Montana Medicaid Outpatient Procedure Fee Schedule

Outpatient Hospital Services

Effective 04/01/2016

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

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Proc Cd	2016 APC Status Ind	Proc Desc	Proc 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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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	$54.73			
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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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

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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			

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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			

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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			

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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	N	LAP PLACE GASTR ADJ DEVICE		05362	93.0608	Bundled, Sometimes Payable	$5,270.96			
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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			Y
54160	T	CIRCUMCISION NEONATE		05373	20.4329	APC	$1,157.32			Y
54161	T	CIRCUM 28 DAYS OR OLDER		05373	20.4329	APC	$1,157.32			Y
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			

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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			

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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			

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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	$57.15			
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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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	$9.31			
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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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			

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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	$413.14			
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			

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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			

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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	$418.31			
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	$418.31			
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			

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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			

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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			

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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	$9.42			
77052	M	COMP SCREEN MAMMOGRAM ADD-ON				Fee Schedule	$9.42			
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	$93.47			
77056	M	MAMMOGRAM BOTH BREASTS				Fee Schedule	$120.17			
77057	M	MAMMOGRAM SCREENING				Fee Schedule	$85.71			
77058	M	MRI ONE BREAST				Fee Schedule	$561.59			
77059	M	MRI BOTH BREASTS				Fee Schedule	$555.69			
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			

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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	$195.03			
77431	M	RADIATION THERAPY MANAGEMENT				Fee Schedule	$106.80			
77432	M	STEREOTACTIC RADIATION TRMT				Fee Schedule	$437.25			
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			

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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	

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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			

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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	

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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			

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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			

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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			

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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			

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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	

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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	

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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	

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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	

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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	

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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	

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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	

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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	

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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	

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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	

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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	

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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	

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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	

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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			

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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			

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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			

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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	2.1525	APC	$121.92			
90375	K	RABIES IG IM/SC		09133	5.1171	APC	$289.83			
90376	K	RABIES IG HEAT TREATED		09134	4.9281	APC	$279.13			
90378	K	RSV MAB IM 50MG		09003	34.3837	APC	$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	$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	2.1714	APC	$122.99			
90586	M	BCG VACCINE INTRAVESICAL				Fee Schedule	$122.99			
90620	K	MENB RP W/OMV VACCINE IM		01807	2.7029	APC	$153.09			
90621	K	MENB RLP VACCINE IM		01808	2.1663	APC	$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	$160.17			
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			

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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	M	LAIV4 VACCINE INTRANASAL				Fee Schedule	$24.05			
90673	M	RIV3 VACCINE NO PRESERV IM				Fee Schedule	$33.28			
90675	K	RABIES VACCINE IM		09139	4.8370	APC	$273.97			
90676	K	RABIES VACCINE ID		09140	3.0420	APC	$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	$106.49			
90734	K	MENACWY VACCINE IM		01843	1.8713	APC	$105.99			
90736	M	HZV VACCINE LIVE SUBQ				Fee Schedule	$187.89			
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			

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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	$21.23			
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			

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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			

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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	$55.82			
92508	Y	SPEECH/HEARING THERAPY				Fee Schedule	$16.50			
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	$76.19			
92522	Y	EVALUATE SPEECH PRODUCTION				Fee Schedule	$65.17			
92523	Y	SPEECH SOUND LANG COMPREHEN				Fee Schedule	$132.98			
92524	Y	BEHAVRAL QUALIT ANALYS VOICE				Fee Schedule	$63.95			
92526	Y	ORAL FUNCTION THERAPY				Fee Schedule	$60.55			
92531	N	SPONTANEOUS NYSTAGMUS STUDY				Bundled	$0.00			
92532	N	POSITIONAL NYSTAGMUS TEST				Bundled	$0.00			
92533	N	CALORIC VESTIBULAR TEST				Bundled	$0.00			
92534	N	OPTOKINETIC NYSTAGMUS TEST				Bundled	$0.00			
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	$12.63			
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			

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92591	E	HEARING AID EXAM BOTH EARS				Not Allowed	$0.00			
92592	M	HEARING AID CHECK ONE EAR				Fee Schedule	$12.67			
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	$50.96			
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	$87.75			
92608	Y	EX FOR SPEECH DEVICE RX ADDL				Fee Schedule	$37.52			
92609	Y	USE OF SPEECH DEVICE SERVICE				Fee Schedule	$78.01			
92610	Y	EVALUATE SWALLOWING FUNCTION				Fee Schedule	$51.38			
92611	Y	MOTION FLUOROSCOPY/SWALLOW				Fee Schedule	$61.33			
92612	M	ENDOSCOPY SWALLOW TST (FEES)				Fee Schedule	$48.51			
92613	E	ENDOSCOPY SWALLOW TST (FEES)				Not Allowed	$0.00			
92614	M	LARYNGOSCOPIC SENSORY TEST				Fee Schedule	$48.02			
92615	E	EVAL LARYNGOSCOPY SENSE TST				Not Allowed	$0.00			
92616	M	FEES W/LARYNGEAL SENSE TEST				Fee Schedule	$71.92			
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			

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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			

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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			

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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			

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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	$26.35			
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			

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96105	Y	ASSESSMENT OF APHASIA				Fee Schedule	$73.44			
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			

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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	$52.83			
97002	Y	PT RE-EVALUATION				Fee Schedule	$29.54			
97003	Y	OT EVALUATION				Fee Schedule	$59.86			
97004	Y	OT RE-EVALUATION				Fee Schedule	$37.02			
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	$11.27			
97014	E	ELECTRIC STIMULATION THERAPY				Not Allowed	$0.00			
97016	Y	VASOPNEUMATIC DEVICE THERAPY				Fee Schedule	$13.51			
97018	Y	PARAFFIN BATH THERAPY				Fee Schedule	$7.78			
97022	Y	WHIRLPOOL THERAPY				Fee Schedule	$16.50			
97024	Y	DIATHERMY EG MICROWAVE				Fee Schedule	$4.54			
97026	Y	INFRARED THERAPY				Fee Schedule	$4.29			
97028	Y	ULTRAVIOLET THERAPY				Fee Schedule	$5.29			
97032	Y	ELECTRICAL STIMULATION				Fee Schedule	$13.51			
97033	Y	ELECTRIC CURRENT THERAPY				Fee Schedule	$22.99			
97034	Y	CONTRAST BATH THERAPY				Fee Schedule	$12.76			
97035	Y	ULTRASOUND THERAPY				Fee Schedule	$9.02			
97036	Y	HYDROTHERAPY				Fee Schedule	$23.56			
97039	Y	PHYSICAL THERAPY TREATMENT				Charge Ratio	$0.00			
97110	Y	THERAPEUTIC EXERCISES				Fee Schedule	$22.81			
97112	Y	NEUROMUSCULAR REEDUCATION				Fee Schedule	$23.48			
97113	Y	AQUATIC THERAPY/EXERCISES				Fee Schedule	$30.22			
97116	Y	GAIT TRAINING THERAPY				Fee Schedule	$19.99			
97124	Y	MASSAGE THERAPY				Fee Schedule	$18.82			
97139	Y	PHYSICAL MEDICINE PROCEDURE				Charge Ratio	$0.00			
97140	Y	MANUAL THERAPY 1/> REGIONS				Fee Schedule	$20.99			
97150	Y	GROUP THERAPEUTIC PROCEDURES				Fee Schedule	$12.27			
97530	Y	THERAPEUTIC ACTIVITIES				Fee Schedule	$24.48			
97532	Y	COGNITIVE SKILLS DEVELOPMENT				Fee Schedule	$18.75			
97533	Y	SENSORY INTEGRATION				Fee Schedule	$20.49			
97535	Y	SELF CARE MNGMENT TRAINING				Fee Schedule	$24.48			
97537	Y	COMMUNITY/WORK REINTEGRATION				Fee Schedule	$21.24			
97542	Y	WHEELCHAIR MNGMENT TRAINING				Fee Schedule	$21.49			
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	$23.31			
97755	Y	ASSISTIVE TECHNOLOGY ASSESS				Fee Schedule	$25.30			
97760	Y	ORTHOTIC MGMT AND TRAINING				Fee Schedule	$26.80			
97761	M	PROSTHETIC TRAINING				Fee Schedule	$0.00			
97762	M	C/O FOR ORTHOTIC/PROSTH USE				Fee Schedule	$33.71			
97799	Y	PHYSICAL MEDICINE PROCEDURE				Charge Ratio	$0.00			
97802	M	MEDICAL NUTRITION INDIV IN				Fee Schedule	$34.16			
97803	M	MED NUTRITION INDIV SUBSEQ				Fee Schedule	$28.51			

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97804	M	MEDICAL NUTRITION GROUP				Fee Schedule	$15.95			
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			

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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			

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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	$80.99			
99382	M	INIT PM E/M NEW PAT 1-4 YRS				Fee Schedule	$86.60			
99383	M	PREV VISIT NEW AGE 5-11				Fee Schedule	$91.77			
99384	M	PREV VISIT NEW AGE 12-17				Fee Schedule	$108.65			
99385	M	PREV VISIT NEW AGE 18-39				Fee Schedule	$104.22			
99386	M	PREV VISIT NEW AGE 40-64				Fee Schedule	$126.15			
99387	M	INIT PM E/M NEW PAT 65+ YRS				Fee Schedule	$135.46			
99391	M	PER PM REEVAL EST PAT INFANT				Fee Schedule	$73.86			
99392	M	PREV VISIT EST AGE 1-4				Fee Schedule	$80.99			
99393	M	PREV VISIT EST AGE 5-11				Fee Schedule	$80.99			
99394	M	PREV VISIT EST AGE 12-17				Fee Schedule	$91.77			
99395	M	PREV VISIT EST AGE 18-39				Fee Schedule	$94.80			
99396	M	PREV VISIT EST AGE 40-64				Fee Schedule	$103.48			
99397	M	PER PM REEVAL EST PAT 65+ YR				Fee Schedule	$108.65			
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			

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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			

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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			

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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

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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

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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
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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

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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			
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			

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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			
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			

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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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

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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			
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			

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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			
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			

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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			
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			

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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			
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			

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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			
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			

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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			
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			

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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			
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			

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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			
A9517	K	I131 IODIDE CAP, RX		01064	0.7186	APC	$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	$10.28			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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	824.9063	APC	$46,722.69			
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	$213.56			
A9564	K	P32 CHROMIC PHOSPHATE		01676	16.0067	APC	$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	20.8026	APC	$1,178.26			
A9604	K	SM 153 LEXIDRONAM		01295	194.3194	APC	$11,006.25			
A9606	K	RADIUM RA223 DICHLORIDE THER		01745	2.1736	APC	$123.11			
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			

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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			
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			

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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			
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			

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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			
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			

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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	0.2189	APC	$12.40			
C9132	K	KCENTRA, PER I.U.		09132	0.0298	APC	$1.69			
C9137	G	ADYNOVATE FACTOR VIII RECOM		01844		APC – pays by fee schedule amount	$1.89			
C9138	G	NUWIQ FACTOR VIII RECOMB		01846		APC – pays by fee schedule amount	$1.99			
C9248	K	INJ, CLEVIDIPINE BUTYRATE		09248	0.0418	APC	$2.37			
C9250	N	ARTISS FIBRIN SEALANT				Bundled	$0.00			
C9254	N	INJECTION, LACOSAMIDE				Bundled	$0.00			
C9257	K	BEVACIZUMAB INJECTION		01281	0.0313	APC	$1.77			
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	4.7797	APC	$270.72			
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			
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	$487.89			
C9458	G	FLORBETABEN F18		09458		APC – pays by fee schedule amount	$2,968.00			
C9459	G	FLUTEMETAMOL F18		09459		APC – pays by fee schedule amount	$3,135.00			
C9460	G	INJECTION, CANGRELOR		09460		APC – pays by fee schedule amount	$15.53			
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	$2.53			
C9471	G	HYMOVIS, 1 MG		09471		APC – pays by fee schedule amount	$19.00			

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C9472	G	INJ TALIMOGENE LAHERPAREPVEC		09472		APC – pays by fee schedule amount	$46.64			
C9473	G	INJECTION, MEPOLIZUMAB		09473		APC – pays by fee schedule amount	$26.50			
C9474	G	INJ, IRINOTECAN LIPOSOME		09474		APC – pays by fee schedule amount	$39.93			
C9475	G	INJECTION, NECITUMUMAB		09475		APC – pays by fee schedule amount	$5.30			
C9497	G	LOXAPINE, INHALATION POWDER		09497		APC – pays by fee schedule amount	$144.70			
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			
C9743	T	BULKING/SPACER MATERIAL IMPL		05374	30.4305	APC	$1,723.58			
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			
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			

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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			
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			

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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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

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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			
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			

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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			
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			

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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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

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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			
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			

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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			
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			

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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			
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			

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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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

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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			
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			

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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			
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			

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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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

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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			
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			

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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			
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			

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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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

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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	$55.36			
G0109	M	DIAB MANAGE TRN IND/GROUP				Fee Schedule	$14.85			
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			
G0186	T	DSTRY EYE LESN,FDR VSSL TECH		05481	5.9733	APC	$338.33			
G0202	M	SCREENINGMAMMOGRAPHYDIGITAL				Fee Schedule	$139.63			
G0204	M	DIAGNOSTICMAMMOGRAPHYDIGITAL				Fee Schedule	$170.03			
G0206	M	DIAGNOSTICMAMMOGRAPHYDIGITAL				Fee Schedule	$134.09			
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			

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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	$28.51			
G0271	M	GROUP MNT 2 OR MORE 30 MINS				Fee Schedule	$15.95			
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	$14.48			
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			
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			

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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			
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	

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

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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			
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			

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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			
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			

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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			
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			

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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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

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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			
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			

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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			
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			

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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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

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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			
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			

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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			
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			

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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			
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			

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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			
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			

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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			
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			

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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	$80.01			
H0036	E	COMM PSY FACE-FACE PER 15MIN				Not Allowed	$0.00			
H0037	E	COMM PSY SUP TX PGM PER DIEM				Not Allowed	$0.00			
H0038	E	SELF-HELP/PEER SVC PER 15MIN				Not Allowed	$0.00			
H0039	E	ASSER COM TX FACE-FACE/15MIN				Not Allowed	$0.00			
H0040	E	ASSERT COMM TX PGM PER DIEM				Not Allowed	$0.00			
H0041	E	FOS C CHLD NON-THER PER DIEM				Not Allowed	$0.00			
H0042	E	FOS C CHLD NON-THER PER MON				Not Allowed	$0.00			
H0043	E	SUPPORTED HOUSING PER DIEM				Not Allowed	$0.00			
H0044	E	SUPPORTED HOUSING PER MONTH				Not Allowed	$0.00			
H0045	E	RESPITE NOT-IN-HOME PER DIEM				Not Allowed	$0.00			
H0046	E	MENTAL HEALTH SERVICE NOS				Not Allowed	$0.00			
H0047	E	ALCOHOL/DRUG ABUSE SVC NOS				Not Allowed	$0.00			
H0048	E	SPEC COLL NON-BLOOD:A/D TEST				Not Allowed	$0.00			
H0049	E	ALCOHOL/DRUG SCREENING				Not Allowed	$0.00			
H0050	E	ALCOHOL/DRUG SERVICE 15 MIN				Not Allowed	$0.00			
H1000	E	PRENATAL CARE ATRISK ASSESSM				Not Allowed	$0.00			
H1001	E	ANTEPARTUM MANAGEMENT				Not Allowed	$0.00			
H1002	E	CARECOORDINATION PRENATAL				Not Allowed	$0.00			
H1003	E	PRENATAL AT RISK EDUCATION				Not Allowed	$0.00			
H1004	E	FOLLOW UP HOME VISIT/PRENTAL				Not Allowed	$0.00			
H1005	E	PRENATALCARE ENHANCED SRV PK				Not Allowed	$0.00			
H1010	E	NONMED FAMILY PLANNING ED				Not Allowed	$0.00			
H1011	E	FAMILY ASSESSMENT				Not Allowed	$0.00			
H2000	E	COMP MULTIDISIPLN EVALUATION				Not Allowed	$0.00			
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			

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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	$97.97			
J0129	K	ABATACEPT INJECTION		09230	0.7248	APC	$41.05			
J0130	N	ABCIXIMAB INJECTION				Bundled	$0.00			
J0131	N	ACETAMINOPHEN INJECTION				Bundled	$0.00			
J0132	K	ACETYLCYSTEINE INJECTION		01272	0.0288	APC	$1.63			
J0133	N	ACYCLOVIR INJECTION				Bundled	$0.00			
J0135	K	ADALIMUMAB INJECTION		01083	14.0655	APC	$796.67			
J0153	N	ADENOSINE INJ 1MG				Bundled	$0.00			
J0171	N	ADRENALIN EPINEPHRINE INJECT				Bundled	$0.00			
J0178	K	AFLIBERCEPT INJECTION		01420	17.3111	APC	$980.50			
J0180	K	AGALSIDASE BETA INJECTION		09208	2.8189	APC	$159.66			
J0190	E	INJ BIPERIDEN LACTATE/5 MG				Not Allowed	$0.00			
J0200	N	ALATROFLOXACIN MESYLATE				Bundled	$0.00			
J0202	K	INJECTION, ALEMTUZUMAB		01809	30.6972	APC	$1,738.69			
J0205	E	ALGLUCERASE INJECTION				Not Allowed	$0.00			
J0207	K	AMIFOSTINE		07000	6.8916	APC	$390.34			
J0210	N	METHYLDOPATE HCL INJECTION				Bundled	$0.00			
J0215	K	ALEFACEPT		01633	0.7352	APC	$41.64			
J0220	K	ALGLUCOSIDASE ALFA INJECTION		09234	3.6494	APC	$206.70			
J0221	K	LUMIZYME INJECTION		01413	2.7299	APC	$154.62			
J0256	K	ALPHA 1 PROTEINASE INHIBITOR		00901	0.0812	APC	$4.60			
J0257	K	GLASSIA INJECTION		01415	0.0754	APC	$4.27			
J0270	E	ALPROSTADIL FOR INJECTION				Not Allowed	$0.00			
J0275	E	ALPROSTADIL URETHRAL SUPPOS				Not Allowed	$0.00			
J0278	N	AMIKACIN SULFATE INJECTION				Bundled	$0.00			
J0280	N	AMINOPHYLLIN 250 MG INJ				Bundled	$0.00			
J0282	N	AMIODARONE HCL				Bundled	$0.00			
J0285	N	AMPHOTERICIN B				Bundled	$0.00			
J0287	K	AMPHOTERICIN B LIPID COMPLEX		09024	0.2428	APC	$13.75			
J0288	N	AMPHO B CHOLESTERYL SULFATE				Bundled	$0.00			
J0289	K	AMPHOTERICIN B LIPOSOME INJ		00736	0.3185	APC	$18.04			
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	$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			

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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	0.0750	APC	$4.25			
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	3.2267	APC	$182.76			
J0476	K	BACLOFEN INTRATHECAL TRIAL		01631	1.3658	APC	$77.36			
J0480	K	BASILIXIMAB		01683	53.6700	APC	$3,039.87			
J0485	K	BELATACEPT INJECTION		09286	0.0671	APC	$3.80			
J0490	K	BELIMUMAB INJECTION		01353	0.7325	APC	$41.49			
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	0.1480	APC	$8.38			
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	0.1010	APC	$5.72			Y
J0586	K	ABOBOTULINUMTOXINA		01289	0.1372	APC	$7.77			Y
J0587	K	INJ, RIMABOTULINUMTOXINB		09018	0.2060	APC	$11.67			Y
J0588	K	INCOBOTULINUMTOXIN A		09278	0.0851	APC	$4.82			Y
J0592	N	BUPRENORPHINE HYDROCHLORIDE				Bundled	$0.00			
J0594	K	BUSULFAN INJECTION		01178	0.5855	APC	$33.16			
J0595	N	BUTORPHANOL TARTRATE 1 MG				Bundled	$0.00			
J0596	G	INJECTION, RUCONEST		09445		APC – pays by fee schedule amount	$26.75			
J0597	K	C-1 ESTERASE, BERINERT		09269	0.8178	APC	$46.32			
J0598	K	C-1 ESTERASE, CINRYZE		09251	0.9624	APC	$54.51			
J0600	K	EDETATE CALCIUM DISODIUM INJ		01274	98.7715	APC	$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	41.8279	APC	$2,369.13			
J0636	N	INJ CALCITRIOL PER 0.1 MCG				Bundled	$0.00			
J0637	K	CASPOFUNGIN ACETATE		09019	0.2341	APC	$13.26			
J0638	K	CANAKINUMAB INJECTION		01311	1.6314	APC	$92.40			
J0640	N	LEUCOVORIN CALCIUM INJECTION				Bundled	$0.00			
J0641	K	LEVOLEUCOVORIN INJECTION		01236	0.0249	APC	$1.41			
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	$4.29			
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	0.0408	APC	$2.31			
J0713	N	INJ CEFTAZIDIME PER 500 MG				Bundled	$0.00			
J0714	K	CEFTAZIDIME AND AVIBACTAM		01825	1.3047	APC	$73.90			
J0715	N	CEFTIZOXIME SODIUM / 500 MG				Bundled	$0.00			
J0716	K	CENTRUROIDES IMMUNE F(AB)		01431	69.3266	APC	$3,926.66			

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J0717	K	CERTOLIZUMAB PEGOL INJ 1MG		01474	0.1146	APC	$6.49			
J0720	K	CHLORAMPHENICOL SODIUM INJEC		01831	0.5604	APC	$31.74			
J0725	K	CHORIONIC GONADOTROPIN/1000U		01668	0.2864	APC	$16.22			
J0735	N	CLONIDINE HYDROCHLORIDE				Bundled	$0.00			
J0740	K	CIDOFOVIR INJECTION		09033	10.4901	APC	$594.16			
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	0.6797	APC	$38.50			
J0780	N	PROCHLORPERAZINE INJECTION				Bundled	$0.00			
J0795	K	CORTICORELIN OVINE TRIFLUTAL		01684	0.1361	APC	$7.71			
J0800	K	CORTICOTROPIN INJECTION		01280	63.1806	APC	$3,578.55			
J0833	K	COSYNTROPIN INJECTION NOS		00835	1.7952	APC	$101.68			
J0834	N	COSYNTROPIN CORTROSYN INJ				Bundled	$0.00			
J0840	K	CROTALIDAE POLY IMMUNE FAB		09274	47.1467	APC	$2,670.39			
J0850	K	CYTOMEGALOVIRUS IMM IV /VIAL		00903	18.7989	APC	$1,064.77			
J0875	G	INJECTION, DALBAVANCIN		01823		APC – pays by fee schedule amount	$14.70			
J0878	K	DAPTOMYCIN INJECTION		09124	0.0147	APC	$0.83			
J0881	K	DARBEPOETIN ALFA, NON-ESRD		01685	0.0731	APC	$4.14			
J0882	K	DARBEPOETIN ALFA, ESRD USE		01482	0.0731	APC	$4.14			
J0885	K	EPOETIN ALFA, NON-ESRD		01686	0.2184	APC	$12.37			
J0887	K	EPOETIN BETA ESRD USE		01833	0.0291	APC	$1.65			
J0888	E	EPOETIN BETA NON ESRD				Not Allowed	$0.00			
J0890	M	PEGINESATIDE INJECTION				Fee Schedule	$8.20			
J0894	K	DECITABINE INJECTION		09231	0.4055	APC	$22.97			
J0895	N	DEFEROXAMINE MESYLATE INJ				Bundled	$0.00			
J0897	K	DENOSUMAB INJECTION		09272	0.2756	APC	$15.61			
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	0.0886	APC	$5.02			
J1162	K	DIGOXIN IMMUNE FAB (OVINE)		01687	53.6702	APC	$3,039.88			
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	2.8859	APC	$163.46			
J1200	N	DIPHENHYDRAMINE HCL INJECTIO				Bundled	$0.00			
J1205	K	CHLOROTHIAZIDE SODIUM INJ		00747	1.9260	APC	$109.09			
J1212	K	DIMETHYL SULFOXIDE 50% 50 ML		01832	5.5712	APC	$315.55			
J1230	N	METHADONE INJECTION				Bundled	$0.00			
J1240	N	DIMENHYDRINATE INJECTION				Bundled	$0.00			
J1245	N	DIPYRIDAMOLE INJECTION				Bundled	$0.00			
J1250	N	INJ DOBUTAMINE HCL/250 MG				Bundled	$0.00			
J1260	N	DOLASETRON MESYLATE				Bundled	$0.00			
J1265	N	DOPAMINE INJECTION				Bundled	$0.00			
J1267	N	DORIPENEM INJECTION				Bundled	$0.00			
J1270	N	INJECTION, DOXERCALCIFEROL				Bundled	$0.00			
J1290	K	ECALLANTIDE INJECTION		09263	7.0696	APC	$400.42			
J1300	K	ECULIZUMAB INJECTION		09236	3.8121	APC	$215.92			
J1320	N	AMITRIPTYLINE INJECTION				Bundled	$0.00			
J1322	G	ELOSULFASE ALFA, INJECTION		01480		APC – pays by fee schedule amount	$221.66			
J1324	K	ENFUVIRTIDE INJECTION		01361	0.3289	APC	$18.63			

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J1325	N	EPOPROSTENOL INJECTION				Bundled	$0.00			
J1327	K	EPTIFIBATIDE INJECTION		01607	0.5740	APC	$32.51			
J1330	K	ERGONOVINE MALEATE INJECTION		01835	1.6093	APC	$91.15			
J1335	N	ERTAPENEM INJECTION				Bundled	$0.00			
J1364	K	ERYTHRO LACTOBIONATE /500 MG		01669	0.8709	APC	$49.33			
J1380	N	ESTRADIOL VALERATE 10 MG INJ				Bundled	$0.00			
J1410	K	INJ ESTROGEN CONJUGATE 25 MG		09038	4.0320	APC	$228.37			
J1430	K	ETHANOLAMINE OLEATE 100 MG		01688	7.1344	APC	$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	6.6939	APC	$379.14			
J1439	G	INJ FERRIC CARBOXYMALTOS 1MG		09441		APC – pays by fee schedule amount	$1.06			
J1442	K	INJ FILGRASTIM EXCL BIOSIMIL		01469	0.0178	APC	$1.01			
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	0.1236	APC	$7.00			
J1452	E	INTRAOCULAR FOMIVIRSEN NA				Not Allowed	$0.00			
J1453	K	FOSAPREPITANT INJECTION		09242	0.0320	APC	$1.81			
J1455	N	FOSCARNET SODIUM INJECTION				Bundled	$0.00			
J1457	N	GALLIUM NITRATE INJECTION				Bundled	$0.00			
J1458	K	GALSULFASE INJECTION		09224	6.4301	APC	$364.20			
J1459	K	INJ IVIG PRIVIGEN 500 MG		01214	0.6755	APC	$38.26			
J1460	N	GAMMA GLOBULIN 1 CC INJ				Bundled	$0.00			
J1556	K	INJ, IMM GLOB BIVIGAM, 500MG		09130	0.6926	APC	$39.23			
J1557	K	GAMMAPLEX INJECTION		09270	0.6582	APC	$37.28			
J1559	K	HIZENTRA INJECTION		01312	0.1495	APC	$8.47			
J1560	N	GAMMA GLOBULIN > 10 CC INJ				Bundled	$0.00			
J1561	K	GAMUNEX-C/GAMMAKED		00948	0.7383	APC	$41.82			
J1562	E	VIVAGLOBIN, INJ				Not Allowed	$0.00			
J1566	K	IMMUNE GLOBULIN, POWDER		02731	0.6183	APC	$35.02			
J1568	K	OCTAGAM INJECTION		00943	0.8097	APC	$45.86			
J1569	K	GAMMAGARD LIQUID INJECTION		00944	0.6854	APC	$38.82			
J1570	N	GANCICLOVIR SODIUM INJECTION				Bundled	$0.00			
J1571	K	HEPAGAM B IM INJECTION		00946	0.9705	APC	$54.97			
J1572	K	FLEBOGAMMA INJECTION		00947	0.6912	APC	$39.15			
J1573	K	HEPAGAM B INTRAVENOUS, INJ		01138	0.9705	APC	$54.97			
J1575	K	HYQVIA 100MG IMMUNEGLOBULIN		01826	0.2025	APC	$11.47			
J1580	N	GARAMYCIN GENTAMICIN INJ				Bundled	$0.00			
J1590	N	GATIFLOXACIN INJECTION				Bundled	$0.00			
J1595	K	INJECTION GLATIRAMER ACETATE		01015	3.2904	APC	$186.37			
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	0.4343	APC	$24.60			
J1610	K	GLUCAGON HYDROCHLORIDE/1 MG		09042	3.4705	APC	$196.57			
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	0.3844	APC	$21.77			
J1642	N	INJ HEPARIN SODIUM PER 10 U				Bundled	$0.00			
J1644	N	INJ HEPARIN SODIUM PER 1000U				Bundled	$0.00			
J1645	N	DALTEPARIN SODIUM				Bundled	$0.00			
J1650	N	INJ ENOXAPARIN SODIUM				Bundled	$0.00			
J1652	N	FONDAPARINUX SODIUM				Bundled	$0.00			
J1655	E	TINZAPARIN SODIUM INJECTION				Not Allowed	$0.00			
J1670	K	TETANUS IMMUNE GLOBULIN INJ		01670	7.1276	APC	$403.71			
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			

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J1725	K	HYDROXYPROGESTERONE CAPROATE		01354	0.0452	APC	$2.56			
J1730	N	DIAZOXIDE INJECTION				Bundled	$0.00			
J1740	K	IBANDRONATE SODIUM INJECTION		09229	1.8385	APC	$104.13			
J1741	N	IBUPROFEN INJECTION				Bundled	$0.00			
J1742	K	IBUTILIDE FUMARATE INJECTION		09044	1.9250	APC	$109.03			
J1743	K	IDURSULFASE INJECTION		09232	9.2276	APC	$522.65			
J1744	K	ICATIBANT INJECTION		01443	5.5487	APC	$314.28			
J1745	K	INFLIXIMAB INJECTION		07043	1.4407	APC	$81.60			
J1750	K	INJ IRON DEXTRAN		01237	0.2165	APC	$12.26			
J1756	N	IRON SUCROSE INJECTION				Bundled	$0.00			
J1786	K	IMUGLUCERASE INJECTION		01327	0.7408	APC	$41.96			
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	6.5957	APC	$373.58			
J1833	G	INJECTION, ISAVUCONAZONIUM		09456		APC – pays by fee schedule amount	$0.63			
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	0.8552	APC	$48.44			
J1931	K	LARONIDASE INJECTION		09209	0.5235	APC	$29.65			
J1940	N	FUROSEMIDE INJECTION				Bundled	$0.00			
J1945	K	LEPIRUDIN		01693	4.1582	APC	$235.52			
J1950	K	LEUPROLIDE ACETATE /3.75 MG		00800	16.4972	APC	$934.40			
J1953	N	LEVETIRACETAM INJECTION				Bundled	$0.00			
J1955	M	INJ LEVOCARNITINE PER 1 GM				Fee Schedule	$19.67			
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	0.3116	APC	$17.65			
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			
J2274	N	IN MORPHINE PRESERVATIV FREE				Bundled	$0.00			
J2278	K	ZICONOTIDE INJECTION		01694	0.1268	APC	$7.18			
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	0.0565	APC	$3.20			
J2320	K	NANDROLONE DECANOATE 50 MG		01743	2.1677	APC	$122.78			
J2323	K	NATALIZUMAB INJECTION		09126	0.3012	APC	$17.06			
J2325	K	NESIRITIDE INJECTION		01695	1.2925	APC	$73.21			
J2353	K	OCTREOTIDE INJECTION, DEPOT		01207	2.8319	APC	$160.40			
J2354	N	OCTREOTIDE INJ, NON-DEPOT				Bundled	$0.00			

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J2355	K	OPRELVEKIN INJECTION		07011	7.7661	APC	$439.87			
J2357	K	OMALIZUMAB INJECTION		09300	0.5496	APC	$31.13			
J2358	K	OLANZAPINE LONG-ACTING INJ		01331	0.0516	APC	$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	0.2892	APC	$16.38			
J2426	K	PALIPERIDONE PALMITATE INJ		09255	0.1532	APC	$8.68			
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	0.3932	APC	$22.27			
J2501	N	PARICALCITOL				Bundled	$0.00			
J2502	G	INJ, PASIREOTIDE LONG ACTING		09454		APC – pays by fee schedule amount	$239.45			
J2503	K	PEGAPTANIB SODIUM INJECTION		01697	18.6211	APC	$1,054.70			
J2504	K	PEGADEMASE BOVINE, 25 IU		01739	4.9682	APC	$281.40			
J2505	K	INJECTION, PEGFILGRASTIM 6MG		09119	68.8279	APC	$3,898.41			
J2507	K	PEGLOTICASE INJECTION		09281	24.3642	APC	$1,379.99			
J2510	K	PENICILLIN G PROCAINE INJ		01836	0.4059	APC	$22.99			
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	$107.99			
J2547	G	INJECTION, PERAMIVIR		09451		APC – pays by fee schedule amount	$1.65			
J2550	N	PROMETHAZINE HCL INJECTION				Bundled	$0.00			
J2560	N	PHENOBARBITAL SODIUM INJ				Bundled	$0.00			
J2562	K	PLERIXAFOR INJECTION		09252	5.4407	APC	$308.16			
J2590	N	OXYTOCIN INJECTION				Bundled	$0.00			
J2597	K	INJ DESMOPRESSIN ACETATE		01440	0.2491	APC	$14.11			
J2650	N	PREDNISOLONE ACETATE INJ				Bundled	$0.00			
J2670	K	TOTAZOLINE HCL INJECTION		01457	28.2556	APC	$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	0.2682	APC	$15.19			
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	7.5175	APC	$425.79			
J2765	N	METOCLOPRAMIDE HCL INJECTION				Bundled	$0.00			
J2770	K	QUINUPRISTIN/DALFOPRISTIN		02770	5.8641	APC	$332.14			
J2778	K	RANIBIZUMAB INJECTION		09233	6.8208	APC	$386.33			
J2780	N	RANITIDINE HYDROCHLORIDE INJ				Bundled	$0.00			
J2783	K	RASBURICASE		00738	4.2717	APC	$241.95			
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	0.3575	APC	$20.25			
J2793	K	RILONACEPT INJECTION		01291	0.4253	APC	$24.09			
J2794	K	RISPERIDONE, LONG ACTING		09125	0.1292	APC	$7.32			
J2795	N	ROPIVACAINE HCL INJECTION				Bundled	$0.00			
J2796	K	ROMIPLOSTIM INJECTION		09245	1.0546	APC	$59.73			
J2800	K	METHOCARBAMOL INJECTION		01837	0.7150	APC	$40.50			
J2805	N	SINCALIDE INJECTION				Bundled	$0.00			

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J2810	N	INJ THEOPHYLLINE PER 40 MG				Bundled	$0.00			
J2820	K	SARGRAMOSTIM INJECTION		00731	0.6201	APC	$35.12			
J2850	K	INJ SECRETIN SYNTHETIC HUMAN		01700	0.6141	APC	$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	$81.59			
J2950	N	PROMAZINE HCL INJECTION				Bundled	$0.00			
J2993	K	RETEPLASE INJECTION		09005	40.6411	APC	$2,301.91			
J2995	N	INJ STREPTOKINASE /250000 IU				Bundled	$0.00			
J2997	K	ALTEPLASE RECOMBINANT		07048	1.3181	APC	$74.66			
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	0.6808	APC	$38.56			
J3070	K	PENTAZOCINE INJECTION		01484	2.2150	APC	$125.46			
J3090	G	INJ TEDIZOLID PHOSPHATE		01662		APC – pays by fee schedule amount	$1.21			
J3095	K	TELAVANCIN INJECTION		09258	0.0922	APC	$5.22			
J3101	K	TENECTEPLASE INJECTION		09002	1.6593	APC	$93.98			
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	$1.19			
J3230	N	CHLORPROMAZINE HCL INJECTION				Bundled	$0.00			
J3240	K	THYROTROPIN INJECTION		09108	25.7413	APC	$1,457.99			
J3243	K	TIGECYCLINE INJECTION		09228	0.0427	APC	$2.42			
J3246	K	TIROFIBAN HCL		07041	0.1734	APC	$9.82			
J3250	N	TRIMETHOBENZAMIDE HCL INJ				Bundled	$0.00			
J3260	N	TOBRAMYCIN SULFATE INJECTION				Bundled	$0.00			
J3262	K	TOCILIZUMAB INJECTION		09264	0.0703	APC	$3.98			
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	$61.24			
J3300	K	TRIAMCINOLONE A INJ PRS-FREE		01253	0.0655	APC	$3.71			
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	4.1483	APC	$234.96			
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	$120.61			
J3357	K	USTEKINUMAB INJECTION		09261	2.9898	APC	$169.34			
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	$262.79			
J3370	N	VANCOMYCIN HCL INJECTION				Bundled	$0.00			
J3380	G	INJECTION, VEDOLIZUMAB		01489		APC – pays by fee schedule amount	$17.03			
J3385	K	VELAGLUCERASE ALFA		09271	6.0433	APC	$342.29			
J3396	K	VERTEPORFIN INJECTION		01203	0.1935	APC	$10.96			
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	0.0805	APC	$4.56			
J3470	N	HYALURONIDASE INJECTION				Bundled	$0.00			

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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	0.3729	APC	$21.12			
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	0.0192	APC	$1.09			
J7180	K	FACTOR XIII ANTI-HEM FACTOR		01416	0.1372	APC	$7.77			
J7181	G	FACTOR XIII RECOMB A-SUBUNIT		01746		APC – pays by fee schedule amount	$13.77			
J7182	E	FACTOR VIII RECOMB NOVOEIGHT				Not Allowed	$0.00			
J7183	K	WILATE INJECTION		01352	0.0173	APC	$0.98			
J7185	K	XYNTHA INJ		01268	0.0212	APC	$1.20			
J7186	K	ANTIHEMOPHILIC VIII/VWF COMP		01213	0.0171	APC	$0.97			
J7187	K	HUMATE-P, INJ		01704	0.0177	APC	$1.00			
J7188	K	FACTOR VIII RECOMB OBIZUR		01827	0.0772	APC	$4.37			
J7189	K	FACTOR VIIA		01705	0.0335	APC	$1.90			
J7190	K	FACTOR VIII		00925	0.0169	APC	$0.96			
J7191	K	FACTOR VIII (PORCINE)		01464	0.0035	APC	$0.20			
J7192	K	FACTOR VIII RECOMBINANT NOS		00927	0.0208	APC	$1.18			
J7193	K	FACTOR IX NON-RECOMBINANT		00931	0.0198	APC	$1.12			
J7194	K	FACTOR IX COMPLEX		00928	0.0215	APC	$1.22			
J7195	K	FACTOR IX RECOMBINANT NOS		00932	0.0256	APC	$1.45			
J7196	K	ANTITHROMBIN RECOMBINANT		01332	1.8247	APC	$103.35			
J7197	K	ANTITHROMBIN III INJECTION		01263	0.0650	APC	$3.68			
J7198	K	ANTI-INHIBITOR		00929	0.0335	APC	$1.90			
J7199	M	HEMOPHILIA CLOT FACTOR NOC				Charge Ratio	$0.00			
J7200	G	FACTOR IX RECOMBINAN RIXUBIS		01467		APC – pays by fee schedule amount	$1.23			
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	$1.90			
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			
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	$327.41			
J7309	K	METHYL AMINOLEVULINATE, TOP		01338	1.4776	APC	$83.69			
J7310	K	GANCICLOVIR LONG ACT IMPLANT		00913	299.4350	APC	$16,960.00			Y
J7311	K	FLUOCINOLONE ACETONIDE IMPLT		09225	355.5155	APC	$20,136.40			Y
J7312	K	DEXAMETHASONE INTRA IMPLANT		09256	3.5507	APC	$201.11			

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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	$1,046.75			
J7321	K	HYALGAN/SUPARTZ INJ PER DOSE		00873	1.5636	APC	$88.56			
J7323	K	EUFLEXXA INJ PER DOSE		00875	2.7694	APC	$156.86			
J7324	K	ORTHOVISC INJ PER DOSE		00877	2.9631	APC	$167.83			
J7325	K	SYNVISC OR SYNVISC-ONE		00874	0.2265	APC	$12.83			
J7326	K	GEL-ONE		01417	10.0982	APC	$571.96			
J7327	K	MONOVISC INJ PER DOSE		01747	16.4979	APC	$934.44			
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	0.0510	APC	$2.89			
J7340	K	CARBIDOPA LEVODOPA ENTERAL		01828	0.0378	APC	$2.14			
J7500	N	AZATHIOPRINE ORAL 50MG				Bundled	$0.00			
J7501	K	AZATHIOPRINE PARENTERAL		00887	3.8365	APC	$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	$1.03			
J7504	K	LYMPHOCYTE IMMUNE GLOBULIN		00890	20.0775	APC	$1,137.19			
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	11.4686	APC	$649.58			
J7512	N	PREDNISONE IR OR DR ORAL 1MG				Bundled	$0.00			
J7513	K	DACLIZUMAB, PARENTERAL		01612	9.2927	APC	$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	2.8983	APC	$164.16			
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			
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			

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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	0.1771	APC	$10.03			
J8510	K	ORAL BUSULFAN		01839	0.2828	APC	$16.02			
J8515	E	CABERGOLINE, ORAL 0.25MG				Not Allowed	$0.00			
J8520	K	CAPECITABINE, ORAL, 150 MG		07042	0.0863	APC	$4.89			
J8521	K	CAPECITABINE, ORAL, 500 MG		00934	0.2760	APC	$15.63			
J8530	N	CYCLOPHOSPHAMIDE ORAL 25 MG				Bundled	$0.00			
J8540	N	ORAL DEXAMETHASONE				Bundled	$0.00			
J8560	K	ETOPOSIDE ORAL 50 MG		00802	1.1882	APC	$67.30			
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	$38.19			
J8655	G	NETUPITANT PALONOSETRON ORAL		09448		APC – pays by fee schedule amount	$395.65			
J8700	K	TEMOZOLOMIDE		01086	0.0632	APC	$3.58			
J8705	K	TOPOTECAN ORAL		01238	1.7839	APC	$101.04			
J8999	E	ORAL PRESCRIPTION DRUG CHEMO				Not Allowed	$0.00			
J9000	N	DOXORUBICIN HCL INJECTION				Bundled	$0.00			
J9001	E	DOXORUBICIN HCL LIPOSOME INJ				Not Allowed	$0.00			
J9015	K	ALDESLEUKIN INJECTION		00807	47.0959	APC	$2,667.51			
J9017	K	ARSENIC TRIOXIDE INJECTION		09012	1.0459	APC	$59.24			
J9019	K	ERWINAZE INJECTION		09289	6.9034	APC	$391.01			
J9020	N	ASPARAGINASE, NOS				Bundled	$0.00			
J9025	K	AZACITIDINE INJECTION		01709	0.0519	APC	$2.94			
J9027	K	CLOFARABINE INJECTION		01710	2.4401	APC	$138.21			
J9031	K	BCG LIVE INTRAVESICAL VAC		00809	2.1714	APC	$122.99			
J9032	G	INJECTION, BELINOSTAT, 10MG		01658		APC – pays by fee schedule amount	$32.41			
J9033	K	BENDAMUSTINE INJECTION		09243	0.4349	APC	$24.63			

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J9035	K	BEVACIZUMAB INJECTION		09214	1.2528	APC	$70.96			
J9039	G	INJECTION, BLINATUMOMAB		09449		APC – pays by fee schedule amount	$95.10			
J9040	N	BLEOMYCIN SULFATE INJECTION				Bundled	$0.00			
J9041	K	BORTEZOMIB INJECTION		09207	0.8266	APC	$46.82			
J9042	K	BRENTUXIMAB VEDOTIN INJ		09287	2.1935	APC	$124.24			
J9043	K	CABAZITAXEL INJECTION		09276	2.6527	APC	$150.25			
J9045	N	CARBOPLATIN INJECTION				Bundled	$0.00			
J9047	K	INJECTION, CARFILZOMIB, 1 MG		09295	0.5666	APC	$32.09			
J9050	K	CARMUSTINE INJECTION		00812	68.1608	APC	$3,860.63			
J9055	K	CETUXIMAB INJECTION		09215	0.9599	APC	$54.37			
J9060	N	CISPLATIN 10 MG INJECTION				Bundled	$0.00			
J9065	K	INJ CLADRIBINE PER 1 MG		00858	0.3858	APC	$21.85			
J9070	K	CYCLOPHOSPHAMIDE 100 MG INJ		01408	0.7682	APC	$43.51			
J9098	K	CYTARABINE LIPOSOME INJ		01166	10.1741	APC	$576.26			
J9100	N	CYTARABINE HCL 100 MG INJ				Bundled	$0.00			
J9120	K	DACTINOMYCIN INJECTION		00752	20.4862	APC	$1,160.34			
J9130	N	DACARBAZINE 100 MG INJ				Bundled	$0.00			
J9150	K	DAUNORUBICIN INJECTION		00820	0.6916	APC	$39.17			
J9151	K	DAUNORUBICIN CITRATE INJ		00821	4.2166	APC	$238.83			
J9155	K	DEGARELIX INJECTION		01296	0.0650	APC	$3.68			
J9160	E	DENILEUKIN DIFTITOX INJ				Not Allowed	$0.00			
J9165	N	DIETHYLSTILBESTROL INJECTION				Bundled	$0.00			
J9171	K	DOCETAXEL INJECTION		00823	0.0422	APC	$2.39			
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	1.8499	APC	$104.78			
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	0.8377	APC	$47.45			
J9201	N	GEMCITABINE HCL INJECTION				Bundled	$0.00			
J9202	K	GOSERELIN ACETATE IMPLANT		00810	4.9947	APC	$282.90			
J9206	N	IRINOTECAN INJECTION				Bundled	$0.00			
J9207	K	IXABEPILONE INJECTION		09240	1.3038	APC	$73.85			
J9208	K	IFOSFAMIDE INJECTION		00831	0.5258	APC	$29.78			
J9209	N	MESNA INJECTION				Bundled	$0.00			
J9211	K	IDARUBICIN HCL INJECTION		00832	0.6524	APC	$36.95			
J9212	N	INTERFERON ALFACON-1 INJ				Bundled	$0.00			
J9213	K	INTERFERON ALFA-2A INJ		01460	12.9514	APC	$733.57			
J9214	K	INTERFERON ALFA-2B INJ		00836	0.4467	APC	$25.30			
J9215	E	INTERFERON ALFA-N3 INJ				Not Allowed	$0.00			
J9216	K	INTERFERON GAMMA 1-B INJ		00838	101.3397	APC	$5,739.88			
J9217	K	LEUPROLIDE ACETATE SUSPNSION		09217	4.0923	APC	$231.79			
J9218	N	LEUPROLIDE ACETATE INJECITON				Bundled	$0.00			
J9219	K	LEUPROLIDE ACETATE IMPLANT		01842	2.9746	APC	$168.48			
J9225	K	VANTAS IMPLANT		01711	53.9011	APC	$3,052.96			
J9226	K	SUPPRELIN LA IMPLANT		01142	424.9426	APC	$24,068.75			
J9228	K	IPILIMUMAB INJECTION		09284	2.4850	APC	$140.75			
J9230	K	MECHLORETHAMINE HCL INJ		00751	4.2675	APC	$241.71			
J9245	K	INJ MELPHALAN HYDROCHL 50 MG		00840	33.2639	APC	$1,884.07			
J9250	N	METHOTREXATE SODIUM INJ				Bundled	$0.00			
J9260	N	METHOTREXATE SODIUM INJ				Bundled	$0.00			
J9261	K	NELARABINE INJECTION		00825	2.6119	APC	$147.94			
J9262	K	INJ, OMACETAXINE MEP, 0.01MG		09297	0.0456	APC	$2.58			
J9263	K	OXALIPLATIN		01738	0.0065	APC	$0.37			
J9264	K	PACLITAXEL PROTEIN BOUND		01712	0.1766	APC	$10.00			
J9266	K	PEGASPARGASE INJECTION		00843	252.0339	APC	$14,275.20			
J9267	N	PACLITAXEL INJECTION				Bundled	$0.00			
J9268	K	PENTOSTATIN INJECTION		00844	28.7950	APC	$1,630.95			
J9270	N	PLICAMYCIN (MITHRAMYCIN) INJ				Bundled	$0.00			
J9271	G	INJ PEMBROLIZUMAB		01490		APC – pays by fee schedule amount	$45.70			
J9280	K	MITOMYCIN INJECTION		01232	1.8099	APC	$102.51			

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J9293	K	MITOXANTRONE HYDROCHL / 5 MG		00864	0.5930	APC	$33.59			
J9299	G	INJECTION, NIVOLUMAB		09453		APC – pays by fee schedule amount	$25.62			
J9300	E	GEMTUZUMAB OZOGAMICIN INJ				Not Allowed	$0.00			
J9301	G	OBINUTUZUMAB INJ		01476		APC – pays by fee schedule amount	$55.20			
J9302	K	OFATUMUMAB INJECTION		09260	0.8935	APC	$50.61			
J9303	K	PANITUMUMAB INJECTION		09235	1.8365	APC	$104.02			
J9305	K	PEMETREXED INJECTION		09213	1.0890	APC	$61.68			
J9306	K	INJECTION, PERTUZUMAB, 1 MG		01471	0.1843	APC	$10.44			
J9307	K	PRALATREXATE INJECTION		09259	3.9031	APC	$221.07			
J9308	G	INJECTION, RAMUCIRUMAB		01488		APC – pays by fee schedule amount	$54.00			
J9310	K	RITUXIMAB INJECTION		00849	13.5927	APC	$769.89			
J9315	K	ROMIDEPSIN INJECTION		09265	5.2650	APC	$298.21			
J9320	K	STREPTOZOCIN INJECTION		00850	5.5542	APC	$314.59			
J9328	K	TEMOZOLOMIDE INJECTION		09253	0.1294	APC	$7.33			
J9330	K	TEMSIROLIMUS INJECTION		01168	1.1254	APC	$63.74			
J9340	K	THIOTEPA INJECTION		00851	20.2188	APC	$1,145.19			
J9351	N	TOPOTECAN INJECTION				Bundled	$0.00			
J9354	K	INJ, ADO-TRASTUZUMAB EMT 1MG		09131	0.5159	APC	$29.22			
J9355	K	TRASTUZUMAB INJECTION		01613	1.5832	APC	$89.67			
J9357	K	VALRUBICIN INJECTION		01235	20.0274	APC	$1,134.35			
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	$2,412.47			
J9390	N	VINORELBINE TARTRATE INJ				Bundled	$0.00			
J9395	K	INJECTION, FULVESTRANT		09120	1.6600	APC	$94.02			
J9400	K	INJ, ZIV-AFLIBERCEPT, 1MG		09296	0.1423	APC	$8.06			
J9600	K	PORFIMER SODIUM INJECTION		00856	363.7405	APC	$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			
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			

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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			
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			

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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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

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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			
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			

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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			
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			

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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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

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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			
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			

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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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

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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			
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			

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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			
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			

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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			
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			

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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			
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			

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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			
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			

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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	$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	$54.72			
P9046	K	ALBUMIN (HUMAN), 25%, 20 ML		00964	0.3971	APC	$22.49			
P9047	K	ALBUMIN (HUMAN), 25%, 50ML		00965	0.9435	APC	$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			
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			

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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	0.0148	APC	$0.84			
Q0139	K	FERUMOXYTOL, ESRD USE		01485	0.0148	APC	$0.84			
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			
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			

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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	$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	677.0358	APC	$38,347.31			
Q2047	E	PEGINESATIDE INJECTION				Not Allowed	$0.00			
Q2049	K	IMPORTED LIPODOX INJ		01421	8.9765	APC	$508.43			
Q2050	K	DOXORUBICIN INJ 10MG		07046	7.6965	APC	$435.93			
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	0.7677	APC	$43.48			
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			
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			

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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	$39.64			
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			
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			

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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	0.0171	APC	$0.97			
Q9950	G	INJ SULF HEXA LIPID MICROSPH		09457		APC – pays by fee schedule amount	$24.16			
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	0.2014	APC	$11.41			
Q9969	K	NON-HEU TC-99M ADD-ON/DOSE		01442	0.1766	APC	$10.00			
Q9980	E	GENVISC, INJ, 1MG				Not Allowed	$0.00			
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			

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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			
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			

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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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			
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			

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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			
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			

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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			
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			

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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			
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	$26.53			
S9484	M	CRISIS INTERVENTION MH PER HOUR	U2			Fee Schedule	$13.27			
S9484	M	CRISIS INTERVENTION MH SERVICES PER HOUR	U3			Fee Schedule	$8.84			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
S9538	E	HIT BLOOD PRODUCTS DIEM				Not Allowed	$0.00			
S9542	E	HT INJ NOC PER DIEM				Not Allowed	$0.00			
S9558	E	HT INJ GROWTH HORM DIEM				Not Allowed	$0.00			
S9559	E	HIT INJ INTERFERON DIEM				Not Allowed	$0.00			
S9560	E	HT INJ HORMONE DIEM				Not Allowed	$0.00			
S9562	E	PALIVIZUMAB HOME INJ PERDIEM				Not Allowed	$0.00			
S9590	E	IN HOME IRRIGATION THERAPY				Not Allowed	$0.00			
S9810	E	HT PHARM PER HOUR				Not Allowed	$0.00			
S9970	E	HEALTH CLUB MEMBERSHIP ANNUAL				Not Allowed	$0.00			
S9975	E	TRANSPLANT RELATED PER DIEM				Not Allowed	$0.00			
S9976	E	LODGING PER DIEM				Not Allowed	$0.00			
S9977	E	MEALS PER DIEM				Not Allowed	$0.00			
S9981	E	MED RECORD COPY ADMIN				Not Allowed	$0.00			
S9982	E	MED RECORD COPY PER PAGE				Not Allowed	$0.00			
S9986	E	NOT MEDICALLY NECESSARY SVC				Not Allowed	$0.00			
S9988	E	SERV PART OF PHASE I TRIAL				Not Allowed	$0.00			
S9989	E	SERVICES OUTSIDE US				Not Allowed	$0.00			
S9990	E	SERVICES PROVIDED AS PART OF				Not Allowed	$0.00			
S9991	E	SERVICES PROVIDED AS PART OF				Not Allowed	$0.00			
S9992	E	TRANSPORTATION COSTS TO AND				Not Allowed	$0.00			
T1000	E	PRIVATE DUTY/INDEPENDENT NSG				Not Allowed	$0.00			
T1001	E	NURSING ASSESSMENT/EVALUATN				Not Allowed	$0.00			
T1002	E	RN SERVICES UP TO 15 MINUTES				Not Allowed	$0.00			
T1003	E	LPN/LVN SERVICES UP TO 15MIN				Not Allowed	$0.00			
T1004	E	NSG AIDE SERVICE UP TO 15MIN				Not Allowed	$0.00			
T1005	E	RESPITE CARE SERVICE 15 MIN				Not Allowed	$0.00			
T1006	E	FAMILY/COUPLE COUNSELING				Not Allowed	$0.00			
T1007	E	TREATMENT PLAN DEVELOPMENT				Not Allowed	$0.00			
T1009	E	CHILD SITTING SERVICES				Not Allowed	$0.00			
T1010	E	MEALS WHEN RECEIVE SERVICES				Not Allowed	$0.00			
T1012	E	ALCOHOL/SUBSTANCE ABUSE SKIL				Not Allowed	$0.00			
T1013	E	SIGN LANG/ORAL INTERPRETER				Not Allowed	$0.00			
T1014	E	TELEHEALTH TRANSMIT, PER MIN				Not Allowed	$0.00			
T1015	E	CLINIC SERVICE				Not Allowed	$0.00			
T1016	M	CASE MANAGEMENT				Fee Schedule	$0.00			
T1016	M	CASE MANAGEMENT, EACH 15 MINUTES	HD			Fee Schedule	$0.00			
T1017	E	TARGETED CASE MANAGEMENT				Not Allowed	$0.00			
T1018	E	SCHOOL-BASED IEP SER BUNDLED				Not Allowed	$0.00			
T1019	E	PERSONAL CARE SER PER 15 MIN				Not Allowed	$0.00			
T1020	E	EXCISION COMPLETE PLANTAR VERRUCA MULTIPLE SITE				Not Allowed	$0.00			
T1021	E	HH AIDE OR CN AIDE PER VISIT				Not Allowed	$0.00			
T1022	E	CONTRACTED SERVICES PER DAY				Not Allowed	$0.00			
T1023	E	PROGRAM INTAKE ASSESSMENT				Not Allowed	$0.00			
T1024	M	TEAM EVALUATION & MANAGEMENT				Fee Schedule	$100.00			
T1025	M	PED COMPR CARE PKG PER DIEM				Fee Schedule	$1,000.00			
T1026	E	PED COMPR CARE PKG PER HOUR				Not Allowed	$0.00			
T1027	E	FAMILY TRAINING & COUNSELING				Not Allowed	$0.00			
T1028	E	HOME ENVIRONMENT ASSESSMENT				Not Allowed	$0.00			
T1029	E	NOT OTHERWISE CLASSIFIED SKIN SUBCUTANEOUS AND 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			

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T2012	E	HABIL ED WAIVER, PER DIEM				Not Allowed	$0.00			
T2013	E	HABIL ED WAIVER PER HOUR				Not Allowed	$0.00			
T2014	E	HABIL PREVOC WAIVER, PER D				Not Allowed	$0.00			
T2015	E	HABIL PREVOC WAIVER PER HR				Not Allowed	$0.00			
T2016	E	HABIL RES WAIVER PER DIEM				Not Allowed	$0.00			
T2017	E	HABIL RES WAIVER 15 MIN				Not Allowed	$0.00			
T2018	E	HABIL SUP EMPL WAIVER/DIEM				Not Allowed	$0.00			
T2019	E	HABIL SUP EMPL WAIVER 15MIN				Not Allowed	$0.00			
T2020	E	DAY HABIL WAIVER PER DIEM				Not Allowed	$0.00			
T2021	E	DAY HABIL WAIVER PER 15 MIN				Not Allowed	$0.00			
T2022	E	CASE MANAGEMENT, PER MONTH				Not Allowed	$0.00			
T2023	E	TARGETED CASE MGMT PER MONTH				Not Allowed	$0.00			
T2024	E	SERV ASMNT/CARE PLAN WAIVER				Not Allowed	$0.00			
T2025	E	WAIVER SERVICE, NOS				Not Allowed	$0.00			
T2026	E	SPECIAL CHILDCARE WAIVER/D				Not Allowed	$0.00			
T2027	E	SPEC CHILDCARE WAIVER 15 MIN				Not Allowed	$0.00			
T2028	E	SPECIAL SUPPLY, NOS WAIVER				Not Allowed	$0.00			
T2029	E	SPECIAL MED EQUIP, NOSWAIVER				Not Allowed	$0.00			
T2030	E	ASSIST LIVING WAIVER/MONTH				Not Allowed	$0.00			
T2031	E	ASSIST LIVING WAIVER/DIEM				Not Allowed	$0.00			
T2032	E	RES CARE, NOS WAIVER/MONTH				Not Allowed	$0.00			
T2033	E	RES, NOS WAIVER PER DIEM				Not Allowed	$0.00			
T2034	E	CRISIS INTERVEN WAIVER/DIEM				Not Allowed	$0.00			
T2035	E	UTILITY SERVICES WAIVER				Not Allowed	$0.00			
T2036	E	CAMP OVERNITE WAIVER/SESSION				Not Allowed	$0.00			
T2037	E	CAMP DAY WAIVER/SESSION				Not Allowed	$0.00			
T2038	E	COMM TRANS WAIVER/SERVICE				Not Allowed	$0.00			
T2039	E	VEHICLE MOD WAIVER/SERVICE				Not Allowed	$0.00			
T2040	E	FINANCIAL MGT WAIVER/15MIN				Not Allowed	$0.00			
T2041	E	SUPPORT BROKER WAIVER/15 MIN				Not Allowed	$0.00			
T2042	E	HOSPICE ROUTINE HOME CARE				Not Allowed	$0.00			
T2043	E	HOSPICE CONTINUOUS HOME CARE				Not Allowed	$0.00			
T2044	E	HOSPICE RESPITE CARE				Not Allowed	$0.00			
T2045	E	HOSPICE GENERAL CARE				Not Allowed	$0.00			
T2046	E	HOSPICE LONG TERM CARE R&B				Not Allowed	$0.00			
T2048	E	BH LTC RES R&B, PER DIEM				Not Allowed	$0.00			
T2049	E	N-ET; STRETCHER VAN MILEAGE				Not Allowed	$0.00			
T2101	E	BREAST MILK PROC/STORE/DIST				Not Allowed	$0.00			
T4521	E	ADULT SIZE BRIEF/DIAPER SM				Not Allowed	$0.00			
T4522	E	ADULT SIZE BRIEF/DIAPER MED				Not Allowed	$0.00			
T4523	E	ADULT SIZE BRIEF/DIAPER LG				Not Allowed	$0.00			
T4524	E	ADULT SIZE BRIEF/DIAPER XL				Not Allowed	$0.00			
T4525	E	ADULT SIZE PULL-ON SM				Not Allowed	$0.00			
T4526	E	ADULT SIZE PULL-ON MED				Not Allowed	$0.00			
T4527	E	ADULT SIZE PULL-ON LG				Not Allowed	$0.00			
T4528	E	ADULT SIZE PULL-ON XL				Not Allowed	$0.00			
T4529	E	PED SIZE BRIEF/DIAPER SM/MED				Not Allowed	$0.00			
T4530	E	PED SIZE BRIEF/DIAPER LG				Not Allowed	$0.00			
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			

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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			
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			

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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			
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			

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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			
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			

Proc Cd	2016 APC Status Ind	Proc Desc	Proc Modifier	APC	APC Weight	Method	2016 Outpatient Hospital Fee Schedule	Sole Comm. Hospital Lab Fees	Non-sole Comm. Hospital Lab Fees	Prior Auth. Required
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			