORE 30 MINS | | | | Fee Schedule | $16.37 | | | |
| G0276 | N | PILD/PLACEBO CONTROL CLIN TR | | 05123 | 67.4027 | Bundled, sometimes payable | $3,817.69 | | | |
| G0277 | S | HBOT, FULL BODY CHAMBER, 30M | | 05061 | 1.4610 | APC | $82.75 | | | |
| G0278 | N | ILIAC ART ANGIO,CARDIAC CATH | | | | Bundled | $0.00 | | | |
| G0279 | E | TOMOSYNTHESIS, MAMMO | | | | Not Allowed | $0.00 | | | |
| G0281 | E | ELEC STIM UNATTEND FOR PRESS | | | | Not Allowed | $0.00 | | | |
| G0282 | E | ELECT STIM WOUND CARE NOT PD | | | | Not Allowed | $0.00 | | | |
| G0283 | Y | ELEC STIM OTHER THAN WOUND | | | | Fee Schedule | $14.85 | | | |
| G0288 | N | RECON, CTA FOR SURG PLAN | | | | Bundled | $0.00 | | | |
| G0289 | N | ARTHRO, LOOSE BODY + CHONDRO | | | | Bundled | $0.00 | | | |
| G0293 | N | NON-COV SURG PROC,CLIN TRIAL | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| G0294 | N | NON-COV PROC, CLINICAL TRIAL | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| G0295 | E | ELECTROMAGNETIC THERAPY ONC | | | | Not Allowed | $0.00 | | | |
| G0296 | S | VISIT TO DETERM LDCT ELIG | | 05822 | 0.9447 | APC | $53.51 | | | |
| G0297 | S | LDCT FOR LUNG CA SCREEN | | 05570 | 1.5258 | APC | $86.42 | | | |
| G0299 | E | HHS/HOSPICE OF RN EA 15 MIN | | | | Not Allowed | $0.00 | | | |
| G0300 | E | HHS/HOSPICE OF LPN EA 15 MIN | | | | Not Allowed | $0.00 | | | |
| G0302 | S | PRE-OP SERVICE LVRS COMPLETE | | 05724 | 11.6167 | APC | $657.97 | | | |
| G0303 | S | PRE-OP SERVICE LVRS 10-15DOS | | 05721 | 1.7599 | APC | $99.68 | | | |
| G0304 | S | PRE-OP SERVICE LVRS 1-9 DOS | | 05724 | 11.6167 | APC | $657.97 | | | |
| G0305 | S | POST OP SERVICE LVRS MIN 6 | | 05724 | 11.6167 | APC | $657.97 | | | |
| G0306 | Q | CBC/DIFFWBC W/O PLATELET | | | | Medicare | $17.65 | $10.94 | $10.59 | |
| G0307 | Q | CBC WITHOUT PLATELET | | | | Medicare | $14.68 | $9.10 | $8.81 | |
| G0328 | Q | FECAL BLOOD SCRN IMMUNOASSAY | | | | Medicare | $36.12 | $22.39 | $21.67 | |
| G0329 | M | ELECTROMAGNTIC TX FOR ULCERS | | | | Fee Schedule | $0.00 | | | |
| G0333 | E | DISPENSE FEE INITIAL 30 DAY | | | | Not Allowed | $0.00 | | | |
| G0337 | E | HOSPICE EVALUATION PREELECTI | | | | Not Allowed | $0.00 | | | |
| G0339 | E | ROBOT LIN-RADSURG COM, FIRST | | | | Not Allowed | $0.00 | | | |
| G0340 | E | ROBT LIN-RADSURG FRACTX 2-5 | | | | Not Allowed | $0.00 | | | |
| G0341 | C | PERCUTANEOUS ISLET CELLTRANS | | | | Inpatient Only | $0.00 | | | |
| G0342 | C | LAPAROSCOPY ISLET CELL TRANS | | | | Inpatient Only | $0.00 | | | |
| G0343 | C | LAPAROTOMY ISLET CELL TRANSP | | | | Inpatient Only | $0.00 | | | |
| G0364 | N | BONE MARROW ASPIRATE &BIOPSY | | | | Bundled | $0.00 | | | |
| G0365 | S | VESSEL MAPPING HEMO ACCESS | | 05532 | 2.0831 | APC | $117.99 | | | |
| G0372 | E | MD SERVICE REQUIRED FOR PMD | | | | Not Allowed | $0.00 | | | |
| G0378 | N | HOSPITAL OBSERVATION PER HR | | | | Bundled | $0.00 | | | |
| G0379 | N | DIRECT REFER HOSPITAL OBSERV | | 05013 | 6.5201 | Bundled, sometimes payable | $369.30 | | | |
| G0380 | E | LEV 1 HOSP TYPE B ED VISIT | | | | Not Allowed | $0.00 | | | |
| G0381 | E | LEV 2 HOSP TYPE B ED VISIT | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G0382 | E | LEV 3 HOSP TYPE B ED VISIT | | | | Not Allowed | $0.00 | | | |
| G0383 | E | LEV 4 HOSP TYPE B ED VISIT | | | | Not Allowed | $0.00 | | | |
| G0384 | E | LEV 5 HOSP TYPE B ED VISIT | | | | Not Allowed | $0.00 | | | |
| G0389 | S | ULTRASOUND EXAM AAA SCREEN | | 05531 | 1.2488 | APC | $70.73 | | | |
| G0390 | S | TRAUMA RESPONS W/HOSP CRITI | | 05045 | 11.5483 | APC | $654.10 | | | |
| G0396 | S | ALCOHOL/SUBS INTERV 15-30MN | | 05822 | 0.9447 | APC | $53.51 | | | |
| G0397 | S | ALCOHOL/SUBS INTERV >30 MIN | | 05841 | 1.6960 | APC | $96.06 | | | |
| G0398 | S | HOME SLEEP TEST/TYPE 2 PORTA | | 05721 | 1.7599 | APC | $99.68 | | | |
| G0399 | S | HOME SLEEP TEST/TYPE 3 PORTA | | 05721 | 1.7599 | APC | $99.68 | | | |
| G0400 | S | HOME SLEEP TEST/TYPE 4 PORTA | | 05721 | 1.7599 | APC | $99.68 | | | |
| G0402 | V | INITIAL PREVENTIVE EXAM | | 05012 | 1.3852 | APC | $78.46 | | | |
| G0403 | E | EKG FOR INITIAL PREVENT EXAM | | | | Not Allowed | $0.00 | | | |
| G0404 | S | EKG TRACING FOR INITIAL PREV | | 05731 | 0.1722 | APC | $9.75 | | | |
| G0405 | E | EKG INTERPRET & REPORT PREVE | | | | Not Allowed | $0.00 | | | |
| G0406 | E | INPT/TELE FOLLOW UP 15 | | | | Not Allowed | $0.00 | | | |
| G0407 | E | INPT/TELE FOLLOW UP 25 | | | | Not Allowed | $0.00 | | | |
| G0408 | E | INPT/TELE FOLLOW UP 35 | | | | Not Allowed | $0.00 | | | |
| G0409 | E | CORF RELATED SERV 15 MINS EA | | | | Not Allowed | $0.00 | | | |
| G0410 | E | GRP PSYCH PARTIAL HOSP 45-50 | | | | Not Allowed | $0.00 | | | |
| G0411 | E | INTER ACTIVE GRP PSYCH PARTI | | | | Not Allowed | $0.00 | | | |
| G0412 | C | OPEN TX ILIAC SPINE UNI/BIL | | | | Inpatient Only | $0.00 | | | |
| G0413 | T | PELVIC RING FRACTURE UNI/BIL | | 05121 | 19.7390 | APC | $1,118.02 | | | |
| G0414 | C | PELVIC RING FX TREAT INT FIX | | | | Inpatient Only | $0.00 | | | |
| G0415 | C | OPEN TX POST PELVIC FXCTURE | | | | Inpatient Only | $0.00 | | | |
| G0416 | N | PROSTATE BIOPSY, ANY MTHD | | 05673 | 2.8406 | Bundled, sometimes payable | $160.89 | | | |
| G0420 | E | ED SVC CKD IND PER SESSION | | | | Not Allowed | $0.00 | | | |
| G0421 | E | ED SVC CKD GRP PER SESSION | | | | Not Allowed | $0.00 | | | |
| G0422 | S | INTENS CARDIAC REHAB W/EXERC | | 05771 | 1.4096 | APC | $79.84 | | | Y |
| G0423 | S | INTENS CARDIAC REHAB NO EXER | | 05771 | 1.4096 | APC | $79.84 | | | Y |
| G0424 | N | PULMONARY REHAB W EXER | | 05733 | 0.7587 | Bundled, sometimes payable | $42.97 | | | Y |
| G0425 | E | INPT/ED TELECONSULT30 | | | | Not Allowed | $0.00 | | | |
| G0426 | E | INPT/ED TELECONSULT50 | | | | Not Allowed | $0.00 | | | |
| G0427 | E | INPT/ED TELECONSULT70 | | | | Not Allowed | $0.00 | | | |
| G0428 | E | COLLAGEN MENISCUS IMPLANT | | | | Not Allowed | $0.00 | | | |
| G0429 | E | DERMAL FILLER INJECTION(S) | | | | Not Allowed | $0.00 | | | |
| G0432 | Q | EIA HIV-1/HIV-2 SCREEN | | | | Medicare | $31.12 | $19.29 | $18.67 | |
| G0433 | Q | ELISA HIV-1/HIV-2 SCREEN | | | | Medicare | $31.12 | $19.29 | $18.67 | |
| G0435 | Q | ORAL HIV-1/HIV-2 SCREEN | | | | Medicare | $27.22 | $16.88 | $16.33 | |
| G0436 | S | TOBACCO-USE COUNSEL 3-10 MIN | | 05821 | 0.3678 | APC | $20.83 | | | |
| G0437 | S | TOBACCO-USE COUNSEL>10MIN | | 05822 | 0.9447 | APC | $53.51 | | | |
| G0438 | E | PPPS, INITIAL VISIT | | | | Not Allowed | $0.00 | | | |
| G0439 | E | PPPS, SUBSEQ VISIT | | | | Not Allowed | $0.00 | | | |
| G0442 | S | ANNUAL ALCOHOL SCREEN 15 MIN | | 05822 | 0.9447 | APC | $53.51 | | | |
| G0443 | S | BRIEF ALCOHOL MISUSE COUNSEL | | 05822 | 0.9447 | APC | $53.51 | | | |
| G0444 | S | DEPRESSION SCREEN ANNUAL | | 05821 | 0.3678 | APC | $20.83 | | | |
| G0445 | S | HIGH INTEN BEH COUNS STD 30M | | 05821 | 0.3678 | APC | $20.83 | | | |
| G0446 | S | INTENS BEHAVE THER CARDIO DX | | 05821 | 0.3678 | APC | $20.83 | | | |
| G0447 | S | BEHAVIOR COUNSEL OBESITY 15M | | 05822 | 0.9447 | APC | $53.51 | | | |
| G0448 | E | PLACE PERM PACING CARDIOVERT | | | | Not Allowed | $0.00 | | | |
| G0451 | N | DEVLOPMENT TEST INTERPT&REP | | 05822 | 0.9447 | Bundled, sometimes payable | $53.51 | | | |
| G0452 | E | MOLECULAR PATHOLOGY INTERPR | | | | Not Allowed | $0.00 | | | |
| G0453 | N | CONT INTRAOP NEURO MONITOR | | | | Bundled | $0.00 | | | |
| G0454 | E | MD DOCUMENT VISIT BY NPP | | | | Not Allowed | $0.00 | | | |
| G0455 | N | FECAL MICROBIOTA PREP INSTIL | | 05734 | 1.2367 | Bundled, sometimes payable | $70.05 | | | |
| G0458 | E | LDR PROSTATE BRACHY COMP RAT | | | | Not Allowed | $0.00 | | | |
| G0459 | E | TELEHEALTH INPT PHARM MGMT | | | | Not Allowed | $0.00 | | | |
| G0460 | T | AUTOLOGOUS PRP FOR ULCERS | | 05054 | 19.1415 | APC | $1,084.17 | | | |
| G0463 | N | HOSPITAL OUTPT CLINIC VISIT | | 05012 | 1.3852 | Bundled, sometimes payable | $78.46 | | | |
| G0464 | Q | COLOREC CA SCR, STO BAS DNA | | | | Medicare | $607.68 | $376.76 | $364.61 | |
| G0466 | M | FQHC VISIT NEW PATIENT | | | | Fee Schedule | $0.00 | | | |
| G0467 | M | FQHC VISIT, ESTAB PT | | | | Fee Schedule | $0.00 | | | |
| G0468 | M | FQHC VISIT, IPPE OR AWV | | | | Fee Schedule | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G0469 | M | FQHC VISIT, MH NEW PT | | | | Fee Schedule | $0.00 | | | |
| G0470 | M | FQHC VISIT, MH ESTAB PT | | | | Fee Schedule | $0.00 | | | |
| G0471 | Q | VEN BLOOD COLL SNF/HHA | | | | Medicare | $8.33 | $5.16 | $5.00 | |
| G0472 | Q | HEP C SCREEN HIGH RISK/OTHER | | | | Medicare | $32.40 | $20.09 | $19.44 | |
| G0473 | S | GROUP BEHAVE COUNS 2-10 | | 05822 | 0.9447 | APC | $53.51 | | | |
| G0475 | E | HIV COMBINATION ASSAY | | | | Not Allowed | $0.00 | | | |
| G0476 | E | HPV COMBO ASSAY CA SCREEN | | | | Not Allowed | $0.00 | | | |
| G0477 | Q | DRUG TEST PRESUMP OPTICAL | | | | Medicare | $24.77 | $15.36 | $14.86 | |
| G0478 | Q | DRUG TEST PRESUMP OPT INST | | | | Medicare | $33.02 | $20.47 | $19.81 | |
| G0479 | Q | DRUG TEST PRESUMP NOT OPT | | | | Medicare | $132.08 | $81.89 | $79.25 | |
| G0480 | Q | DRUG TEST DEF 1-7 CLASSES | | | | Medicare | $133.23 | $82.60 | $79.94 | |
| G0481 | Q | DRUG TEST DEF 8-14 CLASSES | | | | Medicare | $204.98 | $127.09 | $122.99 | |
| G0482 | Q | DRUG TEST DEF 15-21 CLASSES | | | | Medicare | $276.72 | $171.57 | $166.03 | |
| G0483 | Q | DRUG TEST DEF 22+ CLASSES | | | | Medicare | $358.72 | $222.41 | $215.23 | |
| G0911 | E | ASSESS ACTIVITY SYMPTOMS | | | | Not Allowed | $0.00 | | | |
| G0912 | E | NO ASSESS ACTIVITY SYMPTOMS | | | | Not Allowed | $0.00 | | | |
| G0913 | E | IMPROVE VISUAL FUNCT | | | | Not Allowed | $0.00 | | | |
| G0914 | E | SURVEY NOT COMPLETE | | | | Not Allowed | $0.00 | | | |
| G0915 | E | NO IMPROVE VISUAL FUNCT | | | | Not Allowed | $0.00 | | | |
| G0916 | E | SATISFY WITH CARE | | | | Not Allowed | $0.00 | | | |
| G0917 | E | SATISFY SURVEY NOT COMPLETE | | | | Not Allowed | $0.00 | | | |
| G0918 | E | NO SATISFY WITH CARE | | | | Not Allowed | $0.00 | | | |
| G3001 | S | ADMIN + SUPPLY, TOSITUMOMAB | | 05701 | 26.7427 | APC | $1,514.71 | | | |
| G6001 | E | ECHO GUIDANCE RADIOTHERAPY | | | | Not Allowed | $0.00 | | | |
| G6002 | E | STEREOSCOPIC X-RAY GUIDANCE | | | | Not Allowed | $0.00 | | | |
| G6003 | E | RADIATION TREATMENT DELIVERY | | | | Not Allowed | $0.00 | | | |
| G6004 | E | RADIATION TREATMENT DELIVERY | | | | Not Allowed | $0.00 | | | |
| G6005 | E | RADIATION TREATMENT DELIVERY | | | | Not Allowed | $0.00 | | | |
| G6006 | E | RADIATION TREATMENT DELIVERY | | | | Not Allowed | $0.00 | | | |
| G6007 | E | RADIATION TREATMENT DELIVERY | | | | Not Allowed | $0.00 | | | |
| G6008 | E | RADIATION TREATMENT DELIVERY | | | | Not Allowed | $0.00 | | | |
| G6009 | E | RADIATION TREATMENT DELIVERY | | | | Not Allowed | $0.00 | | | |
| G6010 | E | RADIATION TREATMENT DELIVERY | | | | Not Allowed | $0.00 | | | |
| G6011 | E | RADIATION TREATMENT DELIVERY | | | | Not Allowed | $0.00 | | | |
| G6012 | E | RADIATION TREATMENT DELIVERY | | | | Not Allowed | $0.00 | | | |
| G6013 | E | RADIATION TREATMENT DELIVERY | | | | Not Allowed | $0.00 | | | |
| G6014 | E | RADIATION TREATMENT DELIVERY | | | | Not Allowed | $0.00 | | | |
| G6015 | E | RADIATION TX DELIVERY IMRT | | | | Not Allowed | $0.00 | | | |
| G6016 | E | DELIVERY COMP IMRT | | | | Not Allowed | $0.00 | | | |
| G6017 | E | INTRAFRACTION TRACK MOTION | | | | Not Allowed | $0.00 | | | |
| G8126 | E | PT TREAT W/ANTIDEPRESS12WKS | | | | Not Allowed | $0.00 | | | |
| G8127 | E | PT NOT TREAT W/ANTIDEPRES12W | | | | Not Allowed | $0.00 | | | |
| G8128 | E | PT INELIG FOR ANTIDEPRES MED | | | | Not Allowed | $0.00 | | | |
| G8395 | E | LVEF>=40% DOC NORMAL OR MILD | | | | Not Allowed | $0.00 | | | |
| G8396 | E | LVEF NOT PERFORMED | | | | Not Allowed | $0.00 | | | |
| G8397 | E | DIL MACULA/FUNDUS EXAM/W DOC | | | | Not Allowed | $0.00 | | | |
| G8398 | E | DIL MACULAR/FUNDUS NOT PERFO | | | | Not Allowed | $0.00 | | | |
| G8399 | E | PT W/DXA RESULTS DOCUMENT | | | | Not Allowed | $0.00 | | | |
| G8400 | E | PT W/DXA NO RESULTS DOC | | | | Not Allowed | $0.00 | | | |
| G8401 | E | PT INELIG OSTEO SCREEN MEASU | | | | Not Allowed | $0.00 | | | |
| G8404 | E | LOW EXTEMITY NEUR EXAM DOCUM | | | | Not Allowed | $0.00 | | | |
| G8405 | E | LOW EXTEMITY NEUR NOT PERFOR | | | | Not Allowed | $0.00 | | | |
| G8410 | E | EVAL ON FOOT DOCUMENTED | | | | Not Allowed | $0.00 | | | |
| G8415 | E | EVAL ON FOOT NOT PERFORMED | | | | Not Allowed | $0.00 | | | |
| G8416 | E | PT INELIG FOOTWEAR EVALUATIO | | | | Not Allowed | $0.00 | | | |
| G8417 | E | CALC BMI ABV UP PARAM F/U | | | | Not Allowed | $0.00 | | | |
| G8418 | E | CALC BMI BLW LOW PARAM F/U | | | | Not Allowed | $0.00 | | | |
| G8419 | E | CALC BMI OUT NRM PARAM NOF/U | | | | Not Allowed | $0.00 | | | |
| G8420 | E | CALC BMI NORM PARAMETERS | | | | Not Allowed | $0.00 | | | |
| G8421 | E | BMI NOT CALCULATED | | | | Not Allowed | $0.00 | | | |
| G8422 | E | PT INELIG BMI CALCULATION | | | | Not Allowed | $0.00 | | | |
| G8427 | E | DOC CUR MEDS BY PROV | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G8428 | E | CUR MEDS NOT DOCUMENT | | | | Not Allowed | $0.00 | | | |
| G8430 | E | PT INELIG MED CHECK | | | | Not Allowed | $0.00 | | | |
| G8431 | E | POS CLIN DEPRES SCRN F/U DOC | | | | Not Allowed | $0.00 | | | |
| G8432 | E | CLIN DEPRESSION SCREEN NOT D | | | | Not Allowed | $0.00 | | | |
| G8433 | E | PT INELIG; SCRN CLIN DEP | | | | Not Allowed | $0.00 | | | |
| G8442 | E | PT INELIG PAIN ASSESSMENT | | | | Not Allowed | $0.00 | | | |
| G8447 | E | PT VIS DOC USE EHR CER ATCB | | | | Not Allowed | $0.00 | | | |
| G8448 | E | PT VIS DOC W/PQRI QUAL EHR | | | | Not Allowed | $0.00 | | | |
| G8450 | E | BETA-BLOC RX PT W/ABN LVEF | | | | Not Allowed | $0.00 | | | |
| G8451 | E | PT W/ABN LVEF INELIG B-BLOC | | | | Not Allowed | $0.00 | | | |
| G8452 | E | PT W/ABN LVEF B-BLOC NO RX | | | | Not Allowed | $0.00 | | | |
| G8458 | E | PT INELIG GENO NO ANTVIR TX | | | | Not Allowed | $0.00 | | | |
| G8460 | E | PT INELIG RNA NO ANTVIR TX | | | | Not Allowed | $0.00 | | | |
| G8461 | E | PT REC ANTIVIR TREAT HEP C | | | | Not Allowed | $0.00 | | | |
| G8465 | E | HIGH RISK RECURRENCE PRO CA | | | | Not Allowed | $0.00 | | | |
| G8468 | E | ACE/ARB RX PT W/ABN LVEF | | | | Not Allowed | $0.00 | | | |
| G8469 | E | PT W/ABN LVEF INELIG ACE/ARB | | | | Not Allowed | $0.00 | | | |
| G8470 | E | PT W/ NORMAL LVEF | | | | Not Allowed | $0.00 | | | |
| G8471 | E | LVEF NOT PERFORMED/DOC | | | | Not Allowed | $0.00 | | | |
| G8472 | E | ACE/ARB NO RX PT W/ABN LVEF | | | | Not Allowed | $0.00 | | | |
| G8473 | E | ACE/ARB THXPY RX'D | | | | Not Allowed | $0.00 | | | |
| G8474 | E | ACE/ARB NOT RX'D; DOC REAS | | | | Not Allowed | $0.00 | | | |
| G8475 | E | ACE/ARB THXPY NOT RX'D | | | | Not Allowed | $0.00 | | | |
| G8476 | E | BP SYS <140 AND DIAS <90 | | | | Not Allowed | $0.00 | | | |
| G8477 | E | BP SYS>=140 AND/OR DIAS >=90 | | | | Not Allowed | $0.00 | | | |
| G8478 | E | BP NOT PERFORMED/DOC | | | | Not Allowed | $0.00 | | | |
| G8482 | E | FLU IMMUNIZE ORDER/ADMIN | | | | Not Allowed | $0.00 | | | |
| G8483 | E | FLU IMM NO ADMIN DOC REA | | | | Not Allowed | $0.00 | | | |
| G8484 | E | FLU IMMUNIZE NO ADMIN | | | | Not Allowed | $0.00 | | | |
| G8485 | E | REPORT, DIABETES MEASURES | | | | Not Allowed | $0.00 | | | |
| G8486 | E | REPORT, PREV CARE MEASURES | | | | Not Allowed | $0.00 | | | |
| G8487 | E | REPORT CKD MEASURES | | | | Not Allowed | $0.00 | | | |
| G8489 | E | CAD MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8490 | E | RA MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8491 | E | HIV/AIDS MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8494 | E | DM MEAS QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8495 | E | CKD MEAS QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8496 | E | PREV CARE MG QUAL ACT PERFRM | | | | Not Allowed | $0.00 | | | |
| G8497 | E | CABG MEAS QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8498 | E | CAD MEAS QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8499 | E | RA MEAS QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8500 | E | HIV MEAS QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8506 | E | PT REC ACE/ARB | | | | Not Allowed | $0.00 | | | |
| G8509 | E | POS PAIN ASSESS NO F/U DOC | | | | Not Allowed | $0.00 | | | |
| G8510 | E | PT INELIG NEG SCRN DEPRES | | | | Not Allowed | $0.00 | | | |
| G8511 | E | CLIN DEPRES SCRN NO F/U DOC | | | | Not Allowed | $0.00 | | | |
| G8524 | E | PATCH CLOSURE CONV CEA | | | | Not Allowed | $0.00 | | | |
| G8525 | E | NO PATCH CLOSURE CEA | | | | Not Allowed | $0.00 | | | |
| G8526 | E | NO PATCH CLOSURE CONV CEA | | | | Not Allowed | $0.00 | | | |
| G8535 | E | PT INELIG NO ELD MAL SCRN | | | | Not Allowed | $0.00 | | | |
| G8536 | E | NO DOC ELDER MAL SCRN | | | | Not Allowed | $0.00 | | | |
| G8539 | E | DOC FUNCT AND CARE PLAN | | | | Not Allowed | $0.00 | | | |
| G8540 | E | PT INELIG FUNCT ASSESS | | | | Not Allowed | $0.00 | | | |
| G8541 | E | NO DOC CUR FUNCT ASSESS | | | | Not Allowed | $0.00 | | | |
| G8542 | E | DOC FUNCT NO DEFICIENCIES | | | | Not Allowed | $0.00 | | | |
| G8543 | E | CUR FUNCT ASSES; NO CARE PLN | | | | Not Allowed | $0.00 | | | |
| G8544 | E | CABG MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8545 | E | HEPC MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8546 | E | CAP MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8548 | E | HF MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8549 | E | HEPC MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8550 | E | CAP MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G8551 | E | HF MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8559 | E | PT REF DOC OTO EVAL | | | | Not Allowed | $0.00 | | | |
| G8560 | E | PT HX ACT DRAIN PREV 90 DAYS | | | | Not Allowed | $0.00 | | | |
| G8561 | E | PT INELIG FOR REF OTO EVAL | | | | Not Allowed | $0.00 | | | |
| G8562 | E | PT NO HX ACT DRAIN 90 D | | | | Not Allowed | $0.00 | | | |
| G8563 | E | PT NO REF OTO REAS NO SPEC | | | | Not Allowed | $0.00 | | | |
| G8564 | E | PT REF OTO EVAL | | | | Not Allowed | $0.00 | | | |
| G8565 | E | VER DOC HEAR LOSS | | | | Not Allowed | $0.00 | | | |
| G8566 | E | PT INELIG REF OTO EVAL | | | | Not Allowed | $0.00 | | | |
| G8567 | E | PT NO DOC HEAR LOSS | | | | Not Allowed | $0.00 | | | |
| G8568 | E | PT NO REF OTOLO NO SPEC | | | | Not Allowed | $0.00 | | | |
| G8569 | E | PROL INTUBATION REQ | | | | Not Allowed | $0.00 | | | |
| G8570 | E | NO PROL INTUB REQ | | | | Not Allowed | $0.00 | | | |
| G8571 | E | STER WD IFX 30 D POSTOP | | | | Not Allowed | $0.00 | | | |
| G8572 | E | NO STER WD IFX | | | | Not Allowed | $0.00 | | | |
| G8573 | E | STK CABG | | | | Not Allowed | $0.00 | | | |
| G8574 | E | NO STRK CABG | | | | Not Allowed | $0.00 | | | |
| G8575 | E | POSTOP REN FAIL | | | | Not Allowed | $0.00 | | | |
| G8576 | E | NO POSTOP REN FAIL | | | | Not Allowed | $0.00 | | | |
| G8577 | E | REOP REQ BLD GRFT OTH | | | | Not Allowed | $0.00 | | | |
| G8578 | E | NO REOP REQ BLD GRFT OTH | | | | Not Allowed | $0.00 | | | |
| G8598 | E | ASP THERP USED | | | | Not Allowed | $0.00 | | | |
| G8599 | E | NO ASP THERP USED | | | | Not Allowed | $0.00 | | | |
| G8600 | E | TPA INITI W/IN 3 HRS | | | | Not Allowed | $0.00 | | | |
| G8601 | E | NO ELIG TPA INIT W/IN 3 HRS | | | | Not Allowed | $0.00 | | | |
| G8602 | E | NO TPA INIT W/IN 3 HRS | | | | Not Allowed | $0.00 | | | |
| G8627 | E | SURG PROC W/IN 30 DAYS | | | | Not Allowed | $0.00 | | | |
| G8628 | E | NO SURG PROC W/IN 30 DAYS | | | | Not Allowed | $0.00 | | | |
| G8633 | E | PHARM THER OSTEO RX | | | | Not Allowed | $0.00 | | | |
| G8634 | E | PT NO ELG PHAR THER OSTEO | | | | Not Allowed | $0.00 | | | |
| G8635 | E | NO PHARM THER OSTEO RX | | | | Not Allowed | $0.00 | | | |
| G8645 | E | ASTHMA MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8646 | E | ASTHMA MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8647 | E | FUN STAT SCORE KNEE >= 0 | | | | Not Allowed | $0.00 | | | |
| G8648 | E | FUN STAT SCORE KNEE < 0 | | | | Not Allowed | $0.00 | | | |
| G8649 | E | FUN STAT SCORE KNEE PT NOELG | | | | Not Allowed | $0.00 | | | |
| G8650 | E | FUN STAT SCORE KNEE NOT DONE | | | | Not Allowed | $0.00 | | | |
| G8651 | E | FUN STAT SCORE HIP >= 0 | | | | Not Allowed | $0.00 | | | |
| G8652 | E | FUN STAT SCORE HIP < 0 | | | | Not Allowed | $0.00 | | | |
| G8653 | E | FUN STAT SCORE HIP PT NO ELG | | | | Not Allowed | $0.00 | | | |
| G8654 | E | FUN STAT SCORE HIP NOT DONE | | | | Not Allowed | $0.00 | | | |
| G8655 | E | FUN STAT SCORE LE >= 0 | | | | Not Allowed | $0.00 | | | |
| G8656 | E | FUN STAT SCORE LE < 0 | | | | Not Allowed | $0.00 | | | |
| G8657 | E | FUN STAT SCORE LE PT NO ELG | | | | Not Allowed | $0.00 | | | |
| G8658 | E | FUN STAT SCORE LE NOT DONE | | | | Not Allowed | $0.00 | | | |
| G8659 | E | FUN STAT SCORE LS >= 0 | | | | Not Allowed | $0.00 | | | |
| G8660 | E | FUN STAT SCORE LS < 0 | | | | Not Allowed | $0.00 | | | |
| G8661 | E | FUN STAT SCORE LS PT NO ELG | | | | Not Allowed | $0.00 | | | |
| G8662 | E | FUN STAT SCORE LS NOT DONE | | | | Not Allowed | $0.00 | | | |
| G8663 | E | FUN STAT SCORE SHDL >=0 | | | | Not Allowed | $0.00 | | | |
| G8664 | E | FUN STAT SCORE SHDL < 0 | | | | Not Allowed | $0.00 | | | |
| G8665 | E | FUN STAT SCORE SHDL PT NO EL | | | | Not Allowed | $0.00 | | | |
| G8666 | E | FUN STAT SCORE SHDL NOT DONE | | | | Not Allowed | $0.00 | | | |
| G8667 | E | FUN STAT SCORE UE >=0 | | | | Not Allowed | $0.00 | | | |
| G8668 | E | FUN STAT SCORE UE < 0 | | | | Not Allowed | $0.00 | | | |
| G8669 | E | FUN STAT SCORE UE PT NO ELG | | | | Not Allowed | $0.00 | | | |
| G8670 | E | FUN STAT SCORE UE NOT DONE | | | | Not Allowed | $0.00 | | | |
| G8671 | E | FUN STAT SCORE NECK/TS >=0 | | | | Not Allowed | $0.00 | | | |
| G8672 | E | FUN STAT SCORE NECK/TS < 0 | | | | Not Allowed | $0.00 | | | |
| G8673 | E | FUN STAT SCOR NEK/TS PT NO E | | | | Not Allowed | $0.00 | | | |
| G8674 | E | FUN STAT SCOR NEK/TS NOT DON | | | | Not Allowed | $0.00 | | | |
| G8675 | E | BP SYST >= 140 MMHG | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G8676 | E | BP DIAST >= 90 MMHG | | | | Not Allowed | $0.00 | | | |
| G8677 | E | BP SYST < 130 MMHG | | | | Not Allowed | $0.00 | | | |
| G8678 | E | BP SYST >=130 - 139 MMHG | | | | Not Allowed | $0.00 | | | |
| G8679 | E | BP DIAST < 80 MMHG | | | | Not Allowed | $0.00 | | | |
| G8680 | E | BP DIAST 80-89 MMHG | | | | Not Allowed | $0.00 | | | |
| G8694 | E | LVEF <40% | | | | Not Allowed | $0.00 | | | |
| G8695 | E | LVEF >=40% | | | | Not Allowed | $0.00 | | | |
| G8696 | E | ANTITHROMB THX PRESC | | | | Not Allowed | $0.00 | | | |
| G8697 | E | ANTITHROMB NO PRESC DOC REAS | | | | Not Allowed | $0.00 | | | |
| G8698 | E | ANTITHROMB NO PRESC NO REAS | | | | Not Allowed | $0.00 | | | |
| G8708 | E | ANTIBIOTIC NOT PRES | | | | Not Allowed | $0.00 | | | |
| G8709 | E | MED REAS ANTIBIOTIC PRES | | | | Not Allowed | $0.00 | | | |
| G8710 | E | PT PRES ANTIBIOTIC | | | | Not Allowed | $0.00 | | | |
| G8711 | E | PRES ANTIBIOTIC | | | | Not Allowed | $0.00 | | | |
| G8712 | E | NOT PRES ANTIBIOTIC | | | | Not Allowed | $0.00 | | | |
| G8715 | E | HEMODIALYSIS NOT 3 TIMES WK | | | | Not Allowed | $0.00 | | | |
| G8716 | E | PT REAS NOT GREAT 1.2KT/V | | | | Not Allowed | $0.00 | | | |
| G8721 | E | PT, PN, HIST GRADE DOC | | | | Not Allowed | $0.00 | | | |
| G8722 | E | MED REAS PT, PN, NOT DOC | | | | Not Allowed | $0.00 | | | |
| G8723 | E | SPEC SIT NOT PRIM TUMOR | | | | Not Allowed | $0.00 | | | |
| G8724 | E | PT, PN, HIST GRADE NOT DOC | | | | Not Allowed | $0.00 | | | |
| G8725 | E | LIPID PROFILE PERF DOC | | | | Not Allowed | $0.00 | | | |
| G8726 | E | DOC REAS NO LIPID PROFILE | | | | Not Allowed | $0.00 | | | |
| G8727 | E | HEMO, PERIT, OR KIDNEY TRANS | | | | Not Allowed | $0.00 | | | |
| G8728 | E | LIPID PROFILE NOT PERF | | | | Not Allowed | $0.00 | | | |
| G8730 | E | PAIN DOC POS AND PLAN | | | | Not Allowed | $0.00 | | | |
| G8731 | E | PAIN NEG NO PLAN | | | | Not Allowed | $0.00 | | | |
| G8732 | E | NO DOC OF PAIN | | | | Not Allowed | $0.00 | | | |
| G8733 | E | DOC POS ELDER MAL SCRN PLAN | | | | Not Allowed | $0.00 | | | |
| G8734 | E | DOC NEG ELDER MAL NO PLAN | | | | Not Allowed | $0.00 | | | |
| G8735 | E | ELD MAL SCRN POS NO PLAN | | | | Not Allowed | $0.00 | | | |
| G8749 | E | SIGNS OF MELANOMA ABSENT | | | | Not Allowed | $0.00 | | | |
| G8750 | E | SIGNS OF MELANOMA PRESENT | | | | Not Allowed | $0.00 | | | |
| G8752 | E | SYS BP LESS 140 | | | | Not Allowed | $0.00 | | | |
| G8753 | E | SYS BP > OR = 140 | | | | Not Allowed | $0.00 | | | |
| G8754 | E | DIAS BP LESS 90 | | | | Not Allowed | $0.00 | | | |
| G8755 | E | DIAS BP > OR = 90 | | | | Not Allowed | $0.00 | | | |
| G8756 | E | NO BP MEASURE DOC | | | | Not Allowed | $0.00 | | | |
| G8757 | E | COPD MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8758 | E | IBD MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8759 | E | OSA MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8760 | E | EPILEPSY MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8761 | E | DEMENTIA MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8762 | E | PD MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8765 | E | CATARACT MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8783 | E | BP SCRN PERF REC INTERVAL | | | | Not Allowed | $0.00 | | | |
| G8784 | E | PT NO ELIG FOR BP ASSESS | | | | Not Allowed | $0.00 | | | |
| G8785 | E | BP SCRN NO PERF AT INTERVAL | | | | Not Allowed | $0.00 | | | |
| G8786 | E | SEVERITY OF ANGINA ASSESS | | | | Not Allowed | $0.00 | | | |
| G8787 | E | ANGINA PRESENT | | | | Not Allowed | $0.00 | | | |
| G8788 | E | ANGINA ABSENT | | | | Not Allowed | $0.00 | | | |
| G8789 | E | SEVERITY ANGINA NOT ASSESS | | | | Not Allowed | $0.00 | | | |
| G8797 | E | SPECIMEN SITE NOT ESOPHAGUS | | | | Not Allowed | $0.00 | | | |
| G8798 | E | SPECIMEN SITE NOT PROSTATE | | | | Not Allowed | $0.00 | | | |
| G8802 | E | PREGNANCY TEST ORDER | | | | Not Allowed | $0.00 | | | |
| G8803 | E | DOC REAS NO PREGNANCY TEST | | | | Not Allowed | $0.00 | | | |
| G8805 | E | PREGNANCY TEST NOT ORDER | | | | Not Allowed | $0.00 | | | |
| G8806 | E | TRANSAB OR TRANSVAG US | | | | Not Allowed | $0.00 | | | |
| G8807 | E | DOC REAS NO US | | | | Not Allowed | $0.00 | | | |
| G8808 | E | NO TRANSAB OR TRANSVAG US | | | | Not Allowed | $0.00 | | | |
| G8809 | E | RH-IMMUNOGLOBULIN ORDER | | | | Not Allowed | $0.00 | | | |
| G8810 | E | DOC REAS NO RH-IMMUNO | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G8811 | E | NO RH-IMMUNOGLOBULIN ORDER | | | | Not Allowed | $0.00 | | | |
| G8815 | E | DOC REAS NO STATIN THERAPY | | | | Not Allowed | $0.00 | | | |
| G8816 | E | STATIN MED PRES AT DISCH | | | | Not Allowed | $0.00 | | | |
| G8817 | E | DOC REAS NO STATIN MED DISCH | | | | Not Allowed | $0.00 | | | |
| G8818 | E | PT DISCH TO HOME BY DAY#7 | | | | Not Allowed | $0.00 | | | |
| G8819 | E | ANEURYSM <= 5.5 CM | | | | Not Allowed | $0.00 | | | |
| G8820 | E | ANEURYSM 5.6-6.0 CM | | | | Not Allowed | $0.00 | | | |
| G8821 | E | ANEURYSM NOT INFARENAL | | | | Not Allowed | $0.00 | | | |
| G8822 | E | MALE ANEURYSMS >6CM | | | | Not Allowed | $0.00 | | | |
| G8823 | E | FEMALE ANEURYSM >6CM | | | | Not Allowed | $0.00 | | | |
| G8824 | E | FEMALE ANEURYSM 5.6-6.0 CM | | | | Not Allowed | $0.00 | | | |
| G8825 | E | PT NOT DISCH TO HOME DAY#7 | | | | Not Allowed | $0.00 | | | |
| G8826 | E | PT DISCH HOME DAY #2 EVAR | | | | Not Allowed | $0.00 | | | |
| G8828 | E | ANEURYSM <= 5.5CM FOR MEN | | | | Not Allowed | $0.00 | | | |
| G8829 | E | ANEURYSM 5.6-6.0 CM FOR MEN | | | | Not Allowed | $0.00 | | | |
| G8830 | E | ANEURYSM >6CM FOR MEN | | | | Not Allowed | $0.00 | | | |
| G8831 | E | ANEURYSM >-6CM FOR WOMEN | | | | Not Allowed | $0.00 | | | |
| G8832 | E | ANEURYSM 5.6-6.0 WOMEN | | | | Not Allowed | $0.00 | | | |
| G8833 | E | PT NOT DISCH HOME DAY#2 EVAR | | | | Not Allowed | $0.00 | | | |
| G8834 | E | PT DISCH HOME DAY #2 CEA | | | | Not Allowed | $0.00 | | | |
| G8836 | E | STROKE OR TIA <120 DAYS CEA | | | | Not Allowed | $0.00 | | | |
| G8837 | E | STROKE OR TIA >120 DAYS CEA | | | | Not Allowed | $0.00 | | | |
| G8838 | E | NOT DISCH HOME BY DAY #2 | | | | Not Allowed | $0.00 | | | |
| G8839 | E | SLEEP APNEA ASSESS | | | | Not Allowed | $0.00 | | | |
| G8840 | E | DOC REAS NO SLEEP APNEA | | | | Not Allowed | $0.00 | | | |
| G8841 | E | NO SLEEP APNEA ASSESS | | | | Not Allowed | $0.00 | | | |
| G8842 | E | AHI OR RDI INITIAL DX | | | | Not Allowed | $0.00 | | | |
| G8843 | E | DOC REAS NO AHI OR RDI | | | | Not Allowed | $0.00 | | | |
| G8844 | E | NO AHI OR RDI INITIAL DX | | | | Not Allowed | $0.00 | | | |
| G8845 | E | POS AIRWAY PRESS PRESCRIBED | | | | Not Allowed | $0.00 | | | |
| G8846 | E | MOD OR SEVERE OSA | | | | Not Allowed | $0.00 | | | |
| G8847 | E | POS AIR PRESS NOT PRESCRIBED | | | | Not Allowed | $0.00 | | | |
| G8848 | E | MILD OSA | | | | Not Allowed | $0.00 | | | |
| G8849 | E | DOC REAS NO POS AIR PRESS | | | | Not Allowed | $0.00 | | | |
| G8850 | E | NO PAP PRESCRIBED | | | | Not Allowed | $0.00 | | | |
| G8851 | E | ADHERE POS AIR PRESS THERAPY | | | | Not Allowed | $0.00 | | | |
| G8852 | E | POS AIR PRESS PRESCRIBE | | | | Not Allowed | $0.00 | | | |
| G8853 | E | POS AIR PRESS NOT PRESCRIBE | | | | Not Allowed | $0.00 | | | |
| G8854 | E | REAS NO ADHERE POS AIR PRES | | | | Not Allowed | $0.00 | | | |
| G8855 | E | POS AIR PRESS ADHERE NO PERF | | | | Not Allowed | $0.00 | | | |
| G8856 | E | REF FOR OTO EVAL | | | | Not Allowed | $0.00 | | | |
| G8857 | E | NO ELIG REF FOR OTO EVAL | | | | Not Allowed | $0.00 | | | |
| G8858 | E | NOT REF FOR OTO EVAL | | | | Not Allowed | $0.00 | | | |
| G8860 | E | CORTICOSTEROID 10 MG 60 DAYS | | | | Not Allowed | $0.00 | | | |
| G8861 | E | DXA ORDERED FOR OSTEO | | | | Not Allowed | $0.00 | | | |
| G8863 | E | NO ASSESS BONE LOSS | | | | Not Allowed | $0.00 | | | |
| G8864 | E | PNEUMOCOCCAL VACCINE ADMIN | | | | Not Allowed | $0.00 | | | |
| G8865 | E | DOC MED REAS NO PNEUMOCOCCAL | | | | Not Allowed | $0.00 | | | |
| G8866 | E | DOC PT REAS NO PNEUMOCOCCAL | | | | Not Allowed | $0.00 | | | |
| G8867 | E | NO PNEUMOCOCCAL ADMIN | | | | Not Allowed | $0.00 | | | |
| G8868 | E | 1ST COURSE ANTITNF | | | | Not Allowed | $0.00 | | | |
| G8869 | E | DOC IMMUN HEP B 1ST ANTITNF | | | | Not Allowed | $0.00 | | | |
| G8872 | E | INTRAOP IMAGE CONFIRM EXCISE | | | | Not Allowed | $0.00 | | | |
| G8873 | E | SPECIMEN NOT INTRAOP IMAGE | | | | Not Allowed | $0.00 | | | |
| G8874 | E | TISSUE NOT IMAGE INTRAOP | | | | Not Allowed | $0.00 | | | |
| G8875 | E | BREAST CANCER DX MIN INVSIVE | | | | Not Allowed | $0.00 | | | |
| G8876 | E | DOC REAS NO MIN INV DX | | | | Not Allowed | $0.00 | | | |
| G8877 | E | NO BRST CNCR DX MIN INVASIVE | | | | Not Allowed | $0.00 | | | |
| G8878 | E | SENT LYMPH NODE BIOPSY | | | | Not Allowed | $0.00 | | | |
| G8879 | E | NODE NEG INV BRST CNCR | | | | Not Allowed | $0.00 | | | |
| G8880 | E | DOC REAS NO LYMPH NODE BIOP | | | | Not Allowed | $0.00 | | | |
| G8881 | E | BRST CNCR STAGE > T1N0M0 | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G8882 | E | NO SENT LYMPH NODE BIOPSY | | | | Not Allowed | $0.00 | | | |
| G8883 | E | REV, COMM, TRACK, DOC BIOPSY | | | | Not Allowed | $0.00 | | | |
| G8884 | E | DOC REAS BIOPSY NOT REVIEW | | | | Not Allowed | $0.00 | | | |
| G8885 | E | NO REV, COMM, TRACK BIOPSY | | | | Not Allowed | $0.00 | | | |
| G8898 | E | COPD MEASURES GROUP | | | | Not Allowed | $0.00 | | | |
| G8899 | E | INFLAMMATORY BOWEL DIS MG | | | | Not Allowed | $0.00 | | | |
| G8900 | E | OBSTRUCTIVE SLEEP APNEA MG | | | | Not Allowed | $0.00 | | | |
| G8901 | E | EPILEPSY MEASURES GROUP | | | | Not Allowed | $0.00 | | | |
| G8902 | E | DEMENTIA MEASURES GROUP | | | | Not Allowed | $0.00 | | | |
| G8903 | E | PARKINSON'S DISEASE MG | | | | Not Allowed | $0.00 | | | |
| G8906 | E | CATARACT MEASURES GROUP | | | | Not Allowed | $0.00 | | | |
| G8907 | E | PT DOC NO EVENTS ON DISCHARG | | | | Not Allowed | $0.00 | | | |
| G8908 | E | PT DOC W BURN PRIOR TO D/C | | | | Not Allowed | $0.00 | | | |
| G8909 | E | PT DOC NO BURN PRIOR TO D/C | | | | Not Allowed | $0.00 | | | |
| G8910 | E | PT DOC TO HAVE FALL IN ASC | | | | Not Allowed | $0.00 | | | |
| G8911 | E | PT DOC NO FALL IN ASC | | | | Not Allowed | $0.00 | | | |
| G8912 | E | PT DOC WITH WRONG EVENT | | | | Not Allowed | $0.00 | | | |
| G8913 | E | PT DOC NO WRONG EVENT | | | | Not Allowed | $0.00 | | | |
| G8914 | E | PT TRANS TO HOSP POST D/C | | | | Not Allowed | $0.00 | | | |
| G8915 | E | PT NOT TRANS TO HOSP AT D/C | | | | Not Allowed | $0.00 | | | |
| G8916 | E | PT W IV AB GIVEN ON TIME | | | | Not Allowed | $0.00 | | | |
| G8917 | E | PT W IV AB NOT GIVEN ON TIME | | | | Not Allowed | $0.00 | | | |
| G8918 | E | PT W/O PREOP ORDER IV AB PRO | | | | Not Allowed | $0.00 | | | |
| G8923 | E | LVEF < 40% OR LVSD | | | | Not Allowed | $0.00 | | | |
| G8924 | E | FEV<60% PRED & COPD SYM | | | | Not Allowed | $0.00 | | | |
| G8925 | E | FEV>=60% & NO COPD SYM | | | | Not Allowed | $0.00 | | | |
| G8926 | E | SPIRO NO PERF OR DOC | | | | Not Allowed | $0.00 | | | |
| G8927 | E | ADJ CHEM PRES AJCC III | | | | Not Allowed | $0.00 | | | |
| G8928 | E | ADJ CHEM NOT PRES RSN SPEC | | | | Not Allowed | $0.00 | | | |
| G8929 | E | ADJ CMO NOT PRES RSN NOT GVN | | | | Not Allowed | $0.00 | | | |
| G8934 | E | LVEF <40% OR DEP LV SYS FCN | | | | Not Allowed | $0.00 | | | |
| G8935 | E | RX ACE OR ARB THERAPY | | | | Not Allowed | $0.00 | | | |
| G8936 | E | PT NOT ELIGIBLE ACE/ARB | | | | Not Allowed | $0.00 | | | |
| G8937 | E | NO RX ACE/ARB THERAPY | | | | Not Allowed | $0.00 | | | |
| G8938 | E | BMI CALC, PT NO F/U PLAN ELG | | | | Not Allowed | $0.00 | | | |
| G8939 | E | PAIN ASSESS DOC, F/U NO DOC | | | | Not Allowed | $0.00 | | | |
| G8940 | E | SRN CLIN DEP DOC NO F/U PLN | | | | Not Allowed | $0.00 | | | |
| G8941 | E | NO DOC ELDER SCRN, PT NO EL | | | | Not Allowed | $0.00 | | | |
| G8942 | E | DOC FCN/CARE PLAN W/30 DAYS | | | | Not Allowed | $0.00 | | | |
| G8944 | E | AJCC MEL CNR STG 0 - IIC | | | | Not Allowed | $0.00 | | | |
| G8946 | E | MIBM BUT NO DX OF BREAST CA | | | | Not Allowed | $0.00 | | | |
| G8947 | E | 1 OR MORE NEUROPSYCH | | | | Not Allowed | $0.00 | | | |
| G8948 | E | NO NEUROPSYCH SYMPTOMS | | | | Not Allowed | $0.00 | | | |
| G8950 | E | PRE-HTN OR HTN DOC, F/U INDC | | | | Not Allowed | $0.00 | | | |
| G8952 | E | PRE-HTN/HTN, NO F/U, NOT GVN | | | | Not Allowed | $0.00 | | | |
| G8953 | E | ONCOLOGY MG QUAL ACT PERFORM | | | | Not Allowed | $0.00 | | | |
| G8955 | E | MOST RECENT ASSESS VOL MGMT | | | | Not Allowed | $0.00 | | | |
| G8956 | E | PT RCV HEDIA OUTPT DYLS FAC | | | | Not Allowed | $0.00 | | | |
| G8958 | E | ASSESS VOL MGMT NOT DOC | | | | Not Allowed | $0.00 | | | |
| G8959 | E | CLIN TX MDD COMM TO TX CLIN | | | | Not Allowed | $0.00 | | | |
| G8960 | E | CLIN TX MDD NOT COMM | | | | Not Allowed | $0.00 | | | |
| G8961 | E | CSIT LOWRISK SURG PTS PREOP | | | | Not Allowed | $0.00 | | | |
| G8962 | E | CSIT ON PT ANY REAS 30 DAYS | | | | Not Allowed | $0.00 | | | |
| G8963 | E | CSI PER ASX PT W/PCI 2 YRS | | | | Not Allowed | $0.00 | | | |
| G8964 | E | CSI ANY OTHER THAN PCI 2 YR | | | | Not Allowed | $0.00 | | | |
| G8965 | E | CSIT PERF ON LOW CHD RSK | | | | Not Allowed | $0.00 | | | |
| G8966 | E | CSIT PERF SX OR HIGH CHD RSK | | | | Not Allowed | $0.00 | | | |
| G8967 | E | WRFRN OR ORAL ANTIGOAG PRES | | | | Not Allowed | $0.00 | | | |
| G8968 | E | MD RSN NO PRES WRFRN OR OTHR | | | | Not Allowed | $0.00 | | | |
| G8969 | E | PT RSN NO PRES WRFRN OR OTHR | | | | Not Allowed | $0.00 | | | |
| G8970 | E | NO RSK FAC OR 1 MOD RISK TE | | | | Not Allowed | $0.00 | | | |
| G8971 | E | WARFRN OR OTHR ANTCOG NO RX | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G8972 | E | 1>=RISK OR>= MOD RISK FOR TE | | | | Not Allowed | $0.00 | | | |
| G8973 | E | MST RCNT HBB < 10G/DL | | | | Not Allowed | $0.00 | | | |
| G8974 | E | HGB NOT DOC RNS NOT GVN | | | | Not Allowed | $0.00 | | | |
| G8975 | E | HGB <10G/DL, MED RSN | | | | Not Allowed | $0.00 | | | |
| G8976 | E | HGB >= 10 G/DL | | | | Not Allowed | $0.00 | | | |
| G8977 | E | ONCOLOGY MEASURES GRP | | | | Not Allowed | $0.00 | | | |
| G8978 | E | MOBILITY CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G8979 | E | MOBILITY GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G8980 | E | MOBILITY D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G8981 | E | BODY POS CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G8982 | E | BODY POS GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G8983 | E | BODY POS D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G8984 | E | CARRY CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G8985 | E | CARRY GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G8986 | E | CARRY D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G8987 | E | SELF CARE CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G8988 | E | SELF CARE GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G8989 | E | SELF CARE D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G8990 | E | OTHER PT/OT CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G8991 | E | OTHER PT/OT GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G8992 | E | OTHER PT/OT D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G8993 | E | SUB PT/OT CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G8994 | E | SUB PT/OT GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G8995 | E | SUB PT/OT D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G8996 | E | SWALLOW CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G8997 | E | SWALLOW GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G8998 | E | SWALLOW D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G8999 | E | MOTOR SPEECH CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G9001 | E | MCCD, INITIAL RATE | | | | Not Allowed | $0.00 | | | |
| G9002 | E | MCCD,MAINTENANCE RATE | | | | Not Allowed | $0.00 | | | |
| G9003 | E | MCCD, RISK ADJ HI, INITIAL | | | | Not Allowed | $0.00 | | | |
| G9004 | E | MCCD, RISK ADJ LO, INITIAL | | | | Not Allowed | $0.00 | | | |
| G9005 | E | MCCD, RISK ADJ, MAINTENANCE | | | | Not Allowed | $0.00 | | | |
| G9006 | E | MCCD, HOME MONITORING | | | | Not Allowed | $0.00 | | | |
| G9007 | E | MCCD, SCH TEAM CONF | | | | Not Allowed | $0.00 | | | |
| G9008 | E | MCCD,PHYS COOR-CARE OVRSGHT | | | | Not Allowed | $0.00 | | | |
| G9009 | E | MCCD, RISK ADJ, LEVEL 3 | | | | Not Allowed | $0.00 | | | |
| G9010 | E | MCCD, RISK ADJ, LEVEL 4 | | | | Not Allowed | $0.00 | | | |
| G9011 | E | MCCD, RISK ADJ, LEVEL 5 | | | | Not Allowed | $0.00 | | | |
| G9012 | E | OTHER SPECIFIED CASE MGMT | | | | Not Allowed | $0.00 | | | |
| G9013 | E | ESRD DEMO BUNDLE LEVEL I | | | | Not Allowed | $0.00 | | | |
| G9014 | E | ESRD DEMO BUNDLE-LEVEL II | | | | Not Allowed | $0.00 | | | |
| G9016 | E | DEMO-SMOKING CESSATION COUN | | | | Not Allowed | $0.00 | | | |
| G9017 | E | AMANTADINE HCL 100MG ORAL | | | | Not Allowed | $0.00 | | | |
| G9018 | E | ZANAMIVIR,INHALATION PWD 10M | | | | Not Allowed | $0.00 | | | |
| G9019 | E | OSELTAMIVIR PHOSPHATE 75MG | | | | Not Allowed | $0.00 | | | |
| G9020 | E | RIMANTADINE HCL 100MG ORAL | | | | Not Allowed | $0.00 | | | |
| G9033 | E | AMANTADINE HCL ORAL BRAND | | | | Not Allowed | $0.00 | | | |
| G9034 | E | ZANAMIVIR, INH PWDR, BRAND | | | | Not Allowed | $0.00 | | | |
| G9035 | E | OSELTAMIVIR PHOSP, BRAND | | | | Not Allowed | $0.00 | | | |
| G9036 | E | RIMANTADINE HCL, BRAND | | | | Not Allowed | $0.00 | | | |
| G9050 | E | ONCOLOGY WORK-UP EVALUATION | | | | Not Allowed | $0.00 | | | |
| G9051 | E | ONCOLOGY TX DECISION-MGMT | | | | Not Allowed | $0.00 | | | |
| G9052 | E | ONC SURVEILLANCE FOR DISEASE | | | | Not Allowed | $0.00 | | | |
| G9053 | E | ONC EXPECTANT MANAGEMENT PT | | | | Not Allowed | $0.00 | | | |
| G9054 | E | ONC SUPERVISION PALLIATIVE | | | | Not Allowed | $0.00 | | | |
| G9055 | E | ONC VISIT UNSPECIFIED NOS | | | | Not Allowed | $0.00 | | | |
| G9056 | E | ONC PRAC MGMT ADHERES GUIDE | | | | Not Allowed | $0.00 | | | |
| G9057 | E | ONC PRACT MGMT DIFFERS TRIAL | | | | Not Allowed | $0.00 | | | |
| G9058 | E | ONC PRAC MGMT DISAGREE W/GUI | | | | Not Allowed | $0.00 | | | |
| G9059 | E | ONC PRAC MGMT PT OPT ALTERNA | | | | Not Allowed | $0.00 | | | |
| G9060 | E | ONC PRAC MGMT DIF PT COMORB | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G9061 | E | ONC PRAC COND NOADD BY GUIDE | | | | Not Allowed | $0.00 | | | |
| G9062 | E | ONC PRAC GUIDE DIFFERS NOS | | | | Not Allowed | $0.00 | | | |
| G9063 | E | ONC DX NSCLC STGI NO PROGRES | | | | Not Allowed | $0.00 | | | |
| G9064 | E | ONC DX NSCLC STG2 NO PROGRES | | | | Not Allowed | $0.00 | | | |
| G9065 | E | ONC DX NSCLC STG3A NO PROGRE | | | | Not Allowed | $0.00 | | | |
| G9066 | E | ONC DX NSCLC STG3B-4 METASTA | | | | Not Allowed | $0.00 | | | |
| G9067 | E | ONC DX NSCLC DX UNKNOWN NOS | | | | Not Allowed | $0.00 | | | |
| G9068 | E | ONC DX SCLC/NSCLC LIMITED | | | | Not Allowed | $0.00 | | | |
| G9069 | E | ONC DX SCLC/NSCLC EXT AT DX | | | | Not Allowed | $0.00 | | | |
| G9070 | E | ONC DX SCLC/NSCLC EXT UNKNWN | | | | Not Allowed | $0.00 | | | |
| G9071 | E | ONC DX BRST STG1-2B HR,NOPRO | | | | Not Allowed | $0.00 | | | |
| G9072 | E | ONC DX BRST STG1-2 NOPROGRES | | | | Not Allowed | $0.00 | | | |
| G9073 | E | ONC DX BRST STG3-HR, NO PRO | | | | Not Allowed | $0.00 | | | |
| G9074 | E | ONC DX BRST STG3-NOPROGRESS | | | | Not Allowed | $0.00 | | | |
| G9075 | E | ONC DX BRST METASTIC/ RECUR | | | | Not Allowed | $0.00 | | | |
| G9077 | E | ONC DX PROSTATE T1NO PROGRES | | | | Not Allowed | $0.00 | | | |
| G9078 | E | ONC DX PROSTATE T2NO PROGRES | | | | Not Allowed | $0.00 | | | |
| G9079 | E | ONC DX PROSTATE T3B-T4NOPROG | | | | Not Allowed | $0.00 | | | |
| G9080 | E | ONC DX PROSTATE W/RISE PSA | | | | Not Allowed | $0.00 | | | |
| G9083 | E | ONC DX PROSTATE UNKNWN NOS | | | | Not Allowed | $0.00 | | | |
| G9084 | E | ONC DX COLON T1-3,N1-2,NO PR | | | | Not Allowed | $0.00 | | | |
| G9085 | E | ONC DX COLON T4, N0 W/O PROG | | | | Not Allowed | $0.00 | | | |
| G9086 | E | ONC DX COLON T1-4 NO DX PROG | | | | Not Allowed | $0.00 | | | |
| G9087 | E | ONC DX COLON METAS EVID DX | | | | Not Allowed | $0.00 | | | |
| G9088 | E | ONC DX COLON METAS NOEVID DX | | | | Not Allowed | $0.00 | | | |
| G9089 | E | ONC DX COLON EXTENT UNKNOWN | | | | Not Allowed | $0.00 | | | |
| G9090 | E | ONC DX RECTAL T1-2 NO PROGR | | | | Not Allowed | $0.00 | | | |
| G9091 | E | ONC DX RECTAL T3 N0 NO PROG | | | | Not Allowed | $0.00 | | | |
| G9092 | E | ONC DX RECTAL T1-3,N1-2NOPRG | | | | Not Allowed | $0.00 | | | |
| G9093 | E | ONC DX RECTAL T4,N,M0 NO PRG | | | | Not Allowed | $0.00 | | | |
| G9094 | E | ONC DX RECTAL M1 W/METS PROG | | | | Not Allowed | $0.00 | | | |
| G9095 | E | ONC DX RECTAL EXTENT UNKNWN | | | | Not Allowed | $0.00 | | | |
| G9096 | E | ONC DX ESOPHAG T1-T3 NOPROG | | | | Not Allowed | $0.00 | | | |
| G9097 | E | ONC DX ESOPHAGEAL T4 NO PROG | | | | Not Allowed | $0.00 | | | |
| G9098 | E | ONC DX ESOPHAGEAL METS RECUR | | | | Not Allowed | $0.00 | | | |
| G9099 | E | ONC DX ESOPHAGEAL UNKNOWN | | | | Not Allowed | $0.00 | | | |
| G9100 | E | ONC DX GASTRIC NO RECURRENCE | | | | Not Allowed | $0.00 | | | |
| G9101 | E | ONC DX GASTRIC P R1-R2NOPROG | | | | Not Allowed | $0.00 | | | |
| G9102 | E | ONC DX GASTRIC UNRESECTABLE | | | | Not Allowed | $0.00 | | | |
| G9103 | E | ONC DX GASTRIC RECURRENT | | | | Not Allowed | $0.00 | | | |
| G9104 | E | ONC DX GASTRIC UNKNOWN NOS | | | | Not Allowed | $0.00 | | | |
| G9105 | E | ONC DX PANCREATC P R0 RES NO | | | | Not Allowed | $0.00 | | | |
| G9106 | E | ONC DX PANCREATC P R1/R2 NO | | | | Not Allowed | $0.00 | | | |
| G9107 | E | ONC DX PANCREATIC UNRESECTAB | | | | Not Allowed | $0.00 | | | |
| G9108 | E | ONC DX PANCREATIC UNKNWN NOS | | | | Not Allowed | $0.00 | | | |
| G9109 | E | ONC DX HEAD/NECK T1-T2NO PRG | | | | Not Allowed | $0.00 | | | |
| G9110 | E | ONC DX HEAD/NECK T3-4 NOPROG | | | | Not Allowed | $0.00 | | | |
| G9111 | E | ONC DX HEAD/NECK M1 METS REC | | | | Not Allowed | $0.00 | | | |
| G9112 | E | ONC DX HEAD/NECK EXT UNKNOWN | | | | Not Allowed | $0.00 | | | |
| G9113 | E | ONC DX OVARIAN STG1A-B NO PR | | | | Not Allowed | $0.00 | | | |
| G9114 | E | ONC DX OVARIAN STG1A-B OR 2 | | | | Not Allowed | $0.00 | | | |
| G9115 | E | ONC DX OVARIAN STG3/4 NOPROG | | | | Not Allowed | $0.00 | | | |
| G9116 | E | ONC DX OVARIAN RECURRENCE | | | | Not Allowed | $0.00 | | | |
| G9117 | E | ONC DX OVARIAN UNKNOWN NOS | | | | Not Allowed | $0.00 | | | |
| G9123 | E | ONC DX CML CHRONIC PHASE | | | | Not Allowed | $0.00 | | | |
| G9124 | E | ONC DX CML ACCELER PHASE | | | | Not Allowed | $0.00 | | | |
| G9125 | E | ONC DX CML BLAST PHASE | | | | Not Allowed | $0.00 | | | |
| G9126 | E | ONC DX CML REMISSION | | | | Not Allowed | $0.00 | | | |
| G9128 | E | ONC DX MULTI MYELOMA STAGE I | | | | Not Allowed | $0.00 | | | |
| G9129 | E | ONC DX MULT MYELOMA STG2 HIG | | | | Not Allowed | $0.00 | | | |
| G9130 | E | ONC DX MULTI MYELOMA UNKNOWN | | | | Not Allowed | $0.00 | | | |
| G9131 | E | ONC DX BRST UNKNOWN NOS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G9132 | E | ONC DX PROSTATE METS NO CAST | | | | Not Allowed | $0.00 | | | |
| G9133 | E | ONC DX PROSTATE CLINICAL MET | | | | Not Allowed | $0.00 | | | |
| G9134 | E | ONC NHLSTG 1-2 NO RELAP NO | | | | Not Allowed | $0.00 | | | |
| G9135 | E | ONC DX NHL STG 3-4 NOT RELAP | | | | Not Allowed | $0.00 | | | |
| G9136 | E | ONC DX NHL TRANS TO LG BCELL | | | | Not Allowed | $0.00 | | | |
| G9137 | E | ONC DX NHL RELAPSE/REFRACTOR | | | | Not Allowed | $0.00 | | | |
| G9138 | E | ONC DX NHL STG UNKNOWN | | | | Not Allowed | $0.00 | | | |
| G9139 | E | ONC DX CML DX STATUS UNKNOWN | | | | Not Allowed | $0.00 | | | |
| G9140 | E | FRONTIER EXTENDED STAY DEMO | | | | Not Allowed | $0.00 | | | |
| G9141 | E | INFLUENZA A H1N1,ADMIN W COU | | | | Not Allowed | $0.00 | | | |
| G9142 | E | INFLUENZA A H1N1, VACCINE | | | | Not Allowed | $0.00 | | | |
| G9143 | N | WARFARIN RESPON GENETIC TEST | | | | Bundled | $0.00 | | | |
| G9147 | Q | OUTPT IV INSULIN TX ANY MEA | | | | Charge Ratio | $0.00 | | | |
| G9148 | E | MEDICAL HOME LEVEL 1 | | | | Not Allowed | $0.00 | | | |
| G9149 | E | MEDICAL HOME LEVEL II | | | | Not Allowed | $0.00 | | | |
| G9150 | E | MEDICAL HOME LEVEL III | | | | Not Allowed | $0.00 | | | |
| G9151 | E | MAPCP DEMO STATE | | | | Not Allowed | $0.00 | | | |
| G9152 | E | MAPCP DEMO COMMUNITY | | | | Not Allowed | $0.00 | | | |
| G9153 | E | MAPCP DEMO PHYSICIAN | | | | Not Allowed | $0.00 | | | |
| G9156 | E | EVALUATION FOR WHEELCHAIR | | | | Not Allowed | $0.00 | | | |
| G9157 | E | TRANSESOPH DOPPL CARDIAC MON | | | | Not Allowed | $0.00 | | | |
| G9158 | E | MOTOR SPEECH D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G9159 | E | LANG COMP CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G9160 | E | LANG COMP GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G9161 | E | LANG COMP D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G9162 | E | LANG EXPRESS CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G9163 | E | LANG EXPRESS GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G9164 | E | LANG EXPRESS D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G9165 | E | ATTEN CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G9166 | E | ATTEN GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G9167 | E | ATTEN D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G9168 | E | MEMORY CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G9169 | E | MEMORY GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G9170 | E | MEMORY D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G9171 | E | VOICE CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G9172 | E | VOICE GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G9173 | E | VOICE D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G9174 | E | SPEECH LANG CURRENT STATUS | | | | Not Allowed | $0.00 | | | |
| G9175 | E | SPEECH LANG GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G9176 | E | SPEECH LANG D/C STATUS | | | | Not Allowed | $0.00 | | | |
| G9186 | E | MOTOR SPEECH GOAL STATUS | | | | Not Allowed | $0.00 | | | |
| G9187 | E | BPCI HOME VISIT | | | | Not Allowed | $0.00 | | | |
| G9188 | E | BETA NOT GIVEN NO REASON | | | | Not Allowed | $0.00 | | | |
| G9189 | E | BETA PRES OR ALREADY TAKING | | | | Not Allowed | $0.00 | | | |
| G9190 | E | MEDICAL REASON FOR NO BETA | | | | Not Allowed | $0.00 | | | |
| G9191 | E | PT REASON FOR NO BETA | | | | Not Allowed | $0.00 | | | |
| G9192 | E | SYSTEM REASON FOR NO BETA | | | | Not Allowed | $0.00 | | | |
| G9196 | E | MED REASON FOR NO CEPH | | | | Not Allowed | $0.00 | | | |
| G9197 | E | ORDER FOR CEPH | | | | Not Allowed | $0.00 | | | |
| G9198 | E | NO ORDER FOR CEPH NO REASON | | | | Not Allowed | $0.00 | | | |
| G9203 | E | HEP C RNA DONE PRIOR TO MED | | | | Not Allowed | $0.00 | | | |
| G9204 | E | NO REASON FOR NO HEP C RNA | | | | Not Allowed | $0.00 | | | |
| G9205 | E | HEP C ANTIVIRAL STARTED | | | | Not Allowed | $0.00 | | | |
| G9206 | E | HEP C THERAPY STARTED | | | | Not Allowed | $0.00 | | | |
| G9207 | E | HEP C GENOTYPE PRIOR TO MED | | | | Not Allowed | $0.00 | | | |
| G9208 | E | NO REASON FOR NO HEP C GENO | | | | Not Allowed | $0.00 | | | |
| G9209 | E | HEP C RNA 4TO12 WK AFTER MED | | | | Not Allowed | $0.00 | | | |
| G9210 | E | NO HEPC RNA AFTER MED DOCRSN | | | | Not Allowed | $0.00 | | | |
| G9211 | E | NO HEPC RNA AFTER MED NO RSN | | | | Not Allowed | $0.00 | | | |
| G9212 | E | DOC OF DSM-IV INIT EVAL | | | | Not Allowed | $0.00 | | | |
| G9213 | E | NO DOC OF DSM-IV | | | | Not Allowed | $0.00 | | | |
| G9217 | E | NO PCP PROPH LOW CD4 NORSN | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G9219 | E | NO ODER PJP FOR MED REASON | | | | Not Allowed | $0.00 | | | |
| G9222 | E | PJP PROPH ORDERED LOW CD4 | | | | Not Allowed | $0.00 | | | |
| G9223 | E | PJP PROPH ORDERED CD4 LOW | | | | Not Allowed | $0.00 | | | |
| G9225 | E | NORSN NO FOOT EXAM | | | | Not Allowed | $0.00 | | | |
| G9226 | E | 3 COMP FOOT EXAM COMPLETED | | | | Not Allowed | $0.00 | | | |
| G9227 | E | DOCRSN NO CARE PLAN | | | | Not Allowed | $0.00 | | | |
| G9228 | E | GC CHL SYP DOCUMENTED | | | | Not Allowed | $0.00 | | | |
| G9229 | E | PTRSN NO GC CHL SYP TEST | | | | Not Allowed | $0.00 | | | |
| G9230 | E | NORSN FOR GC CHL SYP TEST | | | | Not Allowed | $0.00 | | | |
| G9231 | E | DOC ESRD DIA TRANS PREG | | | | Not Allowed | $0.00 | | | |
| G9232 | E | DOCRSN NO COMM COMORB | | | | Not Allowed | $0.00 | | | |
| G9233 | E | TKR COMPOSITE | | | | Not Allowed | $0.00 | | | |
| G9234 | E | TKR INTENT | | | | Not Allowed | $0.00 | | | |
| G9235 | E | GS MG COMPOSITE | | | | Not Allowed | $0.00 | | | |
| G9236 | E | OP RAD MG COMPOSITE | | | | Not Allowed | $0.00 | | | |
| G9237 | E | GS MG INTENT | | | | Not Allowed | $0.00 | | | |
| G9238 | E | OP RAD MG INTENT | | | | Not Allowed | $0.00 | | | |
| G9239 | E | DOCRSN FOR CATHETER | | | | Not Allowed | $0.00 | | | |
| G9240 | E | DOC PT W CATH MAINT DIA | | | | Not Allowed | $0.00 | | | |
| G9241 | E | DOC PT W OUT CATH MAINT DIA | | | | Not Allowed | $0.00 | | | |
| G9242 | E | DOC VIRAL LOAD >=200 | | | | Not Allowed | $0.00 | | | |
| G9243 | E | DOC VIRAL LOAD <200 | | | | Not Allowed | $0.00 | | | |
| G9244 | E | ANTIVIRAL NOT ORDERED | | | | Not Allowed | $0.00 | | | |
| G9245 | E | ANTIVIRAL ORDERED | | | | Not Allowed | $0.00 | | | |
| G9246 | E | NO MED VISIT IN 24MO | | | | Not Allowed | $0.00 | | | |
| G9247 | E | 1 MED VISIT IN 24MO | | | | Not Allowed | $0.00 | | | |
| G9250 | E | DOC OF PAIN COMFORT 48HR | | | | Not Allowed | $0.00 | | | |
| G9251 | E | DOC NO PAIN COMFORT 48HR | | | | Not Allowed | $0.00 | | | |
| G9254 | E | DOC PT DISCHG >2D | | | | Not Allowed | $0.00 | | | |
| G9255 | E | DOC PT DISCHG <=2D | | | | Not Allowed | $0.00 | | | |
| G9256 | E | DOC DEATH AFTER CAS | | | | Not Allowed | $0.00 | | | |
| G9257 | E | DOC STROKE AFTER CAS | | | | Not Allowed | $0.00 | | | |
| G9258 | E | DOC STROKE AFTER CEA | | | | Not Allowed | $0.00 | | | |
| G9259 | E | DOC SURV NO STROKE AFTER CAS | | | | Not Allowed | $0.00 | | | |
| G9260 | E | DOC DEATH AFTER CEA | | | | Not Allowed | $0.00 | | | |
| G9261 | E | DOC SURV NO STROKE AFTER CEA | | | | Not Allowed | $0.00 | | | |
| G9262 | E | DOC DEATH IN HOSP AAA REPAIR | | | | Not Allowed | $0.00 | | | |
| G9263 | E | DOC SURV IN HOSP AAA REPAIR | | | | Not Allowed | $0.00 | | | |
| G9264 | E | DOCRSN FOR CATH MAINT DIA | | | | Not Allowed | $0.00 | | | |
| G9265 | E | DOC CATH >90D FOR MAINT DIA | | | | Not Allowed | $0.00 | | | |
| G9266 | E | NORSN PT CATH >=90D | | | | Not Allowed | $0.00 | | | |
| G9267 | E | DOC COMP OR MORT W IN 30D | | | | Not Allowed | $0.00 | | | |
| G9268 | E | DOC COMP OR MORT W IN 90D | | | | Not Allowed | $0.00 | | | |
| G9269 | E | DOC NO COMP OR MORT W IN 30D | | | | Not Allowed | $0.00 | | | |
| G9270 | E | DOC NO COMP OR MORT W IN 90D | | | | Not Allowed | $0.00 | | | |
| G9273 | E | SYS<140 AND DIA<90 | | | | Not Allowed | $0.00 | | | |
| G9274 | E | BP OUT OF NRML LIMITS | | | | Not Allowed | $0.00 | | | |
| G9275 | E | DOC OF NON TOBACCO USER | | | | Not Allowed | $0.00 | | | |
| G9276 | E | DOC OF TOBACCO USER | | | | Not Allowed | $0.00 | | | |
| G9277 | E | DOC DAILY ASPIRIN OR CONTRA | | | | Not Allowed | $0.00 | | | |
| G9278 | E | DOC NO DAILY ASPIRIN | | | | Not Allowed | $0.00 | | | |
| G9279 | E | PNE SCRN DONE DOC VAC DONE | | | | Not Allowed | $0.00 | | | |
| G9280 | E | PNE NOT GIVEN NORSN | | | | Not Allowed | $0.00 | | | |
| G9281 | E | PNE SCRN DONE DOC NOT IND | | | | Not Allowed | $0.00 | | | |
| G9282 | E | DOC MEDRSN NO HISTO TYPE | | | | Not Allowed | $0.00 | | | |
| G9283 | E | HIST TYPE DOC ON REPORT | | | | Not Allowed | $0.00 | | | |
| G9284 | E | NO HIST TYPE DOC ON REPORT | | | | Not Allowed | $0.00 | | | |
| G9285 | E | SITE NOT SMALL CELL LUNG CA | | | | Not Allowed | $0.00 | | | |
| G9286 | E | ANTIBIO RX W IN 10D OF SYMPT | | | | Not Allowed | $0.00 | | | |
| G9287 | E | NO ANTIBIO W IN 10D OF SYMPT | | | | Not Allowed | $0.00 | | | |
| G9288 | E | DOC MEDRSN NO HIST TYPE RPT | | | | Not Allowed | $0.00 | | | |
| G9289 | E | DOC TYPE NSM LUNG CA | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G9290 | E | NO DOC TYPE NSM LUNG CA | | | | Not Allowed | $0.00 | | | |
| G9291 | E | NOT NSM LUNG CA | | | | Not Allowed | $0.00 | | | |
| G9292 | E | MEDRSN NO PT CATEGORY | | | | Not Allowed | $0.00 | | | |
| G9293 | E | NO PT CATEGORY ON REPORT | | | | Not Allowed | $0.00 | | | |
| G9294 | E | PT CAT AND THCK ON REPORT | | | | Not Allowed | $0.00 | | | |
| G9295 | E | NON CUTANEOUS LOC | | | | Not Allowed | $0.00 | | | |
| G9296 | E | DOC SHARE DEC PRIOR PROC | | | | Not Allowed | $0.00 | | | |
| G9297 | E | NO DOC SHARE DEC PRIOR PROC | | | | Not Allowed | $0.00 | | | |
| G9298 | E | EVAL RISK VTE CARD 30D PRIOR | | | | Not Allowed | $0.00 | | | |
| G9299 | E | NO EVAL RISKK VTE CARD PRIOR | | | | Not Allowed | $0.00 | | | |
| G9300 | E | DOC MEDRSN NO COMPL ANTIBIO | | | | Not Allowed | $0.00 | | | |
| G9301 | E | DOC COMPL INF ANTIBIO | | | | Not Allowed | $0.00 | | | |
| G9302 | E | NORSN INCOMP INF ANTIBIO | | | | Not Allowed | $0.00 | | | |
| G9303 | E | NORSN NO PROS INFO OP RPT | | | | Not Allowed | $0.00 | | | |
| G9304 | E | PROS INFO OP RPT | | | | Not Allowed | $0.00 | | | |
| G9305 | E | NO INTERV REQ FOR LEAK | | | | Not Allowed | $0.00 | | | |
| G9306 | E | INTERV REQ FOR LEAK | | | | Not Allowed | $0.00 | | | |
| G9307 | E | NO RET FOR SURG W IN 30D | | | | Not Allowed | $0.00 | | | |
| G9308 | E | UNPLND RET TO SURG W IN 30D | | | | Not Allowed | $0.00 | | | |
| G9309 | E | NO UNPLND HOSP READM IN 30D | | | | Not Allowed | $0.00 | | | |
| G9310 | E | UNPLND HOSP READM IN 30D | | | | Not Allowed | $0.00 | | | |
| G9311 | E | NO SURG SITE INFECTION | | | | Not Allowed | $0.00 | | | |
| G9312 | E | SURGICAL SITE INFECTION | | | | Not Allowed | $0.00 | | | |
| G9313 | E | DOCRSN NOT FIRST LINE AMOX | | | | Not Allowed | $0.00 | | | |
| G9314 | E | NORSN NOT FIRST LINE AMOX | | | | Not Allowed | $0.00 | | | |
| G9315 | E | DOC FIRST LINE AMOX | | | | Not Allowed | $0.00 | | | |
| G9316 | E | DOC COMM RISK CALC | | | | Not Allowed | $0.00 | | | |
| G9317 | E | NO DOC COMM RISK CALC | | | | Not Allowed | $0.00 | | | |
| G9318 | E | IMAGE STD NOMENCLATURE | | | | Not Allowed | $0.00 | | | |
| G9319 | E | IMAGE NOT STD NOMENCLATURE | | | | Not Allowed | $0.00 | | | |
| G9321 | E | DOC COUNT OF CT IN 12MO | | | | Not Allowed | $0.00 | | | |
| G9322 | E | NO DOC COUNT OF CT IN 12MO | | | | Not Allowed | $0.00 | | | |
| G9324 | E | NOT ALL DATA NORSN | | | | Not Allowed | $0.00 | | | |
| G9326 | E | NORSN NO CT RPT TO REG | | | | Not Allowed | $0.00 | | | |
| G9327 | E | CT RPT TO REG | | | | Not Allowed | $0.00 | | | |
| G9329 | E | NORSN NO DICOM FORMAT DOC | | | | Not Allowed | $0.00 | | | |
| G9340 | E | DICOM FORMAT DOC ON RPT | | | | Not Allowed | $0.00 | | | |
| G9341 | E | SRCH FOR CT W IN 12 MOS | | | | Not Allowed | $0.00 | | | |
| G9342 | E | NO SRCH FOR CT IN 12MO NORSN | | | | Not Allowed | $0.00 | | | |
| G9344 | E | SYSRSN NO DICOM SRCH | | | | Not Allowed | $0.00 | | | |
| G9345 | E | FOLLOW UP PULM NOD | | | | Not Allowed | $0.00 | | | |
| G9347 | E | NO FOLLOW UP PULM NOD NORSN | | | | Not Allowed | $0.00 | | | |
| G9348 | E | DOCRSN NO SINUS CT DX | | | | Not Allowed | $0.00 | | | |
| G9349 | E | DOC SINUS CT 28D | | | | Not Allowed | $0.00 | | | |
| G9350 | E | NO DOC SINUS CT 28D OR DX | | | | Not Allowed | $0.00 | | | |
| G9351 | E | DOC >1 SINUS CT W 90D DX | | | | Not Allowed | $0.00 | | | |
| G9352 | E | NOT >1 SINUS CT W 90D DX | | | | Not Allowed | $0.00 | | | |
| G9353 | E | MEDRSN >1 SINUS CT W 90D DX | | | | Not Allowed | $0.00 | | | |
| G9354 | E | 1 OR NO CT SINUS W/IN 90D DX | | | | Not Allowed | $0.00 | | | |
| G9355 | E | NO EARLY IND/DELIVERY | | | | Not Allowed | $0.00 | | | |
| G9356 | E | EARLY IND/DELIVERY | | | | Not Allowed | $0.00 | | | |
| G9357 | E | PP EVAL/EDU PERF | | | | Not Allowed | $0.00 | | | |
| G9358 | E | PP EVAL/EDU NOT PERF | | | | Not Allowed | $0.00 | | | |
| G9359 | E | DOC OF NEG OR MAN POS TB SCN | | | | Not Allowed | $0.00 | | | |
| G9360 | E | NO DOC OF NEG OR MAN POS TB | | | | Not Allowed | $0.00 | | | |
| G9361 | E | MED IND FOR INDUCTION | | | | Not Allowed | $0.00 | | | |
| G9364 | E | SINUS CAUS BAC INX | | | | Not Allowed | $0.00 | | | |
| G9365 | E | 1HIGH RISK MED ORD | | | | Not Allowed | $0.00 | | | |
| G9366 | E | 1HIGH RISK NO ORD | | | | Not Allowed | $0.00 | | | |
| G9367 | E | 2HIGH RISK MED ORD | | | | Not Allowed | $0.00 | | | |
| G9368 | E | 2HIGH RISK NO ORD | | | | Not Allowed | $0.00 | | | |
| G9380 | E | OFF ASSIS EOL ISS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G9381 | E | DOC MED REAS NO OFFER EOL | | | | Not Allowed | $0.00 | | | |
| G9382 | E | NO OFF ASSIS EOL | | | | Not Allowed | $0.00 | | | |
| G9383 | E | RECD SCRN HCV INFEC | | | | Not Allowed | $0.00 | | | |
| G9384 | E | DOC MED REAS NO ANN SRN HCV | | | | Not Allowed | $0.00 | | | |
| G9385 | E | DOC PT REAS NOT REC HCV SRN | | | | Not Allowed | $0.00 | | | |
| G9386 | E | SCRN HCV INFEC NOT RECD | | | | Not Allowed | $0.00 | | | |
| G9389 | E | UNPLN RUP POST CAP | | | | Not Allowed | $0.00 | | | |
| G9390 | E | NO UNPLN RUP POST CAP | | | | Not Allowed | $0.00 | | | |
| G9393 | E | INI PHQ9 >9 REMISS <5 | | | | Not Allowed | $0.00 | | | |
| G9394 | E | DX BIPOL, DEATH, NHRES, HOSP | | | | Not Allowed | $0.00 | | | |
| G9395 | E | INI PHQ9 >9 NO REMISS >=5 | | | | Not Allowed | $0.00 | | | |
| G9396 | E | INI PHQ9 >9 NOT ASSESS | | | | Not Allowed | $0.00 | | | |
| G9399 | E | DOC DISC TX CHOICES | | | | Not Allowed | $0.00 | | | |
| G9400 | E | DOC REAS NO DISC TX OPT | | | | Not Allowed | $0.00 | | | |
| G9401 | E | NO DISC TX CHOICES | | | | Not Allowed | $0.00 | | | |
| G9402 | E | RECD F/U W/IN 30D DISCH | | | | Not Allowed | $0.00 | | | |
| G9403 | E | DOC REAS NO 30 DAY F/U | | | | Not Allowed | $0.00 | | | |
| G9404 | E | NO 30 DAY F/U | | | | Not Allowed | $0.00 | | | |
| G9405 | E | RECD F/U W/IN 7D DISCH | | | | Not Allowed | $0.00 | | | |
| G9406 | E | DOC REAS NO 7D F/U | | | | Not Allowed | $0.00 | | | |
| G9407 | E | NO 7D F/U | | | | Not Allowed | $0.00 | | | |
| G9408 | E | CARD TAMP W/IN 30D | | | | Not Allowed | $0.00 | | | |
| G9409 | E | NO CARD TAMP E/IN 30D | | | | Not Allowed | $0.00 | | | |
| G9410 | E | ADMIT W/IN 180D REQ REMOV | | | | Not Allowed | $0.00 | | | |
| G9411 | E | NO ADMIT W/IN 180D REQ REMOV | | | | Not Allowed | $0.00 | | | |
| G9412 | E | ADMIT W/IN 180D REQ SURG REV | | | | Not Allowed | $0.00 | | | |
| G9413 | E | NO ADMIT REQ SURG REV | | | | Not Allowed | $0.00 | | | |
| G9414 | E | 1DOSE MENIG VAC BTWN 11 & 13 | | | | Not Allowed | $0.00 | | | |
| G9415 | E | NO 1DOSE MENI VAC BTWN 11&13 | | | | Not Allowed | $0.00 | | | |
| G9416 | E | TDAP OR TD OR 1TET/DIPTH | | | | Not Allowed | $0.00 | | | |
| G9417 | E | NO TDAP OR TD OR 1TET/DIPTH | | | | Not Allowed | $0.00 | | | |
| G9418 | E | LUNGCX BX RPT DOCS CLASS | | | | Not Allowed | $0.00 | | | |
| G9419 | E | MED REAS NOT INCL HISTO TYPE | | | | Not Allowed | $0.00 | | | |
| G9420 | E | SPEC SITE NO LUNG | | | | Not Allowed | $0.00 | | | |
| G9421 | E | LUNG CX BX RPT NO DOC CLASS | | | | Not Allowed | $0.00 | | | |
| G9422 | E | RPT DOC CLASS HISTO TYPE | | | | Not Allowed | $0.00 | | | |
| G9423 | E | MED REAS RPT NO HISTO TYPE | | | | Not Allowed | $0.00 | | | |
| G9424 | E | SITE NO LUNG OR LUNG CX | | | | Not Allowed | $0.00 | | | |
| G9425 | E | SPEC RPT NO DOC CLASS HISTO | | | | Not Allowed | $0.00 | | | |
| G9426 | E | IMPR MED TIME EDARR PAIN MED | | | | Not Allowed | $0.00 | | | |
| G9427 | E | NO IMPRO MED TIME PAIN MED | | | | Not Allowed | $0.00 | | | |
| G9428 | E | RPT PT CAT AND PT1 | | | | Not Allowed | $0.00 | | | |
| G9429 | E | DOC MED REAS NO PT CAT | | | | Not Allowed | $0.00 | | | |
| G9430 | E | SPEC SITE NO CUTANEOUS | | | | Not Allowed | $0.00 | | | |
| G9431 | E | NO PT CAT AND PT1 | | | | Not Allowed | $0.00 | | | |
| G9432 | E | ASTH CONTROLLED | | | | Not Allowed | $0.00 | | | |
| G9434 | E | ASTH NOT CONTROLLED | | | | Not Allowed | $0.00 | | | |
| G9435 | E | ASP PRESC DISCH | | | | Not Allowed | $0.00 | | | |
| G9436 | E | ASP NOT PRESC DOC REAS | | | | Not Allowed | $0.00 | | | |
| G9437 | E | ASP NOT PRESC DISCH | | | | Not Allowed | $0.00 | | | |
| G9438 | E | P2Y INHIB PRESC | | | | Not Allowed | $0.00 | | | |
| G9439 | E | P2Y INHIB NOT PRESC DOC REAS | | | | Not Allowed | $0.00 | | | |
| G9440 | E | P2Y INHIB NOT PRESC | | | | Not Allowed | $0.00 | | | |
| G9441 | E | STATIN PRESC DISCH | | | | Not Allowed | $0.00 | | | |
| G9442 | E | STATIN NOT PRESC DOC REAS | | | | Not Allowed | $0.00 | | | |
| G9443 | E | STATIN NOT PRESC DISCH | | | | Not Allowed | $0.00 | | | |
| G9448 | E | BORN 1945-1965 | | | | Not Allowed | $0.00 | | | |
| G9449 | E | HX BLD TRANSF B/F 1992 | | | | Not Allowed | $0.00 | | | |
| G9450 | E | HX INJEC DRUG USE | | | | Not Allowed | $0.00 | | | |
| G9451 | E | 1X SCRN HCV INFECT | | | | Not Allowed | $0.00 | | | |
| G9452 | E | DOC MED REAS NO SCRN HCV | | | | Not Allowed | $0.00 | | | |
| G9453 | E | PT REAS NO HCV INFECT | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G9454 | E | NO HCV INFECT SRN | | | | Not Allowed | $0.00 | | | |
| G9455 | E | ABD IMAG W/US, CT OR MRI | | | | Not Allowed | $0.00 | | | |
| G9456 | E | DOC MED PT REAS NO HCC SCRN | | | | Not Allowed | $0.00 | | | |
| G9457 | E | NO ABD IMAG W/O REASON | | | | Not Allowed | $0.00 | | | |
| G9458 | E | TOB USER RECD CESS INTERV | | | | Not Allowed | $0.00 | | | |
| G9459 | E | TOB NON-USER | | | | Not Allowed | $0.00 | | | |
| G9460 | E | NO TOB ASSESS OR CESS INTER | | | | Not Allowed | $0.00 | | | |
| G9463 | E | SINUSITIS INTENT | | | | Not Allowed | $0.00 | | | |
| G9464 | E | SINUSITIS COMP | | | | Not Allowed | $0.00 | | | |
| G9465 | E | AOE INTENT | | | | Not Allowed | $0.00 | | | |
| G9466 | E | AOE COMP | | | | Not Allowed | $0.00 | | | |
| G9467 | E | RECD CORTICO >=10MG/DAY >60D | | | | Not Allowed | $0.00 | | | |
| G9468 | E | NO RECD CORTICO>=10MG/D >60D | | | | Not Allowed | $0.00 | | | |
| G9469 | E | REC CORTICO>60D OR 1RX 600MG | | | | Not Allowed | $0.00 | | | |
| G9470 | E | NO REC CORTICO>60D 1RX 600MG | | | | Not Allowed | $0.00 | | | |
| G9471 | E | W/IN 2YR DXA NOT ORDER | | | | Not Allowed | $0.00 | | | |
| G9472 | E | NO DXA NO MED HX NO RV SX | | | | Not Allowed | $0.00 | | | |
| G9473 | E | CHAP SERVICES AT HOSPICE | | | | Not Allowed | $0.00 | | | |
| G9474 | E | DIET COUNSEL AT HOSPICE | | | | Not Allowed | $0.00 | | | |
| G9475 | E | OTHER COUNSELOR AT HOSPICE | | | | Not Allowed | $0.00 | | | |
| G9476 | E | VOLUN SERVICE AT HOSPICE | | | | Not Allowed | $0.00 | | | |
| G9477 | E | CARE COORD AT HOSPICE | | | | Not Allowed | $0.00 | | | |
| G9478 | E | OTHE THERAPIST AT HOSPICE | | | | Not Allowed | $0.00 | | | |
| G9479 | E | PHARMACIST AT HOSPICE | | | | Not Allowed | $0.00 | | | |
| G9480 | E | ADMISSION TO MCCM | | | | Not Allowed | $0.00 | | | |
| G9481 | E | REMOTE E/M NEW PT 10MINS | | | | Not Allowed | $0.00 | | | |
| G9482 | E | REMOTE E/M NEW PT 20MINS | | | | Not Allowed | $0.00 | | | |
| G9483 | E | REMOTE E/M NEW PT 30MINS | | | | Not Allowed | $0.00 | | | |
| G9484 | E | REMOTE E/M NEW PT 45MINS | | | | Not Allowed | $0.00 | | | |
| G9485 | E | REMOTE E/M NEW PT 60MINS | | | | Not Allowed | $0.00 | | | |
| G9486 | E | REMOTE E/M EST. PT 10MINS | | | | Not Allowed | $0.00 | | | |
| G9487 | E | REMOTE E/M EST. PT 15MINS | | | | Not Allowed | $0.00 | | | |
| G9488 | E | REMOTE E/M EST. PT 25MINS | | | | Not Allowed | $0.00 | | | |
| G9489 | E | REMOTE E/M EST. PT 40MINS | | | | Not Allowed | $0.00 | | | |
| G9490 | E | JOINT REPLAC MOD HOME VISIT | | | | Not Allowed | $0.00 | | | |
| G9496 | E | DOC RSN NO ADENO/NEOPL DETEC | | | | Not Allowed | $0.00 | | | |
| G9497 | E | PREOP ANES OR PROXY B/4 SURG | | | | Not Allowed | $0.00 | | | |
| G9498 | E | ABX REG PRESCRIBED | | | | Not Allowed | $0.00 | | | |
| G9499 | E | NO START/REC ANTVIR TX HEP C | | | | Not Allowed | $0.00 | | | |
| G9500 | E | RAD EXP TIME W/FLUOR DOC | | | | Not Allowed | $0.00 | | | |
| G9501 | E | RAD EXP TIME W/O FLUOR DOC | | | | Not Allowed | $0.00 | | | |
| G9502 | E | MED REAS NO PERF FOOT EXAM | | | | Not Allowed | $0.00 | | | |
| G9503 | E | PT TK TAMS HCL | | | | Not Allowed | $0.00 | | | |
| G9504 | E | DOC REAS NO HBV STATUS | | | | Not Allowed | $0.00 | | | |
| G9505 | E | ABX PRES W/IN 10 DYS OF SYMP | | | | Not Allowed | $0.00 | | | |
| G9506 | E | BIO IMM RESP MOD PRESC | | | | Not Allowed | $0.00 | | | |
| G9507 | E | DOC REAS ON STATIN OR CONTRA | | | | Not Allowed | $0.00 | | | |
| G9508 | E | DOC PT NOT ON STATIN | | | | Not Allowed | $0.00 | | | |
| G9509 | E | REMIS 12M PHQ-9 SCORE <5 | | | | Not Allowed | $0.00 | | | |
| G9510 | E | REMIS 12M NOT PHQ-9 SCORE <5 | | | | Not Allowed | $0.00 | | | |
| G9511 | E | PHQ-9 >9 DURING 12M TIME | | | | Not Allowed | $0.00 | | | |
| G9512 | E | INDIV PDC > 0.8 | | | | Not Allowed | $0.00 | | | |
| G9513 | E | INDIV PDC NOT > 0.8 | | | | Not Allowed | $0.00 | | | |
| G9514 | E | REQ RET OR W/IN 90D OF SURG | | | | Not Allowed | $0.00 | | | |
| G9515 | E | NO REAS, NO RET OR W/IN 90D | | | | Not Allowed | $0.00 | | | |
| G9516 | E | IMPR VIS ACUIT W/IN 90D | | | | Not Allowed | $0.00 | | | |
| G9517 | E | NO IMPR VIS ACUIT W/IN 90D | | | | Not Allowed | $0.00 | | | |
| G9518 | E | DOC ACTIVE INJ DRUG USE | | | | Not Allowed | $0.00 | | | |
| G9519 | E | FINAL REFRACT +/- 1.0 IN 90D | | | | Not Allowed | $0.00 | | | |
| G9520 | E | REFRACT NOT +/- 1.0 W/IN 90D | | | | Not Allowed | $0.00 | | | |
| G9521 | E | ER AND IP HOSP <2 IN 12 MOS | | | | Not Allowed | $0.00 | | | |
| G9522 | E | ER/IP HOSP =/>2 IN 12 MOS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G9523 | E | D/C HEMO OR PERIT DIALYSIS | | | | Not Allowed | $0.00 | | | |
| G9524 | E | REFER TO HOSPICE | | | | Not Allowed | $0.00 | | | |
| G9525 | E | DOC PT REAS NO HOSPICE REFER | | | | Not Allowed | $0.00 | | | |
| G9526 | E | NO REASON, NO REFER HOSPICE | | | | Not Allowed | $0.00 | | | |
| G9529 | E | MINOR BLUNT TRAUMA W/HEAD CT | | | | Not Allowed | $0.00 | | | |
| G9530 | E | MIN HD TRAUM GCS=15 W/CT ED | | | | Not Allowed | $0.00 | | | |
| G9531 | E | INDIC FOR HEAD CT VALID | | | | Not Allowed | $0.00 | | | |
| G9532 | E | INJ >24 HR IN ED GCS <15 | | | | Not Allowed | $0.00 | | | |
| G9533 | E | INDIC FOR HEAD CT NOT VALID | | | | Not Allowed | $0.00 | | | |
| G9534 | E | ADV BRAIN IMAGE NOT ORDERED | | | | Not Allowed | $0.00 | | | |
| G9535 | E | NORMAL NEURO EXAM | | | | Not Allowed | $0.00 | | | |
| G9536 | E | DOC MED REAS ADV BRAIN IMAGE | | | | Not Allowed | $0.00 | | | |
| G9537 | E | DOC SYSTEM REAS ADV IMAGING | | | | Not Allowed | $0.00 | | | |
| G9538 | E | ADV BRAIN IMAGE ORDERED | | | | Not Allowed | $0.00 | | | |
| G9539 | E | INTENT POT REMV TIME PLACEMT | | | | Not Allowed | $0.00 | | | |
| G9540 | E | PT ALIVE 3 MOS POST PROC | | | | Not Allowed | $0.00 | | | |
| G9541 | E | FILTER GONE AFT 3MOS PLACMT | | | | Not Allowed | $0.00 | | | |
| G9542 | E | DOC REASS APPR REMO FILT 3MS | | | | Not Allowed | $0.00 | | | |
| G9543 | E | DOC 2X RE-ASSESS FILT REMOV | | | | Not Allowed | $0.00 | | | |
| G9544 | E | NO FILT REMOV W/IN 3MOS PLCM | | | | Not Allowed | $0.00 | | | |
| G9547 | E | INCID CT LIVER/KID/ADRE FDG | | | | Not Allowed | $0.00 | | | |
| G9548 | E | ABD IMAG AND FOLLOWUP REC | | | | Not Allowed | $0.00 | | | |
| G9549 | E | DOC MED REAS NO FOLLOW IMAG | | | | Not Allowed | $0.00 | | | |
| G9550 | E | ABD IMAG AND FOLLOWUP NO REC | | | | Not Allowed | $0.00 | | | |
| G9551 | E | ABD IMAG W/O LIV/KID/ADR LES | | | | Not Allowed | $0.00 | | | |
| G9552 | E | INC THYR NODE <1.0 IN RPT | | | | Not Allowed | $0.00 | | | |
| G9553 | E | PRIOR THYROID DISE DX | | | | Not Allowed | $0.00 | | | |
| G9554 | E | CT/MRI CHEST/NECK FOLLUP REC | | | | Not Allowed | $0.00 | | | |
| G9555 | E | DOC MED REAS NO FOLLOW IMAG | | | | Not Allowed | $0.00 | | | |
| G9556 | E | CT/MRI CHEST FOLLUP NOT REC | | | | Not Allowed | $0.00 | | | |
| G9557 | E | CT/MRI CHEST/NECK NO THY NOD | | | | Not Allowed | $0.00 | | | |
| G9558 | E | TX BETA-LACTAM ABX THERAPY | | | | Not Allowed | $0.00 | | | |
| G9559 | E | DOC MED REAS NO ABX THERAPY | | | | Not Allowed | $0.00 | | | |
| G9560 | E | NO BETA-LACTAM ABX THER, RNG | | | | Not Allowed | $0.00 | | | |
| G9561 | E | PRESC OPIATES >6 WKS | | | | Not Allowed | $0.00 | | | |
| G9562 | E | FOLL-UP EVAL Q3MO OPIOD TX | | | | Not Allowed | $0.00 | | | |
| G9563 | E | NO F/U EVAL Q3MO OPIOD TX | | | | Not Allowed | $0.00 | | | |
| G9572 | E | PHQ-SCR >9 DOC IN 12M TIME | | | | Not Allowed | $0.00 | | | |
| G9573 | E | REMIS 6M W/6MOS PHQ-9 <5 | | | | Not Allowed | $0.00 | | | |
| G9574 | E | REMIS 6M W/O 6MOS PHQ-9 <5 | | | | Not Allowed | $0.00 | | | |
| G9577 | E | PRESC OPIATES >6 WKS | | | | Not Allowed | $0.00 | | | |
| G9578 | E | DOC OPIOID TX 1X DURING THER | | | | Not Allowed | $0.00 | | | |
| G9579 | E | NO DOC OPIOID TX 1X AT THER | | | | Not Allowed | $0.00 | | | |
| G9580 | E | DOOR TO PUNC TIME <2HRS | | | | Not Allowed | $0.00 | | | |
| G9581 | E | MD DOC, DOOR TO PUNC TM >2HR | | | | Not Allowed | $0.00 | | | |
| G9582 | E | DOOR TO PUNC TIME >2HR, NRG | | | | Not Allowed | $0.00 | | | |
| G9583 | E | PRESC OPIATES >6 WKS | | | | Not Allowed | $0.00 | | | |
| G9584 | E | EVAL OPIOID USE INSTR/PT INT | | | | Not Allowed | $0.00 | | | |
| G9585 | E | NO EVAL OPI USE INSTR/INTV | | | | Not Allowed | $0.00 | | | |
| G9593 | E | LOW PECARN PED HEAD TRAUMA | | | | Not Allowed | $0.00 | | | |
| G9594 | E | GSC >15 & HD CT BY ED MD | | | | Not Allowed | $0.00 | | | |
| G9595 | E | VAL RSN HD CT ORD REG INDIC | | | | Not Allowed | $0.00 | | | |
| G9596 | E | HD INJ >24H/GCS >15/NO RES | | | | Not Allowed | $0.00 | | | |
| G9597 | E | NO LOW PECARN PED HEAD TRAUM | | | | Not Allowed | $0.00 | | | |
| G9598 | E | AOR ANE 5.5-5.9 CM MAX DIAM | | | | Not Allowed | $0.00 | | | |
| G9599 | E | AOR ANE >=6.0 CM MAX DIAM | | | | Not Allowed | $0.00 | | | |
| G9600 | E | SYMP AAA URGENT REPAIR | | | | Not Allowed | $0.00 | | | |
| G9601 | E | PT DCHG HOME POST OP DAY 7 | | | | Not Allowed | $0.00 | | | |
| G9602 | E | PT NO DCHG HOME POSTOP DAY 7 | | | | Not Allowed | $0.00 | | | |
| G9603 | E | PT SURV IMPROV BSLINE TX | | | | Not Allowed | $0.00 | | | |
| G9604 | E | PT SURV RESULTS NOT AVAIL | | | | Not Allowed | $0.00 | | | |
| G9605 | E | SURV SCORE NO IMPROV W/TX | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G9606 | E | INTRAOP CYST EVAL TRAC INJ | | | | Not Allowed | $0.00 | | | |
| G9607 | E | PT NOT ELIG | | | | Not Allowed | $0.00 | | | |
| G9608 | E | INTRAOP CYST EVAL NOT DONE | | | | Not Allowed | $0.00 | | | |
| G9609 | E | DOC ORDER ANTI-PLAT OR P2Y12 | | | | Not Allowed | $0.00 | | | |
| G9610 | E | DOC MD RSN NO ANTIPLA/P2Y12 | | | | Not Allowed | $0.00 | | | |
| G9611 | E | NO ANTIPLA/P2Y12 ORD, RS NOS | | | | Not Allowed | $0.00 | | | |
| G9612 | E | PHO DOC >1 CECAL LDMK COM EX | | | | Not Allowed | $0.00 | | | |
| G9613 | E | DOC POST SURG ANATOMY | | | | Not Allowed | $0.00 | | | |
| G9614 | E | NO PHOTODOC CECAL LDMK EXAM | | | | Not Allowed | $0.00 | | | |
| G9615 | E | PRE-OP ASST DOC | | | | Not Allowed | $0.00 | | | |
| G9616 | E | DOC RSN NO PREOP ASSMT | | | | Not Allowed | $0.00 | | | |
| G9617 | E | PRE-OP ASST NOT DOC, RNG | | | | Not Allowed | $0.00 | | | |
| G9618 | E | DOC SCR UTER MAL OR US/SAMP | | | | Not Allowed | $0.00 | | | |
| G9619 | E | DOC RSN NO SCR UTER MALIG | | | | Not Allowed | $0.00 | | | |
| G9620 | E | NO SCR UTR MALIG/US/SAMP RNG | | | | Not Allowed | $0.00 | | | |
| G9621 | E | SCR UNHEAL ETOH W/COUNSEL | | | | Not Allowed | $0.00 | | | |
| G9622 | E | NO UNHEAL ETOH USER | | | | Not Allowed | $0.00 | | | |
| G9623 | E | DOC MED RSN NO SCR ETOH USE | | | | Not Allowed | $0.00 | | | |
| G9624 | E | NO ETOH SCR/NO COUNC/NRG | | | | Not Allowed | $0.00 | | | |
| G9625 | E | BLD INJ AT SURG/1MOS POST | | | | Not Allowed | $0.00 | | | |
| G9626 | E | PT NOT ELIG | | | | Not Allowed | $0.00 | | | |
| G9627 | E | NO BLD INJ AT SURG/1MOS POST | | | | Not Allowed | $0.00 | | | |
| G9628 | E | VIS INJ AT SURG/1MOS POST | | | | Not Allowed | $0.00 | | | |
| G9629 | E | PT NOT ELIG | | | | Not Allowed | $0.00 | | | |
| G9630 | E | NO VIS INJ AT SURG/1MOS POST | | | | Not Allowed | $0.00 | | | |
| G9631 | E | URTR INJ AT SURG/1MOS POST | | | | Not Allowed | $0.00 | | | |
| G9632 | E | PT NOT ELIG | | | | Not Allowed | $0.00 | | | |
| G9633 | E | NO URTR INJ AT SURG/1MS POST | | | | Not Allowed | $0.00 | | | |
| G9634 | E | QUAL LIFE TOOL 2X SAME/IMPR | | | | Not Allowed | $0.00 | | | |
| G9635 | E | NO DOC RSN DO QUAL LIFE ASSM | | | | Not Allowed | $0.00 | | | |
| G9636 | E | NO LIFE ASST 2X SAME/DECR | | | | Not Allowed | $0.00 | | | |
| G9637 | E | DOC >1 DOSE REDUC TECH | | | | Not Allowed | $0.00 | | | |
| G9638 | E | NO DOC >1 DOSE REDUC TECH | | | | Not Allowed | $0.00 | | | |
| G9639 | E | AMP NO REQD IN48H IELER PROC | | | | Not Allowed | $0.00 | | | |
| G9640 | E | DOC PLAN HYBRID/STAGE PROC | | | | Not Allowed | $0.00 | | | |
| G9641 | E | AMP REQD W/IN 48H IELER PROC | | | | Not Allowed | $0.00 | | | |
| G9642 | E | CURRENT CIG SMOKER | | | | Not Allowed | $0.00 | | | |
| G9643 | E | ELECTIVE SURGERY | | | | Not Allowed | $0.00 | | | |
| G9644 | E | NO SMOK B/4 ANES DAY OF SURG | | | | Not Allowed | $0.00 | | | |
| G9645 | E | HAD SMOKE B/4 ANES DAY SURG | | | | Not Allowed | $0.00 | | | |
| G9646 | E | PT W/90D MRS 0-2 | | | | Not Allowed | $0.00 | | | |
| G9647 | E | NO MRS SCORE IN 90D FOLLOWUP | | | | Not Allowed | $0.00 | | | |
| G9648 | E | PT W/90D MRS >2 | | | | Not Allowed | $0.00 | | | |
| G9649 | E | PSORI TOOL DOC W/BENCHMK | | | | Not Allowed | $0.00 | | | |
| G9650 | E | DOC PT NO THER CHG OR CONTRA | | | | Not Allowed | $0.00 | | | |
| G9651 | E | PSORI TOOL DOC/NO BNCHMK MET | | | | Not Allowed | $0.00 | | | |
| G9652 | E | PT TX SYS BIO MED PSORI 6MTH | | | | Not Allowed | $0.00 | | | |
| G9653 | E | PT NO TX SYS BIO RX 6 MTHS | | | | Not Allowed | $0.00 | | | |
| G9654 | E | MON ANESTH CARE | | | | Not Allowed | $0.00 | | | |
| G9655 | E | TOC TOOL INCL KEY ELEM | | | | Not Allowed | $0.00 | | | |
| G9656 | E | PT DIRECT ANESTH LOC TO PACU | | | | Not Allowed | $0.00 | | | |
| G9657 | E | TOC DUR ANETH TO ICU | | | | Not Allowed | $0.00 | | | |
| G9658 | E | TOC TOOL INCL ELEM NOT USED | | | | Not Allowed | $0.00 | | | |
| G9659 | E | >85Y NO HX COLO CA/RSN SCOPE | | | | Not Allowed | $0.00 | | | |
| G9660 | E | DOC MED RSN SCOPE PT >85Y | | | | Not Allowed | $0.00 | | | |
| G9661 | E | >85Y SCOPE OTHR RSN | | | | Not Allowed | $0.00 | | | |
| G9662 | E | PRIOR DX/ACTIVE CLIN ASCVD | | | | Not Allowed | $0.00 | | | |
| G9663 | E | FAST/DIR LDL = 190 MG/DL | | | | Not Allowed | $0.00 | | | |
| G9664 | E | TAKING STATIN OR REC'D ORDER | | | | Not Allowed | $0.00 | | | |
| G9665 | E | NO STATIN/NO ORDER STATIN | | | | Not Allowed | $0.00 | | | |
| G9666 | E | FAS/DIR LDL 70-189MG/DL MST | | | | Not Allowed | $0.00 | | | |
| G9667 | E | DOC MED RSN NO STAT TX/PRESC | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| G9669 | E | INTEND RPT MULT CHR MSR GRP | | | | Not Allowed | $0.00 | | | |
| G9670 | E | QTY ACT MCC MG PERF | | | | Not Allowed | $0.00 | | | |
| G9671 | E | INTEND RPT DIA RETIN MSR GRP | | | | Not Allowed | $0.00 | | | |
| G9672 | E | QTY ACT DIAB RETIN MG PERF | | | | Not Allowed | $0.00 | | | |
| G9673 | E | INTEND RPT CARD PREV MSR GRP | | | | Not Allowed | $0.00 | | | |
| G9674 | E | PT W/CLIN ASCVD DX | | | | Not Allowed | $0.00 | | | |
| G9675 | E | PT W/FAST/DIR LAB LDL-C >190 | | | | Not Allowed | $0.00 | | | |
| G9676 | E | 40-75Y W/TYPE 1/2 W/LDL-C RS | | | | Not Allowed | $0.00 | | | |
| G9677 | E | QTY ACT CARD PREV MG PERF | | | | Not Allowed | $0.00 | | | |
| G9678 | E | ONCOLOGY CARE MODEL SERVICE | | | | Not Allowed | $0.00 | | | |
| H0001 | E | ALCOHOL AND/OR DRUG ASSESS | | | | Not Allowed | $0.00 | | | |
| H0002 | E | ALCOHOL AND/OR DRUG SCREENIN | | | | Not Allowed | $0.00 | | | |
| H0003 | E | ALCOHOL AND/OR DRUG SCREENIN | | | | Not Allowed | $0.00 | | | |
| H0004 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0005 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0006 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0007 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0008 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0009 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0010 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0011 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0012 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0013 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0014 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0015 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0016 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0017 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0018 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0019 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0020 | E | ALCOHOL AND/OR DRUG SERVICES | | | | Not Allowed | $0.00 | | | |
| H0021 | E | ALCOHOL AND/OR DRUG TRAINING | | | | Not Allowed | $0.00 | | | |
| H0022 | E | ALCOHOL AND/OR DRUG INTERVEN | | | | Not Allowed | $0.00 | | | |
| H0023 | E | ALCOHOL AND/OR DRUG OUTREACH | | | | Not Allowed | $0.00 | | | |
| H0024 | E | ALCOHOL AND/OR DRUG PREVENTI | | | | Not Allowed | $0.00 | | | |
| H0025 | E | ALCOHOL AND/OR DRUG PREVENTI | | | | Not Allowed | $0.00 | | | |
| H0026 | E | ALCOHOL AND/OR DRUG PREVENTI | | | | Not Allowed | $0.00 | | | |
| H0027 | E | ALCOHOL AND/OR DRUG PREVENTI | | | | Not Allowed | $0.00 | | | |
| H0028 | E | ALCOHOL AND/OR DRUG PREVENTI | | | | Not Allowed | $0.00 | | | |
| H0029 | E | ALCOHOL AND/OR DRUG PREVENTI | | | | Not Allowed | $0.00 | | | |
| H0030 | E | ALCOHOL AND/OR DRUG HOTLINE | | | | Not Allowed | $0.00 | | | |
| H0031 | E | MH HEALTH ASSESS BY NON-MD | | | | Not Allowed | $0.00 | | | |
| H0032 | E | MH SVC PLAN DEV BY NON-MD | | | | Not Allowed | $0.00 | | | |
| H0033 | E | ORAL MED ADM DIRECT OBSERVE | | | | Not Allowed | $0.00 | | | |
| H0034 | E | MED TRNG & SUPPORT PER 15MIN | | | | Not Allowed | $0.00 | | | |
| H0035 | M | MH PARTIAL HOSP TX UNDER 24H | | | | Fee Schedule | $81.52 | | | |
| H0036 | E | COMM PSY FACE-FACE PER 15MIN | | | | Not Allowed | $0.00 | | | |
| H0037 | E | COMM PSY SUP TX PGM PER DIEM | | | | Not Allowed | $0.00 | | | |
| H0038 | E | SELF-HELP/PEER SVC PER 15MIN | | | | Not Allowed | $0.00 | | | |
| H0039 | E | ASSER COM TX FACE-FACE/15MIN | | | | Not Allowed | $0.00 | | | |
| H0040 | E | ASSERT COMM TX PGM PER DIEM | | | | Not Allowed | $0.00 | | | |
| H0041 | E | FOS C CHLD NON-THER PER DIEM | | | | Not Allowed | $0.00 | | | |
| H0042 | E | FOS C CHLD NON-THER PER MON | | | | Not Allowed | $0.00 | | | |
| H0043 | E | SUPPORTED HOUSING PER DIEM | | | | Not Allowed | $0.00 | | | |
| H0044 | E | SUPPORTED HOUSING PER MONTH | | | | Not Allowed | $0.00 | | | |
| H0045 | E | RESPITE NOT-IN-HOME PER DIEM | | | | Not Allowed | $0.00 | | | |
| H0046 | E | MENTAL HEALTH SERVICE NOS | | | | Not Allowed | $0.00 | | | |
| H0047 | E | ALCOHOL/DRUG ABUSE SVC NOS | | | | Not Allowed | $0.00 | | | |
| H0048 | E | SPEC COLL NON-BLOOD:A/D TEST | | | | Not Allowed | $0.00 | | | |
| H0049 | E | ALCOHOL/DRUG SCREENING | | | | Not Allowed | $0.00 | | | |
| H0050 | E | ALCOHOL/DRUG SERVICE 15 MIN | | | | Not Allowed | $0.00 | | | |
| H1000 | E | PRENATAL CARE ATRISK ASSESSM | | | | Not Allowed | $0.00 | | | |
| H1001 | E | ANTEPARTUM MANAGEMENT | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| H1002 | E | CARECOORDINATION PRENATAL | | | | Not Allowed | $0.00 | | | |
| H1003 | E | PRENATAL AT RISK EDUCATION | | | | Not Allowed | $0.00 | | | |
| H1004 | E | FOLLOW UP HOME VISIT/PRENTAL | | | | Not Allowed | $0.00 | | | |
| H1005 | E | PRENATALCARE ENHANCED SRV PK | | | | Not Allowed | $0.00 | | | |
| H1010 | E | NONMED FAMILY PLANNING ED | | | | Not Allowed | $0.00 | | | |
| H1011 | E | FAMILY ASSESSMENT | | | | Not Allowed | $0.00 | | | |
| H2000 | E | COMP MULTIDISIPLN EVALUATION | | | | Not Allowed | $0.00 | | | |
| H2001 | E | REHABILITATION PROGRAM 1/2 D | | | | Not Allowed | $0.00 | | | |
| H2010 | E | COMPREHENSIVE MED SVC 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2011 | M | CRISIS INTERVEN SVC, 15 MIN | | | | Fee Schedule | $12.24 | | | |
| H2012 | E | BEHAV HLTH DAY TREAT, PER HR | | | | Not Allowed | $0.00 | | | |
| H2013 | E | PSYCH HLTH FAC SVC, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2014 | E | SKILLS TRAIN AND DEV, 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2015 | E | COMP COMM SUPP SVC, 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2016 | E | COMP COMM SUPP SVC, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2017 | E | PSYSOC REHAB SVC, PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2018 | E | PSYSOC REHAB SVC, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2019 | E | THER BEHAV SVC, PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2020 | E | THER BEHAV SVC, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2021 | E | COM WRAP-AROUND SV, 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2022 | E | COM WRAP-AROUND SV, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2023 | E | SUPPORTED EMPLOY, PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2024 | E | SUPPORTED EMPLOY, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2025 | E | SUPP MAINT EMPLOY, 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2026 | E | SUPP MAINT EMPLOY, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2027 | E | PSYCHOED SVC, PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2028 | E | SEX OFFEND TX SVC, 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2029 | E | SEX OFFEND TX SVC, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2030 | E | MH CLUBHOUSE SVC, PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2031 | E | MH CLUBHOUSE SVC, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2032 | E | ACTIVITY THERAPY, PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| H2033 | E | MULTISYS THER/JUVENILE 15MIN | | | | Not Allowed | $0.00 | | | |
| H2034 | E | A/D HALFWAY HOUSE, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2035 | E | A/D TX PROGRAM, PER HOUR | | | | Not Allowed | $0.00 | | | |
| H2036 | E | A/D TX PROGRAM, PER DIEM | | | | Not Allowed | $0.00 | | | |
| H2037 | E | DEV DELAY PREV DP CH, 15 MIN | | | | Not Allowed | $0.00 | | | |
| J0120 | K | TETRACYCLIN INJECTION | | 01666 | 1.7297 | APC (blood and non-blood product codes) | $97.97 | | | |
| J0129 | K | ABATACEPT INJECTION | | 09230 | 0.7412 | APC (blood and non-blood product codes) | $41.98 | | | |
| J0130 | N | ABCIXIMAB INJECTION | | | | Bundled | $0.00 | | | |
| J0131 | N | ACETAMINOPHEN INJECTION | | | | Bundled | $0.00 | | | |
| J0132 | K | ACETYLCYSTEINE INJECTION | | 01272 | 0.0281 | APC (blood and non-blood product codes) | $1.59 | | | |
| J0133 | N | ACYCLOVIR INJECTION | | | | Bundled | $0.00 | | | |
| J0135 | K | ADALIMUMAB INJECTION | | 01083 | 14.9901 | APC (blood and non-blood product codes) | $849.04 | | | |
| J0153 | N | ADENOSINE INJ 1MG | | | | Bundled | $0.00 | | | |
| J0171 | N | ADRENALIN EPINEPHRINE INJECT | | | | Bundled | $0.00 | | | |
| J0178 | K | AFLIBERCEPT INJECTION | | 01420 | 17.3111 | APC (blood and non-blood product codes) | $980.50 | | | |
| J0180 | K | AGALSIDASE BETA INJECTION | | 09208 | 2.9032 | APC (blood and non-blood product codes) | $164.44 | | | |
| J0190 | E | INJ BIPERIDEN LACTATE/5 MG | | | | Not Allowed | $0.00 | | | |
| J0200 | N | ALATROFLOXACIN MESYLATE | | | | Bundled | $0.00 | | | |
| J0202 | K | INJECTION, ALEMTUZUMAB | | 01809 | 30.6243 | APC (blood and non-blood product codes) | $1,734.56 | | | |
| J0205 | E | ALGLUCERASE INJECTION | | | | Not Allowed | $0.00 | | | |
| J0207 | K | AMIFOSTINE | | 07000 | 7.0874 | APC (blood and non-blood product codes) | $401.43 | | | |
| J0210 | N | METHYLDOPATE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J0215 | K | ALEFACEPT | | 01633 | 0.7352 | APC (blood and non-blood product codes) | $41.64 | | | |
| J0220 | K | ALGLUCOSIDASE ALFA INJECTION | | 09234 | 3.6494 | APC (blood and non-blood product codes) | $206.70 | | | |
| J0221 | K | LUMIZYME INJECTION | | 01413 | 2.8137 | APC (blood and non-blood product codes) | $159.37 | | | |
| J0256 | K | ALPHA 1 PROTEINASE INHIBITOR | | 00901 | 0.0814 | APC (blood and non-blood product codes) | $4.61 | | | |
| J0257 | K | GLASSIA INJECTION | | 01415 | 0.0773 | APC (blood and non-blood product codes) | $4.38 | | | |
| J0270 | E | ALPROSTADIL FOR INJECTION | | | | Not Allowed | $0.00 | | | |
| J0275 | E | ALPROSTADIL URETHRAL SUPPOS | | | | Not Allowed | $0.00 | | | |
| J0278 | N | AMIKACIN SULFATE INJECTION | | | | Bundled | $0.00 | | | |
| J0280 | N | AMINOPHYLLIN 250 MG INJ | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J0282 | N | AMIODARONE HCL | | | | Bundled | $0.00 | | | |
| J0285 | N | AMPHOTERICIN B | | | | Bundled | $0.00 | | | |
| J0287 | K | AMPHOTERICIN B LIPID COMPLEX | | 09024 | 0.2318 | APC (blood and non-blood product codes) | $13.13 | | | |
| J0288 | N | AMPHO B CHOLESTERYL SULFATE | | | | Bundled | $0.00 | | | |
| J0289 | K | AMPHOTERICIN B LIPOSOME INJ | | 00736 | 0.3314 | APC (blood and non-blood product codes) | $18.77 | | | |
| J0290 | N | AMPICILLIN 500 MG INJ | | | | Bundled | $0.00 | | | |
| J0295 | N | AMPICILLIN SODIUM PER 1.5 GM | | | | Bundled | $0.00 | | | |
| J0300 | K | AMOBARBITAL 125 MG INJ | | 01341 | 3.4297 | APC (blood and non-blood product codes) | $194.26 | | | |
| J0330 | N | SUCCINYCHOLINE CHLORIDE INJ | | | | Bundled | $0.00 | | | |
| J0348 | N | ANIDULAFUNGIN INJECTION | | | | Bundled | $0.00 | | | |
| J0350 | E | INJECTION ANISTREPLASE 30 U | | | | Not Allowed | $0.00 | | | |
| J0360 | N | HYDRALAZINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J0364 | N | APOMORPHINE HYDROCHLORIDE | | | | Bundled | $0.00 | | | |
| J0365 | E | APROTONIN, 10,000 KIU | | | | Not Allowed | $0.00 | | | |
| J0380 | N | INJ METARAMINOL BITARTRATE | | | | Bundled | $0.00 | | | |
| J0390 | N | CHLOROQUINE INJECTION | | | | Bundled | $0.00 | | | |
| J0395 | E | ARBUTAMINE HCL INJECTION | | | | Not Allowed | $0.00 | | | |
| J0400 | N | ARIPIPRAZOLE INJECTION | | | | Bundled | $0.00 | | | |
| J0401 | K | INJ ARIPIPRAZOLE EXT REL 1MG | | 01468 | 0.0777 | APC (blood and non-blood product codes) | $4.40 | | | |
| J0456 | N | AZITHROMYCIN | | | | Bundled | $0.00 | | | |
| J0461 | N | ATROPINE SULFATE INJECTION | | | | Bundled | $0.00 | | | |
| J0470 | N | DIMECAPROL INJECTION | | | | Bundled | $0.00 | | | |
| J0475 | K | BACLOFEN 10 MG INJECTION | | 09032 | 3.1432 | APC (blood and non-blood product codes) | $178.03 | | | |
| J0476 | K | BACLOFEN INTRATHECAL TRIAL | | 01631 | 1.3600 | APC (blood and non-blood product codes) | $77.03 | | | |
| J0480 | K | BASILIXIMAB | | 01683 | 56.1478 | APC (blood and non-blood product codes) | $3,180.21 | | | |
| J0485 | K | BELATACEPT INJECTION | | 09286 | 0.0678 | APC (blood and non-blood product codes) | $3.84 | | | |
| J0490 | K | BELIMUMAB INJECTION | | 01353 | 0.7431 | APC (blood and non-blood product codes) | $42.09 | | | |
| J0500 | N | DICYCLOMINE INJECTION | | | | Bundled | $0.00 | | | |
| J0515 | N | INJ BENZTROPINE MESYLATE | | | | Bundled | $0.00 | | | |
| J0520 | N | BETHANECHOL CHLORIDE INJECT | | | | Bundled | $0.00 | | | |
| J0558 | N | PENG BENZATHINE/PROCAINE INJ | | | | Bundled | $0.00 | | | |
| J0561 | K | PENICILLIN G BENZATHINE INJ | | 01829 | 0.1681 | APC (blood and non-blood product codes) | $9.52 | | | |
| J0571 | E | BUPRENORPHINE ORAL 1MG | | | | Not Allowed | $0.00 | | | |
| J0572 | E | BUPREN/NAL UP TO 3MG BUPRENO | | | | Not Allowed | $0.00 | | | |
| J0573 | E | BUPREN/NAL 3.1 TO 6MG BUPREN | | | | Not Allowed | $0.00 | | | |
| J0574 | E | BUPREN/NAL 6.1 TO 10MG BUPRE | | | | Not Allowed | $0.00 | | | |
| J0575 | E | BUPREN/NAL OVER 10MG BUPRENO | | | | Not Allowed | $0.00 | | | |
| J0583 | N | BIVALIRUDIN | | | | Bundled | $0.00 | | | |
| J0585 | K | INJECTION,ONABOTULINUMTOXINA | | 00902 | 0.1031 | APC (blood and non-blood product codes) | $5.84 | | | |
| J0586 | K | ABOBOTULINUMTOXINA | | 01289 | 0.1361 | APC (blood and non-blood product codes) | $7.71 | | | |
| J0587 | K | INJ, RIMABOTULINUMTOXINB | | 09018 | 0.2052 | APC (blood and non-blood product codes) | $11.62 | | | |
| J0588 | K | INCOBOTULINUMTOXIN A | | 09278 | 0.0867 | APC (blood and non-blood product codes) | $4.91 | | | |
| J0592 | N | BUPRENORPHINE HYDROCHLORIDE | | | | Bundled | $0.00 | | | |
| J0594 | K | BUSULFAN INJECTION | | 01178 | 0.6216 | APC (blood and non-blood product codes) | $35.21 | | | |
| J0595 | N | BUTORPHANOL TARTRATE 1 MG | | | | Bundled | $0.00 | | | |
| J0596 | G | INJECTION, RUCONEST | | 09445 | | APC - Pays by Fee Schedule Amount | $27.68 | | | |
| J0597 | K | C-1 ESTERASE, BERINERT | | 09269 | 0.8215 | APC (blood and non-blood product codes) | $46.53 | | | |
| J0598 | K | C-1 ESTERASE, CINRYZE | | 09251 | 0.9684 | APC (blood and non-blood product codes) | $54.85 | | | |
| J0600 | K | EDETATE CALCIUM DISODIUM INJ | | 01274 | 98.7715 | APC (blood and non-blood product codes) | $5,594.42 | | | |
| J0610 | N | CALCIUM GLUCONATE INJECTION | | | | Bundled | $0.00 | | | |
| J0620 | N | CALCIUM GLYCER & LACT/10 ML | | | | Bundled | $0.00 | | | |
| J0630 | K | CALCITONIN SALMON INJECTION | | 01433 | 41.1038 | APC (blood and non-blood product codes) | $2,328.12 | | | |
| J0636 | N | INJ CALCITRIOL PER 0.1 MCG | | | | Bundled | $0.00 | | | |
| J0637 | K | CASPOFUNGIN ACETATE | | 09019 | 0.2103 | APC (blood and non-blood product codes) | $11.91 | | | |
| J0638 | K | CANAKINUMAB INJECTION | | 01311 | 1.6317 | APC (blood and non-blood product codes) | $92.42 | | | |
| J0640 | N | LEUCOVORIN CALCIUM INJECTION | | | | Bundled | $0.00 | | | |
| J0641 | K | LEVOLEUCOVORIN INJECTION | | 01236 | 0.0192 | APC (blood and non-blood product codes) | $1.09 | | | |
| J0670 | N | INJ MEPIVACAINE HCL/10 ML | | | | Bundled | $0.00 | | | |
| J0690 | N | CEFAZOLIN SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J0692 | N | CEFEPIME HCL FOR INJECTION | | | | Bundled | $0.00 | | | |
| J0694 | N | CEFOXITIN SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J0695 | G | INJ CEFTOLOZANE TAZOBACTAM | | 09452 | | APC - Pays by Fee Schedule Amount | $4.50 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J0696 | N | CEFTRIAXONE SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J0697 | N | STERILE CEFUROXIME INJECTION | | | | Bundled | $0.00 | | | |
| J0698 | N | CEFOTAXIME SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J0702 | N | BETAMETHASONE ACET&SOD PHOSP | | | | Bundled | $0.00 | | | |
| J0706 | N | CAFFEINE CITRATE INJECTION | | | | Bundled | $0.00 | | | |
| J0710 | E | CEPHAPIRIN SODIUM INJECTION | | | | Not Allowed | $0.00 | | | |
| J0712 | K | CEFTAROLINE FOSAMIL INJ | | 01824 | 0.0434 | APC (blood and non-blood product codes) | $2.46 | | | |
| J0713 | N | INJ CEFTAZIDIME PER 500 MG | | | | Bundled | $0.00 | | | |
| J0714 | K | CEFTAZIDIME AND AVIBACTAM | | 01825 | 1.3054 | APC (blood and non-blood product codes) | $73.94 | | | |
| J0715 | N | CEFTIZOXIME SODIUM / 500 MG | | | | Bundled | $0.00 | | | |
| J0716 | K | CENTRUROIDES IMMUNE F(AB) | | 01431 | 74.7996 | APC (blood and non-blood product codes) | $4,236.65 | | | |
| J0717 | K | CERTOLIZUMAB PEGOL INJ 1MG | | 01474 | 0.1246 | APC (blood and non-blood product codes) | $7.06 | | | |
| J0720 | K | CHLORAMPHENICOL SODIUM INJEC | | 01831 | 0.7285 | APC (blood and non-blood product codes) | $41.26 | | | |
| J0725 | K | CHORIONIC GONADOTROPIN/1000U | | 01668 | 0.3415 | APC (blood and non-blood product codes) | $19.34 | | | |
| J0735 | N | CLONIDINE HYDROCHLORIDE | | | | Bundled | $0.00 | | | |
| J0740 | K | CIDOFOVIR INJECTION | | 09033 | 10.3416 | APC (blood and non-blood product codes) | $585.75 | | | |
| J0743 | N | CILASTATIN SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J0744 | N | CIPROFLOXACIN IV | | | | Bundled | $0.00 | | | |
| J0745 | N | INJ CODEINE PHOSPHATE /30 MG | | | | Bundled | $0.00 | | | |
| J0760 | N | COLCHICINE INJECTION | | | | Bundled | $0.00 | | | |
| J0770 | N | COLISTIMETHATE SODIUM INJ | | | | Bundled | $0.00 | | | |
| J0775 | K | COLLAGENASE, CLOST HIST INJ | | 01340 | 0.7067 | APC (blood and non-blood product codes) | $40.03 | | | |
| J0780 | N | PROCHLORPERAZINE INJECTION | | | | Bundled | $0.00 | | | |
| J0795 | K | CORTICORELIN OVINE TRIFLUTAL | | 01684 | 0.1421 | APC (blood and non-blood product codes) | $8.05 | | | |
| J0800 | K | CORTICOTROPIN INJECTION | | 01280 | 62.8722 | APC (blood and non-blood product codes) | $3,561.08 | | | |
| J0833 | K | COSYNTROPIN INJECTION NOS | | 00835 | 1.7952 | APC (blood and non-blood product codes) | $101.68 | | | |
| J0834 | N | COSYNTROPIN CORTROSYN INJ | | | | Bundled | $0.00 | | | |
| J0840 | K | CROTALIDAE POLY IMMUNE FAB | | 09274 | 47.1441 | APC (blood and non-blood product codes) | $2,670.24 | | | |
| J0850 | K | CYTOMEGALOVIRUS IMM IV /VIAL | | 00903 | 19.8969 | APC (blood and non-blood product codes) | $1,126.96 | | | |
| J0875 | G | INJECTION, DALBAVANCIN | | 01823 | | APC - Pays by Fee Schedule Amount | $15.08 | | | |
| J0878 | K | DAPTOMYCIN INJECTION | | 09124 | 0.0159 | APC (blood and non-blood product codes) | $0.90 | | | |
| J0881 | K | DARBEPOETIN ALFA, NON-ESRD | | 01685 | 0.0708 | APC (blood and non-blood product codes) | $4.01 | | | |
| J0882 | K | DARBEPOETIN ALFA, ESRD USE | | 01482 | 0.0708 | APC (blood and non-blood product codes) | $4.01 | | | |
| J0885 | K | EPOETIN ALFA, NON-ESRD | | 01686 | 0.2210 | APC (blood and non-blood product codes) | $12.52 | | | |
| J0887 | K | EPOETIN BETA ESRD USE | | 01833 | 0.0298 | APC (blood and non-blood product codes) | $1.69 | | | |
| J0888 | E | EPOETIN BETA NON ESRD | | | | Not Allowed | $0.00 | | | |
| J0890 | M | PEGINESATIDE INJECTION | | | | Fee Schedule | $8.20 | | | |
| J0894 | K | DECITABINE INJECTION | | 09231 | 0.3854 | APC (blood and non-blood product codes) | $21.83 | | | |
| J0895 | N | DEFEROXAMINE MESYLATE INJ | | | | Bundled | $0.00 | | | |
| J0897 | K | DENOSUMAB INJECTION | | 09272 | 0.2844 | APC (blood and non-blood product codes) | $16.11 | | | |
| J0945 | N | BROMPHENIRAMINE MALEATE INJ | | | | Bundled | $0.00 | | | |
| J1000 | N | DEPO-ESTRADIOL CYPIONATE INJ | | | | Bundled | $0.00 | | | |
| J1020 | N | METHYLPREDNISOLONE 20 MG INJ | | | | Bundled | $0.00 | | | |
| J1030 | N | METHYLPREDNISOLONE 40 MG INJ | | | | Bundled | $0.00 | | | |
| J1040 | N | METHYLPREDNISOLONE 80 MG INJ | | | | Bundled | $0.00 | | | |
| J1050 | N | MEDROXYPROGESTERONE ACETATE | | | | Bundled | $0.00 | | | |
| J1071 | N | INJ TESTOSTERONE CYPIONATE | | | | Bundled | $0.00 | | | |
| J1094 | N | INJ DEXAMETHASONE ACETATE | | | | Bundled | $0.00 | | | |
| J1100 | N | DEXAMETHASONE SODIUM PHOS | | | | Bundled | $0.00 | | | |
| J1110 | N | INJ DIHYDROERGOTAMINE MESYLT | | | | Bundled | $0.00 | | | |
| J1120 | N | ACETAZOLAMID SODIUM INJECTIO | | | | Bundled | $0.00 | | | |
| J1160 | K | DIGOXIN INJECTION | | 01834 | 0.0876 | APC (blood and non-blood product codes) | $4.96 | | | |
| J1162 | K | DIGOXIN IMMUNE FAB (OVINE) | | 01687 | 53.6640 | APC (blood and non-blood product codes) | $3,039.53 | | | |
| J1165 | N | PHENYTOIN SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J1170 | N | HYDROMORPHONE INJECTION | | | | Bundled | $0.00 | | | |
| J1180 | E | DYPHYLLINE INJECTION | | | | Not Allowed | $0.00 | | | |
| J1190 | K | DEXRAZOXANE HCL INJECTION | | 00726 | 3.1958 | APC (blood and non-blood product codes) | $181.01 | | | |
| J1200 | N | DIPHENHYDRAMINE HCL INJECTIO | | | | Bundled | $0.00 | | | |
| J1205 | K | CHLOROTHIAZIDE SODIUM INJ | | 00747 | 1.6178 | APC (blood and non-blood product codes) | $91.63 | | | |
| J1212 | K | DIMETHYL SULFOXIDE 50% 50 ML | | 01832 | 7.9451 | APC (blood and non-blood product codes) | $450.01 | | | |
| J1230 | N | METHADONE INJECTION | | | | Bundled | $0.00 | | | |
| J1240 | N | DIMENHYDRINATE INJECTION | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J1245 | N | DIPYRIDAMOLE INJECTION | | | | Bundled | $0.00 | | | |
| J1250 | N | INJ DOBUTAMINE HCL/250 MG | | | | Bundled | $0.00 | | | |
| J1260 | N | DOLASETRON MESYLATE | | | | Bundled | $0.00 | | | |
| J1265 | N | DOPAMINE INJECTION | | | | Bundled | $0.00 | | | |
| J1267 | N | DORIPENEM INJECTION | | | | Bundled | $0.00 | | | |
| J1270 | N | INJECTION, DOXERCALCIFEROL | | | | Bundled | $0.00 | | | |
| J1290 | K | ECALLANTIDE INJECTION | | 09263 | 7.0579 | APC (blood and non-blood product codes) | $399.76 | | | |
| J1300 | K | ECULIZUMAB INJECTION | | 09236 | 3.8558 | APC (blood and non-blood product codes) | $218.39 | | | |
| J1320 | N | AMITRIPTYLINE INJECTION | | | | Bundled | $0.00 | | | |
| J1322 | G | ELOSULFASE ALFA, INJECTION | | 01480 | | APC - Pays by Fee Schedule Amount | $221.38 | | | |
| J1324 | K | ENFUVIRTIDE INJECTION | | 01361 | 0.3289 | APC (blood and non-blood product codes) | $18.63 | | | |
| J1325 | N | EPOPROSTENOL INJECTION | | | | Bundled | $0.00 | | | |
| J1327 | K | EPTIFIBATIDE INJECTION | | 01607 | 0.5754 | APC (blood and non-blood product codes) | $32.59 | | | |
| J1330 | K | ERGONOVINE MALEATE INJECTION | | 01835 | 1.6093 | APC (blood and non-blood product codes) | $91.15 | | | |
| J1335 | N | ERTAPENEM INJECTION | | | | Bundled | $0.00 | | | |
| J1364 | K | ERYTHRO LACTOBIONATE /500 MG | | 01669 | 1.0424 | APC (blood and non-blood product codes) | $59.04 | | | |
| J1380 | N | ESTRADIOL VALERATE 10 MG INJ | | | | Bundled | $0.00 | | | |
| J1410 | K | INJ ESTROGEN CONJUGATE 25 MG | | 09038 | 4.3935 | APC (blood and non-blood product codes) | $248.85 | | | |
| J1430 | K | ETHANOLAMINE OLEATE 100 MG | | 01688 | 7.1344 | APC (blood and non-blood product codes) | $404.09 | | | |
| J1435 | E | INJECTION ESTRONE PER 1 MG | | | | Not Allowed | $0.00 | | | |
| J1436 | N | ETIDRONATE DISODIUM INJ | | | | Bundled | $0.00 | | | |
| J1438 | K | ETANERCEPT INJECTION | | 01608 | 7.2689 | APC (blood and non-blood product codes) | $411.71 | | | |
| J1439 | G | INJ FERRIC CARBOXYMALTOS 1MG | | 09441 | | APC - Pays by Fee Schedule Amount | $1.06 | | | |
| J1442 | K | INJ FILGRASTIM EXCL BIOSIMIL | | 01469 | 0.0177 | APC (blood and non-blood product codes) | $1.00 | | | |
| J1443 | N | INJ FERRIC PYROPHOSPHATE CIT | | | | Bundled | $0.00 | | | |
| J1447 | G | INJ TBO FILGRASTIM 1 MICROG | | 01748 | | APC - Pays by Fee Schedule Amount | $0.77 | | | |
| J1450 | N | FLUCONAZOLE | | | | Bundled | $0.00 | | | |
| J1451 | K | FOMEPIZOLE, 15 MG | | 01689 | 0.1384 | APC (blood and non-blood product codes) | $7.84 | | | |
| J1452 | E | INTRAOCULAR FOMIVIRSEN NA | | | | Not Allowed | $0.00 | | | |
| J1453 | K | FOSAPREPITANT INJECTION | | 09242 | 0.0318 | APC (blood and non-blood product codes) | $1.80 | | | |
| J1455 | N | FOSCARNET SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J1457 | N | GALLIUM NITRATE INJECTION | | | | Bundled | $0.00 | | | |
| J1458 | K | GALSULFASE INJECTION | | 09224 | 6.4216 | APC (blood and non-blood product codes) | $363.72 | | | |
| J1459 | K | INJ IVIG PRIVIGEN 500 MG | | 01214 | 0.6750 | APC (blood and non-blood product codes) | $38.23 | | | |
| J1460 | N | GAMMA GLOBULIN 1 CC INJ | | | | Bundled | $0.00 | | | |
| J1556 | K | INJ, IMM GLOB BIVIGAM, 500MG | | 09130 | 0.6605 | APC (blood and non-blood product codes) | $37.41 | | | |
| J1557 | K | GAMMAPLEX INJECTION | | 09270 | 0.6520 | APC (blood and non-blood product codes) | $36.93 | | | |
| J1559 | K | HIZENTRA INJECTION | | 01312 | 0.1737 | APC (blood and non-blood product codes) | $9.84 | | | |
| J1560 | N | GAMMA GLOBULIN > 10 CC INJ | | | | Bundled | $0.00 | | | |
| J1561 | K | GAMUNEX-C/GAMMAKED | | 00948 | 0.7221 | APC (blood and non-blood product codes) | $40.90 | | | |
| J1562 | E | VIVAGLOBIN, INJ | | | | Not Allowed | $0.00 | | | |
| J1566 | K | IMMUNE GLOBULIN, POWDER | | 02731 | 0.6008 | APC (blood and non-blood product codes) | $34.03 | | | |
| J1568 | K | OCTAGAM INJECTION | | 00943 | 0.7023 | APC (blood and non-blood product codes) | $39.78 | | | |
| J1569 | K | GAMMAGARD LIQUID INJECTION | | 00944 | 0.7062 | APC (blood and non-blood product codes) | $40.00 | | | |
| J1570 | N | GANCICLOVIR SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J1571 | K | HEPAGAM B IM INJECTION | | 00946 | 0.9666 | APC (blood and non-blood product codes) | $54.75 | | | |
| J1572 | K | FLEBOGAMMA INJECTION | | 00947 | 0.6690 | APC (blood and non-blood product codes) | $37.89 | | | |
| J1573 | K | HEPAGAM B INTRAVENOUS, INJ | | 01138 | 0.9666 | APC (blood and non-blood product codes) | $54.75 | | | |
| J1575 | K | HYQVIA 100MG IMMUNEGLOBULIN | | 01826 | 0.2295 | APC (blood and non-blood product codes) | $13.00 | | | |
| J1580 | N | GARAMYCIN GENTAMICIN INJ | | | | Bundled | $0.00 | | | |
| J1590 | N | GATIFLOXACIN INJECTION | | | | Bundled | $0.00 | | | |
| J1595 | K | INJECTION GLATIRAMER ACETATE | | 01015 | 3.5471 | APC (blood and non-blood product codes) | $200.91 | | | |
| J1599 | N | IVIG NON-LYOPHILIZED, NOS | | | | Bundled | $0.00 | | | |
| J1600 | N | GOLD SODIUM THIOMALEATE INJ | | | | Bundled | $0.00 | | | |
| J1602 | K | GOLIMUMAB FOR IV USE 1MG | | 01475 | 0.4366 | APC (blood and non-blood product codes) | $24.73 | | | |
| J1610 | K | GLUCAGON HYDROCHLORIDE/1 MG | | 09042 | 3.5369 | APC (blood and non-blood product codes) | $200.33 | | | |
| J1620 | N | GONADORELIN HYDROCH/ 100 MCG | | | | Bundled | $0.00 | | | |
| J1626 | N | GRANISETRON HCL INJECTION | | | | Bundled | $0.00 | | | |
| J1630 | N | HALOPERIDOL INJECTION | | | | Bundled | $0.00 | | | |
| J1631 | N | HALOPERIDOL DECANOATE INJ | | | | Bundled | $0.00 | | | |
| J1640 | K | HEMIN, 1 MG | | 01690 | 0.4002 | APC (blood and non-blood product codes) | $22.67 | | | |
| J1642 | N | INJ HEPARIN SODIUM PER 10 U | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J1644 | N | INJ HEPARIN SODIUM PER 1000U | | | | Bundled | $0.00 | | | |
| J1645 | N | DALTEPARIN SODIUM | | | | Bundled | $0.00 | | | |
| J1650 | N | INJ ENOXAPARIN SODIUM | | | | Bundled | $0.00 | | | |
| J1652 | N | FONDAPARINUX SODIUM | | | | Bundled | $0.00 | | | |
| J1655 | E | TINZAPARIN SODIUM INJECTION | | | | Not Allowed | $0.00 | | | |
| J1670 | K | TETANUS IMMUNE GLOBULIN INJ | | 01670 | 6.8169 | APC (blood and non-blood product codes) | $386.11 | | | |
| J1675 | E | HISTRELIN ACETATE | | | | Not Allowed | $0.00 | | | |
| J1680 | E | HUMAN FIBRINOGEN CONC INJ | | | | Not Allowed | $0.00 | | | |
| J1700 | N | HYDROCORTISONE ACETATE INJ | | | | Bundled | $0.00 | | | |
| J1710 | N | HYDROCORTISONE SODIUM PH INJ | | | | Bundled | $0.00 | | | |
| J1720 | N | HYDROCORTISONE SODIUM SUCC I | | | | Bundled | $0.00 | | | |
| J1725 | K | HYDROXYPROGESTERONE CAPROATE | | 01354 | 0.0473 | APC (blood and non-blood product codes) | $2.68 | | | |
| J1730 | N | DIAZOXIDE INJECTION | | | | Bundled | $0.00 | | | |
| J1740 | K | IBANDRONATE SODIUM INJECTION | | 09229 | 2.0049 | APC (blood and non-blood product codes) | $113.56 | | | |
| J1741 | N | IBUPROFEN INJECTION | | | | Bundled | $0.00 | | | |
| J1742 | K | IBUTILIDE FUMARATE INJECTION | | 09044 | 4.6688 | APC (blood and non-blood product codes) | $264.44 | | | |
| J1743 | K | IDURSULFASE INJECTION | | 09232 | 9.2258 | APC (blood and non-blood product codes) | $522.55 | | | |
| J1744 | K | ICATIBANT INJECTION | | 01443 | 5.7087 | APC (blood and non-blood product codes) | $323.34 | | | |
| J1745 | K | INFLIXIMAB INJECTION | | 07043 | 1.4527 | APC (blood and non-blood product codes) | $82.28 | | | |
| J1750 | K | INJ IRON DEXTRAN | | 01237 | 0.2179 | APC (blood and non-blood product codes) | $12.34 | | | |
| J1756 | N | IRON SUCROSE INJECTION | | | | Bundled | $0.00 | | | |
| J1786 | K | IMUGLUCERASE INJECTION | | 01327 | 0.7405 | APC (blood and non-blood product codes) | $41.94 | | | |
| J1790 | N | DROPERIDOL INJECTION | | | | Bundled | $0.00 | | | |
| J1800 | N | PROPRANOLOL INJECTION | | | | Bundled | $0.00 | | | |
| J1810 | E | DROPERIDOL/FENTANYL INJ | | | | Not Allowed | $0.00 | | | |
| J1815 | N | INSULIN INJECTION | | | | Bundled | $0.00 | | | |
| J1817 | N | INSULIN FOR INSULIN PUMP USE | | | | Bundled | $0.00 | | | |
| J1826 | E | INTERFERON BETA-1A INJ | | | | Not Allowed | $0.00 | | | |
| J1830 | K | INTERFERON BETA-1B / .25 MG | | 00910 | 6.7126 | APC (blood and non-blood product codes) | $380.20 | | | |
| J1833 | G | INJECTION, ISAVUCONAZONIUM | | 09456 | | APC - Pays by Fee Schedule Amount | $0.62 | | | |
| J1835 | E | ITRACONAZOLE INJECTION | | | | Not Allowed | $0.00 | | | |
| J1840 | N | KANAMYCIN SULFATE 500 MG INJ | | | | Bundled | $0.00 | | | |
| J1850 | N | KANAMYCIN SULFATE 75 MG INJ | | | | Bundled | $0.00 | | | |
| J1885 | N | KETOROLAC TROMETHAMINE INJ | | | | Bundled | $0.00 | | | |
| J1890 | N | CEPHALOTHIN SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J1930 | K | LANREOTIDE INJECTION | | 09237 | 0.8722 | APC (blood and non-blood product codes) | $49.40 | | | |
| J1931 | K | LARONIDASE INJECTION | | 09209 | 0.5401 | APC (blood and non-blood product codes) | $30.59 | | | |
| J1940 | N | FUROSEMIDE INJECTION | | | | Bundled | $0.00 | | | |
| J1945 | K | LEPIRUDIN | | 01693 | 4.1582 | APC (blood and non-blood product codes) | $235.52 | | | |
| J1950 | K | LEUPROLIDE ACETATE /3.75 MG | | 00800 | 17.2648 | APC (blood and non-blood product codes) | $977.88 | | | |
| J1953 | N | LEVETIRACETAM INJECTION | | | | Bundled | $0.00 | | | |
| J1955 | M | INJ LEVOCARNITINE PER 1 GM | | | | Fee Schedule | $18.96 | | | |
| J1956 | N | LEVOFLOXACIN INJECTION | | | | Bundled | $0.00 | | | |
| J1960 | N | LEVORPHANOL TARTRATE INJ | | | | Bundled | $0.00 | | | |
| J1980 | N | HYOSCYAMINE SULFATE INJ | | | | Bundled | $0.00 | | | |
| J1990 | N | CHLORDIAZEPOXIDE INJECTION | | | | Bundled | $0.00 | | | |
| J2001 | N | LIDOCAINE INJECTION | | | | Bundled | $0.00 | | | |
| J2010 | N | LINCOMYCIN INJECTION | | | | Bundled | $0.00 | | | |
| J2020 | K | LINEZOLID INJECTION | | 09001 | 0.2816 | APC (blood and non-blood product codes) | $15.95 | | | |
| J2060 | N | LORAZEPAM INJECTION | | | | Bundled | $0.00 | | | |
| J2150 | N | MANNITOL INJECTION | | | | Bundled | $0.00 | | | |
| J2170 | N | MECASERMIN INJECTION | | | | Bundled | $0.00 | | | |
| J2175 | N | MEPERIDINE HYDROCHL /100 MG | | | | Bundled | $0.00 | | | |
| J2180 | N | MEPERIDINE/PROMETHAZINE INJ | | | | Bundled | $0.00 | | | |
| J2185 | N | MEROPENEM | | | | Bundled | $0.00 | | | |
| J2210 | N | METHYLERGONOVIN MALEATE INJ | | | | Bundled | $0.00 | | | |
| J2212 | N | METHYLNALTREXONE INJECTION | | | | Bundled | $0.00 | | | |
| J2248 | N | MICAFUNGIN SODIUM INJECTION | | | | Bundled | $0.00 | | | |
| J2250 | N | INJ MIDAZOLAM HYDROCHLORIDE | | | | Bundled | $0.00 | | | |
| J2260 | N | INJ MILRINONE LACTATE / 5 MG | | | | Bundled | $0.00 | | | |
| J2265 | N | MINOCYCLINE HYDROCHLORIDE | | | | Bundled | $0.00 | | | |
| J2270 | N | MORPHINE SULFATE INJECTION | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J2274 | N | IN MORPHINE PRESERVATIV FREE | | | | Bundled | $0.00 | | | |
| J2278 | K | ZICONOTIDE INJECTION | | 01694 | 0.1287 | APC (blood and non-blood product codes) | $7.29 | | | |
| J2280 | N | INJ, MOXIFLOXACIN 100 MG | | | | Bundled | $0.00 | | | |
| J2300 | N | INJ NALBUPHINE HYDROCHLORIDE | | | | Bundled | $0.00 | | | |
| J2310 | N | INJ NALOXONE HYDROCHLORIDE | | | | Bundled | $0.00 | | | |
| J2315 | K | NALTREXONE, DEPOT FORM | | 00759 | 0.0574 | APC (blood and non-blood product codes) | $3.25 | | | |
| J2320 | K | NANDROLONE DECANOATE 50 MG | | 01743 | 2.1677 | APC (blood and non-blood product codes) | $122.78 | | | |
| J2323 | K | NATALIZUMAB INJECTION | | 09126 | 0.3160 | APC (blood and non-blood product codes) | $17.90 | | | |
| J2325 | K | NESIRITIDE INJECTION | | 01695 | 1.2984 | APC (blood and non-blood product codes) | $73.54 | | | |
| J2353 | K | OCTREOTIDE INJECTION, DEPOT | | 01207 | 2.9453 | APC (blood and non-blood product codes) | $166.82 | | | |
| J2354 | N | OCTREOTIDE INJ, NON-DEPOT | | | | Bundled | $0.00 | | | |
| J2355 | K | OPRELVEKIN INJECTION | | 07011 | 7.9181 | APC (blood and non-blood product codes) | $448.48 | | | |
| J2357 | K | OMALIZUMAB INJECTION | | 09300 | 0.5498 | APC (blood and non-blood product codes) | $31.14 | | | |
| J2358 | K | OLANZAPINE LONG-ACTING INJ | | 01331 | 0.0516 | APC (blood and non-blood product codes) | $2.92 | | | |
| J2360 | N | ORPHENADRINE INJECTION | | | | Bundled | $0.00 | | | |
| J2370 | N | PHENYLEPHRINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2400 | N | CHLOROPROCAINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2405 | N | ONDANSETRON HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2407 | G | INJECTION, ORITAVANCIN | | 01660 | | APC - Pays by Fee Schedule Amount | $24.70 | | | |
| J2410 | N | OXYMORPHONE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2425 | K | PALIFERMIN INJECTION | | 01696 | 0.3155 | APC (blood and non-blood product codes) | $17.87 | | | |
| J2426 | K | PALIPERIDONE PALMITATE INJ | | 09255 | 0.1600 | APC (blood and non-blood product codes) | $9.06 | | | |
| J2430 | N | PAMIDRONATE DISODIUM /30 MG | | | | Bundled | $0.00 | | | |
| J2440 | N | PAPAVERIN HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2460 | E | OXYTETRACYCLINE INJECTION | | | | Not Allowed | $0.00 | | | |
| J2469 | K | PALONOSETRON HCL | | 09210 | 0.3960 | APC (blood and non-blood product codes) | $22.43 | | | |
| J2501 | N | PARICALCITOL | | | | Bundled | $0.00 | | | |
| J2502 | G | INJ, PASIREOTIDE LONG ACTING | | 09454 | | APC - Pays by Fee Schedule Amount | $275.18 | | | |
| J2503 | K | PEGAPTANIB SODIUM INJECTION | | 01697 | 18.6211 | APC (blood and non-blood product codes) | $1,054.70 | | | |
| J2504 | K | PEGADEMASE BOVINE, 25 IU | | 01739 | 5.6439 | APC (blood and non-blood product codes) | $319.67 | | | |
| J2505 | K | INJECTION, PEGFILGRASTIM 6MG | | 09119 | 70.3902 | APC (blood and non-blood product codes) | $3,986.90 | | | |
| J2507 | K | PEGLOTICASE INJECTION | | 09281 | 26.6776 | APC (blood and non-blood product codes) | $1,511.02 | | | |
| J2510 | K | PENICILLIN G PROCAINE INJ | | 01836 | 0.4423 | APC (blood and non-blood product codes) | $25.05 | | | |
| J2513 | E | PENTASTARCH 10% SOLUTION | | | | Not Allowed | $0.00 | | | |
| J2515 | N | PENTOBARBITAL SODIUM INJ | | | | Bundled | $0.00 | | | |
| J2540 | N | PENICILLIN G POTASSIUM INJ | | | | Bundled | $0.00 | | | |
| J2543 | N | PIPERACILLIN/TAZOBACTAM | | | | Bundled | $0.00 | | | |
| J2545 | M | PENTAMIDINE NON-COMP UNIT | | | | Fee Schedule | $105.12 | | | |
| J2547 | G | INJECTION, PERAMIVIR | | 09451 | | APC - Pays by Fee Schedule Amount | $1.61 | | | |
| J2550 | N | PROMETHAZINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2560 | N | PHENOBARBITAL SODIUM INJ | | | | Bundled | $0.00 | | | |
| J2562 | K | PLERIXAFOR INJECTION | | 09252 | 5.4776 | APC (blood and non-blood product codes) | $310.25 | | | |
| J2590 | N | OXYTOCIN INJECTION | | | | Bundled | $0.00 | | | |
| J2597 | K | INJ DESMOPRESSIN ACETATE | | 01440 | 0.2684 | APC (blood and non-blood product codes) | $15.20 | | | |
| J2650 | N | PREDNISOLONE ACETATE INJ | | | | Bundled | $0.00 | | | |
| J2670 | K | TOTAZOLINE HCL INJECTION | | 01457 | 28.2556 | APC (blood and non-blood product codes) | $1,600.40 | | | |
| J2675 | N | INJ PROGESTERONE PER 50 MG | | | | Bundled | $0.00 | | | |
| J2680 | N | FLUPHENAZINE DECANOATE 25 MG | | | | Bundled | $0.00 | | | |
| J2690 | N | PROCAINAMIDE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2700 | N | OXACILLIN SODIUM INJECITON | | | | Bundled | $0.00 | | | |
| J2704 | M | INJ, PROPOFOL, 10 MG | | | | Fee Schedule | $0.12 | | | |
| J2710 | N | NEOSTIGMINE METHYLSLFTE INJ | | | | Bundled | $0.00 | | | |
| J2720 | N | INJ PROTAMINE SULFATE/10 MG | | | | Bundled | $0.00 | | | |
| J2724 | K | PROTEIN C CONCENTRATE | | 01139 | 0.2692 | APC (blood and non-blood product codes) | $15.25 | | | |
| J2725 | E | INJ PROTIRELIN PER 250 MCG | | | | Not Allowed | $0.00 | | | |
| J2730 | N | PRALIDOXIME CHLORIDE INJ | | | | Bundled | $0.00 | | | |
| J2760 | K | PHENTOLAINE MESYLATE INJ | | 01458 | 7.2203 | APC (blood and non-blood product codes) | $408.96 | | | |
| J2765 | N | METOCLOPRAMIDE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2770 | K | QUINUPRISTIN/DALFOPRISTIN | | 02770 | 6.7066 | APC (blood and non-blood product codes) | $379.86 | | | |
| J2778 | K | RANIBIZUMAB INJECTION | | 09233 | 6.7549 | APC (blood and non-blood product codes) | $382.60 | | | |
| J2780 | N | RANITIDINE HYDROCHLORIDE INJ | | | | Bundled | $0.00 | | | |
| J2783 | K | RASBURICASE | | 00738 | 4.3167 | APC (blood and non-blood product codes) | $244.50 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J2785 | N | REGADENOSON INJECTION | | | | Bundled | $0.00 | | | |
| J2788 | N | RHO D IMMUNE GLOBULIN 50 MCG | | | | Bundled | $0.00 | | | |
| J2790 | N | RHO D IMMUNE GLOBULIN INJ | | | | Bundled | $0.00 | | | |
| J2791 | N | RHOPHYLAC INJECTION | | | | Bundled | $0.00 | | | |
| J2792 | K | RHO(D) IMMUNE GLOBULIN H, SD | | 01609 | 0.3736 | APC (blood and non-blood product codes) | $21.16 | | | |
| J2793 | K | RILONACEPT INJECTION | | 01291 | 0.4253 | APC (blood and non-blood product codes) | $24.09 | | | |
| J2794 | K | RISPERIDONE, LONG ACTING | | 09125 | 0.1370 | APC (blood and non-blood product codes) | $7.76 | | | |
| J2795 | N | ROPIVACAINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2796 | K | ROMIPLOSTIM INJECTION | | 09245 | 1.0863 | APC (blood and non-blood product codes) | $61.53 | | | |
| J2800 | K | METHOCARBAMOL INJECTION | | 01837 | 0.6974 | APC (blood and non-blood product codes) | $39.50 | | | |
| J2805 | N | SINCALIDE INJECTION | | | | Bundled | $0.00 | | | |
| J2810 | N | INJ THEOPHYLLINE PER 40 MG | | | | Bundled | $0.00 | | | |
| J2820 | K | SARGRAMOSTIM INJECTION | | 00731 | 0.6232 | APC (blood and non-blood product codes) | $35.30 | | | |
| J2850 | K | INJ SECRETIN SYNTHETIC HUMAN | | 01700 | 0.6141 | APC (blood and non-blood product codes) | $34.78 | | | |
| J2860 | G | INJECTION, SILTUXIMAB | | 09455 | | APC - Pays by Fee Schedule Amount | $9.00 | | | |
| J2910 | N | AUROTHIOGLUCOSE INJECITON | | | | Bundled | $0.00 | | | |
| J2916 | N | NA FERRIC GLUCONATE COMPLEX | | | | Bundled | $0.00 | | | |
| J2920 | N | METHYLPREDNISOLONE INJECTION | | | | Bundled | $0.00 | | | |
| J2930 | N | METHYLPREDNISOLONE INJECTION | | | | Bundled | $0.00 | | | |
| J2940 | E | SOMATREM INJECTION | | | | Not Allowed | $0.00 | | | |
| J2941 | K | SOMATROPIN INJECTION | | 07034 | 1.4405 | APC (blood and non-blood product codes) | $81.59 | | | |
| J2950 | N | PROMAZINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J2993 | K | RETEPLASE INJECTION | | 09005 | 40.6411 | APC (blood and non-blood product codes) | $2,301.91 | | | |
| J2995 | N | INJ STREPTOKINASE /250000 IU | | | | Bundled | $0.00 | | | |
| J2997 | K | ALTEPLASE RECOMBINANT | | 07048 | 1.4105 | APC (blood and non-blood product codes) | $79.89 | | | |
| J3000 | N | STREPTOMYCIN INJECTION | | | | Bundled | $0.00 | | | |
| J3010 | N | FENTANYL CITRATE INJECITON | | | | Bundled | $0.00 | | | |
| J3030 | N | SUMATRIPTAN SUCCINATE / 6 MG | | | | Bundled | $0.00 | | | |
| J3060 | K | INJ, TALIGLUCERACE ALFA 10 U | | 09294 | 0.7149 | APC (blood and non-blood product codes) | $40.49 | | | |
| J3070 | K | PENTAZOCINE INJECTION | | 01484 | 2.5514 | APC (blood and non-blood product codes) | $144.51 | | | |
| J3090 | G | INJ TEDIZOLID PHOSPHATE | | 01662 | | APC - Pays by Fee Schedule Amount | $1.27 | | | |
| J3095 | K | TELAVANCIN INJECTION | | 09258 | 0.0881 | APC (blood and non-blood product codes) | $4.99 | | | |
| J3101 | K | TENECTEPLASE INJECTION | | 09002 | 1.7973 | APC (blood and non-blood product codes) | $101.80 | | | |
| J3105 | N | TERBUTALINE SULFATE INJ | | | | Bundled | $0.00 | | | |
| J3110 | E | TERIPARATIDE INJECTION | | | | Not Allowed | $0.00 | | | |
| J3121 | N | INJ TESTOSTERO ENANTHATE 1MG | | | | Bundled | $0.00 | | | |
| J3145 | G | TESTOSTERONE UNDECANOATE 1MG | | 01487 | | APC - Pays by Fee Schedule Amount | $1.21 | | | |
| J3230 | N | CHLORPROMAZINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J3240 | K | THYROTROPIN INJECTION | | 09108 | 27.7108 | APC (blood and non-blood product codes) | $1,569.54 | | | |
| J3243 | K | TIGECYCLINE INJECTION | | 09228 | 0.0486 | APC (blood and non-blood product codes) | $2.75 | | | |
| J3246 | K | TIROFIBAN HCL | | 07041 | 0.1495 | APC (blood and non-blood product codes) | $8.47 | | | |
| J3250 | N | TRIMETHOBENZAMIDE HCL INJ | | | | Bundled | $0.00 | | | |
| J3260 | N | TOBRAMYCIN SULFATE INJECTION | | | | Bundled | $0.00 | | | |
| J3262 | K | TOCILIZUMAB INJECTION | | 09264 | 0.0729 | APC (blood and non-blood product codes) | $4.13 | | | |
| J3265 | N | INJECTION TORSEMIDE 10 MG/ML | | | | Bundled | $0.00 | | | |
| J3280 | N | THIETHYLPERAZINE MALEATE INJ | | | | Bundled | $0.00 | | | |
| J3285 | K | TREPROSTINIL INJECTION | | 01701 | 1.0812 | APC (blood and non-blood product codes) | $61.24 | | | |
| J3300 | K | TRIAMCINOLONE A INJ PRS-FREE | | 01253 | 0.0653 | APC (blood and non-blood product codes) | $3.70 | | | |
| J3301 | N | TRIAMCINOLONE ACET INJ NOS | | | | Bundled | $0.00 | | | |
| J3302 | N | TRIAMCINOLONE DIACETATE INJ | | | | Bundled | $0.00 | | | |
| J3303 | N | TRIAMCINOLONE HEXACETONL INJ | | | | Bundled | $0.00 | | | |
| J3305 | N | INJ TRIMETREXATE GLUCORONATE | | | | Bundled | $0.00 | | | |
| J3310 | N | PERPHENAZINE INJECITON | | | | Bundled | $0.00 | | | |
| J3315 | K | TRIPTORELIN PAMOATE | | 09122 | 6.9220 | APC (blood and non-blood product codes) | $392.06 | | | |
| J3320 | E | SPECTINOMYCN DI-HCL INJ | | | | Not Allowed | $0.00 | | | |
| J3350 | N | UREA INJECTION | | | | Bundled | $0.00 | | | |
| J3355 | K | UROFOLLITROPIN, 75 IU | | 01741 | 2.1294 | APC (blood and non-blood product codes) | $120.61 | | | |
| J3357 | K | USTEKINUMAB INJECTION | | 09261 | 2.9613 | APC (blood and non-blood product codes) | $167.73 | | | |
| J3360 | N | DIAZEPAM INJECTION | | | | Bundled | $0.00 | | | |
| J3364 | N | UROKINASE 5000 IU INJECTION | | | | Bundled | $0.00 | | | |
| J3365 | K | UROKINASE 250,000 IU INJ | | 01838 | 4.6397 | APC (blood and non-blood product codes) | $262.79 | | | |
| J3370 | N | VANCOMYCIN HCL INJECTION | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J3380 | G | INJECTION, VEDOLIZUMAB | | 01489 | | APC - Pays by Fee Schedule Amount | $17.03 | | | |
| J3385 | K | VELAGLUCERASE ALFA | | 09271 | 6.0577 | APC (blood and non-blood product codes) | $343.11 | | | |
| J3396 | K | VERTEPORFIN INJECTION | | 01203 | 0.1928 | APC (blood and non-blood product codes) | $10.92 | | | |
| J3400 | E | TRIFLUPROMAZINE HCL INJ | | | | Not Allowed | $0.00 | | | |
| J3410 | N | HYDROXYZINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J3411 | N | THIAMINE HCL 100 MG | | | | Bundled | $0.00 | | | |
| J3415 | N | PYRIDOXINE HCL 100 MG | | | | Bundled | $0.00 | | | |
| J3420 | N | VITAMIN B12 INJECTION | | | | Bundled | $0.00 | | | |
| J3430 | N | VITAMIN K PHYTONADIONE INJ | | | | Bundled | $0.00 | | | |
| J3465 | K | INJECTION, VORICONAZOLE | | 01052 | 0.0722 | APC (blood and non-blood product codes) | $4.09 | | | |
| J3470 | N | HYALURONIDASE INJECTION | | | | Bundled | $0.00 | | | |
| J3471 | N | OVINE, UP TO 999 USP UNITS | | | | Bundled | $0.00 | | | |
| J3472 | N | OVINE, 1000 USP UNITS | | | | Bundled | $0.00 | | | |
| J3473 | N | HYALURONIDASE RECOMBINANT | | | | Bundled | $0.00 | | | |
| J3475 | N | INJ MAGNESIUM SULFATE | | | | Bundled | $0.00 | | | |
| J3480 | N | INJ POTASSIUM CHLORIDE | | | | Bundled | $0.00 | | | |
| J3485 | N | ZIDOVUDINE | | | | Bundled | $0.00 | | | |
| J3486 | N | ZIPRASIDONE MESYLATE | | | | Bundled | $0.00 | | | |
| J3489 | K | ZOLEDRONIC ACID 1MG | | 01356 | 0.3257 | APC (blood and non-blood product codes) | $18.45 | | | |
| J3490 | N | DRUGS UNCLASSIFIED INJECTION | | | | Bundled | $0.00 | | | |
| J3520 | E | EDETATE DISODIUM PER 150 MG | | | | Not Allowed | $0.00 | | | |
| J3530 | N | NASAL VACCINE INHALATION | | | | Bundled | $0.00 | | | |
| J3535 | E | METERED DOSE INHALER DRUG | | | | Not Allowed | $0.00 | | | |
| J3570 | E | LAETRILE AMYGDALIN VIT B17 | | | | Not Allowed | $0.00 | | | |
| J3590 | N | UNCLASSIFIED BIOLOGICS | | | | Bundled | $0.00 | | | |
| J7030 | N | NORMAL SALINE SOLUTION INFUS | | | | Bundled | $0.00 | | | |
| J7040 | N | NORMAL SALINE SOLUTION INFUS | | | | Bundled | $0.00 | | | |
| J7042 | N | 5% DEXTROSE/NORMAL SALINE | | | | Bundled | $0.00 | | | |
| J7050 | N | NORMAL SALINE SOLUTION INFUS | | | | Bundled | $0.00 | | | |
| J7060 | N | 5% DEXTROSE/WATER | | | | Bundled | $0.00 | | | |
| J7070 | N | D5W INFUSION | | | | Bundled | $0.00 | | | |
| J7100 | N | DEXTRAN 40 INFUSION | | | | Bundled | $0.00 | | | |
| J7110 | N | DEXTRAN 75 INFUSION | | | | Bundled | $0.00 | | | |
| J7120 | N | RINGERS LACTATE INFUSION | | | | Bundled | $0.00 | | | |
| J7121 | N | 5% DEXTROSE IN LAC RINGERS | | | | Bundled | $0.00 | | | |
| J7131 | N | HYPERTONIC SALINE SOL | | | | Bundled | $0.00 | | | |
| J7178 | K | HUMAN FIBRINOGEN CONC INJ | | 01478 | 0.0201 | APC (blood and non-blood product codes) | $1.14 | | | |
| J7180 | K | FACTOR XIII ANTI-HEM FACTOR | | 01416 | 0.1446 | APC (blood and non-blood product codes) | $8.19 | | | |
| J7181 | G | FACTOR XIII RECOMB A-SUBUNIT | | 01746 | | APC - Pays by Fee Schedule Amount | $14.14 | | | |
| J7182 | E | FACTOR VIII RECOMB NOVOEIGHT | | | | Not Allowed | $0.00 | | | |
| J7183 | K | WILATE INJECTION | | 01352 | 0.0141 | APC (blood and non-blood product codes) | $0.80 | | | |
| J7185 | K | XYNTHA INJ | | 01268 | 0.0219 | APC (blood and non-blood product codes) | $1.24 | | | |
| J7186 | K | ANTIHEMOPHILIC VIII/VWF COMP | | 01213 | 0.0171 | APC (blood and non-blood product codes) | $0.97 | | | |
| J7187 | K | HUMATE-P, INJ | | 01704 | 0.0184 | APC (blood and non-blood product codes) | $1.04 | | | |
| J7188 | K | FACTOR VIII RECOMB OBIZUR | | 01827 | 0.0717 | APC (blood and non-blood product codes) | $4.06 | | | |
| J7189 | K | FACTOR VIIA | | 01705 | 0.0335 | APC (blood and non-blood product codes) | $1.90 | | | |
| J7190 | K | FACTOR VIII | | 00925 | 0.0173 | APC (blood and non-blood product codes) | $0.98 | | | |
| J7191 | K | FACTOR VIII (PORCINE) | | 01464 | 0.0035 | APC (blood and non-blood product codes) | $0.20 | | | |
| J7192 | K | FACTOR VIII RECOMBINANT NOS | | 00927 | 0.0212 | APC (blood and non-blood product codes) | $1.20 | | | |
| J7193 | K | FACTOR IX NON-RECOMBINANT | | 00931 | 0.0196 | APC (blood and non-blood product codes) | $1.11 | | | |
| J7194 | K | FACTOR IX COMPLEX | | 00928 | 0.0226 | APC (blood and non-blood product codes) | $1.28 | | | |
| J7195 | K | FACTOR IX RECOMBINANT NOS | | 00932 | 0.0267 | APC (blood and non-blood product codes) | $1.51 | | | |
| J7196 | K | ANTITHROMBIN RECOMBINANT | | 01332 | 1.8247 | APC (blood and non-blood product codes) | $103.35 | | | |
| J7197 | K | ANTITHROMBIN III INJECTION | | 01263 | 0.0639 | APC (blood and non-blood product codes) | $3.62 | | | |
| J7198 | K | ANTI-INHIBITOR | | 00929 | 0.0341 | APC (blood and non-blood product codes) | $1.93 | | | |
| J7199 | M | HEMOPHILIA CLOT FACTOR NOC | | | | Charge Ratio | $0.00 | | | |
| J7200 | G | FACTOR IX RECOMBINAN RIXUBIS | | 01467 | | APC - Pays by Fee Schedule Amount | $1.25 | | | |
| J7201 | G | FACTOR IX FC FUSION RECOMB | | 01486 | | APC - Pays by Fee Schedule Amount | $2.82 | | | |
| J7205 | G | FACTOR VIII FC FUSION RECOMB | | 01656 | | APC - Pays by Fee Schedule Amount | $1.89 | | | |
| J7297 | M | LEVONORGESTREL IU 52MG 3 YR | | | | Fee Schedule | $637.50 | | | |
| J7298 | M | LEVONORGESTREL IU 52MG 5 YR | | | | Fee Schedule | $826.72 | | | |
| J7300 | M | INTRAUT COPPER CONTRACEPTIVE | | | | Fee Schedule | $753.78 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J7301 | M | LEVONORGESTREL IU 13.5 MG | | | | Fee Schedule | $663.30 | | | |
| J7302 | E | LEVONORGESTREL IU 52 MG | | | | Not Allowed | $0.00 | | | |
| J7303 | M | CONTRACEPTIVE VAGINAL RING | | | | Fee Schedule | $124.54 | | | |
| J7304 | M | CONTRACEPTIVE HORMONE PATCH | | | | Fee Schedule | $37.47 | | | |
| J7306 | E | LEVONORGESTREL IMPLANT SYS | | | | Not Allowed | $0.00 | | | |
| J7307 | M | ETONOGESTREL IMPLANT SYSTEM | | | | Fee Schedule | $786.95 | | | |
| J7308 | K | AMINOLEVULINIC ACID HCL TOP | | 07308 | 5.7805 | APC (blood and non-blood product codes) | $327.41 | | | |
| J7309 | K | METHYL AMINOLEVULINATE, TOP | | 01338 | 1.4776 | APC (blood and non-blood product codes) | $83.69 | | | |
| J7310 | K | GANCICLOVIR LONG ACT IMPLANT | | 00913 | 299.4350 | APC (blood and non-blood product codes) | $16,960.00 | | | Y |
| J7311 | K | FLUOCINOLONE ACETONIDE IMPLT | | 09225 | 355.5544 | APC (blood and non-blood product codes) | $20,138.60 | | | Y |
| J7312 | K | DEXAMETHASONE INTRA IMPLANT | | 09256 | 3.4924 | APC (blood and non-blood product codes) | $197.81 | | | |
| J7313 | G | FLUOCINOL ACET INTRAVIT IMP | | 09450 | | APC - Pays by Fee Schedule Amount | $490.95 | | | |
| J7315 | N | OPHTHALMIC MITOMYCIN | | | | Bundled | $0.00 | | | |
| J7316 | K | INJ, OCRIPLASMIN, 0.125 MG | | 09298 | 18.4808 | APC (blood and non-blood product codes) | $1,046.75 | | | |
| J7321 | K | HYALGAN/SUPARTZ INJ PER DOSE | | 00873 | 1.5288 | APC (blood and non-blood product codes) | $86.59 | | | |
| J7323 | K | EUFLEXXA INJ PER DOSE | | 00875 | 2.7821 | APC (blood and non-blood product codes) | $157.58 | | | |
| J7324 | K | ORTHOVISC INJ PER DOSE | | 00877 | 2.8210 | APC (blood and non-blood product codes) | $159.78 | | | |
| J7325 | K | SYNVISC OR SYNVISC-ONE | | 00874 | 0.2205 | APC (blood and non-blood product codes) | $12.49 | | | |
| J7326 | K | GEL-ONE | | 01417 | 10.7715 | APC (blood and non-blood product codes) | $610.10 | | | |
| J7327 | K | MONOVISC INJ PER DOSE | | 01747 | 16.0794 | APC (blood and non-blood product codes) | $910.74 | | | |
| J7328 | E | GEL-SYN INJECTION 0.1 MG | | | | Not Allowed | $0.00 | | | |
| J7330 | E | CULTURED CHONDROCYTES IMPLNT | | | | Not Allowed | $0.00 | | | |
| J7336 | K | CAPSAICIN 8% PATCH | | 01665 | 0.0526 | APC (blood and non-blood product codes) | $2.98 | | | |
| J7340 | K | CARBIDOPA LEVODOPA ENTERAL | | 01828 | 0.0378 | APC (blood and non-blood product codes) | $2.14 | | | |
| J7500 | N | AZATHIOPRINE ORAL 50MG | | | | Bundled | $0.00 | | | |
| J7501 | K | AZATHIOPRINE PARENTERAL | | 00887 | 3.8365 | APC (blood and non-blood product codes) | $217.30 | | | |
| J7502 | N | CYCLOSPORINE ORAL 100 MG | | | | Bundled | $0.00 | | | |
| J7503 | G | TACROL ENVARSUS EX REL ORAL | | 01845 | | APC - Pays by Fee Schedule Amount | $1.08 | | | |
| J7504 | K | LYMPHOCYTE IMMUNE GLOBULIN | | 00890 | 22.7712 | APC (blood and non-blood product codes) | $1,289.76 | | | |
| J7505 | E | MONOCLONAL ANTIBODIES | | | | Not Allowed | $0.00 | | | |
| J7507 | N | TACROLIMUS IMME REL ORAL 1MG | | | | Bundled | $0.00 | | | |
| J7508 | G | TACROL ASTAGRAF EX REL ORAL | | 01465 | | APC - Pays by Fee Schedule Amount | $0.39 | | | |
| J7509 | N | METHYLPREDNISOLONE ORAL | | | | Bundled | $0.00 | | | |
| J7510 | N | PREDNISOLONE ORAL PER 5 MG | | | | Bundled | $0.00 | | | |
| J7511 | K | ANTITHYMOCYTE GLOBULN RABBIT | | 09104 | 11.9386 | APC (blood and non-blood product codes) | $676.20 | | | |
| J7512 | N | PREDNISONE IR OR DR ORAL 1MG | | | | Bundled | $0.00 | | | |
| J7513 | K | DACLIZUMAB, PARENTERAL | | 01612 | 9.2927 | APC (blood and non-blood product codes) | $526.34 | | | |
| J7515 | N | CYCLOSPORINE ORAL 25 MG | | | | Bundled | $0.00 | | | |
| J7516 | N | CYCLOSPORIN PARENTERAL 250MG | | | | Bundled | $0.00 | | | |
| J7517 | N | MYCOPHENOLATE MOFETIL ORAL | | | | Bundled | $0.00 | | | |
| J7518 | N | MYCOPHENOLIC ACID | | | | Bundled | $0.00 | | | |
| J7520 | N | SIROLIMUS, ORAL | | | | Bundled | $0.00 | | | |
| J7525 | K | TACROLIMUS INJECTION | | 09006 | 2.8904 | APC (blood and non-blood product codes) | $163.71 | | | |
| J7527 | N | ORAL EVEROLIMUS | | | | Bundled | $0.00 | | | |
| J7599 | N | IMMUNOSUPPRESSIVE DRUG NOC | | | | Bundled | $0.00 | | | |
| J7604 | E | ACETYLCYSTEINE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7605 | E | ARFORMOTEROL NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7606 | E | FORMOTEROL FUMARATE, INH | | | | Not Allowed | $0.00 | | | |
| J7607 | E | LEVALBUTEROL COMP CON | | | | Not Allowed | $0.00 | | | |
| J7608 | E | ACETYLCYSTEINE NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7609 | E | ALBUTEROL COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7610 | E | ALBUTEROL COMP CON | | | | Not Allowed | $0.00 | | | |
| J7611 | E | ALBUTEROL NON-COMP CON | | | | Not Allowed | $0.00 | | | |
| J7612 | E | LEVALBUTEROL NON-COMP CON | | | | Not Allowed | $0.00 | | | |
| J7613 | E | ALBUTEROL NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7614 | E | LEVALBUTEROL NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7615 | E | LEVALBUTEROL COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7620 | E | ALBUTEROL IPRATROP NON-COMP | | | | Not Allowed | $0.00 | | | |
| J7622 | E | BECLOMETHASONE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7624 | E | BETAMETHASONE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7626 | E | BUDESONIDE NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7627 | E | BUDESONIDE COMP UNIT | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J7628 | E | BITOLTEROL MESYLATE COMP CON | | | | Not Allowed | $0.00 | | | |
| J7629 | E | BITOLTEROL MESYLATE COMP UNT | | | | Not Allowed | $0.00 | | | |
| J7631 | E | CROMOLYN SODIUM NONCOMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7632 | E | CROMOLYN SODIUM COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7633 | E | BUDESONIDE NON-COMP CON | | | | Not Allowed | $0.00 | | | |
| J7634 | E | BUDESONIDE COMP CON | | | | Not Allowed | $0.00 | | | |
| J7635 | E | ATROPINE COMP CON | | | | Not Allowed | $0.00 | | | |
| J7636 | E | ATROPINE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7637 | E | DEXAMETHASONE COMP CON | | | | Not Allowed | $0.00 | | | |
| J7638 | E | DEXAMETHASONE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7639 | E | DORNASE ALFA NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7640 | E | FORMOTEROL COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7641 | E | FLUNISOLIDE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7642 | E | GLYCOPYRROLATE COMP CON | | | | Not Allowed | $0.00 | | | |
| J7643 | E | GLYCOPYRROLATE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7644 | E | IPRATROPIUM BROMIDE NON-COMP | | | | Not Allowed | $0.00 | | | |
| J7645 | E | IPRATROPIUM BROMIDE COMP | | | | Not Allowed | $0.00 | | | |
| J7647 | E | ISOETHARINE COMP CON | | | | Not Allowed | $0.00 | | | |
| J7648 | E | ISOETHARINE NON-COMP CON | | | | Not Allowed | $0.00 | | | |
| J7649 | E | ISOETHARINE NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7650 | E | ISOETHARINE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7657 | E | ISOPROTERENOL COMP CON | | | | Not Allowed | $0.00 | | | |
| J7658 | E | ISOPROTERENOL NON-COMP CON | | | | Not Allowed | $0.00 | | | |
| J7659 | E | ISOPROTERENOL NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7660 | E | ISOPROTERENOL COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7665 | N | MANNITOL FOR INHALER | | | | Bundled | $0.00 | | | |
| J7667 | E | METAPROTERENOL COMP CON | | | | Not Allowed | $0.00 | | | |
| J7668 | E | METAPROTERENOL NON-COMP CON | | | | Not Allowed | $0.00 | | | |
| J7669 | E | METAPROTERENOL NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7670 | E | METAPROTERENOL COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7674 | N | METHACHOLINE CHLORIDE, NEB | | | | Bundled | $0.00 | | | |
| J7676 | E | PENTAMIDINE COMP UNIT DOSE | | | | Not Allowed | $0.00 | | | |
| J7680 | E | TERBUTALINE SULF COMP CON | | | | Not Allowed | $0.00 | | | |
| J7681 | E | TERBUTALINE SULF COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7682 | E | TOBRAMYCIN NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7683 | E | TRIAMCINOLONE COMP CON | | | | Not Allowed | $0.00 | | | |
| J7684 | E | TRIAMCINOLONE COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7685 | E | TOBRAMYCIN COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7686 | E | TREPROSTINIL, NON-COMP UNIT | | | | Not Allowed | $0.00 | | | |
| J7699 | E | INHALATION SOLUTION FOR DME | | | | Not Allowed | $0.00 | | | |
| J7799 | N | NON-INHALATION DRUG FOR DME | | | | Bundled | $0.00 | | | |
| J7999 | N | COMPOUNDED DRUG, NOC | | | | Bundled | $0.00 | | | |
| J8498 | E | ANTIEMETIC RECTAL/SUPP NOS | | | | Not Allowed | $0.00 | | | |
| J8499 | E | ORAL PRESCRIP DRUG NON CHEMO | | | | Not Allowed | $0.00 | | | |
| J8501 | K | ORAL APREPITANT | | 00868 | 0.1949 | APC (blood and non-blood product codes) | $11.04 | | | |
| J8510 | K | ORAL BUSULFAN | | 01839 | 0.4140 | APC (blood and non-blood product codes) | $23.45 | | | |
| J8515 | E | CABERGOLINE, ORAL 0.25MG | | | | Not Allowed | $0.00 | | | |
| J8520 | K | CAPECITABINE, ORAL, 150 MG | | 07042 | 0.0817 | APC (blood and non-blood product codes) | $4.63 | | | |
| J8521 | K | CAPECITABINE, ORAL, 500 MG | | 00934 | 0.2606 | APC (blood and non-blood product codes) | $14.76 | | | |
| J8530 | N | CYCLOPHOSPHAMIDE ORAL 25 MG | | | | Bundled | $0.00 | | | |
| J8540 | N | ORAL DEXAMETHASONE | | | | Bundled | $0.00 | | | |
| J8560 | K | ETOPOSIDE ORAL 50 MG | | 00802 | 1.1781 | APC (blood and non-blood product codes) | $66.73 | | | |
| J8562 | E | ORAL FLUDARABINE PHOSPHATE | | | | Not Allowed | $0.00 | | | |
| J8565 | E | GEFITINIB ORAL | | | | Not Allowed | $0.00 | | | |
| J8597 | N | ANTIEMETIC DRUG ORAL NOS | | | | Bundled | $0.00 | | | |
| J8600 | N | MELPHALAN ORAL 2 MG | | | | Bundled | $0.00 | | | |
| J8610 | N | METHOTREXATE ORAL 2.5 MG | | | | Bundled | $0.00 | | | |
| J8650 | K | NABILONE ORAL | | 01424 | 0.6743 | APC (blood and non-blood product codes) | $38.19 | | | |
| J8655 | G | NETUPITANT PALONOSETRON ORAL | | 09448 | | APC - Pays by Fee Schedule Amount | $464.91 | | | |
| J8700 | K | TEMOZOLOMIDE | | 01086 | 0.0508 | APC (blood and non-blood product codes) | $2.88 | | | |
| J8705 | K | TOPOTECAN ORAL | | 01238 | 1.8330 | APC (blood and non-blood product codes) | $103.82 | | | |
| J8999 | E | ORAL PRESCRIPTION DRUG CHEMO | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J9000 | N | DOXORUBICIN HCL INJECTION | | | | Bundled | $0.00 | | | |
| J9001 | E | DOXORUBICIN HCL LIPOSOME INJ | | | | Not Allowed | $0.00 | | | |
| J9015 | K | ALDESLEUKIN INJECTION | | 00807 | 54.1603 | APC (blood and non-blood product codes) | $3,067.64 | | | |
| J9017 | K | ARSENIC TRIOXIDE INJECTION | | 09012 | 1.1497 | APC (blood and non-blood product codes) | $65.12 | | | |
| J9019 | K | ERWINAZE INJECTION | | 09289 | 7.0350 | APC (blood and non-blood product codes) | $398.46 | | | |
| J9020 | N | ASPARAGINASE, NOS | | | | Bundled | $0.00 | | | |
| J9025 | K | AZACITIDINE INJECTION | | 01709 | 0.0500 | APC (blood and non-blood product codes) | $2.83 | | | |
| J9027 | K | CLOFARABINE INJECTION | | 01710 | 2.6596 | APC (blood and non-blood product codes) | $150.64 | | | |
| J9031 | K | BCG LIVE INTRAVESICAL VAC | | 00809 | 2.1785 | APC (blood and non-blood product codes) | $123.39 | | | |
| J9032 | G | INJECTION, BELINOSTAT, 10MG | | 01658 | | APC - Pays by Fee Schedule Amount | $33.39 | | | |
| J9033 | K | BENDAMUSTINE INJECTION | | 09243 | 0.4370 | APC (blood and non-blood product codes) | $24.75 | | | |
| J9035 | K | BEVACIZUMAB INJECTION | | 09214 | 1.2747 | APC (blood and non-blood product codes) | $72.20 | | | |
| J9039 | G | INJECTION, BLINATUMOMAB | | 09449 | | APC - Pays by Fee Schedule Amount | $96.17 | | | |
| J9040 | N | BLEOMYCIN SULFATE INJECTION | | | | Bundled | $0.00 | | | |
| J9041 | K | BORTEZOMIB INJECTION | | 09207 | 0.8220 | APC (blood and non-blood product codes) | $46.56 | | | |
| J9042 | K | BRENTUXIMAB VEDOTIN INJ | | 09287 | 2.2827 | APC (blood and non-blood product codes) | $129.29 | | | |
| J9043 | K | CABAZITAXEL INJECTION | | 09276 | 2.6502 | APC (blood and non-blood product codes) | $150.11 | | | |
| J9045 | N | CARBOPLATIN INJECTION | | | | Bundled | $0.00 | | | |
| J9047 | K | INJECTION, CARFILZOMIB, 1 MG | | 09295 | 0.5613 | APC (blood and non-blood product codes) | $31.79 | | | |
| J9050 | K | CARMUSTINE INJECTION | | 00812 | 67.4567 | APC (blood and non-blood product codes) | $3,820.75 | | | |
| J9055 | K | CETUXIMAB INJECTION | | 09215 | 0.9882 | APC (blood and non-blood product codes) | $55.97 | | | |
| J9060 | N | CISPLATIN 10 MG INJECTION | | | | Bundled | $0.00 | | | |
| J9065 | K | INJ CLADRIBINE PER 1 MG | | 00858 | 0.3874 | APC (blood and non-blood product codes) | $21.94 | | | |
| J9070 | K | CYCLOPHOSPHAMIDE 100 MG INJ | | 01408 | 0.7449 | APC (blood and non-blood product codes) | $42.19 | | | |
| J9098 | K | CYTARABINE LIPOSOME INJ | | 01166 | 10.4398 | APC (blood and non-blood product codes) | $591.31 | | | |
| J9100 | N | CYTARABINE HCL 100 MG INJ | | | | Bundled | $0.00 | | | |
| J9120 | K | DACTINOMYCIN INJECTION | | 00752 | 22.2110 | APC (blood and non-blood product codes) | $1,258.03 | | | |
| J9130 | N | DACARBAZINE 100 MG INJ | | | | Bundled | $0.00 | | | |
| J9150 | K | DAUNORUBICIN INJECTION | | 00820 | 0.6654 | APC (blood and non-blood product codes) | $37.69 | | | |
| J9151 | K | DAUNORUBICIN CITRATE INJ | | 00821 | 4.2150 | APC (blood and non-blood product codes) | $238.74 | | | |
| J9155 | K | DEGARELIX INJECTION | | 01296 | 0.0657 | APC (blood and non-blood product codes) | $3.72 | | | |
| J9160 | E | DENILEUKIN DIFTITOX INJ | | | | Not Allowed | $0.00 | | | |
| J9165 | N | DIETHYLSTILBESTROL INJECTION | | | | Bundled | $0.00 | | | |
| J9171 | K | DOCETAXEL INJECTION | | 00823 | 0.0482 | APC (blood and non-blood product codes) | $2.73 | | | |
| J9175 | N | ELLIOTTS B SOLUTION PER ML | | | | Bundled | $0.00 | | | |
| J9178 | N | INJ, EPIRUBICIN HCL, 2 MG | | | | Bundled | $0.00 | | | |
| J9179 | K | ERIBULIN MESYLATE INJECTION | | 01426 | 1.8782 | APC (blood and non-blood product codes) | $106.38 | | | |
| J9181 | N | ETOPOSIDE INJECTION | | | | Bundled | $0.00 | | | |
| J9185 | N | FLUDARABINE PHOSPHATE INJ | | | | Bundled | $0.00 | | | |
| J9190 | N | FLUOROURACIL INJECTION | | | | Bundled | $0.00 | | | |
| J9200 | K | FLOXURIDINE INJECTION | | 00827 | 0.2874 | APC (blood and non-blood product codes) | $16.28 | | | |
| J9201 | N | GEMCITABINE HCL INJECTION | | | | Bundled | $0.00 | | | |
| J9202 | K | GOSERELIN ACETATE IMPLANT | | 00810 | 5.3720 | APC (blood and non-blood product codes) | $304.27 | | | |
| J9206 | N | IRINOTECAN INJECTION | | | | Bundled | $0.00 | | | |
| J9207 | K | IXABEPILONE INJECTION | | 09240 | 1.3579 | APC (blood and non-blood product codes) | $76.91 | | | |
| J9208 | K | IFOSFAMIDE INJECTION | | 00831 | 0.5154 | APC (blood and non-blood product codes) | $29.19 | | | |
| J9209 | N | MESNA INJECTION | | | | Bundled | $0.00 | | | |
| J9211 | K | IDARUBICIN HCL INJECTION | | 00832 | 0.4585 | APC (blood and non-blood product codes) | $25.97 | | | |
| J9212 | N | INTERFERON ALFACON-1 INJ | | | | Bundled | $0.00 | | | |
| J9213 | K | INTERFERON ALFA-2A INJ | | 01460 | 12.9514 | APC (blood and non-blood product codes) | $733.57 | | | |
| J9214 | K | INTERFERON ALFA-2B INJ | | 00836 | 0.4462 | APC (blood and non-blood product codes) | $25.27 | | | |
| J9215 | E | INTERFERON ALFA-N3 INJ | | | | Not Allowed | $0.00 | | | |
| J9216 | K | INTERFERON GAMMA 1-B INJ | | 00838 | 101.3397 | APC (blood and non-blood product codes) | $5,739.88 | | | |
| J9217 | K | LEUPROLIDE ACETATE SUSPNSION | | 09217 | 3.8821 | APC (blood and non-blood product codes) | $219.88 | | | |
| J9218 | N | LEUPROLIDE ACETATE INJECITON | | | | Bundled | $0.00 | | | |
| J9219 | K | LEUPROLIDE ACETATE IMPLANT | | 01842 | 2.9746 | APC (blood and non-blood product codes) | $168.48 | | | |
| J9225 | K | VANTAS IMPLANT | | 01711 | 54.5210 | APC (blood and non-blood product codes) | $3,088.07 | | | |
| J9226 | K | SUPPRELIN LA IMPLANT | | 01142 | 461.9370 | APC (blood and non-blood product codes) | $26,164.11 | | | |
| J9228 | K | IPILIMUMAB INJECTION | | 09284 | 2.4829 | APC (blood and non-blood product codes) | $140.63 | | | |
| J9230 | K | MECHLORETHAMINE HCL INJ | | 00751 | 4.7023 | APC (blood and non-blood product codes) | $266.34 | | | |
| J9245 | K | INJ MELPHALAN HYDROCHL 50 MG | | 00840 | 31.1788 | APC (blood and non-blood product codes) | $1,765.97 | | | |
| J9250 | N | METHOTREXATE SODIUM INJ | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| J9260 | N | METHOTREXATE SODIUM INJ | | | | Bundled | $0.00 | | | |
| J9261 | K | NELARABINE INJECTION | | 00825 | 2.6850 | APC (blood and non-blood product codes) | $152.08 | | | |
| J9262 | K | INJ, OMACETAXINE MEP, 0.01MG | | 09297 | 0.0456 | APC (blood and non-blood product codes) | $2.58 | | | |
| J9263 | K | OXALIPLATIN | | 01738 | 0.0053 | APC (blood and non-blood product codes) | $0.30 | | | |
| J9264 | K | PACLITAXEL PROTEIN BOUND | | 01712 | 0.1774 | APC (blood and non-blood product codes) | $10.05 | | | |
| J9266 | K | PEGASPARGASE INJECTION | | 00843 | 252.0339 | APC (blood and non-blood product codes) | $14,275.20 | | | |
| J9267 | N | PACLITAXEL INJECTION | | | | Bundled | $0.00 | | | |
| J9268 | K | PENTOSTATIN INJECTION | | 00844 | 32.4915 | APC (blood and non-blood product codes) | $1,840.32 | | | |
| J9270 | N | PLICAMYCIN (MITHRAMYCIN) INJ | | | | Bundled | $0.00 | | | |
| J9271 | G | INJ PEMBROLIZUMAB | | 01490 | | APC - Pays by Fee Schedule Amount | $45.77 | | | |
| J9280 | K | MITOMYCIN INJECTION | | 01232 | 1.7339 | APC (blood and non-blood product codes) | $98.21 | | | |
| J9293 | K | MITOXANTRONE HYDROCHL / 5 MG | | 00864 | 0.6411 | APC (blood and non-blood product codes) | $36.31 | | | |
| J9299 | G | INJECTION, NIVOLUMAB | | 09453 | | APC - Pays by Fee Schedule Amount | $25.69 | | | |
| J9300 | E | GEMTUZUMAB OZOGAMICIN INJ | | | | Not Allowed | $0.00 | | | |
| J9301 | G | OBINUTUZUMAB INJ | | 01476 | | APC - Pays by Fee Schedule Amount | $56.29 | | | |
| J9302 | K | OFATUMUMAB INJECTION | | 09260 | 0.9174 | APC (blood and non-blood product codes) | $51.96 | | | |
| J9303 | K | PANITUMUMAB INJECTION | | 09235 | 1.8630 | APC (blood and non-blood product codes) | $105.52 | | | |
| J9305 | K | PEMETREXED INJECTION | | 09213 | 1.1114 | APC (blood and non-blood product codes) | $62.95 | | | |
| J9306 | K | INJECTION, PERTUZUMAB, 1 MG | | 01471 | 0.1882 | APC (blood and non-blood product codes) | $10.66 | | | |
| J9307 | K | PRALATREXATE INJECTION | | 09259 | 4.0597 | APC (blood and non-blood product codes) | $229.94 | | | |
| J9308 | G | INJECTION, RAMUCIRUMAB | | 01488 | | APC - Pays by Fee Schedule Amount | $56.15 | | | |
| J9310 | K | RITUXIMAB INJECTION | | 00849 | 13.9725 | APC (blood and non-blood product codes) | $791.40 | | | |
| J9315 | K | ROMIDEPSIN INJECTION | | 09265 | 5.3037 | APC (blood and non-blood product codes) | $300.40 | | | |
| J9320 | K | STREPTOZOCIN INJECTION | | 00850 | 5.6993 | APC (blood and non-blood product codes) | $322.81 | | | |
| J9328 | K | TEMOZOLOMIDE INJECTION | | 09253 | 0.1315 | APC (blood and non-blood product codes) | $7.45 | | | |
| J9330 | K | TEMSIROLIMUS INJECTION | | 01168 | 1.1578 | APC (blood and non-blood product codes) | $65.58 | | | |
| J9340 | K | THIOTEPA INJECTION | | 00851 | 19.3888 | APC (blood and non-blood product codes) | $1,098.18 | | | |
| J9351 | N | TOPOTECAN INJECTION | | | | Bundled | $0.00 | | | |
| J9354 | K | INJ, ADO-TRASTUZUMAB EMT 1MG | | 09131 | 0.5159 | APC (blood and non-blood product codes) | $29.22 | | | |
| J9355 | K | TRASTUZUMAB INJECTION | | 01613 | 1.6195 | APC (blood and non-blood product codes) | $91.73 | | | |
| J9357 | K | VALRUBICIN INJECTION | | 01235 | 19.9996 | APC (blood and non-blood product codes) | $1,132.78 | | | |
| J9360 | N | VINBLASTINE SULFATE INJ | | | | Bundled | $0.00 | | | |
| J9370 | N | VINCRISTINE SULFATE 1 MG INJ | | | | Bundled | $0.00 | | | |
| J9371 | G | INJ, VINCRISTINE SUL LIP 1MG | | 01466 | | APC - Pays by Fee Schedule Amount | $2,493.01 | | | |
| J9390 | N | VINORELBINE TARTRATE INJ | | | | Bundled | $0.00 | | | |
| J9395 | K | INJECTION, FULVESTRANT | | 09120 | 1.6610 | APC (blood and non-blood product codes) | $94.08 | | | |
| J9400 | K | INJ, ZIV-AFLIBERCEPT, 1MG | | 09296 | 0.1425 | APC (blood and non-blood product codes) | $8.07 | | | |
| J9600 | K | PORFIMER SODIUM INJECTION | | 00856 | 363.7405 | APC (blood and non-blood product codes) | $20,602.26 | | | |
| J9999 | M | CHEMOTHERAPY DRUG | | | | Charge Ratio | $0.00 | | | |
| K0001 | E | STANDARD WHEELCHAIR | | | | Not Allowed | $0.00 | | | |
| K0002 | E | STND HEMI (LOW SEAT) WHLCHR | | | | Not Allowed | $0.00 | | | |
| K0003 | E | LIGHTWEIGHT WHEELCHAIR | | | | Not Allowed | $0.00 | | | |
| K0004 | E | HIGH STRENGTH LTWT WHLCHR | | | | Not Allowed | $0.00 | | | |
| K0005 | E | ULTRALIGHTWEIGHT WHEELCHAIR | | | | Not Allowed | $0.00 | | | |
| K0006 | E | HEAVY DUTY WHEELCHAIR | | | | Not Allowed | $0.00 | | | |
| K0007 | E | EXTRA HEAVY DUTY WHEELCHAIR | | | | Not Allowed | $0.00 | | | |
| K0008 | E | CSTM MANUAL WHEELCHAIR/BASE | | | | Not Allowed | $0.00 | | | |
| K0009 | E | OTHER MANUAL WHEELCHAIR/BASE | | | | Not Allowed | $0.00 | | | |
| K0010 | E | STND WT FRAME POWER WHLCHR | | | | Not Allowed | $0.00 | | | |
| K0011 | E | STND WT PWR WHLCHR W CONTROL | | | | Not Allowed | $0.00 | | | |
| K0012 | E | LTWT PORTBL POWER WHLCHR | | | | Not Allowed | $0.00 | | | |
| K0013 | E | CUSTOM POWER WHLCHR BASE | | | | Not Allowed | $0.00 | | | |
| K0014 | E | OTHER POWER WHLCHR BASE | | | | Not Allowed | $0.00 | | | |
| K0015 | E | DETACH NON-ADJUS HGHT ARMRST | | | | Not Allowed | $0.00 | | | |
| K0017 | E | DETACH ADJUST ARMREST BASE | | | | Not Allowed | $0.00 | | | |
| K0018 | E | DETACH ADJUST ARMRST UPPER | | | | Not Allowed | $0.00 | | | |
| K0019 | E | ARM PAD EACH | | | | Not Allowed | $0.00 | | | |
| K0020 | E | FIXED ADJUST ARMREST PAIR | | | | Not Allowed | $0.00 | | | |
| K0037 | E | HIGH MOUNT FLIP-UP FOOTREST | | | | Not Allowed | $0.00 | | | |
| K0038 | E | LEG STRAP EACH | | | | Not Allowed | $0.00 | | | |
| K0039 | E | LEG STRAP H STYLE EACH | | | | Not Allowed | $0.00 | | | |
| K0040 | E | ADJUSTABLE ANGLE FOOTPLATE | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| K0041 | E | LARGE SIZE FOOTPLATE EACH | | | | Not Allowed | $0.00 | | | |
| K0042 | E | STANDARD SIZE FOOTPLATE EACH | | | | Not Allowed | $0.00 | | | |
| K0043 | E | FTRST LOWER EXTENSION TUBE | | | | Not Allowed | $0.00 | | | |
| K0044 | E | FTRST UPPER HANGER BRACKET | | | | Not Allowed | $0.00 | | | |
| K0045 | E | FOOTREST COMPLETE ASSEMBLY | | | | Not Allowed | $0.00 | | | |
| K0046 | E | ELEVAT LEGRST LOW EXTENSION | | | | Not Allowed | $0.00 | | | |
| K0047 | E | ELEVAT LEGRST UP HANGR BRACK | | | | Not Allowed | $0.00 | | | |
| K0050 | E | RATCHET ASSEMBLY | | | | Not Allowed | $0.00 | | | |
| K0051 | E | CAM RELESE ASSEM FTRST/LGRST | | | | Not Allowed | $0.00 | | | |
| K0052 | E | SWINGAWAY DETACH FOOTREST | | | | Not Allowed | $0.00 | | | |
| K0053 | E | ELEVATE FOOTREST ARTICULATE | | | | Not Allowed | $0.00 | | | |
| K0056 | E | SEAT HT <17 OR >=21 LTWT WC | | | | Not Allowed | $0.00 | | | |
| K0065 | E | SPOKE PROTECTORS | | | | Not Allowed | $0.00 | | | |
| K0069 | E | REAR WHL COMPLETE SOLID TIRE | | | | Not Allowed | $0.00 | | | |
| K0070 | E | REAR WHL COMPL PNEUM TIRE | | | | Not Allowed | $0.00 | | | |
| K0071 | E | FRONT CASTR COMPL PNEUM TIRE | | | | Not Allowed | $0.00 | | | |
| K0072 | E | FRNT CSTR CMPL SEM-PNEUM TIR | | | | Not Allowed | $0.00 | | | |
| K0073 | E | CASTER PIN LOCK EACH | | | | Not Allowed | $0.00 | | | |
| K0077 | E | FRONT CASTER ASSEM COMPLETE | | | | Not Allowed | $0.00 | | | |
| K0098 | E | DRIVE BELT POWER WHEELCHAIR | | | | Not Allowed | $0.00 | | | |
| K0105 | E | IV HANGER | | | | Not Allowed | $0.00 | | | |
| K0108 | E | W/C COMPONENT-ACCESSORY NOS | | | | Not Allowed | $0.00 | | | |
| K0195 | E | ELEVATING WHLCHAIR LEG RESTS | | | | Not Allowed | $0.00 | | | |
| K0455 | E | PUMP UNINTERRUPTED INFUSION | | | | Not Allowed | $0.00 | | | |
| K0462 | E | TEMPORARY REPLACEMENT EQPMNT | | | | Not Allowed | $0.00 | | | |
| K0552 | E | SUPPLY/EXT INF PUMP SYR TYPE | | | | Not Allowed | $0.00 | | | |
| K0601 | E | REPL BATT SILVER OXIDE 1.5 V | | | | Not Allowed | $0.00 | | | |
| K0602 | E | REPL BATT SILVER OXIDE 3 V | | | | Not Allowed | $0.00 | | | |
| K0603 | E | REPL BATT ALKALINE 1.5 V | | | | Not Allowed | $0.00 | | | |
| K0604 | E | REPL BATT LITHIUM 3.6 V | | | | Not Allowed | $0.00 | | | |
| K0605 | E | REPL BATT LITHIUM 4.5 V | | | | Not Allowed | $0.00 | | | |
| K0606 | E | AED GARMENT W ELEC ANALYSIS | | | | Not Allowed | $0.00 | | | |
| K0607 | E | REPL BATT FOR AED | | | | Not Allowed | $0.00 | | | |
| K0608 | E | REPL GARMENT FOR AED | | | | Not Allowed | $0.00 | | | |
| K0609 | E | REPL ELECTRODE FOR AED | | | | Not Allowed | $0.00 | | | |
| K0669 | E | SEAT/BACK CUS NO DMEPDAC VER | | | | Not Allowed | $0.00 | | | |
| K0672 | E | REMOVABLE SOFT INTERFACE LE | | | | Not Allowed | $0.00 | | | |
| K0730 | E | CTRL DOSE INH DRUG DELIV SYS | | | | Not Allowed | $0.00 | | | |
| K0733 | E | 12-24HR SEALED LEAD ACID | | | | Not Allowed | $0.00 | | | |
| K0738 | E | PORTABLE GAS OXYGEN SYSTEM | | | | Not Allowed | $0.00 | | | |
| K0739 | E | REPAIR/SVC DME NON-OXYGEN EQ | | | | Not Allowed | $0.00 | | | |
| K0740 | E | REPAIR/SVC OXYGEN EQUIPMENT | | | | Not Allowed | $0.00 | | | |
| K0741 | E | PORTABLE GASEOUS OXYGEN SYS | | | | Not Allowed | $0.00 | | | |
| K0742 | E | PORTABLE GASEOUS OXYGEN | | | | Not Allowed | $0.00 | | | |
| K0743 | E | PORTABLE HOME SUCTION PUMP | | | | Not Allowed | $0.00 | | | |
| K0744 | E | ABSORP DRG <= 16 SUC PUMP | | | | Not Allowed | $0.00 | | | |
| K0745 | E | ABSORP DRG >16<=48 SUC PUMP | | | | Not Allowed | $0.00 | | | |
| K0746 | E | ABSORP DRG >48 SUC PUMP | | | | Not Allowed | $0.00 | | | |
| K0800 | E | POV GROUP 1 STD UP TO 300LBS | | | | Not Allowed | $0.00 | | | |
| K0801 | E | POV GROUP 1 HD 301-450 LBS | | | | Not Allowed | $0.00 | | | |
| K0802 | E | POV GROUP 1 VHD 451-600 LBS | | | | Not Allowed | $0.00 | | | |
| K0806 | E | POV GROUP 2 STD UP TO 300LBS | | | | Not Allowed | $0.00 | | | |
| K0807 | E | POV GROUP 2 HD 301-450 LBS | | | | Not Allowed | $0.00 | | | |
| K0808 | E | POV GROUP 2 VHD 451-600 LBS | | | | Not Allowed | $0.00 | | | |
| K0812 | E | POWER OPERATED VEHICLE NOC | | | | Not Allowed | $0.00 | | | |
| K0813 | E | PWC GP 1 STD PORT SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0814 | E | PWC GP 1 STD PORT CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0815 | E | PWC GP 1 STD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0816 | E | PWC GP 1 STD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0820 | E | PWC GP 2 STD PORT SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0821 | E | PWC GP 2 STD PORT CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0822 | E | PWC GP 2 STD SEAT/BACK | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| K0823 | E | PWC GP 2 STD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0824 | E | PWC GP 2 HD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0825 | E | PWC GP 2 HD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0826 | E | PWC GP 2 VHD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0827 | E | PWC GP VHD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0828 | E | PWC GP 2 XTRA HD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0829 | E | PWC GP 2 XTRA HD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0830 | E | PWC GP2 STD SEAT ELEVATE S/B | | | | Not Allowed | $0.00 | | | |
| K0831 | E | PWC GP2 STD SEAT ELEVATE CAP | | | | Not Allowed | $0.00 | | | |
| K0835 | E | PWC GP2 STD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0836 | E | PWC GP2 STD SING POW OPT CAP | | | | Not Allowed | $0.00 | | | |
| K0837 | E | PWC GP 2 HD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0838 | E | PWC GP 2 HD SING POW OPT CAP | | | | Not Allowed | $0.00 | | | |
| K0839 | E | PWC GP2 VHD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0840 | E | PWC GP2 XHD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0841 | E | PWC GP2 STD MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0842 | E | PWC GP2 STD MULT POW OPT CAP | | | | Not Allowed | $0.00 | | | |
| K0843 | E | PWC GP2 HD MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0848 | E | PWC GP 3 STD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0849 | E | PWC GP 3 STD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0850 | E | PWC GP 3 HD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0851 | E | PWC GP 3 HD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0852 | E | PWC GP 3 VHD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0853 | E | PWC GP 3 VHD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0854 | E | PWC GP 3 XHD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0855 | E | PWC GP 3 XHD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0856 | E | PWC GP3 STD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0857 | E | PWC GP3 STD SING POW OPT CAP | | | | Not Allowed | $0.00 | | | |
| K0858 | E | PWC GP3 HD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0859 | E | PWC GP3 HD SING POW OPT CAP | | | | Not Allowed | $0.00 | | | |
| K0860 | E | PWC GP3 VHD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0861 | E | PWC GP3 STD MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0862 | E | PWC GP3 HD MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0863 | E | PWC GP3 VHD MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0864 | E | PWC GP3 XHD MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0868 | E | PWC GP 4 STD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0869 | E | PWC GP 4 STD CAP CHAIR | | | | Not Allowed | $0.00 | | | |
| K0870 | E | PWC GP 4 HD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0871 | E | PWC GP 4 VHD SEAT/BACK | | | | Not Allowed | $0.00 | | | |
| K0877 | E | PWC GP4 STD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0878 | E | PWC GP4 STD SING POW OPT CAP | | | | Not Allowed | $0.00 | | | |
| K0879 | E | PWC GP4 HD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0880 | E | PWC GP4 VHD SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0884 | E | PWC GP4 STD MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0885 | E | PWC GP4 STD MULT POW OPT CAP | | | | Not Allowed | $0.00 | | | |
| K0886 | E | PWC GP4 HD MULT POW S/B | | | | Not Allowed | $0.00 | | | |
| K0890 | E | PWC GP5 PED SING POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0891 | E | PWC GP5 PED MULT POW OPT S/B | | | | Not Allowed | $0.00 | | | |
| K0898 | E | POWER WHEELCHAIR NOC | | | | Not Allowed | $0.00 | | | |
| K0899 | E | POW MOBIL DEV NO DMEPDAC | | | | Not Allowed | $0.00 | | | |
| K0900 | E | CSTM DME OTHER THAN WHEELCHR | | | | Not Allowed | $0.00 | | | |
| K0901 | E | KO SINGLE UPRIGHT PRE OTS | | | | Not Allowed | $0.00 | | | |
| K0902 | E | KO DOUBLE UPRIGHT PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0112 | E | CRANIAL CERVICAL ORTHOSIS | | | | Not Allowed | $0.00 | | | |
| L0113 | E | CRANIAL CERVICAL TORTICOLLIS | | | | Not Allowed | $0.00 | | | |
| L0120 | E | CERV FLEX N/ADJ FOAM PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0130 | E | FLEX THERMOPLASTIC COLLAR MO | | | | Not Allowed | $0.00 | | | |
| L0140 | E | CERVICAL SEMI-RIGID ADJUSTAB | | | | Not Allowed | $0.00 | | | |
| L0150 | E | CERV SEMI-RIG ADJ MOLDED CHN | | | | Not Allowed | $0.00 | | | |
| L0160 | E | CERV SR WIRE OCC/MAN PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0170 | E | CERVICAL COLLAR MOLDED TO PT | | | | Not Allowed | $0.00 | | | |
| L0172 | E | CERV COL SR FOAM 2PC PRE OTS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L0174 | E | CERV SR 2PC THOR EXT PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0180 | E | CER POST COL OCC/MAN SUP ADJ | | | | Not Allowed | $0.00 | | | |
| L0190 | E | CERV COLLAR SUPP ADJ CERV BA | | | | Not Allowed | $0.00 | | | |
| L0200 | E | CERV COL SUPP ADJ BAR & THOR | | | | Not Allowed | $0.00 | | | |
| L0220 | E | THOR RIB BELT CUSTOM FABRICA | | | | Not Allowed | $0.00 | | | |
| L0450 | E | TLSO FLEX TRUNK/THOR PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0452 | E | TLSO FLEX CUSTOM FAB THORACI | | | | Not Allowed | $0.00 | | | |
| L0454 | E | TLSO TRNK SJ-T9 PRE CST | | | | Not Allowed | $0.00 | | | |
| L0455 | E | TLSO FLEX TRNK SJ-T9 PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0456 | E | TLSO FLEX TRNK SJ-SS PRE CST | | | | Not Allowed | $0.00 | | | |
| L0457 | E | TLSO FLEX TRNK SJ-SS PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0458 | E | TLSO 2MOD SYMPHIS-XIPHO PRE | | | | Not Allowed | $0.00 | | | |
| L0460 | E | TLSO 2 SHL SYMPHYS-STERN CST | | | | Not Allowed | $0.00 | | | |
| L0462 | E | TLSO 3MOD SACRO-SCAP PRE | | | | Not Allowed | $0.00 | | | |
| L0464 | E | TLSO 4MOD SACRO-SCAP PRE | | | | Not Allowed | $0.00 | | | |
| L0466 | E | TLSO R FRAM SOFT ANT PRE CST | | | | Not Allowed | $0.00 | | | |
| L0467 | E | TLSO R FRAM SOFT PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0468 | E | TLSO RIG FRAM PELVIC PRE CST | | | | Not Allowed | $0.00 | | | |
| L0469 | E | TLSO RIG FRAM PELVIC PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0470 | E | TLSO RIGID FRAME PRE SUBCLAV | | | | Not Allowed | $0.00 | | | |
| L0472 | E | TLSO RIGID FRAME HYPEREX PRE | | | | Not Allowed | $0.00 | | | |
| L0480 | E | TLSO RIGID PLASTIC CUSTOM FA | | | | Not Allowed | $0.00 | | | |
| L0482 | E | TLSO RIGID LINED CUSTOM FAB | | | | Not Allowed | $0.00 | | | |
| L0484 | E | TLSO RIGID PLASTIC CUST FAB | | | | Not Allowed | $0.00 | | | |
| L0486 | E | TLSO RIGIDLINED CUST FAB TWO | | | | Not Allowed | $0.00 | | | |
| L0488 | E | TLSO RIGID LINED PRE ONE PIE | | | | Not Allowed | $0.00 | | | |
| L0490 | E | TLSO RIGID PLASTIC PRE ONE | | | | Not Allowed | $0.00 | | | |
| L0491 | E | TLSO 2 PIECE RIGID SHELL | | | | Not Allowed | $0.00 | | | |
| L0492 | E | TLSO 3 PIECE RIGID SHELL | | | | Not Allowed | $0.00 | | | |
| L0621 | E | SIO FLEX PELVIC/SACR PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0622 | E | SIO FLEX PELVISACRAL CUSTOM | | | | Not Allowed | $0.00 | | | |
| L0623 | E | SIO RIG PNL PELV/SAC PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0624 | E | SIO PANEL CUSTOM | | | | Not Allowed | $0.00 | | | |
| L0625 | E | LO FLEX L1-BELOW L5 PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0626 | E | LO SAG RIG PNL STAYS PRE CST | | | | Not Allowed | $0.00 | | | |
| L0627 | E | LO SAG RI AN/POS PNL PRE CST | | | | Not Allowed | $0.00 | | | |
| L0628 | E | LSO FLEX NO RI STAYS PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0629 | E | LSO FLEX W/RIGID STAYS CUST | | | | Not Allowed | $0.00 | | | |
| L0630 | E | LSO R POST PNL SJ-T9 PRE CST | | | | Not Allowed | $0.00 | | | |
| L0631 | E | LSO SAG R AN/POS PNL PRE CST | | | | Not Allowed | $0.00 | | | |
| L0632 | E | LSO SAG RIGID FRAME CUST | | | | Not Allowed | $0.00 | | | |
| L0633 | E | LSO SC R POS/LAT PNL PRE CST | | | | Not Allowed | $0.00 | | | |
| L0634 | E | LSO FLEXION CONTROL CUSTOM | | | | Not Allowed | $0.00 | | | |
| L0635 | E | LSO SAGIT RIGID PANEL PREFAB | | | | Not Allowed | $0.00 | | | |
| L0636 | E | LSO SAGITTAL RIGID PANEL CUS | | | | Not Allowed | $0.00 | | | |
| L0637 | E | LSO SC R ANT/POS PNL PRE CST | | | | Not Allowed | $0.00 | | | |
| L0638 | E | LSO SAG-CORONAL PANEL CUSTOM | | | | Not Allowed | $0.00 | | | |
| L0639 | E | LSO S/C SHELL/PANEL PREFAB | | | | Not Allowed | $0.00 | | | |
| L0640 | E | LSO S/C SHELL/PANEL CUSTOM | | | | Not Allowed | $0.00 | | | |
| L0641 | E | LO RIG POS PNL L1-L5 PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0642 | E | LO SAG RI AN/POS PNL PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0643 | E | LSO SAG CTR RIGI POS PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0648 | E | LSO SAG R AN/POS PNL PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0649 | E | LSO SC R POS/LAT PNL PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0650 | E | LSO SC R ANT/POS PNL PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0651 | E | LSO SAG-CO SHELL PNL PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0700 | E | CTLSO A-P-L CONTROL MOLDED | | | | Not Allowed | $0.00 | | | |
| L0710 | E | CTLSO A-P-L CONTROL W/ INTER | | | | Not Allowed | $0.00 | | | |
| L0810 | E | HALO CERVICAL INTO JCKT VEST | | | | Not Allowed | $0.00 | | | |
| L0820 | E | HALO CERVICAL INTO BODY JACK | | | | Not Allowed | $0.00 | | | |
| L0830 | E | HALO CERV INTO MILWAUKEE TYP | | | | Not Allowed | $0.00 | | | |
| L0859 | E | MRI COMPATIBLE SYSTEM | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L0861 | E | HALO REPL LINER/INTERFACE | | | | Not Allowed | $0.00 | | | |
| L0970 | E | TLSO CORSET FRONT | | | | Not Allowed | $0.00 | | | |
| L0972 | E | LSO CORSET FRONT | | | | Not Allowed | $0.00 | | | |
| L0974 | E | TLSO FULL CORSET | | | | Not Allowed | $0.00 | | | |
| L0976 | E | LSO FULL CORSET | | | | Not Allowed | $0.00 | | | |
| L0978 | E | AXILLARY CRUTCH EXTENSION | | | | Not Allowed | $0.00 | | | |
| L0980 | E | PERONEAL STRAPS PAIR PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0982 | E | STOCKING SUP GRIPS 4 PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0984 | E | PROTECT BODY SOCK EA PRE OTS | | | | Not Allowed | $0.00 | | | |
| L0999 | E | ADD TO SPINAL ORTHOSIS NOS | | | | Not Allowed | $0.00 | | | |
| L1000 | E | CTLSO MILWAUKE INITIAL MODEL | | | | Not Allowed | $0.00 | | | |
| L1001 | E | CTLSO INFANT IMMOBILIZER | | | | Not Allowed | $0.00 | | | |
| L1005 | E | TENSION BASED SCOLIOSIS ORTH | | | | Not Allowed | $0.00 | | | |
| L1010 | E | CTLSO AXILLA SLING | | | | Not Allowed | $0.00 | | | |
| L1020 | E | KYPHOSIS PAD | | | | Not Allowed | $0.00 | | | |
| L1025 | E | KYPHOSIS PAD FLOATING | | | | Not Allowed | $0.00 | | | |
| L1030 | E | LUMBAR BOLSTER PAD | | | | Not Allowed | $0.00 | | | |
| L1040 | E | LUMBAR OR LUMBAR RIB PAD | | | | Not Allowed | $0.00 | | | |
| L1050 | E | STERNAL PAD | | | | Not Allowed | $0.00 | | | |
| L1060 | E | THORACIC PAD | | | | Not Allowed | $0.00 | | | |
| L1070 | E | TRAPEZIUS SLING | | | | Not Allowed | $0.00 | | | |
| L1080 | E | OUTRIGGER | | | | Not Allowed | $0.00 | | | |
| L1085 | E | OUTRIGGER BIL W/ VERT EXTENS | | | | Not Allowed | $0.00 | | | |
| L1090 | E | LUMBAR SLING | | | | Not Allowed | $0.00 | | | |
| L1100 | E | RING FLANGE PLASTIC/LEATHER | | | | Not Allowed | $0.00 | | | |
| L1110 | E | RING FLANGE PLAS/LEATHER MOL | | | | Not Allowed | $0.00 | | | |
| L1120 | E | COVERS FOR UPRIGHT EACH | | | | Not Allowed | $0.00 | | | |
| L1200 | E | FURNSH INITIAL ORTHOSIS ONLY | | | | Not Allowed | $0.00 | | | |
| L1210 | E | LATERAL THORACIC EXTENSION | | | | Not Allowed | $0.00 | | | |
| L1220 | E | ANTERIOR THORACIC EXTENSION | | | | Not Allowed | $0.00 | | | |
| L1230 | E | MILWAUKEE TYPE SUPERSTRUCTUR | | | | Not Allowed | $0.00 | | | |
| L1240 | E | LUMBAR DEROTATION PAD | | | | Not Allowed | $0.00 | | | |
| L1250 | E | ANTERIOR ASIS PAD | | | | Not Allowed | $0.00 | | | |
| L1260 | E | ANTERIOR THORACIC DEROTATION | | | | Not Allowed | $0.00 | | | |
| L1270 | E | ABDOMINAL PAD | | | | Not Allowed | $0.00 | | | |
| L1280 | E | RIB GUSSET (ELASTIC) EACH | | | | Not Allowed | $0.00 | | | |
| L1290 | E | LATERAL TROCHANTERIC PAD | | | | Not Allowed | $0.00 | | | |
| L1300 | E | BODY JACKET MOLD TO PATIENT | | | | Not Allowed | $0.00 | | | |
| L1310 | E | POST-OPERATIVE BODY JACKET | | | | Not Allowed | $0.00 | | | |
| L1499 | E | SPINAL ORTHOSIS NOS | | | | Not Allowed | $0.00 | | | |
| L1600 | E | HO FLEX FREJKA W/COV PRE CST | | | | Not Allowed | $0.00 | | | |
| L1610 | E | HO FREJKA COV ONLY PRE CST | | | | Not Allowed | $0.00 | | | |
| L1620 | E | HO FLEX PAVLIK HARNS PRE CST | | | | Not Allowed | $0.00 | | | |
| L1630 | E | ABDUCT CONTROL HIP SEMI-FLEX | | | | Not Allowed | $0.00 | | | |
| L1640 | E | PELV BAND/SPREAD BAR THIGH C | | | | Not Allowed | $0.00 | | | |
| L1650 | E | HO ABDUCTION HIP ADJUSTABLE | | | | Not Allowed | $0.00 | | | |
| L1652 | E | HO BI THIGHCUFFS W SPRDR BAR | | | | Not Allowed | $0.00 | | | |
| L1660 | E | HO ABDUCTION STATIC PLASTIC | | | | Not Allowed | $0.00 | | | |
| L1680 | E | PELVIC & HIP CONTROL THIGH C | | | | Not Allowed | $0.00 | | | |
| L1685 | E | POST-OP HIP ABDUCT CUSTOM FA | | | | Not Allowed | $0.00 | | | |
| L1686 | E | HO POST-OP HIP ABDUCTION | | | | Not Allowed | $0.00 | | | |
| L1690 | E | COMBINATION BILATERAL HO | | | | Not Allowed | $0.00 | | | |
| L1700 | E | LEG PERTHES ORTH TORONTO TYP | | | | Not Allowed | $0.00 | | | |
| L1710 | E | LEGG PERTHES ORTH NEWINGTON | | | | Not Allowed | $0.00 | | | |
| L1720 | E | LEGG PERTHES ORTHOSIS TRILAT | | | | Not Allowed | $0.00 | | | |
| L1730 | E | LEGG PERTHES ORTH SCOTTISH R | | | | Not Allowed | $0.00 | | | |
| L1755 | E | LEGG PERTHES PATTEN BOTTOM T | | | | Not Allowed | $0.00 | | | |
| L1810 | E | KO ELASTIC WITH JOINTS | | | | Not Allowed | $0.00 | | | |
| L1812 | E | KO ELASTIC W/JOINTS PRE OTS | | | | Not Allowed | $0.00 | | | |
| L1820 | E | KO ELAS W/ CONDYLE PADS & JO | | | | Not Allowed | $0.00 | | | |
| L1830 | E | KO IMMOB CANVAS LONG PRE OTS | | | | Not Allowed | $0.00 | | | |
| L1831 | E | KNEE ORTH POS LOCKING JOINT | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L1832 | E | KO ADJ JNT POS R SUP PRE CST | | | | Not Allowed | $0.00 | | | |
| L1833 | E | KO ADJ JNT POS R SUP PRE OTS | | | | Not Allowed | $0.00 | | | |
| L1834 | E | KO W/0 JOINT RIGID MOLDED TO | | | | Not Allowed | $0.00 | | | |
| L1836 | E | KO RIGID W/O JOINTS PRE OTS | | | | Not Allowed | $0.00 | | | |
| L1840 | E | KO DEROT ANT CRUCIATE CUSTOM | | | | Not Allowed | $0.00 | | | |
| L1843 | E | KO SINGLE UPRIGHT PRE CST | | | | Not Allowed | $0.00 | | | |
| L1844 | E | KO W/ADJ JT ROT CNTRL MOLDED | | | | Not Allowed | $0.00 | | | |
| L1845 | E | KO DOUBLE UPRIGHT PRE CST | | | | Not Allowed | $0.00 | | | |
| L1846 | E | KO W ADJ FLEX/EXT ROTAT MOLD | | | | Not Allowed | $0.00 | | | |
| L1847 | E | KO DBL UPRIGHT W/AIR PRE CST | | | | Not Allowed | $0.00 | | | |
| L1848 | E | KO DBL UPRIGHT W/AIR PRE OTS | | | | Not Allowed | $0.00 | | | |
| L1850 | E | KO SWEDISH TYPE PRE OTS | | | | Not Allowed | $0.00 | | | |
| L1860 | E | KO SUPRACONDYLAR SOCKET MOLD | | | | Not Allowed | $0.00 | | | |
| L1900 | E | AFO SPRNG WIR DRSFLX CALF BD | | | | Not Allowed | $0.00 | | | |
| L1902 | E | AFO ANKLE GAUNTLET PRE OTS | | | | Not Allowed | $0.00 | | | |
| L1904 | E | AFO MOLDED ANKLE GAUNTLET | | | | Not Allowed | $0.00 | | | |
| L1906 | E | AFO MULTILIG ANK SUP PRE OTS | | | | Not Allowed | $0.00 | | | |
| L1907 | E | AFO SUPRAMALLEOLAR CUSTOM | | | | Not Allowed | $0.00 | | | |
| L1910 | E | AFO SING BAR CLASP ATTACH SH | | | | Not Allowed | $0.00 | | | |
| L1920 | E | AFO SING UPRIGHT W/ ADJUST S | | | | Not Allowed | $0.00 | | | |
| L1930 | E | AFO PLASTIC | | | | Not Allowed | $0.00 | | | |
| L1932 | E | AFO RIG ANT TIB PREFAB TCF/= | | | | Not Allowed | $0.00 | | | |
| L1940 | E | AFO MOLDED TO PATIENT PLASTI | | | | Not Allowed | $0.00 | | | |
| L1945 | E | AFO MOLDED PLAS RIG ANT TIB | | | | Not Allowed | $0.00 | | | |
| L1950 | E | AFO SPIRAL MOLDED TO PT PLAS | | | | Not Allowed | $0.00 | | | |
| L1951 | E | AFO SPIRAL PREFABRICATED | | | | Not Allowed | $0.00 | | | |
| L1960 | E | AFO POS SOLID ANK PLASTIC MO | | | | Not Allowed | $0.00 | | | |
| L1970 | E | AFO PLASTIC MOLDED W/ANKLE J | | | | Not Allowed | $0.00 | | | |
| L1971 | E | AFO W/ANKLE JOINT, PREFAB | | | | Not Allowed | $0.00 | | | |
| L1980 | E | AFO SING SOLID STIRRUP CALF | | | | Not Allowed | $0.00 | | | |
| L1990 | E | AFO DOUB SOLID STIRRUP CALF | | | | Not Allowed | $0.00 | | | |
| L2000 | E | KAFO SING FRE STIRR THI/CALF | | | | Not Allowed | $0.00 | | | |
| L2005 | E | KAFO SNG/DBL MECHANICAL ACT | | | | Not Allowed | $0.00 | | | |
| L2010 | E | KAFO SNG SOLID STIRRUP W/O J | | | | Not Allowed | $0.00 | | | |
| L2020 | E | KAFO DBL SOLID STIRRUP BAND/ | | | | Not Allowed | $0.00 | | | |
| L2030 | E | KAFO DBL SOLID STIRRUP W/O J | | | | Not Allowed | $0.00 | | | |
| L2034 | E | KAFO PLA SIN UP W/WO K/A CUS | | | | Not Allowed | $0.00 | | | |
| L2035 | E | KAFO PLASTIC PEDIATRIC SIZE | | | | Not Allowed | $0.00 | | | |
| L2036 | E | KAFO PLAS DOUB FREE KNEE MOL | | | | Not Allowed | $0.00 | | | |
| L2037 | E | KAFO PLAS SING FREE KNEE MOL | | | | Not Allowed | $0.00 | | | |
| L2038 | E | KAFO W/O JOINT MULTI-AXIS AN | | | | Not Allowed | $0.00 | | | |
| L2040 | E | HKAFO TORSION BIL ROT STRAPS | | | | Not Allowed | $0.00 | | | |
| L2050 | E | HKAFO TORSION CABLE HIP PELV | | | | Not Allowed | $0.00 | | | |
| L2060 | E | HKAFO TORSION BALL BEARING J | | | | Not Allowed | $0.00 | | | |
| L2070 | E | HKAFO TORSION UNILAT ROT STR | | | | Not Allowed | $0.00 | | | |
| L2080 | E | HKAFO UNILAT TORSION CABLE | | | | Not Allowed | $0.00 | | | |
| L2090 | E | HKAFO UNILAT TORSION BALL BR | | | | Not Allowed | $0.00 | | | |
| L2106 | E | AFO TIB FX CAST PLASTER MOLD | | | | Not Allowed | $0.00 | | | |
| L2108 | E | AFO TIB FX CAST MOLDED TO PT | | | | Not Allowed | $0.00 | | | |
| L2112 | E | AFO TIBIAL FRACTURE SOFT | | | | Not Allowed | $0.00 | | | |
| L2114 | E | AFO TIB FX SEMI-RIGID | | | | Not Allowed | $0.00 | | | |
| L2116 | E | AFO TIBIAL FRACTURE RIGID | | | | Not Allowed | $0.00 | | | |
| L2126 | E | KAFO FEM FX CAST THERMOPLAS | | | | Not Allowed | $0.00 | | | |
| L2128 | E | KAFO FEM FX CAST MOLDED TO P | | | | Not Allowed | $0.00 | | | |
| L2132 | E | KAFO FEMORAL FX CAST SOFT | | | | Not Allowed | $0.00 | | | |
| L2134 | E | KAFO FEM FX CAST SEMI-RIGID | | | | Not Allowed | $0.00 | | | |
| L2136 | E | KAFO FEMORAL FX CAST RIGID | | | | Not Allowed | $0.00 | | | |
| L2180 | E | PLAS SHOE INSERT W ANK JOINT | | | | Not Allowed | $0.00 | | | |
| L2182 | E | DROP LOCK KNEE | | | | Not Allowed | $0.00 | | | |
| L2184 | E | LIMITED MOTION KNEE JOINT | | | | Not Allowed | $0.00 | | | |
| L2186 | E | ADJ MOTION KNEE JNT LERMAN T | | | | Not Allowed | $0.00 | | | |
| L2188 | E | QUADRILATERAL BRIM | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L2190 | E | WAIST BELT | | | | Not Allowed | $0.00 | | | |
| L2192 | E | PELVIC BAND & BELT THIGH FLA | | | | Not Allowed | $0.00 | | | |
| L2200 | E | LIMITED ANKLE MOTION EA JNT | | | | Not Allowed | $0.00 | | | |
| L2210 | E | DORSIFLEXION ASSIST EACH JOI | | | | Not Allowed | $0.00 | | | |
| L2220 | E | DORSI & PLANTAR FLEX ASS/RES | | | | Not Allowed | $0.00 | | | |
| L2230 | E | SPLIT FLAT CALIPER STIRR & P | | | | Not Allowed | $0.00 | | | |
| L2232 | E | ROCKER BOTTOM, CONTACT AFO | | | | Not Allowed | $0.00 | | | |
| L2240 | E | ROUND CALIPER AND PLATE ATTA | | | | Not Allowed | $0.00 | | | |
| L2250 | E | FOOT PLATE MOLDED STIRRUP AT | | | | Not Allowed | $0.00 | | | |
| L2260 | E | REINFORCED SOLID STIRRUP | | | | Not Allowed | $0.00 | | | |
| L2265 | E | LONG TONGUE STIRRUP | | | | Not Allowed | $0.00 | | | |
| L2270 | E | VARUS/VALGUS STRAP PADDED/LI | | | | Not Allowed | $0.00 | | | |
| L2275 | E | PLASTIC MOD LOW EXT PAD/LINE | | | | Not Allowed | $0.00 | | | |
| L2280 | E | MOLDED INNER BOOT | | | | Not Allowed | $0.00 | | | |
| L2300 | E | ABDUCTION BAR JOINTED ADJUST | | | | Not Allowed | $0.00 | | | |
| L2310 | E | ABDUCTION BAR-STRAIGHT | | | | Not Allowed | $0.00 | | | |
| L2320 | E | NON-MOLDED LACER | | | | Not Allowed | $0.00 | | | |
| L2330 | E | LACER MOLDED TO PATIENT MODE | | | | Not Allowed | $0.00 | | | |
| L2335 | E | ANTERIOR SWING BAND | | | | Not Allowed | $0.00 | | | |
| L2340 | E | PRE-TIBIAL SHELL MOLDED TO P | | | | Not Allowed | $0.00 | | | |
| L2350 | E | PROSTHETIC TYPE SOCKET MOLDE | | | | Not Allowed | $0.00 | | | |
| L2360 | E | EXTENDED STEEL SHANK | | | | Not Allowed | $0.00 | | | |
| L2370 | E | PATTEN BOTTOM | | | | Not Allowed | $0.00 | | | |
| L2375 | E | TORSION ANK & HALF SOLID STI | | | | Not Allowed | $0.00 | | | |
| L2380 | E | TORSION STRAIGHT KNEE JOINT | | | | Not Allowed | $0.00 | | | |
| L2385 | E | STRAIGHT KNEE JOINT HEAVY DU | | | | Not Allowed | $0.00 | | | |
| L2387 | E | ADD LE POLY KNEE CUSTOM KAFO | | | | Not Allowed | $0.00 | | | |
| L2390 | E | OFFSET KNEE JOINT EACH | | | | Not Allowed | $0.00 | | | |
| L2395 | E | OFFSET KNEE JOINT HEAVY DUTY | | | | Not Allowed | $0.00 | | | |
| L2397 | E | SUSPENSION SLEEVE LOWER EXT | | | | Not Allowed | $0.00 | | | |
| L2405 | E | KNEE JOINT DROP LOCK EA JNT | | | | Not Allowed | $0.00 | | | |
| L2415 | E | KNEE JOINT CAM LOCK EACH JOI | | | | Not Allowed | $0.00 | | | |
| L2425 | E | KNEE DISC/DIAL LOCK/ADJ FLEX | | | | Not Allowed | $0.00 | | | |
| L2430 | E | KNEE JNT RATCHET LOCK EA JNT | | | | Not Allowed | $0.00 | | | |
| L2492 | E | KNEE LIFT LOOP DROP LOCK RIN | | | | Not Allowed | $0.00 | | | |
| L2500 | E | THI/GLUT/ISCHIA WGT BEARING | | | | Not Allowed | $0.00 | | | |
| L2510 | E | TH/WGHT BEAR QUAD-LAT BRIM M | | | | Not Allowed | $0.00 | | | |
| L2520 | E | TH/WGHT BEAR QUAD-LAT BRIM C | | | | Not Allowed | $0.00 | | | |
| L2525 | E | TH/WGHT BEAR NAR M-L BRIM MO | | | | Not Allowed | $0.00 | | | |
| L2526 | E | TH/WGHT BEAR NAR M-L BRIM CU | | | | Not Allowed | $0.00 | | | |
| L2530 | E | THIGH/WGHT BEAR LACER NON-MO | | | | Not Allowed | $0.00 | | | |
| L2540 | E | THIGH/WGHT BEAR LACER MOLDED | | | | Not Allowed | $0.00 | | | |
| L2550 | E | THIGH/WGHT BEAR HIGH ROLL CU | | | | Not Allowed | $0.00 | | | |
| L2570 | E | HIP CLEVIS TYPE 2 POSIT JNT | | | | Not Allowed | $0.00 | | | |
| L2580 | E | PELVIC CONTROL PELVIC SLING | | | | Not Allowed | $0.00 | | | |
| L2600 | E | HIP CLEVIS/THRUST BEARING FR | | | | Not Allowed | $0.00 | | | |
| L2610 | E | HIP CLEVIS/THRUST BEARING LO | | | | Not Allowed | $0.00 | | | |
| L2620 | E | PELVIC CONTROL HIP HEAVY DUT | | | | Not Allowed | $0.00 | | | |
| L2622 | E | HIP JOINT ADJUSTABLE FLEXION | | | | Not Allowed | $0.00 | | | |
| L2624 | E | HIP ADJ FLEX EXT ABDUCT CONT | | | | Not Allowed | $0.00 | | | |
| L2627 | E | PLASTIC MOLD RECIPRO HIP & C | | | | Not Allowed | $0.00 | | | |
| L2628 | E | METAL FRAME RECIPRO HIP & CA | | | | Not Allowed | $0.00 | | | |
| L2630 | E | PELVIC CONTROL BAND & BELT U | | | | Not Allowed | $0.00 | | | |
| L2640 | E | PELVIC CONTROL BAND & BELT B | | | | Not Allowed | $0.00 | | | |
| L2650 | E | PELV & THOR CONTROL GLUTEAL | | | | Not Allowed | $0.00 | | | |
| L2660 | E | THORACIC CONTROL THORACIC BA | | | | Not Allowed | $0.00 | | | |
| L2670 | E | THORAC CONT PARASPINAL UPRIG | | | | Not Allowed | $0.00 | | | |
| L2680 | E | THORAC CONT LAT SUPPORT UPRI | | | | Not Allowed | $0.00 | | | |
| L2750 | E | PLATING CHROME/NICKEL PR BAR | | | | Not Allowed | $0.00 | | | |
| L2755 | E | CARBON GRAPHITE LAMINATION | | | | Not Allowed | $0.00 | | | |
| L2760 | E | EXTENSION PER EXTENSION PER | | | | Not Allowed | $0.00 | | | |
| L2768 | E | ORTHO SIDEBAR DISCONNECT | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L2780 | E | NON-CORROSIVE FINISH | | | | Not Allowed | $0.00 | | | |
| L2785 | E | DROP LOCK RETAINER EACH | | | | Not Allowed | $0.00 | | | |
| L2795 | E | KNEE CONTROL FULL KNEECAP | | | | Not Allowed | $0.00 | | | |
| L2800 | E | KNEE CAP MEDIAL OR LATERAL P | | | | Not Allowed | $0.00 | | | |
| L2810 | E | KNEE CONTROL CONDYLAR PAD | | | | Not Allowed | $0.00 | | | |
| L2820 | E | SOFT INTERFACE BELOW KNEE SE | | | | Not Allowed | $0.00 | | | |
| L2830 | E | SOFT INTERFACE ABOVE KNEE SE | | | | Not Allowed | $0.00 | | | |
| L2840 | E | TIBIAL LENGTH SOCK FX OR EQU | | | | Not Allowed | $0.00 | | | |
| L2850 | E | FEMORAL LGTH SOCK FX OR EQUA | | | | Not Allowed | $0.00 | | | |
| L2861 | E | TORSION MECHANISM KNEE/ANKLE | | | | Not Allowed | $0.00 | | | |
| L2999 | E | LOWER EXTREMITY ORTHOSIS NOS | | | | Not Allowed | $0.00 | | | |
| L3000 | E | FT INSERT UCB BERKELEY SHELL | | | | Not Allowed | $0.00 | | | |
| L3001 | E | FOOT INSERT REMOV MOLDED SPE | | | | Not Allowed | $0.00 | | | |
| L3002 | E | FOOT INSERT PLASTAZOTE OR EQ | | | | Not Allowed | $0.00 | | | |
| L3003 | E | FOOT INSERT SILICONE GEL EAC | | | | Not Allowed | $0.00 | | | |
| L3010 | E | FOOT LONGITUDINAL ARCH SUPPO | | | | Not Allowed | $0.00 | | | |
| L3020 | E | FOOT LONGITUD/METATARSAL SUP | | | | Not Allowed | $0.00 | | | |
| L3030 | E | FOOT ARCH SUPPORT REMOV PREM | | | | Not Allowed | $0.00 | | | |
| L3031 | E | FOOT LAMIN/PREPREG COMPOSITE | | | | Not Allowed | $0.00 | | | |
| L3040 | E | FT ARCH SUPRT PREMOLD LONGIT | | | | Not Allowed | $0.00 | | | |
| L3050 | E | FOOT ARCH SUPP PREMOLD METAT | | | | Not Allowed | $0.00 | | | |
| L3060 | E | FOOT ARCH SUPP LONGITUD/META | | | | Not Allowed | $0.00 | | | |
| L3070 | E | ARCH SUPRT ATT TO SHO LONGIT | | | | Not Allowed | $0.00 | | | |
| L3080 | E | ARCH SUPP ATT TO SHOE METATA | | | | Not Allowed | $0.00 | | | |
| L3090 | E | ARCH SUPP ATT TO SHOE LONG/M | | | | Not Allowed | $0.00 | | | |
| L3100 | E | HALLUS-VALGUS NT DYN PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3140 | E | ABDUCTION ROTATION BAR SHOE | | | | Not Allowed | $0.00 | | | |
| L3150 | E | ABDUCT ROTATION BAR W/O SHOE | | | | Not Allowed | $0.00 | | | |
| L3160 | E | SHOE STYLED POSITIONING DEV | | | | Not Allowed | $0.00 | | | |
| L3170 | E | FOOT PLAS HEEL STABI PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3201 | E | OXFORD W SUPINAT/PRONAT INF | | | | Not Allowed | $0.00 | | | |
| L3202 | E | OXFORD W/ SUPINAT/PRONATOR C | | | | Not Allowed | $0.00 | | | |
| L3203 | E | OXFORD W/ SUPINATOR/PRONATOR | | | | Not Allowed | $0.00 | | | |
| L3204 | E | HIGHTOP W/ SUPP/PRONATOR INF | | | | Not Allowed | $0.00 | | | |
| L3206 | E | HIGHTOP W/ SUPP/PRONATOR CHI | | | | Not Allowed | $0.00 | | | |
| L3207 | E | HIGHTOP W/ SUPP/PRONATOR JUN | | | | Not Allowed | $0.00 | | | |
| L3208 | E | SURGICAL BOOT EACH INFANT | | | | Not Allowed | $0.00 | | | |
| L3209 | E | SURGICAL BOOT EACH CHILD | | | | Not Allowed | $0.00 | | | |
| L3211 | E | SURGICAL BOOT EACH JUNIOR | | | | Not Allowed | $0.00 | | | |
| L3212 | E | BENESCH BOOT PAIR INFANT | | | | Not Allowed | $0.00 | | | |
| L3213 | E | BENESCH BOOT PAIR CHILD | | | | Not Allowed | $0.00 | | | |
| L3214 | E | BENESCH BOOT PAIR JUNIOR | | | | Not Allowed | $0.00 | | | |
| L3215 | E | ORTHOPEDIC FTWEAR LADIES OXF | | | | Not Allowed | $0.00 | | | |
| L3216 | E | ORTHOPED LADIES SHOES DPTH I | | | | Not Allowed | $0.00 | | | |
| L3217 | E | LADIES SHOES HIGHTOP DEPTH I | | | | Not Allowed | $0.00 | | | |
| L3219 | E | ORTHOPEDIC MENS SHOES OXFORD | | | | Not Allowed | $0.00 | | | |
| L3221 | E | ORTHOPEDIC MENS SHOES DPTH I | | | | Not Allowed | $0.00 | | | |
| L3222 | E | MENS SHOES HIGHTOP DEPTH INL | | | | Not Allowed | $0.00 | | | |
| L3224 | E | WOMAN'S SHOE OXFORD BRACE | | | | Not Allowed | $0.00 | | | |
| L3225 | E | MAN'S SHOE OXFORD BRACE | | | | Not Allowed | $0.00 | | | |
| L3230 | E | CUSTOM SHOES DEPTH INLAY | | | | Not Allowed | $0.00 | | | |
| L3250 | E | CUSTOM MOLD SHOE REMOV PROST | | | | Not Allowed | $0.00 | | | |
| L3251 | E | SHOE MOLDED TO PT SILICONE S | | | | Not Allowed | $0.00 | | | |
| L3252 | E | SHOE MOLDED PLASTAZOTE CUST | | | | Not Allowed | $0.00 | | | |
| L3253 | E | SHOE MOLDED PLASTAZOTE CUST | | | | Not Allowed | $0.00 | | | |
| L3254 | E | ORTH FOOT NON-STNDARD SIZE/W | | | | Not Allowed | $0.00 | | | |
| L3255 | E | ORTH FOOT NON-STANDARD SIZE/ | | | | Not Allowed | $0.00 | | | |
| L3257 | E | ORTH FOOT ADD CHARGE SPLIT S | | | | Not Allowed | $0.00 | | | |
| L3260 | E | AMBULATORY SURGICAL BOOT EAC | | | | Not Allowed | $0.00 | | | |
| L3265 | E | PLASTAZOTE SANDAL EACH | | | | Not Allowed | $0.00 | | | |
| L3300 | E | SHO LIFT TAPER TO METATARSAL | | | | Not Allowed | $0.00 | | | |
| L3310 | E | SHOE LIFT ELEV HEEL/SOLE NEO | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L3320 | E | SHOE LIFT ELEV HEEL/SOLE COR | | | | Not Allowed | $0.00 | | | |
| L3330 | E | LIFTS ELEVATION METAL EXTENS | | | | Not Allowed | $0.00 | | | |
| L3332 | E | SHOE LIFTS TAPERED TO ONE-HA | | | | Not Allowed | $0.00 | | | |
| L3334 | E | SHOE LIFTS ELEVATION HEEL /I | | | | Not Allowed | $0.00 | | | |
| L3340 | E | SHOE WEDGE SACH | | | | Not Allowed | $0.00 | | | |
| L3350 | E | SHOE HEEL WEDGE | | | | Not Allowed | $0.00 | | | |
| L3360 | E | SHOE SOLE WEDGE OUTSIDE SOLE | | | | Not Allowed | $0.00 | | | |
| L3370 | E | SHOE SOLE WEDGE BETWEEN SOLE | | | | Not Allowed | $0.00 | | | |
| L3380 | E | SHOE CLUBFOOT WEDGE | | | | Not Allowed | $0.00 | | | |
| L3390 | E | SHOE OUTFLARE WEDGE | | | | Not Allowed | $0.00 | | | |
| L3400 | E | SHOE METATARSAL BAR WEDGE RO | | | | Not Allowed | $0.00 | | | |
| L3410 | E | SHOE METATARSAL BAR BETWEEN | | | | Not Allowed | $0.00 | | | |
| L3420 | E | FULL SOLE/HEEL WEDGE BTWEEN | | | | Not Allowed | $0.00 | | | |
| L3430 | E | SHO HEEL COUNT PLAST REINFOR | | | | Not Allowed | $0.00 | | | |
| L3440 | E | HEEL LEATHER REINFORCED | | | | Not Allowed | $0.00 | | | |
| L3450 | E | SHOE HEEL SACH CUSHION TYPE | | | | Not Allowed | $0.00 | | | |
| L3455 | E | SHOE HEEL NEW LEATHER STANDA | | | | Not Allowed | $0.00 | | | |
| L3460 | E | SHOE HEEL NEW RUBBER STANDAR | | | | Not Allowed | $0.00 | | | |
| L3465 | E | SHOE HEEL THOMAS WITH WEDGE | | | | Not Allowed | $0.00 | | | |
| L3470 | E | SHOE HEEL THOMAS EXTEND TO B | | | | Not Allowed | $0.00 | | | |
| L3480 | E | SHOE HEEL PAD & DEPRESS FOR | | | | Not Allowed | $0.00 | | | |
| L3485 | E | SHOE HEEL PAD REMOVABLE FOR | | | | Not Allowed | $0.00 | | | |
| L3500 | E | ORTHO SHOE ADD LEATHER INSOL | | | | Not Allowed | $0.00 | | | |
| L3510 | E | ORTHOPEDIC SHOE ADD RUB INSL | | | | Not Allowed | $0.00 | | | |
| L3520 | E | O SHOE ADD FELT W LEATH INSL | | | | Not Allowed | $0.00 | | | |
| L3530 | E | ORTHO SHOE ADD HALF SOLE | | | | Not Allowed | $0.00 | | | |
| L3540 | E | ORTHO SHOE ADD FULL SOLE | | | | Not Allowed | $0.00 | | | |
| L3550 | E | O SHOE ADD STANDARD TOE TAP | | | | Not Allowed | $0.00 | | | |
| L3560 | E | O SHOE ADD HORSESHOE TOE TAP | | | | Not Allowed | $0.00 | | | |
| L3570 | E | O SHOE ADD INSTEP EXTENSION | | | | Not Allowed | $0.00 | | | |
| L3580 | E | O SHOE ADD INSTEP VELCRO CLO | | | | Not Allowed | $0.00 | | | |
| L3590 | E | O SHOE CONVERT TO SOF COUNTE | | | | Not Allowed | $0.00 | | | |
| L3595 | E | ORTHO SHOE ADD MARCH BAR | | | | Not Allowed | $0.00 | | | |
| L3600 | E | TRANS SHOE CALIP PLATE EXIST | | | | Not Allowed | $0.00 | | | |
| L3610 | E | TRANS SHOE CALIPER PLATE NEW | | | | Not Allowed | $0.00 | | | |
| L3620 | E | TRANS SHOE SOLID STIRRUP EXI | | | | Not Allowed | $0.00 | | | |
| L3630 | E | TRANS SHOE SOLID STIRRUP NEW | | | | Not Allowed | $0.00 | | | |
| L3640 | E | SHOE DENNIS BROWNE SPLINT BO | | | | Not Allowed | $0.00 | | | |
| L3649 | E | ORTHOPEDIC SHOE MODIFICA NOS | | | | Not Allowed | $0.00 | | | |
| L3650 | E | SO 8 ABD RESTRAINT PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3660 | E | SO 8 AB RSTR CAN/WEB PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3670 | E | SO ACRO/CLAV CAN WEB PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3671 | E | SO CAP DESIGN W/O JNTS CF | | | | Not Allowed | $0.00 | | | |
| L3674 | E | SO AIRPLANE W/WO JOINT CF | | | | Not Allowed | $0.00 | | | |
| L3675 | E | SO VEST CANVAS/WEB PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3677 | E | SO HARD PLAS STABILI PRE CST | | | | Not Allowed | $0.00 | | | |
| L3678 | E | SO HARD PLAS STABILI PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3702 | E | EO W/O JOINTS CF | | | | Not Allowed | $0.00 | | | |
| L3710 | E | EO ELAS W/METAL JNTS PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3720 | E | FOREARM/ARM CUFFS FREE MOTIO | | | | Not Allowed | $0.00 | | | |
| L3730 | E | FOREARM/ARM CUFFS EXT/FLEX A | | | | Not Allowed | $0.00 | | | |
| L3740 | E | CUFFS ADJ LOCK W/ ACTIVE CON | | | | Not Allowed | $0.00 | | | |
| L3760 | E | EO WITHJOINT, PREFABRICATED | | | | Not Allowed | $0.00 | | | |
| L3762 | E | EO RIGID W/O JOINTS PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3763 | E | EWHO RIGID W/O JNTS CF | | | | Not Allowed | $0.00 | | | |
| L3764 | E | EWHO W/JOINT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3765 | E | EWHFO RIGID W/O JNTS CF | | | | Not Allowed | $0.00 | | | |
| L3766 | E | EWHFO W/JOINT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3806 | E | WHFO W/JOINT(S) CUSTOM FAB | | | | Not Allowed | $0.00 | | | |
| L3807 | E | WHFO W/O JOINTS PRE CST | | | | Not Allowed | $0.00 | | | |
| L3808 | E | WHFO, RIGID W/O JOINTS | | | | Not Allowed | $0.00 | | | |
| L3809 | E | WHFO W/O JOINTS PRE OTS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L3891 | E | TORSION MECHANISM WRIST/ELBO | | | | Not Allowed | $0.00 | | | |
| L3900 | E | HINGE EXTENSION/FLEX WRIST/F | | | | Not Allowed | $0.00 | | | |
| L3901 | E | HINGE EXT/FLEX WRIST FINGER | | | | Not Allowed | $0.00 | | | |
| L3904 | E | WHFO ELECTRIC CUSTOM FITTED | | | | Not Allowed | $0.00 | | | |
| L3905 | E | WHO W/NONTORSION JNT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3906 | E | WHO W/O JOINTS CF | | | | Not Allowed | $0.00 | | | |
| L3908 | E | WHO COCK-UP NONMOLDE PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3912 | E | HFO FLEXION GLOVE PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3913 | E | HFO W/O JOINTS CF | | | | Not Allowed | $0.00 | | | |
| L3915 | E | WHO NONTORSION JNTS PRE CST | | | | Not Allowed | $0.00 | | | |
| L3916 | E | WHO NONTORSION JNTS PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3917 | E | METACARP FX ORTHOSIS PRE CST | | | | Not Allowed | $0.00 | | | |
| L3918 | E | METACARP FX ORTHOSIS PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3919 | E | HO W/O JOINTS CF | | | | Not Allowed | $0.00 | | | |
| L3921 | E | HFO W/JOINT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3923 | E | HFO WITHOUT JOINTS PRE CST | | | | Not Allowed | $0.00 | | | |
| L3924 | E | HFO WITHOUT JOINTS PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3925 | E | FO PIP DIP JNT/SPRNG PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3927 | E | FO PIP DIP NO JT SPR PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3929 | E | HFO NONTORSION JNTS PRE CST | | | | Not Allowed | $0.00 | | | |
| L3930 | E | HFO NONTORSION JNTS PRE OTS | | | | Not Allowed | $0.00 | | | |
| L3931 | E | WHFO NONTORSION JOINT PREFAB | | | | Not Allowed | $0.00 | | | |
| L3933 | E | FO W/O JOINTS CF | | | | Not Allowed | $0.00 | | | |
| L3935 | E | FO NONTORSION JOINT CF | | | | Not Allowed | $0.00 | | | |
| L3956 | E | ADD JOINT UPPER EXT ORTHOSIS | | | | Not Allowed | $0.00 | | | |
| L3960 | E | SEWHO AIRPLAN DESIG ABDU POS | | | | Not Allowed | $0.00 | | | |
| L3961 | E | SEWHO CAP DESIGN W/O JNTS CF | | | | Not Allowed | $0.00 | | | |
| L3962 | E | SEWHO ERBS PALSEY DESIGN ABD | | | | Not Allowed | $0.00 | | | |
| L3967 | E | SEWHO AIRPLANE W/O JNTS CF | | | | Not Allowed | $0.00 | | | |
| L3971 | E | SEWHO CAP DESIGN W/JNT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3973 | E | SEWHO AIRPLANE W/JNT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3975 | E | SEWHFO CAP DESIGN W/O JNT CF | | | | Not Allowed | $0.00 | | | |
| L3976 | E | SEWHFO AIRPLANE W/O JNTS CF | | | | Not Allowed | $0.00 | | | |
| L3977 | E | SEWHFO CAP DESGN W/JNT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3978 | E | SEWHFO AIRPLANE W/JNT(S) CF | | | | Not Allowed | $0.00 | | | |
| L3980 | E | UP EXT FX ORTHOS HUMERAL NOS | | | | Not Allowed | $0.00 | | | |
| L3981 | E | UE FX ORTH SHOUL CAP FOREARM | | | | Not Allowed | $0.00 | | | |
| L3982 | E | UPPER EXT FX ORTHOSIS RAD/UL | | | | Not Allowed | $0.00 | | | |
| L3984 | E | UPPER EXT FX ORTHOSIS WRIST | | | | Not Allowed | $0.00 | | | |
| L3995 | E | SOCK FRACTURE OR EQUAL EACH | | | | Not Allowed | $0.00 | | | |
| L3999 | E | UPPER LIMB ORTHOSIS NOS | | | | Not Allowed | $0.00 | | | |
| L4000 | E | REPL GIRDLE MILWAUKEE ORTH | | | | Not Allowed | $0.00 | | | |
| L4002 | E | REPLACE STRAP, ANY ORTHOSIS | | | | Not Allowed | $0.00 | | | |
| L4010 | E | REPLACE TRILATERAL SOCKET BR | | | | Not Allowed | $0.00 | | | |
| L4020 | E | REPLACE QUADLAT SOCKET BRIM | | | | Not Allowed | $0.00 | | | |
| L4030 | E | REPLACE SOCKET BRIM CUST FIT | | | | Not Allowed | $0.00 | | | |
| L4040 | E | REPLACE MOLDED THIGH LACER | | | | Not Allowed | $0.00 | | | |
| L4045 | E | REPLACE NON-MOLDED THIGH LAC | | | | Not Allowed | $0.00 | | | |
| L4050 | E | REPLACE MOLDED CALF LACER | | | | Not Allowed | $0.00 | | | |
| L4055 | E | REPLACE NON-MOLDED CALF LACE | | | | Not Allowed | $0.00 | | | |
| L4060 | E | REPLACE HIGH ROLL CUFF | | | | Not Allowed | $0.00 | | | |
| L4070 | E | REPLACE PROX & DIST UPRIGHT | | | | Not Allowed | $0.00 | | | |
| L4080 | E | REPL MET BAND KAFO-AFO PROX | | | | Not Allowed | $0.00 | | | |
| L4090 | E | REPL MET BAND KAFO-AFO CALF/ | | | | Not Allowed | $0.00 | | | |
| L4100 | E | REPL LEATH CUFF KAFO PROX TH | | | | Not Allowed | $0.00 | | | |
| L4110 | E | REPL LEATH CUFF KAFO-AFO CAL | | | | Not Allowed | $0.00 | | | |
| L4130 | E | REPLACE PRETIBIAL SHELL | | | | Not Allowed | $0.00 | | | |
| L4205 | E | ORTHO DVC REPAIR PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| L4210 | E | ORTH DEV REPAIR/REPL MINOR P | | | | Not Allowed | $0.00 | | | |
| L4350 | E | ANKLE CONTROL ORTHO PRE OTS | | | | Not Allowed | $0.00 | | | |
| L4360 | E | PNEUMAT WALKING BOOT PRE CST | | | | Not Allowed | $0.00 | | | |
| L4361 | E | PNEUMA/VAC WALK BOOT PRE OTS | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L4370 | E | PNEUM FULL LEG SPLNT PRE OTS | | | | Not Allowed | $0.00 | | | |
| L4386 | E | NON-PNEUM WALK BOOT PRE CST | | | | Not Allowed | $0.00 | | | |
| L4387 | E | NON-PNEUM WALK BOOT PRE OTS | | | | Not Allowed | $0.00 | | | |
| L4392 | E | REPLACE AFO SOFT INTERFACE | | | | Not Allowed | $0.00 | | | |
| L4394 | E | REPLACE FOOT DROP SPINT | | | | Not Allowed | $0.00 | | | |
| L4396 | E | STATIC OR DYNAMI AFO PRE CST | | | | Not Allowed | $0.00 | | | |
| L4397 | E | STATIC OR DYNAMI AFO PRE OTS | | | | Not Allowed | $0.00 | | | |
| L4398 | E | FOOT DROP SPLINT PRE OTS | | | | Not Allowed | $0.00 | | | |
| L4631 | E | AFO, WALK BOOT TYPE, CUS FAB | | | | Not Allowed | $0.00 | | | |
| L5000 | E | SHO INSERT W ARCH TOE FILLER | | | | Not Allowed | $0.00 | | | |
| L5010 | E | MOLD SOCKET ANK HGT W/ TOE F | | | | Not Allowed | $0.00 | | | |
| L5020 | E | TIBIAL TUBERCLE HGT W/ TOE F | | | | Not Allowed | $0.00 | | | |
| L5050 | E | ANK SYMES MOLD SCKT SACH FT | | | | Not Allowed | $0.00 | | | |
| L5060 | E | SYMES MET FR LEATH SOCKET AR | | | | Not Allowed | $0.00 | | | |
| L5100 | E | MOLDED SOCKET SHIN SACH FOOT | | | | Not Allowed | $0.00 | | | |
| L5105 | E | PLAST SOCKET JTS/THGH LACER | | | | Not Allowed | $0.00 | | | |
| L5150 | E | MOLD SCKT EXT KNEE SHIN SACH | | | | Not Allowed | $0.00 | | | |
| L5160 | E | MOLD SOCKET BENT KNEE SHIN S | | | | Not Allowed | $0.00 | | | |
| L5200 | E | KNE SING AXIS FRIC SHIN SACH | | | | Not Allowed | $0.00 | | | |
| L5210 | E | NO KNEE/ANKLE JOINTS W/ FT B | | | | Not Allowed | $0.00 | | | |
| L5220 | E | NO KNEE JOINT WITH ARTIC ALI | | | | Not Allowed | $0.00 | | | |
| L5230 | E | FEM FOCAL DEFIC CONSTANT FRI | | | | Not Allowed | $0.00 | | | |
| L5250 | E | HIP CANAD SING AXI CONS FRIC | | | | Not Allowed | $0.00 | | | |
| L5270 | E | TILT TABLE LOCKING HIP SING | | | | Not Allowed | $0.00 | | | |
| L5280 | E | HEMIPELVECT CANAD SING AXIS | | | | Not Allowed | $0.00 | | | |
| L5301 | E | BK MOLD SOCKET SACH FT ENDO | | | | Not Allowed | $0.00 | | | |
| L5312 | E | KNEE DISART, SACH FT, ENDO | | | | Not Allowed | $0.00 | | | |
| L5321 | E | AK OPEN END SACH | | | | Not Allowed | $0.00 | | | |
| L5331 | E | HIP DISART CANADIAN SACH FT | | | | Not Allowed | $0.00 | | | |
| L5341 | E | HEMIPELVECTOMY CANADIAN SACH | | | | Not Allowed | $0.00 | | | |
| L5400 | E | POSTOP DRESS & 1 CAST CHG BK | | | | Not Allowed | $0.00 | | | |
| L5410 | E | POSTOP DSG BK EA ADD CAST CH | | | | Not Allowed | $0.00 | | | |
| L5420 | E | POSTOP DSG & 1 CAST CHG AK/D | | | | Not Allowed | $0.00 | | | |
| L5430 | E | POSTOP DSG AK EA ADD CAST CH | | | | Not Allowed | $0.00 | | | |
| L5450 | E | POSTOP APP NON-WGT BEAR DSG | | | | Not Allowed | $0.00 | | | |
| L5460 | E | POSTOP APP NON-WGT BEAR DSG | | | | Not Allowed | $0.00 | | | |
| L5500 | E | INIT BK PTB PLASTER DIRECT | | | | Not Allowed | $0.00 | | | |
| L5505 | E | INIT AK ISCHAL PLSTR DIRECT | | | | Not Allowed | $0.00 | | | |
| L5510 | E | PREP BK PTB PLASTER MOLDED | | | | Not Allowed | $0.00 | | | |
| L5520 | E | PERP BK PTB THERMOPLS DIRECT | | | | Not Allowed | $0.00 | | | |
| L5530 | E | PREP BK PTB THERMOPLS MOLDED | | | | Not Allowed | $0.00 | | | |
| L5535 | E | PREP BK PTB OPEN END SOCKET | | | | Not Allowed | $0.00 | | | |
| L5540 | E | PREP BK PTB LAMINATED SOCKET | | | | Not Allowed | $0.00 | | | |
| L5560 | E | PREP AK ISCHIAL PLAST MOLDED | | | | Not Allowed | $0.00 | | | |
| L5570 | E | PREP AK ISCHIAL DIRECT FORM | | | | Not Allowed | $0.00 | | | |
| L5580 | E | PREP AK ISCHIAL THERMO MOLD | | | | Not Allowed | $0.00 | | | |
| L5585 | E | PREP AK ISCHIAL OPEN END | | | | Not Allowed | $0.00 | | | |
| L5590 | E | PREP AK ISCHIAL LAMINATED | | | | Not Allowed | $0.00 | | | |
| L5595 | E | HIP DISARTIC SACH THERMOPLS | | | | Not Allowed | $0.00 | | | |
| L5600 | E | HIP DISART SACH LAMINAT MOLD | | | | Not Allowed | $0.00 | | | |
| L5610 | E | ABOVE KNEE HYDRACADENCE | | | | Not Allowed | $0.00 | | | |
| L5611 | E | AK 4 BAR LINK W/FRIC SWING | | | | Not Allowed | $0.00 | | | |
| L5613 | E | AK 4 BAR LING W/HYDRAUL SWIG | | | | Not Allowed | $0.00 | | | |
| L5614 | E | 4-BAR LINK ABOVE KNEE W/SWNG | | | | Not Allowed | $0.00 | | | |
| L5616 | E | AK UNIV MULTIPLEX SYS FRICT | | | | Not Allowed | $0.00 | | | |
| L5617 | E | AK/BK SELF-ALIGNING UNIT EA | | | | Not Allowed | $0.00 | | | |
| L5618 | E | TEST SOCKET SYMES | | | | Not Allowed | $0.00 | | | |
| L5620 | E | TEST SOCKET BELOW KNEE | | | | Not Allowed | $0.00 | | | |
| L5622 | E | TEST SOCKET KNEE DISARTICULA | | | | Not Allowed | $0.00 | | | |
| L5624 | E | TEST SOCKET ABOVE KNEE | | | | Not Allowed | $0.00 | | | |
| L5626 | E | TEST SOCKET HIP DISARTICULAT | | | | Not Allowed | $0.00 | | | |
| L5628 | E | TEST SOCKET HEMIPELVECTOMY | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L5629 | E | BELOW KNEE ACRYLIC SOCKET | | | | Not Allowed | $0.00 | | | |
| L5630 | E | SYME TYP EXPANDABL WALL SCKT | | | | Not Allowed | $0.00 | | | |
| L5631 | E | AK/KNEE DISARTIC ACRYLIC SOC | | | | Not Allowed | $0.00 | | | |
| L5632 | E | SYMES TYPE PTB BRIM DESIGN S | | | | Not Allowed | $0.00 | | | |
| L5634 | E | SYMES TYPE POSTER OPENING SO | | | | Not Allowed | $0.00 | | | |
| L5636 | E | SYMES TYPE MEDIAL OPENING SO | | | | Not Allowed | $0.00 | | | |
| L5637 | E | BELOW KNEE TOTAL CONTACT | | | | Not Allowed | $0.00 | | | |
| L5638 | E | BELOW KNEE LEATHER SOCKET | | | | Not Allowed | $0.00 | | | |
| L5639 | E | BELOW KNEE WOOD SOCKET | | | | Not Allowed | $0.00 | | | |
| L5640 | E | KNEE DISARTICULAT LEATHER SO | | | | Not Allowed | $0.00 | | | |
| L5642 | E | ABOVE KNEE LEATHER SOCKET | | | | Not Allowed | $0.00 | | | |
| L5643 | E | HIP FLEX INNER SOCKET EXT FR | | | | Not Allowed | $0.00 | | | |
| L5644 | E | ABOVE KNEE WOOD SOCKET | | | | Not Allowed | $0.00 | | | |
| L5645 | E | BK FLEX INNER SOCKET EXT FRA | | | | Not Allowed | $0.00 | | | |
| L5646 | E | BELOW KNEE CUSHION SOCKET | | | | Not Allowed | $0.00 | | | |
| L5647 | E | BELOW KNEE SUCTION SOCKET | | | | Not Allowed | $0.00 | | | |
| L5648 | E | ABOVE KNEE CUSHION SOCKET | | | | Not Allowed | $0.00 | | | |
| L5649 | E | ISCH CONTAINMT/NARROW M-L SO | | | | Not Allowed | $0.00 | | | |
| L5650 | E | TOT CONTACT AK/KNEE DISART S | | | | Not Allowed | $0.00 | | | |
| L5651 | E | AK FLEX INNER SOCKET EXT FRA | | | | Not Allowed | $0.00 | | | |
| L5652 | E | SUCTION SUSP AK/KNEE DISART | | | | Not Allowed | $0.00 | | | |
| L5653 | E | KNEE DISART EXPAND WALL SOCK | | | | Not Allowed | $0.00 | | | |
| L5654 | E | SOCKET INSERT SYMES | | | | Not Allowed | $0.00 | | | |
| L5655 | E | SOCKET INSERT BELOW KNEE | | | | Not Allowed | $0.00 | | | |
| L5656 | E | SOCKET INSERT KNEE ARTICULAT | | | | Not Allowed | $0.00 | | | |
| L5658 | E | SOCKET INSERT ABOVE KNEE | | | | Not Allowed | $0.00 | | | |
| L5661 | E | MULTI-DUROMETER SYMES | | | | Not Allowed | $0.00 | | | |
| L5665 | E | MULTI-DUROMETER BELOW KNEE | | | | Not Allowed | $0.00 | | | |
| L5666 | E | BELOW KNEE CUFF SUSPENSION | | | | Not Allowed | $0.00 | | | |
| L5668 | E | BK MOLDED DISTAL CUSHION | | | | Not Allowed | $0.00 | | | |
| L5670 | E | BK MOLDED SUPRACONDYLAR SUSP | | | | Not Allowed | $0.00 | | | |
| L5671 | E | BK/AK LOCKING MECHANISM | | | | Not Allowed | $0.00 | | | |
| L5672 | E | BK REMOVABLE MEDIAL BRIM SUS | | | | Not Allowed | $0.00 | | | |
| L5673 | E | SOCKET INSERT W LOCK MECH | | | | Not Allowed | $0.00 | | | |
| L5676 | E | BK KNEE JOINTS SINGLE AXIS P | | | | Not Allowed | $0.00 | | | |
| L5677 | E | BK KNEE JOINTS POLYCENTRIC P | | | | Not Allowed | $0.00 | | | |
| L5678 | E | BK JOINT COVERS PAIR | | | | Not Allowed | $0.00 | | | |
| L5679 | E | SOCKET INSERT W/O LOCK MECH | | | | Not Allowed | $0.00 | | | |
| L5680 | E | BK THIGH LACER NON-MOLDED | | | | Not Allowed | $0.00 | | | |
| L5681 | E | INTL CUSTM CONG/LATYP INSERT | | | | Not Allowed | $0.00 | | | |
| L5682 | E | BK THIGH LACER GLUT/ISCHIA M | | | | Not Allowed | $0.00 | | | |
| L5683 | E | INITIAL CUSTOM SOCKET INSERT | | | | Not Allowed | $0.00 | | | |
| L5684 | E | BK FORK STRAP | | | | Not Allowed | $0.00 | | | |
| L5685 | E | BELOW KNEE SUS/SEAL SLEEVE | | | | Not Allowed | $0.00 | | | |
| L5686 | E | BK BACK CHECK | | | | Not Allowed | $0.00 | | | |
| L5688 | E | BK WAIST BELT WEBBING | | | | Not Allowed | $0.00 | | | |
| L5690 | E | BK WAIST BELT PADDED AND LIN | | | | Not Allowed | $0.00 | | | |
| L5692 | E | AK PELVIC CONTROL BELT LIGHT | | | | Not Allowed | $0.00 | | | |
| L5694 | E | AK PELVIC CONTROL BELT PAD/L | | | | Not Allowed | $0.00 | | | |
| L5695 | E | AK SLEEVE SUSP NEOPRENE/EQUA | | | | Not Allowed | $0.00 | | | |
| L5696 | E | AK/KNEE DISARTIC PELVIC JOIN | | | | Not Allowed | $0.00 | | | |
| L5697 | E | AK/KNEE DISARTIC PELVIC BAND | | | | Not Allowed | $0.00 | | | |
| L5698 | E | AK/KNEE DISARTIC SILESIAN BA | | | | Not Allowed | $0.00 | | | |
| L5699 | E | SHOULDER HARNESS | | | | Not Allowed | $0.00 | | | |
| L5700 | E | REPLACE SOCKET BELOW KNEE | | | | Not Allowed | $0.00 | | | |
| L5701 | E | REPLACE SOCKET ABOVE KNEE | | | | Not Allowed | $0.00 | | | |
| L5702 | E | REPLACE SOCKET HIP | | | | Not Allowed | $0.00 | | | |
| L5703 | E | SYMES ANKLE W/O (SACH) FOOT | | | | Not Allowed | $0.00 | | | |
| L5704 | E | CUSTOM SHAPE COVER BK | | | | Not Allowed | $0.00 | | | |
| L5705 | E | CUSTOM SHAPE COVER AK | | | | Not Allowed | $0.00 | | | |
| L5706 | E | CUSTOM SHAPE CVR KNEE DISART | | | | Not Allowed | $0.00 | | | |
| L5707 | E | CUSTOM SHAPE CVR HIP DISART | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L5710 | E | KNE-SHIN EXO SNG AXI MNL LOC | | | | Not Allowed | $0.00 | | | |
| L5711 | E | KNEE-SHIN EXO MNL LOCK ULTRA | | | | Not Allowed | $0.00 | | | |
| L5712 | E | KNEE-SHIN EXO FRICT SWG & ST | | | | Not Allowed | $0.00 | | | |
| L5714 | E | KNEE-SHIN EXO VARIABLE FRICT | | | | Not Allowed | $0.00 | | | |
| L5716 | E | KNEE-SHIN EXO MECH STANCE PH | | | | Not Allowed | $0.00 | | | |
| L5718 | E | KNEE-SHIN EXO FRCT SWG & STA | | | | Not Allowed | $0.00 | | | |
| L5722 | E | KNEE-SHIN PNEUM SWG FRCT EXO | | | | Not Allowed | $0.00 | | | |
| L5724 | E | KNEE-SHIN EXO FLUID SWING PH | | | | Not Allowed | $0.00 | | | |
| L5726 | E | KNEE-SHIN EXT JNTS FLD SWG E | | | | Not Allowed | $0.00 | | | |
| L5728 | E | KNEE-SHIN FLUID SWG & STANCE | | | | Not Allowed | $0.00 | | | |
| L5780 | E | KNEE-SHIN PNEUM/HYDRA PNEUM | | | | Not Allowed | $0.00 | | | |
| L5781 | E | LOWER LIMB PROS VACUUM PUMP | | | | Not Allowed | $0.00 | | | |
| L5782 | E | HD LOW LIMB PROS VACUUM PUMP | | | | Not Allowed | $0.00 | | | |
| L5785 | E | EXOSKELETAL BK ULTRALT MATER | | | | Not Allowed | $0.00 | | | |
| L5790 | E | EXOSKELETAL AK ULTRA-LIGHT M | | | | Not Allowed | $0.00 | | | |
| L5795 | E | EXOSKEL HIP ULTRA-LIGHT MATE | | | | Not Allowed | $0.00 | | | |
| L5810 | E | ENDOSKEL KNEE-SHIN MNL LOCK | | | | Not Allowed | $0.00 | | | |
| L5811 | E | ENDO KNEE-SHIN MNL LCK ULTRA | | | | Not Allowed | $0.00 | | | |
| L5812 | E | ENDO KNEE-SHIN FRCT SWG & ST | | | | Not Allowed | $0.00 | | | |
| L5814 | E | ENDO KNEE-SHIN HYDRAL SWG PH | | | | Not Allowed | $0.00 | | | |
| L5816 | E | ENDO KNEE-SHIN POLYC MCH STA | | | | Not Allowed | $0.00 | | | |
| L5818 | E | ENDO KNEE-SHIN FRCT SWG & ST | | | | Not Allowed | $0.00 | | | |
| L5822 | E | ENDO KNEE-SHIN PNEUM SWG FRC | | | | Not Allowed | $0.00 | | | |
| L5824 | E | ENDO KNEE-SHIN FLUID SWING P | | | | Not Allowed | $0.00 | | | |
| L5826 | E | MINIATURE KNEE JOINT | | | | Not Allowed | $0.00 | | | |
| L5828 | E | ENDO KNEE-SHIN FLUID SWG/STA | | | | Not Allowed | $0.00 | | | |
| L5830 | E | ENDO KNEE-SHIN PNEUM/SWG PHA | | | | Not Allowed | $0.00 | | | |
| L5840 | E | MULTI-AXIAL KNEE/SHIN SYSTEM | | | | Not Allowed | $0.00 | | | |
| L5845 | E | KNEE-SHIN SYS STANCE FLEXION | | | | Not Allowed | $0.00 | | | |
| L5848 | E | KNEE-SHIN SYS HYDRAUL STANCE | | | | Not Allowed | $0.00 | | | |
| L5850 | E | ENDO AK/HIP KNEE EXTENS ASSI | | | | Not Allowed | $0.00 | | | |
| L5855 | E | MECH HIP EXTENSION ASSIST | | | | Not Allowed | $0.00 | | | |
| L5856 | E | ELEC KNEE-SHIN SWING/STANCE | | | | Not Allowed | $0.00 | | | |
| L5857 | E | ELEC KNEE-SHIN SWING ONLY | | | | Not Allowed | $0.00 | | | |
| L5858 | E | STANCE PHASE ONLY | | | | Not Allowed | $0.00 | | | |
| L5859 | E | KNEE-SHIN PRO FLEX/EXT CONT | | | | Not Allowed | $0.00 | | | |
| L5910 | E | ENDO BELOW KNEE ALIGNABLE SY | | | | Not Allowed | $0.00 | | | |
| L5920 | E | ENDO AK/HIP ALIGNABLE SYSTEM | | | | Not Allowed | $0.00 | | | |
| L5925 | E | ABOVE KNEE MANUAL LOCK | | | | Not Allowed | $0.00 | | | |
| L5930 | E | HIGH ACTIVITY KNEE FRAME | | | | Not Allowed | $0.00 | | | |
| L5940 | E | ENDO BK ULTRA-LIGHT MATERIAL | | | | Not Allowed | $0.00 | | | |
| L5950 | E | ENDO AK ULTRA-LIGHT MATERIAL | | | | Not Allowed | $0.00 | | | |
| L5960 | E | ENDO HIP ULTRA-LIGHT MATERIA | | | | Not Allowed | $0.00 | | | |
| L5961 | E | ENDO POLY HIP, PNEU/HYD/ROT | | | | Not Allowed | $0.00 | | | |
| L5962 | E | BELOW KNEE FLEX COVER SYSTEM | | | | Not Allowed | $0.00 | | | |
| L5964 | E | ABOVE KNEE FLEX COVER SYSTEM | | | | Not Allowed | $0.00 | | | |
| L5966 | E | HIP FLEXIBLE COVER SYSTEM | | | | Not Allowed | $0.00 | | | |
| L5968 | E | MULTIAXIAL ANKLE W DORSIFLEX | | | | Not Allowed | $0.00 | | | |
| L5969 | E | AK/FT POWER ASST INCL MOTORS | | | | Not Allowed | $0.00 | | | |
| L5970 | E | FOOT EXTERNAL KEEL SACH FOOT | | | | Not Allowed | $0.00 | | | |
| L5971 | E | SACH FOOT, REPLACEMENT | | | | Not Allowed | $0.00 | | | |
| L5972 | E | FLEXIBLE KEEL FOOT | | | | Not Allowed | $0.00 | | | |
| L5973 | E | ANK-FOOT SYS DORS-PLANT FLEX | | | | Not Allowed | $0.00 | | | |
| L5974 | E | FOOT SINGLE AXIS ANKLE/FOOT | | | | Not Allowed | $0.00 | | | |
| L5975 | E | COMBO ANKLE/FOOT PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L5976 | E | ENERGY STORING FOOT | | | | Not Allowed | $0.00 | | | |
| L5978 | E | FT PROSTH MULTIAXIAL ANKL/FT | | | | Not Allowed | $0.00 | | | |
| L5979 | E | MULTI-AXIAL ANKLE/FT PROSTH | | | | Not Allowed | $0.00 | | | |
| L5980 | E | FLEX FOOT SYSTEM | | | | Not Allowed | $0.00 | | | |
| L5981 | E | FLEX-WALK SYS LOW EXT PROSTH | | | | Not Allowed | $0.00 | | | |
| L5982 | E | EXOSKELETAL AXIAL ROTATION U | | | | Not Allowed | $0.00 | | | |
| L5984 | E | ENDOSKELETAL AXIAL ROTATION | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L5985 | E | LWR EXT DYNAMIC PROSTH PYLON | | | | Not Allowed | $0.00 | | | |
| L5986 | E | MULTI-AXIAL ROTATION UNIT | | | | Not Allowed | $0.00 | | | |
| L5987 | E | SHANK FT W VERT LOAD PYLON | | | | Not Allowed | $0.00 | | | |
| L5988 | E | VERTICAL SHOCK REDUCING PYLO | | | | Not Allowed | $0.00 | | | |
| L5990 | E | USER ADJUSTABLE HEEL HEIGHT | | | | Not Allowed | $0.00 | | | |
| L5999 | E | LOWR EXTREMITY PROSTHES NOS | | | | Not Allowed | $0.00 | | | |
| L6000 | E | PART HAND THUMB REM | | | | Not Allowed | $0.00 | | | |
| L6010 | E | PART HAND LITTLE/RING | | | | Not Allowed | $0.00 | | | |
| L6020 | E | PART HAND NO FINGERS | | | | Not Allowed | $0.00 | | | |
| L6025 | E | PART HAND DISART MYOELECTRIC | | | | Not Allowed | $0.00 | | | |
| L6026 | E | PART HAND MYO EXCLU TERM DEV | | | | Not Allowed | $0.00 | | | |
| L6050 | E | WRST MLD SCK FLX HNG TRI PAD | | | | Not Allowed | $0.00 | | | |
| L6055 | E | WRST MOLD SOCK W/EXP INTERFA | | | | Not Allowed | $0.00 | | | |
| L6100 | E | ELB MOLD SOCK FLEX HINGE PAD | | | | Not Allowed | $0.00 | | | |
| L6110 | E | ELBOW MOLD SOCK SUSPENSION T | | | | Not Allowed | $0.00 | | | |
| L6120 | E | ELBOW MOLD DOUB SPLT SOC STE | | | | Not Allowed | $0.00 | | | |
| L6130 | E | ELBOW STUMP ACTIVATED LOCK H | | | | Not Allowed | $0.00 | | | |
| L6200 | E | ELBOW MOLD OUTSID LOCK HINGE | | | | Not Allowed | $0.00 | | | |
| L6205 | E | ELBOW MOLDED W/ EXPAND INTER | | | | Not Allowed | $0.00 | | | |
| L6250 | E | ELBOW INTER LOC ELBOW FORARM | | | | Not Allowed | $0.00 | | | |
| L6300 | E | SHLDER DISART INT LOCK ELBOW | | | | Not Allowed | $0.00 | | | |
| L6310 | E | SHOULDER PASSIVE RESTOR COMP | | | | Not Allowed | $0.00 | | | |
| L6320 | E | SHOULDER PASSIVE RESTOR CAP | | | | Not Allowed | $0.00 | | | |
| L6350 | E | THORACIC INTERN LOCK ELBOW | | | | Not Allowed | $0.00 | | | |
| L6360 | E | THORACIC PASSIVE RESTOR COMP | | | | Not Allowed | $0.00 | | | |
| L6370 | E | THORACIC PASSIVE RESTOR CAP | | | | Not Allowed | $0.00 | | | |
| L6380 | E | POSTOP DSG CAST CHG WRST/ELB | | | | Not Allowed | $0.00 | | | |
| L6382 | E | POSTOP DSG CAST CHG ELB DIS/ | | | | Not Allowed | $0.00 | | | |
| L6384 | E | POSTOP DSG CAST CHG SHLDER/T | | | | Not Allowed | $0.00 | | | |
| L6386 | E | POSTOP EA CAST CHG & REALIGN | | | | Not Allowed | $0.00 | | | |
| L6388 | E | POSTOP APPLICAT RIGID DSG ON | | | | Not Allowed | $0.00 | | | |
| L6400 | E | BELOW ELBOW PROSTH TISS SHAP | | | | Not Allowed | $0.00 | | | |
| L6450 | E | ELB DISART PROSTH TISS SHAP | | | | Not Allowed | $0.00 | | | |
| L6500 | E | ABOVE ELBOW PROSTH TISS SHAP | | | | Not Allowed | $0.00 | | | |
| L6550 | E | SHLDR DISAR PROSTH TISS SHAP | | | | Not Allowed | $0.00 | | | |
| L6570 | E | SCAP THORAC PROSTH TISS SHAP | | | | Not Allowed | $0.00 | | | |
| L6580 | E | WRIST/ELBOW BOWDEN CABLE MOL | | | | Not Allowed | $0.00 | | | |
| L6582 | E | WRIST/ELBOW BOWDEN CBL DIR F | | | | Not Allowed | $0.00 | | | |
| L6584 | E | ELBOW FAIR LEAD CABLE MOLDED | | | | Not Allowed | $0.00 | | | |
| L6586 | E | ELBOW FAIR LEAD CABLE DIR FO | | | | Not Allowed | $0.00 | | | |
| L6588 | E | SHDR FAIR LEAD CABLE MOLDED | | | | Not Allowed | $0.00 | | | |
| L6590 | E | SHDR FAIR LEAD CABLE DIRECT | | | | Not Allowed | $0.00 | | | |
| L6600 | E | POLYCENTRIC HINGE PAIR | | | | Not Allowed | $0.00 | | | |
| L6605 | E | SINGLE PIVOT HINGE PAIR | | | | Not Allowed | $0.00 | | | |
| L6610 | E | FLEXIBLE METAL HINGE PAIR | | | | Not Allowed | $0.00 | | | |
| L6611 | E | ADDITIONAL SWITCH, EXT POWER | | | | Not Allowed | $0.00 | | | |
| L6615 | E | DISCONNECT LOCKING WRIST UNI | | | | Not Allowed | $0.00 | | | |
| L6616 | E | DISCONNECT INSERT LOCKING WR | | | | Not Allowed | $0.00 | | | |
| L6620 | E | FLEXION/EXTENSION WRIST UNIT | | | | Not Allowed | $0.00 | | | |
| L6621 | E | FLEX/EXT WRIST W/WO FRICTION | | | | Not Allowed | $0.00 | | | |
| L6623 | E | SPRING-ASS ROT WRST W/ LATCH | | | | Not Allowed | $0.00 | | | |
| L6624 | E | FLEX/EXT/ROTATION WRIST UNIT | | | | Not Allowed | $0.00 | | | |
| L6625 | E | ROTATION WRST W/ CABLE LOCK | | | | Not Allowed | $0.00 | | | |
| L6628 | E | QUICK DISCONN HOOK ADAPTER O | | | | Not Allowed | $0.00 | | | |
| L6629 | E | LAMINATION COLLAR W/ COUPLIN | | | | Not Allowed | $0.00 | | | |
| L6630 | E | STAINLESS STEEL ANY WRIST | | | | Not Allowed | $0.00 | | | |
| L6632 | E | LATEX SUSPENSION SLEEVE EACH | | | | Not Allowed | $0.00 | | | |
| L6635 | E | LIFT ASSIST FOR ELBOW | | | | Not Allowed | $0.00 | | | |
| L6637 | E | NUDGE CONTROL ELBOW LOCK | | | | Not Allowed | $0.00 | | | |
| L6638 | E | ELEC LOCK ON MANUAL PW ELBOW | | | | Not Allowed | $0.00 | | | |
| L6640 | E | SHOULDER ABDUCTION JOINT PAI | | | | Not Allowed | $0.00 | | | |
| L6641 | E | EXCURSION AMPLIFIER PULLEY T | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L6642 | E | EXCURSION AMPLIFIER LEVER TY | | | | Not Allowed | $0.00 | | | |
| L6645 | E | SHOULDER FLEXION-ABDUCTION J | | | | Not Allowed | $0.00 | | | |
| L6646 | E | MULTIPO LOCKING SHOULDER JNT | | | | Not Allowed | $0.00 | | | |
| L6647 | E | SHOULDER LOCK ACTUATOR | | | | Not Allowed | $0.00 | | | |
| L6648 | E | EXT PWRD SHLDER LOCK/UNLOCK | | | | Not Allowed | $0.00 | | | |
| L6650 | E | SHOULDER UNIVERSAL JOINT | | | | Not Allowed | $0.00 | | | |
| L6655 | E | STANDARD CONTROL CABLE EXTRA | | | | Not Allowed | $0.00 | | | |
| L6660 | E | HEAVY DUTY CONTROL CABLE | | | | Not Allowed | $0.00 | | | |
| L6665 | E | TEFLON OR EQUAL CABLE LINING | | | | Not Allowed | $0.00 | | | |
| L6670 | E | HOOK TO HAND CABLE ADAPTER | | | | Not Allowed | $0.00 | | | |
| L6672 | E | HARNESS CHEST/SHLDER SADDLE | | | | Not Allowed | $0.00 | | | |
| L6675 | E | HARNESS FIGURE OF 8 SING CON | | | | Not Allowed | $0.00 | | | |
| L6676 | E | HARNESS FIGURE OF 8 DUAL CON | | | | Not Allowed | $0.00 | | | |
| L6677 | E | UE TRIPLE CONTROL HARNESS | | | | Not Allowed | $0.00 | | | |
| L6680 | E | TEST SOCK WRIST DISART/BEL E | | | | Not Allowed | $0.00 | | | |
| L6682 | E | TEST SOCK ELBW DISART/ABOVE | | | | Not Allowed | $0.00 | | | |
| L6684 | E | TEST SOCKET SHLDR DISART/THO | | | | Not Allowed | $0.00 | | | |
| L6686 | E | SUCTION SOCKET | | | | Not Allowed | $0.00 | | | |
| L6687 | E | FRAME TYP SOCKET BEL ELBOW/W | | | | Not Allowed | $0.00 | | | |
| L6688 | E | FRAME TYP SOCK ABOVE ELB/DIS | | | | Not Allowed | $0.00 | | | |
| L6689 | E | FRAME TYP SOCKET SHOULDER DI | | | | Not Allowed | $0.00 | | | |
| L6690 | E | FRAME TYP SOCK INTERSCAP-THO | | | | Not Allowed | $0.00 | | | |
| L6691 | E | REMOVABLE INSERT EACH | | | | Not Allowed | $0.00 | | | |
| L6692 | E | SILICONE GEL INSERT OR EQUAL | | | | Not Allowed | $0.00 | | | |
| L6693 | E | LOCKINGELBOW FOREARM CNTRBAL | | | | Not Allowed | $0.00 | | | |
| L6694 | E | ELBOW SOCKET INS USE W/LOCK | | | | Not Allowed | $0.00 | | | |
| L6695 | E | ELBOW SOCKET INS USE W/O LCK | | | | Not Allowed | $0.00 | | | |
| L6696 | E | CUS ELBO SKT IN FOR CON/ATYP | | | | Not Allowed | $0.00 | | | |
| L6697 | E | CUS ELBO SKT IN NOT CON/ATYP | | | | Not Allowed | $0.00 | | | |
| L6698 | E | BELOW/ABOVE ELBOW LOCK MECH | | | | Not Allowed | $0.00 | | | |
| L6703 | E | TERM DEV, PASSIVE HAND MITT | | | | Not Allowed | $0.00 | | | |
| L6704 | E | TERM DEV, SPORT/REC/WORK ATT | | | | Not Allowed | $0.00 | | | |
| L6706 | E | TERM DEV MECH HOOK VOL OPEN | | | | Not Allowed | $0.00 | | | |
| L6707 | E | TERM DEV MECH HOOK VOL CLOSE | | | | Not Allowed | $0.00 | | | |
| L6708 | E | TERM DEV MECH HAND VOL OPEN | | | | Not Allowed | $0.00 | | | |
| L6709 | E | TERM DEV MECH HAND VOL CLOSE | | | | Not Allowed | $0.00 | | | |
| L6711 | E | PED TERM DEV, HOOK, VOL OPEN | | | | Not Allowed | $0.00 | | | |
| L6712 | E | PED TERM DEV, HOOK, VOL CLOS | | | | Not Allowed | $0.00 | | | |
| L6713 | E | PED TERM DEV, HAND, VOL OPEN | | | | Not Allowed | $0.00 | | | |
| L6714 | E | PED TERM DEV, HAND, VOL CLOS | | | | Not Allowed | $0.00 | | | |
| L6715 | E | TERM DEVICE, MULTI ART DIGIT | | | | Not Allowed | $0.00 | | | |
| L6721 | E | HOOK/HAND, HVY DTY, VOL OPEN | | | | Not Allowed | $0.00 | | | |
| L6722 | E | HOOK/HAND, HVY DTY, VOL CLOS | | | | Not Allowed | $0.00 | | | |
| L6805 | E | TERM DEV MODIFIER WRIST UNIT | | | | Not Allowed | $0.00 | | | |
| L6810 | E | TERM DEV PRECISION PINCH DEV | | | | Not Allowed | $0.00 | | | |
| L6880 | E | ELEC HAND IND ART DIGITS | | | | Not Allowed | $0.00 | | | |
| L6881 | E | TERM DEV AUTO GRASP FEATURE | | | | Not Allowed | $0.00 | | | |
| L6882 | E | MICROPROCESSOR CONTROL UPLMB | | | | Not Allowed | $0.00 | | | |
| L6883 | E | REPLC SOCKT BELOW E/W DISA | | | | Not Allowed | $0.00 | | | |
| L6884 | E | REPLC SOCKT ABOVE ELBOW DISA | | | | Not Allowed | $0.00 | | | |
| L6885 | E | REPLC SOCKT SHLDR DIS/INTERC | | | | Not Allowed | $0.00 | | | |
| L6890 | E | PREFAB GLOVE FOR TERM DEVICE | | | | Not Allowed | $0.00 | | | |
| L6895 | E | CUSTOM GLOVE FOR TERM DEVICE | | | | Not Allowed | $0.00 | | | |
| L6900 | E | HAND RESTORAT THUMB/1 FINGER | | | | Not Allowed | $0.00 | | | |
| L6905 | E | HAND RESTORATION MULTIPLE FI | | | | Not Allowed | $0.00 | | | |
| L6910 | E | HAND RESTORATION NO FINGERS | | | | Not Allowed | $0.00 | | | |
| L6915 | E | HAND RESTORATION REPLACMNT G | | | | Not Allowed | $0.00 | | | |
| L6920 | E | WRIST DISARTICUL SWITCH CTRL | | | | Not Allowed | $0.00 | | | |
| L6925 | E | WRIST DISART MYOELECTRONIC C | | | | Not Allowed | $0.00 | | | |
| L6930 | E | BELOW ELBOW SWITCH CONTROL | | | | Not Allowed | $0.00 | | | |
| L6935 | E | BELOW ELBOW MYOELECTRONIC CT | | | | Not Allowed | $0.00 | | | |
| L6940 | E | ELBOW DISARTICULATION SWITCH | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L6945 | E | ELBOW DISART MYOELECTRONIC C | | | | Not Allowed | $0.00 | | | |
| L6950 | E | ABOVE ELBOW SWITCH CONTROL | | | | Not Allowed | $0.00 | | | |
| L6955 | E | ABOVE ELBOW MYOELECTRONIC CT | | | | Not Allowed | $0.00 | | | |
| L6960 | E | SHLDR DISARTIC SWITCH CONTRO | | | | Not Allowed | $0.00 | | | |
| L6965 | E | SHLDR DISARTIC MYOELECTRONIC | | | | Not Allowed | $0.00 | | | |
| L6970 | E | INTERSCAPULAR-THOR SWITCH CT | | | | Not Allowed | $0.00 | | | |
| L6975 | E | INTERSCAP-THOR MYOELECTRONIC | | | | Not Allowed | $0.00 | | | |
| L7007 | E | ADULT ELECTRIC HAND | | | | Not Allowed | $0.00 | | | |
| L7008 | E | PEDIATRIC ELECTRIC HAND | | | | Not Allowed | $0.00 | | | |
| L7009 | E | ADULT ELECTRIC HOOK | | | | Not Allowed | $0.00 | | | |
| L7040 | E | PREHENSILE ACTUATOR | | | | Not Allowed | $0.00 | | | |
| L7045 | E | PEDIATRIC ELECTRIC HOOK | | | | Not Allowed | $0.00 | | | |
| L7170 | E | ELECTRONIC ELBOW HOSMER SWIT | | | | Not Allowed | $0.00 | | | |
| L7180 | E | ELECTRONIC ELBOW SEQUENTIAL | | | | Not Allowed | $0.00 | | | |
| L7181 | E | ELECTRONIC ELBO SIMULTANEOUS | | | | Not Allowed | $0.00 | | | |
| L7185 | E | ELECTRON ELBOW ADOLESCENT SW | | | | Not Allowed | $0.00 | | | |
| L7186 | E | ELECTRON ELBOW CHILD SWITCH | | | | Not Allowed | $0.00 | | | |
| L7190 | E | ELBOW ADOLESCENT MYOELECTRON | | | | Not Allowed | $0.00 | | | |
| L7191 | E | ELBOW CHILD MYOELECTRONIC CT | | | | Not Allowed | $0.00 | | | |
| L7259 | E | ELECTRONIC WRIST ROTATOR ANY | | | | Not Allowed | $0.00 | | | |
| L7260 | E | ELECTRON WRIST ROTATOR OTTO | | | | Not Allowed | $0.00 | | | |
| L7261 | E | ELECTRON WRIST ROTATOR UTAH | | | | Not Allowed | $0.00 | | | |
| L7360 | E | SIX VOLT BAT OTTO BOCK/EQ EA | | | | Not Allowed | $0.00 | | | |
| L7362 | E | BATTERY CHRGR SIX VOLT OTTO | | | | Not Allowed | $0.00 | | | |
| L7364 | E | TWELVE VOLT BATTERY UTAH/EQU | | | | Not Allowed | $0.00 | | | |
| L7366 | E | BATTERY CHRGR 12 VOLT UTAH/E | | | | Not Allowed | $0.00 | | | |
| L7367 | E | REPLACEMNT LITHIUM IONBATTER | | | | Not Allowed | $0.00 | | | |
| L7368 | E | LITHIUM ION BATTERY CHARGER | | | | Not Allowed | $0.00 | | | |
| L7400 | E | ADD UE PROST BE/WD, ULTLITE | | | | Not Allowed | $0.00 | | | |
| L7401 | E | ADD UE PROST A/E ULTLITE MAT | | | | Not Allowed | $0.00 | | | |
| L7402 | E | ADD UE PROST S/D ULTLITE MAT | | | | Not Allowed | $0.00 | | | |
| L7403 | E | ADD UE PROST B/E ACRYLIC | | | | Not Allowed | $0.00 | | | |
| L7404 | E | ADD UE PROST A/E ACRYLIC | | | | Not Allowed | $0.00 | | | |
| L7405 | E | ADD UE PROST S/D ACRYLIC | | | | Not Allowed | $0.00 | | | |
| L7499 | E | UPPER EXTREMITY PROSTHES NOS | | | | Not Allowed | $0.00 | | | |
| L7510 | E | PROSTHETIC DEVICE REPAIR REP | | | | Not Allowed | $0.00 | | | |
| L7520 | E | REPAIR PROSTHESIS PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| L7600 | E | PROSTHETIC DONNING SLEEVE | | | | Not Allowed | $0.00 | | | |
| L7900 | E | MALE VACUUM ERECTION SYSTEM | | | | Not Allowed | $0.00 | | | |
| L7902 | E | TENSION RING, VAC ERECT DEV | | | | Not Allowed | $0.00 | | | |
| L8000 | E | MASTECTOMY BRA | | | | Not Allowed | $0.00 | | | |
| L8001 | E | BREAST PROSTHESIS BRA & FORM | | | | Not Allowed | $0.00 | | | |
| L8002 | E | BRST PRSTH BRA & BILAT FORM | | | | Not Allowed | $0.00 | | | |
| L8010 | E | MASTECTOMY SLEEVE | | | | Not Allowed | $0.00 | | | |
| L8015 | E | EXT BREASTPROSTHESIS GARMENT | | | | Not Allowed | $0.00 | | | |
| L8020 | E | MASTECTOMY FORM | | | | Not Allowed | $0.00 | | | |
| L8030 | E | BREAST PROSTHES W/O ADHESIVE | | | | Not Allowed | $0.00 | | | |
| L8031 | E | BREAST PROSTHESIS W ADHESIVE | | | | Not Allowed | $0.00 | | | |
| L8032 | E | REUSABLE NIPPLE PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8035 | E | CUSTOM BREAST PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8039 | E | BREAST PROSTHESIS NOS | | | | Not Allowed | $0.00 | | | |
| L8040 | E | NASAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8041 | E | MIDFACIAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8042 | E | ORBITAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8043 | E | UPPER FACIAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8044 | E | HEMI-FACIAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8045 | E | AURICULAR PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8046 | E | PARTIAL FACIAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8047 | E | NASAL SEPTAL PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| L8048 | E | UNSPEC MAXILLOFACIAL PROSTH | | | | Not Allowed | $0.00 | | | |
| L8049 | E | REPAIR MAXILLOFACIAL PROSTH | | | | Not Allowed | $0.00 | | | |
| L8300 | E | TRUSS SINGLE W/ STANDARD PAD | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L8310 | E | TRUSS DOUBLE W/ STANDARD PAD | | | | Not Allowed | $0.00 | | | |
| L8320 | E | TRUSS ADDITION TO STD PAD WA | | | | Not Allowed | $0.00 | | | |
| L8330 | E | TRUSS ADD TO STD PAD SCROTAL | | | | Not Allowed | $0.00 | | | |
| L8400 | E | SHEATH BELOW KNEE | | | | Not Allowed | $0.00 | | | |
| L8410 | E | SHEATH ABOVE KNEE | | | | Not Allowed | $0.00 | | | |
| L8415 | E | SHEATH UPPER LIMB | | | | Not Allowed | $0.00 | | | |
| L8417 | E | PROS SHEATH/SOCK W GEL CUSHN | | | | Not Allowed | $0.00 | | | |
| L8420 | E | PROSTHETIC SOCK MULTI PLY BK | | | | Not Allowed | $0.00 | | | |
| L8430 | E | PROSTHETIC SOCK MULTI PLY AK | | | | Not Allowed | $0.00 | | | |
| L8435 | E | PROS SOCK MULTI PLY UPPER LM | | | | Not Allowed | $0.00 | | | |
| L8440 | E | SHRINKER BELOW KNEE | | | | Not Allowed | $0.00 | | | |
| L8460 | E | SHRINKER ABOVE KNEE | | | | Not Allowed | $0.00 | | | |
| L8465 | E | SHRINKER UPPER LIMB | | | | Not Allowed | $0.00 | | | |
| L8470 | E | PROS SOCK SINGLE PLY BK | | | | Not Allowed | $0.00 | | | |
| L8480 | E | PROS SOCK SINGLE PLY AK | | | | Not Allowed | $0.00 | | | |
| L8485 | E | PROS SOCK SINGLE PLY UPPER L | | | | Not Allowed | $0.00 | | | |
| L8499 | E | UNLISTED MISC PROSTHETIC SER | | | | Not Allowed | $0.00 | | | |
| L8500 | E | ARTIFICIAL LARYNX | | | | Not Allowed | $0.00 | | | |
| L8501 | E | TRACHEOSTOMY SPEAKING VALVE | | | | Not Allowed | $0.00 | | | |
| L8505 | E | ARTIFICIAL LARYNX, ACCESSORY | | | | Not Allowed | $0.00 | | | |
| L8507 | E | TRACH-ESOPH VOICE PROS PT IN | | | | Not Allowed | $0.00 | | | |
| L8509 | E | TRACH-ESOPH VOICE PROS MD IN | | | | Not Allowed | $0.00 | | | |
| L8510 | E | VOICE AMPLIFIER | | | | Not Allowed | $0.00 | | | |
| L8511 | E | INDWELLING TRACH INSERT | | | | Not Allowed | $0.00 | | | |
| L8512 | E | GEL CAP FOR TRACH VOICE PROS | | | | Not Allowed | $0.00 | | | |
| L8513 | E | TRACH PROS CLEANING DEVICE | | | | Not Allowed | $0.00 | | | |
| L8514 | E | REPL TRACH PUNCTURE DILATOR | | | | Not Allowed | $0.00 | | | |
| L8515 | E | GEL CAP APP DEVICE FOR TRACH | | | | Not Allowed | $0.00 | | | |
| L8600 | N | IMPLANT BREAST SILICONE/EQ | | | | Bundled | $0.00 | | | |
| L8603 | N | COLLAGEN IMP URINARY 2.5 ML | | | | Bundled | $0.00 | | | |
| L8604 | N | DEXTRANOMER/HYALURONIC ACID | | | | Bundled | $0.00 | | | |
| L8605 | N | INJ BULKING AGENT ANAL CANAL | | | | Bundled | $0.00 | | | |
| L8606 | N | SYNTHETIC IMPLNT URINARY 1ML | | | | Bundled | $0.00 | | | |
| L8607 | N | INJ VOCAL CORD BULKING AGENT | | | | Bundled | $0.00 | | | |
| L8609 | N | ARTIFICIAL CORNEA | | | | Bundled | $0.00 | | | |
| L8610 | N | OCULAR IMPLANT | | | | Bundled | $0.00 | | | |
| L8612 | N | AQUEOUS SHUNT PROSTHESIS | | | | Bundled | $0.00 | | | |
| L8613 | N | OSSICULAR IMPLANT | | | | Bundled | $0.00 | | | |
| L8614 | N | COCHLEAR DEVICE | | | | Bundled | $0.00 | | | |
| L8615 | E | COCH IMPLANT HEADSET REPLACE | | | | Not Allowed | $0.00 | | | |
| L8616 | E | COCH IMPLANT MICROPHONE REPL | | | | Not Allowed | $0.00 | | | |
| L8617 | E | COCH IMPLANT TRANS COIL REPL | | | | Not Allowed | $0.00 | | | |
| L8618 | E | COCH IMPLANT TRAN CABLE REPL | | | | Not Allowed | $0.00 | | | |
| L8619 | E | COCH IMP EXT PROC/CONTR RPLC | | | | Not Allowed | $0.00 | | | |
| L8621 | E | REPL ZINC AIR BATTERY | | | | Not Allowed | $0.00 | | | |
| L8622 | E | REPL ALKALINE BATTERY | | | | Not Allowed | $0.00 | | | |
| L8623 | E | LITH ION BATT CID,NON-EARLVL | | | | Not Allowed | $0.00 | | | |
| L8624 | E | LITH ION BATT CID, EAR LEVEL | | | | Not Allowed | $0.00 | | | |
| L8627 | E | CID EXT SPEECH PROCESS REPL | | | | Not Allowed | $0.00 | | | |
| L8628 | E | CID EXT CONTROLLER REPL | | | | Not Allowed | $0.00 | | | |
| L8629 | E | CID TRANSMIT COIL AND CABLE | | | | Not Allowed | $0.00 | | | |
| L8630 | N | METACARPOPHALANGEAL IMPLANT | | | | Bundled | $0.00 | | | |
| L8631 | N | MCP JOINT REPL 2 PC OR MORE | | | | Bundled | $0.00 | | | |
| L8641 | N | METATARSAL JOINT IMPLANT | | | | Bundled | $0.00 | | | |
| L8642 | N | HALLUX IMPLANT | | | | Bundled | $0.00 | | | |
| L8658 | N | INTERPHALANGEAL JOINT SPACER | | | | Bundled | $0.00 | | | |
| L8659 | N | INTERPHALANGEAL JOINT REPL | | | | Bundled | $0.00 | | | |
| L8670 | N | VASCULAR GRAFT, SYNTHETIC | | | | Bundled | $0.00 | | | |
| L8679 | E | IMP NEUROSTI PLS GN ANY TYPE | | | | Not Allowed | $0.00 | | | |
| L8680 | E | IMPLT NEUROSTIM ELCTR EACH | | | | Not Allowed | $0.00 | | | |
| L8681 | E | PT PRGRM FOR IMPLT NEUROSTIM | | | | Not Allowed | $0.00 | | | |
| L8682 | E | IMPLT NEUROSTIM RADIOFQ REC | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| L8683 | E | RADIOFQ TRSMTR FOR IMPLT NEU | | | | Not Allowed | $0.00 | | | |
| L8684 | E | RADIOF TRSMTR IMPLT SCRL NEU | | | | Not Allowed | $0.00 | | | |
| L8685 | E | IMPLT NROSTM PLS GEN SNG REC | | | | Not Allowed | $0.00 | | | |
| L8686 | E | IMPLT NROSTM PLS GEN SNG NON | | | | Not Allowed | $0.00 | | | |
| L8687 | E | IMPLT NROSTM PLS GEN DUA REC | | | | Not Allowed | $0.00 | | | |
| L8688 | E | IMPLT NROSTM PLS GEN DUA NON | | | | Not Allowed | $0.00 | | | |
| L8689 | E | EXTERNAL RECHARG SYS INTERN | | | | Not Allowed | $0.00 | | | |
| L8690 | N | AUD OSSEO DEV, INT/EXT COMP | | | | Bundled | $0.00 | | | |
| L8691 | E | OSSEOINTEGRATED SND PROC RPL | | | | Not Allowed | $0.00 | | | |
| L8692 | E | NON-OSSEOINTEGRATED SND PROC | | | | Not Allowed | $0.00 | | | |
| L8693 | E | AUD OSSEO DEV, ABUTMENT | | | | Not Allowed | $0.00 | | | |
| L8695 | E | EXTERNAL RECHARG SYS EXTERN | | | | Not Allowed | $0.00 | | | |
| L8696 | E | EXT ANTENNA PHREN NERVE STIM | | | | Not Allowed | $0.00 | | | |
| L8699 | N | PROSTHETIC IMPLANT NOS | | | | Bundled | $0.00 | | | |
| L9900 | E | O&P SUPPLY/ACCESSORY/SERVICE | | | | Not Allowed | $0.00 | | | |
| M0075 | E | CELLULAR THERAPY | | | | Not Allowed | $0.00 | | | |
| M0076 | E | PROLOTHERAPY | | | | Not Allowed | $0.00 | | | |
| M0100 | E | INTRAGASTRIC HYPOTHERMIA | | | | Not Allowed | $0.00 | | | |
| M0300 | E | IV CHELATIONTHERAPY | | | | Not Allowed | $0.00 | | | |
| M0301 | E | FABRIC WRAPPING OF ANEURYSM | | | | Not Allowed | $0.00 | | | |
| P2028 | Q | CEPHALIN FLOCULATION TEST | | | | Charge Ratio | $0.00 | | | |
| P2029 | Q | CONGO RED BLOOD TEST | | | | Charge Ratio | $0.00 | | | |
| P2031 | E | HAIR ANALYSIS | | | | Not Allowed | $0.00 | | | |
| P2033 | Q | BLOOD THYMOL TURBIDITY | | | | Charge Ratio | $0.00 | | | |
| P2038 | Q | BLOOD MUCOPROTEIN | | | | Medicare | $11.42 | $7.08 | $6.85 | |
| P3000 | Q | SCREEN PAP BY TECH W MD SUPV | | | | Medicare | $23.98 | $14.87 | $14.39 | |
| P3001 | E | SCREENING PAP SMEAR BY PHYS | | | | Not Allowed | $0.00 | | | |
| P7001 | E | CULTURE BACTERIAL URINE | | | | Not Allowed | $0.00 | | | |
| P9010 | R | WHOLE BLOOD FOR TRANSFUSION | | 09510 | 3.0060 | APC | $170.26 | | | |
| P9011 | R | BLOOD SPLIT UNIT | | 09520 | 1.3903 | APC | $78.75 | | | |
| P9012 | R | CRYOPRECIPITATE EACH UNIT | | 09511 | 0.8090 | APC | $45.82 | | | |
| P9016 | R | RBC LEUKOCYTES REDUCED | | 09512 | 2.5004 | APC | $141.62 | | | |
| P9017 | R | PLASMA 1 DONOR FRZ W/IN 8 HR | | 09508 | 0.9842 | APC | $55.75 | | | |
| P9019 | R | PLATELETS, EACH UNIT | | 09515 | 1.6010 | APC | $90.68 | | | |
| P9020 | R | PLAELET RICH PLASMA UNIT | | 09516 | 1.6298 | APC | $92.31 | | | |
| P9021 | R | RED BLOOD CELLS UNIT | | 09517 | 1.9775 | APC | $112.01 | | | |
| P9022 | R | WASHED RED BLOOD CELLS UNIT | | 09518 | 4.1703 | APC | $236.21 | | | |
| P9023 | R | FROZEN PLASMA, POOLED, SD | | 09509 | 1.0295 | APC | $58.31 | | | |
| P9031 | R | PLATELETS LEUKOCYTES REDUCED | | 09526 | 1.5777 | APC | $89.36 | | | |
| P9032 | R | PLATELETS, IRRADIATED | | 09500 | 2.1579 | APC | $122.22 | | | |
| P9033 | R | PLATELETS LEUKOREDUCED IRRAD | | 09521 | 2.1985 | APC | $124.52 | | | |
| P9034 | R | PLATELETS, PHERESIS | | 09507 | 5.7667 | APC | $326.63 | | | |
| P9035 | R | PLATELET PHERES LEUKOREDUCED | | 09501 | 6.6231 | APC | $375.13 | | | |
| P9036 | R | PLATELET PHERESIS IRRADIATED | | 09502 | 7.1633 | APC | $405.73 | | | |
| P9037 | R | PLATE PHERES LEUKOREDU IRRAD | | 09530 | 8.7060 | APC | $493.11 | | | |
| P9038 | R | RBC IRRADIATED | | 09505 | 2.7917 | APC | $158.12 | | | |
| P9039 | R | RBC DEGLYCEROLIZED | | 09504 | 5.1586 | APC | $292.18 | | | |
| P9040 | R | RBC LEUKOREDUCED IRRADIATED | | 09522 | 3.6301 | APC | $205.61 | | | |
| P9041 | K | ALBUMIN (HUMAN),5%, 50ML | | 00961 | 0.1999 | APC (blood and non-blood product codes) | $11.32 | | | |
| P9043 | R | PLASMA PROTEIN FRACT,5%,50ML | | 09514 | 0.3836 | APC | $21.73 | | | |
| P9044 | R | CRYOPRECIPITATEREDUCEDPLASMA | | 09523 | 0.6934 | APC | $39.27 | | | |
| P9045 | K | ALBUMIN (HUMAN), 5%, 250 ML | | 00963 | 0.9661 | APC (blood and non-blood product codes) | $54.72 | | | |
| P9046 | K | ALBUMIN (HUMAN), 25%, 20 ML | | 00964 | 0.3971 | APC (blood and non-blood product codes) | $22.49 | | | |
| P9047 | K | ALBUMIN (HUMAN), 25%, 50ML | | 00965 | 0.9435 | APC (blood and non-blood product codes) | $53.44 | | | |
| P9048 | R | PLASMAPROTEIN FRACT,5%,250ML | | 09519 | 0.5470 | APC | $30.98 | | | |
| P9050 | R | GRANULOCYTES, PHERESIS UNIT | | 09506 | 20.5965 | APC | $1,166.59 | | | |
| P9051 | R | BLOOD, L/R, CMV-NEG | | 09524 | 2.7190 | APC | $154.00 | | | |
| P9052 | R | PLATELETS, HLA-M, L/R, UNIT | | 09525 | 9.5623 | APC | $541.61 | | | |
| P9053 | R | PLT, PHER, L/R CMV-NEG, IRR | | 09531 | 8.0159 | APC | $454.02 | | | |
| P9054 | R | BLOOD, L/R, FROZ/DEGLY/WASH | | 09527 | 4.3578 | APC | $246.83 | | | |
| P9055 | R | PLT, APH/PHER, L/R, CMV-NEG | | 09528 | 6.2730 | APC | $355.30 | | | |
| P9056 | R | BLOOD, L/R, IRRADIATED | | 09529 | 1.7282 | APC | $97.89 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| P9057 | R | RBC, FRZ/DEG/WSH, L/R, IRRAD | | 09532 | 2.7582 | APC | $156.22 | | | |
| P9058 | R | RBC, L/R, CMV-NEG, IRRAD | | 09533 | 3.3806 | APC | $191.48 | | | |
| P9059 | R | PLASMA, FRZ BETWEEN 8-24HOUR | | 09513 | 0.9912 | APC | $56.14 | | | |
| P9060 | R | FR FRZ PLASMA DONOR RETESTED | | 09503 | 0.6974 | APC | $39.50 | | | |
| P9070 | R | PATHOGEN REDUCED PLASMA POOL | | 09534 | 0.9912 | APC | $56.14 | | | |
| P9071 | R | PATHOGEN REDUCED PLASMA SING | | 09535 | 0.9842 | APC | $55.75 | | | |
| P9072 | R | PATHOGEN REDUCED PLATELETS | | 09536 | 8.7060 | APC | $493.11 | | | |
| P9603 | E | ONE-WAY ALLOW PRORATED MILES | | | | Not Allowed | $0.00 | | | |
| P9604 | E | ONE-WAY ALLOW PRORATED TRIP | | | | Not Allowed | $0.00 | | | |
| P9612 | N | CATHETERIZE FOR URINE SPEC | | | | Bundled | $0.00 | | | |
| P9615 | N | URINE SPECIMEN COLLECT MULT | | | | Bundled | $0.00 | | | |
| Q0035 | N | CARDIOKYMOGRAPHY | | 05732 | 0.4139 | Bundled, sometimes payable | $23.44 | | | |
| Q0081 | E | INFUSION THER OTHER THAN CHE | | | | Not Allowed | $0.00 | | | |
| Q0083 | E | CHEMO BY OTHER THAN INFUSION | | | | Not Allowed | $0.00 | | | |
| Q0084 | E | CHEMOTHERAPY BY INFUSION | | | | Not Allowed | $0.00 | | | |
| Q0085 | E | CHEMO BY BOTH INFUSION AND O | | | | Not Allowed | $0.00 | | | |
| Q0091 | S | OBTAINING SCREEN PAP SMEAR | | 05731 | 0.1722 | APC | $9.75 | | | |
| Q0092 | N | SET UP PORT XRAY EQUIPMENT | | | | Bundled | $0.00 | | | |
| Q0111 | Q | WET MOUNTS/ W PREPARATIONS | | | | Medicare | $9.70 | $6.01 | $5.82 | |
| Q0112 | Q | POTASSIUM HYDROXIDE PREPS | | | | Medicare | $9.70 | $6.01 | $5.82 | |
| Q0113 | Q | PINWORM EXAMINATIONS | | | | Medicare | $10.35 | $6.42 | $6.21 | |
| Q0114 | Q | FERN TEST | | | | Medicare | $16.25 | $10.08 | $9.75 | |
| Q0115 | E | POST-COITAL MUCOUS EXAM | | | | Not Allowed | $0.00 | | | |
| Q0138 | K | FERUMOXYTOL, NON-ESRD | | 01297 | 0.0152 | APC (blood and non-blood product codes) | $0.86 | | | |
| Q0139 | K | FERUMOXYTOL, ESRD USE | | 01485 | 0.0152 | APC (blood and non-blood product codes) | $0.86 | | | |
| Q0144 | E | AZITHROMYCIN DIHYDRATE, ORAL | | | | Not Allowed | $0.00 | | | |
| Q0161 | N | CHLORPROMAZINE HCL 5MG ORAL | | | | Bundled | $0.00 | | | |
| Q0162 | N | ONDANSETRON ORAL | | | | Bundled | $0.00 | | | |
| Q0163 | N | DIPHENHYDRAMINE HCL 50MG | | | | Bundled | $0.00 | | | |
| Q0164 | N | PROCHLORPERAZINE MALEATE 5MG | | | | Bundled | $0.00 | | | |
| Q0166 | N | GRANISETRON HCL 1 MG ORAL | | | | Bundled | $0.00 | | | |
| Q0167 | N | DRONABINOL 2.5MG ORAL | | | | Bundled | $0.00 | | | |
| Q0169 | N | PROMETHAZINE HCL 12.5MG ORAL | | | | Bundled | $0.00 | | | |
| Q0173 | N | TRIMETHOBENZAMIDE HCL 250MG | | | | Bundled | $0.00 | | | |
| Q0174 | E | THIETHYLPERAZINE MALEATE10MG | | | | Not Allowed | $0.00 | | | |
| Q0175 | N | PERPHENAZINE 4MG ORAL | | | | Bundled | $0.00 | | | |
| Q0177 | N | HYDROXYZINE PAMOATE 25MG | | | | Bundled | $0.00 | | | |
| Q0180 | N | DOLASETRON MESYLATE ORAL | | | | Bundled | $0.00 | | | |
| Q0181 | N | UNSPECIFIED ORAL ANTI-EMETIC | | | | Bundled | $0.00 | | | |
| Q0478 | E | POWER ADAPTER, COMBO VAD | | | | Not Allowed | $0.00 | | | |
| Q0479 | E | POWER MODULE COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0480 | E | DRIVER PNEUMATIC VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0481 | E | MICROPRCSR CU ELEC VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0482 | E | MICROPRCSR CU COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0483 | E | MONITOR ELEC VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0484 | E | MONITOR ELEC OR COMB VAD REP | | | | Not Allowed | $0.00 | | | |
| Q0485 | E | MONITOR CABLE ELEC VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0486 | E | MON CABLE ELEC/PNEUM VAD REP | | | | Not Allowed | $0.00 | | | |
| Q0487 | E | LEADS ANY TYPE VAD, REP ONLY | | | | Not Allowed | $0.00 | | | |
| Q0488 | E | PWR PACK BASE ELEC VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0489 | E | PWR PCK BASE COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0490 | E | EMR PWR SOURCE ELEC VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0491 | E | EMR PWR SOURCE COMBO VAD REP | | | | Not Allowed | $0.00 | | | |
| Q0492 | E | EMR PWR CBL ELEC VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0493 | E | EMR PWR CBL COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0494 | E | EMR HD PMP ELEC/COMBO, REP | | | | Not Allowed | $0.00 | | | |
| Q0495 | E | CHARGER ELEC/COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0496 | E | BATTERY ELEC/COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0497 | E | BAT CLPS ELEC/COMB VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0498 | E | HOLSTER ELEC/COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0499 | E | BELT/VEST ELEC/COMBO VAD REP | | | | Not Allowed | $0.00 | | | |
| Q0500 | E | FILTERS ELEC/COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| Q0501 | E | SHWR COV ELEC/COMBO VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0502 | E | MOBILITY CART PNEUM VAD, REP | | | | Not Allowed | $0.00 | | | |
| Q0503 | E | BATTERY PNEUM VAD REPLACEMNT | | | | Not Allowed | $0.00 | | | |
| Q0504 | E | PWR ADPT PNEUM VAD, REP VEH | | | | Not Allowed | $0.00 | | | |
| Q0506 | E | LITH-ION BATT ELEC/PNEUM VAD | | | | Not Allowed | $0.00 | | | |
| Q0507 | N | MISC SUP/ACC EXT VAD | | | | Bundled | $0.00 | | | |
| Q0508 | N | MIS SUP/ACC IMP VAD | | | | Bundled | $0.00 | | | |
| Q0509 | N | MIS SUP/AC IMP VAD NOPAY MED | | | | Bundled | $0.00 | | | |
| Q0510 | E | DISPENS FEE IMMUNOSUPRESSIVE | | | | Not Allowed | $0.00 | | | |
| Q0511 | E | SUP FEE ANTIEM,ANTICA,IMMUNO | | | | Not Allowed | $0.00 | | | |
| Q0512 | E | PX SUP FEE ANTI-CAN SUB PRES | | | | Not Allowed | $0.00 | | | |
| Q0513 | E | DISP FEE INHAL DRUGS/30 DAYS | | | | Not Allowed | $0.00 | | | |
| Q0514 | E | DISP FEE INHAL DRUGS/90 DAYS | | | | Not Allowed | $0.00 | | | |
| Q0515 | E | SERMORELIN ACETATE INJECTION | | | | Not Allowed | $0.00 | | | |
| Q1004 | E | NTIOL CATEGORY 4 | | | | Not Allowed | $0.00 | | | |
| Q1005 | E | NTIOL CATEGORY 5 | | | | Not Allowed | $0.00 | | | |
| Q2004 | N | BLADDER CALCULI IRRIG SOL | | | | Bundled | $0.00 | | | |
| Q2009 | N | FOSPHENYTOIN INJ PE | | | | Bundled | $0.00 | | | |
| Q2017 | K | TENIPOSIDE, 50 MG | | 07035 | 35.7638 | APC (blood and non-blood product codes) | $2,025.66 | | | |
| Q2026 | E | RADIESSE INJECTION | | | | Not Allowed | $0.00 | | | |
| Q2028 | E | INJ, SCULPTRA, 0.5MG | | | | Not Allowed | $0.00 | | | |
| Q2033 | E | INFLUENZA VACCINE, (FLUBLOK) | | | | Not Allowed | $0.00 | | | |
| Q2034 | M | AGRIFLU VACCINE | | | | Charge Ratio | $0.00 | | | |
| Q2035 | M | AFLURIA VACC, 3 YRS & >, IM | | | | Fee Schedule | $11.65 | | | |
| Q2036 | M | FLULAVAL VACC, 3 YRS & >, IM | | | | Fee Schedule | $7.68 | | | |
| Q2037 | M | FLUVIRIN VACC, 3 YRS & >, IM | | | | Fee Schedule | $14.16 | | | |
| Q2038 | M | FLUZONE VACC, 3 YRS & >, IM | | | | Fee Schedule | $10.77 | | | |
| Q2039 | M | NOS FLU VACC, 3 YRS & >, IM | | | | Fee Schedule | $0.00 | | | |
| Q2043 | K | SIPULEUCEL-T AUTO CD54+ | | 09273 | 671.5256 | APC (blood and non-blood product codes) | $38,035.21 | | | |
| Q2047 | E | PEGINESATIDE INJECTION | | | | Not Allowed | $0.00 | | | |
| Q2049 | K | IMPORTED LIPODOX INJ | | 01421 | 8.9765 | APC (blood and non-blood product codes) | $508.43 | | | |
| Q2050 | K | DOXORUBICIN INJ 10MG | | 07046 | 7.5256 | APC (blood and non-blood product codes) | $426.25 | | | |
| Q2052 | E | IVIG DEMO, SERVICES/SUPPLIES | | | | Not Allowed | $0.00 | | | |
| Q3001 | E | BRACHYTHERAPY RADIOELEMENTS | | | | Not Allowed | $0.00 | | | |
| Q3014 | M | TELEHEALTH FACILITY FEE | | | | Fee Schedule | $25.10 | | | |
| Q3027 | K | INJ BETA INTERFERON IM 1 MCG | | 01472 | 0.7910 | APC (blood and non-blood product codes) | $44.80 | | | |
| Q3028 | E | INJ BETA INTERFERON SQ 1 MCG | | | | Not Allowed | $0.00 | | | |
| Q3031 | N | COLLAGEN SKIN TEST | | | | Bundled | $0.00 | | | |
| Q4001 | E | CAST SUP BODY CAST PLASTER | | | | Not Allowed | $0.00 | | | |
| Q4002 | E | CAST SUP BODY CAST FIBERGLAS | | | | Not Allowed | $0.00 | | | |
| Q4003 | E | CAST SUP SHOULDER CAST PLSTR | | | | Not Allowed | $0.00 | | | |
| Q4004 | E | CAST SUP SHOULDER CAST FBRGL | | | | Not Allowed | $0.00 | | | |
| Q4005 | E | CAST SUP LONG ARM ADULT PLST | | | | Not Allowed | $0.00 | | | |
| Q4006 | E | CAST SUP LONG ARM ADULT FBRG | | | | Not Allowed | $0.00 | | | |
| Q4007 | E | CAST SUP LONG ARM PED PLSTER | | | | Not Allowed | $0.00 | | | |
| Q4008 | E | CAST SUP LONG ARM PED FBRGLS | | | | Not Allowed | $0.00 | | | |
| Q4009 | E | CAST SUP SHT ARM ADULT PLSTR | | | | Not Allowed | $0.00 | | | |
| Q4010 | E | CAST SUP SHT ARM ADULT FBRGL | | | | Not Allowed | $0.00 | | | |
| Q4011 | E | CAST SUP SHT ARM PED PLASTER | | | | Not Allowed | $0.00 | | | |
| Q4012 | E | CAST SUP SHT ARM PED FBRGLAS | | | | Not Allowed | $0.00 | | | |
| Q4013 | E | CAST SUP GAUNTLET PLASTER | | | | Not Allowed | $0.00 | | | |
| Q4014 | E | CAST SUP GAUNTLET FIBERGLASS | | | | Not Allowed | $0.00 | | | |
| Q4015 | E | CAST SUP GAUNTLET PED PLSTER | | | | Not Allowed | $0.00 | | | |
| Q4016 | E | CAST SUP GAUNTLET PED FBRGLS | | | | Not Allowed | $0.00 | | | |
| Q4017 | E | CAST SUP LNG ARM SPLINT PLST | | | | Not Allowed | $0.00 | | | |
| Q4018 | E | CAST SUP LNG ARM SPLINT FBRG | | | | Not Allowed | $0.00 | | | |
| Q4019 | E | CAST SUP LNG ARM SPLNT PED P | | | | Not Allowed | $0.00 | | | |
| Q4020 | E | CAST SUP LNG ARM SPLNT PED F | | | | Not Allowed | $0.00 | | | |
| Q4021 | E | CAST SUP SHT ARM SPLINT PLST | | | | Not Allowed | $0.00 | | | |
| Q4022 | E | CAST SUP SHT ARM SPLINT FBRG | | | | Not Allowed | $0.00 | | | |
| Q4023 | E | CAST SUP SHT ARM SPLNT PED P | | | | Not Allowed | $0.00 | | | |
| Q4024 | E | CAST SUP SHT ARM SPLNT PED F | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| Q4025 | E | CAST SUP HIP SPICA PLASTER | | | | Not Allowed | $0.00 | | | |
| Q4026 | E | CAST SUP HIP SPICA FIBERGLAS | | | | Not Allowed | $0.00 | | | |
| Q4027 | E | CAST SUP HIP SPICA PED PLSTR | | | | Not Allowed | $0.00 | | | |
| Q4028 | E | CAST SUP HIP SPICA PED FBRGL | | | | Not Allowed | $0.00 | | | |
| Q4029 | E | CAST SUP LONG LEG PLASTER | | | | Not Allowed | $0.00 | | | |
| Q4030 | E | CAST SUP LONG LEG FIBERGLASS | | | | Not Allowed | $0.00 | | | |
| Q4031 | E | CAST SUP LNG LEG PED PLASTER | | | | Not Allowed | $0.00 | | | |
| Q4032 | E | CAST SUP LNG LEG PED FBRGLS | | | | Not Allowed | $0.00 | | | |
| Q4033 | E | CAST SUP LNG LEG CYLINDER PL | | | | Not Allowed | $0.00 | | | |
| Q4034 | E | CAST SUP LNG LEG CYLINDER FB | | | | Not Allowed | $0.00 | | | |
| Q4035 | E | CAST SUP LNGLEG CYLNDR PED P | | | | Not Allowed | $0.00 | | | |
| Q4036 | E | CAST SUP LNGLEG CYLNDR PED F | | | | Not Allowed | $0.00 | | | |
| Q4037 | E | CAST SUP SHRT LEG PLASTER | | | | Not Allowed | $0.00 | | | |
| Q4038 | E | CAST SUP SHRT LEG FIBERGLASS | | | | Not Allowed | $0.00 | | | |
| Q4039 | E | CAST SUP SHRT LEG PED PLSTER | | | | Not Allowed | $0.00 | | | |
| Q4040 | E | CAST SUP SHRT LEG PED FBRGLS | | | | Not Allowed | $0.00 | | | |
| Q4041 | E | CAST SUP LNG LEG SPLNT PLSTR | | | | Not Allowed | $0.00 | | | |
| Q4042 | E | CAST SUP LNG LEG SPLNT FBRGL | | | | Not Allowed | $0.00 | | | |
| Q4043 | E | CAST SUP LNG LEG SPLNT PED P | | | | Not Allowed | $0.00 | | | |
| Q4044 | E | CAST SUP LNG LEG SPLNT PED F | | | | Not Allowed | $0.00 | | | |
| Q4045 | E | CAST SUP SHT LEG SPLNT PLSTR | | | | Not Allowed | $0.00 | | | |
| Q4046 | E | CAST SUP SHT LEG SPLNT FBRGL | | | | Not Allowed | $0.00 | | | |
| Q4047 | E | CAST SUP SHT LEG SPLNT PED P | | | | Not Allowed | $0.00 | | | |
| Q4048 | E | CAST SUP SHT LEG SPLNT PED F | | | | Not Allowed | $0.00 | | | |
| Q4049 | E | FINGER SPLINT, STATIC | | | | Not Allowed | $0.00 | | | |
| Q4050 | E | CAST SUPPLIES UNLISTED | | | | Not Allowed | $0.00 | | | |
| Q4051 | E | SPLINT SUPPLIES MISC | | | | Not Allowed | $0.00 | | | |
| Q4074 | E | ILOPROST NON-COMP UNIT DOSE | | | | Not Allowed | $0.00 | | | |
| Q4081 | E | EPOETIN ALFA, 100 UNITS ESRD | | | | Not Allowed | $0.00 | | | |
| Q4082 | E | DRUG/BIO NOC PART B DRUG CAP | | | | Not Allowed | $0.00 | | | |
| Q4100 | N | SKIN SUBSTITUTE, NOS | | | | Bundled | $0.00 | | | |
| Q4101 | N | APLIGRAF | | | | Bundled | $0.00 | | | |
| Q4102 | N | OASIS WOUND MATRIX | | | | Bundled | $0.00 | | | |
| Q4103 | N | OASIS BURN MATRIX | | | | Bundled | $0.00 | | | |
| Q4104 | N | INTEGRA BMWD | | | | Bundled | $0.00 | | | |
| Q4105 | N | INTEGRA DRT | | | | Bundled | $0.00 | | | |
| Q4106 | N | DERMAGRAFT | | | | Bundled | $0.00 | | | |
| Q4107 | N | GRAFTJACKET | | | | Bundled | $0.00 | | | |
| Q4108 | N | INTEGRA MATRIX | | | | Bundled | $0.00 | | | |
| Q4110 | N | PRIMATRIX | | | | Bundled | $0.00 | | | |
| Q4111 | N | GAMMAGRAFT | | | | Bundled | $0.00 | | | |
| Q4112 | N | CYMETRA INJECTABLE | | | | Bundled | $0.00 | | | |
| Q4113 | N | GRAFTJACKET XPRESS | | | | Bundled | $0.00 | | | |
| Q4114 | N | INTEGRA FLOWABLE WOUND MATRI | | | | Bundled | $0.00 | | | |
| Q4115 | N | ALLOSKIN | | | | Bundled | $0.00 | | | |
| Q4116 | N | ALLODERM | | | | Bundled | $0.00 | | | |
| Q4117 | N | HYALOMATRIX | | | | Bundled | $0.00 | | | |
| Q4118 | N | MATRISTEM MICROMATRIX | | | | Bundled | $0.00 | | | |
| Q4119 | N | MATRISTEM WOUND MATRIX | | | | Bundled | $0.00 | | | |
| Q4120 | N | MATRISTEM BURN MATRIX | | | | Bundled | $0.00 | | | |
| Q4121 | G | THERASKIN | | 01479 | | APC - Pays by Fee Schedule Amount | $40.15 | | | |
| Q4122 | N | DERMACELL | | | | Bundled | $0.00 | | | |
| Q4123 | N | ALLOSKIN | | | | Bundled | $0.00 | | | |
| Q4124 | N | OASIS TRI-LAYER WOUND MATRIX | | | | Bundled | $0.00 | | | |
| Q4125 | N | ARTHROFLEX | | | | Bundled | $0.00 | | | |
| Q4126 | N | MEMODERM/DERMA/TRANZ/INTEGUP | | | | Bundled | $0.00 | | | |
| Q4127 | N | TALYMED | | | | Bundled | $0.00 | | | |
| Q4128 | N | FLEXHD/ALLOPATCHHD/MATRIXHD | | | | Bundled | $0.00 | | | |
| Q4129 | N | UNITE BIOMATRIX | | | | Bundled | $0.00 | | | |
| Q4130 | N | STRATTICE TM | | | | Bundled | $0.00 | | | |
| Q4131 | N | EPIFIX | | | | Bundled | $0.00 | | | |
| Q4132 | N | GRAFIX CORE | | | | Bundled | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| Q4133 | N | GRAFIX PRIME | | | | Bundled | $0.00 | | | |
| Q4134 | N | HMATRIX | | | | Bundled | $0.00 | | | |
| Q4135 | N | MEDISKIN | | | | Bundled | $0.00 | | | |
| Q4136 | N | EZDERM | | | | Bundled | $0.00 | | | |
| Q4137 | N | AMNIOEXCEL OR BIODEXCEL, 1CM | | | | Bundled | $0.00 | | | |
| Q4138 | N | BIODFENCE DRYFLEX, 1CM | | | | Bundled | $0.00 | | | |
| Q4139 | N | AMNIO OR BIODMATRIX, INJ 1CC | | | | Bundled | $0.00 | | | |
| Q4140 | N | BIODFENCE 1CM | | | | Bundled | $0.00 | | | |
| Q4141 | N | ALLOSKIN AC, 1 CM | | | | Bundled | $0.00 | | | |
| Q4142 | N | XCM BIOLOGIC TISS MATRIX 1CM | | | | Bundled | $0.00 | | | |
| Q4143 | N | REPRIZA, 1CM | | | | Bundled | $0.00 | | | |
| Q4145 | N | EPIFIX, INJ, 1MG | | | | Bundled | $0.00 | | | |
| Q4146 | N | TENSIX, 1CM | | | | Bundled | $0.00 | | | |
| Q4147 | N | ARCHITECT ECM PX FX 1 SQ CM | | | | Bundled | $0.00 | | | |
| Q4148 | N | NEOX 1K, 1CM | | | | Bundled | $0.00 | | | |
| Q4149 | N | EXCELLAGEN, 0.1 CC | | | | Bundled | $0.00 | | | |
| Q4150 | N | ALLOWRAP DS OR DRY 1 SQ CM | | | | Bundled | $0.00 | | | |
| Q4151 | N | AMNIOBAND, GUARDIAN 1 SQ CM | | | | Bundled | $0.00 | | | |
| Q4152 | N | DERMAPURE 1 SQUARE CM | | | | Bundled | $0.00 | | | |
| Q4153 | N | DERMAVEST, PLURIVEST SQ CM | | | | Bundled | $0.00 | | | |
| Q4154 | N | BIOVANCE 1 SQUARE CM | | | | Bundled | $0.00 | | | |
| Q4155 | N | NEOXFLO OR CLARIXFLO 1 MG | | | | Bundled | $0.00 | | | |
| Q4156 | N | NEOX 100 1 SQUARE CM | | | | Bundled | $0.00 | | | |
| Q4157 | N | REVITALON 1 SQUARE CM | | | | Bundled | $0.00 | | | |
| Q4158 | N | MARIGEN 1 SQUARE CM | | | | Bundled | $0.00 | | | |
| Q4159 | N | AFFINITY1 SQUARE CM | | | | Bundled | $0.00 | | | |
| Q4160 | N | NUSHIELD 1 SQUARE CM | | | | Bundled | $0.00 | | | |
| Q4161 | N | BIO-CONNEKT PER SQUARE CM | | | | Bundled | $0.00 | | | |
| Q4162 | N | AMNIO BIO AND WOUNDEX FLOW | | | | Bundled | $0.00 | | | |
| Q4163 | N | AMNIO BIO AND WOUNDEX SQ CM | | | | Bundled | $0.00 | | | |
| Q4164 | N | HELICOLL, PER SQUARE CM | | | | Bundled | $0.00 | | | |
| Q4165 | N | KERAMATRIX, PER SQUARE CM | | | | Bundled | $0.00 | | | |
| Q5001 | E | HOSPICE OR HOME HLTH IN HOME | | | | Not Allowed | $0.00 | | | |
| Q5002 | E | HOSPICE/HOME HLTH IN ASST LV | | | | Not Allowed | $0.00 | | | |
| Q5003 | E | HOSPICE IN LT/NON-SKILLED NF | | | | Not Allowed | $0.00 | | | |
| Q5004 | E | HOSPICE IN SNF | | | | Not Allowed | $0.00 | | | |
| Q5005 | E | HOSPICE, INPATIENT HOSPITAL | | | | Not Allowed | $0.00 | | | |
| Q5006 | E | HOSPICE IN HOSPICE FACILITY | | | | Not Allowed | $0.00 | | | |
| Q5007 | E | HOSPICE IN LTCH | | | | Not Allowed | $0.00 | | | |
| Q5008 | E | HOSPICE IN INPATIENT PSYCH | | | | Not Allowed | $0.00 | | | |
| Q5009 | E | HOSPICE/HOME HLTH, PLACE NOS | | | | Not Allowed | $0.00 | | | |
| Q5010 | E | HOSPICE HOME CARE IN HOSPICE | | | | Not Allowed | $0.00 | | | |
| Q5101 | K | INJ FILGRASTIM GCSF BIOSIMIL | | 01822 | 0.0154 | APC (blood and non-blood product codes) | $0.87 | | | |
| Q5102 | K | INJ., INFLIXIMAB BIOSIMILAR | | 01847 | 0.0000 | APC (blood and non-blood product codes) | $0.00 | | | |
| Q9950 | G | INJ SULF HEXA LIPID MICROSPH | | 09457 | | APC - Pays by Fee Schedule Amount | $22.93 | | | |
| Q9951 | N | LOCM >= 400 MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9953 | N | INJ FE-BASED MR CONTRAST,1ML | | | | Bundled | $0.00 | | | |
| Q9954 | N | ORAL MR CONTRAST, 100 ML | | | | Bundled | $0.00 | | | |
| Q9955 | N | INJ PERFLEXANE LIP MICROS,ML | | | | Bundled | $0.00 | | | |
| Q9956 | N | INJ OCTAFLUOROPROPANE MIC,ML | | | | Bundled | $0.00 | | | |
| Q9957 | N | INJ PERFLUTREN LIP MICROS,ML | | | | Bundled | $0.00 | | | |
| Q9958 | N | HOCM <=149 MG/ML IODINE, 1ML | | | | Bundled | $0.00 | | | |
| Q9959 | N | HOCM 150-199MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9960 | N | HOCM 200-249MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9961 | N | HOCM 250-299MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9962 | N | HOCM 300-349MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9963 | N | HOCM 350-399MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9964 | N | HOCM>= 400MG/ML IODINE, 1ML | | | | Bundled | $0.00 | | | |
| Q9965 | N | LOCM 100-199MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9966 | N | LOCM 200-299MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9967 | N | LOCM 300-399MG/ML IODINE,1ML | | | | Bundled | $0.00 | | | |
| Q9968 | K | VISUALIZATION ADJUNCT | | 01446 | 0.2090 | APC (blood and non-blood product codes) | $11.84 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| Q9969 | K | NON-HEU TC-99M ADD-ON/DOSE | | 01442 | 0.1766 | APC (blood and non-blood product codes) | $10.00 | | | |
| Q9980 | E | GENVISC, INJ, 1MG | | | | Not Allowed | $0.00 | | | |
| Q9981 | K | ROLAPITANT, ORAL, 1MG | | 01761 | 0.2228 | APC (blood and non-blood product codes) | $12.62 | | | |
| Q9982 | G | FLUTEMETAMOL F18 DIAGNOSTIC | | 09459 | | APC - Pays by Fee Schedule Amount | $3,135.00 | | | |
| Q9983 | G | FLORBETABEN F18 DIAGNOSTIC | | 09458 | | APC - Pays by Fee Schedule Amount | $2,968.00 | | | |
| R0070 | E | TRANSPORT PORTABLE X-RAY | | | | Not Allowed | $0.00 | | | |
| R0075 | E | TRANSPORT PORT X-RAY MULTIPL | | | | Not Allowed | $0.00 | | | |
| R0076 | E | TRANSPORT PORTABLE EKG | | | | Not Allowed | $0.00 | | | |
| S0073 | E | INJECTION, AZTREONAM, 500 MG | | | | Not Allowed | $0.00 | | | |
| S0074 | E | INJECTION, CEFOTETAN DISODIU | | | | Not Allowed | $0.00 | | | |
| S0078 | E | INJECTION, FOSPHENYTOIN SODI | | | | Not Allowed | $0.00 | | | |
| S0080 | E | INJECTION, PENTAMIDINE ISETH | | | | Not Allowed | $0.00 | | | |
| S0081 | E | INJECTION, PIPERACILLIN SODI | | | | Not Allowed | $0.00 | | | |
| S0086 | E | INJECTION, VERTEPORFIN, 15MG | | | | Not Allowed | $0.00 | | | |
| S0088 | E | IMATINIB 100 MG | | | | Not Allowed | $0.00 | | | |
| S0090 | E | SILDENAFIL CITRATE, 25 MG | | | | Not Allowed | $0.00 | | | |
| S0106 | E | BUPROPION HCL SR 60 TABLETS | | | | Not Allowed | $0.00 | | | |
| S0108 | E | MERCAPTOPURINE ORAL 50 MG | | | | Not Allowed | $0.00 | | | |
| S0117 | E | TRETINOIN TOPICAL 5 G | | | | Not Allowed | $0.00 | | | |
| S0122 | E | INJECTION MENOTROPINS 75 IU | | | | Not Allowed | $0.00 | | | |
| S0126 | E | INJECTION FOLLITROPIN ALFA 75 IU | | | | Not Allowed | $0.00 | | | |
| S0128 | E | INJECTION FOLLITROPIN BETA 75 IU | | | | Not Allowed | $0.00 | | | |
| S0132 | E | INJECTION GANIRELIX ACETATE 250 MCG | | | | Not Allowed | $0.00 | | | |
| S0145 | E | PEG INTERFERON ALFA-2A/180 | | | | Not Allowed | $0.00 | | | |
| S0155 | E | EPOPROSTENOL DILUTANT | | | | Not Allowed | $0.00 | | | |
| S0156 | E | EXEMESTANE, 25 MG | | | | Not Allowed | $0.00 | | | |
| S0157 | E | BECAPLERMIN GEL 1%, 0.5 GM | | | | Not Allowed | $0.00 | | | |
| S0160 | E | DEXTROAMPHETAMINE | | | | Not Allowed | $0.00 | | | |
| S0164 | E | INJECTION PANTROPRAZOLE | | | | Not Allowed | $0.00 | | | |
| S0170 | E | ANASTROZOLE 1 MG | | | | Not Allowed | $0.00 | | | |
| S0171 | E | BUMETANIDE 0.5 MG | | | | Not Allowed | $0.00 | | | |
| S0172 | E | CHLORAMBUCIL 2 MG | | | | Not Allowed | $0.00 | | | |
| S0174 | E | DOLASETRON 50 MG | | | | Not Allowed | $0.00 | | | |
| S0175 | E | FLUTAMIDE 125 MG | | | | Not Allowed | $0.00 | | | |
| S0176 | E | HYDROXYUREA 500 MG | | | | Not Allowed | $0.00 | | | |
| S0177 | E | LEVAMISOLE 50 MG | | | | Not Allowed | $0.00 | | | |
| S0178 | E | LOMUSTINE 10 MG | | | | Not Allowed | $0.00 | | | |
| S0179 | E | MEGESTROL 20 MG | | | | Not Allowed | $0.00 | | | |
| S0182 | E | PROCARBAZINE 5 MG | | | | Not Allowed | $0.00 | | | |
| S0183 | E | PROCHLORPERAZINE 5 MG | | | | Not Allowed | $0.00 | | | |
| S0187 | E | TAMOXIFEN 10 MG | | | | Not Allowed | $0.00 | | | |
| S0189 | E | TESTOSTERONE PELLET 75 MG | | | | Not Allowed | $0.00 | | | |
| S0190 | M | MITEPRISTONE, ORAL, 200MG | | | | Fee Schedule | $76.50 | | | |
| S0191 | M | MISOPROSTOL, ORAL, 200 MCG | | | | Fee Schedule | $1.02 | | | |
| S0194 | E | VITAMIN SUPPL 100 CAPS | | | | Not Allowed | $0.00 | | | |
| S0208 | E | PARAMED INTRCEPT NONVOL | | | | Not Allowed | $0.00 | | | |
| S0209 | E | WC VAN MILEAGE PER MI | | | | Not Allowed | $0.00 | | | |
| S0215 | E | NONEMERG TRANSP MILEAGE | | | | Not Allowed | $0.00 | | | |
| S0220 | E | MEDICAL CONFERENCE BY PHYSIC | | | | Not Allowed | $0.00 | | | |
| S0221 | E | MEDICAL CONFERENCE, 60 MIN | | | | Not Allowed | $0.00 | | | |
| S0250 | E | COMP GERIATR ASSMT TEAM | | | | Not Allowed | $0.00 | | | |
| S0255 | E | HOSPICE REFER VISIT NONMD | | | | Not Allowed | $0.00 | | | |
| S0257 | E | END OF LIFE COUNSELING | | | | Not Allowed | $0.00 | | | |
| S0260 | E | H&P FOR SURGERY | | | | Not Allowed | $0.00 | | | |
| S0265 | E | GENETIC COUNSEL 15 MINS | | | | Not Allowed | $0.00 | | | |
| S0280 | E | MEDICAL HOME, INITIAL PLAN | | | | Not Allowed | $0.00 | | | |
| S0302 | E | COMPLETED EPSDT | | | | Not Allowed | $0.00 | | | |
| S0310 | E | HOSPITALIST VISIT | | | | Not Allowed | $0.00 | | | |
| S0340 | E | LIFESTYLE MOD 1ST STAGE | | | | Not Allowed | $0.00 | | | |
| S0341 | E | LIFESTYLE MOD 2 OR 3 STAGE | | | | Not Allowed | $0.00 | | | |
| S0342 | E | LIFESTYLE MOD 4TH STAGE | | | | Not Allowed | $0.00 | | | |
| S0353 | E | CANCER TREATMENT PLAN INITIAL | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| S0354 | E | CANCER TREATMENT PLAN CHANGE | | | | Not Allowed | $0.00 | | | |
| S0390 | E | ROUTINE FOOT CARE PER VISIT | | | | Not Allowed | $0.00 | | | |
| S0395 | E | IMPRESSION CASTING FT | | | | Not Allowed | $0.00 | | | |
| S0400 | E | GLOBAL ESWL KIDNEY | | | | Not Allowed | $0.00 | | | |
| S0500 | E | DISPOS CONT LENS | | | | Not Allowed | $0.00 | | | |
| S0504 | E | SINGL PRSCRP LENS | | | | Not Allowed | $0.00 | | | |
| S0506 | E | BIFOC PRSCP LENS | | | | Not Allowed | $0.00 | | | |
| S0508 | E | TRIFOC PRSCRP LENS | | | | Not Allowed | $0.00 | | | |
| S0510 | E | NON-PRSCRP LENS | | | | Not Allowed | $0.00 | | | |
| S0512 | E | DAILY CONT LENS | | | | Not Allowed | $0.00 | | | |
| S0514 | E | COLOR CONT LENS | | | | Not Allowed | $0.00 | | | |
| S0516 | E | SAFETY FRAMES | | | | Not Allowed | $0.00 | | | |
| S0518 | E | SUNGLASS FRAMES | | | | Not Allowed | $0.00 | | | |
| S0580 | E | POLYCARB LENS | | | | Not Allowed | $0.00 | | | |
| S0581 | E | NONSTND LENS | | | | Not Allowed | $0.00 | | | |
| S0590 | E | MISC INTEGRAL LENS SERV | | | | Not Allowed | $0.00 | | | |
| S0592 | E | COMP CONT LENS EVAL | | | | Not Allowed | $0.00 | | | |
| S0596 | E | PHAKIC IOL REFRACTIVE ERROR | | | | Not Allowed | $0.00 | | | |
| S0601 | E | SCREENING PROCTOSCOPY | | | | Not Allowed | $0.00 | | | |
| S0610 | E | ANNUAL GYNECOLOGICAL EXAMINA | | | | Not Allowed | $0.00 | | | |
| S0612 | E | ANNUAL GYNECOLOGICAL EXAMINA | | | | Not Allowed | $0.00 | | | |
| S0613 | M | ANN BREAST EXAM | | | | Charge Ratio | $0.00 | | | |
| S0618 | E | AUDIOMETRY FOR HEARING AID | | | | Not Allowed | $0.00 | | | |
| S0620 | E | ROUTINE OPHTHALMOLOGICAL EXA | | | | Not Allowed | $0.00 | | | |
| S0621 | E | ROUTINE OPHTHALMOLOGICAL EXA | | | | Not Allowed | $0.00 | | | |
| S0622 | E | PHYS EXAM FOR COLLEGE | | | | Not Allowed | $0.00 | | | |
| S0630 | E | REMOVAL OF SUTURES | | | | Not Allowed | $0.00 | | | |
| S0800 | E | LASER IN SITU KERATOMILEUSIS | | | | Not Allowed | $0.00 | | | |
| S0810 | E | PHOTOREFRACTIVE KERATECTOMY | | | | Not Allowed | $0.00 | | | |
| S0812 | E | PHOTOTHERAP KERATECT | | | | Not Allowed | $0.00 | | | |
| S1001 | E | DELUXE ITEM | | | | Not Allowed | $0.00 | | | |
| S1002 | E | CUSTOM ITEM | | | | Not Allowed | $0.00 | | | |
| S1015 | E | IV TUBING EXTENSION SET | | | | Not Allowed | $0.00 | | | |
| S1016 | E | NON-PVC INTRAVENOUS ADMINIST | | | | Not Allowed | $0.00 | | | |
| S1030 | E | GLUC MONITOR PURCHASE | | | | Not Allowed | $0.00 | | | |
| S1031 | E | GLUC MONITOR RENTAL | | | | Not Allowed | $0.00 | | | |
| S1090 | E | MOMETASONE SINUS IMPLANT | | | | Not Allowed | $0.00 | | | |
| S2053 | E | TRANSPLANTATION OF SMALL INT | | | | Not Allowed | $0.00 | | | |
| S2054 | E | TRANSPLANTATION OF MULTIVISC | | | | Not Allowed | $0.00 | | | |
| S2055 | E | HARVESTING OF DONOR MULTIVIS | | | | Not Allowed | $0.00 | | | |
| S2060 | E | LOBAR LUNG TRANSPLANTATION | | | | Not Allowed | $0.00 | | | |
| S2061 | E | DONOR LOBECTOMY (LUNG) | | | | Not Allowed | $0.00 | | | |
| S2065 | E | SIMULT PANC KIDN TRANS | | | | Not Allowed | $0.00 | | | |
| S2068 | E | BREAST DIEP FLAP RECONSTRUCT | | | | Not Allowed | $0.00 | | | |
| S2070 | E | CYSTO LASER TX URETERAL CALC | | | | Not Allowed | $0.00 | | | |
| S2079 | E | LAP ESOPHAGOMYOTOMY | | | | Not Allowed | $0.00 | | | |
| S2080 | E | LAUP | | | | Not Allowed | $0.00 | | | |
| S2083 | E | ADJUSTMENT GASTRIC BAND | | | | Not Allowed | $0.00 | | | |
| S2095 | E | TRANSCATH EMBOLIZ MICROSPHER | | | | Not Allowed | $0.00 | | | |
| S2102 | E | ISLET CELL TISSUE TRANSPLANT | | | | Not Allowed | $0.00 | | | |
| S2103 | E | ADRENAL TISSUE TRANSPLANT | | | | Not Allowed | $0.00 | | | |
| S2107 | E | ADOPTIVE IMMUNOTHERAPY | | | | Not Allowed | $0.00 | | | |
| S2109 | E | AUTOLOGOUS CHONDROCYTE TRANSPLANTATION | | | | Not Allowed | $0.00 | | | |
| S2112 | E | KNEE ARTHROSCP HARV | | | | Not Allowed | $0.00 | | | |
| S2115 | E | PERIACETABULAR OSTEOTOMY | | | | Not Allowed | $0.00 | | | |
| S2120 | E | LOW DENSITY LIPOPROTEIN(LDL) | | | | Not Allowed | $0.00 | | | |
| S2140 | E | CORD BLOOD HARVESTING | | | | Not Allowed | $0.00 | | | |
| S2142 | E | CORD BLOOD-DERIVED STEM-CELL | | | | Not Allowed | $0.00 | | | |
| S2150 | E | BMT HARV/TRANSPL 28D PKG | | | | Not Allowed | $0.00 | | | |
| S2152 | E | SOLID ORGAN TRANSPL PKG | | | | Not Allowed | $0.00 | | | |
| S2202 | E | ECHOSCLEROTHERAPY | | | | Not Allowed | $0.00 | | | |
| S2205 | E | MINIMALLY INVASIVE DIRECT CO | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| S2206 | E | MINIMALLY INVASIVE DIRECT CO | | | | Not Allowed | $0.00 | | | |
| S2207 | E | MINIMALLY INVASIVE DIRECT CO | | | | Not Allowed | $0.00 | | | |
| S2208 | E | MINIMALLY INVASIVE DIRECT CO | | | | Not Allowed | $0.00 | | | |
| S2209 | E | MINIMALLY INVASIVE DIRECT CO | | | | Not Allowed | $0.00 | | | |
| S2225 | E | MYRINGOTOMY LASER-ASSIST | | | | Not Allowed | $0.00 | | | |
| S2230 | E | IMPLANT SEMI-IMP HEAR | | | | Not Allowed | $0.00 | | | |
| S2235 | E | IMPLANT AUDITORY BRAIN IMP | | | | Not Allowed | $0.00 | | | |
| S2260 | E | INDUCED ABORTION 17-24 WEEKS | | | | Not Allowed | $0.00 | | | |
| S2300 | E | ARTHROSCOPY, SHOULDER, SURGI | | | | Not Allowed | $0.00 | | | |
| S2340 | E | CHEMODENERVATION OF ABDUCTOR | | | | Not Allowed | $0.00 | | | |
| S2341 | E | CHEMODENERV ADDUCT VOCAL | | | | Not Allowed | $0.00 | | | |
| S2342 | E | NASAL ENDOSCOP PO DEBRID | | | | Not Allowed | $0.00 | | | |
| S2348 | E | DECOMPRESS DISC RF LUMBAR | | | | Not Allowed | $0.00 | | | |
| S2350 | E | DISKECTOMY, ANTERIOR, WITH D | | | | Not Allowed | $0.00 | | | |
| S2351 | E | DISKECTOMY, ANTERIOR, WITH D | | | | Not Allowed | $0.00 | | | |
| S2400 | E | FETAL SURG CONGEN HERNIA | | | | Not Allowed | $0.00 | | | |
| S2401 | E | FETAL SURG URIN TRAC OBSTR | | | | Not Allowed | $0.00 | | | |
| S2402 | E | FETAL SURG CONG CYST MALF | | | | Not Allowed | $0.00 | | | |
| S2403 | E | FETAL SURG PULMON SEQUEST | | | | Not Allowed | $0.00 | | | |
| S2404 | E | FETAL SURG MYELOMENINGO | | | | Not Allowed | $0.00 | | | |
| S2405 | E | FETAL SURG SACROCOC TERATOMA | | | | Not Allowed | $0.00 | | | |
| S2409 | E | FETAL SURG NOC | | | | Not Allowed | $0.00 | | | |
| S2411 | E | FETOSCOP LASER THER TTTS | | | | Not Allowed | $0.00 | | | |
| S2900 | E | ROBOTIC SURGICAL SYSTEM | | | | Not Allowed | $0.00 | | | |
| S3600 | E | STAT LAB | | | | Not Allowed | $0.00 | | | |
| S3601 | E | STAT LAB HOME/NF | | | | Not Allowed | $0.00 | | | |
| S3620 | E | NEWBORN METABOLIC SCREENING | | | | Not Allowed | $0.00 | | | |
| S3630 | E | EOSINOPHIL BLOOD COUNT | | | | Not Allowed | $0.00 | | | |
| S3645 | E | HIV-1 ANTIBODY TESTING OF OR | | | | Not Allowed | $0.00 | | | |
| S3650 | E | SALIVA TEST, HORMONE LEVEL; | | | | Not Allowed | $0.00 | | | |
| S3652 | E | SALIVA TEST, HORMONE LEVEL; | | | | Not Allowed | $0.00 | | | |
| S3708 | E | GASTROINTESTINAL FAT ABSORPT | | | | Not Allowed | $0.00 | | | |
| S3853 | E | GENE TEST MYO MUSCLR DYST | | | | Not Allowed | $0.00 | | | |
| S3900 | E | SURFACE EMG | | | | Not Allowed | $0.00 | | | |
| S3902 | E | BALLISTOCARDIOGRAM | | | | Not Allowed | $0.00 | | | |
| S3904 | E | MASTERS TWO STEP | | | | Not Allowed | $0.00 | | | |
| S4005 | E | INTERIM LABOR FACILITY GLOBAL | | | | Not Allowed | $0.00 | | | |
| S4011 | E | IVF PACKAGE | | | | Not Allowed | $0.00 | | | |
| S4013 | E | COMPLETE GIFT CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4014 | E | COMPLETE ZIFT CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4015 | E | COMPLETE IVF NOS CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4016 | E | FROZEN IVF CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4017 | E | IVF CANC A STIM CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4018 | E | F EMB TRNS CANC CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4020 | E | IVF CANC A ASPIR CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4021 | E | IVF CANC P ASPIR CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4022 | E | ASST OOCYTE FERT CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4023 | E | DONOR EGG CYCLE INCOMPLETE CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4025 | E | DONOR SERV IVF CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4026 | E | PROCURE DONOR SPERM | | | | Not Allowed | $0.00 | | | |
| S4027 | E | STORE PREV FROZ EMBRYOS | | | | Not Allowed | $0.00 | | | |
| S4028 | E | MICROSURG EPI SPERM ASP | | | | Not Allowed | $0.00 | | | |
| S4030 | E | SPERM PROCURE INIT VISIT | | | | Not Allowed | $0.00 | | | |
| S4031 | E | SPERM PROCURE SUBS VISIT | | | | Not Allowed | $0.00 | | | |
| S4035 | E | STIMULATED INTRAUTERINE INSEMINATION (IUI) CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4037 | E | CRYOPRESERVED EMBRYO TRANSFER CASE RATE | | | | Not Allowed | $0.00 | | | |
| S4040 | E | MONITORING AND STORAGE OF CRYOPRESERVED EMBRYOS PEI | | | | Not Allowed | $0.00 | | | |
| S4042 | E | OVULATION MGMT PER CYCLE | | | | Not Allowed | $0.00 | | | |
| S4980 | E | LEVONORGESTREL - RELEASING INTRAUTERINE SYSTEM EACH | | | | Not Allowed | $0.00 | | | |
| S4981 | E | INSERT LEVONORGESTREL IUS | | | | Not Allowed | $0.00 | | | |
| S4989 | E | CONTRACEPT IUD | | | | Not Allowed | $0.00 | | | |
| S4990 | E | NICOTINE PATCH LEGEND | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| S4991 | E | NICOTINE PATCH NONLEGEND | | | | Not Allowed | $0.00 | | | |
| S4993 | N | CONTRACEPTIVE PILLS FOR BIRTH CONTROL | | | | Bundled | $0.00 | | | |
| S4995 | E | SMOKING CESSATION GUM | | | | Not Allowed | $0.00 | | | |
| S5000 | E | PRESCRIPTION DRUG, GENERIC | | | | Not Allowed | $0.00 | | | |
| S5001 | E | PRESCRIPTION DRUG,BRAND NAME | | | | Not Allowed | $0.00 | | | |
| S5010 | E | 5% DEXTROSE AND 0.45% SALINE | | | | Not Allowed | $0.00 | | | |
| S5012 | E | 5% DEXTROSE WITH POTASSIUM | | | | Not Allowed | $0.00 | | | |
| S5014 | E | D5W/0.45NS W KCL AND MGS04 | | | | Not Allowed | $0.00 | | | |
| S5016 | E | ANTIBIOTIC ADMIN SUPPLIES W/ | | | | Not Allowed | $0.00 | | | |
| S5017 | E | ANTIBIOTIC ADMINSUPPLIES W/O | | | | Not Allowed | $0.00 | | | |
| S5018 | E | PAIN THERAPY ADMIN SUPPLIES | | | | Not Allowed | $0.00 | | | |
| S5020 | E | CHEMOTHERAPY ADMIN SUPPLIES | | | | Not Allowed | $0.00 | | | |
| S5021 | E | HYDRATION THERAPY ADMIN SUPP | | | | Not Allowed | $0.00 | | | |
| S5022 | E | GROWTH HORMONE THERAPY | | | | Not Allowed | $0.00 | | | |
| S5025 | E | INFUSION PUMP RENTAL,PERDIEM | | | | Not Allowed | $0.00 | | | |
| S5035 | E | HIT ROUTINE DEVICE MAINT | | | | Not Allowed | $0.00 | | | |
| S5497 | E | HIT CATH CARE NOC | | | | Not Allowed | $0.00 | | | |
| S5498 | E | HIT SIMPLE CATH CARE | | | | Not Allowed | $0.00 | | | |
| S5501 | E | HIT COMPLEX CATH CARE | | | | Not Allowed | $0.00 | | | |
| S5502 | E | HIT INTERIM CATH CARE | | | | Not Allowed | $0.00 | | | |
| S5517 | E | HIT DECLOTTING KIT | | | | Not Allowed | $0.00 | | | |
| S5518 | E | HIT CATH REPAIR KIT | | | | Not Allowed | $0.00 | | | |
| S5520 | E | HIT PICC INSERT KIT | | | | Not Allowed | $0.00 | | | |
| S5521 | E | HIT MIDLINE CATH INSERT KIT | | | | Not Allowed | $0.00 | | | |
| S5522 | E | HIT PICC INSERT NO SUPP | | | | Not Allowed | $0.00 | | | |
| S5523 | E | HIP MIDLINE CATH INSERT KIT | | | | Not Allowed | $0.00 | | | |
| S5550 | E | INSULIN RAPID 5 U | | | | Not Allowed | $0.00 | | | |
| S5551 | E | INSULIN MOST RAPID 5 U | | | | Not Allowed | $0.00 | | | |
| S5552 | E | INSULIN INTERMED 5 U | | | | Not Allowed | $0.00 | | | |
| S5553 | E | INSULIN LONG ACTING 5 U | | | | Not Allowed | $0.00 | | | |
| S5560 | E | INSULIN REUSE PEN 1.5 ML | | | | Not Allowed | $0.00 | | | |
| S5561 | E | INSULIN REUSE PEN 3 ML | | | | Not Allowed | $0.00 | | | |
| S5565 | E | INSULIN CARTRIDGE 150 U | | | | Not Allowed | $0.00 | | | |
| S5566 | E | INSULIN CARTRIDGE 300 U | | | | Not Allowed | $0.00 | | | |
| S5570 | E | INSULIN DISPOS PEN 1.5 ML | | | | Not Allowed | $0.00 | | | |
| S5571 | E | INSULIN DISPOS PEN 3 ML | | | | Not Allowed | $0.00 | | | |
| S8030 | E | TANTALUM RING APPLICATION | | | | Not Allowed | $0.00 | | | |
| S8035 | E | MAGNETIC SOURCE IMAGING | | | | Not Allowed | $0.00 | | | |
| S8037 | E | MRCP | | | | Not Allowed | $0.00 | | | |
| S8040 | E | TOPOGRAPHIC BRAIN MAPPING | | | | Not Allowed | $0.00 | | | |
| S8042 | E | MAGNETIC RESONANCE IMAGING (MRI) LOW-FIELD | | | | Not Allowed | $0.00 | | | |
| S8055 | E | US GUIDANCE FETAL REDUCT | | | | Not Allowed | $0.00 | | | |
| S8080 | E | SCINTIMAMMOGRAPHY | | | | Not Allowed | $0.00 | | | |
| S8085 | E | FLUORINE-18 FLUORODEOXYGLUCO | | | | Not Allowed | $0.00 | | | |
| S8092 | E | ELECTRON BEAM COMPUTED TOMOG | | | | Not Allowed | $0.00 | | | |
| S8096 | E | PORTABLE PEAK FLOW METER | | | | Not Allowed | $0.00 | | | |
| S8097 | E | ASTHMA KIT | | | | Not Allowed | $0.00 | | | |
| S8100 | E | SPACER WITHOUT MASK | | | | Not Allowed | $0.00 | | | |
| S8101 | E | SPACER WITH MASK | | | | Not Allowed | $0.00 | | | |
| S8110 | E | PEAK EXPIRATORY FLOW RATE (P | | | | Not Allowed | $0.00 | | | |
| S8120 | E | O2 CONTENTS GAS CUBIC FT | | | | Not Allowed | $0.00 | | | |
| S8121 | E | O2 CONTENTS LIQUID LB | | | | Not Allowed | $0.00 | | | |
| S8185 | E | FLUTTER DEVICE | | | | Not Allowed | $0.00 | | | |
| S8186 | E | SWIVEL ADAPTOR | | | | Not Allowed | $0.00 | | | |
| S8189 | E | TRACH SUPPLY NOC | | | | Not Allowed | $0.00 | | | |
| S8205 | E | CHEST COMPRESSION SYSTEM GEN | | | | Not Allowed | $0.00 | | | |
| S8210 | E | MUCUS TRAP | | | | Not Allowed | $0.00 | | | |
| S8265 | E | HABERMAN FEEDER FOR CLEFT LIP/PALATE | | | | Not Allowed | $0.00 | | | |
| S8270 | E | ENURESIS ALARM | | | | Not Allowed | $0.00 | | | |
| S8300 | E | SACRAL NERVE STIMULATION TEST LEAD KIT | | | | Not Allowed | $0.00 | | | |
| S8301 | E | INFECT CONTROL SUPPLIES NOS | | | | Not Allowed | $0.00 | | | |
| S8400 | E | INCONTINENCE PANTS, EACH | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| S8402 | E | DIAPERS, EACH | | | | Not Allowed | $0.00 | | | |
| S8415 | E | SUPPLIES FOR HOME DELIVERY | | | | Not Allowed | $0.00 | | | |
| S8420 | E | CUSTOM GRADIENT SLEEV/GLOV | | | | Not Allowed | $0.00 | | | |
| S8421 | E | READY GRADIENT SLEEV/GLOV | | | | Not Allowed | $0.00 | | | |
| S8422 | E | CUSTOM GRAD SLEEVE MED | | | | Not Allowed | $0.00 | | | |
| S8423 | E | CUSTOM GRAD SLEEVE HEAVY | | | | Not Allowed | $0.00 | | | |
| S8424 | E | READY GRADIENT SLEEVE | | | | Not Allowed | $0.00 | | | |
| S8425 | E | CUSTOM GRAD GLOVE MED | | | | Not Allowed | $0.00 | | | |
| S8426 | E | CUSTOM GRAD GLOVE HEAVY | | | | Not Allowed | $0.00 | | | |
| S8427 | E | READY GRADIENT GLOVE | | | | Not Allowed | $0.00 | | | |
| S8428 | E | READY GRADIENT GAUNTLET | | | | Not Allowed | $0.00 | | | |
| S8429 | E | GRADIENT PRESSURE WRAP | | | | Not Allowed | $0.00 | | | |
| S8430 | E | PADDING FOR COMPRSSN BDG | | | | Not Allowed | $0.00 | | | |
| S8431 | E | COMPRESSION BANDAGE | | | | Not Allowed | $0.00 | | | |
| S8450 | E | SPLINT DIGIT | | | | Not Allowed | $0.00 | | | |
| S8451 | E | SPLINT WRIST OR ANKLE | | | | Not Allowed | $0.00 | | | |
| S8452 | E | SPLINT ELBOW | | | | Not Allowed | $0.00 | | | |
| S8490 | E | 100 INSULIN SYRINGES | | | | Not Allowed | $0.00 | | | |
| S8930 | E | AURICULAR ELECTROSTIMULATION | | | | Not Allowed | $0.00 | | | |
| S8948 | E | LOW-LEVEL LASER TRMT 15 MIN | | | | Not Allowed | $0.00 | | | |
| S8950 | E | COMPLEX LYMPHEDEMA THERAPY, | | | | Not Allowed | $0.00 | | | |
| S8999 | E | RESUSCITATION BAG | | | | Not Allowed | $0.00 | | | |
| S9001 | E | HOME UTERINE MONITOR WITH OR | | | | Not Allowed | $0.00 | | | |
| S9007 | E | ULTRAFILTRATION MONITOR | | | | Not Allowed | $0.00 | | | |
| S9024 | E | PARANASAL SINUS ULTRASOUND | | | | Not Allowed | $0.00 | | | |
| S9025 | E | OMNICARDIOGRAM/CARDIOINTEGRA | | | | Not Allowed | $0.00 | | | |
| S9034 | E | ESWL FOR GALLSTONES | | | | Not Allowed | $0.00 | | | |
| S9055 | E | PROCUREN OR OTHER GROWTH FAC | | | | Not Allowed | $0.00 | | | |
| S9056 | E | COMA STIMULATION PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9061 | E | MEDICAL SUPPLIES AND EQUIPME | | | | Not Allowed | $0.00 | | | |
| S9083 | E | URGENT CARE CENTER GLOBAL | | | | Not Allowed | $0.00 | | | |
| S9088 | E | SERVICES PROVIDED IN URGENT | | | | Not Allowed | $0.00 | | | |
| S9090 | E | VERTEBRAL AXIAL DECOMPRESSIO | | | | Not Allowed | $0.00 | | | |
| S9097 | E | HOME VISIT FOR WOUND CARE | | | | Not Allowed | $0.00 | | | |
| S9098 | E | HOME PHOTOTHERAPY VISIT | | | | Not Allowed | $0.00 | | | |
| S9109 | E | CHF TELEMONITORING MONTH | | | | Not Allowed | $0.00 | | | |
| S9117 | E | BACK SCHOOL VISIT | | | | Not Allowed | $0.00 | | | |
| S9122 | E | HOME HEALTH AIDE OR CERTIFIE | | | | Not Allowed | $0.00 | | | |
| S9123 | E | NURSING CARE IN HOME RN | | | | Not Allowed | $0.00 | | | |
| S9124 | E | NURSING CARE, IN THE HOME; B | | | | Not Allowed | $0.00 | | | |
| S9125 | E | RESPITE CARE, IN THE HOME, P | | | | Not Allowed | $0.00 | | | |
| S9126 | E | HOSPICE CARE, IN THE HOME, P | | | | Not Allowed | $0.00 | | | |
| S9127 | E | SOCIAL WORK VISIT, IN THE HO | | | | Not Allowed | $0.00 | | | |
| S9128 | E | SPEECH THERAPY, IN THE HOME, | | | | Not Allowed | $0.00 | | | |
| S9129 | E | OCCUPATIONAL THERAPY, IN THE | | | | Not Allowed | $0.00 | | | |
| S9131 | E | PT IN THE HOME PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9140 | E | DIABETIC MANAGEMENT PROGRAM, | | | | Not Allowed | $0.00 | | | |
| S9141 | E | DIABETIC MANAGEMENT PROGRAM, | | | | Not Allowed | $0.00 | | | |
| S9145 | E | INSULIN PUMP INITIATION | | | | Not Allowed | $0.00 | | | |
| S9208 | E | HOME MGMT PRETERM LABOR | | | | Not Allowed | $0.00 | | | |
| S9209 | E | HOME MGMT PPROM | | | | Not Allowed | $0.00 | | | |
| S9211 | E | HOME MGMT GEST HYPERTENSION | | | | Not Allowed | $0.00 | | | |
| S9212 | E | HM POSTPAR HYPER PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9213 | E | HM PREECLAMP PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9214 | E | HM GEST DM PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9325 | E | HIT PAIN MGMT PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9326 | E | HIT CONT PAIN PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9327 | E | HIT INT PAIN PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9328 | E | HIT PAIN IMP PUMP DIEM | | | | Not Allowed | $0.00 | | | |
| S9329 | E | HIT CHEMO PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9330 | E | HIT CONT CHEM DIEM | | | | Not Allowed | $0.00 | | | |
| S9331 | E | HIT INTERMIT CHEMO DIEM | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| S9336 | E | HIT CONT ANTICOAG DIEM | | | | Not Allowed | $0.00 | | | |
| S9338 | E | HIT IMMUNOTHERAPY DIEM | | | | Not Allowed | $0.00 | | | |
| S9339 | E | HIT PERITON DIALYSIS DIEM | | | | Not Allowed | $0.00 | | | |
| S9340 | E | HIT ENTERAL PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9341 | E | HIT ENTERAL GRAV DIEM | | | | Not Allowed | $0.00 | | | |
| S9342 | E | HIT ENTERAL PUMP DIEM | | | | Not Allowed | $0.00 | | | |
| S9343 | E | HIT ENTERAL BOLUS NURS | | | | Not Allowed | $0.00 | | | |
| S9345 | E | HIT ANTI-HEMOPHIL DIEM | | | | Not Allowed | $0.00 | | | |
| S9346 | E | HIT ALPHA-1-PROTEINAS DIEM | | | | Not Allowed | $0.00 | | | |
| S9347 | E | HIT LONGTERM INFUSION DIEM | | | | Not Allowed | $0.00 | | | |
| S9348 | E | HIT SYMPATHOMIM DIEM | | | | Not Allowed | $0.00 | | | |
| S9349 | E | HIT TOCOLYSIS DIEM | | | | Not Allowed | $0.00 | | | |
| S9351 | E | HIT CONT ANTIEMETIC DIEM | | | | Not Allowed | $0.00 | | | |
| S9353 | E | HIT CONT INSULIN DIEM | | | | Not Allowed | $0.00 | | | |
| S9355 | E | HIT CHELATION DIEM | | | | Not Allowed | $0.00 | | | |
| S9357 | E | HIT ENZYME REPLACE DIEM | | | | Not Allowed | $0.00 | | | |
| S9359 | E | HIT ANTI-TNF PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9361 | E | HIT DIURETIC INFUS DIEM | | | | Not Allowed | $0.00 | | | |
| S9363 | E | HIT ANTI-SPASMOTIC DIEM | | | | Not Allowed | $0.00 | | | |
| S9364 | E | HIT TPN TOTAL DIEM | | | | Not Allowed | $0.00 | | | |
| S9365 | E | HIT TPN 1 LITER DIEM | | | | Not Allowed | $0.00 | | | |
| S9366 | E | HIT TPN 2 LITER DIEM | | | | Not Allowed | $0.00 | | | |
| S9367 | E | HIT TPN 3 LITER DIEM | | | | Not Allowed | $0.00 | | | |
| S9368 | E | HIT TPN OVER 3L DIEM | | | | Not Allowed | $0.00 | | | |
| S9370 | E | HT INJ ANTIEMETIC DIEM | | | | Not Allowed | $0.00 | | | |
| S9372 | E | HT INJ ANTICOAG DIEM | | | | Not Allowed | $0.00 | | | |
| S9373 | E | HIT HYDRA TOTAL DIEM | | | | Not Allowed | $0.00 | | | |
| S9374 | E | HIT HYDRA 1 LITER DIEM | | | | Not Allowed | $0.00 | | | |
| S9375 | E | HIT HYDRA 2 LITER DIEM | | | | Not Allowed | $0.00 | | | |
| S9376 | E | HIT HYDRA 3 LITER DIEM | | | | Not Allowed | $0.00 | | | |
| S9377 | E | HIT HYDRA OVER 3L DIEM | | | | Not Allowed | $0.00 | | | |
| S9379 | E | HIT NOC PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9381 | E | HIT HIGH RISK/ESCORT | | | | Not Allowed | $0.00 | | | |
| S9401 | E | ANTICOAGULATION CLINIC PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9430 | E | PHARMACY COMPOUNDING AND DISPENSING SERVICES | | | | Not Allowed | $0.00 | | | |
| S9435 | E | MEDICAL FOODS FOR INBORN ERR | | | | Not Allowed | $0.00 | | | |
| S9436 | E | LAMAZE CLASS PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9437 | E | CHILDBIRTH REFRESHER CLASSES PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9438 | E | CESAREAN BIRTH CLASS PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9439 | E | VBAC CLASS PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9441 | E | ASTHMA EDUCATION | | | | Not Allowed | $0.00 | | | |
| S9442 | E | BIRTHING CLASS | | | | Not Allowed | $0.00 | | | |
| S9443 | M | LACTATION CLASS | | | | Fee Schedule | $15.00 | | | |
| S9444 | E | PARENTING CLASSES NON-PHYSICIAN PROVIDER PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9445 | M | PT EDUCATION NOC INDIVID | | | | Fee Schedule | $30.00 | | | |
| S9446 | E | PT EDUCATION NOC GROUP | | | | Not Allowed | $0.00 | | | |
| S9447 | E | INFANT SAFETY CLASS PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9449 | E | WEIGHT MANAGEMENT CLASSES PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9451 | E | EXERCISE CLASS NON-PHYSICIAN PROVIDER PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9452 | E | NUTRITION CLASSES NON-PHYSICIAN PROVIDER PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9453 | E | SMOKING CESSATION CLASS PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9454 | E | STRESS MANAGEMENT CLASS PER SESSION | | | | Not Allowed | $0.00 | | | |
| S9455 | M | DIABETIC MANAGEMENT PROGRAM, GROUP SESSION | | | | Fee Schedule | $30.00 | | | |
| S9460 | M | DIABETIC MANAGEMENT PROGRAM, NURSE VISIT | | | | Fee Schedule | $26.88 | | | |
| S9465 | E | DIABETIC MANAGEMENT PROGRAM, DIETICIAN VISIT | | | | Not Allowed | $0.00 | | | |
| S9470 | E | NUTRITIONAL COUNSELING, DIET | | | | Not Allowed | $0.00 | | | |
| S9472 | E | CARDIAC REHABILITATION PROGR | | | | Not Allowed | $0.00 | | | |
| S9473 | E | PULMONARY REHABILITATION PRO | | | | Not Allowed | $0.00 | | | |
| S9474 | E | ENTEROSTOMAL THERAPY BY A RE | | | | Not Allowed | $0.00 | | | |
| S9475 | E | AMBULATORY SETTING SUBSTANCE | | | | Not Allowed | $0.00 | | | |
| S9476 | E | VESTIBULAR REHAB PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9480 | E | INTENSIVE OUTPATIENT PSYCHIA | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| S9482 | E | FAMILY STABILIZATION 15 MIN | | | | Not Allowed | $0.00 | | | |
| S9484 | E | CRISIS INTERVENTION PER HOUR | | | | Not Allowed | $0.00 | | | |
| S9484 | M | CRISIS INTERVENTION MH SRVS PER HOUR | U1 | | | Fee Schedule | $27.06 | | | |
| S9484 | M | CRISIS INTERVENTION MH PER HOUR | U2 | | | Fee Schedule | $13.53 | | | |
| S9484 | M | CRISIS INTERVENTION MH SERVICES PER HOUR | U3 | | | Fee Schedule | $9.02 | | | |
| S9485 | E | CRISIS INTERVENTION PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9494 | E | HIT ANTIBIOTIC TOTAL DIEM | | | | Not Allowed | $0.00 | | | |
| S9497 | E | HIT ANTIBIOTIC Q3H DIEM | | | | Not Allowed | $0.00 | | | |
| S9500 | E | HIT ANTIBIOTIC Q24H DIEM | | | | Not Allowed | $0.00 | | | |
| S9501 | E | HIT ANTIBIOTIC Q12H DIEM | | | | Not Allowed | $0.00 | | | |
| S9502 | E | HIT ANTIBIOTIC Q8H DIEM | | | | Not Allowed | $0.00 | | | |
| S9503 | E | HIT ANTIBIOTIC Q6H DIEM | | | | Not Allowed | $0.00 | | | |
| S9504 | E | HIT ANTIBIOTIC Q4H DIEM | | | | Not Allowed | $0.00 | | | |
| S9529 | E | VENIPUNCTURE HOME/SNF | | | | Not Allowed | $0.00 | | | |
| S9537 | E | HT HEM HORM INJ DIEM | | | | Not Allowed | $0.00 | | | |
| S9538 | E | HIT BLOOD PRODUCTS DIEM | | | | Not Allowed | $0.00 | | | |
| S9542 | E | HT INJ NOC PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9558 | E | HT INJ GROWTH HORM DIEM | | | | Not Allowed | $0.00 | | | |
| S9559 | E | HIT INJ INTERFERON DIEM | | | | Not Allowed | $0.00 | | | |
| S9560 | E | HT INJ HORMONE DIEM | | | | Not Allowed | $0.00 | | | |
| S9562 | E | PALIVIZUMAB HOME INJ PERDIEM | | | | Not Allowed | $0.00 | | | |
| S9590 | E | IN HOME IRRIGATION THERAPY | | | | Not Allowed | $0.00 | | | |
| S9810 | E | HT PHARM PER HOUR | | | | Not Allowed | $0.00 | | | |
| S9970 | E | HEALTH CLUB MEMBERSHIP ANNUAL | | | | Not Allowed | $0.00 | | | |
| S9975 | E | TRANSPLANT RELATED PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9976 | E | LODGING PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9977 | E | MEALS PER DIEM | | | | Not Allowed | $0.00 | | | |
| S9981 | E | MED RECORD COPY ADMIN | | | | Not Allowed | $0.00 | | | |
| S9982 | E | MED RECORD COPY PER PAGE | | | | Not Allowed | $0.00 | | | |
| S9986 | E | NOT MEDICALLY NECESSARY SVC | | | | Not Allowed | $0.00 | | | |
| S9988 | E | SERV PART OF PHASE I TRIAL | | | | Not Allowed | $0.00 | | | |
| S9989 | E | SERVICES OUTSIDE US | | | | Not Allowed | $0.00 | | | |
| S9990 | E | SERVICES PROVIDED AS PART OF | | | | Not Allowed | $0.00 | | | |
| S9991 | E | SERVICES PROVIDED AS PART OF | | | | Not Allowed | $0.00 | | | |
| S9992 | E | TRANSPORTATION COSTS TO AND | | | | Not Allowed | $0.00 | | | |
| T1000 | E | PRIVATE DUTY/INDEPENDENT NSG | | | | Not Allowed | $0.00 | | | |
| T1001 | E | NURSING ASSESSMENT/EVALUATN | | | | Not Allowed | $0.00 | | | |
| T1002 | E | RN SERVICES UP TO 15 MINUTES | | | | Not Allowed | $0.00 | | | |
| T1003 | E | LPN/LVN SERVICES UP TO 15MIN | | | | Not Allowed | $0.00 | | | |
| T1004 | E | NSG AIDE SERVICE UP TO 15MIN | | | | Not Allowed | $0.00 | | | |
| T1005 | E | RESPITE CARE SERVICE 15 MIN | | | | Not Allowed | $0.00 | | | |
| T1006 | E | FAMILY/COUPLE COUNSELING | | | | Not Allowed | $0.00 | | | |
| T1007 | E | TREATMENT PLAN DEVELOPMENT | | | | Not Allowed | $0.00 | | | |
| T1009 | E | CHILD SITTING SERVICES | | | | Not Allowed | $0.00 | | | |
| T1010 | E | MEALS WHEN RECEIVE SERVICES | | | | Not Allowed | $0.00 | | | |
| T1012 | E | ALCOHOL/SUBSTANCE ABUSE SKIL | | | | Not Allowed | $0.00 | | | |
| T1013 | E | SIGN LANG/ORAL INTERPRETER | | | | Not Allowed | $0.00 | | | |
| T1014 | E | TELEHEALTH TRANSMIT, PER MIN | | | | Not Allowed | $0.00 | | | |
| T1015 | E | CLINIC SERVICE | | | | Not Allowed | $0.00 | | | |
| T1016 | M | CASE MANAGEMENT | | | | Fee Schedule | $0.00 | | | |
| T1016 | M | CASE MANAGEMENT, EACH 15 MINUTES | HD | | | Fee Schedule | $0.00 | | | |
| T1017 | E | TARGETED CASE MANAGEMENT | | | | Not Allowed | $0.00 | | | |
| T1018 | E | SCHOOL-BASED IEP SER BUNDLED | | | | Not Allowed | $0.00 | | | |
| T1019 | E | PERSONAL CARE SER PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| T1020 | E | EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE | | | | Not Allowed | $0.00 | | | |
| T1021 | E | HH AIDE OR CN AIDE PER VISIT | | | | Not Allowed | $0.00 | | | |
| T1022 | E | CONTRACTED SERVICES PER DAY | | | | Not Allowed | $0.00 | | | |
| T1023 | E | PROGRAM INTAKE ASSESSMENT | | | | Not Allowed | $0.00 | | | |
| T1024 | M | TEAM EVALUATION & MANAGEMENT | | | | Fee Schedule | $100.00 | | | |
| T1025 | M | PED COMPR CARE PKG PER DIEM | | | | Fee Schedule | $1,000.00 | | | |
| T1026 | E | PED COMPR CARE PKG PER HOUR | | | | Not Allowed | $0.00 | | | |
| T1027 | E | FAMILY TRAINING & COUNSELING | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| T1028 | E | HOME ENVIRONMENT ASSESSMENT | | | | Not Allowed | $0.00 | | | |
| T1029 | E | NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND AREOL. | | | | Not Allowed | $0.00 | | | |
| T1030 | E | REMOVAL OF SUTURES BY ANOTHER PHYSICIAN | | | | Not Allowed | $0.00 | | | |
| T1031 | E | LPN HOME CARE PER DIEM | | | | Not Allowed | $0.00 | | | |
| T1502 | E | MEDICATION ADMIN VISIT | | | | Not Allowed | $0.00 | | | |
| T1505 | E | ELEC MED COMP DEV, NOC | | | | Not Allowed | $0.00 | | | |
| T1999 | E | NOC RETAIL ITEMS AND SUPPLIES | | | | Not Allowed | $0.00 | | | |
| T2001 | E | N-ET; PATIENT ATTEND/ESCORT | | | | Not Allowed | $0.00 | | | |
| T2002 | E | N-ET; PER DIEM | | | | Not Allowed | $0.00 | | | |
| T2003 | E | N-ET; ENCOUNTER/TRIP | | | | Not Allowed | $0.00 | | | |
| T2004 | E | N-ET; COMMERC CARRIER PASS | | | | Not Allowed | $0.00 | | | |
| T2005 | E | N-ET; STRETCHER VAN | | | | Not Allowed | $0.00 | | | |
| T2007 | E | NON-EMER TRANSPORT WAIT TIME | | | | Not Allowed | $0.00 | | | |
| T2010 | E | PASRR LEVEL I | | | | Not Allowed | $0.00 | | | |
| T2011 | E | PASRR LEVEL II | | | | Not Allowed | $0.00 | | | |
| T2012 | E | HABIL ED WAIVER, PER DIEM | | | | Not Allowed | $0.00 | | | |
| T2013 | E | HABIL ED WAIVER PER HOUR | | | | Not Allowed | $0.00 | | | |
| T2014 | E | HABIL PREVOC WAIVER, PER D | | | | Not Allowed | $0.00 | | | |
| T2015 | E | HABIL PREVOC WAIVER PER HR | | | | Not Allowed | $0.00 | | | |
| T2016 | E | HABIL RES WAIVER PER DIEM | | | | Not Allowed | $0.00 | | | |
| T2017 | E | HABIL RES WAIVER 15 MIN | | | | Not Allowed | $0.00 | | | |
| T2018 | E | HABIL SUP EMPL WAIVER/DIEM | | | | Not Allowed | $0.00 | | | |
| T2019 | E | HABIL SUP EMPL WAIVER 15MIN | | | | Not Allowed | $0.00 | | | |
| T2020 | E | DAY HABIL WAIVER PER DIEM | | | | Not Allowed | $0.00 | | | |
| T2021 | E | DAY HABIL WAIVER PER 15 MIN | | | | Not Allowed | $0.00 | | | |
| T2022 | E | CASE MANAGEMENT, PER MONTH | | | | Not Allowed | $0.00 | | | |
| T2023 | E | TARGETED CASE MGMT PER MONTH | | | | Not Allowed | $0.00 | | | |
| T2024 | E | SERV ASMNT/CARE PLAN WAIVER | | | | Not Allowed | $0.00 | | | |
| T2025 | E | WAIVER SERVICE, NOS | | | | Not Allowed | $0.00 | | | |
| T2026 | E | SPECIAL CHILDCARE WAIVER/D | | | | Not Allowed | $0.00 | | | |
| T2027 | E | SPEC CHILDCARE WAIVER 15 MIN | | | | Not Allowed | $0.00 | | | |
| T2028 | E | SPECIAL SUPPLY, NOS WAIVER | | | | Not Allowed | $0.00 | | | |
| T2029 | E | SPECIAL MED EQUIP, NOSWAIVER | | | | Not Allowed | $0.00 | | | |
| T2030 | E | ASSIST LIVING WAIVER/MONTH | | | | Not Allowed | $0.00 | | | |
| T2031 | E | ASSIST LIVING WAIVER/DIEM | | | | Not Allowed | $0.00 | | | |
| T2032 | E | RES CARE, NOS WAIVER/MONTH | | | | Not Allowed | $0.00 | | | |
| T2033 | E | RES, NOS WAIVER PER DIEM | | | | Not Allowed | $0.00 | | | |
| T2034 | E | CRISIS INTERVEN WAIVER/DIEM | | | | Not Allowed | $0.00 | | | |
| T2035 | E | UTILITY SERVICES WAIVER | | | | Not Allowed | $0.00 | | | |
| T2036 | E | CAMP OVERNITE WAIVER/SESSION | | | | Not Allowed | $0.00 | | | |
| T2037 | E | CAMP DAY WAIVER/SESSION | | | | Not Allowed | $0.00 | | | |
| T2038 | E | COMM TRANS WAIVER/SERVICE | | | | Not Allowed | $0.00 | | | |
| T2039 | E | VEHICLE MOD WAIVER/SERVICE | | | | Not Allowed | $0.00 | | | |
| T2040 | E | FINANCIAL MGT WAIVER/15MIN | | | | Not Allowed | $0.00 | | | |
| T2041 | E | SUPPORT BROKER WAIVER/15 MIN | | | | Not Allowed | $0.00 | | | |
| T2042 | E | HOSPICE ROUTINE HOME CARE | | | | Not Allowed | $0.00 | | | |
| T2043 | E | HOSPICE CONTINUOUS HOME CARE | | | | Not Allowed | $0.00 | | | |
| T2044 | E | HOSPICE RESPITE CARE | | | | Not Allowed | $0.00 | | | |
| T2045 | E | HOSPICE GENERAL CARE | | | | Not Allowed | $0.00 | | | |
| T2046 | E | HOSPICE LONG TERM CARE R&B | | | | Not Allowed | $0.00 | | | |
| T2048 | E | BH LTC RES R&B, PER DIEM | | | | Not Allowed | $0.00 | | | |
| T2049 | E | N-ET; STRETCHER VAN MILEAGE | | | | Not Allowed | $0.00 | | | |
| T2101 | E | BREAST MILK PROC/STORE/DIST | | | | Not Allowed | $0.00 | | | |
| T4521 | E | ADULT SIZE BRIEF/DIAPER SM | | | | Not Allowed | $0.00 | | | |
| T4522 | E | ADULT SIZE BRIEF/DIAPER MED | | | | Not Allowed | $0.00 | | | |
| T4523 | E | ADULT SIZE BRIEF/DIAPER LG | | | | Not Allowed | $0.00 | | | |
| T4524 | E | ADULT SIZE BRIEF/DIAPER XL | | | | Not Allowed | $0.00 | | | |
| T4525 | E | ADULT SIZE PULL-ON SM | | | | Not Allowed | $0.00 | | | |
| T4526 | E | ADULT SIZE PULL-ON MED | | | | Not Allowed | $0.00 | | | |
| T4527 | E | ADULT SIZE PULL-ON LG | | | | Not Allowed | $0.00 | | | |
| T4528 | E | ADULT SIZE PULL-ON XL | | | | Not Allowed | $0.00 | | | |
| T4529 | E | PED SIZE BRIEF/DIAPER SM/MED | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| T4530 | E | PED SIZE BRIEF/DIAPER LG | | | | Not Allowed | $0.00 | | | |
| T4531 | E | PED SIZE PULL-ON SM/MED | | | | Not Allowed | $0.00 | | | |
| T4532 | E | PED SIZE PULL-ON LG | | | | Not Allowed | $0.00 | | | |
| T4533 | E | YOUTH SIZE BRIEF/DIAPER | | | | Not Allowed | $0.00 | | | |
| T4534 | E | YOUTH SIZE PULL-ON | | | | Not Allowed | $0.00 | | | |
| T4535 | E | DISPOSABLE LINER/SHIELD/PAD | | | | Not Allowed | $0.00 | | | |
| T4536 | E | REUSABLE PULL-ON ANY SIZE | | | | Not Allowed | $0.00 | | | |
| T4537 | E | REUSABLE UNDERPAD BED SIZE | | | | Not Allowed | $0.00 | | | |
| T4538 | E | DIAPER SERV REUSABLE DIAPER | | | | Not Allowed | $0.00 | | | |
| T4539 | E | REUSE DIAPER/BRIEF ANY SIZE | | | | Not Allowed | $0.00 | | | |
| T4540 | E | REUSABLE UNDERPAD CHAIR SIZE | | | | Not Allowed | $0.00 | | | |
| T4541 | E | LARGE DISPOSABLE UNDERPAD | | | | Not Allowed | $0.00 | | | |
| T4542 | E | SMALL DISPOSABLE UNDERPAD | | | | Not Allowed | $0.00 | | | |
| T5001 | E | SPECIAL POSITION SEAT/VEHICL | | | | Not Allowed | $0.00 | | | |
| T5999 | E | SUPPLY, NOS | | | | Not Allowed | $0.00 | | | |
| V2020 | E | VISION SVCS FRAMES PURCHASES | | | | Not Allowed | $0.00 | | | |
| V2025 | E | EYEGLASSES DELUX FRAMES | | | | Not Allowed | $0.00 | | | |
| V2100 | E | LENS SPHER SINGLE PLANO 4.00 | | | | Not Allowed | $0.00 | | | |
| V2101 | E | SINGLE VISN SPHERE 4.12-7.00 | | | | Not Allowed | $0.00 | | | |
| V2102 | E | SINGL VISN SPHERE 7.12-20.00 | | | | Not Allowed | $0.00 | | | |
| V2103 | E | SPHEROCYLINDR 4.00D/12-2.00D | | | | Not Allowed | $0.00 | | | |
| V2104 | E | SPHEROCYLINDR 4.00D/2.12-4D | | | | Not Allowed | $0.00 | | | |
| V2105 | E | SPHEROCYLINDER 4.00D/4.25-6D | | | | Not Allowed | $0.00 | | | |
| V2106 | E | SPHEROCYLINDER 4.00D/>6.00D | | | | Not Allowed | $0.00 | | | |
| V2107 | E | SPHEROCYLINDER 4.25D/12-2D | | | | Not Allowed | $0.00 | | | |
| V2108 | E | SPHEROCYLINDER 4.25D/2.12-4D | | | | Not Allowed | $0.00 | | | |
| V2109 | E | SPHEROCYLINDER 4.25D/4.25-6D | | | | Not Allowed | $0.00 | | | |
| V2110 | E | SPHEROCYLINDER 4.25D/OVER 6D | | | | Not Allowed | $0.00 | | | |
| V2111 | E | SPHEROCYLINDR 7.25D/.25-2.25 | | | | Not Allowed | $0.00 | | | |
| V2112 | E | SPHEROCYLINDR 7.25D/2.25-4D | | | | Not Allowed | $0.00 | | | |
| V2113 | E | SPHEROCYLINDR 7.25D/4.25-6D | | | | Not Allowed | $0.00 | | | |
| V2114 | E | SPHEROCYLINDER OVER 12.00D | | | | Not Allowed | $0.00 | | | |
| V2115 | E | LENS LENTICULAR BIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2118 | E | LENS ANISEIKONIC SINGLE | | | | Not Allowed | $0.00 | | | |
| V2121 | E | LENTICULAR LENS, SINGLE | | | | Not Allowed | $0.00 | | | |
| V2199 | E | LENS SINGLE VISION NOT OTH C | | | | Not Allowed | $0.00 | | | |
| V2200 | E | LENS SPHER BIFOC PLANO 4.00D | | | | Not Allowed | $0.00 | | | |
| V2201 | E | LENS SPHERE BIFOCAL 4.12-7.0 | | | | Not Allowed | $0.00 | | | |
| V2202 | E | LENS SPHERE BIFOCAL 7.12-20. | | | | Not Allowed | $0.00 | | | |
| V2203 | E | LENS SPHCYL BIFOCAL 4.00D/.1 | | | | Not Allowed | $0.00 | | | |
| V2204 | E | LENS SPHCY BIFOCAL 4.00D/2.1 | | | | Not Allowed | $0.00 | | | |
| V2205 | E | LENS SPHCY BIFOCAL 4.00D/4.2 | | | | Not Allowed | $0.00 | | | |
| V2206 | E | LENS SPHCY BIFOCAL 4.00D/OVE | | | | Not Allowed | $0.00 | | | |
| V2207 | E | LENS SPHCY BIFOCAL 4.25-7D/. | | | | Not Allowed | $0.00 | | | |
| V2208 | E | LENS SPHCY BIFOCAL 4.25-7/2. | | | | Not Allowed | $0.00 | | | |
| V2209 | E | LENS SPHCY BIFOCAL 4.25-7/4. | | | | Not Allowed | $0.00 | | | |
| V2210 | E | LENS SPHCY BIFOCAL 4.25-7/OV | | | | Not Allowed | $0.00 | | | |
| V2211 | E | LENS SPHCY BIFO 7.25-12/.25- | | | | Not Allowed | $0.00 | | | |
| V2212 | E | LENS SPHCYL BIFO 7.25-12/2.2 | | | | Not Allowed | $0.00 | | | |
| V2213 | E | LENS SPHCYL BIFO 7.25-12/4.2 | | | | Not Allowed | $0.00 | | | |
| V2214 | E | LENS SPHCYL BIFOCAL OVER 12. | | | | Not Allowed | $0.00 | | | |
| V2215 | E | LENS LENTICULAR BIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2218 | E | LENS ANISEIKONIC BIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2219 | E | LENS BIFOCAL SEG WIDTH OVER | | | | Not Allowed | $0.00 | | | |
| V2220 | E | LENS BIFOCAL ADD OVER 3.25D | | | | Not Allowed | $0.00 | | | |
| V2221 | E | LENTICULAR LENS, BIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2299 | E | LENS BIFOCAL SPECIALITY | | | | Not Allowed | $0.00 | | | |
| V2300 | E | LENS SPHERE TRIFOCAL 4.00D | | | | Not Allowed | $0.00 | | | |
| V2301 | E | LENS SPHERE TRIFOCAL 4.12-7. | | | | Not Allowed | $0.00 | | | |
| V2302 | E | LENS SPHERE TRIFOCAL 7.12-20 | | | | Not Allowed | $0.00 | | | |
| V2303 | E | LENS SPHCY TRIFOCAL 4.0/.12- | | | | Not Allowed | $0.00 | | | |
| V2304 | E | LENS SPHCY TRIFOCAL 4.0/2.25 | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| V2305 | E | LENS SPHCY TRIFOCAL 4.0/4.25 | | | | Not Allowed | $0.00 | | | |
| V2306 | E | LENS SPHCYL TRIFOCAL 4.00/>6 | | | | Not Allowed | $0.00 | | | |
| V2307 | E | LENS SPHCY TRIFOCAL 4.25-7/. | | | | Not Allowed | $0.00 | | | |
| V2308 | E | LENS SPHC TRIFOCAL 4.25-7/2. | | | | Not Allowed | $0.00 | | | |
| V2309 | E | LENS SPHC TRIFOCAL 4.25-7/4. | | | | Not Allowed | $0.00 | | | |
| V2310 | E | LENS SPHC TRIFOCAL 4.25-7/>6 | | | | Not Allowed | $0.00 | | | |
| V2311 | E | LENS SPHC TRIFO 7.25-12/.25- | | | | Not Allowed | $0.00 | | | |
| V2312 | E | LENS SPHC TRIFO 7.25-12/2.25 | | | | Not Allowed | $0.00 | | | |
| V2313 | E | LENS SPHC TRIFO 7.25-12/4.25 | | | | Not Allowed | $0.00 | | | |
| V2314 | E | LENS SPHCYL TRIFOCAL OVER 12 | | | | Not Allowed | $0.00 | | | |
| V2315 | E | LENS LENTICULAR TRIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2318 | E | LENS ANISEIKONIC TRIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2319 | E | LENS TRIFOCAL SEG WIDTH > 28 | | | | Not Allowed | $0.00 | | | |
| V2320 | E | LENS TRIFOCAL ADD OVER 3.25D | | | | Not Allowed | $0.00 | | | |
| V2321 | E | LENTICULAR LENS, TRIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2399 | E | LENS TRIFOCAL SPECIALITY | | | | Not Allowed | $0.00 | | | |
| V2410 | E | LENS VARIAB ASPHERICITY SING | | | | Not Allowed | $0.00 | | | |
| V2430 | E | LENS VARIABLE ASPHERICITY BI | | | | Not Allowed | $0.00 | | | |
| V2499 | E | VARIABLE ASPHERICITY LENS | | | | Not Allowed | $0.00 | | | |
| V2500 | E | CONTACT LENS PMMA SPHERICAL | | | | Not Allowed | $0.00 | | | |
| V2501 | E | CNTCT LENS PMMA-TORIC/PRISM | | | | Not Allowed | $0.00 | | | |
| V2502 | E | CONTACT LENS PMMA BIFOCAL | | | | Not Allowed | $0.00 | | | |
| V2503 | E | CNTCT LENS PMMA COLOR VISION | | | | Not Allowed | $0.00 | | | |
| V2510 | E | CNTCT GAS PERMEABLE SPHERICL | | | | Not Allowed | $0.00 | | | |
| V2511 | E | CNTCT TORIC PRISM BALLAST | | | | Not Allowed | $0.00 | | | |
| V2512 | E | CNTCT LENS GAS PERMBL BIFOCL | | | | Not Allowed | $0.00 | | | |
| V2513 | E | CONTACT LENS EXTENDED WEAR | | | | Not Allowed | $0.00 | | | |
| V2520 | E | CONTACT LENS HYDROPHILIC | | | | Not Allowed | $0.00 | | | |
| V2521 | E | CNTCT LENS HYDROPHILIC TORIC | | | | Not Allowed | $0.00 | | | |
| V2522 | E | CNTCT LENS HYDROPHIL BIFOCL | | | | Not Allowed | $0.00 | | | |
| V2523 | E | CNTCT LENS HYDROPHIL EXTEND | | | | Not Allowed | $0.00 | | | |
| V2530 | E | CONTACT LENS GAS IMPERMEABLE | | | | Not Allowed | $0.00 | | | |
| V2531 | E | CONTACT LENS GAS PERMEABLE | | | | Not Allowed | $0.00 | | | |
| V2599 | E | CONTACT LENS/ES OTHER TYPE | | | | Not Allowed | $0.00 | | | |
| V2600 | E | HAND HELD LOW VISION AIDS | | | | Not Allowed | $0.00 | | | |
| V2610 | E | SINGLE LENS SPECTACLE MOUNT | | | | Not Allowed | $0.00 | | | |
| V2615 | E | TELESCOP/OTHR COMPOUND LENS | | | | Not Allowed | $0.00 | | | |
| V2623 | E | PLASTIC EYE PROSTH CUSTOM | | | | Not Allowed | $0.00 | | | |
| V2624 | E | POLISHING ARTIFICAL EYE | | | | Not Allowed | $0.00 | | | |
| V2625 | E | ENLARGEMNT OF EYE PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| V2626 | E | REDUCTION OF EYE PROSTHESIS | | | | Not Allowed | $0.00 | | | |
| V2627 | E | SCLERAL COVER SHELL | | | | Not Allowed | $0.00 | | | |
| V2628 | E | FABRICATION & FITTING | | | | Not Allowed | $0.00 | | | |
| V2629 | E | PROSTHETIC EYE OTHER TYPE | | | | Not Allowed | $0.00 | | | |
| V2630 | N | ANTER CHAMBER INTRAOCUL LENS | | | | Bundled | $0.00 | | | |
| V2631 | N | IRIS SUPPORT INTRAOCLR LENS | | | | Bundled | $0.00 | | | |
| V2632 | N | POST CHMBR INTRAOCULAR LENS | | | | Bundled | $0.00 | | | |
| V2700 | E | BALANCE LENS | | | | Not Allowed | $0.00 | | | |
| V2702 | E | DELUXE LENS FEATURE | | | | Not Allowed | $0.00 | | | |
| V2710 | E | GLASS/PLASTIC SLAB OFF PRISM | | | | Not Allowed | $0.00 | | | |
| V2715 | E | PRISM LENS/ES | | | | Not Allowed | $0.00 | | | |
| V2718 | E | FRESNELL PRISM PRESS-ON LENS | | | | Not Allowed | $0.00 | | | |
| V2730 | E | SPECIAL BASE CURVE | | | | Not Allowed | $0.00 | | | |
| V2744 | E | TINT PHOTOCHROMATIC LENS/ES | | | | Not Allowed | $0.00 | | | |
| V2745 | E | TINT, ANY COLOR/SOLID/GRAD | | | | Not Allowed | $0.00 | | | |
| V2750 | E | ANTI-REFLECTIVE COATING | | | | Not Allowed | $0.00 | | | |
| V2755 | E | UV LENS/ES | | | | Not Allowed | $0.00 | | | |
| V2756 | E | EYE GLASS CASE | | | | Not Allowed | $0.00 | | | |
| V2760 | E | SCRATCH RESISTANT COATING | | | | Not Allowed | $0.00 | | | |
| V2761 | E | MIRROR COATING | | | | Not Allowed | $0.00 | | | |
| V2762 | E | POLARIZATION, ANY LENS | | | | Not Allowed | $0.00 | | | |
| V2770 | E | OCCLUDER LENS/ES | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| V2780 | E | OVERSIZE LENS/ES | | | | Not Allowed | $0.00 | | | |
| V2781 | E | PROGRESSIVE LENS PER LENS | | | | Not Allowed | $0.00 | | | |
| V2782 | E | LENS, 1.54-1.65 P/1.60-1.79G | | | | Not Allowed | $0.00 | | | |
| V2783 | E | LENS, >= 1.66 P/>=1.80 G | | | | Not Allowed | $0.00 | | | |
| V2784 | E | LENS POLYCARB OR EQUAL | | | | Not Allowed | $0.00 | | | |
| V2785 | M | CORNEAL TISSUE PROCESSING | | | | Fee Schedule | $1,100.00 | | | |
| V2786 | E | OCCUPATIONAL MULTIFOCAL LENS | | | | Not Allowed | $0.00 | | | |
| V2787 | E | ASTIGMATISM-CORRECT FUNCTION | | | | Not Allowed | $0.00 | | | |
| V2788 | E | PRESBYOPIA-CORRECT FUNCTION | | | | Not Allowed | $0.00 | | | |
| V2790 | N | AMNIOTIC MEMBRANE | | | | Bundled | $0.00 | | | |
| V2797 | E | VIS ITEM/SVC IN OTHER CODE | | | | Not Allowed | $0.00 | | | |
| V2799 | E | MISC VISION ITEM OR SERVICE | | | | Not Allowed | $0.00 | | | |
| V5008 | E | HEARING SCREENING | | | | Not Allowed | $0.00 | | | |
| V5010 | E | ASSESSMENT FOR HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5011 | E | HEARING AID FITTING/CHECKING | | | | Not Allowed | $0.00 | | | |
| V5014 | E | HEARING AID REPAIR/MODIFYING | | | | Not Allowed | $0.00 | | | |
| V5020 | E | CONFORMITY EVALUATION | | | | Not Allowed | $0.00 | | | |
| V5030 | E | BODY-WORN HEARING AID AIR | | | | Not Allowed | $0.00 | | | |
| V5040 | E | BODY-WORN HEARING AID BONE | | | | Not Allowed | $0.00 | | | |
| V5050 | E | HEARING AID MONAURAL IN EAR | | | | Not Allowed | $0.00 | | | |
| V5060 | E | BEHIND EAR HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5070 | E | GLASSES AIR CONDUCTION | | | | Not Allowed | $0.00 | | | |
| V5080 | E | GLASSES BONE CONDUCTION | | | | Not Allowed | $0.00 | | | |
| V5090 | E | HEARING AID DISPENSING FEE | | | | Not Allowed | $0.00 | | | |
| V5095 | E | IMPLANT MID EAR HEARING PROS | | | | Not Allowed | $0.00 | | | |
| V5100 | E | BODY-WORN BILAT HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5110 | E | HEARING AID DISPENSING FEE | | | | Not Allowed | $0.00 | | | |
| V5120 | E | BODY-WORN BINAUR HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5130 | E | IN EAR BINAURAL HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5140 | E | BEHIND EAR BINAUR HEARING AI | | | | Not Allowed | $0.00 | | | |
| V5150 | E | GLASSES BINAURAL HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5160 | E | DISPENSING FEE BINAURAL | | | | Not Allowed | $0.00 | | | |
| V5170 | E | WITHIN EAR CROS HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5180 | E | BEHIND EAR CROS HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5190 | E | GLASSES CROS HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5200 | E | CROS HEARING AID DISPENS FEE | | | | Not Allowed | $0.00 | | | |
| V5210 | E | IN EAR BICROS HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5220 | E | BEHIND EAR BICROS HEARING AI | | | | Not Allowed | $0.00 | | | |
| V5230 | E | GLASSES BICROS HEARING AID | | | | Not Allowed | $0.00 | | | |
| V5240 | E | DISPENSING FEE BICROS | | | | Not Allowed | $0.00 | | | |
| V5241 | E | DISPENSING FEE, MONAURAL | | | | Not Allowed | $0.00 | | | |
| V5242 | E | HEARING AID, MONAURAL, CIC | | | | Not Allowed | $0.00 | | | |
| V5243 | E | HEARING AID, MONAURAL, ITC | | | | Not Allowed | $0.00 | | | |
| V5244 | E | HEARING AID, PROG, MON, CIC | | | | Not Allowed | $0.00 | | | |
| V5245 | E | HEARING AID, PROG, MON, ITC | | | | Not Allowed | $0.00 | | | |
| V5246 | E | HEARING AID, PROG, MON, ITE | | | | Not Allowed | $0.00 | | | |
| V5247 | E | HEARING AID, PROG, MON, BTE | | | | Not Allowed | $0.00 | | | |
| V5248 | E | HEARING AID, BINAURAL, CIC | | | | Not Allowed | $0.00 | | | |
| V5249 | E | HEARING AID, BINAURAL, ITC | | | | Not Allowed | $0.00 | | | |
| V5250 | E | HEARING AID, PROG, BIN, CIC | | | | Not Allowed | $0.00 | | | |
| V5251 | E | HEARING AID, PROG, BIN, ITC | | | | Not Allowed | $0.00 | | | |
| V5252 | E | HEARING AID, PROG, BIN, ITE | | | | Not Allowed | $0.00 | | | |
| V5253 | E | HEARING AID, PROG, BIN, BTE | | | | Not Allowed | $0.00 | | | |
| V5254 | E | HEARING ID, DIGIT, MON, CIC | | | | Not Allowed | $0.00 | | | |
| V5255 | E | HEARING AID, DIGIT, MON, ITC | | | | Not Allowed | $0.00 | | | |
| V5256 | E | HEARING AID, DIGIT, MON, ITE | | | | Not Allowed | $0.00 | | | |
| V5257 | E | HEARING AID, DIGIT, MON, BTE | | | | Not Allowed | $0.00 | | | |
| V5258 | E | HEARING AID, DIGIT, BIN, CIC | | | | Not Allowed | $0.00 | | | |
| V5259 | E | HEARING AID, DIGIT, BIN, ITC | | | | Not Allowed | $0.00 | | | |
| V5260 | E | HEARING AID, DIGIT, BIN, ITE | | | | Not Allowed | $0.00 | | | |
| V5261 | E | HEARING AID, DIGIT, BIN, BTE | | | | Not Allowed | $0.00 | | | |
| V5262 | E | HEARING AID, DISP, MONAURAL | | | | Not Allowed | $0.00 | | | |

| Proc Cd | 2016 APC Status Ind | Proc Desc | Proc Modifier | APC | APC Weight | Method | 2016 Outpatient Hospital Fee Schedule | Sole Comm. Hospital Lab Fees | Non-sole Comm. Hospital Lab Fees | Prior Auth. Required |
|---|---|---|---|---|---|---|---|---|---|---|
| V5263 | E | HEARING AID, DISP, BINAURAL | | | | Not Allowed | $0.00 | | | |
| V5264 | E | EAR MOLD/INSERT | | | | Not Allowed | $0.00 | | | |
| V5265 | E | EAR MOLD/INSERT, DISP | | | | Not Allowed | $0.00 | | | |
| V5266 | E | BATTERY FOR HEARING DEVICE | | | | Not Allowed | $0.00 | | | |
| V5267 | E | HEARING AID SUP/ACCESS/DEV | | | | Not Allowed | $0.00 | | | |
| V5268 | E | ALD TELEPHONE AMPLIFIER | | | | Not Allowed | $0.00 | | | |
| V5269 | E | ALERTING DEVICE, ANY TYPE | | | | Not Allowed | $0.00 | | | |
| V5270 | E | ALD, TV AMPLIFIER, ANY TYPE | | | | Not Allowed | $0.00 | | | |
| V5271 | E | ALD, TV CAPTION DECODER | | | | Not Allowed | $0.00 | | | |
| V5272 | E | TDD | | | | Not Allowed | $0.00 | | | |
| V5273 | E | ALD FOR COCHLEAR IMPLANT | | | | Not Allowed | $0.00 | | | |
| V5274 | E | ALD UNSPECIFIED | | | | Not Allowed | $0.00 | | | |
| V5275 | E | EAR IMPRESSION | | | | Not Allowed | $0.00 | | | |
| V5281 | E | ALD FM/DM SYSTEM, MONAURAL | | | | Not Allowed | $0.00 | | | |
| V5282 | E | ALD FM/DM SYSTEM BINAURAL | | | | Not Allowed | $0.00 | | | |
| V5283 | E | ALD NECK, LOOP IND RECEIVER | | | | Not Allowed | $0.00 | | | |
| V5284 | E | ALD FM/DM EAR LEVEL RECEIVER | | | | Not Allowed | $0.00 | | | |
| V5285 | E | ALD FM/DM AUD INPUT RECEIVER | | | | Not Allowed | $0.00 | | | |
| V5286 | E | ALD BLU TOOTH FM/DM RECEIVER | | | | Not Allowed | $0.00 | | | |
| V5287 | E | ALD FM/DM RECEIVER, NOS | | | | Not Allowed | $0.00 | | | |
| V5288 | E | ALD FM/DM TRANSMITTER ALD | | | | Not Allowed | $0.00 | | | |
| V5289 | E | ALD FM/DM ADAPT/BOOT COUPLIN | | | | Not Allowed | $0.00 | | | |
| V5290 | E | ALD TRANSMITTER MICROPHONE | | | | Not Allowed | $0.00 | | | |
| V5298 | E | HEARING AID NOC | | | | Not Allowed | $0.00 | | | |
| V5299 | E | HEARING SERVICE | | | | Not Allowed | $0.00 | | | |
| V5336 | E | REPAIR COMMUNICATION DEVICE | | | | Not Allowed | $0.00 | | | |
| V5362 | E | SPEECH SCREENING | | | | Not Allowed | $0.00 | | | |
| V5363 | E | LANGUAGE SCREENING | | | | Not Allowed | $0.00 | | | |
| V5364 | E | DYSPHAGIA SCREENING | | | | Not Allowed | $0.00 | | | |