Montana Medicaid

ASC Covered Surgical and Ancillary Services for CY 2017

(Including Services for Which Payment is Packaged)

Effective January 1, 2017

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Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
0042T	CT PERFUSION W/CONTRAST CBF			1/1/2017	Not Allowed	$0.00
0054T	BONE SRGRY CMPTR FLUOR IMAGE		N	1/1/2017	Not Allowed	$0.00
0055T	BONE SRGRY CMPTR CT/MRI IMAG		N	1/1/2017	Not Allowed	$0.00
0071T	US LEIOMYOMATA ABLATE <200		Y	1/1/2009	Not Allowed	$0.00
0072T	US LEIOMYOMATA ABLATE >200		Y	1/1/2009	Not Allowed	$0.00
0100T	PROSTH RETINA RECEIVE&GEN		Y	7/1/2016	Not Allowed	$0.00
0101T	EXTRACORP SHOCKWV TX HI ENRG		Y	7/1/2016	Not Allowed	$0.00
0102T	EXTRACORP SHOCKWV TX ANESTH		Y	7/1/2016	Not Allowed	$0.00
0126T	CHD RISK IMT STUDY		Y	1/1/2017	Not Allowed	$0.00
0159T	CAD BREAST MRI			1/1/2017	Not Allowed	$0.00
0174T	CAD CXR WITH INTERP			1/1/2017	Not Allowed	$0.00
0175T	CAD CXR REMOTE			1/1/2017	Not Allowed	$0.00
0190T	PLACE INTRAOC RADIATION SRC		Y	1/1/2014	No Separate Payment	$0.00
0191T	INSERT ANT SEGMENT DRAIN INT		Y	7/1/2016	Not Allowed	$0.00
0200T	PERQ SACRAL AUGMT UNILAT INJ		Y	7/1/2016	Not Allowed	$0.00
0201T	PERQ SACRAL AUGMT BILAT INJ		Y	7/1/2016	Not Allowed	$0.00
0205T	INIRS EACH VESSEL ADD-ON		N	1/1/2017	Not Allowed	$0.00
0206T	CPTR DBS ALYS CAR ELEC DTA		N	1/1/2017	Not Allowed	$0.00
0213T	NJX PARAVERT W/US CER/THOR		Y	7/1/2016	Not Allowed	$0.00
0214T	NJX PARAVERT W/US CER/THOR		Y	1/1/2014	No Separate Payment	$0.00
0215T	NJX PARAVERT W/US CER/THOR		Y	1/1/2014	No Separate Payment	$0.00
0216T	NJX PARAVERT W/US LUMB/SAC		Y	7/1/2016	Not Allowed	$0.00
0217T	NJX PARAVERT W/US LUMB/SAC		Y	1/1/2014	No Separate Payment	$0.00
0218T	NJX PARAVERT W/US LUMB/SAC		Y	1/1/2014	No Separate Payment	$0.00
0228T	NJX TFRML EPRL W/US CER/THOR		Y	7/1/2016	Not Allowed	$0.00
0229T	NJX TFRML EPRL W/US CER/THOR		Y	1/1/2014	No Separate Payment	$0.00
0230T	NJX TFRML EPRL W/US LUMB/SAC		Y	7/1/2016	Not Allowed	$0.00
0231T	NJX TFRML EPRL W/US LUMB/SAC		Y	1/1/2014	No Separate Payment	$0.00
0232T	NJX PLATELET PLASMA		Y	1/1/2015	No Separate Payment	$0.00
0238T	TRLUML PERIP ATHRC ILIAC ART			3/1/2011	Not Allowed	$0.00
0249T	LIGATION HEMORRHOID W/US			3/1/2011	Not Allowed	$0.00
0250T	INSERT BRONCHIAL VALVE			3/1/2011	Not Allowed	$0.00
0251T	REMOV BRONCHIAL VALVE			3/1/2011	Not Allowed	$0.00
0252T	REMOV BRONCH VALVE ADDL			3/1/2011	Not Allowed	$0.00
0253T	INSERT AQUEOUS DRAIN DEVICE			3/1/2011	Not Allowed	$0.00
0263T	IM B1 MRW CEL THER CMPL		Y	7/1/2016	Not Allowed	$0.00
0264T	IM B1 MRW CEL THER XCL HRVST		Y	7/1/2016	Not Allowed	$0.00
0265T	IM B1 MRW CEL THER HRVST ONL		Y	7/1/2016	Not Allowed	$0.00
0269T	REV/REMVL CRTD SNS DEV TOTAL		Y	7/1/2016	Not Allowed	$0.00
0270T	REV/REMVL CRTD SNS DEV LEAD		Y	7/1/2016	Not Allowed	$0.00
0271T	REV/REMVL CRTD SNS DEV GEN		Y	7/1/2016	Not Allowed	$0.00
0274T	PERQ LAMOT/LAM CRV/THRC		N	7/1/2016	Not Allowed	$0.00
0275T	PERQ LAMOT/LAM LUMBAR		N	7/1/2016	Not Allowed	$0.00
0278T	TEMPR		N	1/1/2017	Not Allowed	$0.00

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0290T	LASER INC FOR PKP/LKP RECIP		N	1/1/2012	No Separate Payment	$0.00
0299T	ESW WOUND HEALING INIT WOUND		N	7/1/2016	Not Allowed	$0.00
0300T	ESW WOUND HEALING ADDL WOUND		N	1/1/2015	No Separate Payment	$0.00
0301T	MW THERAPY FOR BREAST TUMOR		N	7/1/2016	Not Allowed	$0.00
0302T	ICAR ISCHM MNTRNG SYS COMPL		N	7/1/2016	Not Allowed	$0.00
0303T	ICAR ISCHM MNTRNG SYS ELTRD		N	7/1/2016	Not Allowed	$0.00
0304T	ICAR ISCHM MNTRNG SYS DEVICE		N	7/1/2016	Not Allowed	$0.00
0307T	RMVL ICAR ISCHM MNTRNG DVCE		N	7/1/2016	Not Allowed	$0.00
0308T	INSJ OCULAR TELESCOPE PROSTH		N	7/1/2016	Not Allowed	$0.00
0313T	LAPS RMVL NSTIM ARRAY VAGUS		N	7/1/2016	Not Allowed	$0.00
0314T	LAPS RMVL VGL ARRY&PLS GEN		N	7/1/2016	Not Allowed	$0.00
0315T	RMVL VAGUS NERVE PLS GEN		N	7/1/2016	Not Allowed	$0.00
0316T	REPLC VAGUS NERVE PLS GEN		N	7/1/2016	Not Allowed	$0.00
0330T	TEAR FILM IMG UNI/BI W/I&R		N	1/1/2017	Not Allowed	$0.00
0331T	HEART SYMP IMAGE PLNR		N	7/1/2016	Not Allowed	$0.00
0332T	HEART SYMP IMAGE PLNR SPECT		N	7/1/2016	Not Allowed	$0.00
0335T	EXTRAOSSEOUS JOINT STBLZTION		N	7/1/2016	Not Allowed	$0.00
0338T	TRNSCTH RENAL SYMP DENRV UNL		N	7/1/2016	Not Allowed	$0.00
0339T	TRNSCTH RENAL SYMP DENRV BIL		N	7/1/2016	Not Allowed	$0.00
0340T	ABLATE PULM TUMORS EXTNSN		N	7/1/2016	Not Allowed	$0.00
0341T	QUANT PUPILLOMETRY W/ RPRT		N	1/1/2014	No Separate Payment	$0.00
0342T	THXP APHERESIS W/HDL DELIP		N	7/1/2016	Not Allowed	$0.00
0346T	ULTRASOUND ELASTOGRAPHY		N	1/1/2014	No Separate Payment	$0.00
0347T	INS BONE DEVICE FOR RSA		N	1/1/2017	Not Allowed	$0.00
0348T	RSA SPINE EXAM		N	1/1/2015	No Separate Payment	$0.00
0349T	RSA UPPER EXTR EXAM		N	1/1/2015	No Separate Payment	$0.00
0350T	RSA LOWER EXTR EXAM		N	1/1/2015	No Separate Payment	$0.00
0351T	INTRAOP OCT BRST/NODE SPEC		N	1/1/2017	Not Allowed	$0.00
0353T	INTRAOP OCT BREAST CAVITY		N	1/1/2017	Not Allowed	$0.00
0356T	INSRT DRUG DEVICE FOR IOP		N	1/1/2015	No Separate Payment	$0.00
0357T	CRYOPRESERVATION OOCYTE(S)		N	1/1/2017	Not Allowed	$0.00
0376T	INSERT ANT SEGMENT DRAIN INT		N	7/1/2016	Not Allowed	$0.00
0377T	ANOSCPY INJ AGENT FOR INCONT		N	7/1/2016	Not Allowed	$0.00
0379T	VIS FIELD ASSMNT TECH SUPPT		N	1/1/2017	Not Allowed	$0.00
0380T	COMP ANIMAT RET IMAG SERIES		N	1/1/2017	Not Allowed	$0.00
0387T	LEADLESS C PM INS/RPL VENTR		N	7/1/2016	Not Allowed	$0.00
0388T	LEADLESS C PM REMOVE VENTR		N	7/1/2016	Not Allowed	$0.00
0390T	PERIPROC EVAL INPER LEDLS PM		N	1/1/2017	Not Allowed	$0.00
0394T	HDR ELCTRNC SKN SURF BRCHYTX		N	1/1/2016	Not Allowed	$0.00
0395T	HDR ELCTR NTRST/NTRCV BRCHTX		N	1/1/2016	Not Allowed	$0.00
0396T	INTRAOP KINETIC BALNCE SENSR		N	1/1/2017	Not Allowed	$0.00
0397T	ERCP W/OPTICAL ENDOMICROSCPY		N	1/1/2017	Not Allowed	$0.00
0399T	MYOCARDIAL STRAIN IMAGING		N	1/1/2017	Not Allowed	$0.00
0400T	MLTISPECTRL DIGITAL LES ALYS		N	1/1/2017	Not Allowed	$0.00
0401T	MLTISPECTRL DIGITAL LES ALYS		N	1/1/2017	Not Allowed	$0.00
0402T	COLLAGEN CROSSLINKING CORNEA		N	1/1/2016	Not Allowed	$0.00
0406T	SIN NDSC PLMT DRG ELUT MPLNT		N	1/1/2017	Not Allowed	$0.00
0407T	SIN NDSC PLMT DRG ELUT MPLNT		N	1/1/2017	Not Allowed	$0.00
0408T	INSJ/RPLC CARDIAC MODULJ SYS		N	1/1/2016	Not Allowed	$0.00
0409T	INSJ/RPLC CARDIAC MODULJ PLS GN		N	1/1/2016	Not Allowed	$0.00
0410T	INSJ/RPLC CAR MODULJ ATR ELT		N	1/1/2016	Not Allowed	$0.00
0411T	INSJ/RPLC CAR MODULJ VNT ELT		N	1/1/2016	Not Allowed	$0.00

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0412T	RMVL CARDIAC MODULJ PLS GEN		N	1/1/2016	Not Allowed	$0.00
0413T	RMVL CAR MODULJ TRANVNS ELT		N	1/1/2016	Not Allowed	$0.00
0414T	RMVL & RPL CAR MODULJ PLS GN		N	1/1/2016	Not Allowed	$0.00
0415T	REPOS CAR MODULJ TRANVNS ELT		N	1/1/2016	Not Allowed	$0.00
0416T	RELOC SKIN POCKET PLS GEN		N	1/1/2016	Not Allowed	$0.00
0419T	DSTRJ NEUROFIBROMATA XTNSV		N	1/1/2016	Not Allowed	$0.00
0420T	DSTRJ NEUROFIBROMATA XTNSV		N	1/1/2016	Not Allowed	$0.00
0422T	TACTILE BREAST IMG UNI/BI		N	1/1/2016	Not Allowed	$0.00
0424T	INSJ/RPLC NSTIM APNEA COMPL		N	1/1/2017	Not Allowed	$0.00
0425T	INSJ/RPLC NSTIM APNEA SEN LD		N	1/1/2017	Not Allowed	$0.00
0426T	INSJ/RPLC NSTIM APNEA STM LD		N	1/1/2017	Not Allowed	$0.00
0427T	INSJ/RPLC NSTIM APNEA PLS GN		N	1/1/2017	Not Allowed	$0.00
0428T	RMVL NSTIM APNEA PLS GEN		N	1/1/2017	Not Allowed	$0.00
0429T	RMVL NSTIM APNEA SEN LD		N	1/1/2017	Not Allowed	$0.00
0430T	RMVL NSTIM APNEA STIMJ LD		N	1/1/2017	Not Allowed	$0.00
0431T	RMVL/RPLC NSTIM APNEA PLS GN		N	1/1/2017	Not Allowed	$0.00
0432T	REPOS NSTIM APNEA STIMJ LD		N	1/1/2017	Not Allowed	$0.00
0433T	REPOS NSTIM APNEA SENSING LD		N	1/1/2017	Not Allowed	$0.00
0434T	INTERRO EVAL NPGS SLEEP APNEA		N	1/1/2017	Not Allowed	$0.00
0437T	IMPLTJ SYNTH RNFCMT ABDL WAL		N	1/1/2017	Not Allowed	$0.00
0438T	TPRNL PLMT BIODEGRDABL MATRL		N	1/1/2017	Not Allowed	$0.00
0439T	MYOCRD CONTRAST PRFUJ ECHO		N	1/1/2017	Not Allowed	$0.00
0440T	ABLTJ PERC UXTR/PERPH NRV		N	1/1/2017	Not Allowed	$0.00
0441T	ABLTJ PERC LXTR/PERPH NRV		N	1/1/2017	Not Allowed	$0.00
0442T	ABLTJ PERC PLEX/TRNCL NRV		N	1/1/2017	Not Allowed	$0.00
0443T	R-T SPCTRL ALYS PRST8 TISS		N	1/1/2017	Not Allowed	$0.00
0444T	1ST PLMT DRUG ELUT OC INS		N	1/1/2017	Not Allowed	$0.00
0445T	SBSQT PLMT DRUG ELUT OC INS		N	1/1/2017	Not Allowed	$0.00
0446T	INSJ IMPLTBL GLUCOSE SENSOR		N	1/1/2017	Not Allowed	$0.00
0447T	RMVL IMPLTBL GLUCOSE SENSOR		N	1/1/2017	Not Allowed	$0.00
0448T	REMVL INSJ IMPLTBL GLUC SENS		N	1/1/2017	Not Allowed	$0.00
0449T	INSJ AQUEOUS DRAIN DEV 1ST		N	1/1/2017	Not Allowed	$0.00
0450T	INSJ AQUEOUS DRAIN DEV EACH		N	1/1/2017	Not Allowed	$0.00
0465T	SUPCHRDL NJX RX W/O SUPPLY		N	1/1/2017	Not Allowed	$0.00
0466T	INSJ CH WAL RESPIR ELTRD/RA		N	1/1/2017	Not Allowed	$0.00
0467T	REVJ/RPLMNT CH RESPIR ELTRD		N	1/1/2017	Not Allowed	$0.00
0468T	RMVL CH WAL RESPIR ELTRD/RA		N	1/1/2017	Not Allowed	$0.00
10021	FNA W/O IMAGE	Y		1/1/2017	Fee Schedule	$72.85
10022	FNA W/IMAGE	Y		1/1/2017	Fee Schedule	$93.31
10030	GUIDE CATHET FLUID DRAINAGE	Y	N	1/1/2017	Fee Schedule	$291.49
10035	PERQ DEV SOFT TISS 1ST IMAG		N	7/1/2016	No Separate Payment	$0.00
10036	PERQ DEV SOFT TISS ADD IMAG		N	7/1/2016	No Separate Payment	$0.00
10040	ACNE SURGERY			1/1/2015	No Separate Payment	$0.00
10060	DRAINAGE OF SKIN ABSCESS	Y		1/1/2017	Fee Schedule	$71.06
10061	DRAINAGE OF SKIN ABSCESS	Y		1/1/2017	Fee Schedule	$111.61
10080	DRAINAGE OF PILONIDAL CYST	Y		1/1/2017	Fee Schedule	$132.07
10081	DRAINAGE OF PILONIDAL CYST	Y		1/1/2017	Fee Schedule	$171.55
10120	REMOVE FOREIGN BODY	Y		1/1/2017	Fee Schedule	$106.23
10121	REMOVE FOREIGN BODY	Y		1/1/2017	Fee Schedule	$521.64
10140	DRAINAGE OF HEMATOMA/FLUID	Y		1/1/2017	Fee Schedule	$102.28
10160	PUNCTURE DRAINAGE OF LESION	Y		1/1/2017	Fee Schedule	$81.47
10180	COMPLEX DRAINAGE WOUND	Y		1/1/2017	Fee Schedule	$1,032.03

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
11000	DEBRIDE INFECTED SKIN	Y		1/1/2017	Fee Schedule	$31.94
11001	DEBRIDE INFECTED SKIN ADD-ON			1/1/2014	No Separate Payment	$0.00
11010	DEBRIDE SKIN AT FX SITE	Y		1/1/2017	Fee Schedule	$291.49
11011	DEBRIDE SKIN MUSC AT FX SITE	Y		1/1/2017	Fee Schedule	$291.49
11012	DEB SKIN BONE AT FX SITE	Y		1/1/2017	Fee Schedule	$1,032.03
11042	DEB SUBQ TISSUE 20 SQ CM/<	Y		1/1/2017	Fee Schedule	$158.21
11043	DEB MUSC/FASCIA 20 SQ CM/<	Y		1/1/2017	Fee Schedule	$244.98
11044	DEB BONE 20 SQ CM/<	Y		1/1/2017	Fee Schedule	$521.64
11045	DEB SUBQ TISSUE ADD-ON			1/1/2014	No Separate Payment	$0.00
11046	DEB MUSC/FASCIA ADD-ON			1/1/2014	No Separate Payment	$0.00
11047	DEB BONE ADD-ON			1/1/2014	No Separate Payment	$0.00
11055	TRIM SKIN LESION			1/1/2015	No Separate Payment	$0.00
11056	TRIM SKIN LESIONS 2 TO 4			4/1/2016	No Separate Payment	$0.00
11057	TRIM SKIN LESIONS OVER 4	Y		1/1/2017	Fee Schedule	$41.63
11100	BIOPSY SKIN LESION	Y		1/1/2017	Fee Schedule	$72.14
11101	BIOPSY SKIN ADD-ON			1/1/2014	No Separate Payment	$0.00
11200	REMOVAL OF SKIN TAGS <W/15			1/1/2015	No Separate Payment	$0.00
11201	REMOVE SKIN TAGS ADD-ON			1/1/2014	No Separate Payment	$0.00
11300	SHAVE SKIN LESION 0.5 CM/<			4/1/2016	No Separate Payment	$0.00
11301	SHAVE SKIN LESION 0.6-1.0 CM			4/1/2016	No Separate Payment	$0.00
11302	SHAVE SKIN LESION 1.1-2.0 CM			4/1/2016	No Separate Payment	$0.00
11303	SHAVE SKIN LESION >2.0 CM			4/1/2016	No Separate Payment	$0.00
11305	SHAVE SKIN LESION 0.5 CM/<			1/1/2015	No Separate Payment	$0.00
11306	SHAVE SKIN LESION 0.6-1.0 CM			4/1/2016	No Separate Payment	$0.00
11307	SHAVE SKIN LESION 1.1-2.0 CM	Y		1/1/2017	Fee Schedule	$82.79
11308	SHAVE SKIN LESION >2.0 CM			4/1/2016	No Separate Payment	$0.00
11310	SHAVE SKIN LESION 0.5 CM/<	Y		1/1/2017	Fee Schedule	$82.79
11311	SHAVE SKIN LESION 0.6-1.0 CM	Y		1/1/2017	Fee Schedule	$68.19
11312	SHAVE SKIN LESION 1.1-2.0 CM	Y		1/1/2017	Fee Schedule	$110.54
11313	SHAVE SKIN LESION >2.0 CM	Y		1/1/2017	Fee Schedule	$120.94
11400	EXC TR-EXT B9+MARG 0.5 CM<	Y		1/1/2017	Fee Schedule	$89.36
11401	EXC TR-EXT B9+MARG 0.6-1 CM	Y		1/1/2017	Fee Schedule	$99.05
11402	EXC TR-EXT B9+MARG 1.1-2 CM	Y		1/1/2017	Fee Schedule	$108.74
11403	EXC TR-EXT B9+MARG 2.1-3CM/<	Y		1/1/2017	Fee Schedule	$118.07
11404	EXC TR-EXT B9+MARG 3.1-4 CM	Y		1/1/2017	Fee Schedule	$521.64
11406	EXC TR-EXT B9+MARG >4.0 CM	Y		1/1/2017	Fee Schedule	$521.64
11420	EXC H-F-NK-SP B9+MARG 0.5/<	Y		1/1/2017	Fee Schedule	$83.26
11421	EXC H-F-NK-SP B9+MARG 0.6-1	Y		1/1/2017	Fee Schedule	$99.41
11422	EXC H-F-NK-SP B9+MARG 1.1-2	Y		1/1/2017	Fee Schedule	$109.46
11423	EXC H-F-NK-SP B9+MARG 2.1-3	Y		1/1/2017	Fee Schedule	$119.51
11424	EXC H-F-NK-SP B9+MARG 3.1-4	Y		1/1/2017	Fee Schedule	$521.64
11426	EXC H-F-NK-SP B9+MARG >4 CM	Y		1/1/2017	Fee Schedule	$1,032.03
11440	EXC FACE-MM B9+MARG 0.5 CM/<	Y		1/1/2017	Fee Schedule	$94.39
11441	EXC FACE-MM B9+MARG 0.6-1 CM	Y		1/1/2017	Fee Schedule	$108.02
11442	EXC FACE-MM B9+MARG 1.1-2 CM	Y		1/1/2017	Fee Schedule	$118.07
11443	EXC FACE-MM B9+MARG 2.1-3 CM	Y		1/1/2017	Fee Schedule	$130.99
11444	EXC FACE-MM B9+MARG 3.1-4 CM	Y		1/1/2017	Fee Schedule	$521.64
11446	EXC FACE-MM B9+MARG >4 CM	Y		1/1/2017	Fee Schedule	$1,032.03
11450	REMOVAL SWEAT GLAND LESION	Y		1/1/2017	Fee Schedule	$1,032.03
11451	REMOVAL SWEAT GLAND LESION	Y		1/1/2017	Fee Schedule	$1,032.03
11462	REMOVAL SWEAT GLAND LESION	Y		1/1/2017	Fee Schedule	$1,032.03
11463	REMOVAL SWEAT GLAND LESION	Y		1/1/2017	Fee Schedule	$1,032.03

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11470	REMOVAL SWEAT GLAND LESION	Y		1/1/2017	Fee Schedule	$1,032.03
11471	REMOVAL SWEAT GLAND LESION	Y		1/1/2017	Fee Schedule	$1,032.03
11600	EXC TR-EXT MAL+MARG 0.5 CM/<	Y		1/1/2017	Fee Schedule	$129.20
11601	EXC TR-EXT MAL+MARG 0.6-1 CM	Y		1/1/2017	Fee Schedule	$147.86
11602	EXC TR-EXT MAL+MARG 1.1-2 CM	Y		1/1/2017	Fee Schedule	$158.21
11603	EXC TR-EXT MAL+MARG 2.1-3 CM	Y		1/1/2017	Fee Schedule	$172.27
11604	EXC TR-EXT MAL+MARG 3.1-4 CM	Y		1/1/2017	Fee Schedule	$291.49
11606	EXC TR-EXT MAL+MARG >4 CM	Y		1/1/2017	Fee Schedule	$521.64
11620	EXC H-F-NK-SP MAL+MARG 0.5/<	Y		1/1/2017	Fee Schedule	$129.92
11621	EXC S/N/H/F/G MAL+MRG 0.6-1	Y		1/1/2017	Fee Schedule	$148.58
11622	EXC S/N/H/F/G MAL+MRG 1.1-2	Y		1/1/2017	Fee Schedule	$161.86
11623	EXC S/N/H/F/G MAL+MRG 2.1-3	Y		1/1/2017	Fee Schedule	$177.65
11624	EXC S/N/H/F/G MAL+MRG 3.1-4	Y		1/1/2017	Fee Schedule	$521.64
11626	EXC S/N/H/F/G MAL+MRG >4 CM	Y		1/1/2017	Fee Schedule	$1,032.03
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	Y		1/1/2017	Fee Schedule	$135.30
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	Y		1/1/2017	Fee Schedule	$152.89
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	Y		1/1/2017	Fee Schedule	$168.32
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	Y		1/1/2017	Fee Schedule	$184.47
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	Y		1/1/2017	Fee Schedule	$521.64
11646	EXC F/E/E/N/L MAL+MRG >4 CM	Y		1/1/2017	Fee Schedule	$1,032.03
11719	TRIM NAIL(S) ANY NUMBER			1/1/2015	No Separate Payment	$0.00
11720	DEBRIDE NAIL 1-5			1/1/2015	No Separate Payment	$0.00
11721	DEBRIDE NAIL 6 OR MORE			1/1/2015	No Separate Payment	$0.00
11730	REMOVAL OF NAIL PLATE			4/1/2016	No Separate Payment	$0.00
11732	REMOVE NAIL PLATE ADD-ON			1/1/2014	No Separate Payment	$0.00
11740	DRAIN BLOOD FROM UNDER NAIL			1/1/2015	No Separate Payment	$0.00
11750	REMOVAL OF NAIL BED	Y		1/1/2017	Fee Schedule	$94.75
11755	BIOPSY NAIL UNIT	Y		1/1/2017	Fee Schedule	$84.70
11760	REPAIR OF NAIL BED	Y		1/1/2017	Fee Schedule	$244.98
11762	RECONSTRUCTION OF NAIL BED	Y		1/1/2017	Fee Schedule	$168.68
11765	EXCISION OF NAIL FOLD TOE			4/1/2016	No Separate Payment	$0.00
11770	REMOVE PILONIDAL CYST SIMPLE	Y		1/1/2017	Fee Schedule	$1,032.03
11771	REMOVE PILONIDAL CYST EXTEN	Y		1/1/2017	Fee Schedule	$1,032.03
11772	REMOVE PILONIDAL CYST COMPL	Y		1/1/2017	Fee Schedule	$1,032.03
11900	INJECT SKIN LESIONS </W 7			1/1/2015	No Separate Payment	$0.00
11901	INJECT SKIN LESIONS >7			1/1/2015	No Separate Payment	$0.00
11920	CORRECT SKIN COLOR 6.0 CM/<	Y		1/1/2017	Fee Schedule	$106.23
11921	CORRECT SKN COLOR 6.1-20.0CM	Y		1/1/2017	Fee Schedule	$120.94
11922	CORRECT SKIN COLOR EA 20.0CM			1/1/2014	No Separate Payment	$0.00
11950	TX CONTOUR DEFECTS 1 CC/<			7/1/2016	Not Allowed	$0.00
11951	TX CONTOUR DEFECTS 1.1-5.0CC			7/1/2016	Not Allowed	$0.00
11952	TX CONTOUR DEFECTS 5.1-10CC			7/1/2016	Not Allowed	$0.00
11954	TX CONTOUR DEFECTS >10.0 CC			7/1/2016	Not Allowed	$0.00
11960	INSERT TISSUE EXPANDER(S)	Y	Y	1/1/2017	Fee Schedule	$1,354.26
11970	REPLACE TISSUE EXPANDER	Y	Y	1/1/2017	Fee Schedule	$2,651.09
11971	REMOVE TISSUE EXPANDER(S)		Y	1/1/2017	Fee Schedule	$1,032.03
11976	REMOVE CONTRACEPTIVE CAPSULE			1/1/2017	Fee Schedule	$73.93
11980	IMPLANT HORMONE PELLET(S)			1/1/2015	No Separate Payment	$0.00
11981	INSERT DRUG IMPLANT DEVICE			1/1/2015	No Separate Payment	$0.00
11982	REMOVE DRUG IMPLANT DEVICE			1/1/2015	No Separate Payment	$0.00
11983	REMOVE/INSERT DRUG IMPLANT			1/1/2015	No Separate Payment	$0.00
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<			1/1/2015	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
12002	RPR S/N/AX/GEN/TRNK2.6-7.5CM			1/1/2015	No Separate Payment	$0.00
12004	RPR S/N/AX/GEN/TRK7.6-12.5CM			1/1/2015	No Separate Payment	$0.00
12005	RPR S/N/A/GEN/TRK12.6-20.0CM			1/1/2017	Fee Schedule	$158.21
12006	RPR S/N/A/GEN/TRK20.1-30.0CM			1/1/2017	Fee Schedule	$158.21
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	Y		1/1/2017	Fee Schedule	$82.79
12011	RPR F/E/E/N/L/M 2.5 CM/<			1/1/2015	No Separate Payment	$0.00
12013	RPR F/E/E/N/L/M 2.6-5.0 CM			1/1/2015	No Separate Payment	$0.00
12014	RPR F/E/E/N/L/M 5.1-7.5 CM			1/1/2015	No Separate Payment	$0.00
12015	RPR F/E/E/N/L/M 7.6-12.5 CM			1/1/2017	Fee Schedule	$82.79
12016	RPR FE/E/EN/L/M 12.6-20.0 CM			1/1/2017	Fee Schedule	$82.79
12017	RPR FE/E/EN/L/M 20.1-30.0 CM			1/1/2017	Fee Schedule	$158.21
12018	RPR F/E/E/N/L/M >30.0 CM			1/1/2017	Fee Schedule	$82.79
12020	CLOSURE OF SPLIT WOUND	Y		1/1/2017	Fee Schedule	$244.98
12021	CLOSURE OF SPLIT WOUND	Y		1/1/2017	Fee Schedule	$158.21
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	Y		1/1/2017	Fee Schedule	$158.21
12032	INTMD RPR S/A/T/EXT 2.6-7.5	Y		1/1/2017	Fee Schedule	$158.21
12034	INTMD RPR S/TR/EXT 7.6-12.5	Y		1/1/2017	Fee Schedule	$158.21
12035	INTMD RPR S/A/T/EXT 12.6-20	Y		1/1/2017	Fee Schedule	$158.21
12036	INTMD RPR S/A/T/EXT 20.1-30	Y		1/1/2017	Fee Schedule	$244.98
12037	INTMD RPR S/TR/EXT >30.0 CM	Y		1/1/2017	Fee Schedule	$1,354.26
12041	INTMD RPR N-HF/GENIT 2.5CM/<			1/1/2017	Fee Schedule	$155.04
12042	INTMD RPR N-HF/GENIT2.6-7.5	Y		1/1/2017	Fee Schedule	$158.21
12044	INTMD RPR N-HF/GENIT7.6-12.5	Y		1/1/2017	Fee Schedule	$244.98
12045	INTMD RPR N-HF/GENIT12.6-20	Y		1/1/2017	Fee Schedule	$244.98
12046	INTMD RPR N-HF/GENIT20.1-30	Y		1/1/2017	Fee Schedule	$158.21
12047	INTMD RPR N-HF/GENIT >30.0CM	Y		1/1/2017	Fee Schedule	$771.98
12051	INTMD RPR FACE/MM 2.5 CM/<	Y		1/1/2017	Fee Schedule	$82.79
12052	INTMD RPR FACE/MM 2.6-5.0 CM	Y		1/1/2017	Fee Schedule	$158.21
12053	INTMD RPR FACE/MM 5.1-7.5 CM	Y		1/1/2017	Fee Schedule	$158.21
12054	INTMD RPR FACE/MM 7.6-12.5CM			1/1/2017	Fee Schedule	$158.21
12055	INTMD RPR FACE/MM 12.6-20 CM	Y		1/1/2017	Fee Schedule	$158.21
12056	INTMD RPR FACE/MM 20.1-30.0			1/1/2017	Fee Schedule	$158.21
12057	INTMD RPR FACE/MM >30.0 CM	Y		1/1/2017	Fee Schedule	$82.79
13100	CMPLX RPR TRUNK 1.1-2.5 CM	Y		1/1/2017	Fee Schedule	$244.98
13101	CMPLX RPR TRUNK 2.6-7.5 CM	Y		1/1/2017	Fee Schedule	$244.98
13102	CMPLX RPR TRUNK ADDL 5CM/<			1/1/2014	No Separate Payment	$0.00
13120	CMPLX RPR S/A/L 1.1-2.5 CM	Y		1/1/2017	Fee Schedule	$244.98
13121	CMPLX RPR S/A/L 2.6-7.5 CM	Y		1/1/2017	Fee Schedule	$244.98
13122	CMPLX RPR S/A/L ADDL 5 CM/>			1/1/2014	No Separate Payment	$0.00
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F	Y		1/1/2017	Fee Schedule	$158.21
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	Y		1/1/2017	Fee Schedule	$244.98
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F			1/1/2014	No Separate Payment	$0.00
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	Y		1/1/2017	Fee Schedule	$244.98
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	Y		1/1/2017	Fee Schedule	$244.98
13153	CMPLX RPR E/N/E/L ADDL 5CM/<			1/1/2014	No Separate Payment	$0.00
13160	LATE CLOSURE OF WOUND	Y		1/1/2017	Fee Schedule	$771.98
14000	TIS TRNFR TRUNK 10 SQ CM/<	Y		1/1/2017	Fee Schedule	$771.98
14001	TIS TRNFR TRUNK 10.1-30SQCM	Y		1/1/2017	Fee Schedule	$771.98
14020	TIS TRNFR S/A/L 10 SQ CM/<	Y		1/1/2017	Fee Schedule	$771.98
14021	TIS TRNFR S/A/L 10.1-30 SQCM	Y		1/1/2017	Fee Schedule	$771.98
14040	TIS TRNFR F/C/C/M/N/A/G/H/F	Y		1/1/2017	Fee Schedule	$771.98
14041	TIS TRNFR F/C/C/M/N/A/G/H/F	Y		1/1/2017	Fee Schedule	$771.98

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14060	TIS TRNFR E/N/E/L 10 SQ CM/<	Y		1/1/2017	Fee Schedule	$771.98
14061	TIS TRNFR E/N/E/L10.1-30SQCM	Y		1/1/2017	Fee Schedule	$771.98
14301	TIS TRNFR ANY 30.1-60 SQ CM	Y	N	1/1/2017	Fee Schedule	$1,354.26
14302	TIS TRNFR ADDL 30 SQ CM/<		N	1/1/2014	No Separate Payment	$0.00
14350	FILLETED FINGER/TOE FLAP	Y		1/1/2017	Fee Schedule	$1,354.26
15002	WOUND PREP TRK/ARM/LEG	Y		1/1/2017	Fee Schedule	$771.98
15003	WOUND PREP ADDL 100 CM			1/1/2014	No Separate Payment	$0.00
15004	WOUND PREP F/N/HF/G	Y		1/1/2017	Fee Schedule	$244.98
15005	WND PREP F/N/HF/G ADDL CM			1/1/2014	No Separate Payment	$0.00
15040	HARVEST CULTURED SKIN GRAFT	Y		1/1/2017	Fee Schedule	$771.98
15050	SKIN PINCH GRAFT	Y		1/1/2017	Fee Schedule	$244.98
15100	SKIN SPLT GRFT TRNK/ARM/LEG	Y		1/1/2017	Fee Schedule	$771.98
15101	SKIN SPLT GRFT T/A/L ADD-ON			1/1/2014	No Separate Payment	$0.00
15110	EPIDRM AUTOGRFT TRNK/ARM/LEG	Y		1/1/2017	Fee Schedule	$771.98
15111	EPIDRM AUTOGRFT T/A/L ADD-ON			1/1/2014	No Separate Payment	$0.00
15115	EPIDRM A-GRFT FACE/NCK/HF/G	Y		1/1/2017	Fee Schedule	$771.98
15116	EPIDRM A-GRFT F/N/HF/G ADDL			1/1/2014	No Separate Payment	$0.00
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	Y		1/1/2017	Fee Schedule	$1,354.26
15121	SKN SPLT A-GRFT F/N/HF/G ADD			1/1/2014	No Separate Payment	$0.00
15130	DERM AUTOGRAFT TRNK/ARM/LEG	Y		1/1/2017	Fee Schedule	$1,354.26
15131	DERM AUTOGRAFT T/A/L ADD-ON			1/1/2014	No Separate Payment	$0.00
15135	DERM AUTOGRAFT FACE/NCK/HF/G	Y		1/1/2017	Fee Schedule	$1,354.26
15136	DERM AUTOGRAFT F/N/HF/G ADD			1/1/2014	No Separate Payment	$0.00
15150	CULT SKIN GRFT T/ARM/LEG	Y		1/1/2017	Fee Schedule	$1,354.26
15151	CULT SKIN GRFT T/A/L ADDL			1/1/2014	No Separate Payment	$0.00
15152	CULT SKIN GRAFT T/A/L +%			1/1/2014	No Separate Payment	$0.00
15155	CULT SKIN GRAFT F/N/HF/G	Y		1/1/2017	Fee Schedule	$1,354.26
15156	CULT SKIN GRFT F/N/HFG ADD			1/1/2014	No Separate Payment	$0.00
15157	CULT EPIDERM GRFT F/N/HFG +%			1/1/2014	No Separate Payment	$0.00
15200	SKIN FULL GRAFT TRUNK	Y		1/1/2017	Fee Schedule	$1,354.26
15201	SKIN FULL GRAFT TRUNK ADD-ON			1/1/2014	No Separate Payment	$0.00
15220	SKIN FULL GRAFT SCLP/ARM/LEG	Y		1/1/2017	Fee Schedule	$771.98
15221	SKIN FULL GRAFT ADD-ON			1/1/2014	No Separate Payment	$0.00
15240	SKIN FULL GRFT FACE/GENIT/HF	Y		1/1/2017	Fee Schedule	$771.98
15241	SKIN FULL GRAFT ADD-ON			1/1/2014	No Separate Payment	$0.00
15260	SKIN FULL GRAFT EEN & LIPS	Y		1/1/2017	Fee Schedule	$771.98
15261	SKIN FULL GRAFT ADD-ON			1/1/2014	No Separate Payment	$0.00
15271	SKIN SUB GRAFT TRNK/ARM/LEG	Y	N	1/1/2017	Fee Schedule	$771.98
15272	SKIN SUB GRAFT T/A/L ADD-ON		N	1/1/2014	No Separate Payment	$0.00
15273	SKIN SUB GRFT T/ARM/LG CHILD	Y	N	1/1/2017	Fee Schedule	$1,354.26
15274	SKN SUB GRFT T/A/L CHILD ADD		N	1/1/2014	No Separate Payment	$0.00
15275	SKIN SUB GRAFT FACE/NK/HF/G	Y	N	1/1/2017	Fee Schedule	$771.98
15276	SKIN SUB GRAFT F/N/HF/G ADDL		N	1/1/2014	No Separate Payment	$0.00
15277	SKN SUB GRFT F/N/HF/G CHILD	Y	N	1/1/2017	Fee Schedule	$771.98
15278	SKN SUB GRFT F/N/HF/G CH ADD		N	1/1/2014	No Separate Payment	$0.00
15570	SKIN PEDICLE FLAP TRUNK	Y		1/1/2017	Fee Schedule	$771.98
15572	SKIN PEDICLE FLAP ARMS/LEGS	Y		1/1/2017	Fee Schedule	$1,354.26
15574	PEDCLE FH/CH/CH/M/N/AX/G/H/F	Y		1/1/2017	Fee Schedule	$771.98
15576	PEDICLE E/N/E/L/NTRORAL	Y		1/1/2017	Fee Schedule	$771.98
15600	DELAY FLAP TRUNK	Y		1/1/2017	Fee Schedule	$1,354.26
15610	DELAY FLAP ARMS/LEGS	Y		1/1/2017	Fee Schedule	$1,354.26
15620	DELAY FLAP F/C/C/N/AX/G/H/F	Y		1/1/2017	Fee Schedule	$771.98

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
15630	DELAY FLAP EYE/NOS/EAR/LIP	Y		1/1/2017	Fee Schedule	$771.98
15650	TRANSFER SKIN PEDICLE FLAP	Y		1/1/2017	Fee Schedule	$771.98
15731	FOREHEAD FLAP W/VASC PEDICLE	Y		1/1/2017	Fee Schedule	$1,354.26
15732	MUSCLE-SKIN GRAFT HEAD/NECK	Y		1/1/2017	Fee Schedule	$1,354.26
15734	MUSCLE-SKIN GRAFT TRUNK	Y		1/1/2017	Fee Schedule	$1,354.26
15736	MUSCLE-SKIN GRAFT ARM	Y		1/1/2017	Fee Schedule	$1,354.26
15738	MUSCLE-SKIN GRAFT LEG	Y		1/1/2017	Fee Schedule	$1,354.26
15740	ISLAND PEDICLE FLAP GRAFT	Y		1/1/2017	Fee Schedule	$771.98
15750	NEUROVASCULAR PEDICLE FLAP	Y		1/1/2017	Fee Schedule	$1,354.26
15760	COMPOSITE SKIN GRAFT	Y		1/1/2017	Fee Schedule	$771.98
15770	DERMA-FAT-FASCIA GRAFT	Y		1/1/2017	Fee Schedule	$1,354.26
15775	HAIR TRNSPL 1-15 PUNCH GRFTS			3/1/2011	Not Allowed	$0.00
15776	HAIR TRNSPL >15 PUNCH GRAFTS			3/1/2011	Not Allowed	$0.00
15777	ACELLULAR DERM MATRIX IMPLT		N	1/1/2014	No Separate Payment	$0.00
15780	DERMABRASION TOTAL FACE			7/1/2016	Not Allowed	$0.00
15781	DERMABRASION SEGMENTAL FACE			7/1/2016	Not Allowed	$0.00
15782	DERMABRASION OTHER THAN FACE			3/1/2011	Not Allowed	$0.00
15783	DERMABRASION SUPRFL ANY SITE			3/1/2011	Not Allowed	$0.00
15786	ABRASION LESION SINGLE			3/1/2011	Not Allowed	$0.00
15787	ABRASION LESIONS ADD-ON			3/1/2011	Not Allowed	$0.00
15788	CHEMICAL PEEL FACE EPIDERM			3/1/2011	Not Allowed	$0.00
15789	CHEMICAL PEEL FACE DERMAL			3/1/2011	Not Allowed	$0.00
15792	CHEMICAL PEEL NONFACIAL			3/1/2011	Not Allowed	$0.00
15793	CHEMICAL PEEL NONFACIAL			3/1/2011	Not Allowed	$0.00
15819	PLASTIC SURGERY NECK			3/1/2011	Not Allowed	$0.00
15820	REVISION OF LOWER EYELID	Y	Y	1/1/2017	Fee Schedule	$771.98
15821	REVISION OF LOWER EYELID	Y	Y	1/1/2017	Fee Schedule	$1,354.26
15822	REVISION OF UPPER EYELID	Y	Y	1/1/2017	Fee Schedule	$771.98
15823	REVISION OF UPPER EYELID	Y	Y	1/1/2017	Fee Schedule	$771.98
15824	REMOVAL OF FOREHEAD WRINKLES			3/1/2011	Not Allowed	$0.00
15825	REMOVAL OF NECK WRINKLES			3/1/2011	Not Allowed	$0.00
15826	REMOVAL OF BROW WRINKLES			3/1/2011	Not Allowed	$0.00
15828	REMOVAL OF FACE WRINKLES			3/1/2011	Not Allowed	$0.00
15829	REMOVAL OF SKIN WRINKLES			3/1/2011	Not Allowed	$0.00
15830	EXC SKIN ABD	Y	Y	1/1/2017	Fee Schedule	$1,936.51
15832	EXCISE EXCESSIVE SKIN THIGH	Y	Y	1/1/2017	Fee Schedule	$1,032.03
15833	EXCISE EXCESSIVE SKIN LEG	Y	Y	1/1/2017	Fee Schedule	$1,032.03
15834	EXCISE EXCESSIVE SKIN HIP	Y	Y	1/1/2017	Fee Schedule	$1,032.03
15835	EXCISE EXCESSIVE SKIN BUTTCK	Y	Y	1/1/2017	Fee Schedule	$1,032.03
15836	EXCISE EXCESSIVE SKIN ARM	Y	Y	1/1/2017	Fee Schedule	$1,032.03
15837	EXCISE EXCESS SKIN ARM/HAND	Y	Y	1/1/2017	Fee Schedule	$1,032.03
15838	EXCISE EXCESS SKIN FAT PAD	Y	Y	1/1/2017	Fee Schedule	$1,032.03
15839	EXCISE EXCESS SKIN & TISSUE	Y	Y	1/1/2017	Fee Schedule	$1,032.03
15840	NERVE PALSY FASCIAL GRAFT	Y		1/1/2017	Fee Schedule	$1,354.26
15841	NERVE PALSY MUSCLE GRAFT	Y		1/1/2017	Fee Schedule	$1,354.26
15842	NERVE PALSY MICROSURG GRAFT	Y		1/1/2017	Fee Schedule	$771.98
15845	SKIN AND MUSCLE REPAIR FACE	Y		1/1/2017	Fee Schedule	$1,354.26
15847	EXC SKIN ABD ADD-ON			1/1/2014	No Separate Payment	$0.00
15850	REMOVE SUTURES SAME SURGEON	Y		1/1/2017	Fee Schedule	$244.98
15851	REMOVE SUTURES DIFF SURGEON	Y		1/1/2017	Fee Schedule	$66.39
15852	DRESSING CHANGE NOT FOR BURN			1/1/2015	No Separate Payment	$0.00
15860	TEST FOR BLOOD FLOW IN GRAFT			1/1/2015	No Separate Payment	$0.00

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15876	SUCTION LIPECTOMY HEAD&NECK			3/1/2011	Not Allowed	$0.00
15877	SUCTION LIPECTOMY TRUNK			3/1/2011	Not Allowed	$0.00
15878	SUCTION LIPECTOMY UPR EXTREM			3/1/2011	Not Allowed	$0.00
15879	SUCTION LIPECTOMY LWR EXTREM			3/1/2011	Not Allowed	$0.00
15920	REMOVAL OF TAIL BONE ULCER	Y		1/1/2017	Fee Schedule	$1,032.03
15922	REMOVAL OF TAIL BONE ULCER	Y		1/1/2017	Fee Schedule	$1,354.26
15931	REMOVE SACRUM PRESSURE SORE	Y		1/1/2017	Fee Schedule	$521.64
15933	REMOVE SACRUM PRESSURE SORE	Y		1/1/2017	Fee Schedule	$1,032.03
15934	REMOVE SACRUM PRESSURE SORE	Y		1/1/2017	Fee Schedule	$1,354.26
15935	REMOVE SACRUM PRESSURE SORE	Y		1/1/2017	Fee Schedule	$1,354.26
15936	REMOVE SACRUM PRESSURE SORE	Y		1/1/2017	Fee Schedule	$771.98
15937	REMOVE SACRUM PRESSURE SORE	Y		1/1/2017	Fee Schedule	$771.98
15940	REMOVE HIP PRESSURE SORE	Y		1/1/2017	Fee Schedule	$1,032.03
15941	REMOVE HIP PRESSURE SORE	Y		1/1/2017	Fee Schedule	$1,032.03
15944	REMOVE HIP PRESSURE SORE	Y		1/1/2017	Fee Schedule	$1,354.26
15945	REMOVE HIP PRESSURE SORE	Y		1/1/2017	Fee Schedule	$1,354.26
15946	REMOVE HIP PRESSURE SORE	Y		1/1/2017	Fee Schedule	$1,354.26
15950	REMOVE THIGH PRESSURE SORE	Y		1/1/2017	Fee Schedule	$521.64
15951	REMOVE THIGH PRESSURE SORE	Y		1/1/2017	Fee Schedule	$1,032.03
15952	REMOVE THIGH PRESSURE SORE	Y		1/1/2017	Fee Schedule	$1,354.26
15953	REMOVE THIGH PRESSURE SORE	Y		1/1/2017	Fee Schedule	$1,354.26
15956	REMOVE THIGH PRESSURE SORE	Y		1/1/2017	Fee Schedule	$771.98
15958	REMOVE THIGH PRESSURE SORE	Y		1/1/2017	Fee Schedule	$1,354.26
16000	INITIAL TREATMENT OF BURN(S)			1/1/2015	No Separate Payment	$0.00
16020	DRESS/DEBRID P-THICK BURN S			4/1/2016	No Separate Payment	$0.00
16025	DRESS/DEBRID P-THICK BURN M	Y		1/1/2017	Fee Schedule	$82.79
16030	DRESS/DEBRID P-THICK BURN L	Y		1/1/2017	Fee Schedule	$158.21
16035	INCISION OF BURN SCAB INITI	Y		1/1/2017	Fee Schedule	$158.21
17000	DESTRUCT PREMALG LESION			4/1/2016	No Separate Payment	$0.00
17003	DESTRUCT PREMALG LES 2-14			1/1/2014	No Separate Payment	$0.00
17004	DESTROY PREMAL LESIONS 15/>	Y		1/1/2017	Fee Schedule	$96.90
17106	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$158.21
17107	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$244.98
17108	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$348.12
17110	DESTRUCT B9 LESION 1-14			1/1/2015	No Separate Payment	$0.00
17111	DESTRUCT LESION 15 OR MORE			4/1/2016	No Separate Payment	$0.00
17250	CHEMICAL CAUTERY TISSUE			4/1/2016	No Separate Payment	$0.00
17260	DESTRUCTION OF SKIN LESIONS			4/1/2016	No Separate Payment	$0.00
17261	DESTRUCTION OF SKIN LESIONS			4/1/2016	No Separate Payment	$0.00
17262	DESTRUCTION OF SKIN LESIONS			4/1/2016	No Separate Payment	$0.00
17263	DESTRUCTION OF SKIN LESIONS			4/1/2016	No Separate Payment	$0.00
17264	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$126.33
17266	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$138.89
17270	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$82.79
17271	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$82.79
17272	DESTRUCTION OF SKIN LESIONS			4/1/2016	No Separate Payment	$0.00
17273	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$125.61
17274	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$142.12
17276	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$156.47
17280	DESTRUCTION OF SKIN LESIONS			4/1/2016	No Separate Payment	$0.00
17281	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$108.38
17282	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$122.38

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17283	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$138.89
17284	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$153.60
17286	DESTRUCTION OF SKIN LESIONS	Y		1/1/2017	Fee Schedule	$180.52
17311	MOHS 1 STAGE H/N/HF/G	Y		1/1/2017	Fee Schedule	$244.98
17312	MOHS ADDL STAGE			1/1/2014	No Separate Payment	$0.00
17313	MOHS 1 STAGE T/A/L	Y		1/1/2017	Fee Schedule	$244.98
17314	MOHS ADDL STAGE T/A/L			1/1/2014	No Separate Payment	$0.00
17315	MOHS SURG ADDL BLOCK			1/1/2014	No Separate Payment	$0.00
17340	CRYOTHERAPY OF SKIN			1/1/2015	No Separate Payment	$0.00
17360	SKIN PEEL THERAPY			4/1/2016	No Separate Payment	$0.00
17380	HAIR REMOVAL BY ELECTROLYSIS			3/1/2011	Not Allowed	$0.00
19000	DRAINAGE OF BREAST LESION	Y		1/1/2017	Fee Schedule	$80.75
19001	DRAIN BREAST LESION ADD-ON			1/1/2014	No Separate Payment	$0.00
19020	INCISION OF BREAST LESION	Y		1/1/2017	Fee Schedule	$521.64
19030	INJECTION FOR BREAST X-RAY			1/1/2009	No Separate Payment	$0.00
19081	BX BREAST 1ST LESION STRTCTC	Y	N	1/1/2017	Fee Schedule	$521.64
19082	BX BREAST ADD LESION STRTCTC		N	1/1/2014	No Separate Payment	$0.00
19083	BX BREAST 1ST LESION US IMAG	Y	N	1/1/2017	Fee Schedule	$521.64
19084	BX BREAST ADD LESION US IMAG		N	1/1/2014	No Separate Payment	$0.00
19085	BX BREAST 1ST LESION MR IMAG	Y	N	1/1/2017	Fee Schedule	$521.64
19086	BX BREAST ADD LESION MR IMAG		N	1/1/2014	No Separate Payment	$0.00
19100	BX BREAST PERCUT W/O IMAGE	Y		1/1/2017	Fee Schedule	$521.64
19101	BIOPSY OF BREAST OPEN	Y		1/1/2017	Fee Schedule	$1,007.05
19105	CRYOSURG ABLATE FA EACH	Y		1/1/2017	Fee Schedule	$1,007.05
19110	NIPPLE EXPLORATION	Y		1/1/2017	Fee Schedule	$1,007.05
19112	EXCISE BREAST DUCT FISTULA	Y		1/1/2017	Fee Schedule	$1,007.05
19120	REMOVAL OF BREAST LESION	Y		1/1/2017	Fee Schedule	$1,007.05
19125	EXCISION BREAST LESION	Y		1/1/2017	Fee Schedule	$1,007.05
19126	EXCISION ADDL BREAST LESION			1/1/2014	No Separate Payment	$0.00
19281	PERQ DEVICE BREAST 1ST IMAG		N	1/1/2014	No Separate Payment	$0.00
19282	PERQ DEVICE BREAST EA IMAG		N	1/1/2014	No Separate Payment	$0.00
19283	PERQ DEV BREAST 1ST STRTCTC		N	1/1/2014	No Separate Payment	$0.00
19284	PERQ DEV BREAST ADD STRTCTC		N	1/1/2014	No Separate Payment	$0.00
19285	PERQ DEV BREAST 1ST US IMAG		N	1/1/2014	No Separate Payment	$0.00
19286	PERQ DEV BREAST ADD US IMAG		N	1/1/2014	No Separate Payment	$0.00
19287	PERQ DEV BREAST 1ST MR GUIDE		N	1/1/2014	No Separate Payment	$0.00
19288	PERQ DEV BREAST ADD MR GUIDE		N	1/1/2014	No Separate Payment	$0.00
19296	PLACE PO BREAST CATH FOR RAD	Y		1/1/2017	Fee Schedule	$3,383.31
19297	PLACE BREAST CATH FOR RAD			1/1/2015	No Separate Payment	$0.00
19298	PLACE BREAST RAD TUBE/CATHS	Y		1/1/2017	Fee Schedule	$1,936.51
19300	REMOVAL OF BREAST TISSUE	Y	Y	1/1/2017	Fee Schedule	$1,007.05
19301	PARTIAL MASTECTOMY	Y	Y	1/1/2017	Fee Schedule	$1,007.05
19302	P-MASTECTOMY W/LN REMOVAL	Y	Y	1/1/2017	Fee Schedule	$1,936.51
19303	MAST SIMPLE COMPLETE	Y	Y	1/1/2017	Fee Schedule	$1,936.51
19304	MAST SUBQ	Y	Y	1/1/2017	Fee Schedule	$1,007.05
19316	SUSPENSION OF BREAST	Y	Y	1/1/2017	Fee Schedule	$1,936.51
19318	REDUCTION OF LARGE BREAST	Y	Y	1/1/2017	Fee Schedule	$1,936.51
19324	ENLARGE BREAST	Y	Y	1/1/2017	Fee Schedule	$2,277.45
19325	ENLARGE BREAST WITH IMPLANT	Y	Y	1/1/2017	Fee Schedule	$2,277.45
19328	REMOVAL OF BREAST IMPLANT		Y	1/1/2017	Fee Schedule	$1,007.05
19330	REMOVAL OF IMPLANT MATERIAL		Y	1/1/2017	Fee Schedule	$1,007.05
19340	IMMEDIATE BREAST PROSTHESIS	Y	Y	1/1/2017	Fee Schedule	$1,936.51

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19342	DELAYED BREAST PROSTHESIS	Y	Y	1/1/2017	Fee Schedule	$2,277.45
19350	BREAST RECONSTRUCTION	Y	Y	1/1/2017	Fee Schedule	$1,007.05
19355	CORRECT INVERTED NIPPLE(S)			3/1/2011	Not Allowed	$0.00
19357	BREAST RECONSTRUCTION	Y	Y	1/1/2017	Fee Schedule	$2,862.70
19366	BREAST RECONSTRUCTION	Y	Y	1/1/2017	Fee Schedule	$1,936.51
19370	SURGERY OF BREAST CAPSULE	Y	Y	1/1/2017	Fee Schedule	$1,007.05
19371	REMOVAL OF BREAST CAPSULE	Y	Y	1/1/2017	Fee Schedule	$1,007.05
19380	REVISE BREAST RECONSTRUCTION	Y	Y	1/1/2017	Fee Schedule	$1,936.51
19396	DESIGN CUSTOM BREAST IMPLANT	Y	Y	1/1/2017	Fee Schedule	$1,007.05
20005	I&D ABSCESS SUBFASCIAL	Y		1/1/2017	Fee Schedule	$521.64
20103	EXPLORE WOUND EXTREMITY	Y		1/1/2017	Fee Schedule	$291.49
20150	EXCISE EPIPHYSEAL BAR	Y		1/1/2017	Fee Schedule	$1,219.54
20200	MUSCLE BIOPSY	Y		1/1/2017	Fee Schedule	$521.64
20205	DEEP MUSCLE BIOPSY	Y		1/1/2017	Fee Schedule	$1,032.03
20206	NEEDLE BIOPSY MUSCLE	Y		1/1/2017	Fee Schedule	$521.64
20220	BONE BIOPSY TROCAR/NEEDLE	Y		1/1/2017	Fee Schedule	$521.64
20225	BONE BIOPSY TROCAR/NEEDLE	Y		1/1/2017	Fee Schedule	$521.64
20240	BONE BIOPSY OPEN SUPERFICIAL	Y		1/1/2017	Fee Schedule	$1,032.03
20245	BONE BIOPSY OPEN DEEP	Y		1/1/2017	Fee Schedule	$1,032.03
20250	OPEN BONE BIOPSY	Y		1/1/2017	Fee Schedule	$1,219.54
20251	OPEN BONE BIOPSY	Y		1/1/2017	Fee Schedule	$2,651.09
20500	INJECTION OF SINUS TRACT	Y		1/1/2017	Fee Schedule	$54.91
20501	INJECT SINUS TRACT FOR X-RAY			1/1/2009	No Separate Payment	$0.00
20520	REMOVAL OF FOREIGN BODY	Y		1/1/2017	Fee Schedule	$130.28
20525	REMOVAL OF FOREIGN BODY	Y		1/1/2017	Fee Schedule	$1,032.03
20526	THER INJECTION CARP TUNNEL	Y		1/1/2017	Fee Schedule	$39.48
20527	INJ DUPUYTREN CORD W/ENZYME	Y	N	1/1/2017	Fee Schedule	$43.78
20550	INJ TENDON SHEATH/LIGAMENT	Y		1/1/2017	Fee Schedule	$23.69
20551	INJ TENDON ORIGIN/INSERTION	Y		1/1/2017	Fee Schedule	$31.94
20552	INJ TRIGGER POINT 1/2 MUSCL	Y		1/1/2017	Fee Schedule	$30.15
20553	INJECT TRIGGER POINTS 3/>	Y		1/1/2017	Fee Schedule	$35.17
20555	PLACE NDL MUSC/TIS FOR RT	Y		1/1/2017	Fee Schedule	$1,219.54
20600	DRAIN/INJ JOINT/BURSA W/O US	Y		1/1/2017	Fee Schedule	$22.61
20604	DRAIN/INJ JOINT/BURSA W/US	Y	N	1/1/2017	Fee Schedule	$38.40
20605	DRAIN/INJ JOINT/BURSA W/O US	Y		1/1/2017	Fee Schedule	$24.05
20606	DRAIN/INJ JOINT/BURSA W/US	Y	N	1/1/2017	Fee Schedule	$41.63
20610	DRAIN/INJ JOINT/BURSA W/O US	Y		1/1/2017	Fee Schedule	$29.07
20611	DRAIN/INJ JOINT/BURSA W/US	Y	N	1/1/2017	Fee Schedule	$47.73
20612	ASPIRATE/INJ GANGLION CYST	Y		1/1/2017	Fee Schedule	$33.38
20615	TREATMENT OF BONE CYST	Y		1/1/2017	Fee Schedule	$151.81
20650	INSERT AND REMOVE BONE PIN	Y		1/1/2017	Fee Schedule	$1,219.54
20662	APPLICATION OF PELVIS BRACE	Y		1/1/2017	Fee Schedule	$695.88
20663	APPLICATION OF THIGH BRACE	Y		1/1/2017	Fee Schedule	$1,219.54
20665	REMOVAL OF FIXATION DEVICE			1/1/2017	Fee Schedule	$142.53
20670	REMOVAL OF SUPPORT IMPLANT			1/1/2017	Fee Schedule	$521.64
20680	REMOVAL OF SUPPORT IMPLANT			1/1/2017	Fee Schedule	$1,032.03
20690	APPLY BONE FIXATION DEVICE	Y		1/1/2017	Fee Schedule	$2,651.09
20692	APPLY BONE FIXATION DEVICE	Y		1/1/2017	Fee Schedule	$7,181.90
20693	ADJUST BONE FIXATION DEVICE	Y		1/1/2017	Fee Schedule	$2,651.09
20694	REMOVE BONE FIXATION DEVICE			1/1/2017	Fee Schedule	$695.88
20696	COMP MULTIPLANE EXT FIXATION	Y		1/1/2017	Fee Schedule	$7,803.61
20697	COMP EXT FIXATE STRUT CHANGE	Y		1/1/2017	Fee Schedule	$695.88

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20822	REPLANTATION DIGIT COMPLETE	Y		1/1/2017	Fee Schedule	$1,219.54
20900	REMOVAL OF BONE FOR GRAFT	Y		1/1/2017	Fee Schedule	$2,651.09
20902	REMOVAL OF BONE FOR GRAFT	Y		1/1/2017	Fee Schedule	$2,651.09
20910	REMOVE CARTILAGE FOR GRAFT	Y		1/1/2017	Fee Schedule	$244.98
20912	REMOVE CARTILAGE FOR GRAFT	Y		1/1/2017	Fee Schedule	$1,354.26
20920	REMOVAL OF FASCIA FOR GRAFT	Y		1/1/2017	Fee Schedule	$771.98
20922	REMOVAL OF FASCIA FOR GRAFT	Y		1/1/2017	Fee Schedule	$1,354.26
20924	REMOVAL OF TENDON FOR GRAFT	Y		1/1/2017	Fee Schedule	$2,651.09
20926	REMOVAL OF TISSUE FOR GRAFT	Y		1/1/2017	Fee Schedule	$1,354.26
20930	SP BONE ALGRFT MORSEL ADD-ON		N	1/1/2013	No Separate Payment	$0.00
20931	SP BONE ALGRFT STRUCT ADD-ON		N	1/1/2013	No Separate Payment	$0.00
20936	SP BONE AGRFT LOCAL ADD-ON		N	1/1/2017	No Separate Payment	$0.00
20937	SP BONE AGRFT MORSEL ADD-ON		N	1/1/2017	No Separate Payment	$0.00
20938	SP BONE AGRFT STRUCT ADD-ON		N	1/1/2017	No Separate Payment	$0.00
20950	FLUID PRESSURE MUSCLE	Y		1/1/2017	Fee Schedule	$291.49
20972	BONE/SKIN GRAFT METATARSAL	Y		1/1/2017	Fee Schedule	$2,651.09
20973	BONE/SKIN GRAFT GREAT TOE	Y		1/1/2017	Fee Schedule	$2,651.09
20975	ELECTRICAL BONE STIMULATION			1/1/2009	No Separate Payment	$0.00
20979	US BONE STIMULATION			1/1/2015	No Separate Payment	$0.00
20982	ABLATE BONE TUMOR(S) PERQ	Y		1/1/2017	Fee Schedule	$2,651.09
20983	ABLATE BONE TUMOR(S) PERQ	Y	N	1/1/2017	Fee Schedule	$2,651.09
20985	CPTR-ASST DIR MS PX			1/1/2009	No Separate Payment	$0.00
21010	INCISION OF JAW JOINT	Y		1/1/2017	Fee Schedule	$940.94
21011	EXC FACE LES SC <2 CM	Y	N	1/1/2017	Fee Schedule	$229.33
21012	EXC FACE LES SBQ 2 CM/>	Y	N	1/1/2017	Fee Schedule	$521.64
21013	EXC FACE TUM DEEP < 2 CM	Y	N	1/1/2017	Fee Schedule	$303.26
21014	EXC FACE TUM DEEP 2 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
21015	RESECT FACE/SCALP TUM < 2 CM	Y		1/1/2017	Fee Schedule	$1,032.03
21016	RESECT FACE/SCALP TUM 2 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
21025	EXCISION OF BONE LOWER JAW	Y		1/1/2017	Fee Schedule	$2,039.51
21026	EXCISION OF FACIAL BONE(S)	Y		1/1/2017	Fee Schedule	$2,039.51
21029	CONTOUR OF FACE BONE LESION	Y		1/1/2017	Fee Schedule	$940.94
21030	EXCISE MAX/ZYGOMA B9 TUMOR	Y		1/1/2017	Fee Schedule	$331.25
21031	REMOVE EXOSTOSIS MANDIBLE	Y		1/1/2017	Fee Schedule	$270.60
21032	REMOVE EXOSTOSIS MAXILLA	Y		1/1/2017	Fee Schedule	$273.83
21034	EXCISE MAX/ZYGOMA MAL TUMOR	Y		1/1/2017	Fee Schedule	$2,039.51
21040	EXCISE MANDIBLE LESION	Y		1/1/2017	Fee Schedule	$940.94
21044	REMOVAL OF JAW BONE LESION	Y		1/1/2017	Fee Schedule	$2,039.51
21046	REMOVE MANDIBLE CYST COMPLEX	Y		1/1/2017	Fee Schedule	$2,039.51
21047	EXCISE LWR JAW CYST W/REPAIR	Y		1/1/2017	Fee Schedule	$2,039.51
21048	REMOVE MAXILLA CYST COMPLEX	Y		1/1/2017	Fee Schedule	$2,039.51
21050	REMOVAL OF JAW JOINT	Y		1/1/2017	Fee Schedule	$2,039.51
21060	REMOVE JAW JOINT CARTILAGE	Y		1/1/2017	Fee Schedule	$2,039.51
21070	REMOVE CORONOID PROCESS	Y		1/1/2017	Fee Schedule	$2,039.51
21073	MNPJ OF TMJ W/ANESTH	Y		1/1/2017	Fee Schedule	$265.94
21076	PREPARE FACE/ORAL PROSTHESIS	Y		1/1/2017	Fee Schedule	$469.78
21077	PREPARE FACE/ORAL PROSTHESIS	Y		1/1/2017	Fee Schedule	$1,191.86
21079	PREPARE FACE/ORAL PROSTHESIS	Y		1/1/2017	Fee Schedule	$815.75
21080	PREPARE FACE/ORAL PROSTHESIS	Y		1/1/2017	Fee Schedule	$918.03
21081	PREPARE FACE/ORAL PROSTHESIS	Y		1/1/2017	Fee Schedule	$855.95
21082	PREPARE FACE/ORAL PROSTHESIS	Y		1/1/2017	Fee Schedule	$836.57
21083	PREPARE FACE/ORAL PROSTHESIS	Y		1/1/2017	Fee Schedule	$824.00

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21084	PREPARE FACE/ORAL PROSTHESIS	Y		1/1/2017	Fee Schedule	$928.08
21085	PREPARE FACE/ORAL PROSTHESIS	Y		1/1/2017	Fee Schedule	$239.32
21086	PREPARE FACE/ORAL PROSTHESIS	Y		1/1/2017	Fee Schedule	$887.17
21087	PREPARE FACE/ORAL PROSTHESIS	Y		1/1/2017	Fee Schedule	$878.91
21088	PREPARE FACE/ORAL PROSTHESIS	Y		1/1/2017	Fee Schedule	$940.94
21100	MAXILLOFACIAL FIXATION	Y		1/1/2017	Fee Schedule	$2,039.51
21110	INTERDENTAL FIXATION			1/1/2017	Fee Schedule	$561.53
21116	INJECTION JAW JOINT X-RAY			1/1/2009	No Separate Payment	$0.00
21120	RECONSTRUCTION OF CHIN	Y	Y	1/1/2017	Fee Schedule	$2,815.69
21121	RECONSTRUCTION OF CHIN	Y	Y	1/1/2017	Fee Schedule	$940.94
21122	RECONSTRUCTION OF CHIN	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21123	RECONSTRUCTION OF CHIN	Y	Y	1/1/2017	Fee Schedule	$940.94
21125	AUGMENTATION LOWER JAW BONE	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21127	AUGMENTATION LOWER JAW BONE	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21137	REDUCTION OF FOREHEAD	Y	Y	1/1/2017	Fee Schedule	$940.94
21138	REDUCTION OF FOREHEAD	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21139	REDUCTION OF FOREHEAD	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21150	LEFORT II ANTERIOR INTRUSION	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21181	CONTOUR CRANIAL BONE LESION	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21198	RECONSTR LWR JAW SEGMENT	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21199	RECONSTR LWR JAW W/ADVANCE	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21206	RECONSTRUCT UPPER JAW BONE	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21208	AUGMENTATION OF FACIAL BONES	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21209	REDUCTION OF FACIAL BONES	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21210	FACE BONE GRAFT	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21215	LOWER JAW BONE GRAFT	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21230	RIB CARTILAGE GRAFT	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21235	EAR CARTILAGE GRAFT	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21240	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21242	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21243	RECONSTRUCTION OF JAW JOINT	Y	Y	1/1/2017	Fee Schedule	$11,329.64
21244	RECONSTRUCTION OF LOWER JAW	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21245	RECONSTRUCTION OF JAW	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21246	RECONSTRUCTION OF JAW	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21248	RECONSTRUCTION OF JAW	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21249	RECONSTRUCTION OF JAW	Y	Y	1/1/2017	Fee Schedule	$2,039.51
21260	REVISE EYE SOCKETS	Y		1/1/2017	Fee Schedule	$2,039.51
21267	REVISE EYE SOCKETS	Y		1/1/2017	Fee Schedule	$2,039.51
21270	AUGMENTATION CHEEK BONE	Y		1/1/2017	Fee Schedule	$2,039.51
21275	REVISION ORBITOFACIAL BONES	Y		1/1/2017	Fee Schedule	$2,171.18
21280	REVISION OF EYELID	Y		1/1/2017	Fee Schedule	$940.94
21282	REVISION OF EYELID	Y		1/1/2017	Fee Schedule	$940.94
21295	REVISION OF JAW MUSCLE/BONE	Y		1/1/2017	Fee Schedule	$561.53
21296	REVISION OF JAW MUSCLE/BONE	Y		1/1/2017	Fee Schedule	$940.94
21310	CLOSED TX NOSE FX W/O MANJ	Y		1/1/2017	Fee Schedule	$108.05
21315	CLOSED TX NOSE FX W/O STABLJ	Y		1/1/2017	Fee Schedule	$561.53
21320	CLOSED TX NOSE FX W/ STABLJ	Y		1/1/2017	Fee Schedule	$940.94
21325	OPEN TX NOSE FX UNCOMPLICATD	Y		1/1/2017	Fee Schedule	$940.94
21330	OPEN TX NOSE FX W/SKELE FIXJ	Y		1/1/2017	Fee Schedule	$2,039.51
21335	OPEN TX NOSE & SEPTAL FX	Y		1/1/2017	Fee Schedule	$940.94
21336	OPEN TX SEPTAL FX W/WO STABJ	Y		1/1/2017	Fee Schedule	$1,219.54
21337	CLOSED TX SEPTAL&NOSE FX	Y		1/1/2017	Fee Schedule	$940.94

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21338	OPEN NASOETHMOID FX W/O FIXJ	Y		1/1/2017	Fee Schedule	$2,039.51
21339	OPEN NASOETHMOID FX W/ FIXJ	Y		1/1/2017	Fee Schedule	$2,039.51
21340	PERQ TX NASOETHMOID FX	Y		1/1/2017	Fee Schedule	$940.94
21345	CLOSED TX NOSE/JAW FX	Y		1/1/2017	Fee Schedule	$561.53
21355	PERQ TX MALAR FRACTURE	Y		1/1/2017	Fee Schedule	$940.94
21356	OPN TX DPRSD ZYGOMATIC ARCH	Y		1/1/2017	Fee Schedule	$2,039.51
21360	OPN TX DPRSD MALAR FRACTURE	Y		1/1/2017	Fee Schedule	$2,039.51
21390	OPN TX ORBIT PERIORBTL IMPLT	Y		1/1/2017	Fee Schedule	$2,039.51
21400	CLOSED TX ORBIT W/O MANIPULJ	Y		1/1/2017	Fee Schedule	$239.32
21401	CLOSED TX ORBIT W/MANIPULJ	Y		1/1/2017	Fee Schedule	$561.53
21406	OPN TX ORBIT FX W/O IMPLANT	Y		1/1/2017	Fee Schedule	$2,039.51
21407	OPN TX ORBIT FX W/IMPLANT	Y		1/1/2017	Fee Schedule	$2,039.51
21421	TREAT MOUTH ROOF FRACTURE	Y		1/1/2017	Fee Schedule	$940.94
21440	TREAT DENTAL RIDGE FRACTURE	Y		1/1/2017	Fee Schedule	$452.56
21445	TREAT DENTAL RIDGE FRACTURE	Y		1/1/2017	Fee Schedule	$2,039.51
21450	TREAT LOWER JAW FRACTURE	Y		1/1/2017	Fee Schedule	$239.32
21451	TREAT LOWER JAW FRACTURE	Y		1/1/2017	Fee Schedule	$561.53
21452	TREAT LOWER JAW FRACTURE	Y		1/1/2017	Fee Schedule	$2,039.51
21453	TREAT LOWER JAW FRACTURE	Y		1/1/2017	Fee Schedule	$2,039.51
21454	TREAT LOWER JAW FRACTURE	Y		1/1/2017	Fee Schedule	$2,039.51
21461	TREAT LOWER JAW FRACTURE	Y		1/1/2017	Fee Schedule	$2,039.51
21462	TREAT LOWER JAW FRACTURE	Y		1/1/2017	Fee Schedule	$2,039.51
21465	TREAT LOWER JAW FRACTURE	Y		1/1/2017	Fee Schedule	$2,039.51
21480	RESET DISLOCATED JAW	Y		1/1/2017	Fee Schedule	$108.05
21485	RESET DISLOCATED JAW	Y		1/1/2017	Fee Schedule	$561.53
21490	REPAIR DISLOCATED JAW	Y		1/1/2017	Fee Schedule	$940.94
21497	INTERDENTAL WIRING	Y		1/1/2017	Fee Schedule	$561.53
21501	DRAIN NECK/CHEST LESION	Y		1/1/2017	Fee Schedule	$1,032.03
21502	DRAIN CHEST LESION	Y		1/1/2017	Fee Schedule	$1,219.54
21550	BIOPSY OF NECK/CHEST	Y		1/1/2017	Fee Schedule	$521.64
21552	EXC NECK LES SC 3 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
21554	EXC NECK TUM DEEP 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
21555	EXC NECK LES SC < 3 CM	Y		1/1/2017	Fee Schedule	$521.64
21556	EXC NECK TUM DEEP < 5 CM	Y		1/1/2017	Fee Schedule	$1,032.03
21557	RESECT NECK THORAX TUMOR<5CM	Y		1/1/2017	Fee Schedule	$1,032.03
21558	RESECT NECK TUMOR 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
21600	PARTIAL REMOVAL OF RIB	Y		1/1/2017	Fee Schedule	$2,651.09
21610	PARTIAL REMOVAL OF RIB	Y		1/1/2017	Fee Schedule	$1,219.54
21685	HYOID MYOTOMY & SUSPENSION	Y		1/1/2017	Fee Schedule	$2,039.51
21700	REVISION OF NECK MUSCLE	Y		1/1/2017	Fee Schedule	$1,219.54
21720	REVISION OF NECK MUSCLE	Y		1/1/2017	Fee Schedule	$1,219.54
21725	REVISION OF NECK MUSCLE	Y		1/1/2017	Fee Schedule	$291.49
21820	TREAT STERNUM FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
21920	BIOPSY SOFT TISSUE OF BACK	Y		1/1/2017	Fee Schedule	$176.21
21925	BIOPSY SOFT TISSUE OF BACK	Y		1/1/2017	Fee Schedule	$521.64
21930	EXC BACK LES SC < 3 CM	Y		1/1/2017	Fee Schedule	$521.64
21931	EXC BACK LES SC 3 CM/>	Y	N	1/1/2017	Fee Schedule	$521.64
21932	EXC BACK TUM DEEP < 5 CM	Y	N	1/1/2017	Fee Schedule	$1,032.03
21933	EXC BACK TUM DEEP 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
21935	RESECT BACK TUM < 5 CM	Y		1/1/2017	Fee Schedule	$1,032.03
21936	RESECT BACK TUM 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
22102	REMOVE PART LUMBAR VERTEBRA	Y		1/1/2017	Fee Schedule	$2,651.09

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
22103	REMOVE EXTRA SPINE SEGMENT			1/1/2014	No Separate Payment	$0.00
22310	CLOSED TX VERT FX W/O MANJ	Y		1/1/2017	Fee Schedule	$108.05
22315	CLOSED TX VERT FX W/MANJ	Y		1/1/2017	Fee Schedule	$695.88
22505	MANIPULATION OF SPINE	Y		1/1/2017	Fee Schedule	$695.88
22510	PERQ CERVICOTHORACIC INJECT	Y	N	1/1/2017	Fee Schedule	$1,219.54
22511	PERQ LUMBOSACRAL INJECTION	Y	N	1/1/2017	Fee Schedule	$1,219.54
22512	VERTEBROPLASTY ADDL INJECT		N	1/1/2015	No Separate Payment	$0.00
22513	PERQ VERTEBRAL AUGMENTATION	Y	N	1/1/2017	Fee Schedule	$2,651.09
22514	PERQ VERTEBRAL AUGMENTATION	Y	N	1/1/2017	Fee Schedule	$2,651.09
22515	PERQ VERTEBRAL AUGMENTATION		N	1/1/2015	No Separate Payment	$0.00
22526	IDET SINGLE LEVEL			1/1/2012	Not Allowed	$0.00
22527	IDET 1 OR MORE LEVELS			1/1/2012	Not Allowed	$0.00
22551	NECK SPINE FUSE&REMOV BEL C2	Y	N	1/1/2017	Fee Schedule	$7,008.82
22552	ADDL NECK SPINE FUSION		N	1/1/2017	No Separate Payment	$0.00
22554	NECK SPINE FUSION	Y	N	1/1/2017	Fee Schedule	$6,940.69
22585	ADDITIONAL SPINAL FUSION		N	1/1/2017	No Separate Payment	$0.00
22612	LUMBAR SPINE FUSION	Y	N	1/1/2017	Fee Schedule	$4,981.42
22614	SPINE FUSION EXTRA SEGMENT		N	1/1/2015	No Separate Payment	$0.00
22840	INSERT SPINE FIXATION DEVICE		N	1/1/2017	No Separate Payment	$0.00
22842	INSERT SPINE FIXATION DEVICE		N	1/1/2017	No Separate Payment	$0.00
22845	INSERT SPINE FIXATION DEVICE		N	1/1/2017	No Separate Payment	$0.00
22853	INSJ BIOMECHANICAL DEVICE		N	1/1/2017	No Separate Payment	$0.00
22854	INSJ BIOMECHANICAL DEVICE		N	1/1/2017	No Separate Payment	$0.00
22859	INSJ BIOMECHANICAL DEVICE		N	1/1/2017	No Separate Payment	$0.00
22867	INSJ STABLJ DEV W/DCMPRN	Y	N	1/1/2017	Fee Schedule	$10,521.55
22868	INSJ STABLJ DEV W/DCMPRN		N	1/1/2017	No Separate Payment	$0.00
22869	INSJ STABLJ DEV W/O DCMPRN	Y	N	1/1/2017	Fee Schedule	$10,521.55
22870	INSJ STABLJ DEV W/O DCMPRN		N	1/1/2017	No Separate Payment	$0.00
22900	EXC ABDL TUM DEEP < 5 CM	Y		1/1/2017	Fee Schedule	$1,032.03
22901	EXC ABDL TUM DEEP 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
22902	EXC ABD LES SC < 3 CM	Y	N	1/1/2017	Fee Schedule	$521.64
22903	EXC ABD LES SC 3 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
22904	RADICAL RESECT ABD TUMOR<5CM	Y	N	1/1/2017	Fee Schedule	$1,032.03
22905	RAD RESECT ABD TUMOR 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
23000	REMOVAL OF CALCIUM DEPOSITS	Y		1/1/2017	Fee Schedule	$1,032.03
23020	RELEASE SHOULDER JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
23030	DRAIN SHOULDER LESION	Y		1/1/2017	Fee Schedule	$1,032.03
23031	DRAIN SHOULDER BURSA	Y		1/1/2017	Fee Schedule	$521.64
23035	DRAIN SHOULDER BONE LESION	Y		1/1/2017	Fee Schedule	$695.88
23040	EXPLORATORY SHOULDER SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
23044	EXPLORATORY SHOULDER SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
23065	BIOPSY SHOULDER TISSUES	Y		1/1/2017	Fee Schedule	$127.40
23066	BIOPSY SHOULDER TISSUES	Y		1/1/2017	Fee Schedule	$1,032.03
23071	EXC SHOULDER LES SC 3 CM/>	Y	N	1/1/2017	Fee Schedule	$521.64
23073	EXC SHOULDER TUM DEEP 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
23075	EXC SHOULDER LES SC < 3 CM	Y		1/1/2017	Fee Schedule	$521.64
23076	EXC SHOULDER TUM DEEP < 5 CM	Y		1/1/2017	Fee Schedule	$1,032.03
23077	RESECT SHOULDER TUMOR < 5 CM	Y		1/1/2017	Fee Schedule	$1,032.03
23078	RESECT SHOULDER TUMOR 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
23100	BIOPSY OF SHOULDER JOINT	Y		1/1/2017	Fee Schedule	$695.88
23101	SHOULDER JOINT SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
23105	REMOVE SHOULDER JOINT LINING	Y		1/1/2017	Fee Schedule	$2,651.09

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
23106	INCISION OF COLLARBONE JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
23107	EXPLORE TREAT SHOULDER JOINT	Y		1/1/2017	Fee Schedule	$2,651.09
23120	PARTIAL REMOVAL COLLAR BONE	Y		1/1/2017	Fee Schedule	$1,219.54
23125	REMOVAL OF COLLAR BONE	Y		1/1/2017	Fee Schedule	$1,219.54
23130	REMOVE SHOULDER BONE PART	Y		1/1/2017	Fee Schedule	$1,219.54
23140	REMOVAL OF BONE LESION	Y		1/1/2017	Fee Schedule	$1,219.54
23145	REMOVAL OF BONE LESION	Y		1/1/2017	Fee Schedule	$1,219.54
23146	REMOVAL OF BONE LESION	Y		1/1/2017	Fee Schedule	$2,651.09
23150	REMOVAL OF HUMERUS LESION	Y		1/1/2017	Fee Schedule	$1,219.54
23155	REMOVAL OF HUMERUS LESION	Y		1/1/2017	Fee Schedule	$2,651.09
23156	REMOVAL OF HUMERUS LESION	Y		1/1/2017	Fee Schedule	$2,651.09
23170	REMOVE COLLAR BONE LESION	Y		1/1/2017	Fee Schedule	$695.88
23172	REMOVE SHOULDER BLADE LESION	Y		1/1/2017	Fee Schedule	$1,219.54
23174	REMOVE HUMERUS LESION	Y		1/1/2017	Fee Schedule	$1,219.54
23180	REMOVE COLLAR BONE LESION	Y		1/1/2017	Fee Schedule	$1,219.54
23182	REMOVE SHOULDER BLADE LESION	Y		1/1/2017	Fee Schedule	$1,219.54
23184	REMOVE HUMERUS LESION	Y		1/1/2017	Fee Schedule	$2,651.09
23190	PARTIAL REMOVAL OF SCAPULA	Y		1/1/2017	Fee Schedule	$1,219.54
23195	REMOVAL OF HEAD OF HUMERUS	Y		1/1/2017	Fee Schedule	$2,651.09
23330	REMOVE SHOULDER FOREIGN BODY	Y		1/1/2017	Fee Schedule	$291.49
23333	REMOVE SHOULDER FB DEEP	Y	N	1/1/2017	Fee Schedule	$521.64
23334	SHOULDER PROSTHESIS REMOVAL	Y	N	1/1/2017	Fee Schedule	$1,032.03
23350	INJECTION FOR SHOULDER X-RAY			1/1/2009	No Separate Payment	$0.00
23395	MUSCLE TRANSFER SHOULDER/ARM	Y		1/1/2017	Fee Schedule	$2,651.09
23397	MUSCLE TRANSFERS	Y		1/1/2017	Fee Schedule	$2,651.09
23400	FIXATION OF SHOULDER BLADE	Y		1/1/2017	Fee Schedule	$2,651.09
23405	INCISION OF TENDON & MUSCLE	Y		1/1/2017	Fee Schedule	$2,651.09
23406	INCISE TENDON(S) & MUSCLE(S)	Y		1/1/2017	Fee Schedule	$1,911.58
23410	REPAIR ROTATOR CUFF ACUTE	Y		1/1/2017	Fee Schedule	$2,651.09
23412	REPAIR ROTATOR CUFF CHRONIC	Y		1/1/2017	Fee Schedule	$2,651.09
23415	RELEASE OF SHOULDER LIGAMENT	Y		1/1/2017	Fee Schedule	$2,651.09
23420	REPAIR OF SHOULDER	Y		1/1/2017	Fee Schedule	$2,651.09
23430	REPAIR BICEPS TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
23440	REMOVE/TRANSPLANT TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
23450	REPAIR SHOULDER CAPSULE	Y		1/1/2017	Fee Schedule	$2,651.09
23455	REPAIR SHOULDER CAPSULE	Y		1/1/2017	Fee Schedule	$2,651.09
23460	REPAIR SHOULDER CAPSULE	Y		1/1/2017	Fee Schedule	$2,651.09
23462	REPAIR SHOULDER CAPSULE	Y		1/1/2017	Fee Schedule	$2,651.09
23465	REPAIR SHOULDER CAPSULE	Y		1/1/2017	Fee Schedule	$2,651.09
23466	REPAIR SHOULDER CAPSULE	Y		1/1/2017	Fee Schedule	$2,651.09
23480	REVISION OF COLLAR BONE	Y		1/1/2017	Fee Schedule	$2,651.09
23485	REVISION OF COLLAR BONE	Y		1/1/2017	Fee Schedule	$6,829.40
23490	REINFORCE CLAVICLE	Y		1/1/2017	Fee Schedule	$2,651.09
23491	REINFORCE SHOULDER BONES	Y		1/1/2017	Fee Schedule	$4,981.42
23500	TREAT CLAVICLE FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
23505	TREAT CLAVICLE FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
23515	TREAT CLAVICLE FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
23520	TREAT CLAVICLE DISLOCATION	Y		1/1/2017	Fee Schedule	$695.88
23525	TREAT CLAVICLE DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
23530	TREAT CLAVICLE DISLOCATION	Y		1/1/2017	Fee Schedule	$2,651.09
23532	TREAT CLAVICLE DISLOCATION	Y		1/1/2017	Fee Schedule	$2,651.09
23540	TREAT CLAVICLE DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05

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23545	TREAT CLAVICLE DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
23550	TREAT CLAVICLE DISLOCATION	Y		1/1/2017	Fee Schedule	$2,651.09
23552	TREAT CLAVICLE DISLOCATION	Y		1/1/2017	Fee Schedule	$2,651.09
23570	TREAT SHOULDER BLADE FX	Y		1/1/2017	Fee Schedule	$108.05
23575	TREAT SHOULDER BLADE FX	Y		1/1/2017	Fee Schedule	$695.88
23585	TREAT SCAPULA FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
23600	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
23605	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
23615	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$6,834.48
23616	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$11,357.49
23620	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
23625	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
23630	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
23650	TREAT SHOULDER DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
23655	TREAT SHOULDER DISLOCATION	Y		1/1/2017	Fee Schedule	$695.88
23660	TREAT SHOULDER DISLOCATION	Y		1/1/2017	Fee Schedule	$2,651.09
23665	TREAT DISLOCATION/FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
23670	TREAT DISLOCATION/FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
23675	TREAT DISLOCATION/FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
23680	TREAT DISLOCATION/FRACTURE	Y		1/1/2017	Fee Schedule	$4,981.42
23700	FIXATION OF SHOULDER	Y		1/1/2017	Fee Schedule	$695.88
23800	FUSION OF SHOULDER JOINT	Y		1/1/2017	Fee Schedule	$2,651.09
23802	FUSION OF SHOULDER JOINT	Y		1/1/2017	Fee Schedule	$4,981.42
23921	AMPUTATION FOLLOW-UP SURGERY	Y		1/1/2017	Fee Schedule	$771.98
23930	DRAINAGE OF ARM LESION	Y		1/1/2017	Fee Schedule	$521.64
23931	DRAINAGE OF ARM BURSA	Y		1/1/2017	Fee Schedule	$521.64
23935	DRAIN ARM/ELBOW BONE LESION	Y		1/1/2017	Fee Schedule	$1,219.54
24000	EXPLORATORY ELBOW SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
24006	RELEASE ELBOW JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
24065	BIOPSY ARM/ELBOW SOFT TISSUE	Y		1/1/2017	Fee Schedule	$173.70
24066	BIOPSY ARM/ELBOW SOFT TISSUE	Y		1/1/2017	Fee Schedule	$1,032.03
24071	EXC ARM/ELBOW LES SC 3 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
24073	EX ARM/ELBOW TUM DEEP 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
24075	EXC ARM/ELBOW LES SC < 3 CM	Y		1/1/2017	Fee Schedule	$521.64
24076	EX ARM/ELBOW TUM DEEP < 5 CM	Y		1/1/2017	Fee Schedule	$1,032.03
24077	RESECT ARM/ELBOW TUM < 5 CM	Y		1/1/2017	Fee Schedule	$1,032.03
24079	RESECT ARM/ELBOW TUM 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
24100	BIOPSY ELBOW JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
24101	EXPLORE/TREAT ELBOW JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
24102	REMOVE ELBOW JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
24105	REMOVAL OF ELBOW BURSA	Y		1/1/2017	Fee Schedule	$1,219.54
24110	REMOVE HUMERUS LESION	Y		1/1/2017	Fee Schedule	$1,219.54
24115	REMOVE/GRAFT BONE LESION	Y		1/1/2017	Fee Schedule	$2,651.09
24116	REMOVE/GRAFT BONE LESION	Y		1/1/2017	Fee Schedule	$2,651.09
24120	REMOVE ELBOW LESION	Y		1/1/2017	Fee Schedule	$1,219.54
24125	REMOVE/GRAFT BONE LESION	Y		1/1/2017	Fee Schedule	$1,219.54
24126	REMOVE/GRAFT BONE LESION	Y		1/1/2017	Fee Schedule	$2,651.09
24130	REMOVAL OF HEAD OF RADIUS	Y		1/1/2017	Fee Schedule	$1,219.54
24134	REMOVAL OF ARM BONE LESION	Y		1/1/2017	Fee Schedule	$2,651.09
24136	REMOVE RADIUS BONE LESION	Y		1/1/2017	Fee Schedule	$1,219.54
24138	REMOVE ELBOW BONE LESION	Y		1/1/2017	Fee Schedule	$2,651.09
24140	PARTIAL REMOVAL OF ARM BONE	Y		1/1/2017	Fee Schedule	$1,219.54

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24145	PARTIAL REMOVAL OF RADIUS	Y		1/1/2017	Fee Schedule	$2,651.09
24147	PARTIAL REMOVAL OF ELBOW	Y		1/1/2017	Fee Schedule	$1,219.54
24149	RADICAL RESECTION OF ELBOW	Y		1/1/2017	Fee Schedule	$2,651.09
24152	RESECT RADIUS TUMOR	Y		1/1/2017	Fee Schedule	$2,651.09
24155	REMOVAL OF ELBOW JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
24160	REMOVE ELBOW JOINT IMPLANT			1/1/2017	Fee Schedule	$1,219.54
24164	REMOVE RADIUS HEAD IMPLANT			1/1/2017	Fee Schedule	$1,219.54
24200	REMOVAL OF ARM FOREIGN BODY	Y		1/1/2017	Fee Schedule	$136.02
24201	REMOVAL OF ARM FOREIGN BODY	Y		1/1/2017	Fee Schedule	$1,032.03
24220	INJECTION FOR ELBOW X-RAY			1/1/2009	No Separate Payment	$0.00
24300	MANIPULATE ELBOW W/ANESTH	Y		1/1/2017	Fee Schedule	$695.88
24301	MUSCLE/TENDON TRANSFER	Y		1/1/2017	Fee Schedule	$2,651.09
24305	ARM TENDON LENGTHENING	Y		1/1/2017	Fee Schedule	$1,219.54
24310	REVISION OF ARM TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
24320	REPAIR OF ARM TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
24330	REVISION OF ARM MUSCLES	Y		1/1/2017	Fee Schedule	$1,219.54
24331	REVISION OF ARM MUSCLES	Y		1/1/2017	Fee Schedule	$2,651.09
24332	TENOLYSIS TRICEPS	Y		1/1/2017	Fee Schedule	$1,219.54
24340	REPAIR OF BICEPS TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
24341	REPAIR ARM TENDON/MUSCLE	Y		1/1/2017	Fee Schedule	$2,651.09
24342	REPAIR OF RUPTURED TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
24343	REPR ELBOW LAT LIGMNT W/TISS	Y		1/1/2017	Fee Schedule	$1,219.54
24344	RECONSTRUCT ELBOW LAT LIGMNT	Y		1/1/2017	Fee Schedule	$2,651.09
24345	REPR ELBW MED LIGMNT W/TISSU	Y		1/1/2017	Fee Schedule	$2,651.09
24346	RECONSTRUCT ELBOW MED LIGMNT	Y		1/1/2017	Fee Schedule	$4,981.42
24357	REPAIR ELBOW PERC	Y		1/1/2017	Fee Schedule	$1,219.54
24358	REPAIR ELBOW W/DEB OPEN	Y		1/1/2017	Fee Schedule	$1,219.54
24359	REPAIR ELBOW DEB/ATTCH OPEN	Y		1/1/2017	Fee Schedule	$1,219.54
24360	RECONSTRUCT ELBOW JOINT	Y		1/1/2017	Fee Schedule	$2,651.09
24361	RECONSTRUCT ELBOW JOINT	Y		1/1/2017	Fee Schedule	$12,514.27
24362	RECONSTRUCT ELBOW JOINT	Y		1/1/2017	Fee Schedule	$7,138.73
24363	REPLACE ELBOW JOINT	Y		1/1/2017	Fee Schedule	$12,122.48
24365	RECONSTRUCT HEAD OF RADIUS	Y		1/1/2017	Fee Schedule	$7,273.73
24366	RECONSTRUCT HEAD OF RADIUS	Y		1/1/2017	Fee Schedule	$7,464.57
24370	REVISE RECONST ELBOW JOINT	Y	N	1/1/2017	Fee Schedule	$6,887.37
24371	REVISE RECONST ELBOW JOINT	Y	N	1/1/2017	Fee Schedule	$11,683.64
24400	REVISION OF HUMERUS	Y		1/1/2017	Fee Schedule	$2,651.09
24410	REVISION OF HUMERUS	Y		1/1/2017	Fee Schedule	$4,981.42
24420	REVISION OF HUMERUS	Y		1/1/2017	Fee Schedule	$2,651.09
24430	REPAIR OF HUMERUS	Y		1/1/2017	Fee Schedule	$6,849.29
24435	REPAIR HUMERUS WITH GRAFT	Y		1/1/2017	Fee Schedule	$6,814.58
24470	REVISION OF ELBOW JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
24495	DECOMPRESSION OF FOREARM	Y		1/1/2017	Fee Schedule	$2,651.09
24498	REINFORCE HUMERUS	Y		1/1/2017	Fee Schedule	$4,981.42
24500	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
24505	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
24515	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$4,981.42
24516	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$4,981.42
24530	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
24535	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
24538	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
24545	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$6,991.05

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24546	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$10,893.45
24560	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
24565	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
24566	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
24575	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$4,981.42
24576	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
24577	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
24579	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$4,981.42
24582	TREAT HUMERUS FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
24586	TREAT ELBOW FRACTURE	Y		1/1/2017	Fee Schedule	$4,981.42
24587	TREAT ELBOW FRACTURE	Y		1/1/2017	Fee Schedule	$7,159.04
24600	TREAT ELBOW DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
24605	TREAT ELBOW DISLOCATION	Y		1/1/2017	Fee Schedule	$695.88
24615	TREAT ELBOW DISLOCATION	Y		1/1/2017	Fee Schedule	$2,651.09
24620	TREAT ELBOW FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
24635	TREAT ELBOW FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
24640	TREAT ELBOW DISLOCATION	Y		1/1/2017	Fee Schedule	$68.91
24650	TREAT RADIUS FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
24655	TREAT RADIUS FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
24665	TREAT RADIUS FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
24666	TREAT RADIUS FRACTURE	Y		1/1/2017	Fee Schedule	$7,378.25
24670	TREAT ULNAR FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
24675	TREAT ULNAR FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
24685	TREAT ULNAR FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
24800	FUSION OF ELBOW JOINT	Y		1/1/2017	Fee Schedule	$2,651.09
24802	FUSION/GRAFT OF ELBOW JOINT	Y		1/1/2017	Fee Schedule	$4,981.42
24925	AMPUTATION FOLLOW-UP SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
25000	INCISION OF TENDON SHEATH	Y		1/1/2017	Fee Schedule	$695.88
25001	INCISE FLEXOR CARPI RADIALIS	Y		1/1/2017	Fee Schedule	$695.88
25020	DECOMPRESS FOREARM 1 SPACE	Y		1/1/2017	Fee Schedule	$695.88
25023	DECOMPRESS FOREARM 1 SPACE	Y		1/1/2017	Fee Schedule	$1,219.54
25024	DECOMPRESS FOREARM 2 SPACES	Y		1/1/2017	Fee Schedule	$1,219.54
25025	DECOMPRESS FOREARM 2 SPACES	Y		1/1/2017	Fee Schedule	$1,219.54
25028	DRAINAGE OF FOREARM LESION	Y		1/1/2017	Fee Schedule	$1,219.54
25031	DRAINAGE OF FOREARM BURSA	Y		1/1/2017	Fee Schedule	$695.88
25035	TREAT FOREARM BONE LESION	Y		1/1/2017	Fee Schedule	$2,651.09
25040	EXPLORE/TREAT WRIST JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
25065	BIOPSY FOREARM SOFT TISSUES	Y		1/1/2017	Fee Schedule	$174.78
25066	BIOPSY FOREARM SOFT TISSUES	Y		1/1/2017	Fee Schedule	$1,032.03
25071	EXC FOREARM LES SC 3 CM/>	Y	N	1/1/2017	Fee Schedule	$521.64
25073	EXC FOREARM TUM DEEP 3 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
25075	EXC FOREARM LES SC < 3 CM	Y		1/1/2017	Fee Schedule	$521.64
25076	EXC FOREARM TUM DEEP < 3 CM	Y		1/1/2017	Fee Schedule	$521.64
25077	RESECT FOREARM/WRIST TUM<3CM	Y		1/1/2017	Fee Schedule	$521.64
25078	RESECT FORARM/WRIST TUM 3CM>	Y	N	1/1/2017	Fee Schedule	$1,032.03
25085	INCISION OF WRIST CAPSULE	Y		1/1/2017	Fee Schedule	$1,219.54
25100	BIOPSY OF WRIST JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
25101	EXPLORE/TREAT WRIST JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
25105	REMOVE WRIST JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
25107	REMOVE WRIST JOINT CARTILAGE	Y		1/1/2017	Fee Schedule	$1,219.54
25109	EXCISE TENDON FOREARM/WRIST	Y		1/1/2017	Fee Schedule	$1,219.54
25110	REMOVE WRIST TENDON LESION	Y		1/1/2017	Fee Schedule	$695.88

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25111	REMOVE WRIST TENDON LESION	Y		1/1/2017	Fee Schedule	$695.88
25112	REREMOVE WRIST TENDON LESION	Y		1/1/2017	Fee Schedule	$1,219.54
25115	REMOVE WRIST/FOREARM LESION	Y		1/1/2017	Fee Schedule	$695.88
25116	REMOVE WRIST/FOREARM LESION	Y		1/1/2017	Fee Schedule	$1,219.54
25118	EXCISE WRIST TENDON SHEATH	Y		1/1/2017	Fee Schedule	$1,219.54
25119	PARTIAL REMOVAL OF ULNA	Y		1/1/2017	Fee Schedule	$1,219.54
25120	REMOVAL OF FOREARM LESION	Y		1/1/2017	Fee Schedule	$1,219.54
25125	REMOVE/GRAFT FOREARM LESION	Y		1/1/2017	Fee Schedule	$1,219.54
25126	REMOVE/GRAFT FOREARM LESION	Y		1/1/2017	Fee Schedule	$1,219.54
25130	REMOVAL OF WRIST LESION	Y		1/1/2017	Fee Schedule	$1,219.54
25135	REMOVE & GRAFT WRIST LESION	Y		1/1/2017	Fee Schedule	$1,219.54
25136	REMOVE & GRAFT WRIST LESION	Y		1/1/2017	Fee Schedule	$2,651.09
25145	REMOVE FOREARM BONE LESION	Y		1/1/2017	Fee Schedule	$1,219.54
25150	PARTIAL REMOVAL OF ULNA	Y		1/1/2017	Fee Schedule	$1,219.54
25151	PARTIAL REMOVAL OF RADIUS	Y		1/1/2017	Fee Schedule	$1,219.54
25210	REMOVAL OF WRIST BONE	Y		1/1/2017	Fee Schedule	$1,219.54
25215	REMOVAL OF WRIST BONES	Y		1/1/2017	Fee Schedule	$1,219.54
25230	PARTIAL REMOVAL OF RADIUS	Y		1/1/2017	Fee Schedule	$1,219.54
25240	PARTIAL REMOVAL OF ULNA	Y		1/1/2017	Fee Schedule	$1,219.54
25246	INJECTION FOR WRIST X-RAY			1/1/2009	No Separate Payment	$0.00
25248	REMOVE FOREARM FOREIGN BODY	Y		1/1/2017	Fee Schedule	$1,219.54
25250	REMOVAL OF WRIST PROSTHESIS			1/1/2017	Fee Schedule	$695.88
25251	REMOVAL OF WRIST PROSTHESIS			1/1/2017	Fee Schedule	$1,219.54
25259	MANIPULATE WRIST W/ANESTHES	Y		1/1/2017	Fee Schedule	$695.88
25260	REPAIR FOREARM TENDON/MUSCLE	Y		1/1/2017	Fee Schedule	$1,219.54
25263	REPAIR FOREARM TENDON/MUSCLE	Y		1/1/2017	Fee Schedule	$1,219.54
25265	REPAIR FOREARM TENDON/MUSCLE	Y		1/1/2017	Fee Schedule	$1,219.54
25270	REPAIR FOREARM TENDON/MUSCLE	Y		1/1/2017	Fee Schedule	$1,219.54
25272	REPAIR FOREARM TENDON/MUSCLE	Y		1/1/2017	Fee Schedule	$1,219.54
25274	REPAIR FOREARM TENDON/MUSCLE	Y		1/1/2017	Fee Schedule	$1,219.54
25275	REPAIR FOREARM TENDON SHEATH	Y		1/1/2017	Fee Schedule	$1,219.54
25280	REVISE WRIST/FOREARM TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
25290	INCISE WRIST/FOREARM TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
25295	RELEASE WRIST/FOREARM TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
25300	FUSION OF TENDONS AT WRIST	Y		1/1/2017	Fee Schedule	$1,219.54
25301	FUSION OF TENDONS AT WRIST	Y		1/1/2017	Fee Schedule	$1,219.54
25310	TRANSPLANT FOREARM TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
25312	TRANSPLANT FOREARM TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
25315	REVISE PALSY HAND TENDON(S)	Y		1/1/2017	Fee Schedule	$2,651.09
25316	REVISE PALSY HAND TENDON(S)	Y		1/1/2017	Fee Schedule	$2,651.09
25320	REPAIR/REVISE WRIST JOINT	Y		1/1/2017	Fee Schedule	$2,651.09
25332	REVISE WRIST JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
25335	REALIGNMENT OF HAND	Y		1/1/2017	Fee Schedule	$1,219.54
25337	RECONSTRUCT ULNA/RADIOULNAR	Y		1/1/2017	Fee Schedule	$2,651.09
25350	REVISION OF RADIUS	Y		1/1/2017	Fee Schedule	$3,719.25
25355	REVISION OF RADIUS	Y		1/1/2017	Fee Schedule	$1,219.54
25360	REVISION OF ULNA	Y		1/1/2017	Fee Schedule	$2,651.09
25365	REVISE RADIUS & ULNA	Y		1/1/2017	Fee Schedule	$4,981.42
25370	REVISE RADIUS OR ULNA	Y		1/1/2017	Fee Schedule	$1,219.54
25375	REVISE RADIUS & ULNA	Y		1/1/2017	Fee Schedule	$1,219.54
25390	SHORTEN RADIUS OR ULNA	Y		1/1/2017	Fee Schedule	$2,651.09
25391	LENGTHEN RADIUS OR ULNA	Y		1/1/2017	Fee Schedule	$6,835.32

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25392	SHORTEN RADIUS & ULNA	Y		1/1/2017	Fee Schedule	$1,219.54
25393	LENGTHEN RADIUS & ULNA	Y		1/1/2017	Fee Schedule	$1,219.54
25394	REPAIR CARPAL BONE SHORTEN	Y		1/1/2017	Fee Schedule	$1,219.54
25400	REPAIR RADIUS OR ULNA	Y		1/1/2017	Fee Schedule	$2,651.09
25405	REPAIR/GRAFT RADIUS OR ULNA	Y		1/1/2017	Fee Schedule	$2,651.09
25415	REPAIR RADIUS & ULNA	Y		1/1/2017	Fee Schedule	$2,651.09
25420	REPAIR/GRAFT RADIUS & ULNA	Y		1/1/2017	Fee Schedule	$3,676.69
25425	REPAIR/GRAFT RADIUS OR ULNA	Y		1/1/2017	Fee Schedule	$3,366.80
25426	REPAIR/GRAFT RADIUS & ULNA	Y		1/1/2017	Fee Schedule	$1,651.44
25430	VASC GRAFT INTO CARPAL BONE	Y		1/1/2017	Fee Schedule	$1,219.54
25431	REPAIR NONUNION CARPAL BONE	Y		1/1/2017	Fee Schedule	$2,651.09
25440	REPAIR/GRAFT WRIST BONE	Y		1/1/2017	Fee Schedule	$2,651.09
25441	RECONSTRUCT WRIST JOINT	Y		1/1/2017	Fee Schedule	$7,721.01
25442	RECONSTRUCT WRIST JOINT	Y		1/1/2017	Fee Schedule	$12,106.58
25443	RECONSTRUCT WRIST JOINT	Y		1/1/2017	Fee Schedule	$3,817.22
25444	RECONSTRUCT WRIST JOINT	Y		1/1/2017	Fee Schedule	$7,575.44
25445	RECONSTRUCT WRIST JOINT	Y		1/1/2017	Fee Schedule	$3,609.13
25446	WRIST REPLACEMENT	Y		1/1/2017	Fee Schedule	$12,312.74
25447	REPAIR WRIST JOINTS	Y		1/1/2017	Fee Schedule	$1,219.54
25449	REMOVE WRIST JOINT IMPLANT	Y		1/1/2017	Fee Schedule	$2,651.09
25450	REVISION OF WRIST JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
25455	REVISION OF WRIST JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
25490	REINFORCE RADIUS	Y		1/1/2017	Fee Schedule	$2,651.09
25491	REINFORCE ULNA	Y		1/1/2017	Fee Schedule	$4,981.42
25492	REINFORCE RADIUS AND ULNA	Y		1/1/2017	Fee Schedule	$1,219.54
25500	TREAT FRACTURE OF RADIUS	Y		1/1/2017	Fee Schedule	$108.05
25505	TREAT FRACTURE OF RADIUS	Y		1/1/2017	Fee Schedule	$695.88
25515	TREAT FRACTURE OF RADIUS	Y		1/1/2017	Fee Schedule	$2,651.09
25520	TREAT FRACTURE OF RADIUS	Y		1/1/2017	Fee Schedule	$695.88
25525	TREAT FRACTURE OF RADIUS	Y		1/1/2017	Fee Schedule	$2,651.09
25526	TREAT FRACTURE OF RADIUS	Y		1/1/2017	Fee Schedule	$2,651.09
25530	TREAT FRACTURE OF ULNA	Y		1/1/2017	Fee Schedule	$108.05
25535	TREAT FRACTURE OF ULNA	Y		1/1/2017	Fee Schedule	$108.05
25545	TREAT FRACTURE OF ULNA	Y		1/1/2017	Fee Schedule	$2,651.09
25560	TREAT FRACTURE RADIUS & ULNA	Y		1/1/2017	Fee Schedule	$108.05
25565	TREAT FRACTURE RADIUS & ULNA	Y		1/1/2017	Fee Schedule	$695.88
25574	TREAT FRACTURE RADIUS & ULNA	Y		1/1/2017	Fee Schedule	$2,651.09
25575	TREAT FRACTURE RADIUS/ULNA	Y		1/1/2017	Fee Schedule	$2,651.09
25600	TREAT FRACTURE RADIUS/ULNA	Y		1/1/2017	Fee Schedule	$108.05
25605	TREAT FRACTURE RADIUS/ULNA	Y		1/1/2017	Fee Schedule	$695.88
25606	TREAT FX DISTAL RADIAL	Y		1/1/2017	Fee Schedule	$1,219.54
25607	TREAT FX RAD EXTRA-ARTICUL	Y		1/1/2017	Fee Schedule	$3,653.49
25608	TREAT FX RAD INTRA-ARTICUL	Y		1/1/2017	Fee Schedule	$3,636.38
25609	TREAT FX RADIAL 3+ FRAG	Y		1/1/2017	Fee Schedule	$3,679.62
25622	TREAT WRIST BONE FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
25624	TREAT WRIST BONE FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
25628	TREAT WRIST BONE FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
25630	TREAT WRIST BONE FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
25635	TREAT WRIST BONE FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
25645	TREAT WRIST BONE FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
25650	TREAT WRIST BONE FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
25651	PIN ULNAR STYLOID FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54

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25652	TREAT FRACTURE ULNAR STYLOID	Y		1/1/2017	Fee Schedule	$2,651.09
25660	TREAT WRIST DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
25670	TREAT WRIST DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
25671	PIN RADIOULNAR DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
25675	TREAT WRIST DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
25676	TREAT WRIST DISLOCATION	Y		1/1/2017	Fee Schedule	$2,651.09
25680	TREAT WRIST FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
25685	TREAT WRIST FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
25690	TREAT WRIST DISLOCATION	Y		1/1/2017	Fee Schedule	$695.88
25695	TREAT WRIST DISLOCATION	Y		1/1/2017	Fee Schedule	$2,651.09
25800	FUSION OF WRIST JOINT	Y		1/1/2017	Fee Schedule	$3,694.48
25805	FUSION/GRAFT OF WRIST JOINT	Y		1/1/2017	Fee Schedule	$2,651.09
25810	FUSION/GRAFT OF WRIST JOINT	Y		1/1/2017	Fee Schedule	$4,981.42
25820	FUSION OF HAND BONES	Y		1/1/2017	Fee Schedule	$2,651.09
25825	FUSE HAND BONES WITH GRAFT	Y		1/1/2017	Fee Schedule	$2,651.09
25830	FUSION RADIOULNAR JNT/ULNA	Y		1/1/2017	Fee Schedule	$2,651.09
25907	AMPUTATION FOLLOW-UP SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
25922	AMPUTATE HAND AT WRIST	Y		1/1/2017	Fee Schedule	$695.88
25929	AMPUTATION FOLLOW-UP SURGERY	Y		1/1/2017	Fee Schedule	$771.98
25931	AMPUTATION FOLLOW-UP SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
26010	DRAINAGE OF FINGER ABSCESS	Y		1/1/2017	Fee Schedule	$82.79
26011	DRAINAGE OF FINGER ABSCESS	Y		1/1/2017	Fee Schedule	$521.64
26020	DRAIN HAND TENDON SHEATH	Y		1/1/2017	Fee Schedule	$1,219.54
26025	DRAINAGE OF PALM BURSA	Y		1/1/2017	Fee Schedule	$1,219.54
26030	DRAINAGE OF PALM BURSAS	Y		1/1/2017	Fee Schedule	$1,219.54
26034	TREAT HAND BONE LESION	Y		1/1/2017	Fee Schedule	$695.88
26035	DECOMPRESS FINGERS/HAND	Y		1/1/2017	Fee Schedule	$1,219.54
26037	DECOMPRESS FINGERS/HAND	Y	N	1/1/2017	Fee Schedule	$1,219.54
26040	RELEASE PALM CONTRACTURE	Y		1/1/2017	Fee Schedule	$695.88
26045	RELEASE PALM CONTRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
26055	INCISE FINGER TENDON SHEATH	Y		1/1/2017	Fee Schedule	$695.88
26060	INCISION OF FINGER TENDON	Y		1/1/2017	Fee Schedule	$695.88
26070	EXPLORE/TREAT HAND JOINT	Y		1/1/2017	Fee Schedule	$695.88
26075	EXPLORE/TREAT FINGER JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
26080	EXPLORE/TREAT FINGER JOINT	Y		1/1/2017	Fee Schedule	$695.88
26100	BIOPSY HAND JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
26105	BIOPSY FINGER JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
26110	BIOPSY FINGER JOINT LINING	Y		1/1/2017	Fee Schedule	$695.88
26111	EXC HAND LES SC 1.5 CM/>	Y	N	1/1/2017	Fee Schedule	$521.64
26113	EXC HAND TUM DEEP 1.5 CM/>	Y	N	1/1/2017	Fee Schedule	$521.64
26115	EXC HAND LES SC < 1.5 CM	Y		1/1/2017	Fee Schedule	$521.64
26116	EXC HAND TUM DEEP < 1.5 CM	Y		1/1/2017	Fee Schedule	$521.64
26117	RAD RESECT HAND TUMOR < 3 CM	Y		1/1/2017	Fee Schedule	$1,032.03
26118	RAD RESECT HAND TUMOR 3 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
26121	RELEASE PALM CONTRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
26123	RELEASE PALM CONTRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
26125	RELEASE PALM CONTRACTURE			1/1/2014	No Separate Payment	$0.00
26130	REMOVE WRIST JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
26135	REVISE FINGER JOINT EACH	Y		1/1/2017	Fee Schedule	$1,219.54
26140	REVISE FINGER JOINT EACH	Y		1/1/2017	Fee Schedule	$695.88
26145	TENDON EXCISION PALM/FINGER	Y		1/1/2017	Fee Schedule	$695.88
26160	REMOVE TENDON SHEATH LESION	Y		1/1/2017	Fee Schedule	$695.88

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26170	REMOVAL OF PALM TENDON EACH	Y		1/1/2017	Fee Schedule	$695.88
26180	REMOVAL OF FINGER TENDON	Y		1/1/2017	Fee Schedule	$695.88
26185	REMOVE FINGER BONE	Y		1/1/2017	Fee Schedule	$695.88
26200	REMOVE HAND BONE LESION	Y		1/1/2017	Fee Schedule	$1,219.54
26205	REMOVE/GRAFT BONE LESION	Y		1/1/2017	Fee Schedule	$2,651.09
26210	REMOVAL OF FINGER LESION	Y		1/1/2017	Fee Schedule	$695.88
26215	REMOVE/GRAFT FINGER LESION	Y		1/1/2017	Fee Schedule	$1,219.54
26230	PARTIAL REMOVAL OF HAND BONE	Y		1/1/2017	Fee Schedule	$1,219.54
26235	PARTIAL REMOVAL FINGER BONE	Y		1/1/2017	Fee Schedule	$695.88
26236	PARTIAL REMOVAL FINGER BONE	Y		1/1/2017	Fee Schedule	$695.88
26250	EXTENSIVE HAND SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
26260	RESECT PROX FINGER TUMOR	Y		1/1/2017	Fee Schedule	$1,219.54
26262	RESECT DISTAL FINGER TUMOR	Y		1/1/2017	Fee Schedule	$1,219.54
26320	REMOVAL OF IMPLANT FROM HAND			1/1/2017	Fee Schedule	$521.64
26340	MANIPULATE FINGER W/ANESTH	Y		1/1/2017	Fee Schedule	$695.88
26341	MANIPULAT PALM CORD POST INJ	Y	N	1/1/2017	Fee Schedule	$62.09
26350	REPAIR FINGER/HAND TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26352	REPAIR/GRAFT HAND TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26356	REPAIR FINGER/HAND TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26357	REPAIR FINGER/HAND TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26358	REPAIR/GRAFT HAND TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26370	REPAIR FINGER/HAND TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26372	REPAIR/GRAFT HAND TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
26373	REPAIR FINGER/HAND TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26390	REVISE HAND/FINGER TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
26392	REPAIR/GRAFT HAND TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
26410	REPAIR HAND TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26412	REPAIR/GRAFT HAND TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26415	EXCISION HAND/FINGER TENDON	Y		1/1/2017	Fee Schedule	$695.88
26416	GRAFT HAND OR FINGER TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26418	REPAIR FINGER TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26420	REPAIR/GRAFT FINGER TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26426	REPAIR FINGER/HAND TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26428	REPAIR/GRAFT FINGER TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26432	REPAIR FINGER TENDON	Y		1/1/2017	Fee Schedule	$695.88
26433	REPAIR FINGER TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26434	REPAIR/GRAFT FINGER TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26437	REALIGNMENT OF TENDONS	Y		1/1/2017	Fee Schedule	$1,219.54
26440	RELEASE PALM/FINGER TENDON	Y		1/1/2017	Fee Schedule	$695.88
26442	RELEASE PALM & FINGER TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26445	RELEASE HAND/FINGER TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26449	RELEASE FOREARM/HAND TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26450	INCISION OF PALM TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26455	INCISION OF FINGER TENDON	Y		1/1/2017	Fee Schedule	$695.88
26460	INCISE HAND/FINGER TENDON	Y		1/1/2017	Fee Schedule	$695.88
26471	FUSION OF FINGER TENDONS	Y		1/1/2017	Fee Schedule	$1,219.54
26474	FUSION OF FINGER TENDONS	Y		1/1/2017	Fee Schedule	$1,219.54
26476	TENDON LENGTHENING	Y		1/1/2017	Fee Schedule	$1,219.54
26477	TENDON SHORTENING	Y		1/1/2017	Fee Schedule	$1,219.54
26478	LENGTHENING OF HAND TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26479	SHORTENING OF HAND TENDON	Y		1/1/2017	Fee Schedule	$695.88
26480	TRANSPLANT HAND TENDON	Y		1/1/2017	Fee Schedule	$1,219.54

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26483	TRANSPLANT/GRAFT HAND TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26485	TRANSPLANT PALM TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26489	TRANSPLANT/GRAFT PALM TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26490	REVISE THUMB TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26492	TENDON TRANSFER WITH GRAFT	Y		1/1/2017	Fee Schedule	$1,219.54
26494	HAND TENDON/MUSCLE TRANSFER	Y		1/1/2017	Fee Schedule	$1,219.54
26496	REVISE THUMB TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
26497	FINGER TENDON TRANSFER	Y		1/1/2017	Fee Schedule	$1,219.54
26498	FINGER TENDON TRANSFER	Y		1/1/2017	Fee Schedule	$1,219.54
26499	REVISION OF FINGER	Y		1/1/2017	Fee Schedule	$1,219.54
26500	HAND TENDON RECONSTRUCTION	Y		1/1/2017	Fee Schedule	$2,651.09
26502	HAND TENDON RECONSTRUCTION	Y		1/1/2017	Fee Schedule	$1,219.54
26508	RELEASE THUMB CONTRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
26510	THUMB TENDON TRANSFER	Y		1/1/2017	Fee Schedule	$1,219.54
26516	FUSION OF KNUCKLE JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
26517	FUSION OF KNUCKLE JOINTS	Y		1/1/2017	Fee Schedule	$1,219.54
26518	FUSION OF KNUCKLE JOINTS	Y		1/1/2017	Fee Schedule	$1,219.54
26520	RELEASE KNUCKLE CONTRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
26525	RELEASE FINGER CONTRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
26530	REVISE KNUCKLE JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
26531	REVISE KNUCKLE WITH IMPLANT	Y		1/1/2017	Fee Schedule	$3,683.89
26535	REVISE FINGER JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
26536	REVISE/IMPLANT FINGER JOINT	Y		1/1/2017	Fee Schedule	$2,651.09
26540	REPAIR HAND JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
26541	REPAIR HAND JOINT WITH GRAFT	Y		1/1/2017	Fee Schedule	$1,219.54
26542	REPAIR HAND JOINT WITH GRAFT	Y		1/1/2017	Fee Schedule	$1,219.54
26545	RECONSTRUCT FINGER JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
26546	REPAIR NONUNION HAND	Y		1/1/2017	Fee Schedule	$2,651.09
26548	RECONSTRUCT FINGER JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
26550	CONSTRUCT THUMB REPLACEMENT	Y		1/1/2017	Fee Schedule	$1,219.54
26555	POSITIONAL CHANGE OF FINGER	Y		1/1/2017	Fee Schedule	$2,651.09
26560	REPAIR OF WEB FINGER	Y		1/1/2017	Fee Schedule	$695.88
26561	REPAIR OF WEB FINGER	Y		1/1/2017	Fee Schedule	$1,219.54
26562	REPAIR OF WEB FINGER	Y		1/1/2017	Fee Schedule	$1,219.54
26565	CORRECT METACARPAL FLAW	Y		1/1/2017	Fee Schedule	$1,219.54
26567	CORRECT FINGER DEFORMITY	Y		1/1/2017	Fee Schedule	$1,219.54
26568	LENGTHEN METACARPAL/FINGER	Y		1/1/2017	Fee Schedule	$3,796.50
26580	REPAIR HAND DEFORMITY	Y		1/1/2017	Fee Schedule	$1,219.54
26587	RECONSTRUCT EXTRA FINGER	Y		1/1/2017	Fee Schedule	$1,219.54
26590	REPAIR FINGER DEFORMITY	Y		1/1/2017	Fee Schedule	$695.88
26591	REPAIR MUSCLES OF HAND	Y		1/1/2017	Fee Schedule	$1,219.54
26593	RELEASE MUSCLES OF HAND	Y		1/1/2017	Fee Schedule	$1,219.54
26596	EXCISION CONSTRICTING TISSUE	Y		1/1/2017	Fee Schedule	$1,219.54
26600	TREAT METACARPAL FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
26605	TREAT METACARPAL FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
26607	TREAT METACARPAL FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
26608	TREAT METACARPAL FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
26615	TREAT METACARPAL FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
26641	TREAT THUMB DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
26645	TREAT THUMB FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
26650	TREAT THUMB FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
26665	TREAT THUMB FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54

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26670	TREAT HAND DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
26675	TREAT HAND DISLOCATION	Y		1/1/2017	Fee Schedule	$695.88
26676	PIN HAND DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
26685	TREAT HAND DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
26686	TREAT HAND DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
26700	TREAT KNUCKLE DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
26705	TREAT KNUCKLE DISLOCATION	Y		1/1/2017	Fee Schedule	$695.88
26706	PIN KNUCKLE DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
26715	TREAT KNUCKLE DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
26720	TREAT FINGER FRACTURE EACH	Y		1/1/2017	Fee Schedule	$108.05
26725	TREAT FINGER FRACTURE EACH	Y		1/1/2017	Fee Schedule	$108.05
26727	TREAT FINGER FRACTURE EACH	Y		1/1/2017	Fee Schedule	$1,219.54
26735	TREAT FINGER FRACTURE EACH	Y		1/1/2017	Fee Schedule	$1,219.54
26740	TREAT FINGER FRACTURE EACH	Y		1/1/2017	Fee Schedule	$108.05
26742	TREAT FINGER FRACTURE EACH	Y		1/1/2017	Fee Schedule	$695.88
26746	TREAT FINGER FRACTURE EACH	Y		1/1/2017	Fee Schedule	$1,219.54
26750	TREAT FINGER FRACTURE EACH	Y		1/1/2017	Fee Schedule	$108.05
26755	TREAT FINGER FRACTURE EACH	Y		1/1/2017	Fee Schedule	$108.05
26756	PIN FINGER FRACTURE EACH	Y		1/1/2017	Fee Schedule	$1,219.54
26765	TREAT FINGER FRACTURE EACH	Y		1/1/2017	Fee Schedule	$1,219.54
26770	TREAT FINGER DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
26775	TREAT FINGER DISLOCATION	Y		1/1/2017	Fee Schedule	$119.36
26776	PIN FINGER DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
26785	TREAT FINGER DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
26820	THUMB FUSION WITH GRAFT	Y		1/1/2017	Fee Schedule	$2,651.09
26841	FUSION OF THUMB	Y		1/1/2017	Fee Schedule	$2,651.09
26842	THUMB FUSION WITH GRAFT	Y		1/1/2017	Fee Schedule	$2,651.09
26843	FUSION OF HAND JOINT	Y		1/1/2017	Fee Schedule	$2,651.09
26844	FUSION/GRAFT OF HAND JOINT	Y		1/1/2017	Fee Schedule	$2,651.09
26850	FUSION OF KNUCKLE	Y		1/1/2017	Fee Schedule	$2,651.09
26852	FUSION OF KNUCKLE WITH GRAFT	Y		1/1/2017	Fee Schedule	$2,651.09
26860	FUSION OF FINGER JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
26861	FUSION OF FINGER JNT ADD-ON			1/1/2014	No Separate Payment	$0.00
26862	FUSION/GRAFT OF FINGER JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
26863	FUSE/GRAFT ADDED JOINT			1/1/2014	No Separate Payment	$0.00
26910	AMPUTATE METACARPAL BONE	Y		1/1/2017	Fee Schedule	$1,219.54
26951	AMPUTATION OF FINGER/THUMB	Y		1/1/2017	Fee Schedule	$1,219.54
26952	AMPUTATION OF FINGER/THUMB	Y		1/1/2017	Fee Schedule	$1,219.54
26990	DRAINAGE OF PELVIS LESION	Y		1/1/2017	Fee Schedule	$1,219.54
26991	DRAINAGE OF PELVIS BURSA	Y		1/1/2017	Fee Schedule	$1,219.54
27000	INCISION OF HIP TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
27001	INCISION OF HIP TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
27003	INCISION OF HIP TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
27033	EXPLORATION OF HIP JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
27035	DENERVATION OF HIP JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
27040	BIOPSY OF SOFT TISSUES	Y		1/1/2017	Fee Schedule	$521.64
27041	BIOPSY OF SOFT TISSUES	Y		1/1/2017	Fee Schedule	$521.64
27043	EXC HIP PELVIS LES SC 3 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
27045	EXC HIP/PELV TUM DEEP 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
27047	EXC HIP/PELVIS LES SC < 3 CM	Y		1/1/2017	Fee Schedule	$1,032.03
27048	EXC HIP/PELV TUM DEEP < 5 CM	Y		1/1/2017	Fee Schedule	$1,032.03
27049	RESECT HIP/PELV TUM < 5 CM	Y		1/1/2017	Fee Schedule	$1,032.03

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27050	BIOPSY OF SACROILIAC JOINT	Y		1/1/2017	Fee Schedule	$695.88
27052	BIOPSY OF HIP JOINT	Y		1/1/2017	Fee Schedule	$695.88
27059	RESECT HIP/PELV TUM 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
27060	REMOVAL OF ISCHIAL BURSA	Y		1/1/2017	Fee Schedule	$1,219.54
27062	REMOVE FEMUR LESION/BURSA	Y		1/1/2017	Fee Schedule	$1,219.54
27065	REMOVE HIP BONE LES SUPER	Y		1/1/2017	Fee Schedule	$1,219.54
27066	REMOVE HIP BONE LES DEEP	Y		1/1/2017	Fee Schedule	$1,219.54
27067	REMOVE/GRAFT HIP BONE LESION	Y		1/1/2017	Fee Schedule	$2,651.09
27080	REMOVAL OF TAIL BONE	Y		1/1/2017	Fee Schedule	$1,219.54
27086	REMOVE HIP FOREIGN BODY	Y		1/1/2017	Fee Schedule	$521.64
27087	REMOVE HIP FOREIGN BODY	Y		1/1/2017	Fee Schedule	$1,219.54
27093	INJECTION FOR HIP X-RAY			1/1/2009	No Separate Payment	$0.00
27095	INJECTION FOR HIP X-RAY			1/1/2009	No Separate Payment	$0.00
27097	REVISION OF HIP TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
27098	TRANSFER TENDON TO PELVIS	Y		1/1/2017	Fee Schedule	$1,219.54
27100	TRANSFER OF ABDOMINAL MUSCLE	Y		1/1/2017	Fee Schedule	$2,651.09
27105	TRANSFER OF SPINAL MUSCLE	Y		1/1/2017	Fee Schedule	$1,219.54
27110	TRANSFER OF ILIOPSOAS MUSCLE	Y		1/1/2017	Fee Schedule	$2,651.09
27111	TRANSFER OF ILIOPSOAS MUSCLE	Y		1/1/2017	Fee Schedule	$1,219.54
27197	CLSD TX PELVIC RING FX	Y	N	1/1/2017	Fee Schedule	$145.68
27198	CLSD TX PELVIC RING FX	Y	N	1/1/2017	Fee Schedule	$145.68
27200	TREAT TAIL BONE FRACTURE	Y		1/1/2017	Fee Schedule	$104.08
27202	TREAT TAIL BONE FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
27220	TREAT HIP SOCKET FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27230	TREAT THIGH FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27238	TREAT THIGH FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
27246	TREAT THIGH FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27250	TREAT HIP DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
27252	TREAT HIP DISLOCATION	Y		1/1/2017	Fee Schedule	$695.88
27256	TREAT HIP DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
27257	TREAT HIP DISLOCATION	Y		1/1/2017	Fee Schedule	$695.88
27265	TREAT HIP DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
27266	TREAT HIP DISLOCATION	Y		1/1/2017	Fee Schedule	$695.88
27267	CLTX THIGH FX	Y		1/1/2017	Fee Schedule	$1,219.54
27275	MANIPULATION OF HIP JOINT	Y		1/1/2017	Fee Schedule	$695.88
27279	ARTHRODESIS SACROILIAC JOINT	Y	N	1/1/2017	Fee Schedule	$12,599.78
27301	DRAIN THIGH/KNEE LESION	Y		1/1/2017	Fee Schedule	$1,032.03
27305	INCISE THIGH TENDON & FASCIA	Y		1/1/2017	Fee Schedule	$1,219.54
27306	INCISION OF THIGH TENDON	Y		1/1/2017	Fee Schedule	$695.88
27307	INCISION OF THIGH TENDONS	Y		1/1/2017	Fee Schedule	$1,219.54
27310	EXPLORATION OF KNEE JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
27323	BIOPSY THIGH SOFT TISSUES	Y		1/1/2017	Fee Schedule	$521.64
27324	BIOPSY THIGH SOFT TISSUES	Y		1/1/2017	Fee Schedule	$1,032.03
27325	NEURECTOMY HAMSTRING	Y		1/1/2017	Fee Schedule	$789.34
27326	NEURECTOMY POPLITEAL	Y		1/1/2017	Fee Schedule	$789.34
27327	EXC THIGH/KNEE LES SC < 3 CM	Y		1/1/2017	Fee Schedule	$521.64
27328	EXC THIGH/KNEE TUM DEEP <5CM	Y		1/1/2017	Fee Schedule	$1,032.03
27329	RESECT THIGH/KNEE TUM < 5 CM	Y		1/1/2017	Fee Schedule	$1,032.03
27330	BIOPSY KNEE JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
27331	EXPLORE/TREAT KNEE JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
27332	REMOVAL OF KNEE CARTILAGE	Y		1/1/2017	Fee Schedule	$1,219.54
27333	REMOVAL OF KNEE CARTILAGE	Y		1/1/2017	Fee Schedule	$1,219.54

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27334	REMOVE KNEE JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
27335	REMOVE KNEE JOINT LINING	Y		1/1/2017	Fee Schedule	$2,651.09
27337	EXC THIGH/KNEE LES SC 3 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
27339	EXC THIGH/KNEE TUM DEP 5CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
27340	REMOVAL OF KNEECAP BURSA	Y		1/1/2017	Fee Schedule	$1,219.54
27345	REMOVAL OF KNEE CYST	Y		1/1/2017	Fee Schedule	$1,219.54
27347	REMOVE KNEE CYST	Y		1/1/2017	Fee Schedule	$1,219.54
27350	REMOVAL OF KNEECAP	Y		1/1/2017	Fee Schedule	$1,219.54
27355	REMOVE FEMUR LESION	Y		1/1/2017	Fee Schedule	$1,219.54
27356	REMOVE FEMUR LESION/GRAFT	Y		1/1/2017	Fee Schedule	$7,629.61
27357	REMOVE FEMUR LESION/GRAFT	Y		1/1/2017	Fee Schedule	$2,651.09
27358	REMOVE FEMUR LESION/FIXATION			1/1/2014	No Separate Payment	$0.00
27360	PARTIAL REMOVAL LEG BONE(S)	Y		1/1/2017	Fee Schedule	$1,219.54
27364	RESECT THIGH/KNEE TUM 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
27370	INJECTION FOR KNEE X-RAY			1/1/2009	No Separate Payment	$0.00
27372	REMOVAL OF FOREIGN BODY	Y		1/1/2017	Fee Schedule	$1,032.03
27380	REPAIR OF KNEECAP TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
27381	REPAIR/GRAFT KNEECAP TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
27385	REPAIR OF THIGH MUSCLE	Y		1/1/2017	Fee Schedule	$2,651.09
27386	REPAIR/GRAFT OF THIGH MUSCLE	Y		1/1/2017	Fee Schedule	$2,651.09
27390	INCISION OF THIGH TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
27391	INCISION OF THIGH TENDONS	Y		1/1/2017	Fee Schedule	$1,219.54
27392	INCISION OF THIGH TENDONS	Y		1/1/2017	Fee Schedule	$1,219.54
27393	LENGTHENING OF THIGH TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
27394	LENGTHENING OF THIGH TENDONS	Y		1/1/2017	Fee Schedule	$2,651.09
27395	LENGTHENING OF THIGH TENDONS	Y		1/1/2017	Fee Schedule	$1,219.54
27396	TRANSPLANT OF THIGH TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
27397	TRANSPLANTS OF THIGH TENDONS	Y		1/1/2017	Fee Schedule	$4,143.32
27400	REVISE THIGH MUSCLES/TENDONS	Y		1/1/2017	Fee Schedule	$2,651.09
27403	REPAIR OF KNEE CARTILAGE	Y		1/1/2017	Fee Schedule	$1,219.54
27405	REPAIR OF KNEE LIGAMENT	Y		1/1/2017	Fee Schedule	$2,651.09
27407	REPAIR OF KNEE LIGAMENT	Y		1/1/2017	Fee Schedule	$4,066.30
27409	REPAIR OF KNEE LIGAMENTS	Y		1/1/2017	Fee Schedule	$2,651.09
27415	OSTEOCHONDRAL KNEE ALLOGRAFT	Y	N	1/1/2017	Fee Schedule	$7,716.78
27416	OSTEOCHONDRAL KNEE AUTOGRAFT	Y		1/1/2017	Fee Schedule	$3,791.55
27418	REPAIR DEGENERATED KNEECAP	Y		1/1/2017	Fee Schedule	$2,651.09
27420	REVISION OF UNSTABLE KNEECAP	Y		1/1/2017	Fee Schedule	$2,651.09
27422	REVISION OF UNSTABLE KNEECAP	Y		1/1/2017	Fee Schedule	$2,651.09
27424	REVISION/REMOVAL OF KNEECAP	Y		1/1/2017	Fee Schedule	$2,651.09
27425	LAT RETINACULAR RELEASE OPEN	Y		1/1/2017	Fee Schedule	$1,219.54
27427	RECONSTRUCTION KNEE	Y		1/1/2017	Fee Schedule	$2,651.09
27428	RECONSTRUCTION KNEE	Y		1/1/2017	Fee Schedule	$4,981.42
27429	RECONSTRUCTION KNEE	Y		1/1/2017	Fee Schedule	$4,981.42
27430	REVISION OF THIGH MUSCLES	Y		1/1/2017	Fee Schedule	$2,651.09
27435	INCISION OF KNEE JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
27437	REVISE KNEECAP	Y		1/1/2017	Fee Schedule	$2,651.09
27438	REVISE KNEECAP WITH IMPLANT	Y		1/1/2017	Fee Schedule	$6,853.52
27440	REVISION OF KNEE JOINT	Y		1/1/2017	Fee Schedule	$7,005.01
27441	REVISION OF KNEE JOINT	Y		1/1/2017	Fee Schedule	$4,981.42
27442	REVISION OF KNEE JOINT	Y		1/1/2017	Fee Schedule	$7,117.15
27443	REVISION OF KNEE JOINT	Y		1/1/2017	Fee Schedule	$4,981.42
27446	REVISION OF KNEE JOINT	Y		1/1/2017	Fee Schedule	$7,156.50

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27475	SURGERY TO STOP LEG GROWTH	Y	N	1/1/2017	Fee Schedule	$2,651.09
27479	SURGERY TO STOP LEG GROWTH	Y	N	1/1/2017	Fee Schedule	$3,761.59
27496	DECOMPRESSION OF THIGH/KNEE	Y		1/1/2017	Fee Schedule	$1,219.54
27497	DECOMPRESSION OF THIGH/KNEE	Y		1/1/2017	Fee Schedule	$1,219.54
27498	DECOMPRESSION OF THIGH/KNEE	Y		1/1/2017	Fee Schedule	$695.88
27499	DECOMPRESSION OF THIGH/KNEE	Y		1/1/2017	Fee Schedule	$1,219.54
27500	TREATMENT OF THIGH FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27501	TREATMENT OF THIGH FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27502	TREATMENT OF THIGH FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
27503	TREATMENT OF THIGH FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
27508	TREATMENT OF THIGH FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27509	TREATMENT OF THIGH FRACTURE	Y		1/1/2017	Fee Schedule	$3,426.93
27510	TREATMENT OF THIGH FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
27516	TREAT THIGH FX GROWTH PLATE	Y		1/1/2017	Fee Schedule	$108.05
27517	TREAT THIGH FX GROWTH PLATE	Y		1/1/2017	Fee Schedule	$695.88
27520	TREAT KNEECAP FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27524	TREAT KNEECAP FRACTURE	Y	N	1/1/2017	Fee Schedule	$2,651.09
27530	TREAT KNEE FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27532	TREAT KNEE FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
27538	TREAT KNEE FRACTURE(S)	Y		1/1/2017	Fee Schedule	$108.05
27550	TREAT KNEE DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
27552	TREAT KNEE DISLOCATION	Y		1/1/2017	Fee Schedule	$695.88
27560	TREAT KNEECAP DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
27562	TREAT KNEECAP DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
27566	TREAT KNEECAP DISLOCATION	Y		1/1/2017	Fee Schedule	$2,651.09
27570	FIXATION OF KNEE JOINT	Y		1/1/2017	Fee Schedule	$695.88
27594	AMPUTATION FOLLOW-UP SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
27600	DECOMPRESSION OF LOWER LEG	Y		1/1/2017	Fee Schedule	$1,219.54
27601	DECOMPRESSION OF LOWER LEG	Y		1/1/2017	Fee Schedule	$1,219.54
27602	DECOMPRESSION OF LOWER LEG	Y		1/1/2017	Fee Schedule	$1,219.54
27603	DRAIN LOWER LEG LESION	Y		1/1/2017	Fee Schedule	$1,032.03
27604	DRAIN LOWER LEG BURSA	Y		1/1/2017	Fee Schedule	$1,219.54
27605	INCISION OF ACHILLES TENDON	Y		1/1/2017	Fee Schedule	$695.88
27606	INCISION OF ACHILLES TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
27607	TREAT LOWER LEG BONE LESION	Y		1/1/2017	Fee Schedule	$1,219.54
27610	EXPLORE/TREAT ANKLE JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
27612	EXPLORATION OF ANKLE JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
27613	BIOPSY LOWER LEG SOFT TISSUE	Y		1/1/2017	Fee Schedule	$168.32
27614	BIOPSY LOWER LEG SOFT TISSUE	Y		1/1/2017	Fee Schedule	$1,032.03
27615	RESECT LEG/ANKLE TUM < 5 CM	Y		1/1/2017	Fee Schedule	$1,032.03
27616	RESECT LEG/ANKLE TUM 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
27618	EXC LEG/ANKLE TUM < 3 CM	Y		1/1/2017	Fee Schedule	$521.64
27619	EXC LEG/ANKLE TUM DEEP <5 CM	Y		1/1/2017	Fee Schedule	$1,032.03
27620	EXPLORE/TREAT ANKLE JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
27625	REMOVE ANKLE JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
27626	REMOVE ANKLE JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
27630	REMOVAL OF TENDON LESION	Y		1/1/2017	Fee Schedule	$1,219.54
27632	EXC LEG/ANKLE LES SC 3 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
27634	EXC LEG/ANKLE TUM DEP 5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
27635	REMOVE LOWER LEG BONE LESION	Y		1/1/2017	Fee Schedule	$1,219.54
27637	REMOVE/GRAFT LEG BONE LESION	Y		1/1/2017	Fee Schedule	$2,651.09
27638	REMOVE/GRAFT LEG BONE LESION	Y		1/1/2017	Fee Schedule	$2,651.09

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27640	PARTIAL REMOVAL OF TIBIA	Y		1/1/2017	Fee Schedule	$1,219.54
27641	PARTIAL REMOVAL OF FIBULA	Y		1/1/2017	Fee Schedule	$1,219.54
27647	RESECT TALUS/CALCANEUS TUM	Y		1/1/2017	Fee Schedule	$1,219.54
27648	INJECTION FOR ANKLE X-RAY			1/1/2009	No Separate Payment	$0.00
27650	REPAIR ACHILLES TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
27652	REPAIR/GRAFT ACHILLES TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
27654	REPAIR OF ACHILLES TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
27656	REPAIR LEG FASCIA DEFECT	Y		1/1/2017	Fee Schedule	$1,219.54
27658	REPAIR OF LEG TENDON EACH	Y		1/1/2017	Fee Schedule	$1,219.54
27659	REPAIR OF LEG TENDON EACH	Y		1/1/2017	Fee Schedule	$2,651.09
27664	REPAIR OF LEG TENDON EACH	Y		1/1/2017	Fee Schedule	$2,651.09
27665	REPAIR OF LEG TENDON EACH	Y		1/1/2017	Fee Schedule	$2,651.09
27675	REPAIR LOWER LEG TENDONS	Y		1/1/2017	Fee Schedule	$1,219.54
27676	REPAIR LOWER LEG TENDONS	Y		1/1/2017	Fee Schedule	$2,651.09
27680	RELEASE OF LOWER LEG TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
27681	RELEASE OF LOWER LEG TENDONS	Y		1/1/2017	Fee Schedule	$1,219.54
27685	REVISION OF LOWER LEG TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
27686	REVISE LOWER LEG TENDONS	Y		1/1/2017	Fee Schedule	$1,219.54
27687	REVISION OF CALF TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
27690	REVISE LOWER LEG TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
27691	REVISE LOWER LEG TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
27692	REVISE ADDITIONAL LEG TENDON			1/1/2014	No Separate Payment	$0.00
27695	REPAIR OF ANKLE LIGAMENT	Y		1/1/2017	Fee Schedule	$2,651.09
27696	REPAIR OF ANKLE LIGAMENTS	Y		1/1/2017	Fee Schedule	$2,651.09
27698	REPAIR OF ANKLE LIGAMENT	Y		1/1/2017	Fee Schedule	$2,651.09
27700	REVISION OF ANKLE JOINT	Y		1/1/2017	Fee Schedule	$2,651.09
27704	REMOVAL OF ANKLE IMPLANT			1/1/2017	Fee Schedule	$1,219.54
27705	INCISION OF TIBIA	Y		1/1/2017	Fee Schedule	$2,651.09
27707	INCISION OF FIBULA	Y		1/1/2017	Fee Schedule	$1,219.54
27709	INCISION OF TIBIA & FIBULA	Y		1/1/2017	Fee Schedule	$6,760.00
27720	REPAIR OF TIBIA	Y	N	1/1/2017	Fee Schedule	$2,651.09
27726	REPAIR FIBULA NONUNION	Y		1/1/2017	Fee Schedule	$2,651.09
27730	REPAIR OF TIBIA EPIPHYSIS	Y		1/1/2017	Fee Schedule	$1,219.54
27732	REPAIR OF FIBULA EPIPHYSIS	Y		1/1/2017	Fee Schedule	$1,219.54
27734	REPAIR LOWER LEG EPIPHYSES	Y		1/1/2017	Fee Schedule	$1,219.54
27740	REPAIR OF LEG EPIPHYSES	Y		1/1/2017	Fee Schedule	$1,662.01
27742	REPAIR OF LEG EPIPHYSES	Y		1/1/2017	Fee Schedule	$1,219.54
27745	REINFORCE TIBIA	Y		1/1/2017	Fee Schedule	$3,019.76
27750	TREATMENT OF TIBIA FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27752	TREATMENT OF TIBIA FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
27756	TREATMENT OF TIBIA FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
27758	TREATMENT OF TIBIA FRACTURE	Y		1/1/2017	Fee Schedule	$4,981.42
27759	TREATMENT OF TIBIA FRACTURE	Y		1/1/2017	Fee Schedule	$4,981.42
27760	CLTX MEDIAL ANKLE FX	Y		1/1/2017	Fee Schedule	$108.05
27762	CLTX MED ANKLE FX W/MNPJ	Y		1/1/2017	Fee Schedule	$695.88
27766	OPTX MEDIAL ANKLE FX	Y		1/1/2017	Fee Schedule	$2,651.09
27767	CLTX POST ANKLE FX	Y		1/1/2017	Fee Schedule	$108.05
27768	CLTX POST ANKLE FX W/MNPJ	Y		1/1/2017	Fee Schedule	$695.88
27769	OPTX POST ANKLE FX	Y		1/1/2017	Fee Schedule	$2,651.09
27780	TREATMENT OF FIBULA FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27781	TREATMENT OF FIBULA FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
27784	TREATMENT OF FIBULA FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09

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27786	TREATMENT OF ANKLE FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27788	TREATMENT OF ANKLE FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27792	TREATMENT OF ANKLE FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
27808	TREATMENT OF ANKLE FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27810	TREATMENT OF ANKLE FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
27814	TREATMENT OF ANKLE FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
27816	TREATMENT OF ANKLE FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27818	TREATMENT OF ANKLE FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
27822	TREATMENT OF ANKLE FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
27823	TREATMENT OF ANKLE FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
27824	TREAT LOWER LEG FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
27825	TREAT LOWER LEG FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
27826	TREAT LOWER LEG FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
27827	TREAT LOWER LEG FRACTURE	Y		1/1/2017	Fee Schedule	$4,981.42
27828	TREAT LOWER LEG FRACTURE	Y		1/1/2017	Fee Schedule	$4,981.42
27829	TREAT LOWER LEG JOINT	Y		1/1/2017	Fee Schedule	$2,651.09
27830	TREAT LOWER LEG DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
27831	TREAT LOWER LEG DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
27832	TREAT LOWER LEG DISLOCATION	Y		1/1/2017	Fee Schedule	$2,651.09
27840	TREAT ANKLE DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
27842	TREAT ANKLE DISLOCATION	Y		1/1/2017	Fee Schedule	$695.88
27846	TREAT ANKLE DISLOCATION	Y		1/1/2017	Fee Schedule	$2,651.09
27848	TREAT ANKLE DISLOCATION	Y		1/1/2017	Fee Schedule	$2,651.09
27860	FIXATION OF ANKLE JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
27870	FUSION OF ANKLE JOINT OPEN	Y		1/1/2017	Fee Schedule	$6,682.56
27871	FUSION OF TIBIOFIBULAR JOINT	Y		1/1/2017	Fee Schedule	$6,592.85
27884	AMPUTATION FOLLOW-UP SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
27889	AMPUTATION OF FOOT AT ANKLE	Y		1/1/2017	Fee Schedule	$2,651.09
27892	DECOMPRESSION OF LEG	Y		1/1/2017	Fee Schedule	$1,219.54
27893	DECOMPRESSION OF LEG	Y		1/1/2017	Fee Schedule	$2,651.09
27894	DECOMPRESSION OF LEG	Y		1/1/2017	Fee Schedule	$695.88
28001	DRAINAGE OF BURSA OF FOOT	Y		1/1/2017	Fee Schedule	$178.01
28002	TREATMENT OF FOOT INFECTION	Y		1/1/2017	Fee Schedule	$1,219.54
28003	TREATMENT OF FOOT INFECTION	Y		1/1/2017	Fee Schedule	$1,219.54
28005	TREAT FOOT BONE LESION	Y		1/1/2017	Fee Schedule	$1,219.54
28008	INCISION OF FOOT FASCIA	Y		1/1/2017	Fee Schedule	$1,219.54
28010	INCISION OF TOE TENDON	Y		1/1/2017	Fee Schedule	$123.82
28011	INCISION OF TOE TENDONS	Y		1/1/2017	Fee Schedule	$695.88
28020	EXPLORATION OF FOOT JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
28022	EXPLORATION OF FOOT JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
28024	EXPLORATION OF TOE JOINT	Y		1/1/2017	Fee Schedule	$1,219.54
28035	DECOMPRESSION OF TIBIA NERVE	Y		1/1/2017	Fee Schedule	$789.34
28039	EXC FOOT/TOE TUM SC 1.5 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
28041	EXC FOOT/TOE TUM DEP 1.5CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
28043	EXC FOOT/TOE TUM SC < 1.5 CM	Y		1/1/2017	Fee Schedule	$521.64
28045	EXC FOOT/TOE TUM DEEP <1.5CM	Y		1/1/2017	Fee Schedule	$1,032.03
28046	RESECT FOOT/TOE TUMOR < 3 CM	Y		1/1/2017	Fee Schedule	$1,032.03
28047	RESECT FOOT/TOE TUMOR 3 CM/>	Y	N	1/1/2017	Fee Schedule	$1,032.03
28050	BIOPSY OF FOOT JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
28052	BIOPSY OF FOOT JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
28054	BIOPSY OF TOE JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
28055	NEURECTOMY FOOT	Y		1/1/2017	Fee Schedule	$789.34

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28060	PARTIAL REMOVAL FOOT FASCIA	Y		1/1/2017	Fee Schedule	$1,219.54
28062	REMOVAL OF FOOT FASCIA	Y		1/1/2017	Fee Schedule	$1,219.54
28070	REMOVAL OF FOOT JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
28072	REMOVAL OF FOOT JOINT LINING	Y		1/1/2017	Fee Schedule	$1,219.54
28080	REMOVAL OF FOOT LESION	Y		1/1/2017	Fee Schedule	$695.88
28086	EXCISE FOOT TENDON SHEATH	Y		1/1/2017	Fee Schedule	$1,219.54
28088	EXCISE FOOT TENDON SHEATH	Y		1/1/2017	Fee Schedule	$695.88
28090	REMOVAL OF FOOT LESION	Y		1/1/2017	Fee Schedule	$1,219.54
28092	REMOVAL OF TOE LESIONS	Y		1/1/2017	Fee Schedule	$695.88
28100	REMOVAL OF ANKLE/HEEL LESION	Y		1/1/2017	Fee Schedule	$1,219.54
28102	REMOVE/GRAFT FOOT LESION	Y		1/1/2017	Fee Schedule	$2,651.09
28103	REMOVE/GRAFT FOOT LESION	Y		1/1/2017	Fee Schedule	$2,651.09
28104	REMOVAL OF FOOT LESION	Y		1/1/2017	Fee Schedule	$1,219.54
28106	REMOVE/GRAFT FOOT LESION	Y		1/1/2017	Fee Schedule	$2,651.09
28107	REMOVE/GRAFT FOOT LESION	Y		1/1/2017	Fee Schedule	$2,651.09
28108	REMOVAL OF TOE LESIONS	Y		1/1/2017	Fee Schedule	$695.88
28110	PART REMOVAL OF METATARSAL	Y		1/1/2017	Fee Schedule	$1,219.54
28111	PART REMOVAL OF METATARSAL	Y		1/1/2017	Fee Schedule	$1,219.54
28112	PART REMOVAL OF METATARSAL	Y		1/1/2017	Fee Schedule	$1,219.54
28113	PART REMOVAL OF METATARSAL	Y		1/1/2017	Fee Schedule	$1,219.54
28114	REMOVAL OF METATARSAL HEADS	Y		1/1/2017	Fee Schedule	$1,219.54
28116	REVISION OF FOOT	Y		1/1/2017	Fee Schedule	$1,219.54
28118	REMOVAL OF HEEL BONE	Y		1/1/2017	Fee Schedule	$1,219.54
28119	REMOVAL OF HEEL SPUR	Y		1/1/2017	Fee Schedule	$1,219.54
28120	PART REMOVAL OF ANKLE/HEEL	Y		1/1/2017	Fee Schedule	$1,219.54
28122	PARTIAL REMOVAL OF FOOT BONE	Y		1/1/2017	Fee Schedule	$1,219.54
28124	PARTIAL REMOVAL OF TOE	Y		1/1/2017	Fee Schedule	$301.11
28126	PARTIAL REMOVAL OF TOE	Y		1/1/2017	Fee Schedule	$1,219.54
28130	REMOVAL OF ANKLE BONE	Y		1/1/2017	Fee Schedule	$1,219.54
28140	REMOVAL OF METATARSAL	Y		1/1/2017	Fee Schedule	$1,219.54
28150	REMOVAL OF TOE	Y		1/1/2017	Fee Schedule	$1,219.54
28153	PARTIAL REMOVAL OF TOE	Y		1/1/2017	Fee Schedule	$695.88
28160	PARTIAL REMOVAL OF TOE	Y		1/1/2017	Fee Schedule	$1,219.54
28171	RESECT TARSAL TUMOR	Y		1/1/2017	Fee Schedule	$1,219.54
28173	RESECT METATARSAL TUMOR	Y		1/1/2017	Fee Schedule	$1,219.54
28175	RESECT PHALANX OF TOE TUMOR	Y		1/1/2017	Fee Schedule	$695.88
28190	REMOVAL OF FOOT FOREIGN BODY	Y		1/1/2017	Fee Schedule	$187.70
28192	REMOVAL OF FOOT FOREIGN BODY	Y		1/1/2017	Fee Schedule	$521.64
28193	REMOVAL OF FOOT FOREIGN BODY	Y		1/1/2017	Fee Schedule	$521.64
28200	REPAIR OF FOOT TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
28202	REPAIR/GRAFT OF FOOT TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
28208	REPAIR OF FOOT TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
28210	REPAIR/GRAFT OF FOOT TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
28220	RELEASE OF FOOT TENDON	Y		1/1/2017	Fee Schedule	$287.11
28222	RELEASE OF FOOT TENDONS	Y		1/1/2017	Fee Schedule	$1,219.54
28225	RELEASE OF FOOT TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
28226	RELEASE OF FOOT TENDONS	Y		1/1/2017	Fee Schedule	$695.88
28230	INCISION OF FOOT TENDON(S)	Y		1/1/2017	Fee Schedule	$281.73
28232	INCISION OF TOE TENDON	Y		1/1/2017	Fee Schedule	$265.22
28234	INCISION OF FOOT TENDON	Y		1/1/2017	Fee Schedule	$695.88
28238	REVISION OF FOOT TENDON	Y		1/1/2017	Fee Schedule	$2,651.09
28240	RELEASE OF BIG TOE	Y		1/1/2017	Fee Schedule	$1,219.54

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28250	REVISION OF FOOT FASCIA	Y		1/1/2017	Fee Schedule	$1,219.54
28260	RELEASE OF MIDFOOT JOINT	Y		1/1/2017	Fee Schedule	$695.88
28261	REVISION OF FOOT TENDON	Y		1/1/2017	Fee Schedule	$1,219.54
28262	REVISION OF FOOT AND ANKLE	Y		1/1/2017	Fee Schedule	$2,651.09
28264	RELEASE OF MIDFOOT JOINT	Y		1/1/2017	Fee Schedule	$695.88
28270	RELEASE OF FOOT CONTRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
28272	RELEASE OF TOE JOINT EACH	Y		1/1/2017	Fee Schedule	$258.04
28280	FUSION OF TOES	Y		1/1/2017	Fee Schedule	$1,219.54
28285	REPAIR OF HAMMERTOE	Y		1/1/2017	Fee Schedule	$1,219.54
28286	REPAIR OF HAMMERTOE	Y		1/1/2017	Fee Schedule	$1,219.54
28288	PARTIAL REMOVAL OF FOOT BONE	Y		1/1/2017	Fee Schedule	$1,219.54
28289	CORRJ HALUX RIGDUS W/O IMPLT	Y		1/1/2017	Fee Schedule	$1,219.54
28291	CORRJ HALUX RIGDUS W/IMPLT	Y	N	1/1/2017	Fee Schedule	$3,574.44
28292	CORRECTION HALLUX VALGUS	Y		1/1/2017	Fee Schedule	$1,219.54
28295	CORRECTION HALLUX VALGUS	Y	N	1/1/2017	Fee Schedule	$1,644.30
28296	CORRECTION HALLUX VALGUS	Y		1/1/2017	Fee Schedule	$1,219.54
28297	CORRECTION HALLUX VALGUS	Y		1/1/2017	Fee Schedule	$2,651.09
28298	CORRECTION HALLUX VALGUS	Y		1/1/2017	Fee Schedule	$2,651.09
28299	CORRECTION HALLUX VALGUS	Y		1/1/2017	Fee Schedule	$1,219.54
28300	INCISION OF HEEL BONE	Y		1/1/2017	Fee Schedule	$2,651.09
28302	INCISION OF ANKLE BONE	Y		1/1/2017	Fee Schedule	$2,651.09
28304	INCISION OF MIDFOOT BONES	Y		1/1/2017	Fee Schedule	$2,651.09
28305	INCISE/GRAFT MIDFOOT BONES	Y		1/1/2017	Fee Schedule	$3,595.61
28306	INCISION OF METATARSAL	Y		1/1/2017	Fee Schedule	$2,651.09
28307	INCISION OF METATARSAL	Y		1/1/2017	Fee Schedule	$1,219.54
28308	INCISION OF METATARSAL	Y		1/1/2017	Fee Schedule	$1,219.54
28309	INCISION OF METATARSALS	Y		1/1/2017	Fee Schedule	$2,651.09
28310	REVISION OF BIG TOE	Y		1/1/2017	Fee Schedule	$1,219.54
28312	REVISION OF TOE	Y		1/1/2017	Fee Schedule	$1,219.54
28313	REPAIR DEFORMITY OF TOE	Y		1/1/2017	Fee Schedule	$1,219.54
28315	REMOVAL OF SESAMOID BONE	Y		1/1/2017	Fee Schedule	$1,219.54
28320	REPAIR OF FOOT BONES	Y		1/1/2017	Fee Schedule	$4,981.42
28322	REPAIR OF METATARSALS	Y		1/1/2017	Fee Schedule	$2,651.09
28340	RESECT ENLARGED TOE TISSUE	Y		1/1/2017	Fee Schedule	$1,219.54
28341	RESECT ENLARGED TOE	Y		1/1/2017	Fee Schedule	$1,219.54
28344	REPAIR EXTRA TOE(S)	Y		1/1/2017	Fee Schedule	$1,219.54
28345	REPAIR WEBBED TOE(S)	Y		1/1/2017	Fee Schedule	$1,219.54
28400	TREATMENT OF HEEL FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
28405	TREATMENT OF HEEL FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
28406	TREATMENT OF HEEL FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
28415	TREAT HEEL FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
28420	TREAT/GRAFT HEEL FRACTURE	Y		1/1/2017	Fee Schedule	$6,706.26
28430	TREATMENT OF ANKLE FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
28435	TREATMENT OF ANKLE FRACTURE	Y		1/1/2017	Fee Schedule	$695.88
28436	TREATMENT OF ANKLE FRACTURE	Y		1/1/2017	Fee Schedule	$3,724.88
28445	TREAT ANKLE FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
28446	OSTEOCHONDRAL TALUS AUTOGRFT	Y		1/1/2017	Fee Schedule	$2,651.09
28450	TREAT MIDFOOT FRACTURE EACH	Y		1/1/2017	Fee Schedule	$108.05
28455	TREAT MIDFOOT FRACTURE EACH	Y		1/1/2017	Fee Schedule	$165.81
28456	TREAT MIDFOOT FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
28465	TREAT MIDFOOT FRACTURE EACH	Y		1/1/2017	Fee Schedule	$2,651.09
28470	TREAT METATARSAL FRACTURE	Y		1/1/2017	Fee Schedule	$108.05

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28475	TREAT METATARSAL FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
28476	TREAT METATARSAL FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
28485	TREAT METATARSAL FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
28490	TREAT BIG TOE FRACTURE	Y		1/1/2017	Fee Schedule	$101.92
28495	TREAT BIG TOE FRACTURE	Y		1/1/2017	Fee Schedule	$108.05
28496	TREAT BIG TOE FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
28505	TREAT BIG TOE FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
28510	TREATMENT OF TOE FRACTURE	Y		1/1/2017	Fee Schedule	$80.39
28515	TREATMENT OF TOE FRACTURE	Y		1/1/2017	Fee Schedule	$104.44
28525	TREAT TOE FRACTURE	Y		1/1/2017	Fee Schedule	$1,219.54
28530	TREAT SESAMOID BONE FRACTURE	Y		1/1/2017	Fee Schedule	$75.01
28531	TREAT SESAMOID BONE FRACTURE	Y		1/1/2017	Fee Schedule	$2,651.09
28540	TREAT FOOT DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
28545	TREAT FOOT DISLOCATION	Y		1/1/2017	Fee Schedule	$1,675.27
28546	TREAT FOOT DISLOCATION	Y		1/1/2017	Fee Schedule	$695.88
28555	REPAIR FOOT DISLOCATION	Y		1/1/2017	Fee Schedule	$2,651.09
28570	TREAT FOOT DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
28575	TREAT FOOT DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
28576	TREAT FOOT DISLOCATION	Y		1/1/2017	Fee Schedule	$695.88
28585	REPAIR FOOT DISLOCATION	Y		1/1/2017	Fee Schedule	$3,602.37
28600	TREAT FOOT DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
28605	TREAT FOOT DISLOCATION	Y		1/1/2017	Fee Schedule	$108.05
28606	TREAT FOOT DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
28615	REPAIR FOOT DISLOCATION	Y		1/1/2017	Fee Schedule	$2,651.09
28630	TREAT TOE DISLOCATION	Y		1/1/2017	Fee Schedule	$92.59
28635	TREAT TOE DISLOCATION	Y		1/1/2017	Fee Schedule	$695.88
28636	TREAT TOE DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
28645	REPAIR TOE DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
28660	TREAT TOE DISLOCATION	Y		1/1/2017	Fee Schedule	$68.19
28665	TREAT TOE DISLOCATION	Y		1/1/2017	Fee Schedule	$119.36
28666	TREAT TOE DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
28675	REPAIR OF TOE DISLOCATION	Y		1/1/2017	Fee Schedule	$1,219.54
28705	FUSION OF FOOT BONES	Y		1/1/2017	Fee Schedule	$11,053.21
28715	FUSION OF FOOT BONES	Y		1/1/2017	Fee Schedule	$6,949.58
28725	FUSION OF FOOT BONES	Y		1/1/2017	Fee Schedule	$4,981.42
28730	FUSION OF FOOT BONES	Y		1/1/2017	Fee Schedule	$7,063.41
28735	FUSION OF FOOT BONES	Y		1/1/2017	Fee Schedule	$6,936.04
28737	REVISION OF FOOT BONES	Y		1/1/2017	Fee Schedule	$7,136.19
28740	FUSION OF FOOT BONES	Y		1/1/2017	Fee Schedule	$3,593.81
28750	FUSION OF BIG TOE JOINT	Y		1/1/2017	Fee Schedule	$3,613.63
28755	FUSION OF BIG TOE JOINT	Y		1/1/2017	Fee Schedule	$2,651.09
28760	FUSION OF BIG TOE JOINT	Y		1/1/2017	Fee Schedule	$2,651.09
28810	AMPUTATION TOE & METATARSAL	Y		1/1/2017	Fee Schedule	$1,219.54
28820	AMPUTATION OF TOE	Y		1/1/2017	Fee Schedule	$1,219.54
28825	PARTIAL AMPUTATION OF TOE	Y		1/1/2017	Fee Schedule	$1,219.54
28890	HI ENRGY ESWT PLANTAR FASCIA	Y		1/1/2017	Fee Schedule	$200.26
29000	APPLICATION OF BODY CAST	Y		1/1/2017	Fee Schedule	$119.36
29010	APPLICATION OF BODY CAST	Y		1/1/2017	Fee Schedule	$119.36
29015	APPLICATION OF BODY CAST	Y		1/1/2017	Fee Schedule	$119.36
29035	APPLICATION OF BODY CAST	Y		1/1/2017	Fee Schedule	$119.36
29040	APPLICATION OF BODY CAST	Y		1/1/2017	Fee Schedule	$119.36
29044	APPLICATION OF BODY CAST	Y		1/1/2017	Fee Schedule	$67.67

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29046	APPLICATION OF BODY CAST	Y		1/1/2017	Fee Schedule	$119.36
29049	APPLICATION OF FIGURE EIGHT	Y		1/1/2017	Fee Schedule	$38.76
29055	APPLICATION OF SHOULDER CAST	Y		1/1/2017	Fee Schedule	$119.36
29058	APPLICATION OF SHOULDER CAST	Y		1/1/2017	Fee Schedule	$69.27
29065	APPLICATION OF LONG ARM CAST	Y		1/1/2017	Fee Schedule	$61.73
29075	APPLICATION OF FOREARM CAST	Y		1/1/2017	Fee Schedule	$56.70
29085	APPLY HAND/WRIST CAST	Y		1/1/2017	Fee Schedule	$61.37
29086	APPLY FINGER CAST	Y		1/1/2017	Fee Schedule	$52.76
29105	APPLY LONG ARM SPLINT	Y		1/1/2017	Fee Schedule	$54.19
29125	APPLY FOREARM SPLINT			1/1/2015	No Separate Payment	$0.00
29126	APPLY FOREARM SPLINT			1/1/2015	No Separate Payment	$0.00
29130	APPLICATION OF FINGER SPLINT			1/1/2015	No Separate Payment	$0.00
29131	APPLICATION OF FINGER SPLINT			1/1/2015	No Separate Payment	$0.00
29200	STRAPPING OF CHEST	Y		1/1/2017	Fee Schedule	$15.79
29240	STRAPPING OF SHOULDER			1/1/2015	No Separate Payment	$0.00
29260	STRAPPING OF ELBOW OR WRIST			1/1/2015	No Separate Payment	$0.00
29280	STRAPPING OF HAND OR FINGER			1/1/2015	No Separate Payment	$0.00
29305	APPLICATION OF HIP CAST	Y		1/1/2017	Fee Schedule	$119.36
29325	APPLICATION OF HIP CASTS	Y		1/1/2017	Fee Schedule	$119.36
29345	APPLICATION OF LONG LEG CAST	Y		1/1/2017	Fee Schedule	$80.39
29355	APPLICATION OF LONG LEG CAST	Y		1/1/2017	Fee Schedule	$79.67
29358	APPLY LONG LEG CAST BRACE	Y		1/1/2017	Fee Schedule	$103.00
29365	APPLICATION OF LONG LEG CAST	Y		1/1/2017	Fee Schedule	$75.73
29405	APPLY SHORT LEG CAST	Y		1/1/2017	Fee Schedule	$50.96
29425	APPLY SHORT LEG CAST	Y		1/1/2017	Fee Schedule	$48.09
29435	APPLY SHORT LEG CAST	Y		1/1/2017	Fee Schedule	$71.06
29440	ADDITION OF WALKER TO CAST	Y		1/1/2017	Fee Schedule	$22.97
29445	APPLY RIGID LEG CAST	Y		1/1/2017	Fee Schedule	$66.75
29450	APPLICATION OF LEG CAST	Y		1/1/2017	Fee Schedule	$67.11
29505	APPLICATION LONG LEG SPLINT	Y		1/1/2017	Fee Schedule	$57.78
29515	APPLICATION LOWER LEG SPLINT	Y		1/1/2017	Fee Schedule	$44.50
29520	STRAPPING OF HIP			1/1/2015	No Separate Payment	$0.00
29530	STRAPPING OF KNEE			1/1/2015	No Separate Payment	$0.00
29540	STRAPPING OF ANKLE AND/OR FT	Y		1/1/2017	Fee Schedule	$11.48
29550	STRAPPING OF TOES			1/1/2015	No Separate Payment	$0.00
29580	APPLICATION OF PASTE BOOT	Y		1/1/2017	Fee Schedule	$31.22
29581	APPLY MULTLAY COMPRS LWR LEG	Y	N	1/1/2017	Fee Schedule	$54.19
29582	APPLY MULTLAY COMPRS UPR LEG	Y	N	1/1/2017	Fee Schedule	$58.86
29583	APPLY MULTLAY COMPRS UPR ARM	Y	N	1/1/2017	Fee Schedule	$35.53
29584	APPL MULTLAY COMPRS ARM/HAND	Y	N	1/1/2017	Fee Schedule	$58.86
29700	REMOVAL/REVISION OF CAST	Y		1/1/2017	Fee Schedule	$40.91
29705	REMOVAL/REVISION OF CAST	Y		1/1/2017	Fee Schedule	$36.61
29710	REMOVAL/REVISION OF CAST	Y		1/1/2017	Fee Schedule	$67.11
29720	REPAIR OF BODY CAST	Y		1/1/2017	Fee Schedule	$57.78
29730	WINDOWING OF CAST	Y		1/1/2017	Fee Schedule	$34.81
29740	WEDGING OF CAST	Y		1/1/2017	Fee Schedule	$53.83
29750	WEDGING OF CLUBFOOT CAST	Y		1/1/2017	Fee Schedule	$44.14
29800	JAW ARTHROSCOPY/SURGERY	Y	Y	1/1/2017	Fee Schedule	$1,219.54
29804	JAW ARTHROSCOPY/SURGERY	Y	Y	1/1/2017	Fee Schedule	$1,219.54
29805	SHOULDER ARTHROSCOPY DX	Y		1/1/2017	Fee Schedule	$1,219.54
29806	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$2,651.09
29807	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$2,651.09

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29819	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29820	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$2,651.09
29821	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29822	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29823	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29824	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29825	SHOULDER ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29826	SHOULDER ARTHROSCOPY/SURGERY			1/1/2014	No Separate Payment	$0.00
29827	ARTHROSCOP ROTATOR CUFF REPR	Y		1/1/2017	Fee Schedule	$2,651.09
29828	ARTHROSCOPY BICEPS TENODESIS	Y		1/1/2017	Fee Schedule	$2,651.09
29830	ELBOW ARTHROSCOPY	Y		1/1/2017	Fee Schedule	$1,219.54
29834	ELBOW ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29835	ELBOW ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29836	ELBOW ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$2,651.09
29837	ELBOW ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29838	ELBOW ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29840	WRIST ARTHROSCOPY	Y		1/1/2017	Fee Schedule	$1,219.54
29843	WRIST ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29844	WRIST ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29845	WRIST ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29846	WRIST ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29847	WRIST ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$2,651.09
29848	WRIST ENDOSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$695.88
29850	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$695.88
29851	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$695.88
29855	TIBIAL ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$3,235.50
29856	TIBIAL ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$7,040.98
29860	HIP ARTHROSCOPY DX	Y		1/1/2017	Fee Schedule	$2,651.09
29861	HIP ARTHRO W/FB REMOVAL	Y		1/1/2017	Fee Schedule	$1,219.54
29862	HIP ARTHR0 W/DEBRIDEMENT	Y		1/1/2017	Fee Schedule	$2,651.09
29863	HIP ARTHR0 W/SYNOVECTOMY	Y		1/1/2017	Fee Schedule	$1,219.54
29866	AUTGRFT IMPLNT KNEE W/SCOPE	Y		1/1/2017	Fee Schedule	$2,651.09
29870	KNEE ARTHROSCOPY DX	Y		1/1/2017	Fee Schedule	$1,219.54
29871	KNEE ARTHROSCOPY/DRAINAGE	Y		1/1/2017	Fee Schedule	$1,219.54
29873	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29874	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29875	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29876	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29877	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29879	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29880	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29881	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29882	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29883	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29884	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29885	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$2,651.09
29886	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29887	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$2,651.09
29888	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$2,651.09
29889	KNEE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$4,981.42
29891	ANKLE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29892	ANKLE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$2,651.09

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29893	SCOPE PLANTAR FASCIOTOMY	Y		1/1/2017	Fee Schedule	$1,219.54
29894	ANKLE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29895	ANKLE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29897	ANKLE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29898	ANKLE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$1,219.54
29899	ANKLE ARTHROSCOPY/SURGERY	Y		1/1/2017	Fee Schedule	$2,651.09
29900	MCP JOINT ARTHROSCOPY DX	Y		1/1/2017	Fee Schedule	$1,219.54
29901	MCP JOINT ARTHROSCOPY SURG	Y		1/1/2017	Fee Schedule	$1,219.54
29902	MCP JOINT ARTHROSCOPY SURG	Y		1/1/2017	Fee Schedule	$695.88
29904	SUBTALAR ARTHRO W/FB RMVL	Y		1/1/2017	Fee Schedule	$1,219.54
29905	SUBTALAR ARTHRO W/EXC	Y		1/1/2017	Fee Schedule	$1,219.54
29906	SUBTALAR ARTHRO W/DEB	Y		1/1/2017	Fee Schedule	$1,219.54
29907	SUBTALAR ARTHRO W/FUSION	Y		1/1/2017	Fee Schedule	$4,981.42
29914	HIP ARTHRO W/FEMOROPLASTY	Y		1/1/2017	Fee Schedule	$2,651.09
29915	HIP ARTHRO ACETABULOPLASTY	Y		1/1/2017	Fee Schedule	$2,651.09
29916	HIP ARTHRO W/LABRAL REPAIR	Y		1/1/2017	Fee Schedule	$2,651.09
30000	DRAINAGE OF NOSE LESION	Y		1/1/2017	Fee Schedule	$95.75
30020	DRAINAGE OF NOSE LESION	Y		1/1/2017	Fee Schedule	$175.14
30100	INTRANASAL BIOPSY	Y		1/1/2017	Fee Schedule	$104.44
30110	REMOVAL OF NOSE POLYP(S)	Y		1/1/2017	Fee Schedule	$164.73
30115	REMOVAL OF NOSE POLYP(S)	Y		1/1/2017	Fee Schedule	$940.94
30117	REMOVAL OF INTRANASAL LESION	Y		1/1/2017	Fee Schedule	$940.94
30118	REMOVAL OF INTRANASAL LESION	Y		1/1/2017	Fee Schedule	$940.94
30120	REVISION OF NOSE	Y		1/1/2017	Fee Schedule	$940.94
30124	REMOVAL OF NOSE LESION	Y		1/1/2017	Fee Schedule	$561.53
30125	REMOVAL OF NOSE LESION	Y		1/1/2017	Fee Schedule	$2,039.51
30130	EXCISE INFERIOR TURBINATE	Y		1/1/2017	Fee Schedule	$940.94
30140	RESECT INFERIOR TURBINATE	Y		1/1/2017	Fee Schedule	$940.94
30150	PARTIAL REMOVAL OF NOSE	Y		1/1/2017	Fee Schedule	$2,039.51
30160	REMOVAL OF NOSE	Y		1/1/2017	Fee Schedule	$2,039.51
30200	INJECTION TREATMENT OF NOSE	Y		1/1/2017	Fee Schedule	$82.54
30210	NASAL SINUS THERAPY	Y		1/1/2017	Fee Schedule	$105.51
30220	INSERT NASAL SEPTAL BUTTON	Y		1/1/2017	Fee Schedule	$561.53
30300	REMOVE NASAL FOREIGN BODY			1/1/2015	No Separate Payment	$0.00
30310	REMOVE NASAL FOREIGN BODY	Y		1/1/2017	Fee Schedule	$940.94
30320	REMOVE NASAL FOREIGN BODY	Y		1/1/2017	Fee Schedule	$561.53
30400	RECONSTRUCTION OF NOSE	Y	Y	1/1/2017	Fee Schedule	$2,039.51
30410	RECONSTRUCTION OF NOSE	Y	Y	1/1/2017	Fee Schedule	$2,039.51
30420	RECONSTRUCTION OF NOSE	Y	Y	1/1/2017	Fee Schedule	$2,039.51
30430	REVISION OF NOSE	Y	Y	1/1/2017	Fee Schedule	$2,039.51
30435	REVISION OF NOSE	Y	Y	1/1/2017	Fee Schedule	$2,039.51
30450	REVISION OF NOSE	Y	Y	1/1/2017	Fee Schedule	$2,039.51
30460	REVISION OF NOSE	Y	Y	1/1/2017	Fee Schedule	$2,039.51
30462	REVISION OF NOSE	Y	Y	1/1/2017	Fee Schedule	$2,039.51
30465	REPAIR NASAL STENOSIS	Y	Y	1/1/2017	Fee Schedule	$2,039.51
30520	REPAIR OF NASAL SEPTUM	Y		1/1/2017	Fee Schedule	$940.94
30540	REPAIR NASAL DEFECT	Y		1/1/2017	Fee Schedule	$2,039.51
30545	REPAIR NASAL DEFECT	Y		1/1/2017	Fee Schedule	$2,039.51
30560	RELEASE OF NASAL ADHESIONS	Y		1/1/2017	Fee Schedule	$239.32
30580	REPAIR UPPER JAW FISTULA	Y		1/1/2017	Fee Schedule	$2,039.51
30600	REPAIR MOUTH/NOSE FISTULA	Y		1/1/2017	Fee Schedule	$2,039.51
30620	INTRANASAL RECONSTRUCTION	Y		1/1/2017	Fee Schedule	$2,039.51

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30630	REPAIR NASAL SEPTUM DEFECT	Y		1/1/2017	Fee Schedule	$940.94
30801	ABLATE INF TURBINATE SUPERF	Y		1/1/2017	Fee Schedule	$561.53
30802	ABLATE INF TURBINATE SUBMUC	Y		1/1/2017	Fee Schedule	$561.53
30901	CONTROL OF NOSEBLEED			1/1/2015	No Separate Payment	$0.00
30903	CONTROL OF NOSEBLEED	Y		1/1/2017	Fee Schedule	$54.08
30905	CONTROL OF NOSEBLEED	Y		1/1/2017	Fee Schedule	$54.08
30906	REPEAT CONTROL OF NOSEBLEED	Y		1/1/2017	Fee Schedule	$95.75
30915	LIGATION NASAL SINUS ARTERY	Y		1/1/2017	Fee Schedule	$1,276.35
30920	LIGATION UPPER JAW ARTERY	Y		1/1/2017	Fee Schedule	$1,276.35
30930	THER FX NASAL INF TURBINATE	Y		1/1/2017	Fee Schedule	$940.94
31000	IRRIGATION MAXILLARY SINUS	Y		1/1/2017	Fee Schedule	$95.75
31002	IRRIGATION SPHENOID SINUS	Y		1/1/2017	Fee Schedule	$561.53
31020	EXPLORATION MAXILLARY SINUS	Y		1/1/2017	Fee Schedule	$940.94
31030	EXPLORATION MAXILLARY SINUS	Y		1/1/2017	Fee Schedule	$2,039.51
31032	EXPLORE SINUS REMOVE POLYPS	Y		1/1/2017	Fee Schedule	$2,039.51
31040	EXPLORATION BEHIND UPPER JAW	Y		1/1/2017	Fee Schedule	$2,039.51
31050	EXPLORATION SPHENOID SINUS	Y		1/1/2017	Fee Schedule	$2,039.51
31051	SPHENOID SINUS SURGERY	Y		1/1/2017	Fee Schedule	$2,039.51
31070	EXPLORATION OF FRONTAL SINUS	Y		1/1/2017	Fee Schedule	$2,039.51
31075	EXPLORATION OF FRONTAL SINUS	Y		1/1/2017	Fee Schedule	$2,039.51
31080	REMOVAL OF FRONTAL SINUS	Y		1/1/2017	Fee Schedule	$2,039.51
31081	REMOVAL OF FRONTAL SINUS	Y		1/1/2017	Fee Schedule	$2,039.51
31084	REMOVAL OF FRONTAL SINUS	Y		1/1/2017	Fee Schedule	$2,039.51
31085	REMOVAL OF FRONTAL SINUS	Y		1/1/2017	Fee Schedule	$2,039.51
31086	REMOVAL OF FRONTAL SINUS	Y		1/1/2017	Fee Schedule	$2,039.51
31087	REMOVAL OF FRONTAL SINUS	Y		1/1/2017	Fee Schedule	$2,039.51
31090	EXPLORATION OF SINUSES	Y		1/1/2017	Fee Schedule	$2,039.51
31200	REMOVAL OF ETHMOID SINUS	Y		1/1/2017	Fee Schedule	$2,039.51
31201	REMOVAL OF ETHMOID SINUS	Y		1/1/2017	Fee Schedule	$940.94
31205	REMOVAL OF ETHMOID SINUS	Y		1/1/2017	Fee Schedule	$940.94
31231	NASAL ENDOSCOPY DX	Y		1/1/2017	Fee Schedule	$79.05
31233	NASAL/SINUS ENDOSCOPY DX	Y		1/1/2017	Fee Schedule	$195.69
31235	NASAL/SINUS ENDOSCOPY DX	Y		1/1/2017	Fee Schedule	$569.54
31237	NASAL/SINUS ENDOSCOPY SURG	Y		1/1/2017	Fee Schedule	$569.54
31238	NASAL/SINUS ENDOSCOPY SURG	Y		1/1/2017	Fee Schedule	$569.54
31239	NASAL/SINUS ENDOSCOPY SURG	Y		1/1/2017	Fee Schedule	$1,118.35
31240	NASAL/SINUS ENDOSCOPY SURG	Y		1/1/2017	Fee Schedule	$569.54
31254	REVISION OF ETHMOID SINUS	Y		1/1/2017	Fee Schedule	$1,710.74
31255	REMOVAL OF ETHMOID SINUS	Y		1/1/2017	Fee Schedule	$1,710.74
31256	EXPLORATION MAXILLARY SINUS	Y		1/1/2017	Fee Schedule	$1,118.35
31267	ENDOSCOPY MAXILLARY SINUS	Y		1/1/2017	Fee Schedule	$1,710.74
31276	SINUS ENDOSCOPY SURGICAL	Y		1/1/2017	Fee Schedule	$1,710.74
31287	NASAL/SINUS ENDOSCOPY SURG	Y		1/1/2017	Fee Schedule	$1,710.74
31288	NASAL/SINUS ENDOSCOPY SURG	Y		1/1/2017	Fee Schedule	$1,710.74
31295	SINUS ENDO W/BALLOON DIL	Y		1/1/2017	Fee Schedule	$1,710.74
31296	SINUS ENDO W/BALLOON DIL	Y		1/1/2017	Fee Schedule	$1,710.74
31297	SINUS ENDO W/BALLOON DIL	Y		1/1/2017	Fee Schedule	$1,710.74
31300	REMOVAL OF LARYNX LESION	Y		1/1/2017	Fee Schedule	$940.94
31320	DIAGNOSTIC INCISION LARYNX	Y		1/1/2017	Fee Schedule	$2,039.51
31400	REVISION OF LARYNX	Y		1/1/2017	Fee Schedule	$2,039.51
31420	REMOVAL OF EPIGLOTTIS	Y		1/1/2017	Fee Schedule	$2,039.51
31500	INSERT EMERGENCY AIRWAY	Y		1/1/2017	Fee Schedule	$95.75

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31502	CHANGE OF WINDPIPE AIRWAY	Y		1/1/2017	Fee Schedule	$95.75
31505	DIAGNOSTIC LARYNGOSCOPY	Y		1/1/2017	Fee Schedule	$59.22
31510	LARYNGOSCOPY WITH BIOPSY	Y		1/1/2017	Fee Schedule	$1,118.35
31511	REMOVE FOREIGN BODY LARYNX	Y		1/1/2017	Fee Schedule	$79.05
31512	REMOVAL OF LARYNX LESION	Y		1/1/2017	Fee Schedule	$1,118.35
31513	INJECTION INTO VOCAL CORD	Y		1/1/2017	Fee Schedule	$195.69
31515	LARYNGOSCOPY FOR ASPIRATION	Y		1/1/2017	Fee Schedule	$195.69
31520	DX LARYNGOSCOPY NEWBORN	Y		1/1/2017	Fee Schedule	$195.69
31525	DX LARYNGOSCOPY EXCL NB	Y		1/1/2017	Fee Schedule	$569.54
31526	DX LARYNGOSCOPY W/OPER SCOPE	Y		1/1/2017	Fee Schedule	$569.54
31527	LARYNGOSCOPY FOR TREATMENT	Y		1/1/2017	Fee Schedule	$1,118.35
31528	LARYNGOSCOPY AND DILATION	Y		1/1/2017	Fee Schedule	$1,118.35
31529	LARYNGOSCOPY AND DILATION	Y		1/1/2017	Fee Schedule	$1,118.35
31530	LARYNGOSCOPY W/FB REMOVAL	Y		1/1/2017	Fee Schedule	$569.54
31531	LARYNGOSCOPY W/FB & OP SCOPE	Y		1/1/2017	Fee Schedule	$1,118.35
31535	LARYNGOSCOPY W/BIOPSY	Y		1/1/2017	Fee Schedule	$1,118.35
31536	LARYNGOSCOPY W/BX & OP SCOPE	Y		1/1/2017	Fee Schedule	$1,118.35
31540	LARYNGOSCOPY W/EXC OF TUMOR	Y		1/1/2017	Fee Schedule	$1,118.35
31541	LARYNSCOP W/TUMR EXC + SCOPE	Y		1/1/2017	Fee Schedule	$1,118.35
31545	REMOVE VC LESION W/SCOPE	Y		1/1/2017	Fee Schedule	$1,118.35
31546	REMOVE VC LESION SCOPE/GRAFT	Y		1/1/2017	Fee Schedule	$1,710.74
31551	LARYNGOPLASTY LARYNGEAL STEN	Y	N	1/1/2017	Fee Schedule	$2,039.51
31552	LARYNGOPLASTY LARYNGEAL STEN	Y	N	1/1/2017	Fee Schedule	$2,039.51
31553	LARYNGOPLASTY LARYNGEAL STEN	Y	N	1/1/2017	Fee Schedule	$2,039.51
31554	LARYNGOPLASTY LARYNGEAL STEN	Y	N	1/1/2017	Fee Schedule	$2,039.51
31560	LARYNGOSCOP W/ARYTENOIDECTOM	Y		1/1/2017	Fee Schedule	$1,710.74
31561	LARYNSCOP REMVE CART + SCOP	Y		1/1/2017	Fee Schedule	$1,710.74
31570	LARYNGOSCOPE W/VC INJ	Y		1/1/2017	Fee Schedule	$1,118.35
31571	LARYNGOSCOP W/VC INJ + SCOPE	Y		1/1/2017	Fee Schedule	$1,118.35
31572	LARGSC W/LASER DSTRJ LES	Y	N	1/1/2017	Fee Schedule	$1,507.87
31573	LARGSC W/THER INJECTION	Y	N	1/1/2017	Fee Schedule	$767.91
31574	LARGSC W/NJX AUGMENTATION	Y	N	1/1/2017	Fee Schedule	$767.91
31575	DIAGNOSTIC LARYNGOSCOPY	Y		1/1/2017	Fee Schedule	$77.52
31576	LARYNGOSCOPY WITH BIOPSY	Y		1/1/2017	Fee Schedule	$569.54
31577	LARGSC W/RMVL FOREIGN BDY	Y		1/1/2017	Fee Schedule	$195.69
31578	LARGSC W/REMOVAL LESION	Y		1/1/2017	Fee Schedule	$1,118.35
31579	LARYNGOSCOPY TELESCOPIC	Y		1/1/2017	Fee Schedule	$104.08
31580	LARYNGOPLASTY LARYNGEAL WEB	Y		1/1/2017	Fee Schedule	$2,039.51
31590	REINNERVATE LARYNX	Y		1/1/2017	Fee Schedule	$2,039.51
31591	LARYNGOPLASTY MEDIALIZATION	Y	N	1/1/2017	Fee Schedule	$2,039.51
31592	CRICOTRACHEAL RESECTION	Y	N	1/1/2017	Fee Schedule	$2,039.51
31595	LARYNX NERVE SURGERY	Y		1/1/2017	Fee Schedule	$940.94
31603	INCISION OF WINDPIPE	Y		1/1/2017	Fee Schedule	$561.53
31605	INCISION OF WINDPIPE	Y		1/1/2017	Fee Schedule	$239.32
31611	SURGERY/SPEECH PROSTHESIS	Y		1/1/2017	Fee Schedule	$940.94
31612	PUNCTURE/CLEAR WINDPIPE	Y		1/1/2017	Fee Schedule	$940.94
31613	REPAIR WINDPIPE OPENING	Y		1/1/2017	Fee Schedule	$940.94
31614	REPAIR WINDPIPE OPENING	Y		1/1/2017	Fee Schedule	$2,039.51
31615	VISUALIZATION OF WINDPIPE	Y		1/1/2017	Fee Schedule	$239.32
31622	DX BRONCHOSCOPE/WASH	Y		1/1/2017	Fee Schedule	$569.54
31623	DX BRONCHOSCOPE/BRUSH	Y		1/1/2017	Fee Schedule	$569.54
31624	DX BRONCHOSCOPE/LAVAGE	Y		1/1/2017	Fee Schedule	$569.54

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31625	BRONCHOSCOPY W/BIOPSY(S)	Y		1/1/2017	Fee Schedule	$569.54
31626	BRONCHOSCOPY W/MARKERS	Y	N	1/1/2017	Fee Schedule	$1,710.74
31627	NAVIGATIONAL BRONCHOSCOPY		N	1/1/2010	No Separate Payment	$0.00
31628	BRONCHOSCOPY/LUNG BX EACH	Y		1/1/2017	Fee Schedule	$1,118.35
31629	BRONCHOSCOPY/NEEDLE BX EACH	Y		1/1/2017	Fee Schedule	$1,118.35
31630	BRONCHOSCOPY DILATE/FX REPR	Y		1/1/2017	Fee Schedule	$1,118.35
31631	BRONCHOSCOPY DILATE W/STENT	Y		1/1/2017	Fee Schedule	$1,710.74
31632	BRONCHOSCOPY/LUNG BX ADDL			1/1/2014	No Separate Payment	$0.00
31633	BRONCHOSCOPY/NEEDLE BX ADDL			1/1/2014	No Separate Payment	$0.00
31634	BRONCH W/BALLOON OCCLUSION	Y		1/1/2017	Fee Schedule	$1,710.74
31635	BRONCHOSCOPY W/FB REMOVAL	Y		1/1/2017	Fee Schedule	$569.54
31636	BRONCHOSCOPY BRONCH STENTS	Y		1/1/2017	Fee Schedule	$2,385.63
31637	BRONCHOSCOPY STENT ADD-ON			1/1/2014	No Separate Payment	$0.00
31638	BRONCHOSCOPY REVISE STENT	Y		1/1/2017	Fee Schedule	$1,710.74
31640	BRONCHOSCOPY W/TUMOR EXCISE	Y		1/1/2017	Fee Schedule	$1,118.35
31641	BRONCHOSCOPY TREAT BLOCKAGE	Y		1/1/2017	Fee Schedule	$1,118.35
31643	DIAG BRONCHOSCOPE/CATHETER	Y		1/1/2017	Fee Schedule	$569.54
31645	BRONCHOSCOPY CLEAR AIRWAYS	Y		1/1/2017	Fee Schedule	$569.54
31646	BRONCHOSCOPY RECLEAR AIRWAY	Y		1/1/2017	Fee Schedule	$195.69
31647	BRONCHIAL VALVE INIT INSERT	Y	N	1/1/2017	Fee Schedule	$1,710.74
31648	BRONCHIAL VALVE REMOV INIT	Y	N	1/1/2017	Fee Schedule	$1,118.35
31649	BRONCHIAL VALVE REMOV ADDL		N	1/1/2017	Fee Schedule	$569.54
31651	BRONCHIAL VALVE ADDL INSERT		N	1/1/2014	No Separate Payment	$0.00
31652	BRONCH EBUS SAMPLNG 1/2 NODE	Y	N	1/1/2017	Fee Schedule	$1,118.35
31653	BRONCH EBUS SAMPLNG 3/> NODE	Y	N	1/1/2017	Fee Schedule	$1,118.35
31654	BRONCH EBUS IVNTJ PERPH LES		N	7/1/2016	No Separate Payment	$0.00
31717	BRONCHIAL BRUSH BIOPSY	Y		1/1/2017	Fee Schedule	$195.69
31720	CLEARANCE OF AIRWAYS			1/1/2015	No Separate Payment	$0.00
31730	INTRO WINDPIPE WIRE/TUBE	Y		1/1/2017	Fee Schedule	$569.54
31750	REPAIR OF WINDPIPE	Y		1/1/2017	Fee Schedule	$2,039.51
31755	REPAIR OF WINDPIPE	Y		1/1/2017	Fee Schedule	$2,039.51
31820	CLOSURE OF WINDPIPE LESION	Y		1/1/2017	Fee Schedule	$940.94
31825	REPAIR OF WINDPIPE DEFECT	Y		1/1/2017	Fee Schedule	$940.94
31830	REVISE WINDPIPE SCAR	Y		1/1/2017	Fee Schedule	$940.94
32400	NEEDLE BIOPSY CHEST LINING	Y		1/1/2017	Fee Schedule	$521.64
32405	PERCUT BX LUNG/MEDIASTINUM	Y		1/1/2017	Fee Schedule	$521.64
32550	INSERT PLEURAL CATH	Y		1/1/2017	Fee Schedule	$1,454.83
32552	REMOVE LUNG CATHETER		N	1/1/2017	Fee Schedule	$369.90
32553	INS MARK THOR FOR RT PERQ		N	1/1/2017	Fee Schedule	$576.51
32554	ASPIRATE PLEURA W/O IMAGING	Y	N	1/1/2017	Fee Schedule	$369.90
32555	ASPIRATE PLEURA W/ IMAGING	Y	N	1/1/2017	Fee Schedule	$369.90
32556	INSERT CATH PLEURA W/O IMAGE	Y	N	1/1/2017	Fee Schedule	$608.53
32557	INSERT CATH PLEURA W/ IMAGE	Y	N	1/1/2017	Fee Schedule	$369.90
32960	THERAPEUTIC PNEUMOTHORAX	Y		1/1/2017	Fee Schedule	$369.90
32998	PERQ RF ABLATE TX PUL TUMOR	Y		1/1/2017	Fee Schedule	$2,040.04
33010	DRAINAGE OF HEART SAC	Y		1/1/2017	Fee Schedule	$369.90
33011	REPEAT DRAINAGE OF HEART SAC	Y		1/1/2017	Fee Schedule	$369.90
33206	INSERT HEART PM ATRIAL	Y		1/1/2017	Fee Schedule	$7,729.69
33207	INSERT HEART PM VENTRICULAR	Y		1/1/2017	Fee Schedule	$7,607.78
33208	INSRT HEART PM ATRIAL & VENT	Y		1/1/2017	Fee Schedule	$7,787.33
33210	INSERT ELECTRD/PM CATH SNGL	Y		1/1/2017	Fee Schedule	$3,673.00
33211	INSERT CARD ELECTRODES DUAL	Y		1/1/2017	Fee Schedule	$5,656.82

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33212	INSERT PULSE GEN SNGL LEAD	Y		1/1/2017	Fee Schedule	$5,679.28
33213	INSERT PULSE GEN DUAL LEADS	Y		1/1/2017	Fee Schedule	$7,691.54
33214	UPGRADE OF PACEMAKER SYSTEM	Y		1/1/2017	Fee Schedule	$7,583.32
33215	REPOSITION PACING-DEFIB LEAD	Y		1/1/2017	Fee Schedule	$1,276.35
33216	INSERT 1 ELECTRODE PM-DEFIB	Y		1/1/2017	Fee Schedule	$5,214.69
33217	INSERT 2 ELECTRODE PM-DEFIB	Y		1/1/2017	Fee Schedule	$5,465.55
33218	REPAIR LEAD PACE-DEFIB ONE	Y		1/1/2017	Fee Schedule	$1,383.94
33220	REPAIR LEAD PACE-DEFIB DUAL	Y		1/1/2017	Fee Schedule	$1,383.94
33221	INSERT PULSE GEN MULT LEADS	Y	N	1/1/2017	Fee Schedule	$12,726.36
33222	RELOCATION POCKET PACEMAKER	Y		1/1/2017	Fee Schedule	$771.98
33223	RELOCATE POCKET FOR DEFIB	Y		1/1/2017	Fee Schedule	$771.98
33224	INSERT PACING LEAD & CONNECT	Y		1/1/2017	Fee Schedule	$7,720.15
33225	L VENTRIC PACING LEAD ADD-ON			1/1/2015	No Separate Payment	$0.00
33226	REPOSITION L VENTRIC LEAD	Y		1/1/2017	Fee Schedule	$1,276.35
33227	REMOVE&REPLACE PM GEN SINGL	Y	N	1/1/2017	Fee Schedule	$5,655.26
33228	REMV&REPLC PM GEN DUAL LEAD	Y	N	1/1/2017	Fee Schedule	$7,611.52
33229	REMV&REPLC PM GEN MULT LEADS	Y	N	1/1/2017	Fee Schedule	$12,382.74
33230	INSRT PULSE GEN W/DUAL LEADS	Y	N	1/1/2017	Fee Schedule	$19,448.21
33231	INSRT PULSE GEN W/MULT LEADS	Y	N	1/1/2017	Fee Schedule	$26,764.33
33233	REMOVAL OF PM GENERATOR			1/1/2017	Fee Schedule	$3,673.00
33234	REMOVAL OF PACEMAKER SYSTEM			1/1/2017	Fee Schedule	$1,383.94
33235	REMOVAL PACEMAKER ELECTRODE			1/1/2017	Fee Schedule	$1,383.94
33240	INSRT PULSE GEN W/SINGL LEAD	Y		1/1/2017	Fee Schedule	$19,347.75
33241	REMOVE PULSE GENERATOR			1/1/2017	Fee Schedule	$1,383.94
33249	INSJ/RPLCMT DEFIB W/LEAD(S)	Y		1/1/2017	Fee Schedule	$26,711.61
33262	RMVL& REPLC PULSE GEN 1 LEAD	Y	N	1/1/2017	Fee Schedule	$19,172.69
33263	RMVL & RPLCMT DFB GEN 2 LEAD	Y	N	1/1/2017	Fee Schedule	$19,363.67
33264	RMVL & RPLCMT DFB GEN MLT LD	Y	N	1/1/2017	Fee Schedule	$26,831.93
33270	INS/REP SUBQ DEFIBRILLATOR	Y	N	1/1/2017	Fee Schedule	$26,608.86
33271	INSJ SUBQ IMPLTBL DFB ELCTRD	Y	N	1/1/2017	Fee Schedule	$5,931.39
33273	REPOS PREV IMPLTBL SUBQ DFB	Y	N	1/1/2017	Fee Schedule	$1,383.94
33282	IMPLANT PAT-ACTIVE HT RECORD	Y		1/1/2017	Fee Schedule	$6,132.65
33284	REMOVE PAT-ACTIVE HT RECORD			1/1/2017	Fee Schedule	$291.49
33419	REPAIR TCAT MITRAL VALVE		N	1/1/2015	No Separate Payment	$0.00
33508	ENDOSCOPIC VEIN HARVEST			1/1/2009	No Separate Payment	$0.00
34490	REMOVAL OF VEIN CLOT	Y		1/1/2017	Fee Schedule	$1,276.35
35188	REPAIR BLOOD VESSEL LESION	Y		1/1/2017	Fee Schedule	$2,121.81
35207	REPAIR BLOOD VESSEL LESION	Y		1/1/2017	Fee Schedule	$1,276.35
35572	HARVEST FEMOROPOPLITEAL VEIN			1/1/2009	No Separate Payment	$0.00
35761	EXPLORATION OF ARTERY/VEIN	Y		1/1/2017	Fee Schedule	$1,276.35
35875	REMOVAL OF CLOT IN GRAFT	Y		1/1/2017	Fee Schedule	$2,121.81
35876	REMOVAL OF CLOT IN GRAFT	Y		1/1/2017	Fee Schedule	$2,121.81
36000	PLACE NEEDLE IN VEIN			1/1/2009	No Separate Payment	$0.00
36002	PSEUDOANEURYSM INJECTION TRT	Y		1/1/2017	Fee Schedule	$369.90
36005	INJECTION EXT VENOGRAPHY			1/1/2009	No Separate Payment	$0.00
36010	PLACE CATHETER IN VEIN			1/1/2009	No Separate Payment	$0.00
36011	PLACE CATHETER IN VEIN			1/1/2009	No Separate Payment	$0.00
36012	PLACE CATHETER IN VEIN			1/1/2009	No Separate Payment	$0.00
36013	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36014	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36015	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36100	ESTABLISH ACCESS TO ARTERY			1/1/2009	No Separate Payment	$0.00

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36120	ESTABLISH ACCESS TO ARTERY			1/1/2009	No Separate Payment	$0.00
36140	ESTABLISH ACCESS TO ARTERY			1/1/2009	No Separate Payment	$0.00
36160	ESTABLISH ACCESS TO AORTA			1/1/2009	No Separate Payment	$0.00
36200	PLACE CATHETER IN AORTA			1/1/2009	No Separate Payment	$0.00
36215	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36216	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36217	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36218	PLACE CATHETER IN ARTERY			1/1/2009	No Separate Payment	$0.00
36221	PLACE CATH THORACIC AORTA		N	1/1/2013	No Separate Payment	$0.00
36222	PLACE CATH CAROTID/INOM ART		N	1/1/2013	No Separate Payment	$0.00
36223	PLACE CATH CAROTID/INOM ART		N	1/1/2013	No Separate Payment	$0.00
36224	PLACE CATH CAROTD ART		N	1/1/2013	No Separate Payment	$0.00
36225	PLACE CATH SUBCLAVIAN ART		N	1/1/2013	No Separate Payment	$0.00
36226	PLACE CATH VERTEBRAL ART		N	1/1/2013	No Separate Payment	$0.00
36227	PLACE CATH XTRNL CAROTID		N	1/1/2013	No Separate Payment	$0.00
36228	PLACE CATH INTRACRANIAL ART		N	1/1/2013	No Separate Payment	$0.00
36245	INS CATH ABD/L-EXT ART 1ST			1/1/2009	No Separate Payment	$0.00
36246	INS CATH ABD/L-EXT ART 2ND			1/1/2009	No Separate Payment	$0.00
36247	INS CATH ABD/L-EXT ART 3RD			1/1/2009	No Separate Payment	$0.00
36248	INS CATH ABD/L-EXT ART ADDL			1/1/2009	No Separate Payment	$0.00
36251	INS CATH REN ART 1ST UNILAT		N	1/1/2012	No Separate Payment	$0.00
36252	INS CATH REN ART 1ST BILAT		N	1/1/2012	No Separate Payment	$0.00
36253	INS CATH REN ART 2ND+ UNILAT		N	1/1/2012	No Separate Payment	$0.00
36254	INS CATH REN ART 2ND+ BILAT		N	1/1/2012	No Separate Payment	$0.00
36260	INSERTION OF INFUSION PUMP	Y		1/1/2017	Fee Schedule	$3,636.60
36261	REVISION OF INFUSION PUMP	Y		1/1/2017	Fee Schedule	$2,152.82
36262	REMOVAL OF INFUSION PUMP			1/1/2017	Fee Schedule	$1,383.94
36400	BL DRAW < 3 YRS FEM/JUGULAR			1/1/2009	No Separate Payment	$0.00
36405	BL DRAW <3 YRS SCALP VEIN			1/1/2009	No Separate Payment	$0.00
36406	BL DRAW <3 YRS OTHER VEIN			1/1/2009	No Separate Payment	$0.00
36410	NON-ROUTINE BL DRAW 3/> YRS			1/1/2009	No Separate Payment	$0.00
36415	ROUTINE VENIPUNCTURE		N	7/1/2016	No Separate Payment	$0.00
36416	CAPILLARY BLOOD DRAW			1/1/2009	No Separate Payment	$0.00
36420	VEIN ACCESS CUTDOWN < 1 YR			1/1/2015	No Separate Payment	$0.00
36425	VEIN ACCESS CUTDOWN > 1 YR			1/1/2015	No Separate Payment	$0.00
36430	BLOOD TRANSFUSION SERVICE			1/1/2017	Fee Schedule	$34.81
36440	BL PUSH TRANSFUSE 2 YR/<			1/1/2017	Fee Schedule	$191.69
36450	BL EXCHANGE/TRANSFUSE NB			1/1/2017	Fee Schedule	$191.69
36455	BL EXCHANGE/TRANSFUSE NON-NB			1/1/2017	Fee Schedule	$191.69
36468	INJECTION(S) SPIDER VEINS			3/1/2011	Not Allowed	$0.00
36469	INJECTION(S) SPIDER VEINS			3/1/2011	Not Allowed	$0.00
36470	INJECTION THERAPY OF VEIN	Y		1/1/2017	Fee Schedule	$103.72
36471	INJECTION THERAPY OF VEINS	Y		1/1/2017	Fee Schedule	$108.38
36473	ENDOVENOUS MCHNCHEM 1ST VEIN	Y	N	1/1/2017	Fee Schedule	$1,276.35
36474	ENDOVENOUS MCHNCHEM ADD-ON		N	1/1/2017	No Separate Payment	$0.00
36475	ENDOVENOUS RF 1ST VEIN	Y		1/1/2017	Fee Schedule	$1,276.35
36476	ENDOVENOUS RF VEIN ADD-ON			1/1/2014	No Separate Payment	$0.00
36478	ENDOVENOUS LASER 1ST VEIN	Y		1/1/2017	Fee Schedule	$1,276.35
36479	ENDOVENOUS LASER VEIN ADDON			1/1/2014	No Separate Payment	$0.00
36481	INSERTION OF CATHETER VEIN			1/1/2009	No Separate Payment	$0.00
36500	INSERTION OF CATHETER VEIN			1/1/2009	No Separate Payment	$0.00
36510	INSERTION OF CATHETER VEIN			1/1/2009	No Separate Payment	$0.00

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36511	APHERESIS WBC			1/1/2017	Fee Schedule	$594.04
36512	APHERESIS RBC			1/1/2017	Fee Schedule	$594.04
36513	APHERESIS PLATELETS			1/1/2017	Fee Schedule	$191.69
36514	APHERESIS PLASMA			1/1/2017	Fee Schedule	$594.04
36515	APHERESIS ADSORP/REINFUSE			1/1/2017	Fee Schedule	$1,723.62
36516	APHERESIS SELECTIVE			1/1/2017	Fee Schedule	$1,723.62
36522	PHOTOPHERESIS			3/1/2011	Not Allowed	$0.00
36555	INSERT NON-TUNNEL CV CATH	Y		1/1/2017	Fee Schedule	$369.90
36556	INSERT NON-TUNNEL CV CATH	Y		1/1/2017	Fee Schedule	$369.90
36557	INSERT TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$2,121.81
36558	INSERT TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$1,276.35
36560	INSERT TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$1,276.35
36561	INSERT TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$1,276.35
36563	INSERT TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$2,121.81
36565	INSERT TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$1,276.35
36566	INSERT TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$2,121.81
36568	INSERT PICC CATH	Y		1/1/2017	Fee Schedule	$369.90
36569	INSERT PICC CATH	Y		1/1/2017	Fee Schedule	$369.90
36570	INSERT PICVAD CATH	Y		1/1/2017	Fee Schedule	$1,276.35
36571	INSERT PICVAD CATH	Y		1/1/2017	Fee Schedule	$1,276.35
36575	REPAIR TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$369.90
36576	REPAIR TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$369.90
36578	REPLACE TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$1,276.35
36580	REPLACE CVAD CATH	Y		1/1/2017	Fee Schedule	$369.90
36581	REPLACE TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$1,276.35
36582	REPLACE TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$1,276.35
36583	REPLACE TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$3,600.92
36584	REPLACE PICC CATH	Y		1/1/2017	Fee Schedule	$369.90
36585	REPLACE PICVAD CATH	Y		1/1/2017	Fee Schedule	$1,276.35
36589	REMOVAL TUNNELED CV CATH			1/1/2017	Fee Schedule	$369.90
36590	REMOVAL TUNNELED CV CATH			1/1/2017	Fee Schedule	$369.90
36591	DRAW BLOOD OFF VENOUS DEVICE			1/1/2009	No Separate Payment	$0.00
36592	COLLECT BLOOD FROM PICC			1/1/2009	No Separate Payment	$0.00
36593	DECLOT VASCULAR DEVICE	Y		1/1/2017	Fee Schedule	$31.22
36595	MECH REMOV TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$453.99
36596	MECH REMOV TUNNELED CV CATH	Y		1/1/2017	Fee Schedule	$369.90
36597	REPOSITION VENOUS CATHETER	Y		1/1/2017	Fee Schedule	$369.90
36598	INJ W/FLUOR EVAL CV DEVICE	Y		1/1/2017	Fee Schedule	$83.98
36600	WITHDRAWAL OF ARTERIAL BLOOD			1/1/2009	No Separate Payment	$0.00
36620	INSERTION CATHETER ARTERY			1/1/2009	No Separate Payment	$0.00
36625	INSERTION CATHETER ARTERY			1/1/2009	No Separate Payment	$0.00
36640	INSERTION CATHETER ARTERY	Y		1/1/2017	Fee Schedule	$1,276.35
36680	INSERT NEEDLE BONE CAVITY			1/1/2015	No Separate Payment	$0.00
36800	INSERTION OF CANNULA	Y		1/1/2017	Fee Schedule	$2,121.81
36810	INSERTION OF CANNULA	Y		1/1/2017	Fee Schedule	$1,276.35
36815	INSERTION OF CANNULA	Y		1/1/2017	Fee Schedule	$2,121.81
36818	AV FUSE UPPR ARM CEPHALIC	Y		1/1/2017	Fee Schedule	$2,121.81
36819	AV FUSE UPPR ARM BASILIC	Y		1/1/2017	Fee Schedule	$2,121.81
36820	AV FUSION/FOREARM VEIN	Y		1/1/2017	Fee Schedule	$2,121.81
36821	AV FUSION DIRECT ANY SITE	Y		1/1/2017	Fee Schedule	$1,276.35
36825	ARTERY-VEIN AUTOGRAFT	Y		1/1/2017	Fee Schedule	$2,121.81
36830	ARTERY-VEIN NONAUTOGRAFT	Y		1/1/2017	Fee Schedule	$2,121.81

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36831	OPEN THROMBECT AV FISTULA	Y		1/1/2017	Fee Schedule	$2,121.81
36832	AV FISTULA REVISION OPEN	Y		1/1/2017	Fee Schedule	$2,121.81
36833	AV FISTULA REVISION	Y		1/1/2017	Fee Schedule	$2,121.81
36835	ARTERY TO VEIN SHUNT	Y		1/1/2017	Fee Schedule	$1,276.35
36860	EXTERNAL CANNULA DECLOTTING	Y		1/1/2017	Fee Schedule	$369.90
36861	CANNULA DECLOTTING	Y		1/1/2017	Fee Schedule	$2,121.81
36901	INTRO CATH DIALYSIS CIRCUIT	Y	N	1/1/2017	Fee Schedule	$369.90
36902	INTRO CATH DIALYSIS CIRCUIT	Y	N	1/1/2017	Fee Schedule	$2,983.38
36903	INTRO CATH DIALYSIS CIRCUIT	Y	N	1/1/2017	Fee Schedule	$5,653.06
36904	THRMBC/NFS DIALYSIS CIRCUIT	Y	N	1/1/2017	Fee Schedule	$2,983.38
36905	THRMBC/NFS DIALYSIS CIRCUIT	Y	N	1/1/2017	Fee Schedule	$5,653.06
36906	THRMBC/NFS DIALYSIS CIRCUIT	Y	N	1/1/2017	Fee Schedule	$8,850.26
36907	BALO ANGIOP CTR DIALYSIS SEG		N	1/1/2017	No Separate Payment	$0.00
36908	STENT PLMT CTR DIALYSIS SEG		N	1/1/2017	No Separate Payment	$0.00
36909	DIALYSIS CIRCUIT EMBOLJ		N	1/1/2017	No Separate Payment	$0.00
37184	PRIM ART M-THRMBC 1ST VSL	Y		1/1/2017	Fee Schedule	$2,950.77
37185	PRIM ART M-THRMBC SBSQ VSL			1/1/2014	No Separate Payment	$0.00
37186	SEC ART THROMBECTOMY ADD-ON			1/1/2014	No Separate Payment	$0.00
37187	VENOUS MECH THROMBECTOMY	Y		1/1/2017	Fee Schedule	$2,121.81
37188	VENOUS M-THROMBECTOMY ADD-ON	Y		1/1/2017	Fee Schedule	$1,276.35
37197	REMOVE INTRVAS FOREIGN BODY	Y	N	1/1/2017	Fee Schedule	$1,276.35
37200	TRANSCATHETER BIOPSY	Y		1/1/2017	Fee Schedule	$2,121.81
37211	THROMBOLYTIC ART THERAPY	Y	N	1/1/2017	Fee Schedule	$2,121.81
37212	THROMBOLYTIC VENOUS THERAPY	Y	N	1/1/2017	Fee Schedule	$1,276.35
37220	ILIAC REVASC	Y		1/1/2017	Fee Schedule	$2,212.72
37221	ILIAC REVASC W/STENT	Y		1/1/2017	Fee Schedule	$5,904.16
37222	ILIAC REVASC ADD-ON			1/1/2015	No Separate Payment	$0.00
37223	ILIAC REVASC W/STENT ADD-ON			1/1/2015	No Separate Payment	$0.00
37224	FEM/POPL REVAS W/TLA	Y	N	1/1/2017	Fee Schedule	$3,493.91
37225	FEM/POPL REVAS W/ATHER	Y	N	1/1/2017	Fee Schedule	$7,177.12
37226	FEM/POPL REVASC W/STENT	Y	N	1/1/2017	Fee Schedule	$6,424.53
37227	FEM/POPL REVASC STNT & ATHER	Y	N	1/1/2017	Fee Schedule	$10,532.02
37228	TIB/PER REVASC W/TLA	Y	N	1/1/2017	Fee Schedule	$4,192.76
37229	TIB/PER REVASC W/ATHER	Y	N	1/1/2017	Fee Schedule	$9,478.69
37230	TIB/PER REVASC W/STENT	Y	N	1/1/2017	Fee Schedule	$9,507.69
37231	TIB/PER REVASC STENT & ATHER	Y	N	1/1/2017	Fee Schedule	$9,383.89
37232	TIB/PER REVASC ADD-ON		N	1/1/2015	No Separate Payment	$0.00
37233	TIBPER REVASC W/ATHER ADD-ON		N	1/1/2015	No Separate Payment	$0.00
37234	REVSC OPN/PRQ TIB/PERO STENT		N	1/1/2015	No Separate Payment	$0.00
37235	TIB/PER REVASC STNT & ATHER		N	1/1/2015	No Separate Payment	$0.00
37236	OPEN/PERQ PLACE STENT 1ST	Y	N	1/1/2017	Fee Schedule	$4,192.76
37237	OPEN/PERQ PLACE STENT EA ADD		N	1/1/2015	No Separate Payment	$0.00
37238	OPEN/PERQ PLACE STENT SAME	Y	N	1/1/2017	Fee Schedule	$5,915.56
37239	OPEN/PERQ PLACE STENT EA ADD		N	1/1/2015	No Separate Payment	$0.00
37241	VASC EMBOLIZE/OCCLUDE VENOUS	Y	N	1/1/2017	Fee Schedule	$4,192.76
37242	VASC EMBOLIZE/OCCLUDE ARTERY	Y	N	1/1/2017	Fee Schedule	$4,192.76
37243	VASC EMBOLIZE/OCCLUDE ORGAN	Y	N	1/1/2017	Fee Schedule	$4,192.76
37246	TRLUML BALO ANGIOP 1ST ART	Y	N	1/1/2017	Fee Schedule	$2,983.38
37247	TRLUML BALO ANGIOP ADDL ART		N	1/1/2017	No Separate Payment	$0.00
37248	TRLUML BALO ANGIOP 1ST VEIN	Y	N	1/1/2017	Fee Schedule	$2,983.38
37249	TRLUML BALO ANGIOP ADDL VEIN		N	1/1/2017	No Separate Payment	$0.00
37252	INTRVASC US NONCORONARY 1ST		N	7/1/2016	No Separate Payment	$0.00

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37253	INTRVASC US NONCORONARY ADDL		N	7/1/2016	No Separate Payment	$0.00
37500	ENDOSCOPY LIGATE PERF VEINS	Y		1/1/2017	Fee Schedule	$2,121.81
37607	LIGATION OF A-V FISTULA	Y		1/1/2017	Fee Schedule	$1,276.35
37609	TEMPORAL ARTERY PROCEDURE	Y		1/1/2017	Fee Schedule	$521.64
37650	REVISION OF MAJOR VEIN	Y		1/1/2017	Fee Schedule	$1,276.35
37700	REVISE LEG VEIN	Y		1/1/2017	Fee Schedule	$1,276.35
37718	LIGATE/STRIP SHORT LEG VEIN	Y		1/1/2017	Fee Schedule	$1,276.35
37722	LIGATE/STRIP LONG LEG VEIN	Y		1/1/2017	Fee Schedule	$1,276.35
37735	REMOVAL OF LEG VEINS/LESION	Y		1/1/2017	Fee Schedule	$1,276.35
37760	LIGATE LEG VEINS RADICAL	Y		1/1/2017	Fee Schedule	$1,276.35
37761	LIGATE LEG VEINS OPEN	Y	N	1/1/2017	Fee Schedule	$369.90
37765	STAB PHLEB VEINS XTR 10-20	Y		1/1/2017	Fee Schedule	$336.99
37766	PHLEB VEINS - EXTREM 20+	Y		1/1/2017	Fee Schedule	$378.63
37780	REVISION OF LEG VEIN	Y		1/1/2017	Fee Schedule	$369.90
37785	LIGATE/DIVIDE/EXCISE VEIN	Y		1/1/2017	Fee Schedule	$1,276.35
37790	PENILE VENOUS OCCLUSION	Y		1/1/2017	Fee Schedule	$1,181.53
38200	INJECTION FOR SPLEEN X-RAY			1/1/2009	No Separate Payment	$0.00
38204	BL DONOR SEARCH MANAGEMENT			1/1/2009	No Separate Payment	$0.00
38205	HARVEST ALLOGENEIC STEM CELL		Y	1/1/2012	Not Allowed	$0.00
38206	HARVEST AUTO STEM CELLS		Y	1/1/2017	Fee Schedule	$594.04
38220	BONE MARROW ASPIRATION	Y		1/1/2017	Fee Schedule	$127.05
38221	BONE MARROW BIOPSY	Y		1/1/2017	Fee Schedule	$118.79
38230	BONE MARROW HARVEST ALLOGEN		Y	1/1/2017	Fee Schedule	$594.04
38232	BONE MARROW HARVEST AUTOLOG		N	1/1/2017	Fee Schedule	$2,334.64
38241	TRANSPLT AUTOL HCT/DONOR		Y	1/1/2017	Fee Schedule	$594.04
38242	TRANSPLT ALLO LYMPHOCYTES		Y	1/1/2017	Fee Schedule	$594.04
38243	TRANSPLJ HEMATOPOIETIC BOOST		N	1/1/2017	Fee Schedule	$594.04
38300	DRAINAGE LYMPH NODE LESION	Y		1/1/2017	Fee Schedule	$521.64
38305	DRAINAGE LYMPH NODE LESION	Y		1/1/2017	Fee Schedule	$521.64
38308	INCISION OF LYMPH CHANNELS	Y		1/1/2017	Fee Schedule	$1,007.05
38500	BIOPSY/REMOVAL LYMPH NODES	Y		1/1/2017	Fee Schedule	$1,007.05
38505	NEEDLE BIOPSY LYMPH NODES	Y		1/1/2017	Fee Schedule	$521.64
38510	BIOPSY/REMOVAL LYMPH NODES	Y		1/1/2017	Fee Schedule	$1,007.05
38520	BIOPSY/REMOVAL LYMPH NODES	Y		1/1/2017	Fee Schedule	$1,007.05
38525	BIOPSY/REMOVAL LYMPH NODES	Y		1/1/2017	Fee Schedule	$1,007.05
38530	BIOPSY/REMOVAL LYMPH NODES	Y		1/1/2017	Fee Schedule	$1,007.05
38542	EXPLORE DEEP NODE(S) NECK	Y		1/1/2017	Fee Schedule	$2,040.04
38550	REMOVAL NECK/ARMPIT LESION	Y		1/1/2017	Fee Schedule	$1,007.05
38555	REMOVAL NECK/ARMPIT LESION	Y		1/1/2017	Fee Schedule	$1,936.51
38570	LAPAROSCOPY LYMPH NODE BIOP	Y		1/1/2017	Fee Schedule	$2,040.04
38571	LAPAROSCOPY LYMPHADENECTOMY	Y		1/1/2017	Fee Schedule	$3,277.50
38572	LAPAROSCOPY LYMPHADENECTOMY	Y		1/1/2017	Fee Schedule	$3,277.50
38700	REMOVAL OF LYMPH NODES NECK	Y		1/1/2017	Fee Schedule	$1,936.51
38740	REMOVE ARMPIT LYMPH NODES	Y		1/1/2017	Fee Schedule	$2,040.04
38745	REMOVE ARMPIT LYMPH NODES	Y		1/1/2017	Fee Schedule	$2,040.04
38760	REMOVE GROIN LYMPH NODES	Y		1/1/2017	Fee Schedule	$1,936.51
38790	INJECT FOR LYMPHATIC X-RAY			1/1/2009	No Separate Payment	$0.00
38792	RA TRACER ID OF SENTINL NODE			1/1/2009	No Separate Payment	$0.00
38794	ACCESS THORACIC LYMPH DUCT			1/1/2009	No Separate Payment	$0.00
38900	IO MAP OF SENT LYMPH NODE			1/1/2011	No Separate Payment	$0.00
40490	BIOPSY OF LIP	Y		1/1/2017	Fee Schedule	$82.54
40500	PARTIAL EXCISION OF LIP	Y		1/1/2017	Fee Schedule	$940.94

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40510	PARTIAL EXCISION OF LIP	Y		1/1/2017	Fee Schedule	$940.94
40520	PARTIAL EXCISION OF LIP	Y		1/1/2017	Fee Schedule	$940.94
40525	RECONSTRUCT LIP WITH FLAP	Y		1/1/2017	Fee Schedule	$940.94
40527	RECONSTRUCT LIP WITH FLAP	Y		1/1/2017	Fee Schedule	$2,039.51
40530	PARTIAL REMOVAL OF LIP	Y		1/1/2017	Fee Schedule	$940.94
40650	REPAIR LIP	Y		1/1/2017	Fee Schedule	$239.32
40652	REPAIR LIP	Y		1/1/2017	Fee Schedule	$239.32
40654	REPAIR LIP	Y		1/1/2017	Fee Schedule	$561.53
40700	REPAIR CLEFT LIP/NASAL	Y		1/1/2017	Fee Schedule	$2,039.51
40701	REPAIR CLEFT LIP/NASAL	Y		1/1/2017	Fee Schedule	$2,039.51
40702	REPAIR CLEFT LIP/NASAL	Y		1/1/2017	Fee Schedule	$2,039.51
40720	REPAIR CLEFT LIP/NASAL	Y		1/1/2017	Fee Schedule	$940.94
40761	REPAIR CLEFT LIP/NASAL	Y		1/1/2017	Fee Schedule	$2,039.51
40800	DRAINAGE OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$169.75
40801	DRAINAGE OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$239.32
40804	REMOVAL FOREIGN BODY MOUTH			1/1/2015	No Separate Payment	$0.00
40805	REMOVAL FOREIGN BODY MOUTH	Y		1/1/2017	Fee Schedule	$217.84
40806	INCISION OF LIP FOLD	Y		1/1/2017	Fee Schedule	$95.11
40808	BIOPSY OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$151.45
40810	EXCISION OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$157.91
40812	EXCISE/REPAIR MOUTH LESION	Y		1/1/2017	Fee Schedule	$201.69
40814	EXCISE/REPAIR MOUTH LESION	Y		1/1/2017	Fee Schedule	$940.94
40816	EXCISION OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$940.94
40818	EXCISE ORAL MUCOSA FOR GRAFT	Y		1/1/2017	Fee Schedule	$239.32
40819	EXCISE LIP OR CHEEK FOLD	Y		1/1/2017	Fee Schedule	$561.53
40820	TREATMENT OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$220.36
40830	REPAIR MOUTH LACERATION	Y		1/1/2017	Fee Schedule	$95.75
40831	REPAIR MOUTH LACERATION	Y		1/1/2017	Fee Schedule	$239.32
40840	RECONSTRUCTION OF MOUTH	Y		1/1/2017	Fee Schedule	$2,039.51
40842	RECONSTRUCTION OF MOUTH	Y		1/1/2017	Fee Schedule	$2,039.51
40843	RECONSTRUCTION OF MOUTH	Y		1/1/2017	Fee Schedule	$2,039.51
40844	RECONSTRUCTION OF MOUTH	Y		1/1/2017	Fee Schedule	$2,039.51
40845	RECONSTRUCTION OF MOUTH	Y		1/1/2017	Fee Schedule	$2,039.51
41000	DRAINAGE OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$112.33
41005	DRAINAGE OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$95.75
41006	DRAINAGE OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$561.53
41007	DRAINAGE OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$561.53
41008	DRAINAGE OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$940.94
41009	DRAINAGE OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$239.32
41010	INCISION OF TONGUE FOLD	Y		1/1/2017	Fee Schedule	$561.53
41015	DRAINAGE OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$239.32
41016	DRAINAGE OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$2,039.51
41017	DRAINAGE OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$940.94
41018	DRAINAGE OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$561.53
41019	PLACE NEEDLES H&N FOR RT	Y		1/1/2017	Fee Schedule	$2,039.51
41100	BIOPSY OF TONGUE	Y		1/1/2017	Fee Schedule	$115.56
41105	BIOPSY OF TONGUE	Y		1/1/2017	Fee Schedule	$116.28
41108	BIOPSY OF FLOOR OF MOUTH	Y		1/1/2017	Fee Schedule	$108.02
41110	EXCISION OF TONGUE LESION	Y		1/1/2017	Fee Schedule	$155.40
41112	EXCISION OF TONGUE LESION	Y		1/1/2017	Fee Schedule	$940.94
41113	EXCISION OF TONGUE LESION	Y		1/1/2017	Fee Schedule	$940.94
41114	EXCISION OF TONGUE LESION	Y		1/1/2017	Fee Schedule	$940.94

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41115	EXCISION OF TONGUE FOLD	Y		1/1/2017	Fee Schedule	$181.24
41116	EXCISION OF MOUTH LESION	Y		1/1/2017	Fee Schedule	$940.94
41120	PARTIAL REMOVAL OF TONGUE	Y		1/1/2017	Fee Schedule	$2,039.51
41250	REPAIR TONGUE LACERATION			4/1/2016	No Separate Payment	$0.00
41251	REPAIR TONGUE LACERATION	Y		1/1/2017	Fee Schedule	$95.75
41252	REPAIR TONGUE LACERATION	Y		1/1/2017	Fee Schedule	$239.32
41500	FIXATION OF TONGUE	Y		1/1/2017	Fee Schedule	$940.94
41510	TONGUE TO LIP SURGERY	Y		1/1/2017	Fee Schedule	$940.94
41512	TONGUE SUSPENSION	Y	N	1/1/2017	Fee Schedule	$2,039.51
41520	RECONSTRUCTION TONGUE FOLD	Y		1/1/2017	Fee Schedule	$940.94
41530	TONGUE BASE VOL REDUCTION	Y		1/1/2017	Fee Schedule	$865.28
41800	DRAINAGE OF GUM LESION			4/1/2016	No Separate Payment	$0.00
41805	REMOVAL FOREIGN BODY GUM	Y		1/1/2017	Fee Schedule	$200.26
41806	REMOVAL FOREIGN BODY JAWBONE	Y		1/1/2017	Fee Schedule	$251.58
41820	EXCISION GUM EACH QUADRANT	Y		1/1/2017	Fee Schedule	$940.94
41821	EXCISION OF GUM FLAP	Y		1/1/2017	Fee Schedule	$561.53
41822	EXCISION OF GUM LESION	Y		1/1/2017	Fee Schedule	$226.10
41823	EXCISION OF GUM LESION	Y		1/1/2017	Fee Schedule	$319.77
41825	EXCISION OF GUM LESION	Y		1/1/2017	Fee Schedule	$161.86
41826	EXCISION OF GUM LESION	Y		1/1/2017	Fee Schedule	$228.61
41827	EXCISION OF GUM LESION	Y		1/1/2017	Fee Schedule	$2,039.51
41828	EXCISION OF GUM LESION	Y		1/1/2017	Fee Schedule	$189.13
41830	REMOVAL OF GUM TISSUE	Y		1/1/2017	Fee Schedule	$266.29
41850	TREATMENT OF GUM LESION	Y		1/1/2017	Fee Schedule	$561.53
41870	GUM GRAFT	Y		1/1/2017	Fee Schedule	$940.94
41872	REPAIR GUM	Y		1/1/2017	Fee Schedule	$267.37
41874	REPAIR TOOTH SOCKET	Y		1/1/2017	Fee Schedule	$262.35
41899	UNLISTED PROCEDURE, DENTOALVEOLAR	Y		7/1/2014	Fee Schedule	$2,042.00
42000	DRAINAGE MOUTH ROOF LESION	Y		1/1/2017	Fee Schedule	$95.75
42100	BIOPSY ROOF OF MOUTH	Y		1/1/2017	Fee Schedule	$99.41
42104	EXCISION LESION MOUTH ROOF	Y		1/1/2017	Fee Schedule	$153.60
42106	EXCISION LESION MOUTH ROOF	Y		1/1/2017	Fee Schedule	$195.59
42107	EXCISION LESION MOUTH ROOF	Y		1/1/2017	Fee Schedule	$2,039.51
42120	REMOVE PALATE/LESION	Y		1/1/2017	Fee Schedule	$2,039.51
42140	EXCISION OF UVULA	Y		1/1/2017	Fee Schedule	$940.94
42145	REPAIR PALATE PHARYNX/UVULA	Y		1/1/2017	Fee Schedule	$2,039.51
42160	TREATMENT MOUTH ROOF LESION	Y		1/1/2017	Fee Schedule	$164.01
42180	REPAIR PALATE	Y		1/1/2017	Fee Schedule	$239.32
42182	REPAIR PALATE	Y		1/1/2017	Fee Schedule	$2,039.51
42200	RECONSTRUCT CLEFT PALATE	Y		1/1/2017	Fee Schedule	$2,039.51
42205	RECONSTRUCT CLEFT PALATE	Y		1/1/2017	Fee Schedule	$940.94
42210	RECONSTRUCT CLEFT PALATE	Y		1/1/2017	Fee Schedule	$2,039.51
42215	RECONSTRUCT CLEFT PALATE	Y		1/1/2017	Fee Schedule	$2,039.51
42220	RECONSTRUCT CLEFT PALATE	Y		1/1/2017	Fee Schedule	$2,039.51
42225	RECONSTRUCT CLEFT PALATE	Y	N	1/1/2017	Fee Schedule	$2,039.51
42226	LENGTHENING OF PALATE	Y		1/1/2017	Fee Schedule	$2,039.51
42227	LENGTHENING OF PALATE	Y	N	1/1/2017	Fee Schedule	$2,039.51
42235	REPAIR PALATE	Y		1/1/2017	Fee Schedule	$2,039.51
42260	REPAIR NOSE TO LIP FISTULA	Y		1/1/2017	Fee Schedule	$2,039.51
42280	PREPARATION PALATE MOLD	Y		1/1/2017	Fee Schedule	$103.36
42281	INSERTION PALATE PROSTHESIS	Y		1/1/2017	Fee Schedule	$2,039.51
42300	DRAINAGE OF SALIVARY GLAND	Y		1/1/2017	Fee Schedule	$561.53

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42305	DRAINAGE OF SALIVARY GLAND	Y		1/1/2017	Fee Schedule	$940.94
42310	DRAINAGE OF SALIVARY GLAND	Y		1/1/2017	Fee Schedule	$239.32
42320	DRAINAGE OF SALIVARY GLAND	Y		1/1/2017	Fee Schedule	$239.32
42330	REMOVAL OF SALIVARY STONE	Y		1/1/2017	Fee Schedule	$146.78
42335	REMOVAL OF SALIVARY STONE	Y		1/1/2017	Fee Schedule	$245.84
42340	REMOVAL OF SALIVARY STONE	Y		1/1/2017	Fee Schedule	$940.94
42400	BIOPSY OF SALIVARY GLAND	Y		1/1/2017	Fee Schedule	$77.16
42405	BIOPSY OF SALIVARY GLAND	Y		1/1/2017	Fee Schedule	$940.94
42408	EXCISION OF SALIVARY CYST	Y		1/1/2017	Fee Schedule	$940.94
42409	DRAINAGE OF SALIVARY CYST	Y		1/1/2017	Fee Schedule	$940.94
42410	EXCISE PAROTID GLAND/LESION	Y		1/1/2017	Fee Schedule	$2,039.51
42415	EXCISE PAROTID GLAND/LESION	Y		1/1/2017	Fee Schedule	$2,039.51
42420	EXCISE PAROTID GLAND/LESION	Y		1/1/2017	Fee Schedule	$2,039.51
42425	EXCISE PAROTID GLAND/LESION	Y		1/1/2017	Fee Schedule	$2,039.51
42440	EXCISE SUBMAXILLARY GLAND	Y		1/1/2017	Fee Schedule	$2,039.51
42450	EXCISE SUBLINGUAL GLAND	Y		1/1/2017	Fee Schedule	$2,039.51
42500	REPAIR SALIVARY DUCT	Y		1/1/2017	Fee Schedule	$2,039.51
42505	REPAIR SALIVARY DUCT	Y		1/1/2017	Fee Schedule	$2,039.51
42507	PAROTID DUCT DIVERSION	Y		1/1/2017	Fee Schedule	$2,039.51
42509	PAROTID DUCT DIVERSION	Y		1/1/2017	Fee Schedule	$2,039.51
42510	PAROTID DUCT DIVERSION	Y		1/1/2017	Fee Schedule	$940.94
42550	INJECTION FOR SALIVARY X-RAY			1/1/2009	No Separate Payment	$0.00
42600	CLOSURE OF SALIVARY FISTULA	Y		1/1/2017	Fee Schedule	$940.94
42650	DILATION OF SALIVARY DUCT	Y		1/1/2017	Fee Schedule	$54.55
42660	DILATION OF SALIVARY DUCT	Y		1/1/2017	Fee Schedule	$80.03
42665	LIGATION OF SALIVARY DUCT	Y		1/1/2017	Fee Schedule	$940.94
42700	DRAINAGE OF TONSIL ABSCESS	Y		1/1/2017	Fee Schedule	$95.75
42720	DRAINAGE OF THROAT ABSCESS	Y		1/1/2017	Fee Schedule	$940.94
42725	DRAINAGE OF THROAT ABSCESS	Y		1/1/2017	Fee Schedule	$2,039.51
42800	BIOPSY OF THROAT	Y		1/1/2017	Fee Schedule	$104.08
42804	BIOPSY OF UPPER NOSE/THROAT	Y		1/1/2017	Fee Schedule	$940.94
42806	BIOPSY OF UPPER NOSE/THROAT	Y		1/1/2017	Fee Schedule	$940.94
42808	EXCISE PHARYNX LESION	Y		1/1/2017	Fee Schedule	$940.94
42809	REMOVE PHARYNX FOREIGN BODY			1/1/2015	No Separate Payment	$0.00
42810	EXCISION OF NECK CYST	Y		1/1/2017	Fee Schedule	$940.94
42815	EXCISION OF NECK CYST	Y		1/1/2017	Fee Schedule	$2,039.51
42820	REMOVE TONSILS AND ADENOIDS	Y		1/1/2017	Fee Schedule	$2,039.51
42821	REMOVE TONSILS AND ADENOIDS	Y		1/1/2017	Fee Schedule	$940.94
42825	REMOVAL OF TONSILS	Y		1/1/2017	Fee Schedule	$2,039.51
42826	REMOVAL OF TONSILS	Y		1/1/2017	Fee Schedule	$940.94
42830	REMOVAL OF ADENOIDS	Y		1/1/2017	Fee Schedule	$940.94
42831	REMOVAL OF ADENOIDS	Y		1/1/2017	Fee Schedule	$940.94
42835	REMOVAL OF ADENOIDS	Y		1/1/2017	Fee Schedule	$940.94
42836	REMOVAL OF ADENOIDS	Y		1/1/2017	Fee Schedule	$940.94
42860	EXCISION OF TONSIL TAGS	Y		1/1/2017	Fee Schedule	$940.94
42870	EXCISION OF LINGUAL TONSIL	Y		1/1/2017	Fee Schedule	$2,039.51
42890	PARTIAL REMOVAL OF PHARYNX	Y		1/1/2017	Fee Schedule	$2,039.51
42892	REVISION OF PHARYNGEAL WALLS	Y		1/1/2017	Fee Schedule	$2,039.51
42900	REPAIR THROAT WOUND	Y		1/1/2017	Fee Schedule	$561.53
42950	RECONSTRUCTION OF THROAT	Y		1/1/2017	Fee Schedule	$2,039.51
42955	SURGICAL OPENING OF THROAT	Y		1/1/2017	Fee Schedule	$561.53
42960	CONTROL THROAT BLEEDING	Y		1/1/2017	Fee Schedule	$95.75

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42962	CONTROL THROAT BLEEDING	Y		1/1/2017	Fee Schedule	$940.94
42970	CONTROL NOSE/THROAT BLEEDING	Y		1/1/2017	Fee Schedule	$95.75
42972	CONTROL NOSE/THROAT BLEEDING	Y		1/1/2017	Fee Schedule	$940.94
43030	THROAT MUSCLE SURGERY	Y		1/1/2017	Fee Schedule	$2,039.51
43130	REMOVAL OF ESOPHAGUS POUCH	Y	N	1/1/2017	Fee Schedule	$2,039.51
43180	ESOPHAGOSCOPY RIGID TRNSO	Y	N	1/1/2017	Fee Schedule	$2,039.51
43191	ESOPHAGOSCOPY RIGID TRNSO DX	Y	N	1/1/2017	Fee Schedule	$608.53
43192	ESOPHAGOSCP RIG TRNSO INJECT	Y	N	1/1/2017	Fee Schedule	$608.53
43193	ESOPHAGOSCP RIG TRNSO BIOPSY	Y	N	1/1/2017	Fee Schedule	$608.53
43194	ESOPHAGOSCP RIG TRNSO REM FB	Y	N	1/1/2017	Fee Schedule	$608.53
43195	ESOPHAGOSCOPY RIGID BALLOON	Y	N	1/1/2017	Fee Schedule	$1,135.68
43196	ESOPHAGOSCP GUIDE WIRE DILAT	Y	N	1/1/2017	Fee Schedule	$1,135.68
43197	ESOPHAGOSCOPY FLEX DX BRUSH	Y	N	1/1/2017	Fee Schedule	$129.56
43198	ESOPHAGOSC FLEX TRNSN BIOPSY	Y	N	1/1/2017	Fee Schedule	$138.17
43200	ESOPHAGOSCOPY FLEXIBLE BRUSH	Y		1/1/2017	Fee Schedule	$378.37
43201	ESOPH SCOPE W/SUBMUCOUS INJ	Y		1/1/2017	Fee Schedule	$608.53
43202	ESOPHAGOSCOPY FLEX BIOPSY	Y		1/1/2017	Fee Schedule	$608.53
43204	ESOPH SCOPE W/SCLEROSIS INJ	Y		1/1/2017	Fee Schedule	$608.53
43205	ESOPHAGUS ENDOSCOPY/LIGATION	Y		1/1/2017	Fee Schedule	$608.53
43206	ESOPH OPTICAL ENDOMICROSCOPY	Y	N	1/1/2017	Fee Schedule	$608.53
43210	EGD ESOPHAGOGASTRC FNDOPLSTY	Y	N	1/1/2017	Fee Schedule	$1,753.20
43211	ESOPHAGOSCOP MUCOSAL RESECT	Y	N	1/1/2017	Fee Schedule	$608.53
43212	ESOPHAGOSCOP STENT PLACEMENT	Y	N	1/1/2017	Fee Schedule	$2,574.13
43213	ESOPHAGOSCOPY RETRO BALLOON	Y	N	1/1/2017	Fee Schedule	$608.53
43214	ESOPHAGOSC DILATE BALLOON 30	Y	N	1/1/2017	Fee Schedule	$608.53
43215	ESOPHAGOSCOPY FLEX REMOVE FB	Y		1/1/2017	Fee Schedule	$608.53
43216	ESOPHAGOSCOPY LESION REMOVAL	Y		1/1/2017	Fee Schedule	$608.53
43217	ESOPHAGOSCOPY SNARE LES REMV	Y		1/1/2017	Fee Schedule	$608.53
43220	ESOPHAGOSCOPY BALLOON <30MM	Y		1/1/2017	Fee Schedule	$608.53
43226	ESOPH ENDOSCOPY DILATION	Y		1/1/2017	Fee Schedule	$608.53
43227	ESOPHAGOSCOPY CONTROL BLEED	Y		1/1/2017	Fee Schedule	$608.53
43229	ESOPHAGOSCOPY LESION ABLATE	Y	N	1/1/2017	Fee Schedule	$1,135.68
43231	ESOPHAGOSCOP ULTRASOUND EXAM	Y		1/1/2017	Fee Schedule	$608.53
43232	ESOPHAGOSCOPY W/US NEEDLE BX	Y		1/1/2017	Fee Schedule	$608.53
43233	EGD BALLOON DIL ESOPH30 MM/>	Y	N	1/1/2017	Fee Schedule	$608.53
43235	EGD DIAGNOSTIC BRUSH WASH	Y		1/1/2017	Fee Schedule	$378.37
43236	UPPR GI SCOPE W/SUBMUC INJ	Y		1/1/2017	Fee Schedule	$378.37
43237	ENDOSCOPIC US EXAM ESOPH	Y		1/1/2017	Fee Schedule	$608.53
43238	EGD US FINE NEEDLE BX/ASPIR	Y		1/1/2017	Fee Schedule	$608.53
43239	EGD BIOPSY SINGLE/MULTIPLE	Y		1/1/2017	Fee Schedule	$378.37
43240	EGD W/TRANSMURAL DRAIN CYST	Y		1/1/2017	Fee Schedule	$1,135.68
43241	EGD TUBE/CATH INSERTION	Y		1/1/2017	Fee Schedule	$608.53
43242	EGD US FINE NEEDLE BX/ASPIR	Y		1/1/2017	Fee Schedule	$608.53
43243	EGD INJECTION VARICES	Y		1/1/2017	Fee Schedule	$608.53
43244	EGD VARICES LIGATION	Y		1/1/2017	Fee Schedule	$608.53
43245	EGD DILATE STRICTURE	Y		1/1/2017	Fee Schedule	$608.53
43246	EGD PLACE GASTROSTOMY TUBE	Y		1/1/2017	Fee Schedule	$608.53
43247	EGD REMOVE FOREIGN BODY	Y		1/1/2017	Fee Schedule	$378.37
43248	EGD GUIDE WIRE INSERTION	Y		1/1/2017	Fee Schedule	$378.37
43249	ESOPH EGD DILATION <30 MM	Y		1/1/2017	Fee Schedule	$608.53
43250	EGD CAUTERY TUMOR POLYP	Y		1/1/2017	Fee Schedule	$608.53
43251	EGD REMOVE LESION SNARE	Y		1/1/2017	Fee Schedule	$608.53

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43252	EGD OPTICAL ENDOMICROSCOPY	Y	N	1/1/2017	Fee Schedule	$1,135.68
43253	EGD US TRANSMURAL INJXN/MARK	Y	N	1/1/2017	Fee Schedule	$608.53
43254	EGD ENDO MUCOSAL RESECTION	Y	N	1/1/2017	Fee Schedule	$608.53
43255	EGD CONTROL BLEEDING ANY	Y		1/1/2017	Fee Schedule	$608.53
43257	EGD W/THRML TXMNT GERD	Y		1/1/2017	Fee Schedule	$1,135.68
43259	EGD US EXAM DUODENUM/JEJUNUM	Y		1/1/2017	Fee Schedule	$608.53
43260	ERCP W/SPECIMEN COLLECTION	Y		1/1/2017	Fee Schedule	$1,135.68
43261	ENDO CHOLANGIOPANCREATOGRAPH	Y		1/1/2017	Fee Schedule	$1,135.68
43262	ENDO CHOLANGIOPANCREATOGRAPH	Y		1/1/2017	Fee Schedule	$1,135.68
43263	ERCP SPHINCTER PRESSURE MEAS	Y		1/1/2017	Fee Schedule	$1,135.68
43264	ERCP REMOVE DUCT CALCULI	Y		1/1/2017	Fee Schedule	$1,135.68
43265	ERCP LITHOTRIPSY CALCULI	Y		1/1/2017	Fee Schedule	$1,753.20
43266	EGD ENDOSCOPIC STENT PLACE	Y	N	1/1/2017	Fee Schedule	$2,628.64
43270	EGD LESION ABLATION	Y	N	1/1/2017	Fee Schedule	$608.53
43273	ENDOSCOPIC PANCREATOSCOPY			1/1/2014	No Separate Payment	$0.00
43274	ERCP DUCT STENT PLACEMENT	Y	N	1/1/2017	Fee Schedule	$1,753.20
43275	ERCP REMOVE FORGN BODY DUCT	Y	N	1/1/2017	Fee Schedule	$1,135.68
43276	ERCP STENT EXCHANGE W/DILATE	Y	N	1/1/2017	Fee Schedule	$1,753.20
43277	ERCP EA DUCT/AMPULLA DILATE	Y	N	1/1/2017	Fee Schedule	$1,135.68
43278	ERCP LESION ABLATE W/DILATE	Y	N	1/1/2017	Fee Schedule	$1,135.68
43284	LAPS ESOPHGL SPHNCTR AGMNTJ	Y	N	1/1/2017	Fee Schedule	$4,636.19
43285	RMVL ESOPHGL SPHNCTR DEV		N	1/1/2017	Fee Schedule	$2,750.57
43450	DILATE ESOPHAGUS 1/MULT PASS	Y		1/1/2017	Fee Schedule	$378.37
43453	DILATE ESOPHAGUS	Y		1/1/2017	Fee Schedule	$608.53
43653	LAPAROSCOPY GASTROSTOMY	Y		1/1/2017	Fee Schedule	$2,040.04
43752	NASAL/OROGASTRIC W/TUBE PLMT		N	1/1/2017	Fee Schedule	$142.53
43753	TX GASTRO INTUB W/ASP			1/1/2015	No Separate Payment	$0.00
43754	DX GASTR INTUB W/ASP SPEC			1/1/2015	No Separate Payment	$0.00
43755	DX GASTR INTUB W/ASP SPECS			1/1/2017	Fee Schedule	$68.72
43756	DX DUOD INTUB W/ASP SPEC			1/1/2017	Fee Schedule	$378.37
43757	DX DUOD INTUB W/ASP SPECS	Y		1/1/2017	Fee Schedule	$378.37
43760	CHANGE GASTROSTOMY TUBE	Y		1/1/2017	Fee Schedule	$116.81
43761	REPOSITION GASTROSTOMY TUBE	Y		1/1/2017	Fee Schedule	$116.81
43870	REPAIR STOMACH OPENING	Y		1/1/2017	Fee Schedule	$1,135.68
43886	REVISE GASTRIC PORT OPEN			3/1/2011	Not Allowed	$0.00
43887	REMOVE GASTRIC PORT OPEN			3/1/2011	Not Allowed	$0.00
43888	CHANGE GASTRIC PORT OPEN			3/1/2011	Not Allowed	$0.00
44100	BIOPSY OF BOWEL	Y		1/1/2017	Fee Schedule	$378.37
44312	REVISION OF ILEOSTOMY	Y		1/1/2017	Fee Schedule	$1,354.26
44340	REVISION OF COLOSTOMY	Y		1/1/2017	Fee Schedule	$1,354.26
44360	SMALL BOWEL ENDOSCOPY	Y		1/1/2017	Fee Schedule	$608.53
44361	SMALL BOWEL ENDOSCOPY/BIOPSY	Y		1/1/2017	Fee Schedule	$608.53
44363	SMALL BOWEL ENDOSCOPY	Y		1/1/2017	Fee Schedule	$608.53
44364	SMALL BOWEL ENDOSCOPY	Y		1/1/2017	Fee Schedule	$608.53
44365	SMALL BOWEL ENDOSCOPY	Y		1/1/2017	Fee Schedule	$608.53
44366	SMALL BOWEL ENDOSCOPY	Y		1/1/2017	Fee Schedule	$608.53
44369	SMALL BOWEL ENDOSCOPY	Y		1/1/2017	Fee Schedule	$608.53
44370	SMALL BOWEL ENDOSCOPY/STENT	Y		1/1/2017	Fee Schedule	$2,533.47
44372	SMALL BOWEL ENDOSCOPY	Y		1/1/2017	Fee Schedule	$608.53
44373	SMALL BOWEL ENDOSCOPY	Y		1/1/2017	Fee Schedule	$608.53
44376	SMALL BOWEL ENDOSCOPY	Y		1/1/2017	Fee Schedule	$608.53
44377	SMALL BOWEL ENDOSCOPY/BIOPSY	Y		1/1/2017	Fee Schedule	$608.53

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44378	SMALL BOWEL ENDOSCOPY	Y		1/1/2017	Fee Schedule	$608.53
44379	S BOWEL ENDOSCOPE W/STENT	Y		1/1/2017	Fee Schedule	$1,753.20
44380	SMALL BOWEL ENDOSCOPY BR/WA	Y		1/1/2017	Fee Schedule	$378.37
44381	SMALL BOWEL ENDOSCOPY BR/WA	Y	N	1/1/2017	Fee Schedule	$608.53
44382	SMALL BOWEL ENDOSCOPY	Y		1/1/2017	Fee Schedule	$378.37
44384	SMALL BOWEL ENDOSCOPY	Y	N	1/1/2017	Fee Schedule	$1,135.68
44385	ENDOSCOPY OF BOWEL POUCH	Y		1/1/2017	Fee Schedule	$361.01
44386	ENDOSCOPY BOWEL POUCH/BIOP	Y		1/1/2017	Fee Schedule	$361.01
44388	COLONOSCOPY THRU STOMA SPX	Y		1/1/2017	Fee Schedule	$361.01
44389	COLONOSCOPY WITH BIOPSY	Y		1/1/2017	Fee Schedule	$474.51
44390	COLONOSCOPY FOR FOREIGN BODY	Y		1/1/2017	Fee Schedule	$474.51
44391	COLONOSCOPY FOR BLEEDING	Y		1/1/2017	Fee Schedule	$474.51
44392	COLONOSCOPY & POLYPECTOMY	Y		1/1/2017	Fee Schedule	$474.51
44394	COLONOSCOPY W/SNARE	Y		1/1/2017	Fee Schedule	$474.51
44401	COLONOSCOPY WITH ABLATION	Y	N	1/1/2017	Fee Schedule	$474.51
44402	COLONOSCOPY W/STENT PLCMT	Y	N	1/1/2017	Fee Schedule	$3,137.84
44403	COLONOSCOPY W/RESECTION	Y	N	1/1/2017	Fee Schedule	$474.51
44404	COLONOSCOPY W/INJECTION	Y	N	1/1/2017	Fee Schedule	$474.51
44405	COLONOSCOPY W/DILATION	Y	N	1/1/2017	Fee Schedule	$474.51
44406	COLONOSCOPY W/ULTRASOUND	Y	N	1/1/2017	Fee Schedule	$474.51
44407	COLONOSCOPY W/NDL ASPIR/BX	Y	N	1/1/2017	Fee Schedule	$474.51
44408	COLONOSCOPY W/DECOMPRESSION	Y	N	1/1/2017	Fee Schedule	$361.01
44500	INTRO GASTROINTESTINAL TUBE	Y		1/1/2017	Fee Schedule	$378.37
44701	INTRAOP COLON LAVAGE ADD-ON			1/1/2009	No Separate Payment	$0.00
45000	DRAINAGE OF PELVIC ABSCESS	Y		1/1/2017	Fee Schedule	$474.51
45005	DRAINAGE OF RECTAL ABSCESS	Y		1/1/2017	Fee Schedule	$474.51
45020	DRAINAGE OF RECTAL ABSCESS	Y		1/1/2017	Fee Schedule	$1,114.69
45100	BIOPSY OF RECTUM	Y		1/1/2017	Fee Schedule	$1,114.69
45108	REMOVAL OF ANORECTAL LESION	Y		1/1/2017	Fee Schedule	$1,114.69
45150	EXCISION OF RECTAL STRICTURE	Y		1/1/2017	Fee Schedule	$474.51
45160	EXCISION OF RECTAL LESION	Y		1/1/2017	Fee Schedule	$1,114.69
45171	EXC RECT TUM TRANSANAL PART	Y	N	1/1/2017	Fee Schedule	$1,114.69
45172	EXC RECT TUM TRANSANAL FULL	Y	N	1/1/2017	Fee Schedule	$1,114.69
45190	DESTRUCTION RECTAL TUMOR	Y		1/1/2017	Fee Schedule	$1,114.69
45300	PROCTOSIGMOIDOSCOPY DX	Y		1/1/2017	Fee Schedule	$92.59
45303	PROCTOSIGMOIDOSCOPY DILATE	Y		1/1/2017	Fee Schedule	$474.51
45305	PROCTOSIGMOIDOSCOPY W/BX	Y		1/1/2017	Fee Schedule	$474.51
45307	PROCTOSIGMOIDOSCOPY FB	Y		1/1/2017	Fee Schedule	$1,114.69
45308	PROCTOSIGMOIDOSCOPY REMOVAL	Y		1/1/2017	Fee Schedule	$1,114.69
45309	PROCTOSIGMOIDOSCOPY REMOVAL	Y		1/1/2017	Fee Schedule	$474.51
45315	PROCTOSIGMOIDOSCOPY REMOVAL	Y		1/1/2017	Fee Schedule	$474.51
45317	PROCTOSIGMOIDOSCOPY BLEED	Y		1/1/2017	Fee Schedule	$474.51
45320	PROCTOSIGMOIDOSCOPY ABLATE	Y		1/1/2017	Fee Schedule	$1,114.69
45321	PROCTOSIGMOIDOSCOPY VOLVUL	Y		1/1/2017	Fee Schedule	$1,114.69
45327	PROCTOSIGMOIDOSCOPY W/STENT	Y		1/1/2017	Fee Schedule	$1,753.20
45330	DIAGNOSTIC SIGMOIDOSCOPY	Y		1/1/2017	Fee Schedule	$135.66
45331	SIGMOIDOSCOPY AND BIOPSY	Y		1/1/2017	Fee Schedule	$361.01
45332	SIGMOIDOSCOPY W/FB REMOVAL	Y		1/1/2017	Fee Schedule	$474.51
45333	SIGMOIDOSCOPY & POLYPECTOMY	Y		1/1/2017	Fee Schedule	$361.01
45334	SIGMOIDOSCOPY FOR BLEEDING	Y		1/1/2017	Fee Schedule	$474.51
45335	SIGMOIDOSCOPY W/SUBMUC INJ	Y		1/1/2017	Fee Schedule	$361.01
45337	SIGMOIDOSCOPY & DECOMPRESS	Y		1/1/2017	Fee Schedule	$474.51

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45338	SIGMOIDOSCOPY W/TUMR REMOVE	Y		1/1/2017	Fee Schedule	$474.51
45340	SIG W/TNDSC BALLOON DILATION	Y		1/1/2017	Fee Schedule	$474.51
45341	SIGMOIDOSCOPY W/ULTRASOUND	Y		1/1/2017	Fee Schedule	$474.51
45342	SIGMOIDOSCOPY W/US GUIDE BX	Y		1/1/2017	Fee Schedule	$474.51
45346	SIGMOIDOSCOPY W/ABLATION	Y	N	1/1/2017	Fee Schedule	$474.51
45347	SIGMOIDOSCOPY W/PLCMT STENT	Y	N	1/1/2017	Fee Schedule	$2,710.85
45349	SIGMOIDOSCOPY W/RESECTION	Y	N	1/1/2017	Fee Schedule	$474.51
45350	SGMDSC W/BAND LIGATION	Y	N	1/1/2017	Fee Schedule	$474.51
45378	DIAGNOSTIC COLONOSCOPY	Y		1/1/2017	Fee Schedule	$361.01
45379	COLONOSCOPY W/FB REMOVAL	Y		1/1/2017	Fee Schedule	$474.51
45380	COLONOSCOPY AND BIOPSY	Y		1/1/2017	Fee Schedule	$474.51
45381	COLONOSCOPY SUBMUCOUS NJX	Y		1/1/2017	Fee Schedule	$474.51
45382	COLONOSCOPY W/CONTROL BLEED	Y		1/1/2017	Fee Schedule	$474.51
45384	COLONOSCOPY W/LESION REMOVAL	Y		1/1/2017	Fee Schedule	$474.51
45385	COLONOSCOPY W/LESION REMOVAL	Y		1/1/2017	Fee Schedule	$474.51
45386	COLONOSCOPY W/BALLOON DILAT	Y		1/1/2017	Fee Schedule	$474.51
45388	COLONOSCOPY W/ABLATION	Y	N	1/1/2017	Fee Schedule	$474.51
45389	COLONOSCOPY W/STENT PLCMT	Y	N	1/1/2017	Fee Schedule	$2,642.63
45390	COLONOSCOPY W/RESECTION	Y	N	1/1/2017	Fee Schedule	$474.51
45391	COLONOSCOPY W/ENDOSCOPE US	Y		1/1/2017	Fee Schedule	$474.51
45392	COLONOSCOPY W/ENDOSCOPIC FNB	Y		1/1/2017	Fee Schedule	$474.51
45393	COLONOSCOPY W/DECOMPRESSION	Y	N	1/1/2017	Fee Schedule	$474.51
45398	COLONOSCOPY W/BAND LIGATION	Y	N	1/1/2017	Fee Schedule	$474.51
45500	REPAIR OF RECTUM	Y		1/1/2017	Fee Schedule	$1,114.69
45505	REPAIR OF RECTUM	Y		1/1/2017	Fee Schedule	$1,114.69
45520	TREATMENT OF RECTAL PROLAPSE			4/1/2016	No Separate Payment	$0.00
45541	CORRECT RECTAL PROLAPSE	Y	N	1/1/2017	Fee Schedule	$1,114.69
45560	REPAIR OF RECTOCELE	Y		1/1/2017	Fee Schedule	$1,114.69
45900	REDUCTION OF RECTAL PROLAPSE	Y		1/1/2017	Fee Schedule	$361.01
45905	DILATION OF ANAL SPHINCTER	Y		1/1/2017	Fee Schedule	$474.51
45910	DILATION OF RECTAL NARROWING	Y		1/1/2017	Fee Schedule	$474.51
45915	REMOVE RECTAL OBSTRUCTION	Y		1/1/2017	Fee Schedule	$474.51
45990	SURG DX EXAM ANORECTAL	Y		1/1/2017	Fee Schedule	$1,114.69
46020	PLACEMENT OF SETON	Y		1/1/2017	Fee Schedule	$1,114.69
46030	REMOVAL OF RECTAL MARKER	Y		1/1/2017	Fee Schedule	$474.51
46040	INCISION OF RECTAL ABSCESS	Y		1/1/2017	Fee Schedule	$474.51
46045	INCISION OF RECTAL ABSCESS	Y		1/1/2017	Fee Schedule	$1,114.69
46050	INCISION OF ANAL ABSCESS	Y		1/1/2017	Fee Schedule	$361.01
46060	INCISION OF RECTAL ABSCESS	Y		1/1/2017	Fee Schedule	$1,114.69
46070	INCISION OF ANAL SEPTUM	Y		1/1/2017	Fee Schedule	$1,114.69
46080	INCISION OF ANAL SPHINCTER	Y		1/1/2017	Fee Schedule	$1,114.69
46083	INCISE EXTERNAL HEMORRHOID	Y		1/1/2017	Fee Schedule	$116.81
46200	REMOVAL OF ANAL FISSURE	Y		1/1/2017	Fee Schedule	$1,114.69
46220	EXCISE ANAL EXT TAG/PAPILLA	Y		1/1/2017	Fee Schedule	$474.51
46221	LIGATION OF HEMORRHOID(S)	Y		1/1/2017	Fee Schedule	$176.93
46230	REMOVAL OF ANAL TAGS	Y		1/1/2017	Fee Schedule	$1,114.69
46250	REMOVE EXT HEM GROUPS 2+	Y		1/1/2017	Fee Schedule	$1,114.69
46255	REMOVE INT/EXT HEM 1 GROUP	Y		1/1/2017	Fee Schedule	$1,114.69
46257	REMOVE IN/EX HEM GRP & FISS	Y		1/1/2017	Fee Schedule	$1,114.69
46258	REMOVE IN/EX HEM GRP W/FISTU	Y		1/1/2017	Fee Schedule	$1,114.69
46260	REMOVE IN/EX HEM GROUPS 2+	Y		1/1/2017	Fee Schedule	$1,114.69
46261	REMOVE IN/EX HEM GRPS & FISS	Y		1/1/2017	Fee Schedule	$1,114.69

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46262	REMOVE IN/EX HEM GRPS W/FIST	Y		1/1/2017	Fee Schedule	$1,114.69
46270	REMOVE ANAL FIST SUBQ	Y		1/1/2017	Fee Schedule	$1,114.69
46275	REMOVE ANAL FIST INTER	Y		1/1/2017	Fee Schedule	$1,114.69
46280	REMOVE ANAL FIST COMPLEX	Y		1/1/2017	Fee Schedule	$1,114.69
46285	REMOVE ANAL FIST 2 STAGE	Y		1/1/2017	Fee Schedule	$1,114.69
46288	REPAIR ANAL FISTULA	Y		1/1/2017	Fee Schedule	$1,114.69
46320	REMOVAL OF HEMORRHOID CLOT	Y		1/1/2017	Fee Schedule	$118.79
46500	INJECTION INTO HEMORRHOID(S)	Y		1/1/2017	Fee Schedule	$133.15
46505	CHEMODENERVATION ANAL MUSC	Y		1/1/2017	Fee Schedule	$474.51
46600	DIAGNOSTIC ANOSCOPY SPX			1/1/2015	No Separate Payment	$0.00
46601	DIAGNOSTIC ANOSCOPY		N	1/1/2015	No Separate Payment	$0.00
46604	ANOSCOPY AND DILATION	Y		1/1/2017	Fee Schedule	$474.51
46606	ANOSCOPY AND BIOPSY	Y		1/1/2017	Fee Schedule	$180.88
46607	DIAGNOSTIC ANOSCOPY & BIOPSY	Y	N	1/1/2017	Fee Schedule	$474.51
46608	ANOSCOPY REMOVE FOR BODY	Y		1/1/2017	Fee Schedule	$361.01
46610	ANOSCOPY REMOVE LESION	Y		1/1/2017	Fee Schedule	$1,114.69
46611	ANOSCOPY	Y		1/1/2017	Fee Schedule	$361.01
46612	ANOSCOPY REMOVE LESIONS	Y		1/1/2017	Fee Schedule	$1,114.69
46614	ANOSCOPY CONTROL BLEEDING	Y		1/1/2017	Fee Schedule	$89.72
46615	ANOSCOPY	Y		1/1/2017	Fee Schedule	$1,114.69
46700	REPAIR OF ANAL STRICTURE	Y		1/1/2017	Fee Schedule	$1,114.69
46706	REPR OF ANAL FISTULA W/GLUE	Y		1/1/2017	Fee Schedule	$1,114.69
46707	REPAIR ANORECTAL FIST W/PLUG	Y	N	1/1/2017	Fee Schedule	$1,114.69
46750	REPAIR OF ANAL SPHINCTER	Y		1/1/2017	Fee Schedule	$1,114.69
46753	RECONSTRUCTION OF ANUS	Y		1/1/2017	Fee Schedule	$1,114.69
46754	REMOVAL OF SUTURE FROM ANUS	Y		1/1/2017	Fee Schedule	$1,114.69
46760	REPAIR OF ANAL SPHINCTER	Y		1/1/2017	Fee Schedule	$1,114.69
46761	REPAIR OF ANAL SPHINCTER	Y		1/1/2017	Fee Schedule	$1,114.69
46762	IMPLANT ARTIFICIAL SPHINCTER	Y		1/1/2017	Fee Schedule	$2,851.29
46900	DESTRUCTION ANAL LESION(S)	Y		1/1/2017	Fee Schedule	$158.21
46910	DESTRUCTION ANAL LESION(S)	Y		1/1/2017	Fee Schedule	$182.67
46916	CRYOSURGERY ANAL LESION(S)	Y		1/1/2017	Fee Schedule	$82.79
46917	LASER SURGERY ANAL LESIONS	Y		1/1/2017	Fee Schedule	$1,114.69
46922	EXCISION OF ANAL LESION(S)	Y		1/1/2017	Fee Schedule	$1,114.69
46924	DESTRUCTION ANAL LESION(S)	Y		1/1/2017	Fee Schedule	$1,114.69
46930	DESTROY INTERNAL HEMORRHOIDS	Y		1/1/2017	Fee Schedule	$144.99
46940	TREATMENT OF ANAL FISSURE	Y		1/1/2017	Fee Schedule	$136.74
46942	TREATMENT OF ANAL FISSURE	Y		1/1/2017	Fee Schedule	$135.66
46945	REMOVE BY LIGAT INT HEM GRP	Y		1/1/2017	Fee Schedule	$222.87
46946	REMOVE BY LIGAT INT HEM GRPS	Y		1/1/2017	Fee Schedule	$1,114.69
46947	HEMORRHOIDOPEXY BY STAPLING	Y		1/1/2017	Fee Schedule	$1,114.69
47000	NEEDLE BIOPSY OF LIVER	Y		1/1/2017	Fee Schedule	$521.64
47001	NEEDLE BIOPSY LIVER ADD-ON			1/1/2009	No Separate Payment	$0.00
47382	PERCUT ABLATE LIVER RF	Y		1/1/2017	Fee Schedule	$2,040.04
47383	PERQ ABLTJ LVR CRYOABLATION	Y	N	1/1/2017	Fee Schedule	$2,040.04
47531	INJECTION FOR CHOLANGIOGRAM		N	7/1/2016	No Separate Payment	$0.00
47532	INJECTION FOR CHOLANGIOGRAM		N	7/1/2016	No Separate Payment	$0.00
47533	PLMT BILIARY DRAINAGE CATH	Y	N	1/1/2017	Fee Schedule	$1,454.83
47534	PLMT BILIARY DRAINAGE CATH	Y	N	1/1/2017	Fee Schedule	$1,454.83
47535	CONVERSION EXT BIL DRG CATH	Y	N	1/1/2017	Fee Schedule	$1,454.83
47536	EXCHANGE BILIARY DRG CATH	Y	N	1/1/2017	Fee Schedule	$1,454.83
47537	REMOVAL BILIARY DRG CATH		N	1/1/2017	Fee Schedule	$378.37

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47538	PERQ PLMT BILE DUCT STENT	Y	N	1/1/2017	Fee Schedule	$2,040.04
47539	PERQ PLMT BILE DUCT STENT	Y	N	1/1/2017	Fee Schedule	$2,040.04
47540	PERQ PLMT BILE DUCT STENT	Y	N	1/1/2017	Fee Schedule	$2,040.04
47541	PLMT ACCESS BIL TREE SM BWL	Y	N	1/1/2017	Fee Schedule	$1,454.83
47542	DILATE BILIARY DUCT/AMPULLA		N	7/1/2016	No Separate Payment	$0.00
47543	ENDOLUMINAL BX BILIARY TREE		N	7/1/2016	No Separate Payment	$0.00
47544	REMOVAL DUCT GLBLDR CALCULI		N	7/1/2016	No Separate Payment	$0.00
47552	BILIARY ENDO PERQ DX W/SPECI	Y		1/1/2017	Fee Schedule	$1,454.83
47553	BILIARY ENDOSCOPY THRU SKIN	Y		1/1/2017	Fee Schedule	$1,454.83
47554	BILIARY ENDOSCOPY THRU SKIN	Y		1/1/2017	Fee Schedule	$2,040.04
47555	BILIARY ENDOSCOPY THRU SKIN	Y		1/1/2017	Fee Schedule	$1,454.83
47556	BILIARY ENDOSCOPY THRU SKIN	Y		1/1/2017	Fee Schedule	$3,000.12
47562	LAPAROSCOPIC CHOLECYSTECTOMY	Y		1/1/2017	Fee Schedule	$2,040.04
47563	LAPARO CHOLECYSTECTOMY/GRAPH	Y		1/1/2017	Fee Schedule	$2,040.04
47564	LAPARO CHOLECYSTECTOMY/EXPLR	Y		1/1/2017	Fee Schedule	$2,040.04
48102	NEEDLE BIOPSY PANCREAS	Y		1/1/2017	Fee Schedule	$521.64
49082	ABD PARACENTESIS	Y	N	1/1/2017	Fee Schedule	$378.37
49083	ABD PARACENTESIS W/IMAGING	Y	N	1/1/2017	Fee Schedule	$378.37
49084	PERITONEAL LAVAGE	Y	N	1/1/2017	Fee Schedule	$378.37
49180	BIOPSY ABDOMINAL MASS	Y		1/1/2017	Fee Schedule	$521.64
49250	EXCISION OF UMBILICUS	Y		1/1/2017	Fee Schedule	$1,454.83
49320	DIAG LAPARO SEPARATE PROC	Y		1/1/2017	Fee Schedule	$2,040.04
49321	LAPAROSCOPY BIOPSY	Y		1/1/2017	Fee Schedule	$2,040.04
49322	LAPAROSCOPY ASPIRATION	Y		1/1/2017	Fee Schedule	$2,040.04
49324	LAP INSERT TUNNEL IP CATH	Y		1/1/2017	Fee Schedule	$2,040.04
49325	LAP REVISION PERM IP CATH	Y		1/1/2017	Fee Schedule	$2,040.04
49326	LAP W/OMENTOPEXY ADD-ON			1/1/2014	No Separate Payment	$0.00
49327	LAP INS DEVICE FOR RT			1/1/2014	No Separate Payment	$0.00
49400	AIR INJECTION INTO ABDOMEN			1/1/2009	No Separate Payment	$0.00
49402	REMOVE FOREIGN BODY ADBOMEN	Y		1/1/2017	Fee Schedule	$1,454.83
49406	IMAGE CATH FLUID PERI/RETRO	Y	N	1/1/2017	Fee Schedule	$521.64
49407	IMAGE CATH FLUID TRNS/VGNL	Y	N	1/1/2017	Fee Schedule	$521.64
49411	INS MARK ABD/PEL FOR RT PERQ		N	1/1/2017	Fee Schedule	$352.43
49418	INSERT TUN IP CATH PERC	Y		1/1/2017	Fee Schedule	$1,454.83
49419	INSERT TUN IP CATH W/PORT	Y		1/1/2017	Fee Schedule	$2,121.81
49421	INS TUN IP CATH FOR DIAL OPN	Y		1/1/2017	Fee Schedule	$1,454.83
49422	REMOVE TUNNELED IP CATH			1/1/2017	Fee Schedule	$1,276.35
49423	EXCHANGE DRAINAGE CATHETER	Y		1/1/2017	Fee Schedule	$608.53
49424	ASSESS CYST CONTRAST INJECT			1/1/2009	No Separate Payment	$0.00
49426	REVISE ABDOMEN-VENOUS SHUNT	Y		1/1/2017	Fee Schedule	$1,454.83
49427	INJECTION ABDOMINAL SHUNT			1/1/2009	No Separate Payment	$0.00
49429	REMOVAL OF SHUNT			1/1/2017	Fee Schedule	$1,276.35
49435	INSERT SUBQ EXTEN TO IP CATH		N	1/1/2015	No Separate Payment	$0.00
49436	EMBEDDED IP CATH EXIT-SITE	Y	N	1/1/2017	Fee Schedule	$608.53
49440	PLACE GASTROSTOMY TUBE PERC	Y		1/1/2017	Fee Schedule	$608.53
49441	PLACE DUOD/JEJ TUBE PERC	Y		1/1/2017	Fee Schedule	$608.53
49442	PLACE CECOSTOMY TUBE PERC	Y	N	1/1/2017	Fee Schedule	$474.51
49446	CHANGE G-TUBE TO G-J PERC	Y		1/1/2017	Fee Schedule	$608.53
49450	REPLACE G/C TUBE PERC	Y		1/1/2017	Fee Schedule	$378.37
49451	REPLACE DUOD/JEJ TUBE PERC	Y		1/1/2017	Fee Schedule	$378.37
49452	REPLACE G-J TUBE PERC	Y		1/1/2017	Fee Schedule	$378.37
49460	FIX G/COLON TUBE W/DEVICE	Y		1/1/2017	Fee Schedule	$378.37

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49465	FLUORO EXAM OF G/COLON TUBE			1/1/2017	Fee Schedule	$122.15
49495	RPR ING HERNIA BABY REDUC	Y		1/1/2017	Fee Schedule	$1,454.83
49496	RPR ING HERNIA BABY BLOCKED	Y		1/1/2017	Fee Schedule	$1,454.83
49500	RPR ING HERNIA INIT REDUCE	Y		1/1/2017	Fee Schedule	$1,454.83
49501	RPR ING HERNIA INIT BLOCKED	Y		1/1/2017	Fee Schedule	$1,454.83
49505	PRP I/HERN INIT REDUC >5 YR	Y		1/1/2017	Fee Schedule	$1,454.83
49507	PRP I/HERN INIT BLOCK >5 YR	Y		1/1/2017	Fee Schedule	$1,454.83
49520	REREPAIR ING HERNIA REDUCE	Y		1/1/2017	Fee Schedule	$1,454.83
49521	REREPAIR ING HERNIA BLOCKED	Y		1/1/2017	Fee Schedule	$1,454.83
49525	REPAIR ING HERNIA SLIDING	Y		1/1/2017	Fee Schedule	$1,454.83
49540	REPAIR LUMBAR HERNIA	Y		1/1/2017	Fee Schedule	$2,040.04
49550	RPR REM HERNIA INIT REDUCE	Y		1/1/2017	Fee Schedule	$1,454.83
49553	RPR FEM HERNIA INIT BLOCKED	Y		1/1/2017	Fee Schedule	$1,454.83
49555	REREPAIR FEM HERNIA REDUCE	Y		1/1/2017	Fee Schedule	$1,454.83
49557	REREPAIR FEM HERNIA BLOCKED	Y		1/1/2017	Fee Schedule	$1,454.83
49560	RPR VENTRAL HERN INIT REDUC	Y		1/1/2017	Fee Schedule	$1,454.83
49561	RPR VENTRAL HERN INIT BLOCK	Y		1/1/2017	Fee Schedule	$1,454.83
49565	REREPAIR VENTRL HERN REDUCE	Y		1/1/2017	Fee Schedule	$2,040.04
49566	REREPAIR VENTRL HERN BLOCK	Y		1/1/2017	Fee Schedule	$2,040.04
49568	HERNIA REPAIR W/MESH			1/1/2014	No Separate Payment	$0.00
49570	RPR EPIGASTRIC HERN REDUCE	Y		1/1/2017	Fee Schedule	$1,454.83
49572	RPR EPIGASTRIC HERN BLOCKED	Y		1/1/2017	Fee Schedule	$1,454.83
49580	RPR UMBIL HERN REDUC < 5 YR	Y		1/1/2017	Fee Schedule	$1,454.83
49582	RPR UMBIL HERN BLOCK < 5 YR	Y		1/1/2017	Fee Schedule	$1,454.83
49585	RPR UMBIL HERN REDUC > 5 YR	Y		1/1/2017	Fee Schedule	$1,454.83
49587	RPR UMBIL HERN BLOCK > 5 YR	Y		1/1/2017	Fee Schedule	$1,454.83
49590	REPAIR SPIGELIAN HERNIA	Y		1/1/2017	Fee Schedule	$1,454.83
49600	REPAIR UMBILICAL LESION	Y		1/1/2017	Fee Schedule	$1,454.83
49650	LAP ING HERNIA REPAIR INIT	Y		1/1/2017	Fee Schedule	$2,040.04
49651	LAP ING HERNIA REPAIR RECUR	Y		1/1/2017	Fee Schedule	$2,040.04
49652	LAP VENT/ABD HERNIA REPAIR	Y		1/1/2017	Fee Schedule	$2,040.04
49653	LAP VENT/ABD HERN PROC COMP	Y		1/1/2017	Fee Schedule	$2,040.04
49654	LAP INC HERNIA REPAIR	Y		1/1/2017	Fee Schedule	$3,277.50
49655	LAP INC HERN REPAIR COMP	Y		1/1/2017	Fee Schedule	$3,277.50
49656	LAP INC HERNIA REPAIR RECUR	Y		1/1/2017	Fee Schedule	$3,277.50
49657	LAP INC HERN RECUR COMP	Y		1/1/2017	Fee Schedule	$3,277.50
50080	REMOVAL OF KIDNEY STONE	Y	N	1/1/2017	Fee Schedule	$4,049.65
50081	REMOVAL OF KIDNEY STONE	Y	N	1/1/2017	Fee Schedule	$4,049.65
50200	RENAL BIOPSY PERQ	Y		1/1/2017	Fee Schedule	$521.64
50382	CHANGE URETER STENT PERCUT	Y		1/1/2017	Fee Schedule	$792.79
50384	REMOVE URETER STENT PERCUT			1/1/2017	Fee Schedule	$792.79
50385	CHANGE STENT VIA TRANSURETH	Y		1/1/2017	Fee Schedule	$792.79
50386	REMOVE STENT VIA TRANSURETH			1/1/2017	Fee Schedule	$580.32
50387	CHANGE NEPHROURETERAL CATH	Y		1/1/2017	Fee Schedule	$792.79
50389	REMOVE RENAL TUBE W/FLUORO			1/1/2017	Fee Schedule	$297.08
50390	DRAINAGE OF KIDNEY LESION	Y		1/1/2017	Fee Schedule	$291.49
50391	INSTLL RX AGNT INTO RNAL TUB	Y		1/1/2017	Fee Schedule	$48.09
50395	CREATE PASSAGE TO KIDNEY	Y		1/1/2017	Fee Schedule	$1,181.53
50396	MEASURE KIDNEY PRESSURE	Y		1/1/2017	Fee Schedule	$297.08
50430	NJX PX NFROSGRM &/URTRGRM		N	7/1/2016	No Separate Payment	$0.00
50431	NJX PX NFROSGRM &/URTRGRM		N	7/1/2016	No Separate Payment	$0.00
50432	PLMT NEPHROSTOMY CATHETER	Y	N	1/1/2017	Fee Schedule	$792.79

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50433	PLMT NEPHROURETERAL CATHETER	Y	N	1/1/2017	Fee Schedule	$792.79
50434	CONVERT NEPHROSTOMY CATHETER	Y	N	1/1/2017	Fee Schedule	$297.08
50435	EXCHANGE NEPHROSTOMY CATH	Y	N	1/1/2017	Fee Schedule	$297.08
50551	KIDNEY ENDOSCOPY	Y		1/1/2017	Fee Schedule	$1,741.26
50553	KIDNEY ENDOSCOPY	Y		1/1/2017	Fee Schedule	$1,741.26
50555	KIDNEY ENDOSCOPY & BIOPSY	Y		1/1/2017	Fee Schedule	$1,741.26
50557	KIDNEY ENDOSCOPY & TREATMENT	Y		1/1/2017	Fee Schedule	$4,049.65
50561	KIDNEY ENDOSCOPY & TREATMENT	Y		1/1/2017	Fee Schedule	$1,741.26
50562	RENAL SCOPE W/TUMOR RESECT	Y		1/1/2017	Fee Schedule	$4,049.65
50570	KIDNEY ENDOSCOPY	Y		1/1/2017	Fee Schedule	$792.79
50572	KIDNEY ENDOSCOPY	Y		1/1/2017	Fee Schedule	$297.08
50574	KIDNEY ENDOSCOPY & BIOPSY	Y		1/1/2017	Fee Schedule	$297.08
50575	KIDNEY ENDOSCOPY	Y		1/1/2017	Fee Schedule	$1,741.26
50576	KIDNEY ENDOSCOPY & TREATMENT	Y		1/1/2017	Fee Schedule	$1,741.26
50580	KIDNEY ENDOSCOPY & TREATMENT	Y		1/1/2017	Fee Schedule	$1,741.26
50590	FRAGMENTING OF KIDNEY STONE	Y		1/1/2017	Fee Schedule	$1,741.26
50592	PERC RF ABLATE RENAL TUMOR	Y		1/1/2017	Fee Schedule	$2,040.04
50593	PERC CRYO ABLATE RENAL TUM	Y		1/1/2017	Fee Schedule	$3,277.50
50606	ENDOLUMINAL BX URTR RNL PLVS		N	7/1/2016	No Separate Payment	$0.00
5060F	FNDNGS MAMMO 2PT W/IN 3 DAYS		N	7/1/2016	No Separate Payment	$0.00
50684	INJECTION FOR URETER X-RAY			1/1/2009	No Separate Payment	$0.00
50686	MEASURE URETER PRESSURE			1/1/2017	Fee Schedule	$68.72
50688	CHANGE OF URETER TUBE/STENT	Y		1/1/2017	Fee Schedule	$792.79
50690	INJECTION FOR URETER X-RAY			1/1/2009	No Separate Payment	$0.00
50693	PLMT URETERAL STENT PRQ	Y	N	1/1/2017	Fee Schedule	$1,181.53
50694	PLMT URETERAL STENT PRQ	Y	N	1/1/2017	Fee Schedule	$1,181.53
50695	PLMT URETERAL STENT PRQ	Y	N	1/1/2017	Fee Schedule	$1,181.53
50705	URETERAL EMBOLIZATION/OCCL		N	7/1/2016	No Separate Payment	$0.00
50706	BALLOON DILATE URTRL STRIX		N	7/1/2016	No Separate Payment	$0.00
50727	REVISE URETER	Y	N	1/1/2017	Fee Schedule	$1,181.53
50947	LAPARO NEW URETER/BLADDER	Y		1/1/2017	Fee Schedule	$2,040.04
50948	LAPARO NEW URETER/BLADDER	Y		1/1/2017	Fee Schedule	$3,277.50
50951	ENDOSCOPY OF URETER	Y		1/1/2017	Fee Schedule	$792.79
50953	ENDOSCOPY OF URETER	Y		1/1/2017	Fee Schedule	$1,741.26
50955	URETER ENDOSCOPY & BIOPSY	Y		1/1/2017	Fee Schedule	$1,741.26
50957	URETER ENDOSCOPY & TREATMENT	Y		1/1/2017	Fee Schedule	$1,741.26
50961	URETER ENDOSCOPY & TREATMENT	Y		1/1/2017	Fee Schedule	$1,741.26
50970	URETER ENDOSCOPY	Y		1/1/2017	Fee Schedule	$297.08
50972	URETER ENDOSCOPY & CATHETER	Y		1/1/2017	Fee Schedule	$297.08
50974	URETER ENDOSCOPY & BIOPSY	Y		1/1/2017	Fee Schedule	$1,741.26
50976	URETER ENDOSCOPY & TREATMENT	Y		1/1/2017	Fee Schedule	$1,741.26
50980	URETER ENDOSCOPY & TREATMENT	Y		1/1/2017	Fee Schedule	$1,741.26
51020	INCISE & TREAT BLADDER	Y		1/1/2017	Fee Schedule	$1,181.53
51030	INCISE & TREAT BLADDER	Y		1/1/2017	Fee Schedule	$1,181.53
51040	INCISE & DRAIN BLADDER	Y		1/1/2017	Fee Schedule	$792.79
51045	INCISE BLADDER/DRAIN URETER	Y		1/1/2017	Fee Schedule	$792.79
51050	REMOVAL OF BLADDER STONE	Y		1/1/2017	Fee Schedule	$1,741.26
51065	REMOVE URETER CALCULUS	Y		1/1/2017	Fee Schedule	$1,741.26
51080	DRAINAGE OF BLADDER ABSCESS	Y		1/1/2017	Fee Schedule	$1,032.03
51100	DRAIN BLADDER BY NEEDLE	Y		1/1/2017	Fee Schedule	$31.94
51101	DRAIN BLADDER BY TROCAR/CATH			1/1/2017	Fee Schedule	$85.77
51102	DRAIN BL W/CATH INSERTION	Y		1/1/2017	Fee Schedule	$792.79

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51500	REMOVAL OF BLADDER CYST	Y		1/1/2017	Fee Schedule	$2,040.04
51520	REMOVAL OF BLADDER LESION	Y		1/1/2017	Fee Schedule	$792.79
51535	REPAIR OF URETER LESION	Y	N	1/1/2017	Fee Schedule	$792.79
51600	INJECTION FOR BLADDER X-RAY			1/1/2009	No Separate Payment	$0.00
51605	PREPARATION FOR BLADDER XRAY			1/1/2009	No Separate Payment	$0.00
51610	INJECTION FOR BLADDER X-RAY			1/1/2009	No Separate Payment	$0.00
51700	IRRIGATION OF BLADDER	Y		1/1/2017	Fee Schedule	$50.60
51701	INSERT BLADDER CATHETER			1/1/2015	No Separate Payment	$0.00
51702	INSERT TEMP BLADDER CATH			1/1/2015	No Separate Payment	$0.00
51703	INSERT BLADDER CATH COMPLEX			1/1/2017	Fee Schedule	$68.72
51705	CHANGE OF BLADDER TUBE	Y		1/1/2017	Fee Schedule	$57.06
51710	CHANGE OF BLADDER TUBE	Y		1/1/2017	Fee Schedule	$297.08
51715	ENDOSCOPIC INJECTION/IMPLANT	Y		1/1/2017	Fee Schedule	$1,181.53
51720	TREATMENT OF BLADDER LESION	Y		1/1/2017	Fee Schedule	$55.63
51725	SIMPLE CYSTOMETROGRAM	Y		1/1/2017	Fee Schedule	$111.61
51726	COMPLEX CYSTOMETROGRAM	Y		1/1/2017	Fee Schedule	$297.08
51727	CYSTOMETROGRAM W/UP	Y	N	1/1/2017	Fee Schedule	$206.00
51728	CYSTOMETROGRAM W/VP	Y	N	1/1/2017	Fee Schedule	$212.10
51729	CYSTOMETROGRAM W/VP&UP	Y	N	1/1/2017	Fee Schedule	$215.33
51736	URINE FLOW MEASUREMENT			1/1/2015	No Separate Payment	$0.00
51741	ELECTRO-UROFLOWMETRY FIRST			4/1/2016	No Separate Payment	$0.00
51784	ANAL/URINARY MUSCLE STUDY			1/1/2017	Fee Schedule	$31.58
51785	ANAL/URINARY MUSCLE STUDY	Y		1/1/2017	Fee Schedule	$116.81
51792	URINARY REFLEX STUDY			4/1/2016	No Separate Payment	$0.00
51797	INTRAABDOMINAL PRESSURE TEST			1/1/2014	No Separate Payment	$0.00
51798	US URINE CAPACITY MEASURE			1/1/2015	No Separate Payment	$0.00
51880	REPAIR OF BLADDER OPENING	Y		1/1/2017	Fee Schedule	$1,181.53
51992	LAPARO SLING OPERATION	Y		1/1/2017	Fee Schedule	$2,040.04
52000	CYSTOSCOPY	Y		1/1/2017	Fee Schedule	$297.08
52001	CYSTOSCOPY REMOVAL OF CLOTS	Y		1/1/2017	Fee Schedule	$1,181.53
52005	CYSTOSCOPY & URETER CATHETER	Y		1/1/2017	Fee Schedule	$792.79
52007	CYSTOSCOPY AND BIOPSY	Y		1/1/2017	Fee Schedule	$1,181.53
52010	CYSTOSCOPY & DUCT CATHETER	Y		1/1/2017	Fee Schedule	$297.08
52204	CYSTOSCOPY W/BIOPSY(S)	Y		1/1/2017	Fee Schedule	$792.79
52214	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$792.79
52224	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$792.79
52234	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$1,181.53
52235	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$1,181.53
52240	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$1,741.26
52250	CYSTOSCOPY AND RADIOTRACER	Y		1/1/2017	Fee Schedule	$1,741.26
52260	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$792.79
52265	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$255.89
52270	CYSTOSCOPY & REVISE URETHRA	Y		1/1/2017	Fee Schedule	$792.79
52275	CYSTOSCOPY & REVISE URETHRA	Y		1/1/2017	Fee Schedule	$792.79
52276	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$792.79
52277	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$1,181.53
52281	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$792.79
52282	CYSTOSCOPY IMPLANT STENT	Y		1/1/2017	Fee Schedule	$1,181.53
52283	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$792.79
52285	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$792.79
52287	CYSTOSCOPY CHEMODENERVATION	Y	N	1/1/2017	Fee Schedule	$792.79
52290	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$792.79

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52300	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$1,181.53
52301	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$1,181.53
52305	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$1,741.26
52310	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$792.79
52315	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$792.79
52317	REMOVE BLADDER STONE	Y		1/1/2017	Fee Schedule	$1,181.53
52318	REMOVE BLADDER STONE	Y		1/1/2017	Fee Schedule	$1,741.26
52320	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$1,741.26
52325	CYSTOSCOPY STONE REMOVAL	Y		1/1/2017	Fee Schedule	$1,741.26
52327	CYSTOSCOPY INJECT MATERIAL	Y		1/1/2017	Fee Schedule	$1,741.26
52330	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$1,181.53
52332	CYSTOSCOPY AND TREATMENT	Y		1/1/2017	Fee Schedule	$1,181.53
52334	CREATE PASSAGE TO KIDNEY	Y		1/1/2017	Fee Schedule	$1,181.53
52341	CYSTO W/URETER STRICTURE TX	Y		1/1/2017	Fee Schedule	$792.79
52342	CYSTO W/UP STRICTURE TX	Y		1/1/2017	Fee Schedule	$1,741.26
52343	CYSTO W/RENAL STRICTURE TX	Y		1/1/2017	Fee Schedule	$792.79
52344	CYSTO/URETERO STRICTURE TX	Y		1/1/2017	Fee Schedule	$1,181.53
52345	CYSTO/URETERO W/UP STRICTURE	Y		1/1/2017	Fee Schedule	$1,741.26
52346	CYSTOURETERO W/RENAL STRICT	Y		1/1/2017	Fee Schedule	$1,741.26
52351	CYSTOURETERO & OR PYELOSCOPE	Y		1/1/2017	Fee Schedule	$792.79
52352	CYSTOURETERO W/STONE REMOVE	Y		1/1/2017	Fee Schedule	$1,741.26
52353	CYSTOURETERO W/LITHOTRIPSY	Y		1/1/2017	Fee Schedule	$1,741.26
52354	CYSTOURETERO W/BIOPSY	Y		1/1/2017	Fee Schedule	$1,741.26
52355	CYSTOURETERO W/EXCISE TUMOR	Y		1/1/2017	Fee Schedule	$1,741.26
52356	CYSTO/URETERO W/LITHOTRIPSY	Y	N	1/1/2017	Fee Schedule	$1,741.26
52400	CYSTOURETERO W/CONGEN REPR	Y		1/1/2017	Fee Schedule	$792.79
52402	CYSTOURETHRO CUT EJACUL DUCT	Y		1/1/2017	Fee Schedule	$1,181.53
52450	INCISION OF PROSTATE	Y		1/1/2017	Fee Schedule	$1,181.53
52500	REVISION OF BLADDER NECK	Y		1/1/2017	Fee Schedule	$1,181.53
52601	PROSTATECTOMY (TURP)	Y		1/1/2017	Fee Schedule	$1,741.26
52630	REMOVE PROSTATE REGROWTH	Y		1/1/2017	Fee Schedule	$1,741.26
52640	RELIEVE BLADDER CONTRACTURE	Y		1/1/2017	Fee Schedule	$1,181.53
52647	LASER SURGERY OF PROSTATE	Y		1/1/2017	Fee Schedule	$1,741.26
52648	LASER SURGERY OF PROSTATE	Y		1/1/2017	Fee Schedule	$1,741.26
52649	PROSTATE LASER ENUCLEATION	Y		1/1/2017	Fee Schedule	$1,741.26
52700	DRAINAGE OF PROSTATE ABSCESS	Y		1/1/2017	Fee Schedule	$1,741.26
53000	INCISION OF URETHRA	Y		1/1/2017	Fee Schedule	$792.79
53010	INCISION OF URETHRA	Y		1/1/2017	Fee Schedule	$1,741.26
53020	INCISION OF URETHRA	Y		1/1/2017	Fee Schedule	$792.79
53025	INCISION OF URETHRA	Y		1/1/2017	Fee Schedule	$792.79
53040	DRAINAGE OF URETHRA ABSCESS	Y		1/1/2017	Fee Schedule	$1,741.26
53060	DRAINAGE OF URETHRA ABSCESS	Y		1/1/2017	Fee Schedule	$81.47
53080	DRAINAGE OF URINARY LEAKAGE	Y		1/1/2017	Fee Schedule	$792.79
53085	DRAINAGE OF URINARY LEAKAGE	Y		1/1/2017	Fee Schedule	$792.79
53200	BIOPSY OF URETHRA	Y		1/1/2017	Fee Schedule	$1,181.53
53210	REMOVAL OF URETHRA	Y		1/1/2017	Fee Schedule	$1,741.26
53215	REMOVAL OF URETHRA	Y		1/1/2017	Fee Schedule	$1,741.26
53220	TREATMENT OF URETHRA LESION	Y		1/1/2017	Fee Schedule	$1,741.26
53230	REMOVAL OF URETHRA LESION	Y		1/1/2017	Fee Schedule	$1,741.26
53235	REMOVAL OF URETHRA LESION	Y		1/1/2017	Fee Schedule	$1,741.26
53240	SURGERY FOR URETHRA POUCH	Y		1/1/2017	Fee Schedule	$1,741.26
53250	REMOVAL OF URETHRA GLAND	Y		1/1/2017	Fee Schedule	$792.79

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53260	TREATMENT OF URETHRA LESION	Y		1/1/2017	Fee Schedule	$792.79
53265	TREATMENT OF URETHRA LESION	Y		1/1/2017	Fee Schedule	$792.79
53270	REMOVAL OF URETHRA GLAND	Y		1/1/2017	Fee Schedule	$1,181.53
53275	REPAIR OF URETHRA DEFECT	Y		1/1/2017	Fee Schedule	$792.79
53400	REVISE URETHRA STAGE 1	Y		1/1/2017	Fee Schedule	$1,741.26
53405	REVISE URETHRA STAGE 2	Y		1/1/2017	Fee Schedule	$1,741.26
53410	RECONSTRUCTION OF URETHRA	Y		1/1/2017	Fee Schedule	$1,741.26
53420	RECONSTRUCT URETHRA STAGE 1	Y		1/1/2017	Fee Schedule	$1,741.26
53425	RECONSTRUCT URETHRA STAGE 2	Y		1/1/2017	Fee Schedule	$1,741.26
53430	RECONSTRUCTION OF URETHRA	Y		1/1/2017	Fee Schedule	$1,741.26
53431	RECONSTRUCT URETHRA/BLADDER	Y		1/1/2017	Fee Schedule	$1,741.26
53440	MALE SLING PROCEDURE	Y		1/1/2017	Fee Schedule	$6,201.12
53442	REMOVE/REVISE MALE SLING	Y		1/1/2017	Fee Schedule	$1,741.26
53444	INSERT TANDEM CUFF	Y		1/1/2017	Fee Schedule	$11,802.25
53445	INSERT URO/VES NCK SPHINCTER	Y		1/1/2017	Fee Schedule	$12,513.49
53446	REMOVE URO SPHINCTER			1/1/2017	Fee Schedule	$1,741.26
53447	REMOVE/REPLACE UR SPHINCTER	Y		1/1/2017	Fee Schedule	$12,174.23
53449	REPAIR URO SPHINCTER	Y		1/1/2017	Fee Schedule	$1,741.26
53450	REVISION OF URETHRA	Y		1/1/2017	Fee Schedule	$792.79
53460	REVISION OF URETHRA	Y		1/1/2017	Fee Schedule	$1,741.26
53502	REPAIR OF URETHRA INJURY	Y		1/1/2017	Fee Schedule	$1,181.53
53505	REPAIR OF URETHRA INJURY	Y		1/1/2017	Fee Schedule	$1,741.26
53510	REPAIR OF URETHRA INJURY	Y		1/1/2017	Fee Schedule	$1,741.26
53515	REPAIR OF URETHRA INJURY	Y		1/1/2017	Fee Schedule	$1,741.26
53520	REPAIR OF URETHRA DEFECT	Y		1/1/2017	Fee Schedule	$1,741.26
53600	DILATE URETHRA STRICTURE	Y		1/1/2017	Fee Schedule	$37.32
53601	DILATE URETHRA STRICTURE			4/1/2016	No Separate Payment	$0.00
53605	DILATE URETHRA STRICTURE	Y		1/1/2017	Fee Schedule	$792.79
53620	DILATE URETHRA STRICTURE	Y		1/1/2017	Fee Schedule	$54.91
53621	DILATE URETHRA STRICTURE	Y		1/1/2017	Fee Schedule	$58.14
53660	DILATION OF URETHRA			1/1/2017	Fee Schedule	$43.78
53661	DILATION OF URETHRA			4/1/2016	No Separate Payment	$0.00
53665	DILATION OF URETHRA	Y		1/1/2017	Fee Schedule	$792.79
53850	PROSTATIC MICROWAVE THERMOTX	Y		1/1/2017	Fee Schedule	$1,181.53
53852	PROSTATIC RF THERMOTX	Y		1/1/2017	Fee Schedule	$1,520.25
53855	INSERT PROST URETHRAL STENT	Y	N	1/1/2017	Fee Schedule	$727.46
53860	TRANSURETHRAL RF TREATMENT	Y		1/1/2017	Fee Schedule	$792.79
54000	SLITTING OF PREPUCE	Y		1/1/2017	Fee Schedule	$792.79
54001	SLITTING OF PREPUCE	Y		1/1/2017	Fee Schedule	$792.79
54015	DRAIN PENIS LESION	Y		1/1/2017	Fee Schedule	$521.64
54050	DESTRUCTION PENIS LESION(S)			4/1/2016	No Separate Payment	$0.00
54055	DESTRUCTION PENIS LESION(S)	Y		1/1/2017	Fee Schedule	$71.06
54056	CRYOSURGERY PENIS LESION(S)			1/1/2015	No Separate Payment	$0.00
54057	LASER SURG PENIS LESION(S)	Y		1/1/2017	Fee Schedule	$771.98
54060	EXCISION OF PENIS LESION(S)	Y		1/1/2017	Fee Schedule	$771.98
54065	DESTRUCTION PENIS LESION(S)	Y		1/1/2017	Fee Schedule	$771.98
54100	BIOPSY OF PENIS	Y		1/1/2017	Fee Schedule	$521.64
54105	BIOPSY OF PENIS	Y		1/1/2017	Fee Schedule	$1,032.03
54110	TREATMENT OF PENIS LESION	Y		1/1/2017	Fee Schedule	$1,741.26
54111	TREAT PENIS LESION GRAFT	Y		1/1/2017	Fee Schedule	$1,741.26
54112	TREAT PENIS LESION GRAFT	Y		1/1/2017	Fee Schedule	$4,049.65
54115	TREATMENT OF PENIS LESION	Y		1/1/2017	Fee Schedule	$1,032.03

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54120	PARTIAL REMOVAL OF PENIS	Y		1/1/2017	Fee Schedule	$1,741.26
54150	CIRCUMCISION W/REGIONL BLOCK	Y	N	1/1/2017	Fee Schedule	$792.79
54160	CIRCUMCISION NEONATE	Y	N	1/1/2017	Fee Schedule	$792.79
54161	CIRCUM 28 DAYS OR OLDER	Y	N	1/1/2017	Fee Schedule	$792.79
54162	LYSIS PENIL CIRCUMIC LESION	Y		1/1/2017	Fee Schedule	$792.79
54163	REPAIR OF CIRCUMCISION	Y		1/1/2017	Fee Schedule	$792.79
54164	FRENULOTOMY OF PENIS	Y		1/1/2017	Fee Schedule	$792.79
54200	TREATMENT OF PENIS LESION	Y		1/1/2017	Fee Schedule	$65.68
54205	TREATMENT OF PENIS LESION	Y		1/1/2017	Fee Schedule	$1,741.26
54220	TREATMENT OF PENIS LESION	Y		1/1/2017	Fee Schedule	$116.81
54230	PREPARE PENIS STUDY			3/1/2011	Not Allowed	$0.00
54231	DYNAMIC CAVERNOSOMETRY			7/1/2016	Not Allowed	$0.00
54235	PENILE INJECTION			7/1/2016	Not Allowed	$0.00
54240	PENIS STUDY			7/1/2016	Not Allowed	$0.00
54250	PENIS STUDY			7/1/2016	Not Allowed	$0.00
54300	REVISION OF PENIS	Y		1/1/2017	Fee Schedule	$1,181.53
54304	REVISION OF PENIS	Y		1/1/2017	Fee Schedule	$792.79
54308	RECONSTRUCTION OF URETHRA	Y		1/1/2017	Fee Schedule	$1,741.26
54312	RECONSTRUCTION OF URETHRA	Y		1/1/2017	Fee Schedule	$1,181.53
54316	RECONSTRUCTION OF URETHRA	Y		1/1/2017	Fee Schedule	$1,741.26
54318	RECONSTRUCTION OF URETHRA	Y		1/1/2017	Fee Schedule	$1,181.53
54322	RECONSTRUCTION OF URETHRA	Y		1/1/2017	Fee Schedule	$792.79
54324	RECONSTRUCTION OF URETHRA	Y		1/1/2017	Fee Schedule	$1,741.26
54326	RECONSTRUCTION OF URETHRA	Y		1/1/2017	Fee Schedule	$1,741.26
54328	REVISE PENIS/URETHRA	Y		1/1/2017	Fee Schedule	$1,181.53
54340	SECONDARY URETHRAL SURGERY	Y		1/1/2017	Fee Schedule	$1,181.53
54344	SECONDARY URETHRAL SURGERY	Y		1/1/2017	Fee Schedule	$1,741.26
54348	SECONDARY URETHRAL SURGERY	Y		1/1/2017	Fee Schedule	$1,741.26
54352	RECONSTRUCT URETHRA/PENIS	Y		1/1/2017	Fee Schedule	$4,049.65
54360	PENIS PLASTIC SURGERY			3/1/2011	Not Allowed	$0.00
54380	REPAIR PENIS	Y		1/1/2017	Fee Schedule	$1,181.53
54385	REPAIR PENIS	Y		1/1/2017	Fee Schedule	$792.79
54400	INSERT SEMI-RIGID PROSTHESIS			3/1/2011	Not Allowed	$0.00
54401	INSERT SELF-CONTD PROSTHESIS			3/1/2011	Not Allowed	$0.00
54405	INSERT MULTI-COMP PENIS PROS			3/1/2011	Not Allowed	$0.00
54406	REMOVE MUTI-COMP PENIS PROS			3/1/2011	Not Allowed	$0.00
54408	REPAIR MULTI-COMP PENIS PROS			3/1/2011	Not Allowed	$0.00
54410	REMOVE/REPLACE PENIS PROSTH			3/1/2011	Not Allowed	$0.00
54415	REMOVE SELF-CONTD PENIS PROS			3/1/2011	Not Allowed	$0.00
54416	REMV/REPL PENIS CONTAIN PROS			3/1/2011	Not Allowed	$0.00
54420	REVISION OF PENIS	Y		1/1/2017	Fee Schedule	$792.79
54435	REVISION OF PENIS	Y		1/1/2017	Fee Schedule	$792.79
54437	REPAIR CORPOREAL TEAR	Y	N	1/1/2017	Fee Schedule	$792.79
54440	REPAIR OF PENIS	Y		1/1/2017	Fee Schedule	$1,741.26
54450	PREPUTIAL STRETCHING	Y		1/1/2017	Fee Schedule	$116.81
54500	BIOPSY OF TESTIS	Y		1/1/2017	Fee Schedule	$1,032.03
54505	BIOPSY OF TESTIS	Y		1/1/2017	Fee Schedule	$1,181.53
54512	EXCISE LESION TESTIS	Y		1/1/2017	Fee Schedule	$792.79
54520	REMOVAL OF TESTIS	Y		1/1/2017	Fee Schedule	$1,181.53
54522	ORCHIECTOMY PARTIAL	Y		1/1/2017	Fee Schedule	$1,181.53
54530	REMOVAL OF TESTIS	Y		1/1/2017	Fee Schedule	$1,454.83
54550	EXPLORATION FOR TESTIS	Y		1/1/2017	Fee Schedule	$1,454.83

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
54560	EXPLORATION FOR TESTIS	Y		1/1/2017	Fee Schedule	$792.79
54600	REDUCE TESTIS TORSION	Y		1/1/2017	Fee Schedule	$1,181.53
54620	SUSPENSION OF TESTIS	Y		1/1/2017	Fee Schedule	$1,181.53
54640	SUSPENSION OF TESTIS	Y		1/1/2017	Fee Schedule	$1,454.83
54660	REVISION OF TESTIS	Y		1/1/2017	Fee Schedule	$1,741.26
54670	REPAIR TESTIS INJURY	Y		1/1/2017	Fee Schedule	$792.79
54680	RELOCATION OF TESTIS(ES)	Y		1/1/2017	Fee Schedule	$792.79
54690	LAPAROSCOPY ORCHIECTOMY	Y		1/1/2017	Fee Schedule	$2,040.04
54692	LAPAROSCOPY ORCHIOPEXY	Y		1/1/2017	Fee Schedule	$2,040.04
54700	DRAINAGE OF SCROTUM	Y		1/1/2017	Fee Schedule	$792.79
54800	BIOPSY OF EPIDIDYMIS	Y		1/1/2017	Fee Schedule	$521.64
54830	REMOVE EPIDIDYMIS LESION	Y		1/1/2017	Fee Schedule	$792.79
54840	REMOVE EPIDIDYMIS LESION	Y		1/1/2017	Fee Schedule	$792.79
54860	REMOVAL OF EPIDIDYMIS	Y		1/1/2017	Fee Schedule	$792.79
54861	REMOVAL OF EPIDIDYMIS	Y		1/1/2017	Fee Schedule	$1,181.53
54865	EXPLORE EPIDIDYMIS	Y		1/1/2017	Fee Schedule	$1,181.53
54900	FUSION OF SPERMATIC DUCTS	Y		1/1/2017	Fee Schedule	$792.79
54901	FUSION OF SPERMATIC DUCTS	Y		1/1/2017	Fee Schedule	$1,181.53
55000	DRAINAGE OF HYDROCELE	Y		1/1/2017	Fee Schedule	$62.81
55040	REMOVAL OF HYDROCELE	Y		1/1/2017	Fee Schedule	$1,454.83
55041	REMOVAL OF HYDROCELES	Y		1/1/2017	Fee Schedule	$1,454.83
55060	REPAIR OF HYDROCELE	Y		1/1/2017	Fee Schedule	$792.79
55100	DRAINAGE OF SCROTUM ABSCESS	Y		1/1/2017	Fee Schedule	$521.64
55110	EXPLORE SCROTUM	Y		1/1/2017	Fee Schedule	$792.79
55120	REMOVAL OF SCROTUM LESION	Y		1/1/2017	Fee Schedule	$792.79
55150	REMOVAL OF SCROTUM	Y		1/1/2017	Fee Schedule	$1,181.53
55175	REVISION OF SCROTUM	Y		1/1/2017	Fee Schedule	$1,181.53
55180	REVISION OF SCROTUM	Y		1/1/2017	Fee Schedule	$1,741.26
55200	INCISION OF SPERM DUCT	Y		1/1/2017	Fee Schedule	$792.79
55250	REMOVAL OF SPERM DUCT(S)	Y		1/1/2017	Fee Schedule	$792.79
55300	PREPARE SPERM DUCT X-RAY			1/1/2009	No Separate Payment	$0.00
55400	REPAIR OF SPERM DUCT	Y		1/1/2017	Fee Schedule	$1,181.53
55450	LIGATION OF SPERM DUCT	Y		1/1/2017	Fee Schedule	$197.03
55500	REMOVAL OF HYDROCELE	Y		1/1/2017	Fee Schedule	$1,181.53
55520	REMOVAL OF SPERM CORD LESION	Y		1/1/2017	Fee Schedule	$1,181.53
55530	REVISE SPERMATIC CORD VEINS	Y		1/1/2017	Fee Schedule	$1,181.53
55535	REVISE SPERMATIC CORD VEINS	Y		1/1/2017	Fee Schedule	$1,454.83
55540	REVISE HERNIA & SPERM VEINS	Y		1/1/2017	Fee Schedule	$1,454.83
55550	LAPARO LIGATE SPERMATIC VEIN	Y		1/1/2017	Fee Schedule	$2,040.04
55600	INCISE SPERM DUCT POUCH	Y		1/1/2017	Fee Schedule	$792.79
55680	REMOVE SPERM POUCH LESION	Y		1/1/2017	Fee Schedule	$792.79
55700	BIOPSY OF PROSTATE	Y		1/1/2017	Fee Schedule	$792.79
55705	BIOPSY OF PROSTATE	Y		1/1/2017	Fee Schedule	$792.79
55706	PROSTATE SATURATION SAMPLING	Y		1/1/2017	Fee Schedule	$1,181.53
55720	DRAINAGE OF PROSTATE ABSCESS	Y		1/1/2017	Fee Schedule	$792.79
55725	DRAINAGE OF PROSTATE ABSCESS	Y		1/1/2017	Fee Schedule	$792.79
55860	SURGICAL EXPOSURE PROSTATE	Y		1/1/2017	Fee Schedule	$1,741.26
55870	ELECTROEJACULATION			7/1/2016	Not Allowed	$0.00
55873	CRYOABLATE PROSTATE	Y		1/1/2017	Fee Schedule	$6,015.35
55875	TRANSPERI NEEDLE PLACE PROS			1/1/2017	Fee Schedule	$1,181.53
55876	PLACE RT DEVICE/MARKER PROS			1/1/2017	Fee Schedule	$70.70
55920	PLACE NEEDLES PELVIC FOR RT	Y		1/1/2017	Fee Schedule	$1,454.83

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56405	I & D OF VULVA/PERINEUM	Y		1/1/2017	Fee Schedule	$51.32
56420	DRAINAGE OF GLAND ABSCESS	Y		1/1/2017	Fee Schedule	$65.32
56440	SURGERY FOR VULVA LESION	Y		1/1/2017	Fee Schedule	$1,066.87
56441	LYSIS OF LABIAL LESION(S)	Y		1/1/2017	Fee Schedule	$1,066.87
56442	HYMENOTOMY	Y		1/1/2017	Fee Schedule	$1,066.87
56501	DESTROY VULVA LESIONS SIM	Y		1/1/2017	Fee Schedule	$69.62
56515	DESTROY VULVA LESION/S COMPL	Y		1/1/2017	Fee Schedule	$1,354.26
56605	BIOPSY OF VULVA/PERINEUM	Y		1/1/2017	Fee Schedule	$39.48
56606	BIOPSY OF VULVA/PERINEUM			1/1/2014	No Separate Payment	$0.00
56620	PARTIAL REMOVAL OF VULVA	Y		1/1/2017	Fee Schedule	$1,066.87
56625	COMPLETE REMOVAL OF VULVA	Y		1/1/2017	Fee Schedule	$1,066.87
56700	PARTIAL REMOVAL OF HYMEN	Y		1/1/2017	Fee Schedule	$1,066.87
56740	REMOVE VAGINA GLAND LESION	Y		1/1/2017	Fee Schedule	$1,066.87
56800	REPAIR OF VAGINA	Y		1/1/2017	Fee Schedule	$1,066.87
56805	REPAIR CLITORIS	Y		1/1/2017	Fee Schedule	$1,066.87
56810	REPAIR OF PERINEUM	Y		1/1/2017	Fee Schedule	$1,066.87
56820	EXAM OF VULVA W/SCOPE	Y		1/1/2017	Fee Schedule	$52.40
56821	EXAM/BIOPSY OF VULVA W/SCOPE	Y		1/1/2017	Fee Schedule	$66.75
57000	EXPLORATION OF VAGINA	Y		1/1/2017	Fee Schedule	$1,066.87
57010	DRAINAGE OF PELVIC ABSCESS	Y		1/1/2017	Fee Schedule	$1,066.87
57020	DRAINAGE OF PELVIC FLUID	Y		1/1/2017	Fee Schedule	$1,066.87
57022	I & D VAGINAL HEMATOMA PP	Y		1/1/2017	Fee Schedule	$521.64
57023	I & D VAG HEMATOMA NON-OB	Y		1/1/2017	Fee Schedule	$1,032.03
57061	DESTROY VAG LESIONS SIMPLE	Y		1/1/2017	Fee Schedule	$62.81
57065	DESTROY VAG LESIONS COMPLEX	Y		1/1/2017	Fee Schedule	$1,066.87
57100	BIOPSY OF VAGINA	Y		1/1/2017	Fee Schedule	$41.63
57105	BIOPSY OF VAGINA	Y		1/1/2017	Fee Schedule	$1,066.87
57120	CLOSURE OF VAGINA	Y	N	1/1/2017	Fee Schedule	$1,797.60
57130	REMOVE VAGINA LESION	Y		1/1/2017	Fee Schedule	$1,066.87
57135	REMOVE VAGINA LESION	Y		1/1/2017	Fee Schedule	$1,066.87
57150	TREAT VAGINA INFECTION			4/1/2016	No Separate Payment	$0.00
57155	INSERT UTERI TANDEM/OVOIDS	Y		1/1/2017	Fee Schedule	$1,066.87
57156	INS VAG BRACHYTX DEVICE	Y		1/1/2017	Fee Schedule	$149.10
57160	INSERT PESSARY/OTHER DEVICE	Y		1/1/2017	Fee Schedule	$42.35
57170	FITTING OF DIAPHRAGM/CAP	Y		1/1/2017	Fee Schedule	$25.48
57180	TREAT VAGINAL BLEEDING	Y		1/1/2017	Fee Schedule	$82.30
57200	REPAIR OF VAGINA	Y		1/1/2017	Fee Schedule	$1,066.87
57210	REPAIR VAGINA/PERINEUM	Y		1/1/2017	Fee Schedule	$1,066.87
57220	REVISION OF URETHRA	Y		1/1/2017	Fee Schedule	$1,797.60
57230	REPAIR OF URETHRAL LESION	Y		1/1/2017	Fee Schedule	$1,066.87
57240	REPAIR BLADDER & VAGINA	Y		1/1/2017	Fee Schedule	$1,797.60
57250	REPAIR RECTUM & VAGINA	Y		1/1/2017	Fee Schedule	$1,797.60
57260	REPAIR OF VAGINA	Y		1/1/2017	Fee Schedule	$1,797.60
57265	EXTENSIVE REPAIR OF VAGINA	Y		1/1/2017	Fee Schedule	$1,797.60
57267	INSERT MESH/PELVIC FLR ADDON			1/1/2014	No Separate Payment	$0.00
57268	REPAIR OF BOWEL BULGE	Y		1/1/2017	Fee Schedule	$1,066.87
57287	REVISE/REMOVE SLING REPAIR			1/1/2017	Fee Schedule	$1,066.87
57288	REPAIR BLADDER DEFECT	Y		1/1/2017	Fee Schedule	$1,797.60
57289	REPAIR BLADDER & VAGINA	Y		1/1/2017	Fee Schedule	$2,603.50
57291	CONSTRUCTION OF VAGINA			3/1/2011	Not Allowed	$0.00
57295	REVISE VAG GRAFT VIA VAGINA	Y	N	1/1/2017	Fee Schedule	$1,066.87
57300	REPAIR RECTUM-VAGINA FISTULA	Y		1/1/2017	Fee Schedule	$1,066.87

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57310	REPAIR URETHROVAGINAL LESION	Y	N	1/1/2017	Fee Schedule	$2,603.50
57320	REPAIR BLADDER-VAGINA LESION	Y		1/1/2017	Fee Schedule	$1,797.60
57400	DILATION OF VAGINA	Y		1/1/2017	Fee Schedule	$1,066.87
57410	PELVIC EXAMINATION	Y		1/1/2017	Fee Schedule	$1,066.87
57415	REMOVE VAGINAL FOREIGN BODY	Y		1/1/2017	Fee Schedule	$1,066.87
57420	EXAM OF VAGINA W/SCOPE	Y		1/1/2017	Fee Schedule	$54.19
57421	EXAM/BIOPSY OF VAG W/SCOPE	Y		1/1/2017	Fee Schedule	$69.98
57426	REVISE PROSTH VAG GRAFT LAP	Y	N	1/1/2017	Fee Schedule	$2,603.50
57452	EXAM OF CERVIX W/SCOPE	Y		1/1/2017	Fee Schedule	$50.24
57454	BX/CURETT OF CERVIX W/SCOPE	Y		1/1/2017	Fee Schedule	$62.09
57455	BIOPSY OF CERVIX W/SCOPE	Y		1/1/2017	Fee Schedule	$64.96
57456	ENDOCERV CURETTAGE W/SCOPE	Y		1/1/2017	Fee Schedule	$62.45
57460	BX OF CERVIX W/SCOPE LEEP	Y		1/1/2017	Fee Schedule	$173.34
57461	CONZ OF CERVIX W/SCOPE LEEP	Y		1/1/2017	Fee Schedule	$186.62
57500	BIOPSY OF CERVIX	Y		1/1/2017	Fee Schedule	$81.47
57505	ENDOCERVICAL CURETTAGE	Y		1/1/2017	Fee Schedule	$55.63
57510	CAUTERIZATION OF CERVIX	Y		1/1/2017	Fee Schedule	$57.06
57511	CRYOCAUTERY OF CERVIX	Y		1/1/2017	Fee Schedule	$69.27
57513	LASER SURGERY OF CERVIX	Y		1/1/2017	Fee Schedule	$1,066.87
57520	CONIZATION OF CERVIX	Y		1/1/2017	Fee Schedule	$1,066.87
57522	CONIZATION OF CERVIX	Y		1/1/2017	Fee Schedule	$1,066.87
57530	REMOVAL OF CERVIX	Y		1/1/2017	Fee Schedule	$1,066.87
57550	REMOVAL OF RESIDUAL CERVIX	Y		1/1/2017	Fee Schedule	$1,066.87
57556	REMOVE CERVIX REPAIR BOWEL	Y		1/1/2017	Fee Schedule	$1,797.60
57558	D&C OF CERVICAL STUMP	Y		1/1/2017	Fee Schedule	$1,066.87
57700	REVISION OF CERVIX	Y		1/1/2017	Fee Schedule	$1,066.87
57720	REVISION OF CERVIX	Y		1/1/2017	Fee Schedule	$1,066.87
57800	DILATION OF CERVICAL CANAL	Y		1/1/2017	Fee Schedule	$30.51
58100	BIOPSY OF UTERUS LINING	Y		1/1/2017	Fee Schedule	$49.53
58110	BX DONE W/COLPOSCOPY ADD-ON			1/1/2009	No Separate Payment	$0.00
58120	DILATION AND CURETTAGE	Y		1/1/2017	Fee Schedule	$1,066.87
58145	MYOMECTOMY VAG METHOD	Y		1/1/2017	Fee Schedule	$1,066.87
58260	VAGINAL HYSTERECTOMY	Y	N	1/1/2017	Fee Schedule	$1,797.60
58262	VAG HYST INCLUDING T/O	Y	N	1/1/2017	Fee Schedule	$1,797.60
58301	REMOVE INTRAUTERINE DEVICE			1/1/2017	Fee Schedule	$45.58
58321	ARTIFICIAL INSEMINATION			7/1/2016	Not Allowed	$0.00
58322	ARTIFICIAL INSEMINATION			7/1/2016	Not Allowed	$0.00
58323	SPERM WASHING			7/1/2016	Not Allowed	$0.00
58340	CATHETER FOR HYSTEROGRAPHY			1/1/2009	No Separate Payment	$0.00
58345	REOPEN FALLOPIAN TUBE			3/1/2011	Not Allowed	$0.00
58346	INSERT HEYMAN UTERI CAPSULE	Y		1/1/2017	Fee Schedule	$1,066.87
58350	REOPEN FALLOPIAN TUBE	Y		1/1/2017	Fee Schedule	$1,797.60
58353	ENDOMETR ABLATE THERMAL	Y		1/1/2017	Fee Schedule	$1,797.60
58356	ENDOMETRIAL CRYOABLATION	Y		1/1/2017	Fee Schedule	$1,651.96
58541	LSH UTERUS 250 G OR LESS	Y	N	1/1/2017	Fee Schedule	$2,040.04
58542	LSH W/T/O UT 250 G OR LESS	Y	N	1/1/2017	Fee Schedule	$3,277.50
58543	LSH UTERUS ABOVE 250 G	Y	N	1/1/2017	Fee Schedule	$3,277.50
58544	LSH W/T/O UTERUS ABOVE 250 G	Y	N	1/1/2017	Fee Schedule	$3,277.50
58545	LAPAROSCOPIC MYOMECTOMY	Y		1/1/2017	Fee Schedule	$2,040.04
58546	LAPARO-MYOMECTOMY COMPLEX	Y		1/1/2017	Fee Schedule	$3,277.50
58550	LAPARO-ASST VAG HYSTERECTOMY	Y		1/1/2017	Fee Schedule	$2,040.04
58552	LAPARO-VAG HYST INCL T/O	Y		1/1/2017	Fee Schedule	$3,277.50

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58553	LAPARO-VAG HYST COMPLEX	Y	N	1/1/2017	Fee Schedule	$3,277.50
58554	LAPARO-VAG HYST W/T/O COMPL	Y	N	1/1/2017	Fee Schedule	$3,277.50
58555	HYSTEROSCOPY DX SEP PROC	Y		1/1/2017	Fee Schedule	$1,066.87
58558	HYSTEROSCOPY BIOPSY	Y		1/1/2017	Fee Schedule	$1,066.87
58559	HYSTEROSCOPY LYSIS	Y		1/1/2017	Fee Schedule	$1,797.60
58560	HYSTEROSCOPY RESECT SEPTUM	Y		1/1/2017	Fee Schedule	$1,797.60
58561	HYSTEROSCOPY REMOVE MYOMA	Y		1/1/2017	Fee Schedule	$1,797.60
58562	HYSTEROSCOPY REMOVE FB	Y		1/1/2017	Fee Schedule	$1,066.87
58563	HYSTEROSCOPY ABLATION	Y		1/1/2017	Fee Schedule	$1,797.60
58565	HYSTEROSCOPY STERILIZATION	Y		1/1/2017	Fee Schedule	$1,797.60
58570	TLH UTERUS 250 G OR LESS	Y	N	1/1/2017	Fee Schedule	$3,277.50
58571	TLH W/T/O 250 G OR LESS	Y	N	1/1/2017	Fee Schedule	$3,277.50
58573	TLH W/T/O UTERUS OVER 250 G	Y	N	1/1/2017	Fee Schedule	$3,277.50
58600	DIVISION OF FALLOPIAN TUBE	Y		1/1/2017	Fee Schedule	$1,066.87
58615	OCCLUDE FALLOPIAN TUBE(S)	Y		1/1/2017	Fee Schedule	$1,066.87
58660	LAPAROSCOPY LYSIS	Y		1/1/2017	Fee Schedule	$2,040.04
58661	LAPAROSCOPY REMOVE ADNEXA	Y		1/1/2017	Fee Schedule	$2,040.04
58662	LAPAROSCOPY EXCISE LESIONS	Y		1/1/2017	Fee Schedule	$2,040.04
58670	LAPAROSCOPY TUBAL CAUTERY	Y		1/1/2017	Fee Schedule	$2,040.04
58671	LAPAROSCOPY TUBAL BLOCK	Y		1/1/2017	Fee Schedule	$2,040.04
58672	LAPAROSCOPY FIMBRIOPLASTY	Y		1/1/2017	Fee Schedule	$2,040.04
58673	LAPAROSCOPY SALPINGOSTOMY	Y		1/1/2017	Fee Schedule	$2,040.04
58674	LAPS ABLTJ UTERINE FIBROIDS	Y	N	1/1/2017	Fee Schedule	$4,419.02
58800	DRAINAGE OF OVARIAN CYST(S)	Y		1/1/2017	Fee Schedule	$1,066.87
58805	DRAINAGE OF OVARIAN CYST(S)	Y		1/1/2017	Fee Schedule	$1,066.87
58820	DRAIN OVARY ABSCESS OPEN	Y		1/1/2017	Fee Schedule	$1,066.87
58900	BIOPSY OF OVARY(S)	Y		1/1/2017	Fee Schedule	$1,066.87
58970	RETRIEVAL OF OOCYTE			3/1/2011	Not Allowed	$0.00
58974	TRANSFER OF EMBRYO			3/1/2011	Not Allowed	$0.00
58976	TRANSFER OF EMBRYO			3/1/2011	Not Allowed	$0.00
59000	AMNIOCENTESIS DIAGNOSTIC	Y		1/1/2017	Fee Schedule	$70.70
59001	AMNIOCENTESIS THERAPEUTIC	Y		1/1/2017	Fee Schedule	$149.10
59012	FETAL CORD PUNCTURE PRENATAL	Y		1/1/2017	Fee Schedule	$149.10
59015	CHORION BIOPSY	Y		1/1/2017	Fee Schedule	$61.73
59020	FETAL CONTRACT STRESS TEST	Y		1/1/2017	Fee Schedule	$34.09
59025	FETAL NON-STRESS TEST	Y		1/1/2017	Fee Schedule	$18.30
59070	TRANSABDOM AMNIOINFUS W/US	Y		1/1/2017	Fee Schedule	$149.10
59072	UMBILICAL CORD OCCLUD W/US	Y		1/1/2017	Fee Schedule	$149.10
59074	FETAL FLUID DRAINAGE W/US	Y	N	1/1/2017	Fee Schedule	$149.10
59076	FETAL SHUNT PLACEMENT W/US	Y		1/1/2017	Fee Schedule	$149.10
59100	REMOVE UTERUS LESION	Y		1/1/2017	Fee Schedule	$1,066.87
59150	TREAT ECTOPIC PREGNANCY	Y		1/1/2017	Fee Schedule	$2,040.04
59151	TREAT ECTOPIC PREGNANCY	Y		1/1/2017	Fee Schedule	$2,040.04
59160	D & C AFTER DELIVERY	Y		1/1/2017	Fee Schedule	$1,066.87
59200	INSERT CERVICAL DILATOR	Y		1/1/2017	Fee Schedule	$38.76
59300	EPISIOTOMY OR VAGINAL REPAIR	Y		1/1/2017	Fee Schedule	$91.16
59320	REVISION OF CERVIX	Y		1/1/2017	Fee Schedule	$1,066.87
59412	ANTEPARTUM MANIPULATION	Y		1/1/2017	Fee Schedule	$1,066.87
59414	DELIVER PLACENTA	Y		1/1/2017	Fee Schedule	$1,066.87
59812	TREATMENT OF MISCARRIAGE	Y		1/1/2017	Fee Schedule	$1,066.87
59820	CARE OF MISCARRIAGE	Y		1/1/2017	Fee Schedule	$1,066.87
59821	TREATMENT OF MISCARRIAGE	Y		1/1/2017	Fee Schedule	$1,066.87

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59840	ABORTION	Y		1/1/2017	Fee Schedule	$1,066.87
59841	ABORTION	Y		1/1/2017	Fee Schedule	$1,066.87
59866	ABORTION (MPR)	Y		1/1/2017	Fee Schedule	$149.10
59870	EVACUATE MOLE OF UTERUS	Y		1/1/2017	Fee Schedule	$1,066.87
59871	REMOVE CERCLAGE SUTURE			1/1/2017	Fee Schedule	$1,066.87
60000	DRAIN THYROID/TONGUE CYST	Y		1/1/2017	Fee Schedule	$561.53
60100	BIOPSY OF THYROID	Y		1/1/2017	Fee Schedule	$54.19
60200	REMOVE THYROID LESION	Y		1/1/2017	Fee Schedule	$2,040.04
60210	PARTIAL THYROID EXCISION	Y	N	1/1/2017	Fee Schedule	$2,040.04
60212	PARTIAL THYROID EXCISION	Y	N	1/1/2017	Fee Schedule	$2,040.04
60220	PARTIAL REMOVAL OF THYROID	Y	N	1/1/2017	Fee Schedule	$2,040.04
60225	PARTIAL REMOVAL OF THYROID	Y	N	1/1/2017	Fee Schedule	$2,040.04
60240	REMOVAL OF THYROID	Y	N	1/1/2017	Fee Schedule	$2,040.04
60280	REMOVE THYROID DUCT LESION	Y		1/1/2017	Fee Schedule	$2,040.04
60281	REMOVE THYROID DUCT LESION	Y		1/1/2017	Fee Schedule	$2,040.04
60300	ASPIR/INJ THYROID CYST	Y		1/1/2017	Fee Schedule	$81.83
60500	EXPLORE PARATHYROID GLANDS	Y	N	1/1/2017	Fee Schedule	$2,039.51
61000	REMOVE CRANIAL CAVITY FLUID	Y		1/1/2017	Fee Schedule	$274.23
61001	REMOVE CRANIAL CAVITY FLUID	Y		1/1/2017	Fee Schedule	$274.23
61020	REMOVE BRAIN CAVITY FLUID	Y		1/1/2017	Fee Schedule	$345.46
61026	INJECTION INTO BRAIN CANAL	Y		1/1/2017	Fee Schedule	$274.23
61050	REMOVE BRAIN CANAL FLUID	Y		1/1/2017	Fee Schedule	$124.90
61055	INJECTION INTO BRAIN CANAL	Y		1/1/2017	Fee Schedule	$124.90
61070	BRAIN CANAL SHUNT PROCEDURE	Y		1/1/2017	Fee Schedule	$274.23
61215	INSERT BRAIN-FLUID DEVICE	Y		1/1/2017	Fee Schedule	$1,887.76
61330	DECOMPRESS EYE SOCKET	Y		1/1/2017	Fee Schedule	$940.94
61770	INCISE SKULL FOR TREATMENT	Y	N	1/1/2017	Fee Schedule	$1,887.76
61781	SCAN PROC CRANIAL INTRA			1/1/2011	No Separate Payment	$0.00
61782	SCAN PROC CRANIAL EXTRA			1/1/2011	No Separate Payment	$0.00
61783	SCAN PROC SPINAL			1/1/2011	No Separate Payment	$0.00
61790	TREAT TRIGEMINAL NERVE	Y		1/1/2017	Fee Schedule	$789.34
61791	TREAT TRIGEMINAL TRACT	Y		1/1/2017	Fee Schedule	$789.34
61880	REVISE/REMOVE NEUROELECTRODE			1/1/2017	Fee Schedule	$1,454.70
61885	INSRT/REDO NEUROSTIM 1 ARRAY			1/1/2017	Fee Schedule	$15,978.12
61886	IMPLANT NEUROSTIM ARRAYS			1/1/2017	Fee Schedule	$22,492.07
61888	REVISE/REMOVE NEURORECEIVER			1/1/2017	Fee Schedule	$4,732.41
62160	NEUROENDOSCOPY ADD-ON		N	7/1/2009	No Separate Payment	$0.00
62194	REPLACE/IRRIGATE CATHETER	Y		1/1/2017	Fee Schedule	$789.34
62225	REPLACE/IRRIGATE CATHETER	Y		1/1/2017	Fee Schedule	$1,887.76
62230	REPLACE/REVISE BRAIN SHUNT	Y		1/1/2017	Fee Schedule	$1,887.76
62252	CSF SHUNT REPROGRAM			1/1/2017	Fee Schedule	$38.76
62263	EPIDURAL LYSIS MULT SESSIONS	Y		1/1/2017	Fee Schedule	$345.46
62264	EPIDURAL LYSIS ON SINGLE DAY	Y		1/1/2017	Fee Schedule	$345.46
62267	INTERDISCAL PERQ ASPIR DX	Y		1/1/2017	Fee Schedule	$291.49
62268	DRAIN SPINAL CORD CYST	Y		1/1/2017	Fee Schedule	$345.46
62269	NEEDLE BIOPSY SPINAL CORD	Y		1/1/2017	Fee Schedule	$521.64
62270	SPINAL FLUID TAP DIAGNOSTIC	Y		1/1/2017	Fee Schedule	$274.23
62272	DRAIN CEREBRO SPINAL FLUID	Y		1/1/2017	Fee Schedule	$274.23
62273	INJECT EPIDURAL PATCH	Y		1/1/2017	Fee Schedule	$274.23
62280	TREAT SPINAL CORD LESION	Y		1/1/2017	Fee Schedule	$345.46
62281	TREAT SPINAL CORD LESION	Y		1/1/2017	Fee Schedule	$345.46
62282	TREAT SPINAL CANAL LESION	Y		1/1/2017	Fee Schedule	$345.46

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62284	INJECTION FOR MYELOGRAM			1/1/2009	No Separate Payment	$0.00
62287	PERCUTANEOUS DISKECTOMY	Y		1/1/2017	Fee Schedule	$1,887.76
62290	INJECT FOR SPINE DISK X-RAY			1/1/2009	No Separate Payment	$0.00
62291	INJECT FOR SPINE DISK X-RAY			1/1/2009	No Separate Payment	$0.00
62292	INJECTION INTO DISK LESION	Y		1/1/2017	Fee Schedule	$789.34
62294	INJECTION INTO SPINAL ARTERY	Y		1/1/2017	Fee Schedule	$345.46
62302	MYELOGRAPHY LUMBAR INJECTION		N	1/1/2015	No Separate Payment	$0.00
62303	MYELOGRAPHY LUMBAR INJECTION		N	1/1/2015	No Separate Payment	$0.00
62304	MYELOGRAPHY LUMBAR INJECTION		N	1/1/2015	No Separate Payment	$0.00
62305	MYELOGRAPHY LUMBAR INJECTION		N	1/1/2015	No Separate Payment	$0.00
62320	NJX INTERLAMINAR CRV/THRC	Y	N	1/1/2017	Fee Schedule	$274.23
62321	NJX INTERLAMINAR CRV/THRC	Y	N	1/1/2017	Fee Schedule	$274.23
62322	NJX INTERLAMINAR LMBR/SAC	Y	N	1/1/2017	Fee Schedule	$274.23
62323	NJX INTERLAMINAR LMBR/SAC	Y	N	1/1/2017	Fee Schedule	$274.23
62324	NJX INTERLAMINAR CRV/THRC	Y	N	1/1/2017	Fee Schedule	$345.46
62325	NJX INTERLAMINAR CRV/THRC	Y	N	1/1/2017	Fee Schedule	$345.46
62326	NJX INTERLAMINAR LMBR/SAC	Y	N	1/1/2017	Fee Schedule	$345.46
62327	NJX INTERLAMINAR LMBR/SAC	Y	N	1/1/2017	Fee Schedule	$345.46
62350	IMPLANT SPINAL CANAL CATH	Y		1/1/2017	Fee Schedule	$1,887.76
62355	REMOVE SPINAL CANAL CATHETER			1/1/2017	Fee Schedule	$789.34
62360	INSERT SPINE INFUSION DEVICE	Y		1/1/2017	Fee Schedule	$12,091.24
62361	IMPLANT SPINE INFUSION PUMP	Y		1/1/2017	Fee Schedule	$12,256.87
62362	IMPLANT SPINE INFUSION PUMP	Y		1/1/2017	Fee Schedule	$12,908.95
62365	REMOVE SPINE INFUSION DEVICE			1/1/2017	Fee Schedule	$1,887.76
62367	ANALYZE SPINE INFUS PUMP			1/1/2017	Fee Schedule	$22.97
62368	ANALYZE SP INF PUMP W/REPROG			1/1/2017	Fee Schedule	$30.86
62369	ANAL SP INF PMP W/REPRG&FILL		N	1/1/2017	Fee Schedule	$94.03
62370	ANL SP INF PMP W/MDREPRG&FIL		N	1/1/2017	Fee Schedule	$92.23
62380	NDSC DCMPRN 1 NTRSPC LUMBAR	Y	N	1/1/2017	Fee Schedule	$3,574.44
63001	REMOVE SPINE LAMINA 1/2 CRVL	Y	N	1/1/2017	Fee Schedule	$2,651.09
63003	REMOVE SPINE LAMINA 1/2 THRC	Y	N	1/1/2017	Fee Schedule	$2,651.09
63005	REMOVE SPINE LAMINA 1/2 LMBR	Y	N	1/1/2017	Fee Schedule	$2,651.09
63020	NECK SPINE DISK SURGERY	Y	N	1/1/2017	Fee Schedule	$2,651.09
63030	LOW BACK DISK SURGERY	Y	N	1/1/2017	Fee Schedule	$2,651.09
63042	LAMINOTOMY SINGLE LUMBAR	Y	N	1/1/2017	Fee Schedule	$2,651.09
63044	LAMINOTOMY ADDL LUMBAR		N	1/1/2015	No Separate Payment	$0.00
63045	REMOVE SPINE LAMINA 1 CRVL	Y	N	1/1/2017	Fee Schedule	$2,651.09
63046	REMOVE SPINE LAMINA 1 THRC	Y	N	1/1/2017	Fee Schedule	$2,651.09
63047	REMOVE SPINE LAMINA 1 LMBR	Y	N	1/1/2017	Fee Schedule	$2,651.09
63055	DECOMPRESS SPINAL CORD THRC	Y	N	1/1/2017	Fee Schedule	$2,651.09
63056	DECOMPRESS SPINAL CORD LMBR	Y	N	1/1/2017	Fee Schedule	$2,651.09
63600	REMOVE SPINAL CORD LESION	Y		1/1/2017	Fee Schedule	$789.34
63610	STIMULATION OF SPINAL CORD	Y		1/1/2017	Fee Schedule	$789.34
63615	REMOVE LESION OF SPINAL CORD	Y		1/1/2017	Fee Schedule	$789.34
63650	IMPLANT NEUROELECTRODES			1/1/2017	Fee Schedule	$4,393.48
63655	IMPLANT NEUROELECTRODES			1/1/2017	Fee Schedule	$14,536.15
63661	REMOVE SPINE ELTRD PERQ ARAY		N	1/1/2017	Fee Schedule	$789.34
63662	REMOVE SPINE ELTRD PLATE		N	1/1/2017	Fee Schedule	$1,454.70
63663	REVISE SPINE ELTRD PERQ ARAY		N	1/1/2017	Fee Schedule	$4,212.89
63664	REVISE SPINE ELTRD PLATE		N	1/1/2017	Fee Schedule	$12,293.34
63685	INSRT/REDO SPINE N GENERATOR			1/1/2017	Fee Schedule	$22,211.70
63688	REVISE/REMOVE NEURORECEIVER			1/1/2017	Fee Schedule	$1,454.70

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63744	REVISION OF SPINAL SHUNT	Y		1/1/2017	Fee Schedule	$1,887.76
63746	REMOVAL OF SPINAL SHUNT			1/1/2017	Fee Schedule	$789.34
64400	N BLOCK INJ TRIGEMINAL	Y		1/1/2017	Fee Schedule	$82.19
64402	N BLOCK INJ FACIAL			1/1/2015	No Separate Payment	$0.00
64405	N BLOCK INJ OCCIPITAL	Y		1/1/2017	Fee Schedule	$62.09
64408	N BLOCK INJ VAGUS	Y		1/1/2017	Fee Schedule	$63.88
64410	N BLOCK INJ PHRENIC	Y		1/1/2017	Fee Schedule	$345.46
64413	N BLOCK INJ CERVICAL PLEXUS	Y		1/1/2017	Fee Schedule	$72.50
64415	N BLOCK INJ BRACHIAL PLEXUS	Y		1/1/2017	Fee Schedule	$345.46
64416	N BLOCK CONT INFUSE B PLEX	Y		1/1/2017	Fee Schedule	$345.46
64417	N BLOCK INJ AXILLARY	Y		1/1/2017	Fee Schedule	$345.46
64418	N BLOCK INJ SUPRASCAPULAR	Y		1/1/2017	Fee Schedule	$95.46
64420	N BLOCK INJ INTERCOST SNG	Y		1/1/2017	Fee Schedule	$274.23
64421	N BLOCK INJ INTERCOST MLT	Y		1/1/2017	Fee Schedule	$345.46
64425	N BLOCK INJ ILIO-ING/HYPOGI	Y		1/1/2017	Fee Schedule	$65.32
64430	N BLOCK INJ PUDENDAL	Y		1/1/2017	Fee Schedule	$345.46
64435	N BLOCK INJ PARACERVICAL	Y		1/1/2017	Fee Schedule	$79.67
64445	N BLOCK INJ SCIATIC SNG	Y		1/1/2017	Fee Schedule	$79.31
64446	N BLK INJ SCIATIC CONT INF	Y		1/1/2017	Fee Schedule	$345.46
64447	N BLOCK INJ FEM SINGLE	Y		1/1/2017	Fee Schedule	$63.16
64448	N BLOCK INJ FEM CONT INF	Y		1/1/2017	Fee Schedule	$345.46
64449	N BLOCK INJ LUMBAR PLEXUS	Y		1/1/2017	Fee Schedule	$345.46
64450	N BLOCK OTHER PERIPHERAL	Y		1/1/2017	Fee Schedule	$52.04
64455	N BLOCK INJ PLANTAR DIGIT	Y		1/1/2017	Fee Schedule	$19.74
64461	PVB THORACIC SINGLE INJ SITE	Y	N	1/1/2017	Fee Schedule	$82.19
64462	PVB THORACIC 2ND+ INJ SITE		N	7/1/2016	No Separate Payment	$0.00
64463	PVB THORACIC CONT INFUSION	Y	N	1/1/2017	Fee Schedule	$94.39
64479	INJ FORAMEN EPIDURAL C/T	Y		1/1/2017	Fee Schedule	$345.46
64480	INJ FORAMEN EPIDURAL ADD-ON			1/1/2014	No Separate Payment	$0.00
64483	INJ FORAMEN EPIDURAL L/S	Y		1/1/2017	Fee Schedule	$345.46
64484	INJ FORAMEN EPIDURAL ADD-ON			1/1/2014	No Separate Payment	$0.00
64486	TAP BLOCK UNIL BY INJECTION		N	1/1/2015	No Separate Payment	$0.00
64487	TAP BLOCK UNI BY INFUSION		N	1/1/2015	No Separate Payment	$0.00
64488	TAP BLOCK BI INJECTION		N	1/1/2015	No Separate Payment	$0.00
64489	TAP BLOCK BI BY INFUSION		N	1/1/2015	No Separate Payment	$0.00
64490	INJ PARAVERT F JNT C/T 1 LEV	Y	N	1/1/2017	Fee Schedule	$345.46
64491	INJ PARAVERT F JNT C/T 2 LEV		N	1/1/2014	No Separate Payment	$0.00
64492	INJ PARAVERT F JNT C/T 3 LEV		N	1/1/2014	No Separate Payment	$0.00
64493	INJ PARAVERT F JNT L/S 1 LEV	Y	N	1/1/2017	Fee Schedule	$345.46
64494	INJ PARAVERT F JNT L/S 2 LEV		N	1/1/2014	No Separate Payment	$0.00
64495	INJ PARAVERT F JNT L/S 3 LEV		N	1/1/2014	No Separate Payment	$0.00
64505	N BLOCK SPENOPALATINE GANGL	Y		1/1/2017	Fee Schedule	$53.12
64508	N BLOCK CAROTID SINUS S/P	Y		1/1/2017	Fee Schedule	$15.79
64510	N BLOCK STELLATE GANGLION	Y		1/1/2017	Fee Schedule	$345.46
64517	N BLOCK INJ HYPOGAS PLXS	Y		1/1/2017	Fee Schedule	$345.46
64520	N BLOCK LUMBAR/THORACIC	Y		1/1/2017	Fee Schedule	$345.46
64530	N BLOCK INJ CELIAC PELUS	Y		1/1/2017	Fee Schedule	$345.46
64553	IMPLANT NEUROELECTRODES			1/1/2017	Fee Schedule	$4,542.61
64555	IMPLANT NEUROELECTRODES			1/1/2017	Fee Schedule	$4,553.87
64561	IMPLANT NEUROELECTRODES			1/1/2017	Fee Schedule	$4,451.04
64565	IMPLANT NEUROELECTRODES			1/1/2017	Fee Schedule	$4,498.87
64566	NEUROELTRD STIM POST TIBIAL	Y		1/1/2017	Fee Schedule	$105.87

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64568	INC FOR VAGUS N ELECT IMPL			1/1/2017	Fee Schedule	$22,521.65
64569	REVISE/REPL VAGUS N ELTRD			1/1/2017	Fee Schedule	$4,815.55
64570	REMOVE VAGUS N ELTRD			1/1/2017	Fee Schedule	$1,887.76
64575	IMPLANT NEUROELECTRODES			1/1/2017	Fee Schedule	$14,320.87
64580	IMPLANT NEUROELECTRODES			1/1/2017	Fee Schedule	$14,762.39
64581	IMPLANT NEUROELECTRODES			1/1/2017	Fee Schedule	$4,680.74
64585	REVISE/REMOVE NEUROELECTRODE			1/1/2017	Fee Schedule	$1,454.70
64590	INSRT/REDO PN/GASTR STIMUL			1/1/2017	Fee Schedule	$16,003.95
64595	REVISE/RMV PN/GASTR STIMUL			1/1/2017	Fee Schedule	$1,454.70
64600	INJECTION TREATMENT OF NERVE	Y		1/1/2017	Fee Schedule	$345.46
64605	INJECTION TREATMENT OF NERVE	Y		1/1/2017	Fee Schedule	$789.34
64610	INJECTION TREATMENT OF NERVE	Y		1/1/2017	Fee Schedule	$789.34
64611	CHEMODENERV SALIV GLANDS	Y		1/1/2017	Fee Schedule	$69.62
64612	DESTROY NERVE FACE MUSCLE	Y		1/1/2017	Fee Schedule	$72.85
64615	CHEMODENERV MUSC MIGRAINE	Y	N	1/1/2017	Fee Schedule	$59.93
64616	CHEMODENERV MUSC NECK DYSTON	Y	N	1/1/2017	Fee Schedule	$57.42
64617	CHEMODENER MUSCLE LARYNX EMG	Y	N	1/1/2017	Fee Schedule	$99.05
64620	INJECTION TREATMENT OF NERVE	Y		1/1/2017	Fee Schedule	$345.46
64630	INJECTION TREATMENT OF NERVE	Y		1/1/2017	Fee Schedule	$345.46
64632	N BLOCK INJ COMMON DIGIT	Y		1/1/2017	Fee Schedule	$40.20
64633	DESTROY CERV/THOR FACET JNT	Y	N	1/1/2017	Fee Schedule	$789.34
64634	DESTROY C/TH FACET JNT ADDL		N	1/1/2014	No Separate Payment	$0.00
64635	DESTROY LUMB/SAC FACET JNT	Y	N	1/1/2017	Fee Schedule	$789.34
64636	DESTROY L/S FACET JNT ADDL		N	1/1/2014	No Separate Payment	$0.00
64640	INJECTION TREATMENT OF NERVE	Y		1/1/2017	Fee Schedule	$86.85
64642	CHEMODENERV 1 EXTREMITY 1-4	Y	N	1/1/2017	Fee Schedule	$72.50
64643	CHEMODENERV 1 EXTREM 1-4 EA		N	1/1/2014	No Separate Payment	$0.00
64644	CHEMODENERV 1 EXTREM 5/> MUS	Y	N	1/1/2017	Fee Schedule	$87.21
64645	CHEMODENERV 1 EXTREM 5/> EA		N	1/1/2014	No Separate Payment	$0.00
64646	CHEMODENERV TRUNK MUSC 1-5	Y	N	1/1/2017	Fee Schedule	$72.50
64647	CHEMODENERV TRUNK MUSC 6/>	Y	N	1/1/2017	Fee Schedule	$85.77
64650	CHEMODENERV ECCRINE GLANDS	Y		1/1/2017	Fee Schedule	$49.53
64653	CHEMODENERV ECCRINE GLANDS	Y		1/1/2017	Fee Schedule	$56.70
64680	INJECTION TREATMENT OF NERVE	Y		1/1/2017	Fee Schedule	$345.46
64681	INJECTION TREATMENT OF NERVE	Y		1/1/2017	Fee Schedule	$345.46
64702	REVISE FINGER/TOE NERVE	Y		1/1/2017	Fee Schedule	$789.34
64704	REVISE HAND/FOOT NERVE	Y		1/1/2017	Fee Schedule	$789.34
64708	REVISE ARM/LEG NERVE	Y		1/1/2017	Fee Schedule	$789.34
64712	REVISION OF SCIATIC NERVE	Y		1/1/2017	Fee Schedule	$789.34
64713	REVISION OF ARM NERVE(S)	Y		1/1/2017	Fee Schedule	$789.34
64714	REVISE LOW BACK NERVE(S)	Y		1/1/2017	Fee Schedule	$789.34
64716	REVISION OF CRANIAL NERVE	Y		1/1/2017	Fee Schedule	$789.34
64718	REVISE ULNAR NERVE AT ELBOW	Y		1/1/2017	Fee Schedule	$789.34
64719	REVISE ULNAR NERVE AT WRIST	Y		1/1/2017	Fee Schedule	$789.34
64721	CARPAL TUNNEL SURGERY	Y		1/1/2017	Fee Schedule	$789.34
64722	RELIEVE PRESSURE ON NERVE(S)	Y		1/1/2017	Fee Schedule	$789.34
64726	RELEASE FOOT/TOE NERVE	Y		1/1/2017	Fee Schedule	$789.34
64727	INTERNAL NERVE REVISION			1/1/2014	No Separate Payment	$0.00
64732	INCISION OF BROW NERVE	Y		1/1/2017	Fee Schedule	$789.34
64734	INCISION OF CHEEK NERVE	Y		1/1/2017	Fee Schedule	$789.34
64736	INCISION OF CHIN NERVE	Y		1/1/2017	Fee Schedule	$789.34
64738	INCISION OF JAW NERVE	Y		1/1/2017	Fee Schedule	$789.34

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64740	INCISION OF TONGUE NERVE	Y		1/1/2017	Fee Schedule	$789.34
64742	INCISION OF FACIAL NERVE	Y		1/1/2017	Fee Schedule	$789.34
64744	INCISE NERVE BACK OF HEAD	Y		1/1/2017	Fee Schedule	$789.34
64746	INCISE DIAPHRAGM NERVE	Y		1/1/2017	Fee Schedule	$789.34
64763	INCISE HIP/THIGH NERVE	Y		1/1/2017	Fee Schedule	$789.34
64766	INCISE HIP/THIGH NERVE	Y		1/1/2017	Fee Schedule	$2,544.29
64771	SEVER CRANIAL NERVE	Y		1/1/2017	Fee Schedule	$789.34
64772	INCISION OF SPINAL NERVE	Y		1/1/2017	Fee Schedule	$789.34
64774	REMOVE SKIN NERVE LESION	Y		1/1/2017	Fee Schedule	$789.34
64776	REMOVE DIGIT NERVE LESION	Y		1/1/2017	Fee Schedule	$789.34
64778	DIGIT NERVE SURGERY ADD-ON			1/1/2014	No Separate Payment	$0.00
64782	REMOVE LIMB NERVE LESION	Y		1/1/2017	Fee Schedule	$789.34
64783	LIMB NERVE SURGERY ADD-ON			1/1/2014	No Separate Payment	$0.00
64784	REMOVE NERVE LESION	Y		1/1/2017	Fee Schedule	$789.34
64786	REMOVE SCIATIC NERVE LESION	Y		1/1/2017	Fee Schedule	$1,887.76
64787	IMPLANT NERVE END			1/1/2014	No Separate Payment	$0.00
64788	REMOVE SKIN NERVE LESION	Y		1/1/2017	Fee Schedule	$789.34
64790	REMOVAL OF NERVE LESION	Y		1/1/2017	Fee Schedule	$789.34
64792	REMOVAL OF NERVE LESION	Y		1/1/2017	Fee Schedule	$1,887.76
64795	BIOPSY OF NERVE	Y		1/1/2017	Fee Schedule	$789.34
64802	SYMPATHECTOMY CERVICAL	Y		1/1/2017	Fee Schedule	$789.34
64820	SYMPATHECTOMY DIGITAL ARTERY	Y		1/1/2017	Fee Schedule	$789.34
64821	REMOVE SYMPATHETIC NERVES	Y		1/1/2017	Fee Schedule	$1,219.54
64822	REMOVE SYMPATHETIC NERVES	Y		1/1/2017	Fee Schedule	$1,219.54
64823	SYMPATHECTOMY SUPFC PALMAR	Y		1/1/2017	Fee Schedule	$695.88
64831	REPAIR OF DIGIT NERVE	Y		1/1/2017	Fee Schedule	$1,887.76
64832	REPAIR NERVE ADD-ON			1/1/2014	No Separate Payment	$0.00
64834	REPAIR OF HAND OR FOOT NERVE	Y		1/1/2017	Fee Schedule	$1,887.76
64835	REPAIR OF HAND OR FOOT NERVE	Y		1/1/2017	Fee Schedule	$1,887.76
64836	REPAIR OF HAND OR FOOT NERVE	Y		1/1/2017	Fee Schedule	$1,887.76
64837	REPAIR NERVE ADD-ON			1/1/2014	No Separate Payment	$0.00
64840	REPAIR OF LEG NERVE	Y		1/1/2017	Fee Schedule	$1,887.76
64856	REPAIR/TRANSPOSE NERVE	Y		1/1/2017	Fee Schedule	$1,887.76
64857	REPAIR ARM/LEG NERVE	Y		1/1/2017	Fee Schedule	$1,887.76
64858	REPAIR SCIATIC NERVE	Y		1/1/2017	Fee Schedule	$1,887.76
64859	NERVE SURGERY			1/1/2014	No Separate Payment	$0.00
64861	REPAIR OF ARM NERVES	Y		1/1/2017	Fee Schedule	$1,887.76
64862	REPAIR OF LOW BACK NERVES	Y		1/1/2017	Fee Schedule	$1,887.76
64864	REPAIR OF FACIAL NERVE	Y		1/1/2017	Fee Schedule	$1,887.76
64865	REPAIR OF FACIAL NERVE	Y		1/1/2017	Fee Schedule	$1,887.76
64872	SUBSEQUENT REPAIR OF NERVE			1/1/2014	No Separate Payment	$0.00
64874	REPAIR & REVISE NERVE ADD-ON			1/1/2014	No Separate Payment	$0.00
64876	REPAIR NERVE/SHORTEN BONE			1/1/2014	No Separate Payment	$0.00
64885	NERVE GRAFT HEAD/NECK </4 CM	Y		1/1/2017	Fee Schedule	$1,887.76
64886	NERVE GRAFT HEAD/NECK >4 CM	Y		1/1/2017	Fee Schedule	$1,887.76
64890	NERVE GRAFT HAND/FOOT </4 CM	Y		1/1/2017	Fee Schedule	$2,694.55
64891	NERVE GRAFT HAND/FOOT >4 CM	Y		1/1/2017	Fee Schedule	$2,753.56
64892	NERVE GRAFT ARM/LEG <4 CM	Y		1/1/2017	Fee Schedule	$1,887.76
64893	NERVE GRAFT ARM/LEG >4 CM	Y		1/1/2017	Fee Schedule	$2,536.75
64895	NERVE GRAFT HAND/FOOT </4 CM	Y		1/1/2017	Fee Schedule	$1,887.76
64896	NERVE GRAFT HAND/FOOT >4 CM	Y		1/1/2017	Fee Schedule	$1,887.76
64897	NERVE GRAFT ARM/LEG </4 CM	Y		1/1/2017	Fee Schedule	$3,094.01

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64898	NERVE GRAFT ARM/LEG >4 CM	Y		1/1/2017	Fee Schedule	$1,887.76
64901	NERVE GRAFT ADD-ON			1/1/2014	No Separate Payment	$0.00
64902	NERVE GRAFT ADD-ON			1/1/2014	No Separate Payment	$0.00
64905	NERVE PEDICLE TRANSFER	Y		1/1/2017	Fee Schedule	$1,887.76
64907	NERVE PEDICLE TRANSFER	Y		1/1/2017	Fee Schedule	$1,887.76
64910	NERVE REPAIR W/ALLOGRAFT	Y		1/1/2017	Fee Schedule	$1,887.76
65091	REVISE EYE	Y		1/1/2017	Fee Schedule	$1,305.28
65093	REVISE EYE WITH IMPLANT	Y		1/1/2017	Fee Schedule	$1,305.28
65101	REMOVAL OF EYE	Y		1/1/2017	Fee Schedule	$1,305.28
65103	REMOVE EYE/INSERT IMPLANT	Y		1/1/2017	Fee Schedule	$1,305.28
65105	REMOVE EYE/ATTACH IMPLANT	Y		1/1/2017	Fee Schedule	$1,305.28
65110	REMOVAL OF EYE	Y		1/1/2017	Fee Schedule	$1,305.28
65112	REMOVE EYE/REVISE SOCKET	Y		1/1/2017	Fee Schedule	$1,305.28
65114	REMOVE EYE/REVISE SOCKET	Y		1/1/2017	Fee Schedule	$1,305.28
65125	REVISE OCULAR IMPLANT	Y		1/1/2017	Fee Schedule	$792.33
65130	INSERT OCULAR IMPLANT	Y		1/1/2017	Fee Schedule	$1,305.28
65135	INSERT OCULAR IMPLANT	Y		1/1/2017	Fee Schedule	$1,305.28
65140	ATTACH OCULAR IMPLANT	Y		1/1/2017	Fee Schedule	$1,305.28
65150	REVISE OCULAR IMPLANT	Y		1/1/2017	Fee Schedule	$1,305.28
65155	REINSERT OCULAR IMPLANT	Y		1/1/2017	Fee Schedule	$1,305.28
65175	REMOVAL OF OCULAR IMPLANT	Y		1/1/2017	Fee Schedule	$1,305.28
65205	REMOVE FOREIGN BODY FROM EYE			1/1/2015	No Separate Payment	$0.00
65210	REMOVE FOREIGN BODY FROM EYE			1/1/2015	No Separate Payment	$0.00
65220	REMOVE FOREIGN BODY FROM EYE			1/1/2015	No Separate Payment	$0.00
65222	REMOVE FOREIGN BODY FROM EYE			1/1/2015	No Separate Payment	$0.00
65235	REMOVE FOREIGN BODY FROM EYE	Y		1/1/2017	Fee Schedule	$978.21
65260	REMOVE FOREIGN BODY FROM EYE	Y		1/1/2017	Fee Schedule	$978.21
65265	REMOVE FOREIGN BODY FROM EYE	Y		1/1/2017	Fee Schedule	$978.21
65270	REPAIR OF EYE WOUND	Y		1/1/2017	Fee Schedule	$792.33
65272	REPAIR OF EYE WOUND	Y		1/1/2017	Fee Schedule	$792.33
65275	REPAIR OF EYE WOUND	Y		1/1/2017	Fee Schedule	$1,305.28
65280	REPAIR OF EYE WOUND	Y		1/1/2017	Fee Schedule	$1,750.01
65285	REPAIR OF EYE WOUND	Y		1/1/2017	Fee Schedule	$1,750.01
65286	REPAIR OF EYE WOUND	Y		1/1/2017	Fee Schedule	$459.02
65290	REPAIR OF EYE SOCKET WOUND	Y		1/1/2017	Fee Schedule	$1,305.28
65400	REMOVAL OF EYE LESION	Y		1/1/2017	Fee Schedule	$418.80
65410	BIOPSY OF CORNEA	Y		1/1/2017	Fee Schedule	$792.33
65420	REMOVAL OF EYE LESION	Y		1/1/2017	Fee Schedule	$792.33
65426	REMOVAL OF EYE LESION	Y		1/1/2017	Fee Schedule	$792.33
65430	CORNEAL SMEAR			1/1/2015	No Separate Payment	$0.00
65435	CURETTE/TREAT CORNEA	Y		1/1/2017	Fee Schedule	$45.94
65436	CURETTE/TREAT CORNEA	Y		1/1/2017	Fee Schedule	$208.15
65450	TREATMENT OF CORNEAL LESION	Y		1/1/2017	Fee Schedule	$145.17
65600	REVISION OF CORNEA	Y		1/1/2017	Fee Schedule	$239.02
65710	CORNEAL TRANSPLANT	Y		1/1/2017	Fee Schedule	$1,750.01
65730	CORNEAL TRANSPLANT	Y		1/1/2017	Fee Schedule	$1,750.01
65750	CORNEAL TRANSPLANT	Y		1/1/2017	Fee Schedule	$1,750.01
65755	CORNEAL TRANSPLANT	Y		1/1/2017	Fee Schedule	$1,750.01
65756	CORNEAL TRNSPL ENDOTHELIAL	Y		1/1/2017	Fee Schedule	$1,750.01
65757	PREP CORNEAL ENDO ALLOGRAFT		N	1/1/2010	No Separate Payment	$0.00
65770	REVISE CORNEA WITH IMPLANT	Y		1/1/2017	Fee Schedule	$6,551.13
65772	CORRECTION OF ASTIGMATISM	Y		1/1/2017	Fee Schedule	$418.80

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65775	CORRECTION OF ASTIGMATISM	Y		1/1/2017	Fee Schedule	$792.33
65778	COVER EYE W/MEMBRANE			1/1/2012	No Separate Payment	$0.00
65779	COVER EYE W/MEMBRANE SUTURE			1/1/2013	No Separate Payment	$0.00
65780	OCULAR RECONST TRANSPLANT	Y		1/1/2017	Fee Schedule	$1,305.28
65781	OCULAR RECONST TRANSPLANT	Y		1/1/2017	Fee Schedule	$1,750.01
65782	OCULAR RECONST TRANSPLANT	Y		1/1/2017	Fee Schedule	$1,305.28
65785	IMPLTJ NTRSTRML CRNL RNG SEG	Y	N	1/1/2017	Fee Schedule	$1,750.01
65800	DRAINAGE OF EYE	Y		1/1/2017	Fee Schedule	$978.21
65810	DRAINAGE OF EYE	Y		1/1/2017	Fee Schedule	$978.21
65815	DRAINAGE OF EYE	Y		1/1/2017	Fee Schedule	$978.21
65820	RELIEVE INNER EYE PRESSURE	Y		1/1/2017	Fee Schedule	$1,750.01
65850	INCISION OF EYE	Y		1/1/2017	Fee Schedule	$978.21
65855	TRABECULOPLASTY LASER SURG	Y		1/1/2017	Fee Schedule	$132.79
65860	INCISE INNER EYE ADHESIONS	Y		1/1/2017	Fee Schedule	$175.14
65865	INCISE INNER EYE ADHESIONS	Y		1/1/2017	Fee Schedule	$978.21
65870	INCISE INNER EYE ADHESIONS	Y		1/1/2017	Fee Schedule	$978.21
65875	INCISE INNER EYE ADHESIONS	Y		1/1/2017	Fee Schedule	$978.21
65880	INCISE INNER EYE ADHESIONS	Y		1/1/2017	Fee Schedule	$1,750.01
65900	REMOVE EYE LESION	Y		1/1/2017	Fee Schedule	$978.21
65920	REMOVE IMPLANT OF EYE	Y		1/1/2017	Fee Schedule	$978.21
65930	REMOVE BLOOD CLOT FROM EYE	Y		1/1/2017	Fee Schedule	$978.21
66020	INJECTION TREATMENT OF EYE	Y		1/1/2017	Fee Schedule	$978.21
66030	INJECTION TREATMENT OF EYE	Y		1/1/2017	Fee Schedule	$978.21
66130	REMOVE EYE LESION	Y		1/1/2017	Fee Schedule	$792.33
66150	GLAUCOMA SURGERY	Y		1/1/2017	Fee Schedule	$1,750.01
66155	GLAUCOMA SURGERY	Y		1/1/2017	Fee Schedule	$1,750.01
66160	GLAUCOMA SURGERY	Y		1/1/2017	Fee Schedule	$978.21
66170	GLAUCOMA SURGERY	Y		1/1/2017	Fee Schedule	$978.21
66172	INCISION OF EYE	Y		1/1/2017	Fee Schedule	$978.21
66174	TRANSLUM DIL EYE CANAL	Y		1/1/2017	Fee Schedule	$1,750.01
66175	TRNSLUM DIL EYE CANAL W/STNT	Y		1/1/2017	Fee Schedule	$1,750.01
66179	AQUEOUS SHUNT EYE W/O GRAFT	Y	N	1/1/2017	Fee Schedule	$1,750.01
66180	AQUEOUS SHUNT EYE W/GRAFT	Y		1/1/2017	Fee Schedule	$1,750.01
66183	INSERT ANT DRAINAGE DEVICE	Y	N	1/1/2017	Fee Schedule	$1,750.01
66184	REVISION OF AQUEOUS SHUNT	Y	N	1/1/2017	Fee Schedule	$978.21
66185	REVISE AQUEOUS SHUNT EYE	Y		1/1/2017	Fee Schedule	$978.21
66220	REPAIR EYE LESION	Y		1/1/2017	Fee Schedule	$978.21
66225	REPAIR/GRAFT EYE LESION	Y		1/1/2017	Fee Schedule	$1,750.01
66250	FOLLOW-UP SURGERY OF EYE	Y		1/1/2017	Fee Schedule	$792.33
66500	INCISION OF IRIS	Y		1/1/2017	Fee Schedule	$978.21
66505	INCISION OF IRIS	Y		1/1/2017	Fee Schedule	$978.21
66600	REMOVE IRIS AND LESION	Y		1/1/2017	Fee Schedule	$1,750.01
66605	REMOVAL OF IRIS	Y		1/1/2017	Fee Schedule	$978.21
66625	REMOVAL OF IRIS	Y		1/1/2017	Fee Schedule	$978.21
66630	REMOVAL OF IRIS	Y		1/1/2017	Fee Schedule	$978.21
66635	REMOVAL OF IRIS	Y		1/1/2017	Fee Schedule	$978.21
66680	REPAIR IRIS & CILIARY BODY	Y		1/1/2017	Fee Schedule	$978.21
66682	REPAIR IRIS & CILIARY BODY	Y		1/1/2017	Fee Schedule	$978.21
66700	DESTRUCTION CILIARY BODY	Y		1/1/2017	Fee Schedule	$978.21
66710	CILIARY TRANSSLERAL THERAPY	Y		1/1/2017	Fee Schedule	$792.33
66711	CILIARY ENDOSCOPIC ABLATION	Y		1/1/2017	Fee Schedule	$978.21
66720	DESTRUCTION CILIARY BODY	Y		1/1/2017	Fee Schedule	$792.33

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66740	DESTRUCTION CILIARY BODY	Y		1/1/2017	Fee Schedule	$792.33
66761	REVISION OF IRIS	Y		1/1/2017	Fee Schedule	$184.83
66762	REVISION OF IRIS	Y		1/1/2017	Fee Schedule	$254.05
66770	REMOVAL OF INNER EYE LESION	Y		1/1/2017	Fee Schedule	$254.05
66820	INCISION SECONDARY CATARACT	Y		1/1/2017	Fee Schedule	$978.21
66821	AFTER CATARACT LASER SURGERY	Y		1/1/2017	Fee Schedule	$254.05
66825	REPOSITION INTRAOCULAR LENS	Y		1/1/2017	Fee Schedule	$978.21
66830	REMOVAL OF LENS LESION	Y		1/1/2017	Fee Schedule	$978.21
66840	REMOVAL OF LENS MATERIAL	Y		1/1/2017	Fee Schedule	$978.21
66850	REMOVAL OF LENS MATERIAL	Y		1/1/2017	Fee Schedule	$978.21
66852	REMOVAL OF LENS MATERIAL	Y		1/1/2017	Fee Schedule	$1,750.01
66920	EXTRACTION OF LENS	Y		1/1/2017	Fee Schedule	$978.21
66930	EXTRACTION OF LENS	Y		1/1/2017	Fee Schedule	$1,750.01
66940	EXTRACTION OF LENS	Y		1/1/2017	Fee Schedule	$978.21
66982	CATARACT SURGERY COMPLEX	Y		1/1/2017	Fee Schedule	$978.21
66983	CATARACT SURG W/IOL 1 STAGE	Y		1/1/2017	Fee Schedule	$978.21
66984	CATARACT SURG W/IOL 1 STAGE	Y		1/1/2017	Fee Schedule	$978.21
66985	INSERT LENS PROSTHESIS	Y		1/1/2017	Fee Schedule	$978.21
66986	EXCHANGE LENS PROSTHESIS	Y		1/1/2017	Fee Schedule	$978.21
66990	OPHTHALMIC ENDOSCOPE ADD-ON			1/1/2009	No Separate Payment	$0.00
67005	PARTIAL REMOVAL OF EYE FLUID	Y		1/1/2017	Fee Schedule	$978.21
67010	PARTIAL REMOVAL OF EYE FLUID	Y		1/1/2017	Fee Schedule	$978.21
67015	RELEASE OF EYE FLUID	Y		1/1/2017	Fee Schedule	$978.21
67025	REPLACE EYE FLUID	Y		1/1/2017	Fee Schedule	$978.21
67027	IMPLANT EYE DRUG SYSTEM	Y		1/1/2017	Fee Schedule	$1,565.28
67028	INJECTION EYE DRUG			1/1/2017	Fee Schedule	$48.09
67030	INCISE INNER EYE STRANDS	Y		1/1/2017	Fee Schedule	$978.21
67031	LASER SURGERY EYE STRANDS	Y		1/1/2017	Fee Schedule	$254.05
67036	REMOVAL OF INNER EYE FLUID	Y		1/1/2017	Fee Schedule	$1,750.01
67039	LASER TREATMENT OF RETINA	Y		1/1/2017	Fee Schedule	$1,750.01
67040	LASER TREATMENT OF RETINA	Y		1/1/2017	Fee Schedule	$1,750.01
67041	VIT FOR MACULAR PUCKER	Y		1/1/2017	Fee Schedule	$1,750.01
67042	VIT FOR MACULAR HOLE	Y		1/1/2017	Fee Schedule	$1,750.01
67043	VIT FOR MEMBRANE DISSECT	Y		1/1/2017	Fee Schedule	$1,750.01
67101	REPAIR DETACHED RETINA CRTX	Y		1/1/2017	Fee Schedule	$198.46
67105	REPAIR DETACHED RETINA PC	Y		1/1/2017	Fee Schedule	$170.83
67107	REPAIR DETACHED RETINA	Y		1/1/2017	Fee Schedule	$1,750.01
67108	REPAIR DETACHED RETINA	Y		1/1/2017	Fee Schedule	$1,750.01
67110	REPAIR DETACHED RETINA	Y		1/1/2017	Fee Schedule	$496.34
67113	REPAIR RETINAL DETACH CPLX	Y		1/1/2017	Fee Schedule	$1,750.01
67115	RELEASE ENCIRCLING MATERIAL	Y		1/1/2017	Fee Schedule	$1,750.01
67120	REMOVE EYE IMPLANT MATERIAL	Y		1/1/2017	Fee Schedule	$978.21
67121	REMOVE EYE IMPLANT MATERIAL	Y		1/1/2017	Fee Schedule	$978.21
67141	TREATMENT OF RETINA	Y		1/1/2017	Fee Schedule	$145.17
67145	TREATMENT OF RETINA	Y		1/1/2017	Fee Schedule	$254.05
67208	TREATMENT OF RETINAL LESION	Y		1/1/2017	Fee Schedule	$145.17
67210	TREATMENT OF RETINAL LESION	Y		1/1/2017	Fee Schedule	$254.05
67218	TREATMENT OF RETINAL LESION	Y		1/1/2017	Fee Schedule	$1,305.28
67220	TREATMENT OF CHOROID LESION	Y		1/1/2017	Fee Schedule	$254.05
67221	OCULAR PHOTODYNAMIC THER	Y		1/1/2017	Fee Schedule	$158.63
67225	EYE PHOTODYNAMIC THER ADD-ON			1/1/2014	No Separate Payment	$0.00
67227	DSTRJ EXTENSIVE RETINOPATHY	Y		1/1/2017	Fee Schedule	$1,305.28

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67228	TREATMENT X10SV RETINOPATHY	Y		1/1/2017	Fee Schedule	$177.29
67229	TR RETINAL LES PRETERM INF	Y		1/1/2017	Fee Schedule	$254.05
67250	REINFORCE EYE WALL	Y		1/1/2017	Fee Schedule	$792.33
67255	REINFORCE/GRAFT EYE WALL	Y		1/1/2017	Fee Schedule	$978.21
67311	REVISE EYE MUSCLE	Y		1/1/2017	Fee Schedule	$792.33
67312	REVISE TWO EYE MUSCLES	Y		1/1/2017	Fee Schedule	$1,305.28
67314	REVISE EYE MUSCLE	Y		1/1/2017	Fee Schedule	$792.33
67316	REVISE TWO EYE MUSCLES	Y		1/1/2017	Fee Schedule	$792.33
67318	REVISE EYE MUSCLE(S)	Y		1/1/2017	Fee Schedule	$792.33
67320	REVISE EYE MUSCLE(S) ADD-ON			1/1/2014	No Separate Payment	$0.00
67331	EYE SURGERY FOLLOW-UP ADD-ON			1/1/2014	No Separate Payment	$0.00
67332	REREVISE EYE MUSCLES ADD-ON			1/1/2014	No Separate Payment	$0.00
67334	REVISE EYE MUSCLE W/SUTURE			1/1/2014	No Separate Payment	$0.00
67335	EYE SUTURE DURING SURGERY			1/1/2014	No Separate Payment	$0.00
67340	REVISE EYE MUSCLE ADD-ON			1/1/2014	No Separate Payment	$0.00
67343	RELEASE EYE TISSUE	Y		1/1/2017	Fee Schedule	$792.33
67345	DESTROY NERVE OF EYE MUSCLE	Y		1/1/2017	Fee Schedule	$124.53
67346	BIOPSY EYE MUSCLE	Y		1/1/2017	Fee Schedule	$1,305.28
67400	EXPLORE/BIOPSY EYE SOCKET	Y		1/1/2017	Fee Schedule	$1,305.28
67405	EXPLORE/DRAIN EYE SOCKET	Y		1/1/2017	Fee Schedule	$792.33
67412	EXPLORE/TREAT EYE SOCKET	Y		1/1/2017	Fee Schedule	$792.33
67413	EXPLORE/TREAT EYE SOCKET	Y		1/1/2017	Fee Schedule	$792.33
67414	EXPLR/DECOMPRESS EYE SOCKET	Y		1/1/2017	Fee Schedule	$1,305.28
67415	ASPIRATION ORBITAL CONTENTS	Y		1/1/2017	Fee Schedule	$792.33
67420	EXPLORE/TREAT EYE SOCKET	Y		1/1/2017	Fee Schedule	$1,305.28
67430	EXPLORE/TREAT EYE SOCKET	Y		1/1/2017	Fee Schedule	$1,305.28
67440	EXPLORE/DRAIN EYE SOCKET	Y		1/1/2017	Fee Schedule	$1,305.28
67445	EXPLR/DECOMPRESS EYE SOCKET	Y		1/1/2017	Fee Schedule	$1,305.28
67450	EXPLORE/BIOPSY EYE SOCKET	Y		1/1/2017	Fee Schedule	$1,305.28
67500	INJECT/TREAT EYE SOCKET	Y		1/1/2017	Fee Schedule	$145.17
67505	INJECT/TREAT EYE SOCKET	Y		1/1/2017	Fee Schedule	$41.27
67515	INJECT/TREAT EYE SOCKET	Y		1/1/2017	Fee Schedule	$44.86
67550	INSERT EYE SOCKET IMPLANT	Y		1/1/2017	Fee Schedule	$1,305.28
67560	REVISE EYE SOCKET IMPLANT	Y		1/1/2017	Fee Schedule	$1,305.28
67570	DECOMPRESS OPTIC NERVE	Y		1/1/2017	Fee Schedule	$1,305.28
67700	DRAINAGE OF EYELID ABSCESS	Y		1/1/2017	Fee Schedule	$145.17
67710	INCISION OF EYELID	Y		1/1/2017	Fee Schedule	$184.47
67715	INCISION OF EYELID FOLD	Y		1/1/2017	Fee Schedule	$792.33
67800	REMOVE EYELID LESION	Y		1/1/2017	Fee Schedule	$74.29
67801	REMOVE EYELID LESIONS	Y		1/1/2017	Fee Schedule	$90.80
67805	REMOVE EYELID LESIONS	Y		1/1/2017	Fee Schedule	$116.64
67808	REMOVE EYELID LESION(S)	Y		1/1/2017	Fee Schedule	$792.33
67810	BIOPSY EYELID & LID MARGIN	Y		1/1/2017	Fee Schedule	$127.05
67820	REVISE EYELASHES			1/1/2015	No Separate Payment	$0.00
67825	REVISE EYELASHES	Y		1/1/2017	Fee Schedule	$75.37
67830	REVISE EYELASHES	Y		1/1/2017	Fee Schedule	$418.80
67835	REVISE EYELASHES	Y		1/1/2017	Fee Schedule	$792.33
67840	REMOVE EYELID LESION	Y		1/1/2017	Fee Schedule	$197.75
67850	TREAT EYELID LESION	Y		1/1/2017	Fee Schedule	$148.94
67875	CLOSURE OF EYELID BY SUTURE	Y		1/1/2017	Fee Schedule	$418.80
67880	REVISION OF EYELID	Y		1/1/2017	Fee Schedule	$792.33
67882	REVISION OF EYELID	Y		1/1/2017	Fee Schedule	$792.33

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
67900	REPAIR BROW DEFECT	Y	Y	1/1/2017	Fee Schedule	$792.33
67901	REPAIR EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$792.33
67902	REPAIR EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$1,305.28
67903	REPAIR EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$792.33
67904	REPAIR EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$792.33
67906	REPAIR EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$1,305.28
67908	REPAIR EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$792.33
67909	REVISE EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$792.33
67911	REVISE EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$792.33
67912	CORRECTION EYELID W/IMPLANT	Y		1/1/2017	Fee Schedule	$792.33
67914	REPAIR EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$792.33
67915	REPAIR EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$217.49
67916	REPAIR EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$792.33
67917	REPAIR EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$792.33
67921	REPAIR EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$792.33
67922	REPAIR EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$214.97
67923	REPAIR EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$792.33
67924	REPAIR EYELID DEFECT	Y	Y	1/1/2017	Fee Schedule	$792.33
67930	REPAIR EYELID WOUND	Y		1/1/2017	Fee Schedule	$228.25
67935	REPAIR EYELID WOUND	Y		1/1/2017	Fee Schedule	$792.33
67938	REMOVE EYELID FOREIGN BODY	Y		1/1/2017	Fee Schedule	$145.17
67950	REVISION OF EYELID	Y		1/1/2017	Fee Schedule	$792.33
67961	REVISION OF EYELID	Y		1/1/2017	Fee Schedule	$792.33
67966	REVISION OF EYELID	Y		1/1/2017	Fee Schedule	$792.33
67971	RECONSTRUCTION OF EYELID	Y		1/1/2017	Fee Schedule	$792.33
67973	RECONSTRUCTION OF EYELID	Y		1/1/2017	Fee Schedule	$792.33
67974	RECONSTRUCTION OF EYELID	Y		1/1/2017	Fee Schedule	$1,305.28
67975	RECONSTRUCTION OF EYELID	Y		1/1/2017	Fee Schedule	$792.33
68020	INCISE/DRAIN EYELID LINING	Y		1/1/2017	Fee Schedule	$66.75
68040	TREATMENT OF EYELID LESIONS	Y		1/1/2017	Fee Schedule	$30.51
68100	BIOPSY OF EYELID LINING	Y		1/1/2017	Fee Schedule	$119.87
68110	REMOVE EYELID LINING LESION	Y		1/1/2017	Fee Schedule	$158.27
68115	REMOVE EYELID LINING LESION	Y		1/1/2017	Fee Schedule	$792.33
68130	REMOVE EYELID LINING LESION	Y		1/1/2017	Fee Schedule	$792.33
68135	REMOVE EYELID LINING LESION	Y		1/1/2017	Fee Schedule	$86.13
68200	TREAT EYELID BY INJECTION			1/1/2015	No Separate Payment	$0.00
68320	REVISE/GRAFT EYELID LINING	Y		1/1/2017	Fee Schedule	$792.33
68325	REVISE/GRAFT EYELID LINING	Y		1/1/2017	Fee Schedule	$1,305.28
68326	REVISE/GRAFT EYELID LINING	Y		1/1/2017	Fee Schedule	$1,305.28
68328	REVISE/GRAFT EYELID LINING	Y		1/1/2017	Fee Schedule	$792.33
68330	REVISE EYELID LINING	Y		1/1/2017	Fee Schedule	$978.21
68335	REVISE/GRAFT EYELID LINING	Y		1/1/2017	Fee Schedule	$1,305.28
68340	SEPARATE EYELID ADHESIONS	Y		1/1/2017	Fee Schedule	$792.33
68360	REVISE EYELID LINING	Y		1/1/2017	Fee Schedule	$1,305.28
68362	REVISE EYELID LINING	Y		1/1/2017	Fee Schedule	$792.33
68371	HARVEST EYE TISSUE ALOGRAFT	Y		1/1/2017	Fee Schedule	$792.33
68400	INCISE/DRAIN TEAR GLAND	Y		1/1/2017	Fee Schedule	$220.00
68420	INCISE/DRAIN TEAR SAC	Y		1/1/2017	Fee Schedule	$233.64
68440	INCISE TEAR DUCT OPENING	Y		1/1/2017	Fee Schedule	$65.32
68500	REMOVAL OF TEAR GLAND	Y		1/1/2017	Fee Schedule	$1,305.28
68505	PARTIAL REMOVAL TEAR GLAND	Y		1/1/2017	Fee Schedule	$1,305.28
68510	BIOPSY OF TEAR GLAND	Y		1/1/2017	Fee Schedule	$792.33

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
68520	REMOVAL OF TEAR SAC	Y		1/1/2017	Fee Schedule	$1,305.28
68525	BIOPSY OF TEAR SAC	Y		1/1/2017	Fee Schedule	$792.33
68530	CLEARANCE OF TEAR DUCT	Y		1/1/2017	Fee Schedule	$145.17
68540	REMOVE TEAR GLAND LESION	Y		1/1/2017	Fee Schedule	$792.33
68550	REMOVE TEAR GLAND LESION	Y		1/1/2017	Fee Schedule	$1,305.28
68700	REPAIR TEAR DUCTS	Y		1/1/2017	Fee Schedule	$792.33
68705	REVISE TEAR DUCT OPENING	Y		1/1/2017	Fee Schedule	$145.17
68720	CREATE TEAR SAC DRAIN	Y		1/1/2017	Fee Schedule	$1,305.28
68745	CREATE TEAR DUCT DRAIN	Y		1/1/2017	Fee Schedule	$1,305.28
68750	CREATE TEAR DUCT DRAIN	Y		1/1/2017	Fee Schedule	$1,305.28
68760	CLOSE TEAR DUCT OPENING	Y		1/1/2017	Fee Schedule	$135.30
68761	CLOSE TEAR DUCT OPENING	Y		1/1/2017	Fee Schedule	$95.82
68770	CLOSE TEAR SYSTEM FISTULA	Y		1/1/2017	Fee Schedule	$792.33
68801	DILATE TEAR DUCT OPENING			1/1/2015	No Separate Payment	$0.00
68810	PROBE NASOLACRIMAL DUCT	Y		1/1/2017	Fee Schedule	$145.17
68811	PROBE NASOLACRIMAL DUCT	Y		1/1/2017	Fee Schedule	$792.33
68815	PROBE NASOLACRIMAL DUCT	Y		1/1/2017	Fee Schedule	$792.33
68816	PROBE NL DUCT W/BALLOON	Y		1/1/2017	Fee Schedule	$792.33
68840	EXPLORE/IRRIGATE TEAR DUCTS	Y		1/1/2017	Fee Schedule	$79.67
68850	INJECTION FOR TEAR SAC X-RAY			1/1/2009	No Separate Payment	$0.00
69000	DRAIN EXTERNAL EAR LESION	Y		1/1/2017	Fee Schedule	$130.28
69005	DRAIN EXTERNAL EAR LESION	Y		1/1/2017	Fee Schedule	$130.28
69020	DRAIN OUTER EAR CANAL LESION	Y		1/1/2017	Fee Schedule	$173.34
69100	BIOPSY OF EXTERNAL EAR	Y		1/1/2017	Fee Schedule	$69.62
69105	BIOPSY OF EXTERNAL EAR CANAL	Y		1/1/2017	Fee Schedule	$107.67
69110	REMOVE EXTERNAL EAR PARTIAL	Y		1/1/2017	Fee Schedule	$1,032.03
69120	REMOVAL OF EXTERNAL EAR	Y		1/1/2017	Fee Schedule	$2,039.51
69140	REMOVE EAR CANAL LESION(S)	Y		1/1/2017	Fee Schedule	$2,039.51
69145	REMOVE EAR CANAL LESION(S)	Y		1/1/2017	Fee Schedule	$1,032.03
69150	EXTENSIVE EAR CANAL SURGERY	Y		1/1/2017	Fee Schedule	$2,039.51
69200	CLEAR OUTER EAR CANAL			1/1/2015	No Separate Payment	$0.00
69205	CLEAR OUTER EAR CANAL	Y		1/1/2017	Fee Schedule	$521.64
69209	REMOVE IMPACTED EAR WAX UNI		N	7/1/2016	No Separate Payment	$0.00
69210	REMOVE IMPACTED EAR WAX UNI			1/1/2015	No Separate Payment	$0.00
69220	CLEAN OUT MASTOID CAVITY			1/1/2015	No Separate Payment	$0.00
69222	CLEAN OUT MASTOID CAVITY	Y		1/1/2017	Fee Schedule	$163.65
69300	REVISE EXTERNAL EAR			3/1/2011	Not Allowed	$0.00
69310	REBUILD OUTER EAR CANAL	Y		1/1/2017	Fee Schedule	$2,039.51
69320	REBUILD OUTER EAR CANAL	Y		1/1/2017	Fee Schedule	$2,039.51
69420	INCISION OF EARDRUM	Y		1/1/2017	Fee Schedule	$95.75
69421	INCISION OF EARDRUM	Y		1/1/2017	Fee Schedule	$940.94
69424	REMOVE VENTILATING TUBE			1/1/2017	Fee Schedule	$94.75
69433	CREATE EARDRUM OPENING	Y		1/1/2017	Fee Schedule	$141.40
69436	CREATE EARDRUM OPENING	Y		1/1/2017	Fee Schedule	$561.53
69440	EXPLORATION OF MIDDLE EAR	Y		1/1/2017	Fee Schedule	$940.94
69450	EARDRUM REVISION	Y		1/1/2017	Fee Schedule	$940.94
69501	MASTOIDECTOMY	Y		1/1/2017	Fee Schedule	$2,039.51
69502	MASTOIDECTOMY	Y		1/1/2017	Fee Schedule	$2,039.51
69505	REMOVE MASTOID STRUCTURES	Y		1/1/2017	Fee Schedule	$2,039.51
69511	EXTENSIVE MASTOID SURGERY	Y		1/1/2017	Fee Schedule	$2,039.51
69530	EXTENSIVE MASTOID SURGERY	Y		1/1/2017	Fee Schedule	$2,039.51
69540	REMOVE EAR LESION	Y		1/1/2017	Fee Schedule	$161.14

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
69550	REMOVE EAR LESION	Y		1/1/2017	Fee Schedule	$2,039.51
69552	REMOVE EAR LESION	Y		1/1/2017	Fee Schedule	$2,039.51
69601	MASTOID SURGERY REVISION	Y		1/1/2017	Fee Schedule	$2,039.51
69602	MASTOID SURGERY REVISION	Y		1/1/2017	Fee Schedule	$2,039.51
69603	MASTOID SURGERY REVISION	Y		1/1/2017	Fee Schedule	$2,039.51
69604	MASTOID SURGERY REVISION	Y		1/1/2017	Fee Schedule	$2,039.51
69605	MASTOID SURGERY REVISION	Y		1/1/2017	Fee Schedule	$2,039.51
69610	REPAIR OF EARDRUM	Y		1/1/2017	Fee Schedule	$208.51
69620	REPAIR OF EARDRUM	Y		1/1/2017	Fee Schedule	$940.94
69631	REPAIR EARDRUM STRUCTURES	Y		1/1/2017	Fee Schedule	$2,039.51
69632	REBUILD EARDRUM STRUCTURES	Y		1/1/2017	Fee Schedule	$2,039.51
69633	REBUILD EARDRUM STRUCTURES	Y		1/1/2017	Fee Schedule	$2,039.51
69635	REPAIR EARDRUM STRUCTURES	Y		1/1/2017	Fee Schedule	$2,039.51
69636	REBUILD EARDRUM STRUCTURES	Y		1/1/2017	Fee Schedule	$2,039.51
69637	REBUILD EARDRUM STRUCTURES	Y		1/1/2017	Fee Schedule	$2,039.51
69641	REVISE MIDDLE EAR & MASTOID	Y		1/1/2017	Fee Schedule	$2,039.51
69642	REVISE MIDDLE EAR & MASTOID	Y		1/1/2017	Fee Schedule	$2,039.51
69643	REVISE MIDDLE EAR & MASTOID	Y		1/1/2017	Fee Schedule	$2,039.51
69644	REVISE MIDDLE EAR & MASTOID	Y		1/1/2017	Fee Schedule	$2,039.51
69645	REVISE MIDDLE EAR & MASTOID	Y		1/1/2017	Fee Schedule	$2,039.51
69646	REVISE MIDDLE EAR & MASTOID	Y		1/1/2017	Fee Schedule	$2,039.51
69650	RELEASE MIDDLE EAR BONE	Y		1/1/2017	Fee Schedule	$940.94
69660	REVISE MIDDLE EAR BONE	Y		1/1/2017	Fee Schedule	$2,039.51
69661	REVISE MIDDLE EAR BONE	Y		1/1/2017	Fee Schedule	$2,039.51
69662	REVISE MIDDLE EAR BONE	Y		1/1/2017	Fee Schedule	$2,039.51
69666	REPAIR MIDDLE EAR STRUCTURES	Y		1/1/2017	Fee Schedule	$940.94
69667	REPAIR MIDDLE EAR STRUCTURES	Y		1/1/2017	Fee Schedule	$940.94
69670	REMOVE MASTOID AIR CELLS	Y		1/1/2017	Fee Schedule	$2,039.51
69676	REMOVE MIDDLE EAR NERVE	Y		1/1/2017	Fee Schedule	$940.94
69700	CLOSE MASTOID FISTULA	Y		1/1/2017	Fee Schedule	$561.53
69711	REMOVE/REPAIR HEARING AID			1/1/2017	Fee Schedule	$940.94
69714	IMPLANT TEMPLE BONE W/STIMUL	Y		1/1/2017	Fee Schedule	$7,843.31
69715	TEMPLE BNE IMPLNT W/STIMULAT	Y		1/1/2017	Fee Schedule	$11,871.90
69717	TEMPLE BONE IMPLANT REVISION	Y		1/1/2017	Fee Schedule	$3,922.61
69718	REVISE TEMPLE BONE IMPLANT	Y		1/1/2017	Fee Schedule	$4,981.42
69720	RELEASE FACIAL NERVE	Y		1/1/2017	Fee Schedule	$2,039.51
69740	REPAIR FACIAL NERVE	Y		1/1/2017	Fee Schedule	$2,039.51
69745	REPAIR FACIAL NERVE	Y		1/1/2017	Fee Schedule	$2,039.51
69801	INCISE INNER EAR	Y		1/1/2017	Fee Schedule	$114.84
69805	EXPLORE INNER EAR	Y		1/1/2017	Fee Schedule	$2,039.51
69806	EXPLORE INNER EAR	Y		1/1/2017	Fee Schedule	$2,039.51
69820	ESTABLISH INNER EAR WINDOW	Y		1/1/2017	Fee Schedule	$940.94
69840	REVISE INNER EAR WINDOW	Y		1/1/2017	Fee Schedule	$940.94
69905	REMOVE INNER EAR	Y		1/1/2017	Fee Schedule	$2,039.51
69910	REMOVE INNER EAR & MASTOID	Y		1/1/2017	Fee Schedule	$2,039.51
69915	INCISE INNER EAR NERVE	Y		1/1/2017	Fee Schedule	$940.94
69930	IMPLANT COCHLEAR DEVICE	Y		1/1/2017	Fee Schedule	$29,593.44
69990	MICROSURGERY ADD-ON			1/1/2009	No Separate Payment	$0.00
70010	CONTRAST X-RAY OF BRAIN			1/1/2009	No Separate Payment	$0.00
70015	CONTRAST X-RAY OF BRAIN			1/1/2009	No Separate Payment	$0.00
70030	X-RAY EYE FOR FOREIGN BODY			1/1/2015	No Separate Payment	$0.00
70100	X-RAY EXAM OF JAW <4VIEWS			1/1/2015	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
70110	X-RAY EXAM OF JAW 4/> VIEWS			1/1/2015	No Separate Payment	$0.00
70120	X-RAY EXAM OF MASTOIDS			1/1/2015	No Separate Payment	$0.00
70130	X-RAY EXAM OF MASTOIDS			1/1/2015	No Separate Payment	$0.00
70134	X-RAY EXAM OF MIDDLE EAR			1/1/2015	No Separate Payment	$0.00
70140	X-RAY EXAM OF FACIAL BONES			1/1/2015	No Separate Payment	$0.00
70150	X-RAY EXAM OF FACIAL BONES			1/1/2015	No Separate Payment	$0.00
70160	X-RAY EXAM OF NASAL BONES			1/1/2015	No Separate Payment	$0.00
70170	X-RAY EXAM OF TEAR DUCT			1/1/2009	No Separate Payment	$0.00
70190	X-RAY EXAM OF EYE SOCKETS			1/1/2015	No Separate Payment	$0.00
70200	X-RAY EXAM OF EYE SOCKETS			1/1/2015	No Separate Payment	$0.00
70210	X-RAY EXAM OF SINUSES			1/1/2015	No Separate Payment	$0.00
70220	X-RAY EXAM OF SINUSES			1/1/2015	No Separate Payment	$0.00
70240	X-RAY EXAM PITUITARY SADDLE			1/1/2015	No Separate Payment	$0.00
70250	X-RAY EXAM OF SKULL			1/1/2015	No Separate Payment	$0.00
70260	X-RAY EXAM OF SKULL			1/1/2015	No Separate Payment	$0.00
70300	X-RAY EXAM OF TEETH			1/1/2015	No Separate Payment	$0.00
70310	X-RAY EXAM OF TEETH			1/1/2015	No Separate Payment	$0.00
70320	FULL MOUTH X-RAY OF TEETH			1/1/2015	No Separate Payment	$0.00
70328	X-RAY EXAM OF JAW JOINT			1/1/2015	No Separate Payment	$0.00
70330	X-RAY EXAM OF JAW JOINTS			1/1/2015	No Separate Payment	$0.00
70332	X-RAY EXAM OF JAW JOINT			1/1/2009	No Separate Payment	$0.00
70336	MAGNETIC IMAGE JAW JOINT			1/1/2017	Fee Schedule	$122.15
70350	X-RAY HEAD FOR ORTHODONTIA			1/1/2015	No Separate Payment	$0.00
70355	PANORAMIC X-RAY OF JAWS			1/1/2015	No Separate Payment	$0.00
70360	X-RAY EXAM OF NECK			1/1/2015	No Separate Payment	$0.00
70370	THROAT X-RAY & FLUOROSCOPY			1/1/2016	No Separate Payment	$0.00
70371	SPEECH EVALUATION COMPLEX			1/1/2016	No Separate Payment	$0.00
70380	X-RAY EXAM OF SALIVARY GLAND			1/1/2015	No Separate Payment	$0.00
70390	X-RAY EXAM OF SALIVARY DUCT			1/1/2009	No Separate Payment	$0.00
70450	CT HEAD/BRAIN W/O DYE			1/1/2017	Fee Schedule	$60.95
70460	CT HEAD/BRAIN W/DYE			1/1/2017	Fee Schedule	$106.23
70470	CT HEAD/BRAIN W/O & W/DYE			1/1/2017	Fee Schedule	$128.84
70480	CT ORBIT/EAR/FOSSA W/O DYE			1/1/2017	Fee Schedule	$60.95
70481	CT ORBIT/EAR/FOSSA W/DYE			1/1/2017	Fee Schedule	$143.29
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE			1/1/2017	Fee Schedule	$143.29
70486	CT MAXILLOFACIAL W/O DYE			1/1/2017	Fee Schedule	$60.95
70487	CT MAXILLOFACIAL W/DYE			1/1/2017	Fee Schedule	$111.61
70488	CT MAXILLOFACIAL W/O & W/DYE			1/1/2017	Fee Schedule	$141.76
70490	CT SOFT TISSUE NECK W/O DYE			1/1/2017	Fee Schedule	$60.95
70491	CT SOFT TISSUE NECK W/DYE			1/1/2017	Fee Schedule	$143.29
70492	CT SFT TSUE NCK W/O & W/DYE			1/1/2017	Fee Schedule	$143.29
70496	CT ANGIOGRAPHY HEAD			1/1/2017	Fee Schedule	$143.29
70498	CT ANGIOGRAPHY NECK			1/1/2017	Fee Schedule	$143.29
70540	MRI ORBIT/FACE/NECK W/O DYE			1/1/2017	Fee Schedule	$122.15
70542	MRI ORBIT/FACE/NECK W/DYE			1/1/2017	Fee Schedule	$230.62
70543	MRI ORBT/FAC/NCK W/O &W/DYE			1/1/2017	Fee Schedule	$230.62
70544	MR ANGIOGRAPHY HEAD W/O DYE			1/1/2017	Fee Schedule	$122.15
70545	MR ANGIOGRAPHY HEAD W/DYE			1/1/2017	Fee Schedule	$143.29
70546	MR ANGIOGRAPH HEAD W/O&W/DYE			1/1/2017	Fee Schedule	$230.62
70547	MR ANGIOGRAPHY NECK W/O DYE			1/1/2017	Fee Schedule	$122.15
70548	MR ANGIOGRAPHY NECK W/DYE			1/1/2017	Fee Schedule	$143.29
70549	MR ANGIOGRAPH NECK W/O&W/DYE			1/1/2017	Fee Schedule	$230.62

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
70551	MRI BRAIN STEM W/O DYE			1/1/2017	Fee Schedule	$122.15
70552	MRI BRAIN STEM W/DYE			1/1/2017	Fee Schedule	$230.62
70553	MRI BRAIN STEM W/O & W/DYE			1/1/2017	Fee Schedule	$230.62
70554	FMRI BRAIN BY TECH			1/1/2017	Fee Schedule	$122.15
70555	FMRI BRAIN BY PHYS/PSYCH			1/1/2017	Fee Schedule	$122.15
70557	MRI BRAIN W/O DYE			1/1/2017	Fee Schedule	$122.15
70558	MRI BRAIN W/DYE			1/1/2017	Fee Schedule	$230.62
70559	MRI BRAIN W/O & W/DYE			1/1/2017	Fee Schedule	$143.29
71010	CHEST X-RAY 1 VIEW FRONTAL			1/1/2017	Fee Schedule	$13.28
71015	CHEST X-RAY STEREO FRONTAL			1/1/2017	Fee Schedule	$16.51
71020	CHEST X-RAY 2VW FRONTAL&LATL			1/1/2017	Fee Schedule	$16.87
71021	CHEST X-RAY FRNT LAT LORDOTC			1/1/2015	No Separate Payment	$0.00
71022	CHEST X-RAY FRNT LAT OBLIQUE			1/1/2015	No Separate Payment	$0.00
71023	CHEST X-RAY AND FLUOROSCOPY			1/1/2015	No Separate Payment	$0.00
71030	CHEST X-RAY 4/> VIEWS			1/1/2015	No Separate Payment	$0.00
71034	CHEST X-RAY&FLUORO 4/> VIEWS			1/1/2016	No Separate Payment	$0.00
71035	CHEST X-RAY SPECIAL VIEWS			1/1/2015	No Separate Payment	$0.00
71100	X-RAY EXAM RIBS UNI 2 VIEWS			1/1/2015	No Separate Payment	$0.00
71101	X-RAY EXAM UNILAT RIBS/CHEST			1/1/2015	No Separate Payment	$0.00
71110	X-RAY EXAM RIBS BIL 3 VIEWS			1/1/2015	No Separate Payment	$0.00
71111	X-RAY EXAM RIBS/CHEST4/> VWS			1/1/2015	No Separate Payment	$0.00
71120	X-RAY EXAM BREASTBONE 2/>VWS			1/1/2015	No Separate Payment	$0.00
71130	X-RAY STRENOCLAVIC JT 3/>VWS			1/1/2015	No Separate Payment	$0.00
71250	CT THORAX W/O DYE			1/1/2017	Fee Schedule	$60.95
71260	CT THORAX W/DYE			1/1/2017	Fee Schedule	$143.29
71270	CT THORAX W/O & W/DYE			1/1/2017	Fee Schedule	$143.29
71275	CT ANGIOGRAPHY CHEST			1/1/2017	Fee Schedule	$143.29
71550	MRI CHEST W/O DYE			1/1/2017	Fee Schedule	$122.15
71551	MRI CHEST W/DYE			1/1/2017	Fee Schedule	$355.19
71552	MRI CHEST W/O & W/DYE			1/1/2017	Fee Schedule	$230.62
72020	X-RAY EXAM OF SPINE 1 VIEW			1/1/2015	No Separate Payment	$0.00
72040	X-RAY EXAM NECK SPINE 2-3 VW			1/1/2015	No Separate Payment	$0.00
72050	X-RAY EXAM NECK SPINE 4/5VWS			1/1/2015	No Separate Payment	$0.00
72052	X-RAY EXAM NECK SPINE 6/>VWS			1/1/2015	No Separate Payment	$0.00
72070	X-RAY EXAM THORAC SPINE 2VWS			1/1/2015	No Separate Payment	$0.00
72072	X-RAY EXAM THORAC SPINE 3VWS			1/1/2015	No Separate Payment	$0.00
72074	X-RAY EXAM THORAC SPINE4/>VW			1/1/2015	No Separate Payment	$0.00
72080	X-RAY EXAM THORACOLMB 2/> VW			1/1/2015	No Separate Payment	$0.00
72081	X-RAY EXAM ENTIRE SPI 1 VW		N	1/1/2017	No Separate Payment	$0.00
72082	X-RAY EXAM ENTIRE SPI 2/3 VW		N	1/1/2017	No Separate Payment	$0.00
72083	X-RAY EXAM ENTIRE SPI 4/5 VW		N	1/1/2017	Fee Schedule	$50.24
72084	X-RAY EXAM ENTIRE SPI 6/> VW		N	1/1/2017	Fee Schedule	$60.29
72100	X-RAY EXAM L-S SPINE 2/3 VWS			1/1/2015	No Separate Payment	$0.00
72110	X-RAY EXAM L-2 SPINE 4/>VWS			1/1/2015	No Separate Payment	$0.00
72114	X-RAY EXAM L-S SPINE BENDING			1/1/2015	No Separate Payment	$0.00
72120	X-RAY BEND ONLY L-S SPINE			1/1/2015	No Separate Payment	$0.00
72125	CT NECK SPINE W/O DYE			1/1/2017	Fee Schedule	$60.95
72126	CT NECK SPINE W/DYE			1/1/2017	Fee Schedule	$168.68
72127	CT NECK SPINE W/O & W/DYE			1/1/2017	Fee Schedule	$143.29
72128	CT CHEST SPINE W/O DYE			1/1/2017	Fee Schedule	$60.95
72129	CT CHEST SPINE W/DYE			1/1/2017	Fee Schedule	$143.29
72130	CT CHEST SPINE W/O & W/DYE			1/1/2017	Fee Schedule	$143.29

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
72131	CT LUMBAR SPINE W/O DYE			1/1/2017	Fee Schedule	$60.95
72132	CT LUMBAR SPINE W/DYE			1/1/2017	Fee Schedule	$168.32
72133	CT LUMBAR SPINE W/O & W/DYE			1/1/2017	Fee Schedule	$143.29
72141	MRI NECK SPINE W/O DYE			1/1/2017	Fee Schedule	$122.15
72142	MRI NECK SPINE W/DYE			1/1/2017	Fee Schedule	$230.62
72146	MRI CHEST SPINE W/O DYE			1/1/2017	Fee Schedule	$122.15
72147	MRI CHEST SPINE W/DYE			1/1/2017	Fee Schedule	$230.62
72148	MRI LUMBAR SPINE W/O DYE			1/1/2017	Fee Schedule	$122.15
72149	MRI LUMBAR SPINE W/DYE			1/1/2017	Fee Schedule	$230.62
72156	MRI NECK SPINE W/O & W/DYE			1/1/2017	Fee Schedule	$230.62
72157	MRI CHEST SPINE W/O & W/DYE			1/1/2017	Fee Schedule	$230.62
72158	MRI LUMBAR SPINE W/O & W/DYE			1/1/2017	Fee Schedule	$230.62
72170	X-RAY EXAM OF PELVIS			1/1/2015	No Separate Payment	$0.00
72190	X-RAY EXAM OF PELVIS			1/1/2015	No Separate Payment	$0.00
72191	CT ANGIOGRAPH PELV W/O&W/DYE			1/1/2017	Fee Schedule	$143.29
72192	CT PELVIS W/O DYE			1/1/2017	Fee Schedule	$60.95
72193	CT PELVIS W/DYE			1/1/2017	Fee Schedule	$143.29
72194	CT PELVIS W/O & W/DYE			1/1/2017	Fee Schedule	$143.29
72195	MRI PELVIS W/O DYE			1/1/2017	Fee Schedule	$122.15
72196	MRI PELVIS W/DYE			1/1/2017	Fee Schedule	$230.62
72197	MRI PELVIS W/O & W/DYE			1/1/2017	Fee Schedule	$230.62
72200	X-RAY EXAM SI JOINTS			1/1/2015	No Separate Payment	$0.00
72202	X-RAY EXAM SI JOINTS 3/> VWS			1/1/2015	No Separate Payment	$0.00
72220	X-RAY EXAM SACRUM TAILBONE			1/1/2015	No Separate Payment	$0.00
72240	MYELOGRAPHY NECK SPINE			1/1/2009	No Separate Payment	$0.00
72255	MYELOGRAPHY THORACIC SPINE			1/1/2009	No Separate Payment	$0.00
72265	MYELOGRAPHY L-S SPINE			1/1/2009	No Separate Payment	$0.00
72270	MYELOGPHY 2/> SPINE REGIONS			1/1/2009	No Separate Payment	$0.00
72275	EPIDUROGRAPHY			1/1/2009	No Separate Payment	$0.00
72285	DISCOGRAPHY CERV/THOR SPINE			1/1/2009	No Separate Payment	$0.00
72295	X-RAY OF LOWER SPINE DISK			1/1/2009	No Separate Payment	$0.00
73000	X-RAY EXAM OF COLLAR BONE			1/1/2015	No Separate Payment	$0.00
73010	X-RAY EXAM OF SHOULDER BLADE			1/1/2015	No Separate Payment	$0.00
73020	X-RAY EXAM OF SHOULDER			1/1/2015	No Separate Payment	$0.00
73030	X-RAY EXAM OF SHOULDER			1/1/2015	No Separate Payment	$0.00
73040	CONTRAST X-RAY OF SHOULDER			1/1/2009	No Separate Payment	$0.00
73050	X-RAY EXAM OF SHOULDERS			1/1/2015	No Separate Payment	$0.00
73060	X-RAY EXAM OF HUMERUS			1/1/2015	No Separate Payment	$0.00
73070	X-RAY EXAM OF ELBOW			1/1/2015	No Separate Payment	$0.00
73080	X-RAY EXAM OF ELBOW			1/1/2015	No Separate Payment	$0.00
73085	CONTRAST X-RAY OF ELBOW			1/1/2009	No Separate Payment	$0.00
73090	X-RAY EXAM OF FOREARM			1/1/2015	No Separate Payment	$0.00
73092	X-RAY EXAM OF ARM INFANT			1/1/2015	No Separate Payment	$0.00
73100	X-RAY EXAM OF WRIST			1/1/2015	No Separate Payment	$0.00
73110	X-RAY EXAM OF WRIST			1/1/2015	No Separate Payment	$0.00
73115	CONTRAST X-RAY OF WRIST			1/1/2009	No Separate Payment	$0.00
73120	X-RAY EXAM OF HAND			1/1/2015	No Separate Payment	$0.00
73130	X-RAY EXAM OF HAND			1/1/2015	No Separate Payment	$0.00
73140	X-RAY EXAM OF FINGER(S)			1/1/2015	No Separate Payment	$0.00
73200	CT UPPER EXTREMITY W/O DYE			1/1/2017	Fee Schedule	$60.95
73201	CT UPPER EXTREMITY W/DYE			1/1/2017	Fee Schedule	$143.29
73202	CT UPPR EXTREMITY W/O&W/DYE			1/1/2017	Fee Schedule	$143.29

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
73206	CT ANGIO UPR EXTRM W/O&W/DYE			1/1/2017	Fee Schedule	$143.29
73218	MRI UPPER EXTREMITY W/O DYE			1/1/2017	Fee Schedule	$122.15
73219	MRI UPPER EXTREMITY W/DYE			1/1/2017	Fee Schedule	$230.62
73220	MRI UPPR EXTREMITY W/O&W/DYE			1/1/2017	Fee Schedule	$230.62
73221	MRI JOINT UPR EXTREM W/O DYE			1/1/2017	Fee Schedule	$122.15
73222	MRI JOINT UPR EXTREM W/DYE			1/1/2017	Fee Schedule	$298.95
73223	MRI JOINT UPR EXTR W/O&W/DYE			1/1/2017	Fee Schedule	$230.62
73501	X-RAY EXAM HIP UNI 1 VIEW		N	1/1/2017	No Separate Payment	$0.00
73502	X-RAY EXAM HIP UNI 2-3 VIEWS		N	1/1/2017	No Separate Payment	$0.00
73503	X-RAY EXAM HIP UNI 4/> VIEWS		N	1/1/2017	No Separate Payment	$0.00
73521	X-RAY EXAM HIPS BI 2 VIEWS		N	1/1/2017	No Separate Payment	$0.00
73522	X-RAY EXAM HIPS BI 3-4 VIEWS		N	1/1/2017	No Separate Payment	$0.00
73523	X-RAY EXAM HIPS BI 5/> VIEWS		N	1/1/2017	No Separate Payment	$0.00
73525	CONTRAST X-RAY OF HIP			1/1/2009	No Separate Payment	$0.00
73551	X-RAY EXAM OF FEMUR 1		N	1/1/2017	No Separate Payment	$0.00
73552	X-RAY EXAM OF FEMUR 2/>		N	1/1/2017	No Separate Payment	$0.00
73560	X-RAY EXAM OF KNEE 1 OR 2			1/1/2015	No Separate Payment	$0.00
73562	X-RAY EXAM OF KNEE 3			1/1/2015	No Separate Payment	$0.00
73564	X-RAY EXAM KNEE 4 OR MORE			1/1/2015	No Separate Payment	$0.00
73565	X-RAY EXAM OF KNEES			1/1/2015	No Separate Payment	$0.00
73580	CONTRAST X-RAY OF KNEE JOINT			1/1/2009	No Separate Payment	$0.00
73590	X-RAY EXAM OF LOWER LEG			1/1/2015	No Separate Payment	$0.00
73592	X-RAY EXAM OF LEG INFANT			1/1/2015	No Separate Payment	$0.00
73600	X-RAY EXAM OF ANKLE			1/1/2015	No Separate Payment	$0.00
73610	X-RAY EXAM OF ANKLE			1/1/2015	No Separate Payment	$0.00
73615	CONTRAST X-RAY OF ANKLE			1/1/2009	No Separate Payment	$0.00
73620	X-RAY EXAM OF FOOT			1/1/2015	No Separate Payment	$0.00
73630	X-RAY EXAM OF FOOT			1/1/2015	No Separate Payment	$0.00
73650	X-RAY EXAM OF HEEL			1/1/2015	No Separate Payment	$0.00
73660	X-RAY EXAM OF TOE(S)			1/1/2015	No Separate Payment	$0.00
73700	CT LOWER EXTREMITY W/O DYE			1/1/2017	Fee Schedule	$60.95
73701	CT LOWER EXTREMITY W/DYE			1/1/2017	Fee Schedule	$143.29
73702	CT LWR EXTREMITY W/O&W/DYE			1/1/2017	Fee Schedule	$143.29
73706	CT ANGIO LWR EXTR W/O&W/DYE			1/1/2017	Fee Schedule	$143.29
73718	MRI LOWER EXTREMITY W/O DYE			1/1/2017	Fee Schedule	$122.15
73719	MRI LOWER EXTREMITY W/DYE			1/1/2017	Fee Schedule	$143.29
73720	MRI LWR EXTREMITY W/O&W/DYE			1/1/2017	Fee Schedule	$230.62
73721	MRI JNT OF LWR EXTRE W/O DYE			1/1/2017	Fee Schedule	$122.15
73722	MRI JOINT OF LWR EXTR W/DYE			1/1/2017	Fee Schedule	$302.18
73723	MRI JOINT LWR EXTR W/O&W/DYE			1/1/2017	Fee Schedule	$230.62
74000	X-RAY EXAM OF ABDOMEN			1/1/2015	No Separate Payment	$0.00
74010	X-RAY EXAM OF ABDOMEN			1/1/2015	No Separate Payment	$0.00
74020	X-RAY EXAM OF ABDOMEN			1/1/2015	No Separate Payment	$0.00
74022	X-RAY EXAM SERIES ABDOMEN			1/1/2015	No Separate Payment	$0.00
74150	CT ABDOMEN W/O DYE			1/1/2017	Fee Schedule	$60.95
74160	CT ABDOMEN W/DYE			1/1/2017	Fee Schedule	$143.29
74170	CT ABDOMEN W/O & W/DYE			1/1/2017	Fee Schedule	$143.29
74174	CT ANGIO ABD&PELV W/O&W/DYE		N	1/1/2017	Fee Schedule	$143.29
74175	CT ANGIO ABDOM W/O & W/DYE			1/1/2017	Fee Schedule	$143.29
74176	CT ABD & PELVIS W/O CONTRAST			1/1/2017	Fee Schedule	$114.13
74177	CT ABD & PELV W/CONTRAST			1/1/2017	Fee Schedule	$143.29
74178	CT ABD & PELV 1/> REGNS			1/1/2017	Fee Schedule	$230.62

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
74181	MRI ABDOMEN W/O DYE			1/1/2017	Fee Schedule	$122.15
74182	MRI ABDOMEN W/DYE			1/1/2017	Fee Schedule	$230.62
74183	MRI ABDOMEN W/O & W/DYE			1/1/2017	Fee Schedule	$230.62
74190	X-RAY EXAM OF PERITONEUM			1/1/2009	No Separate Payment	$0.00
74210	CONTRST X-RAY EXAM OF THROAT			1/1/2016	No Separate Payment	$0.00
74220	CONTRAST X-RAY ESOPHAGUS			1/1/2016	No Separate Payment	$0.00
74230	CINE/VID X-RAY THROAT/ESOPH			1/1/2016	No Separate Payment	$0.00
74235	REMOVE ESOPHAGUS OBSTRUCTION			1/1/2009	No Separate Payment	$0.00
74240	X-RAY UPPER GI DELAY W/O KUB			1/1/2017	Fee Schedule	$60.95
74241	X-RAY UPPER GI DELAY W/KUB			1/1/2017	Fee Schedule	$60.95
74245	X-RAY UPPER GI&SMALL INTEST			1/1/2017	Fee Schedule	$122.15
74246	CONTRST X-RAY UPPR GI TRACT			1/1/2017	Fee Schedule	$60.95
74247	CONTRST X-RAY UPPR GI TRACT			1/1/2017	Fee Schedule	$60.95
74249	CONTRST X-RAY UPPR GI TRACT			1/1/2017	Fee Schedule	$122.15
74250	X-RAY EXAM OF SMALL BOWEL			1/1/2017	Fee Schedule	$60.95
74251	X-RAY EXAM OF SMALL BOWEL			1/1/2017	Fee Schedule	$60.95
74260	X-RAY EXAM OF SMALL BOWEL			1/1/2016	No Separate Payment	$0.00
74261	CT COLONOGRAPHY DX		N	1/1/2017	Fee Schedule	$60.95
74262	CT COLONOGRAPHY DX W/DYE		N	1/1/2017	Fee Schedule	$143.29
74270	CONTRAST X-RAY EXAM OF COLON			1/1/2016	No Separate Payment	$0.00
74280	CONTRAST X-RAY EXAM OF COLON			1/1/2017	Fee Schedule	$60.95
74283	CONTRAST X-RAY EXAM OF COLON			1/1/2017	Fee Schedule	$60.95
74290	CONTRAST X-RAY GALLBLADDER			1/1/2016	No Separate Payment	$0.00
74300	X-RAY BILE DUCTS/PANCREAS			1/1/2009	No Separate Payment	$0.00
74301	X-RAYS AT SURGERY ADD-ON			1/1/2009	No Separate Payment	$0.00
74328	X-RAY BILE DUCT ENDOSCOPY			1/1/2009	No Separate Payment	$0.00
74329	X-RAY FOR PANCREAS ENDOSCOPY			1/1/2009	No Separate Payment	$0.00
74330	X-RAY BILE/PANC ENDOSCOPY			1/1/2009	No Separate Payment	$0.00
74340	X-RAY GUIDE FOR GI TUBE			1/1/2009	No Separate Payment	$0.00
74355	X-RAY GUIDE INTESTINAL TUBE			1/1/2009	No Separate Payment	$0.00
74360	X-RAY GUIDE GI DILATION			1/1/2009	No Separate Payment	$0.00
74363	X-RAY BILE DUCT DILATION			1/1/2009	No Separate Payment	$0.00
74400	CONTRST X-RAY URINARY TRACT			1/1/2017	Fee Schedule	$122.15
74410	CONTRST X-RAY URINARY TRACT			1/1/2017	Fee Schedule	$122.15
74415	CONTRST X-RAY URINARY TRACT			1/1/2017	Fee Schedule	$122.15
74420	CONTRST X-RAY URINARY TRACT			1/1/2017	Fee Schedule	$243.14
74425	CONTRST X-RAY URINARY TRACT			1/1/2009	No Separate Payment	$0.00
74430	CONTRAST X-RAY BLADDER			1/1/2009	No Separate Payment	$0.00
74440	X-RAY MALE GENITAL TRACT			1/1/2009	No Separate Payment	$0.00
74445	X-RAY EXAM OF PENIS			1/1/2009	No Separate Payment	$0.00
74450	X-RAY URETHRA/BLADDER			1/1/2009	No Separate Payment	$0.00
74455	X-RAY URETHRA/BLADDER			1/1/2009	No Separate Payment	$0.00
74470	X-RAY EXAM OF KIDNEY LESION			1/1/2009	No Separate Payment	$0.00
74485	X-RAY GUIDE GU DILATION			1/1/2009	No Separate Payment	$0.00
74710	X-RAY MEASUREMENT OF PELVIS			1/1/2015	No Separate Payment	$0.00
74712	MRI FETAL SNGL/1ST GESTATION		N	1/1/2017	Fee Schedule	$60.95
74713	MRI FETAL EA ADDL GESTATION		N	1/1/2017	No Separate Payment	$0.00
74740	X-RAY FEMALE GENITAL TRACT			1/1/2009	No Separate Payment	$0.00
74742	X-RAY FALLOPIAN TUBE			1/1/2009	No Separate Payment	$0.00
74775	X-RAY EXAM OF PERINEUM			1/1/2017	Fee Schedule	$122.15
75557	CARDIAC MRI FOR MORPH			1/1/2017	Fee Schedule	$122.15
75559	CARDIAC MRI W/STRESS IMG			1/1/2017	Fee Schedule	$122.15

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
75561	CARDIAC MRI FOR MORPH W/DYE			1/1/2017	Fee Schedule	$230.62
75563	CARD MRI W/STRESS IMG & DYE			1/1/2017	Fee Schedule	$355.19
75565	CARD MRI VELOC FLOW MAPPING		N	1/1/2010	No Separate Payment	$0.00
75571	CT HRT W/O DYE W/CA TEST		N	1/1/2015	No Separate Payment	$0.00
75572	CT HRT W/3D IMAGE		N	1/1/2017	Fee Schedule	$143.29
75573	CT HRT W/3D IMAGE CONGEN		N	1/1/2017	Fee Schedule	$143.29
75574	CT ANGIO HRT W/3D IMAGE		N	1/1/2017	Fee Schedule	$143.29
75600	CONTRAST EXAM THORACIC AORTA			1/1/2009	No Separate Payment	$0.00
75605	CONTRAST EXAM THORACIC AORTA			1/1/2009	No Separate Payment	$0.00
75625	CONTRAST EXAM ABDOMINL AORTA			1/1/2009	No Separate Payment	$0.00
75630	X-RAY AORTA LEG ARTERIES			1/1/2009	No Separate Payment	$0.00
75635	CT ANGIO ABDOMINAL ARTERIES			1/1/2009	No Separate Payment	$0.00
75658	ARTERY X-RAYS ARM			1/1/2009	No Separate Payment	$0.00
75705	ARTERY X-RAYS SPINE			1/1/2009	No Separate Payment	$0.00
75710	ARTERY X-RAYS ARM/LEG			1/1/2009	No Separate Payment	$0.00
75716	ARTERY X-RAYS ARMS/LEGS			1/1/2009	No Separate Payment	$0.00
75726	ARTERY X-RAYS ABDOMEN			1/1/2009	No Separate Payment	$0.00
75731	ARTERY X-RAYS ADRENAL GLAND			1/1/2009	No Separate Payment	$0.00
75733	ARTERY X-RAYS ADRENALS			1/1/2009	No Separate Payment	$0.00
75736	ARTERY X-RAYS PELVIS			1/1/2009	No Separate Payment	$0.00
75741	ARTERY X-RAYS LUNG			1/1/2009	No Separate Payment	$0.00
75743	ARTERY X-RAYS LUNGS			1/1/2009	No Separate Payment	$0.00
75746	ARTERY X-RAYS LUNG			1/1/2009	No Separate Payment	$0.00
75756	ARTERY X-RAYS CHEST			1/1/2009	No Separate Payment	$0.00
75774	ARTERY X-RAY EACH VESSEL			1/1/2009	No Separate Payment	$0.00
75801	LYMPH VESSEL X-RAY ARM/LEG			1/1/2009	No Separate Payment	$0.00
75803	LYMPH VESSEL X-RAY ARMS/LEGS			1/1/2009	No Separate Payment	$0.00
75805	LYMPH VESSEL X-RAY TRUNK			1/1/2009	No Separate Payment	$0.00
75807	LYMPH VESSEL X-RAY TRUNK			1/1/2009	No Separate Payment	$0.00
75809	NONVASCULAR SHUNT X-RAY			1/1/2009	No Separate Payment	$0.00
75810	VEIN X-RAY SPLEEN/LIVER			1/1/2009	No Separate Payment	$0.00
75820	VEIN X-RAY ARM/LEG			1/1/2009	No Separate Payment	$0.00
75822	VEIN X-RAY ARMS/LEGS			1/1/2009	No Separate Payment	$0.00
75825	VEIN X-RAY TRUNK			1/1/2009	No Separate Payment	$0.00
75827	VEIN X-RAY CHEST			1/1/2009	No Separate Payment	$0.00
75831	VEIN X-RAY KIDNEY			1/1/2009	No Separate Payment	$0.00
75833	VEIN X-RAY KIDNEYS			1/1/2009	No Separate Payment	$0.00
75840	VEIN X-RAY ADRENAL GLAND			1/1/2009	No Separate Payment	$0.00
75842	VEIN X-RAY ADRENAL GLANDS			1/1/2009	No Separate Payment	$0.00
75860	VEIN X-RAY NECK			1/1/2009	No Separate Payment	$0.00
75870	VEIN X-RAY SKULL			1/1/2009	No Separate Payment	$0.00
75872	VEIN X-RAY SKULL EPIDURAL			1/1/2009	No Separate Payment	$0.00
75880	VEIN X-RAY EYE SOCKET			1/1/2009	No Separate Payment	$0.00
75885	VEIN X-RAY LIVER W/HEMODYNAM			1/1/2009	No Separate Payment	$0.00
75887	VEIN X-RAY LIVER W/O HEMODYN			1/1/2009	No Separate Payment	$0.00
75889	VEIN X-RAY LIVER W/HEMODYNAM			1/1/2009	No Separate Payment	$0.00
75891	VEIN X-RAY LIVER			1/1/2009	No Separate Payment	$0.00
75893	VENOUS SAMPLING BY CATHETER			1/1/2009	No Separate Payment	$0.00
75894	X-RAYS TRANSCATH THERAPY			1/1/2009	No Separate Payment	$0.00
75898	FOLLOW-UP ANGIOGRAPHY			1/1/2009	No Separate Payment	$0.00
75901	REMOVE CVA DEVICE OBSTRUCT			1/1/2009	No Separate Payment	$0.00
75902	REMOVE CVA LUMEN OBSTRUCT			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
75970	VASCULAR BIOPSY			1/1/2009	No Separate Payment	$0.00
75984	XRAY CONTROL CATHETER CHANGE			1/1/2009	No Separate Payment	$0.00
75989	ABSCESS DRAINAGE UNDER X-RAY			1/1/2009	No Separate Payment	$0.00
76000	FLUOROSCOPE EXAMINATION			1/1/2017	Fee Schedule	$38.76
76001	FLUOROSCOPE EXAM EXTENSIVE			1/1/2009	No Separate Payment	$0.00
76010	X-RAY NOSE TO RECTUM			1/1/2015	No Separate Payment	$0.00
76080	X-RAY EXAM OF FISTULA			1/1/2009	No Separate Payment	$0.00
76098	X-RAY EXAM BREAST SPECIMEN			1/1/2010	No Separate Payment	$0.00
76100	X-RAY EXAM OF BODY SECTION			1/1/2015	No Separate Payment	$0.00
76101	COMPLEX BODY SECTION X-RAY			1/1/2017	Fee Schedule	$60.95
76102	COMPLEX BODY SECTION X-RAYS			1/1/2017	Fee Schedule	$60.95
76120	CINE/VIDEO X-RAYS			1/1/2016	No Separate Payment	$0.00
76125	CINE/VIDEO X-RAYS ADD-ON			1/1/2009	No Separate Payment	$0.00
76376	3D RENDER W/INTRP POSTPROCES			1/1/2009	No Separate Payment	$0.00
76377	3D RENDER W/INTRP POSTPROCES			1/1/2009	No Separate Payment	$0.00
76380	CAT SCAN FOLLOW-UP STUDY			1/1/2015	No Separate Payment	$0.00
76496	FLUOROSCOPIC PROCEDURE			1/1/2016	No Separate Payment	$0.00
76497	CT PROCEDURE			1/1/2015	No Separate Payment	$0.00
76498	MRI PROCEDURE			1/1/2017	Fee Schedule	$32.37
76499	RADIOGRAPHIC PROCEDURE			1/1/2015	No Separate Payment	$0.00
76506	ECHO EXAM OF HEAD			1/1/2016	No Separate Payment	$0.00
76510	OPHTH US B & QUANT A			1/1/2015	No Separate Payment	$0.00
76511	OPHTH US QUANT A ONLY			1/1/2016	No Separate Payment	$0.00
76512	OPHTH US B W/NON-QUANT A			1/1/2016	No Separate Payment	$0.00
76513	ECHO EXAM OF EYE WATER BATH			1/1/2016	No Separate Payment	$0.00
76514	ECHO EXAM OF EYE THICKNESS			1/1/2015	No Separate Payment	$0.00
76516	ECHO EXAM OF EYE			1/1/2015	No Separate Payment	$0.00
76519	ECHO EXAM OF EYE			1/1/2015	No Separate Payment	$0.00
76529	ECHO EXAM OF EYE			1/1/2016	No Separate Payment	$0.00
76536	US EXAM OF HEAD AND NECK			1/1/2016	No Separate Payment	$0.00
76604	US EXAM CHEST			1/1/2016	No Separate Payment	$0.00
76641	ULTRASOUND BREAST COMPLETE		N	1/1/2015	No Separate Payment	$0.00
76642	ULTRASOUND BREAST LIMITED		N	1/1/2015	No Separate Payment	$0.00
76700	US EXAM ABDOM COMPLETE			1/1/2017	Fee Schedule	$60.95
76705	ECHO EXAM OF ABDOMEN			1/1/2017	Fee Schedule	$60.95
76770	US EXAM ABDO BACK WALL COMP			1/1/2017	Fee Schedule	$60.95
76775	US EXAM ABDO BACK WALL LIM			1/1/2016	No Separate Payment	$0.00
76776	US EXAM K TRANSPL W/DOPPLER			1/1/2017	Fee Schedule	$60.95
76800	US EXAM SPINAL CANAL			1/1/2015	No Separate Payment	$0.00
76801	OB US < 14 WKS SINGLE FETUS			1/1/2017	Fee Schedule	$60.95
76802	OB US < 14 WKS ADDL FETUS			1/1/2014	No Separate Payment	$0.00
76805	OB US >/= 14 WKS SNGL FETUS			1/1/2017	Fee Schedule	$60.95
76810	OB US >/= 14 WKS ADDL FETUS			1/1/2014	No Separate Payment	$0.00
76811	OB US DETAILED SNGL FETUS			1/1/2017	Fee Schedule	$60.95
76812	OB US DETAILED ADDL FETUS			1/1/2014	No Separate Payment	$0.00
76813	OB US NUCHAL MEAS 1 GEST			1/1/2016	No Separate Payment	$0.00
76814	OB US NUCHAL MEAS ADD-ON			1/1/2014	No Separate Payment	$0.00
76815	OB US LIMITED FETUS(S)			1/1/2016	No Separate Payment	$0.00
76816	OB US FOLLOW-UP PER FETUS			1/1/2015	No Separate Payment	$0.00
76817	TRANSVAGINAL US OBSTETRIC			1/1/2016	No Separate Payment	$0.00
76818	FETAL BIOPHYS PROFILE W/NST			1/1/2017	Fee Schedule	$60.95
76819	FETAL BIOPHYS PROFIL W/O NST			1/1/2017	Fee Schedule	$51.68

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76820	UMBILICAL ARTERY ECHO			1/1/2015	No Separate Payment	$0.00
76821	MIDDLE CEREBRAL ARTERY ECHO			1/1/2015	No Separate Payment	$0.00
76825	ECHO EXAM OF FETAL HEART			1/1/2017	Fee Schedule	$197.75
76826	ECHO EXAM OF FETAL HEART			1/1/2017	Fee Schedule	$122.15
76827	ECHO EXAM OF FETAL HEART			1/1/2015	No Separate Payment	$0.00
76828	ECHO EXAM OF FETAL HEART			1/1/2015	No Separate Payment	$0.00
76830	TRANSVAGINAL US NON-OB			1/1/2017	Fee Schedule	$60.95
76831	ECHO EXAM UTERUS			1/1/2017	Fee Schedule	$84.34
76856	US EXAM PELVIC COMPLETE			1/1/2017	Fee Schedule	$60.95
76857	US EXAM PELVIC LIMITED			1/1/2017	Fee Schedule	$23.33
76870	US EXAM SCROTUM			1/1/2016	No Separate Payment	$0.00
76872	US TRANSRECTAL			1/1/2017	Fee Schedule	$60.95
76873	ECHOGRAP TRANS R PROS STUDY			1/1/2017	Fee Schedule	$60.95
76881	US XTR NON-VASC COMPLETE			1/1/2017	Fee Schedule	$60.95
76882	US XTR NON-VASC LMTD			1/1/2015	No Separate Payment	$0.00
76885	US EXAM INFANT HIPS DYNAMIC			1/1/2015	No Separate Payment	$0.00
76886	US EXAM INFANT HIPS STATIC			1/1/2015	No Separate Payment	$0.00
76930	ECHO GUIDE CARDIOCENTESIS			1/1/2009	No Separate Payment	$0.00
76932	ECHO GUIDE FOR HEART BIOPSY			1/1/2009	No Separate Payment	$0.00
76936	ECHO GUIDE FOR ARTERY REPAIR			1/1/2017	Fee Schedule	$125.61
76937	US GUIDE VASCULAR ACCESS			1/1/2009	No Separate Payment	$0.00
76940	US GUIDE TISSUE ABLATION			1/1/2009	No Separate Payment	$0.00
76941	ECHO GUIDE FOR TRANSFUSION			1/1/2009	No Separate Payment	$0.00
76942	ECHO GUIDE FOR BIOPSY			1/1/2009	No Separate Payment	$0.00
76945	ECHO GUIDE VILLUS SAMPLING			1/1/2009	No Separate Payment	$0.00
76946	ECHO GUIDE FOR AMNIOCENTESIS			1/1/2009	No Separate Payment	$0.00
76948	ECHO GUIDE OVA ASPIRATION			1/1/2009	No Separate Payment	$0.00
76965	ECHO GUIDANCE RADIOTHERAPY			1/1/2009	No Separate Payment	$0.00
76970	ULTRASOUND EXAM FOLLOW-UP			1/1/2015	No Separate Payment	$0.00
76975	GI ENDOSCOPIC ULTRASOUND			1/1/2009	No Separate Payment	$0.00
76977	US BONE DENSITY MEASURE			1/1/2017	Fee Schedule	$4.31
76998	US GUIDE INTRAOP			1/1/2009	No Separate Payment	$0.00
76999	ECHO EXAMINATION PROCEDURE			1/1/2015	No Separate Payment	$0.00
77001	FLUOROGUIDE FOR VEIN DEVICE			1/1/2009	No Separate Payment	$0.00
77002	NEEDLE LOCALIZATION BY XRAY			1/1/2009	No Separate Payment	$0.00
77003	FLUOROGUIDE FOR SPINE INJECT			1/1/2009	No Separate Payment	$0.00
77011	CT SCAN FOR LOCALIZATION			1/1/2009	No Separate Payment	$0.00
77012	CT SCAN FOR NEEDLE BIOPSY			1/1/2009	No Separate Payment	$0.00
77013	CT GUIDE FOR TISSUE ABLATION			1/1/2009	No Separate Payment	$0.00
77014	CT SCAN FOR THERAPY GUIDE			1/1/2009	No Separate Payment	$0.00
77021	MR GUIDANCE FOR NEEDLE PLACE			1/1/2009	No Separate Payment	$0.00
77022	MRI FOR TISSUE ABLATION			1/1/2009	No Separate Payment	$0.00
77053	X-RAY OF MAMMARY DUCT			1/1/2009	No Separate Payment	$0.00
77054	X-RAY OF MAMMARY DUCTS			1/1/2009	No Separate Payment	$0.00
77071	X-RAY STRESS VIEW			1/1/2015	No Separate Payment	$0.00
77072	X-RAYS FOR BONE AGE			1/1/2015	No Separate Payment	$0.00
77073	X-RAYS BONE LENGTH STUDIES			1/1/2015	No Separate Payment	$0.00
77074	X-RAYS BONE SURVEY LIMITED			1/1/2015	No Separate Payment	$0.00
77075	X-RAYS BONE SURVEY COMPLETE			1/1/2016	No Separate Payment	$0.00
77076	X-RAYS BONE SURVEY INFANT			1/1/2015	No Separate Payment	$0.00
77077	JOINT SURVEY SINGLE VIEW			1/1/2015	No Separate Payment	$0.00
77078	CT BONE DENSITY AXIAL			1/1/2017	Fee Schedule	$32.37

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77080	DXA BONE DENSITY AXIAL			1/1/2017	Fee Schedule	$30.86
77081	DXA BONE DENSITY/PERIPHERAL			1/1/2017	Fee Schedule	$16.87
77084	MAGNETIC IMAGE BONE MARROW			1/1/2017	Fee Schedule	$243.14
77085	DXA BONE DENSITY STUDY		N	1/1/2015	No Separate Payment	$0.00
77086	FRACTURE ASSESSMENT VIA DXA		N	1/1/2015	No Separate Payment	$0.00
77280	SET RADIATION THERAPY FIELD			1/1/2017	Fee Schedule	$63.58
77285	SET RADIATION THERAPY FIELD			1/1/2017	Fee Schedule	$168.46
77290	SET RADIATION THERAPY FIELD			1/1/2017	Fee Schedule	$168.46
77293	RESPIRATOR MOTION MGMT SIMUL		N	1/1/2017	No Separate Payment	$0.00
77295	3-D RADIOTHERAPY PLAN			1/1/2017	Fee Schedule	$272.04
77299	RADIATION THERAPY PLANNING			1/1/2017	Fee Schedule	$63.58
77300	RADIATION THERAPY DOSE PLAN			1/1/2017	Fee Schedule	$34.45
77301	RADIOTHERAPY DOSE PLAN IMRT			1/1/2017	Fee Schedule	$576.51
77306	TELETHX ISODOSE PLAN SIMPLE		N	1/1/2017	Fee Schedule	$77.52
77307	TELETHX ISODOSE PLAN CPLX		N	1/1/2017	Fee Schedule	$140.32
77316	BRACHYTX ISODOSE PLAN SIMPLE		N	1/1/2017	Fee Schedule	$63.58
77317	BRACHYTX ISODOSE INTERMED		N	1/1/2017	Fee Schedule	$152.17
77318	BRACHYTX ISODOSE COMPLEX		N	1/1/2017	Fee Schedule	$168.46
77321	SPECIAL TELETX PORT PLAN			1/1/2017	Fee Schedule	$44.14
77331	SPECIAL RADIATION DOSIMETRY			1/1/2017	Fee Schedule	$19.02
77332	RADIATION TREATMENT AID(S)			1/1/2017	Fee Schedule	$44.14
77333	RADIATION TREATMENT AID(S)			1/1/2017	Fee Schedule	$58.50
77334	RADIATION TREATMENT AID(S)			1/1/2017	Fee Schedule	$72.14
77336	RADIATION PHYSICS CONSULT			1/1/2017	Fee Schedule	$63.58
77338	DESIGN MLC DEVICE FOR IMRT		N	1/1/2017	Fee Schedule	$168.46
77370	RADIATION PHYSICS CONSULT			1/1/2017	Fee Schedule	$63.58
77371	SRS MULTISOURCE			1/1/2015	Fee Schedule	$1,942.53
77372	SRS LINEAR BASED		N	7/1/2015	Fee Schedule	$1,066.15
77373	SBRT DELIVERY		N	1/1/2015	Fee Schedule	$1,042.88
77385	NTSTY MODUL RAD TX DLVR SMPL		N	1/1/2017	Fee Schedule	$267.44
77386	NTSTY MODUL RAD TX DLVR CPLX		N	1/1/2017	Fee Schedule	$267.44
77387	GUIDANCE FOR RADIAJ TX DLVR		N	1/1/2015	No Separate Payment	$0.00
77399	EXTERNAL RADIATION DOSIMETRY			1/1/2017	Fee Schedule	$63.58
77401	RADIATION TREATMENT DELIVERY			1/1/2017	Fee Schedule	$24.76
77402	RADIATION TREATMENT DELIVERY			1/1/2017	Fee Schedule	$61.83
77407	RADIATION TREATMENT DELIVERY			1/1/2017	Fee Schedule	$61.83
77412	RADIATION TREATMENT DELIVERY			1/1/2017	Fee Schedule	$110.57
77417	RADIOLOGY PORT IMAGES(S)			1/1/2009	No Separate Payment	$0.00
77422	NEUTRON BEAM TX SIMPLE			1/1/2017	Fee Schedule	$17.59
77423	NEUTRON BEAM TX COMPLEX			1/1/2017	Fee Schedule	$27.28
77424	IO RAD TX DELIVERY BY X-RAY		N	1/1/2017	Fee Schedule	$1,722.24
77425	IO RAD TX DELIVER BY ELCTRNS		N	1/1/2017	Fee Schedule	$1,722.24
77435	SBRT MANAGEMENT			1/1/2009	No Separate Payment	$0.00
77469	IO RADIATION TX MANAGEMENT		N	1/1/2012	No Separate Payment	$0.00
77470	SPECIAL RADIATION TREATMENT			1/1/2017	Fee Schedule	$39.12
77520	PROTON TRMT SIMPLE W/O COMP			1/1/2017	Fee Schedule	$267.44
77522	PROTON TRMT SIMPLE W/COMP			1/1/2017	Fee Schedule	$537.51
77523	PROTON TRMT INTERMEDIATE			1/1/2017	Fee Schedule	$537.51
77525	PROTON TREATMENT COMPLEX			1/1/2017	Fee Schedule	$537.51
77600	HYPERTHERMIA TREATMENT			1/1/2017	Fee Schedule	$110.57
77605	HYPERTHERMIA TREATMENT			1/1/2017	Fee Schedule	$399.37
77610	HYPERTHERMIA TREATMENT			1/1/2017	Fee Schedule	$267.44

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77615	HYPERTHERMIA TREATMENT			1/1/2017	Fee Schedule	$267.44
77620	HYPERTHERMIA TREATMENT			1/1/2017	Fee Schedule	$267.44
77750	INFUSE RADIOACTIVE MATERIALS			1/1/2017	Fee Schedule	$110.57
77761	APPLY INTRCAV RADIAT SIMPLE			1/1/2017	Fee Schedule	$195.23
77762	APPLY INTRCAV RADIAT INTERM			1/1/2017	Fee Schedule	$225.74
77763	APPLY INTRCAV RADIAT COMPL			1/1/2017	Fee Schedule	$289.26
77767	HDR RDNCL SKN SURF BRACHYTX		N	1/1/2017	Fee Schedule	$110.57
77768	HDR RDNCL SKN SURF BRACHYTX		N	1/1/2017	Fee Schedule	$110.57
77770	HDR RDNCL NTRSTL/ICAV BRCHTX		N	1/1/2017	Fee Schedule	$222.51
77771	HDR RDNCL NTRSTL/ICAV BRCHTX		N	1/1/2017	Fee Schedule	$399.37
77772	HDR RDNCL NTRSTL/ICAV BRCHTX		N	1/1/2017	Fee Schedule	$399.37
77778	APPLY INTERSTIT RADIAT COMPL			1/1/2017	Fee Schedule	$371.09
77789	APPLY SURF LDR RADIONUCLIDE			1/1/2017	Fee Schedule	$60.29
77790	RADIATION HANDLING			1/1/2009	No Separate Payment	$0.00
77799	RADIUM/RADIOISOTOPE THERAPY			1/1/2017	Fee Schedule	$61.83
78012	THYROID UPTAKE MEASUREMENT		N	1/1/2017	Fee Schedule	$180.09
78013	THYROID IMAGING W/BLOOD FLOW		N	1/1/2017	Fee Schedule	$180.09
78014	THYROID IMAGING W/BLOOD FLOW		N	1/1/2017	Fee Schedule	$180.09
78015	THYROID MET IMAGING			1/1/2017	Fee Schedule	$180.09
78016	THYROID MET IMAGING/STUDIES			1/1/2017	Fee Schedule	$180.09
78018	THYROID MET IMAGING BODY			1/1/2017	Fee Schedule	$232.03
78020	THYROID MET UPTAKE			1/1/2009	No Separate Payment	$0.00
78070	PARATHYROID PLANAR IMAGING			1/1/2017	Fee Schedule	$180.09
78071	PARATHYRD PLANAR W/WO SUBTRJ		N	1/1/2017	Fee Schedule	$180.09
78072	PARATHYRD PLANAR W/SPECT&CT		N	1/1/2017	Fee Schedule	$232.03
78075	ADRENAL CORTEX & MEDULLA IMG			1/1/2017	Fee Schedule	$615.81
78099	ENDOCRINE NUCLEAR PROCEDURE			1/1/2017	Fee Schedule	$180.09
78102	BONE MARROW IMAGING LTD			1/1/2017	Fee Schedule	$180.09
78103	BONE MARROW IMAGING MULT			1/1/2017	Fee Schedule	$180.09
78104	BONE MARROW IMAGING BODY			1/1/2017	Fee Schedule	$180.09
78110	PLASMA VOLUME SINGLE			1/1/2017	Fee Schedule	$615.81
78111	PLASMA VOLUME MULTIPLE			1/1/2017	Fee Schedule	$615.81
78120	RED CELL MASS SINGLE			1/1/2017	Fee Schedule	$180.09
78121	RED CELL MASS MULTIPLE			1/1/2017	Fee Schedule	$232.03
78122	BLOOD VOLUME			1/1/2017	Fee Schedule	$232.03
78130	RED CELL SURVIVAL STUDY			1/1/2017	Fee Schedule	$180.09
78135	RED CELL SURVIVAL KINETICS			1/1/2017	Fee Schedule	$180.09
78140	RED CELL SEQUESTRATION			1/1/2017	Fee Schedule	$180.09
78185	SPLEEN IMAGING			1/1/2017	Fee Schedule	$180.09
78190	PLATELET SURVIVAL KINETICS			1/1/2017	Fee Schedule	$615.81
78191	PLATELET SURVIVAL			1/1/2017	Fee Schedule	$180.09
78195	LYMPH SYSTEM IMAGING			1/1/2017	Fee Schedule	$232.03
78199	BLOOD/LYMPH NUCLEAR EXAM			1/1/2017	Fee Schedule	$180.09
78201	LIVER IMAGING			1/1/2017	Fee Schedule	$615.81
78202	LIVER IMAGING WITH FLOW			1/1/2017	Fee Schedule	$615.81
78205	LIVER IMAGING (3D)			1/1/2017	Fee Schedule	$615.81
78206	LIVER IMAGE (3D) WITH FLOW			1/1/2017	Fee Schedule	$232.03
78215	LIVER AND SPLEEN IMAGING			1/1/2017	Fee Schedule	$180.09
78216	LIVER & SPLEEN IMAGE/FLOW			1/1/2017	Fee Schedule	$180.09
78226	HEPATOBILIARY SYSTEM IMAGING		N	1/1/2017	Fee Schedule	$180.09
78227	HEPATOBIL SYST IMAGE W/DRUG		N	1/1/2017	Fee Schedule	$232.03
78230	SALIVARY GLAND IMAGING			1/1/2017	Fee Schedule	$180.09

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78231	SERIAL SALIVARY IMAGING			1/1/2017	Fee Schedule	$180.09
78232	SALIVARY GLAND FUNCTION EXAM			1/1/2017	Fee Schedule	$180.09
78258	ESOPHAGEAL MOTILITY STUDY			1/1/2017	Fee Schedule	$180.09
78261	GASTRIC MUCOSA IMAGING			1/1/2017	Fee Schedule	$180.09
78262	GASTROESOPHAGEAL REFLUX EXAM			1/1/2017	Fee Schedule	$180.09
78264	GASTRIC EMPTYING IMAG STUDY			1/1/2017	Fee Schedule	$180.09
78265	GASTRIC EMPTYING IMAG STUDY		N	1/1/2017	Fee Schedule	$180.09
78266	GASTRIC EMPTYING IMAG STUDY		N	1/1/2017	Fee Schedule	$232.03
78270	VIT B-12 ABSORPTION EXAM			1/1/2017	Fee Schedule	$180.09
78271	VIT B-12 ABSRP EXAM INT FAC			1/1/2017	Fee Schedule	$180.09
78272	VIT B-12 ABSORP COMBINED			1/1/2017	Fee Schedule	$180.09
78278	ACUTE GI BLOOD LOSS IMAGING			1/1/2017	Fee Schedule	$180.09
78282	GI PROTEIN LOSS EXAM			1/1/2017	Fee Schedule	$180.09
78290	MECKELS DIVERT EXAM			1/1/2017	Fee Schedule	$180.09
78291	LEVEEN/SHUNT PATENCY EXAM			1/1/2017	Fee Schedule	$180.09
78299	GI NUCLEAR PROCEDURE			1/1/2017	Fee Schedule	$180.09
78300	BONE IMAGING LIMITED AREA			1/1/2017	Fee Schedule	$180.09
78305	BONE IMAGING MULTIPLE AREAS			1/1/2017	Fee Schedule	$180.09
78306	BONE IMAGING WHOLE BODY			1/1/2017	Fee Schedule	$180.09
78315	BONE IMAGING 3 PHASE			1/1/2017	Fee Schedule	$180.09
78320	BONE IMAGING (3D)			1/1/2017	Fee Schedule	$232.03
78399	MUSCULOSKELETAL NUCLEAR EXAM			1/1/2017	Fee Schedule	$180.09
78414	NON-IMAGING HEART FUNCTION			1/1/2017	Fee Schedule	$232.03
78428	CARDIAC SHUNT IMAGING			1/1/2017	Fee Schedule	$180.09
78445	VASCULAR FLOW IMAGING			1/1/2017	Fee Schedule	$180.09
78451	HT MUSCLE IMAGE SPECT SING		N	1/1/2017	Fee Schedule	$615.81
78452	HT MUSCLE IMAGE SPECT MULT		N	1/1/2017	Fee Schedule	$615.81
78453	HT MUSCLE IMAGE PLANAR SING		N	1/1/2017	Fee Schedule	$615.81
78454	HT MUSC IMAGE PLANAR MULT		N	1/1/2017	Fee Schedule	$615.81
78456	ACUTE VENOUS THROMBUS IMAGE			1/1/2017	Fee Schedule	$615.81
78457	VENOUS THROMBOSIS IMAGING			1/1/2017	Fee Schedule	$615.81
78458	VEN THROMBOSIS IMAGES BILAT			1/1/2017	Fee Schedule	$180.09
78459	HEART MUSCLE IMAGING (PET)			1/1/2017	Fee Schedule	$615.81
78466	HEART INFARCT IMAGE			1/1/2017	Fee Schedule	$180.09
78468	HEART INFARCT IMAGE (EF)			1/1/2017	Fee Schedule	$232.03
78469	HEART INFARCT IMAGE (3D)			1/1/2017	Fee Schedule	$615.81
78472	GATED HEART PLANAR SINGLE			1/1/2017	Fee Schedule	$180.09
78473	GATED HEART MULTIPLE			1/1/2017	Fee Schedule	$180.09
78481	HEART FIRST PASS SINGLE			1/1/2017	Fee Schedule	$232.03
78483	HEART FIRST PASS MULTIPLE			1/1/2017	Fee Schedule	$232.03
78491	HEART IMAGE (PET) SINGLE			1/1/2017	Fee Schedule	$714.54
78492	HEART IMAGE (PET) MULTIPLE			1/1/2017	Fee Schedule	$714.54
78494	HEART IMAGE SPECT			1/1/2017	Fee Schedule	$180.09
78496	HEART FIRST PASS ADD-ON			1/1/2009	No Separate Payment	$0.00
78499	CARDIOVASCULAR NUCLEAR EXAM			1/1/2017	Fee Schedule	$180.09
78579	LUNG VENTILATION IMAGING		N	1/1/2017	Fee Schedule	$180.09
78580	LUNG PERFUSION IMAGING			1/1/2017	Fee Schedule	$180.09
78582	LUNG VENTILAT&PERFUS IMAGING		N	1/1/2017	Fee Schedule	$232.03
78597	LUNG PERFUSION DIFFERENTIAL		N	1/1/2017	Fee Schedule	$180.09
78598	LUNG PERF&VENTILAT DIFERENTL		N	1/1/2017	Fee Schedule	$232.03
78599	RESPIRATORY NUCLEAR EXAM			1/1/2017	Fee Schedule	$180.09
78600	BRAIN IMAGE < 4 VIEWS			1/1/2017	Fee Schedule	$180.09

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78601	BRAIN IMAGE W/FLOW < 4 VIEWS			1/1/2017	Fee Schedule	$180.09
78605	BRAIN IMAGE 4+ VIEWS			1/1/2017	Fee Schedule	$232.03
78606	BRAIN IMAGE W/FLOW 4 + VIEWS			1/1/2017	Fee Schedule	$232.03
78607	BRAIN IMAGING (3D)			1/1/2017	Fee Schedule	$615.81
78608	BRAIN IMAGING (PET)			1/1/2017	Fee Schedule	$714.54
78610	BRAIN FLOW IMAGING ONLY			1/1/2017	Fee Schedule	$232.03
78630	CEREBROSPINAL FLUID SCAN			1/1/2017	Fee Schedule	$232.03
78635	CSF VENTRICULOGRAPHY			1/1/2017	Fee Schedule	$232.03
78645	CSF SHUNT EVALUATION			1/1/2017	Fee Schedule	$232.03
78647	CEREBROSPINAL FLUID SCAN			1/1/2017	Fee Schedule	$615.81
78650	CSF LEAKAGE IMAGING			1/1/2017	Fee Schedule	$615.81
78660	NUCLEAR EXAM OF TEAR FLOW			1/1/2017	Fee Schedule	$180.09
78699	NERVOUS SYSTEM NUCLEAR EXAM			1/1/2017	Fee Schedule	$180.09
78700	KIDNEY IMAGING MORPHOL			1/1/2017	Fee Schedule	$180.09
78701	KIDNEY IMAGING WITH FLOW			1/1/2017	Fee Schedule	$180.09
78707	K FLOW/FUNCT IMAGE W/O DRUG			1/1/2017	Fee Schedule	$232.03
78708	K FLOW/FUNCT IMAGE W/DRUG			1/1/2017	Fee Schedule	$232.03
78709	K FLOW/FUNCT IMAGE MULTIPLE			1/1/2017	Fee Schedule	$232.03
78710	KIDNEY IMAGING (3D)			1/1/2017	Fee Schedule	$232.03
78725	KIDNEY FUNCTION STUDY			1/1/2017	Fee Schedule	$180.09
78730	URINARY BLADDER RETENTION			1/1/2014	No Separate Payment	$0.00
78740	URETERAL REFLUX STUDY			1/1/2017	Fee Schedule	$180.09
78761	TESTICULAR IMAGING W/FLOW			1/1/2017	Fee Schedule	$180.09
78799	GENITOURINARY NUCLEAR EXAM			1/1/2017	Fee Schedule	$180.09
78800	TUMOR IMAGING LIMITED AREA			1/1/2017	Fee Schedule	$180.09
78801	TUMOR IMAGING MULT AREAS			1/1/2017	Fee Schedule	$180.09
78802	TUMOR IMAGING WHOLE BODY			1/1/2017	Fee Schedule	$615.81
78803	TUMOR IMAGING (3D)			1/1/2017	Fee Schedule	$232.03
78804	TUMOR IMAGING WHOLE BODY			1/1/2017	Fee Schedule	$615.81
78805	ABSCESS IMAGING LTD AREA			1/1/2017	Fee Schedule	$615.81
78806	ABSCESS IMAGING WHOLE BODY			1/1/2017	Fee Schedule	$615.81
78807	NUCLEAR LOCALIZATION/ABSCESS			1/1/2017	Fee Schedule	$232.03
78808	IV INJ RA DRUG DX STUDY			1/1/2009	No Separate Payment	$0.00
78811	PET IMAGE LTD AREA			1/1/2017	Fee Schedule	$615.81
78812	PET IMAGE SKULL-THIGH			1/1/2017	Fee Schedule	$714.54
78813	PET IMAGE FULL BODY			1/1/2017	Fee Schedule	$714.54
78814	PET IMAGE W/CT LMTD			1/1/2017	Fee Schedule	$714.54
78815	PET IMAGE W/CT SKULL-THIGH			1/1/2017	Fee Schedule	$714.54
78816	PET IMAGE W/CT FULL BODY			1/1/2017	Fee Schedule	$714.54
78999	NUCLEAR DIAGNOSTIC EXAM			1/1/2017	Fee Schedule	$180.09
79005	NUCLEAR RX ORAL ADMIN			1/1/2017	Fee Schedule	$49.53
79101	NUCLEAR RX IV ADMIN			1/1/2017	Fee Schedule	$48.45
79200	NUCLEAR RX INTRACAV ADMIN			1/1/2017	Fee Schedule	$54.91
79300	NUCLR RX INTERSTIT COLLOID			1/1/2017	Fee Schedule	$117.16
79403	HEMATOPOIETIC NUCLEAR TX			1/1/2017	Fee Schedule	$82.90
79440	NUCLEAR RX INTRA-ARTICULAR			1/1/2017	Fee Schedule	$51.32
79445	NUCLEAR RX INTRA-ARTERIAL			1/1/2017	Fee Schedule	$117.16
79999	NUCLEAR MEDICINE THERAPY			1/1/2017	Fee Schedule	$117.16
90296	DIPHTHERIA ANTITOXIN			3/1/2011	Not Allowed	$0.00
90371	HEP B IG IM			1/1/2017	Fee Schedule	$109.47
90375	RABIES IG IM/SC			1/1/2017	Fee Schedule	$281.91
90376	RABIES IG HEAT TREATED			1/1/2017	Fee Schedule	$296.24

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
90378	RSV MAB IM 50MG			7/1/2015	Fee Schedule	$1,947.49
90385	RH IG MINIDOSE IM			1/1/2009	No Separate Payment	$0.00
90393	VACCINA IG IM			3/1/2011	Not Allowed	$0.00
90396	VARICELLA-ZOSTER IG IM			1/1/2016	Fee Schedule	$1,230.98
90476	ADENOVIRUS VACCINE TYPE 4			1/1/2012	No Separate Payment	$0.00
90477	ADENOVIRUS VACCINE TYPE 7			3/1/2011	Not Allowed	$0.00
90581	ANTHRAX VACCINE SC OR IM			1/1/2016	No Separate Payment	$0.00
90585	BCG VACCINE PERCUT			10/1/2016	Fee Schedule	$123.20
90620	MENB RP W/OMV VACCINE IM		N	10/1/2016	Fee Schedule	$147.37
90621	MENB RLP VACCINE IM		N	7/1/2015	Fee Schedule	$122.70
90630	FLU VACC IIV4 NO PRESERV ID		N	1/1/2017	No Separate Payment	$0.00
90632	HEPA VACCINE ADULT IM			1/1/2009	No Separate Payment	$0.00
90633	HEPA VACC PED/ADOL 2 DOSE IM			1/1/2009	No Separate Payment	$0.00
90634	HEPA VACC PED/ADOL 3 DOSE			1/1/2009	No Separate Payment	$0.00
90636	HEP A/HEP B VACC ADULT IM			1/1/2009	No Separate Payment	$0.00
90644	HIB-MENCY VACCINE 4 DOSE IM		N	1/1/2013	No Separate Payment	$0.00
90647	HIB PRP-OMP VACC 3 DOSE IM			1/1/2009	No Separate Payment	$0.00
90648	HIB PRP-T VACCINE 4 DOSE IM			1/1/2009	No Separate Payment	$0.00
90653	IIV ADJUVANT VACCINE IM		N	4/1/2016	No Separate Payment	$0.00
90654	FLU VACC IIV3 NO PRESERV ID		N	1/1/2012	No Separate Payment	$0.00
90655	IIV3 VACC NO PRSV 0.25 ML IM			1/1/2009	No Separate Payment	$0.00
90656	IIV3 VACC NO PRSV 0.5 ML IM			1/1/2009	No Separate Payment	$0.00
90657	IIV3 VACCINE SPLT 0.25 ML IM			1/1/2009	No Separate Payment	$0.00
90660	LAIV3 VACCINE INTRANASAL			1/1/2009	No Separate Payment	$0.00
90661	CCIIV3 VAC NO PRSV 0.5 ML IM		N	4/1/2013	No Separate Payment	$0.00
90662	IIV NO PRSV INCREASED AG IM		N	12/23/2009	No Separate Payment	$0.00
90670	PCV13 VACCINE IM		N	4/1/2010	No Separate Payment	$0.00
90672	LAIV4 VACCINE INTRANASAL		N	1/1/2013	No Separate Payment	$0.00
90673	RIV3 VACCINE NO PRESERV IM		N	4/1/2014	No Separate Payment	$0.00
90674	CCIIV4 VAC NO PRSV 0.5 ML IM		N	1/1/2017	No Separate Payment	$0.00
90675	RABIES VACCINE IM			1/1/2017	Fee Schedule	$262.98
90676	RABIES VACCINE ID			1/1/2017	Fee Schedule	$141.02
90680	RV5 VACC 3 DOSE LIVE ORAL			1/1/2012	No Separate Payment	$0.00
90681	RV1 VACC 2 DOSE LIVE ORAL			10/1/2013	Fee Schedule	$108.65
90682	RIV4 VACC RECOMBINANT DNA IM		N	1/1/2017	No Separate Payment	$0.00
90685	IIV4 VACC NO PRSV 0.25 ML IM		N	10/1/2013	No Separate Payment	$0.00
90686	IIV4 VACC NO PRSV 0.5 ML IM		N	7/1/2013	No Separate Payment	$0.00
90687	IIV4 VACCINE SPLT 0.25 ML IM		N	4/1/2016	No Separate Payment	$0.00
90688	IIV4 VACCINE SPLT 0.5 ML IM		N	4/1/2014	No Separate Payment	$0.00
90690	TYPHOID VACCINE ORAL			1/1/2009	No Separate Payment	$0.00
90691	TYPHOID VACCINE IM			1/1/2009	No Separate Payment	$0.00
90696	DTAP-IPV VACCINE 4-6 YRS IM			1/1/2010	No Separate Payment	$0.00
90698	DTAP-IPV/HIB VACCINE IM			1/1/2009	No Separate Payment	$0.00
90700	DTAP VACCINE < 7 YRS IM			1/1/2009	No Separate Payment	$0.00
90702	DT VACCINE UNDER 7 YRS IM			1/1/2009	No Separate Payment	$0.00
90707	MMR VACCINE SC			1/1/2009	No Separate Payment	$0.00
90710	MMRV VACCINE SC			1/1/2009	No Separate Payment	$0.00
90713	POLIOVIRUS IPV SC/IM			1/1/2009	No Separate Payment	$0.00
90714	TD VACC NO PRESV 7 YRS+ IM			1/1/2009	No Separate Payment	$0.00
90715	TDAP VACCINE 7 YRS/> IM			1/1/2009	No Separate Payment	$0.00
90717	YELLOW FEVER VACCINE SUBQ			1/1/2009	No Separate Payment	$0.00
90732	PPSV23 VACC 2 YRS+ SUBQ/IM			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
90733	MPSV4 VACCINE SUBQ			1/1/2013	Fee Schedule	$106.49
90734	MENACWY VACCINE IM			10/1/2016	Fee Schedule	$97.49
90740	HEPB VACC 3 DOSE IMMUNSUP IM		N	7/1/2010	No Separate Payment	$0.00
90743	HEPB VACC 2 DOSE ADOLESC IM		N	7/1/2010	No Separate Payment	$0.00
90744	HEPB VACC 3 DOSE PED/ADOL IM		N	7/1/2010	No Separate Payment	$0.00
90746	HEPB VACCINE 3 DOSE ADULT IM		N	7/1/2010	No Separate Payment	$0.00
90747	HEPB VACC 4 DOSE IMMUNSUP IM		N	7/1/2010	No Separate Payment	$0.00
90749	VACCINE TOXOID			1/1/2009	No Separate Payment	$0.00
91035	G-ESOPH REFLX TST W/ELECTROD		N	1/1/2017	Fee Schedule	$224.86
91200	LIVER ELASTOGRAPHY		N	1/1/2016	No Separate Payment	$0.00
92018	NEW EYE EXAM & TREATMENT		N	7/1/2014	Fee Schedule	$505.41
92071	CONTACT LENS FITTING FOR TX		N	1/1/2012	No Separate Payment	$0.00
92072	FIT CONTAC LENS FOR MANAGMNT		N	1/1/2012	No Separate Payment	$0.00
93590	PERQ TRANSCATH CLS MITRAL	Y	N	1/1/2017	Fee Schedule	$8,850.26
93591	PERQ TRANSCATH CLS AORTIC	Y	N	1/1/2017	Fee Schedule	$8,850.26
95940	IONM IN OPERATNG ROOM 15 MIN		N	1/1/2013	No Separate Payment	$0.00
95941	IONM REMOTE/>1 PT OR PER HR		N	1/1/2013	No Separate Payment	$0.00
A4216	STERILE WATER/SALINE, 10 ML		N	1/1/2017	No Separate Payment	$0.00
A4217	STERILE WATER/SALINE, 500 ML		N	1/1/2017	No Separate Payment	$0.00
A4218	STERILE SALINE OR WATER			1/1/2009	No Separate Payment	$0.00
A4220	INFUSION PUMP REFILL KIT			1/1/2009	No Separate Payment	$0.00
A4244	ALCOHOL OR PEROXIDE PER PINT		N	1/1/2017	No Separate Payment	$0.00
A4245	ALCOHOL WIPES PER BOX		N	1/1/2017	No Separate Payment	$0.00
A4246	BETADINE/PHISOHEX SOLUTION		N	1/1/2017	No Separate Payment	$0.00
A4247	BETADINE/IODINE SWABS/WIPES		N	1/1/2017	No Separate Payment	$0.00
A4248	CHLORHEXIDINE ANTISEPT			1/1/2009	No Separate Payment	$0.00
A4262	TEMPORARY TEAR DUCT PLUG			1/1/2009	No Separate Payment	$0.00
A4263	PERMANENT TEAR DUCT PLUG			1/1/2009	No Separate Payment	$0.00
A4270	DISPOSABLE ENDOSCOPE SHEATH			1/1/2009	No Separate Payment	$0.00
A4300	CATH IMPL VASC ACCESS PORTAL			1/1/2009	No Separate Payment	$0.00
A4301	IMPLANTABLE ACCESS SYST PERC			1/1/2009	No Separate Payment	$0.00
A4305	DRUG DELIVERY SYSTEM >=50 ML			1/1/2009	No Separate Payment	$0.00
A4306	DRUG DELIVERY SYSTEM <=50 ML			1/1/2009	No Separate Payment	$0.00
A4641	RADIOPHARM DX AGENT NOC			1/1/2009	No Separate Payment	$0.00
A4642	IN111 SATUMOMAB			1/1/2009	No Separate Payment	$0.00
A4648	IMPLANTABLE TISSUE MARKER			1/1/2009	No Separate Payment	$0.00
A4650	IMPLANT RADIATION DOSIMETER			1/1/2009	No Separate Payment	$0.00
A9500	TC99M SESTAMIBI			1/1/2009	No Separate Payment	$0.00
A9501	TECHNETIUM TC-99M TEBOROXIME			1/1/2009	No Separate Payment	$0.00
A9502	TC99M TETROFOSMIN			1/1/2009	No Separate Payment	$0.00
A9503	TC99M MEDRONATE			1/1/2009	No Separate Payment	$0.00
A9504	TC99M APCITIDE			1/1/2009	No Separate Payment	$0.00
A9505	TL201 THALLIUM			1/1/2009	No Separate Payment	$0.00
A9507	IN111 CAPROMAB			1/1/2009	No Separate Payment	$0.00
A9508	I131 IODOBENGUATE, DX			1/1/2009	No Separate Payment	$0.00
A9509	IODINE I-123 SOD IODIDE MIL			1/1/2009	No Separate Payment	$0.00
A9510	TC99M DISOFENIN			1/1/2009	No Separate Payment	$0.00
A9512	TC99M PERTECHNETATE			1/1/2009	No Separate Payment	$0.00
A9515	CHOLINE C-11		N	1/1/2017	Fee Schedule	$5,700.00
A9516	IODINE I-123 SOD IODIDE MIC			1/1/2009	No Separate Payment	$0.00
A9520	TC99 TILMANOCEPT DIAG 0.5MCI		N	1/1/2016	No Separate Payment	$0.00
A9521	TC99M EXAMETAZIME			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
A9524	I131 SERUM ALBUMIN, DX			1/1/2009	No Separate Payment	$0.00
A9526	NITROGEN N-13 AMMONIA			1/1/2009	No Separate Payment	$0.00
A9527	IODINE I-125 SODIUM IODIDE			1/1/2017	Fee Schedule	$29.93
A9528	IODINE I-131 IODIDE CAP, DX			1/1/2009	No Separate Payment	$0.00
A9529	I131 IODIDE SOL, DX			1/1/2009	No Separate Payment	$0.00
A9531	I131 MAX 100UCI			1/1/2009	No Separate Payment	$0.00
A9532	I125 SERUM ALBUMIN, DX			1/1/2009	No Separate Payment	$0.00
A9536	TC99M DEPREOTIDE			1/1/2009	No Separate Payment	$0.00
A9537	TC99M MEBROFENIN			1/1/2009	No Separate Payment	$0.00
A9538	TC99M PYROPHOSPHATE			1/1/2009	No Separate Payment	$0.00
A9539	TC99M PENTETATE			1/1/2009	No Separate Payment	$0.00
A9540	TC99M MAA			1/1/2009	No Separate Payment	$0.00
A9541	TC99M SULFUR COLLOID			1/1/2009	No Separate Payment	$0.00
A9542	IN111 IBRITUMOMAB, DX			1/1/2009	No Separate Payment	$0.00
A9546	CO57/58			1/1/2009	No Separate Payment	$0.00
A9547	IN111 OXYQUINOLINE			1/1/2009	No Separate Payment	$0.00
A9548	IN111 PENTETATE			1/1/2009	No Separate Payment	$0.00
A9550	TC99M GLUCEPTATE			1/1/2009	No Separate Payment	$0.00
A9551	TC99M SUCCIMER			1/1/2009	No Separate Payment	$0.00
A9552	F18 FDG			1/1/2009	No Separate Payment	$0.00
A9553	CR51 CHROMATE			1/1/2009	No Separate Payment	$0.00
A9554	I125 IOTHALAMATE, DX			1/1/2009	No Separate Payment	$0.00
A9555	RB82 RUBIDIUM			1/1/2009	No Separate Payment	$0.00
A9556	GA67 GALLIUM			1/1/2009	No Separate Payment	$0.00
A9557	TC99M BICISATE			1/1/2009	No Separate Payment	$0.00
A9558	XE133 XENON 10MCI			1/1/2009	No Separate Payment	$0.00
A9559	CO57 CYANO			1/1/2009	No Separate Payment	$0.00
A9560	TC99M LABELED RBC			1/1/2009	No Separate Payment	$0.00
A9561	TC99M OXIDRONATE			1/1/2009	No Separate Payment	$0.00
A9562	TC99M MERTIATIDE			1/1/2009	No Separate Payment	$0.00
A9566	TC99M FANOLESOMAB			1/1/2009	No Separate Payment	$0.00
A9567	TECHNETIUM TC-99M AEROSOL			1/1/2009	No Separate Payment	$0.00
A9568	TECHNETIUM TC99M ARCITUMOMAB			1/1/2009	No Separate Payment	$0.00
A9569	TECHNETIUM TC-99M AUTO WBC			1/1/2009	No Separate Payment	$0.00
A9570	INDIUM IN-111 AUTO WBC			1/1/2009	No Separate Payment	$0.00
A9571	INDIUM IN-111 AUTO PLATELET			1/1/2009	No Separate Payment	$0.00
A9572	INDIUM IN-111 PENTETREOTIDE			1/1/2009	No Separate Payment	$0.00
A9575	INJ GADOTERATE MEGLUMI 0.1ML		N	1/1/2014	No Separate Payment	$0.00
A9576	INJ PROHANCE MULTIPACK			1/1/2009	No Separate Payment	$0.00
A9577	INJ MULTIHANCE			1/1/2009	No Separate Payment	$0.00
A9578	INJ MULTIHANCE MULTIPACK			1/1/2009	No Separate Payment	$0.00
A9579	GAD-BASE MR CONTRAST NOS,1ML			1/1/2009	No Separate Payment	$0.00
A9580	SODIUM FLUORIDE F-18			1/1/2009	No Separate Payment	$0.00
A9581	GADOXETATE DISODIUM INJ		N	1/1/2011	No Separate Payment	$0.00
A9582	IODINE I-123 IOBENGUANE		N	1/1/2012	No Separate Payment	$0.00
A9583	GADOFOSVESET TRISODIUM INJ		N	1/1/2012	No Separate Payment	$0.00
A9584	IODINE I-123 IOFLUPANE		N	1/1/2014	No Separate Payment	$0.00
A9585	GADOBUTROL INJECTION		N	1/1/2012	No Separate Payment	$0.00
A9586	FLORBETAPIR F18		N	1/1/2015	Fee Schedule	$2,756.00
A9587	GALLIUM GA-68		N	1/1/2017	Fee Schedule	$66.74
A9588	FLUCICIOVINE F-18		N	1/1/2017	Fee Schedule	$389.55
A9597	PET, DX, FOR TUMOR ID, NOC		N	1/1/2017	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
A9598	PET DX FOR NON-TUMOR ID, NOC		N	1/1/2017	No Separate Payment	$0.00
A9599	RADIOPH DX AMYLOID PET NOS		N	1/1/2014	No Separate Payment	$0.00
A9698	NON-RAD CONTRAST MATERIALNOC			1/1/2009	No Separate Payment	$0.00
A9700	ECHOCARDIOGRAPHY CONTRAST		N	1/1/2017	No Separate Payment	$0.00
C1713	ANCHOR/SCREW BN/BN,TIS/BN			1/1/2009	No Separate Payment	$0.00
C1714	CATH, TRANS ATHERECTOMY, DIR			1/1/2009	No Separate Payment	$0.00
C1715	BRACHYTHERAPY NEEDLE			1/1/2009	No Separate Payment	$0.00
C1716	BRACHYTX, NON-STR, GOLD-198			1/1/2017	Fee Schedule	$135.30
C1717	BRACHYTX, NON-STR,HDR IR-192			1/1/2017	Fee Schedule	$281.58
C1719	BRACHYTX, NS, NON-HDRIR-192			1/1/2017	Fee Schedule	$33.83
C1721	AICD, DUAL CHAMBER			1/1/2009	No Separate Payment	$0.00
C1722	AICD, SINGLE CHAMBER			1/1/2009	No Separate Payment	$0.00
C1724	CATH, TRANS ATHEREC,ROTATION			1/1/2009	No Separate Payment	$0.00
C1725	CATH, TRANSLUMIN NON-LASER			1/1/2009	No Separate Payment	$0.00
C1726	CATH, BAL DIL, NON-VASCULAR			1/1/2009	No Separate Payment	$0.00
C1727	CATH, BAL TIS DIS, NON-VAS			1/1/2009	No Separate Payment	$0.00
C1728	CATH, BRACHYTX SEED ADM			1/1/2009	No Separate Payment	$0.00
C1729	CATH, DRAINAGE			1/1/2009	No Separate Payment	$0.00
C1730	CATH, EP, 19 OR FEW ELECT			1/1/2009	No Separate Payment	$0.00
C1731	CATH, EP, 20 OR MORE ELEC			1/1/2009	No Separate Payment	$0.00
C1732	CATH, EP, DIAG/ABL, 3D/VECT			1/1/2009	No Separate Payment	$0.00
C1733	CATH, EP, OTHR THAN COOL-TIP			1/1/2009	No Separate Payment	$0.00
C1749	ENDO, COLON, RETRO IMAGING		N	4/1/2016	No Separate Payment	$0.00
C1750	CATH, HEMODIALYSIS,LONG-TERM			1/1/2009	No Separate Payment	$0.00
C1751	CATH, INF, PER/CENT/MIDLINE			1/1/2009	No Separate Payment	$0.00
C1752	CATH,HEMODIALYSIS,SHORT-TERM			1/1/2009	No Separate Payment	$0.00
C1753	CATH, INTRAVAS ULTRASOUND			1/1/2009	No Separate Payment	$0.00
C1754	CATHETER, INTRADISCAL			1/1/2009	No Separate Payment	$0.00
C1755	CATHETER, INTRASPINAL			1/1/2009	No Separate Payment	$0.00
C1756	CATH, PACING, TRANSESOPH			1/1/2009	No Separate Payment	$0.00
C1757	CATH, THROMBECTOMY/EMBOLECT			1/1/2009	No Separate Payment	$0.00
C1758	CATHETER, URETERAL			1/1/2009	No Separate Payment	$0.00
C1759	CATH, INTRA ECHOCARDIOGRAPHY			1/1/2009	No Separate Payment	$0.00
C1760	CLOSURE DEV, VASC			1/1/2009	No Separate Payment	$0.00
C1762	CONN TISS, HUMAN(INC FASCIA)			1/1/2009	No Separate Payment	$0.00
C1763	CONN TISS, NON-HUMAN			1/1/2009	No Separate Payment	$0.00
C1764	EVENT RECORDER, CARDIAC			1/1/2009	No Separate Payment	$0.00
C1765	ADHESION BARRIER			1/1/2009	No Separate Payment	$0.00
C1766	INTRO/SHEATH,STRBLE,NON-PEEL			1/1/2009	No Separate Payment	$0.00
C1767	GENERATOR, NEURO NON-RECHARG			1/1/2009	No Separate Payment	$0.00
C1768	GRAFT, VASCULAR			1/1/2009	No Separate Payment	$0.00
C1769	GUIDE WIRE			1/1/2009	No Separate Payment	$0.00
C1770	IMAGING COIL, MR, INSERTABLE			1/1/2009	No Separate Payment	$0.00
C1771	REP DEV, URINARY, W/SLING			1/1/2009	No Separate Payment	$0.00
C1772	INFUSION PUMP, PROGRAMMABLE			1/1/2009	No Separate Payment	$0.00
C1773	RET DEV, INSERTABLE			1/1/2009	No Separate Payment	$0.00
C1776	JOINT DEVICE (IMPLANTABLE)			1/1/2009	No Separate Payment	$0.00
C1777	LEAD, AICD, ENDO SINGLE COIL			1/1/2009	No Separate Payment	$0.00
C1778	LEAD, NEUROSTIMULATOR			1/1/2009	No Separate Payment	$0.00
C1779	LEAD, PMKR, TRANSVENOUS VDD			1/1/2009	No Separate Payment	$0.00
C1780	LENS, INTRAOCULAR (NEW TECH)			1/1/2009	No Separate Payment	$0.00
C1781	MESH (IMPLANTABLE)			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
C1782	MORCELLATOR			1/1/2009	No Separate Payment	$0.00
C1783	OCULAR IMP, AQUEOUS DRAIN DE			1/1/2009	No Separate Payment	$0.00
C1784	OCULAR DEV, INTRAOP, DET RET			1/1/2009	No Separate Payment	$0.00
C1785	PMKR, DUAL, RATE-RESP			1/1/2009	No Separate Payment	$0.00
C1786	PMKR, SINGLE, RATE-RESP			1/1/2009	No Separate Payment	$0.00
C1787	PATIENT PROGR, NEUROSTIM			1/1/2009	No Separate Payment	$0.00
C1788	PORT, INDWELLING, IMP			1/1/2009	No Separate Payment	$0.00
C1789	PROSTHESIS, BREAST, IMP			1/1/2009	No Separate Payment	$0.00
C1813	PROSTHESIS, PENILE, INFLATAB			3/1/2011	Not Allowed	$0.00
C1814	RETINAL TAMP, SILICONE OIL			1/1/2009	No Separate Payment	$0.00
C1815	PROS, URINARY SPH, IMP			1/1/2009	No Separate Payment	$0.00
C1816	RECEIVER/TRANSMITTER, NEURO			1/1/2009	No Separate Payment	$0.00
C1817	SEPTAL DEFECT IMP SYS			1/1/2009	No Separate Payment	$0.00
C1818	INTEGRATED KERATOPROSTHESIS			1/1/2009	No Separate Payment	$0.00
C1819	TISSUE LOCALIZATION-EXCISION			1/1/2009	No Separate Payment	$0.00
C1820	GENERATOR NEURO RECHG BAT SY		N	1/1/2009	No Separate Payment	$0.00
C1821	INTERSPINOUS IMPLANT			1/1/2009	No Separate Payment	$0.00
C1822	GEN, NEURO, HF, RECHG BAT		N	1/1/2016	Not Allowed	$0.00
C1830	POWER BONE MARROW BX NEEDLE		N	1/1/2014	No Separate Payment	$0.00
C1840	TELESCOPIC INTRAOCULAR LENS		N	1/1/2014	No Separate Payment	$0.00
C1841	RETINAL PROSTH INT/EXT COMP		N	7/1/2015	Not Allowed	$0.00
C1842	RETINAL PROSTH, ADD-ON		N	1/1/2017	Fee Schedule	$70,687.74
C1874	STENT, COATED/COV W/DEL SYS			1/1/2009	No Separate Payment	$0.00
C1875	STENT, COATED/COV W/O DEL SY			1/1/2009	No Separate Payment	$0.00
C1876	STENT, NON-COA/NON-COV W/DEL			1/1/2009	No Separate Payment	$0.00
C1877	STENT, NON-COAT/COV W/O DEL			1/1/2009	No Separate Payment	$0.00
C1878	MATRL FOR VOCAL CORD			1/1/2009	No Separate Payment	$0.00
C1880	VENA CAVA FILTER			1/1/2009	No Separate Payment	$0.00
C1881	DIALYSIS ACCESS SYSTEM			1/1/2009	No Separate Payment	$0.00
C1882	AICD, OTHER THAN SING/DUAL			1/1/2009	No Separate Payment	$0.00
C1883	ADAPT/EXT, PACING/NEURO LEAD			1/1/2009	No Separate Payment	$0.00
C1884	EMBOLIZATION PROTECT SYST			1/1/2009	No Separate Payment	$0.00
C1885	CATH, TRANSLUMIN ANGIO LASER			1/1/2009	No Separate Payment	$0.00
C1886	CATHETER, ABLATION		N	1/1/2014	No Separate Payment	$0.00
C1887	CATHETER, GUIDING			1/1/2009	No Separate Payment	$0.00
C1888	ENDOVAS NON-CARDIAC ABL CATH			1/1/2009	No Separate Payment	$0.00
C1889	IMPLANT/INSERT DEVICE, NOC		N	1/1/2017	No Separate Payment	$0.00
C1891	INFUSION PUMP,NON-PROG, PERM			1/1/2009	No Separate Payment	$0.00
C1892	INTRO/SHEATH,FIXED,PEEL-AWAY			1/1/2009	No Separate Payment	$0.00
C1893	INTRO/SHEATH, FIXED,NON-PEEL			1/1/2009	No Separate Payment	$0.00
C1894	INTRO/SHEATH, NON-LASER			1/1/2009	No Separate Payment	$0.00
C1895	LEAD, AICD, ENDO DUAL COIL			1/1/2009	No Separate Payment	$0.00
C1896	LEAD, AICD, NON SING/DUAL			1/1/2009	No Separate Payment	$0.00
C1897	LEAD, NEUROSTIM TEST KIT			1/1/2009	No Separate Payment	$0.00
C1898	LEAD, PMKR, OTHER THAN TRANS			1/1/2009	No Separate Payment	$0.00
C1899	LEAD, PMKR/AICD COMBINATION			1/1/2009	No Separate Payment	$0.00
C1900	LEAD, CORONARY VENOUS			1/1/2009	No Separate Payment	$0.00
C2613	LUNG BX PLUG W/DEL SYS		N	7/1/2015	No Separate Payment	$0.00
C2614	PROBE, PERC LUMB DISC			1/1/2009	No Separate Payment	$0.00
C2615	SEALANT, PULMONARY, LIQUID			1/1/2009	No Separate Payment	$0.00
C2616	BRACHYTX, NON-STR,YTTRIUM-90			1/1/2017	Fee Schedule	$16,507.73
C2617	STENT, NON-COR, TEM W/O DEL			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
C2618	PROBE/NEEDLE, CRYO			1/1/2009	No Separate Payment	$0.00
C2619	PMKR, DUAL, NON RATE-RESP			1/1/2009	No Separate Payment	$0.00
C2620	PMKR, SINGLE, NON RATE-RESP			1/1/2009	No Separate Payment	$0.00
C2621	PMKR, OTHER THAN SING/DUAL			1/1/2009	No Separate Payment	$0.00
C2622	PROSTHESIS, PENILE, NON-INF			3/1/2011	Not Allowed	$0.00
C2623	CATH, TRANSLUMIN, DRUG-COAT		N	4/1/2015	EAC	$0.00
C2624	WIRELESS PRESSURE SENSOR		N	1/1/2015	No Separate Payment	$0.00
C2625	STENT, NON-COR, TEM W/DEL SY			1/1/2009	No Separate Payment	$0.00
C2626	INFUSION PUMP, NON-PROG,TEMP			1/1/2009	No Separate Payment	$0.00
C2627	CATH, SUPRAPUBIC/CYSTOSCOPIC			1/1/2009	No Separate Payment	$0.00
C2628	CATHETER, OCCLUSION			1/1/2009	No Separate Payment	$0.00
C2629	INTRO/SHEATH, LASER			1/1/2009	No Separate Payment	$0.00
C2630	CATH, EP, COOL-TIP			1/1/2009	No Separate Payment	$0.00
C2631	REP DEV, URINARY, W/O SLING			1/1/2009	No Separate Payment	$0.00
C2634	BRACHYTX, NON-STR, HA, I-125			1/1/2017	Fee Schedule	$120.52
C2635	BRACHYTX, NON-STR, HA, P-103			1/1/2017	Fee Schedule	$25.70
C2636	BRACHY LINEAR, NON-STR,P-103			1/1/2017	Fee Schedule	$18.65
C2638	BRACHYTX, STRANDED, I-125			1/1/2017	Fee Schedule	$37.97
C2639	BRACHYTX, NON-STRANDED,I-125			1/1/2017	Fee Schedule	$35.70
C2640	BRACHYTX, STRANDED, P-103			1/1/2017	Fee Schedule	$73.22
C2641	BRACHYTX, NON-STRANDED,P-103			1/1/2017	Fee Schedule	$65.45
C2642	BRACHYTX, STRANDED, C-131			1/1/2017	Fee Schedule	$87.61
C2643	BRACHYTX, NON-STRANDED,C-131			1/1/2017	Fee Schedule	$59.19
C2644	BRACHYTX CESIUM-131 CHLORIDE		N	1/1/2016	Fee Schedule	$12.41
C2645	BRACHYTX PLANAR, P-103		N	1/1/2017	Fee Schedule	$4.69
C2698	BRACHYTX, STRANDED, NOS			1/1/2017	Fee Schedule	$37.97
C2699	BRACHYTX, NON-STRANDED, NOS			1/1/2017	Fee Schedule	$18.65
C5271	LOW COST SKIN SUBSTITUTE APP	Y	N	1/1/2017	Fee Schedule	$244.98
C5272	LOW COST SKIN SUBSTITUTE APP		N	1/1/2014	No Separate Payment	$0.00
C5273	LOW COST SKIN SUBSTITUTE APP	Y	N	1/1/2017	Fee Schedule	$771.98
C5274	LOW COST SKIN SUBSTITUTE APP		N	1/1/2014	No Separate Payment	$0.00
C5275	LOW COST SKIN SUBSTITUTE APP	Y	N	1/1/2017	Fee Schedule	$244.98
C5276	LOW COST SKIN SUBSTITUTE APP		N	1/1/2014	No Separate Payment	$0.00
C5277	LOW COST SKIN SUBSTITUTE APP	Y	N	1/1/2017	Fee Schedule	$244.98
C5278	LOW COST SKIN SUBSTITUTE APP		N	1/1/2014	No Separate Payment	$0.00
C8900	MRA W/CONT, ABD			1/1/2017	Fee Schedule	$143.29
C8901	MRA W/O CONT, ABD			1/1/2017	Fee Schedule	$122.15
C8902	MRA W/O FOL W/CONT, ABD			1/1/2017	Fee Schedule	$230.62
C8903	MRI W/CONT, BREAST, UNI			1/1/2017	Fee Schedule	$143.29
C8904	MRI W/O CONT, BREAST, UNI			1/1/2017	Fee Schedule	$122.15
C8905	MRI W/O FOL W/CONT, BRST, UN			1/1/2017	Fee Schedule	$230.62
C8906	MRI W/CONT, BREAST, BI			1/1/2017	Fee Schedule	$230.62
C8907	MRI W/O CONT, BREAST, BI			1/1/2017	Fee Schedule	$243.14
C8908	MRI W/O FOL W/CONT, BREAST,			1/1/2017	Fee Schedule	$230.62
C8909	MRA W/CONT, CHEST			1/1/2017	Fee Schedule	$143.29
C8910	MRA W/O CONT, CHEST			1/1/2017	Fee Schedule	$122.15
C8911	MRA W/O FOL W/CONT, CHEST			1/1/2017	Fee Schedule	$230.62
C8912	MRA W/CONT, LWR EXT			1/1/2017	Fee Schedule	$230.62
C8913	MRA W/O CONT, LWR EXT			1/1/2017	Fee Schedule	$122.15
C8914	MRA W/O FOL W/CONT, LWR EXT			1/1/2017	Fee Schedule	$230.62
C8918	MRA W/CONT, PELVIS			1/1/2017	Fee Schedule	$143.29
C8919	MRA W/O CONT, PELVIS			1/1/2017	Fee Schedule	$122.15

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
C8920	MRA W/O FOL W/CONT, PELVIS			1/1/2017	Fee Schedule	$230.62
C8931	MRA, W/DYE, SPINAL CANAL		N	1/1/2017	Fee Schedule	$230.62
C8932	MRA, W/O DYE, SPINAL CANAL		N	1/1/2017	Fee Schedule	$122.15
C8933	MRA, W/O&W/DYE, SPINAL CANAL		N	1/1/2017	Fee Schedule	$230.62
C8934	MRA, W/DYE, UPPER EXTREMITY		N	1/1/2017	Fee Schedule	$143.29
C8935	MRA, W/O DYE, UPPER EXTR		N	1/1/2017	Fee Schedule	$122.15
C8936	MRA, W/O&W/DYE, UPPER EXTR		N	1/1/2017	Fee Schedule	$230.62
C9113	INJ PANTOPRAZOLE SODIUM, VIA			1/1/2009	No Separate Payment	$0.00
C9132	KCENTRA, PER I.U.		N	1/1/2017	Fee Schedule	$1.82
C9140	AFSTYLA FACTOR VIII RECOMB		N	1/1/2017	Fee Schedule	$1.43
C9248	INJ, CLEVIDIPINE BUTYRATE			1/1/2017	Fee Schedule	$3.04
C9250	ARTISS FIBRIN SEALANT		N	1/1/2017	Fee Schedule	$112.98
C9254	INJECTION, LACOSAMIDE		N	1/1/2013	No Separate Payment	$0.00
C9257	BEVACIZUMAB INJECTION		N	1/1/2017	Fee Schedule	$1.84
C9275	HEXAMINOLEVULINATE HCL			1/1/2013	No Separate Payment	$0.00
C9285	PATCH, LIDOCAINE/TETRACAINE		N	1/1/2014	No Separate Payment	$0.00
C9290	INJ, BUPIVACAINE LIPOSOME		N	1/1/2015	No Separate Payment	$0.00
C9293	INJECTION, GLUCARPIDASE		N	1/1/2017	Fee Schedule	$284.08
C9352	NEURAGEN NERVE GUIDE, PER CM			7/1/2009	No Separate Payment	$0.00
C9353	NEURAWRAP NERVE PROTECTOR,CM			7/1/2009	No Separate Payment	$0.00
C9354	VERITAS COLLAGEN MATRIX, CM2			1/1/2010	No Separate Payment	$0.00
C9355	NEUROMATRIX NERVE CUFF, CM			1/1/2010	No Separate Payment	$0.00
C9356	TENOGLIDE TENDON PROT, CM2		N	1/1/2011	No Separate Payment	$0.00
C9358	SURGIMEND, FETAL		N	1/1/2014	No Separate Payment	$0.00
C9359	IMPLNT,BON VOID FILLER-PUTTY		N	1/1/2011	No Separate Payment	$0.00
C9360	SURGIMEND, NEONATAL		N	1/1/2014	No Separate Payment	$0.00
C9361	NEUROMEND NERVE WRAP		N	1/1/2012	No Separate Payment	$0.00
C9362	IMPLNT,BON VOID FILLER-STRIP		N	1/1/2012	No Separate Payment	$0.00
C9363	INTEGRA MESHED BIL WOUND MAT		N	1/1/2014	No Separate Payment	$0.00
C9364	PORCINE IMPLANT, PERMACOL		N	1/1/2012	No Separate Payment	$0.00
C9367	ENDOFORM DERMAL TEMPLATE		N	7/1/2010	Fee Schedule	$4.35
C9399	UNCLASSIFIED DRUGS OR BIOLOG			7/1/2015	Not Allowed	$0.00
C9447	INJ, PHENYLEPHRINE KETOROLAC		N	1/1/2017	Fee Schedule	$488.07
C9460	INJECTION, CANGRELOR		N	1/1/2017	Fee Schedule	$15.41
C9482	SOTALOL HYDROCHLORIDE IV		N	1/1/2017	Fee Schedule	$9.99
C9483	INJECTION, ATEZOLIZUMAB		N	1/1/2017	Fee Schedule	$75.70
C9497	LOXAPINE, INHALATION POWDER		N	10/1/2016	Fee Schedule	$153.70
C9725	PLACE ENDORECTAL APP	Y		1/1/2017	Fee Schedule	$361.01
C9726	RXT BREAST APPL PLACE/REMOV			1/1/2014	No Separate Payment	$0.00
C9727	INSERT PALATE IMPLANTS	Y		1/1/2017	Fee Schedule	$561.53
C9728	PLACE DEVICE/MARKER, NON PRO			1/1/2017	Fee Schedule	$576.51
C9733	NON-OPHTHALMIC FVA		N	4/1/2012	No Separate Payment	$0.00
C9739	CYSTOSCOPY PROSTATIC IMP 1-3	Y	N	1/1/2017	Fee Schedule	$2,636.01
C9740	CYSTO IMPL 4 OR MORE	Y	N	1/1/2017	Fee Schedule	$6,376.22
C9744	ABD US W/CONTRAST		N	1/1/2017	Fee Schedule	$143.29
E0616	CARDIAC EVENT RECORDER			4/1/2012	Not Allowed	$0.00
E0749	ELEC OSTEOGEN STIM IMPLANTED			1/1/2009	No Separate Payment	$0.00
E0782	NON-PROGRAMBLE INFUSION PUMP			1/1/2009	No Separate Payment	$0.00
E0783	PROGRAMMABLE INFUSION PUMP			1/1/2009	No Separate Payment	$0.00
E0785	REPLACEMENT IMPL PUMP CATHET			1/1/2009	No Separate Payment	$0.00
E0786	IMPLANTABLE PUMP REPLACEMENT			4/1/2012	Not Allowed	$0.00
G0104	CA SCREEN;FLEXI SIGMOIDSCOPE	Y		1/1/2017	Fee Schedule	$135.66

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
G0105	COLORECTAL SCRN; HI RISK IND	Y		1/1/2017	Fee Schedule	$361.01
G0121	COLON CA SCRN NOT HI RSK IND	Y		1/1/2017	Fee Schedule	$361.01
G0127	TRIM NAIL(S)			1/1/2015	No Separate Payment	$0.00
G0130	SINGLE ENERGY X-RAY STUDY			1/1/2017	Fee Schedule	$22.97
G0186	DSTRY EYE LESN,FDR VSSL TECH	Y		1/1/2017	Fee Schedule	$254.05
G0247	ROUTINE FOOTCARE PT W LOPS			1/1/2015	No Separate Payment	$0.00
G0259	INJECT FOR SACROILIAC JOINT			1/1/2009	No Separate Payment	$0.00
G0260	INJ FOR SACROILIAC JT ANESTH	Y		1/1/2017	Fee Schedule	$274.23
G0268	REMOVAL OF IMPACTED WAX MD			1/1/2009	No Separate Payment	$0.00
G0269	OCCLUSIVE DEVICE IN VEIN ART			1/1/2009	No Separate Payment	$0.00
G0276	PILD/PLACEBO CONTROL CLIN TR	Y	N	1/1/2017	Fee Schedule	$2,651.09
G0288	RECON, CTA FOR SURG PLAN			1/1/2009	No Separate Payment	$0.00
G0289	ARTHRO, LOOSE BODY + CHONDRO			1/1/2009	No Separate Payment	$0.00
G0339	ROBOT LIN-RADSURG COM, FIRST			1/1/2013	Fee Schedule	$1,852.08
G0340	ROBT LIN-RADSURG FRACTX 2-5			1/1/2013	Fee Schedule	$1,321.34
G0364	BONE MARROW ASPIRATE &BIOPSY			1/1/2015	No Separate Payment	$0.00
G0365	VESSEL MAPPING HEMO ACCESS		N	1/1/2017	Fee Schedule	$60.95
G0429	DERMAL FILLER INJECTION(S)	Y	N	1/1/2017	Fee Schedule	$52.40
G0448	PLACE PERM PACING CARDIOVERT		N	1/1/2014	Fee Schedule	$29,599.81
G0453	CONT INTRAOP NEURO MONITOR		N	1/1/2013	No Separate Payment	$0.00
G0458	LDR PROSTATE BRACHY COMP RAT		N	1/1/2017	Fee Schedule	$1,892.55
G8907	PT DOC NO EVENTS ON DISCHARGE		N	4/1/2012	No Separate Payment	$0.00
G8908	PT DOC W BURN PRIOR TO D/C		N	4/1/2012	No Separate Payment	$0.00
G8909	PT DOC NO BURN PRIOR TO D/C		N	4/1/2012	No Separate Payment	$0.00
G8910	PT DOC TO HAVE FALL IN ASC		N	4/1/2012	No Separate Payment	$0.00
G8911	PT DOC NO FALL IN ASC		N	4/1/2012	No Separate Payment	$0.00
G8912	PT DOC WITH WRONG EVENT		N	4/1/2012	No Separate Payment	$0.00
G8913	PT DOC NO WRONG EVENT		N	4/1/2012	No Separate Payment	$0.00
G8914	PT TRANS TO HOSP POST D/C		N	4/1/2012	No Separate Payment	$0.00
G8915	PT NOT TRANS TO HOSP AT D/C		N	4/1/2012	No Separate Payment	$0.00
G8916	PT W IV AB GIVEN ON TIME		N	4/1/2012	No Separate Payment	$0.00
G8917	PT W IV AB NOT GIVEN ON TIME		N	4/1/2012	No Separate Payment	$0.00
G8918	PT W/O PREOP ORDER IV AB PROP		N	4/1/2012	No Separate Payment	$0.00
J0120	TETRACYCLIN INJECTION			1/1/2017	Fee Schedule	$7.29
J0129	ABATACEPT INJECTION			1/1/2017	Fee Schedule	$45.88
J0130	ABCIXIMAB INJECTION			1/1/2017	Fee Schedule	$1,147.52
J0131	ACETAMINOPHEN INJECTION		N	1/1/2014	No Separate Payment	$0.00
J0132	ACETYLCYSTEINE INJECTION			1/1/2017	No Separate Payment	$0.00
J0133	ACYCLOVIR INJECTION			1/1/2009	No Separate Payment	$0.00
J0135	ADALIMUMAB INJECTION			1/1/2017	Fee Schedule	$909.22
J0153	ADENOSINE INJ 1MG		N	1/1/2015	No Separate Payment	$0.00
J0171	ADRENALIN EPINEPHRINE INJECT			1/1/2011	No Separate Payment	$0.00
J0178	AFLIBERCEPT INJECTION		N	1/1/2017	Fee Schedule	$980.38
J0180	AGALSIDASE BETA INJECTION			1/1/2017	Fee Schedule	$164.80
J0190	INJ BIPERIDEN LACTATE/5 MG			7/1/2009	No Separate Payment	$0.00
J0200	ALATROFLOXACIN MESYLATE			1/1/2016	No Separate Payment	$0.00
J0202	INJECTION, ALEMTUZUMAB		N	1/1/2017	Fee Schedule	$1,750.71
J0205	ALGLUCERASE INJECTION			1/1/2013	Fee Schedule	$42.03
J0207	AMIFOSTINE			1/1/2017	Fee Schedule	$412.27
J0210	METHYLDOPATE HCL INJECTION			1/1/2014	No Separate Payment	$0.00
J0215	ALEFACEPT			1/1/2013	Fee Schedule	$41.64
J0220	ALGLUCOSIDASE ALFA INJECTION			1/1/2016	Fee Schedule	$206.70

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J0221	LUMIZYME INJECTION		N	1/1/2017	Fee Schedule	$159.73
J0256	ALPHA 1 PROTEINASE INHIBITOR			1/1/2017	Fee Schedule	$4.85
J0257	GLASSIA INJECTION		N	10/1/2016	Fee Schedule	$4.37
J0278	AMIKACIN SULFATE INJECTION			1/1/2009	No Separate Payment	$0.00
J0280	AMINOPHYLLIN 250 MG INJ			1/1/2009	No Separate Payment	$0.00
J0282	AMIODARONE HCL			1/1/2009	No Separate Payment	$0.00
J0285	AMPHOTERICIN B			1/1/2009	No Separate Payment	$0.00
J0287	AMPHOTERICIN B LIPID COMPLEX			1/1/2017	Fee Schedule	$14.50
J0288	AMPHO B CHOLESTERYL SULFATE			1/1/2014	No Separate Payment	$0.00
J0289	AMPHOTERICIN B LIPOSOME INJ			1/1/2017	Fee Schedule	$19.77
J0290	AMPICILLIN 500 MG INJ			1/1/2009	No Separate Payment	$0.00
J0295	AMPICILLIN SODIUM PER 1.5 GM			1/1/2009	No Separate Payment	$0.00
J0300	AMOBARBITAL 125 MG INJ			7/1/2014	Fee Schedule	$194.26
J0330	SUCCINYCHOLINE CHLORIDE INJ			1/1/2009	No Separate Payment	$0.00
J0348	ANIDULAFUNGIN INJECTION			1/1/2014	No Separate Payment	$0.00
J0350	INJECTION ANISTREPLASE 30 U			7/1/2009	No Separate Payment	$0.00
J0360	HYDRALAZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J0364	APOMORPHINE HYDROCHLORIDE			1/1/2013	No Separate Payment	$0.00
J0365	APROTONIN, 10,000 KIU			1/1/2015	Fee Schedule	$174.42
J0380	INJ METARAMINOL BITARTRATE			1/1/2009	No Separate Payment	$0.00
J0390	CHLOROQUINE INJECTION			1/1/2009	No Separate Payment	$0.00
J0395	ARBUTAMINE HCL INJECTION			1/1/2013	Fee Schedule	$86.37
J0400	ARIPIPRAZOLE INJECTION			7/1/2009	No Separate Payment	$0.00
J0401	INJ ARIPIPRAZOLE EXT REL 1MG		N	1/1/2017	Fee Schedule	$4.59
J0456	AZITHROMYCIN			1/1/2009	No Separate Payment	$0.00
J0461	ATROPINE SULFATE INJECTION		N	1/1/2010	No Separate Payment	$0.00
J0470	DIMECAPROL INJECTION			1/1/2011	No Separate Payment	$0.00
J0475	BACLOFEN 10 MG INJECTION			1/1/2017	Fee Schedule	$167.24
J0476	BACLOFEN INTRATHECAL TRIAL			1/1/2017	Fee Schedule	$76.52
J0480	BASILIXIMAB			1/1/2017	Fee Schedule	$3,341.06
J0485	BELATACEPT INJECTION		N	1/1/2017	Fee Schedule	$3.83
J0490	BELIMUMAB INJECTION		N	1/1/2017	Fee Schedule	$41.94
J0500	DICYCLOMINE INJECTION			1/1/2009	No Separate Payment	$0.00
J0515	INJ BENZTROPINE MESYLATE			1/1/2012	No Separate Payment	$0.00
J0520	BETHANECHOL CHLORIDE INJECT			1/1/2009	No Separate Payment	$0.00
J0558	PENG BENZATHINE/PROCAINE INJ			1/1/2011	No Separate Payment	$0.00
J0561	PENICILLIN G BENZATHINE INJ			1/1/2017	Fee Schedule	$10.66
J0570	BUPRENORPHINE IMPLANT 74.2MG		N	1/1/2017	Fee Schedule	$1,280.52
J0583	BIVALIRUDIN			1/1/2017	Fee Schedule	$1.33
J0585	INJECTION,ONABOTULINUMTOXINA		N	1/1/2017	Fee Schedule	$5.94
J0586	ABOBOTULINUMTOXINA		N	1/1/2017	Fee Schedule	$7.80
J0587	INJ, RIMABOTULINUMTOXINB		N	1/1/2017	Fee Schedule	$11.69
J0588	INCOBOTULINUMTOXIN A		N	1/1/2017	Fee Schedule	$4.90
J0592	BUPRENORPHINE HYDROCHLORIDE			1/1/2009	No Separate Payment	$0.00
J0594	BUSULFAN INJECTION			1/1/2017	Fee Schedule	$37.29
J0595	BUTORPHANOL TARTRATE 1 MG			1/1/2009	No Separate Payment	$0.00
J0596	INJECTION, RUCONEST		N	1/1/2017	Fee Schedule	$27.93
J0597	C-1 ESTERASE, BERINERT			1/1/2017	Fee Schedule	$46.63
J0598	C-1 ESTERASE, CINRYZE		N	10/1/2016	Fee Schedule	$55.55
J0600	EDETATE CALCIUM DISODIUM INJ			7/1/2015	Fee Schedule	$5,594.42
J0610	CALCIUM GLUCONATE INJECTION			1/1/2009	No Separate Payment	$0.00
J0620	CALCIUM GLYCER & LACT/10 ML			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J0630	CALCITONIN SALMON INJECTION			1/1/2017	Fee Schedule	$2,301.57
J0636	INJ CALCITRIOL PER 0.1 MCG			1/1/2009	No Separate Payment	$0.00
J0637	CASPOFUNGIN ACETATE			1/1/2017	Fee Schedule	$11.65
J0638	CANAKINUMAB INJECTION			1/1/2017	Fee Schedule	$92.51
J0640	LEUCOVORIN CALCIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0641	LEVOLEUCOVORIN INJECTION			1/1/2017	Fee Schedule	$0.69
J0670	INJ MEPIVACAINE HCL/10 ML			1/1/2009	No Separate Payment	$0.00
J0690	CEFAZOLIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0692	CEFEPIME HCL FOR INJECTION			1/1/2009	No Separate Payment	$0.00
J0694	CEFOXITIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0695	INJ CEFTOLOZANE TAZOBACTAM		N	1/1/2017	Fee Schedule	$4.76
J0696	CEFTRIAXONE SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0697	STERILE CEFUROXIME INJECTION			1/1/2009	No Separate Payment	$0.00
J0698	CEFOTAXIME SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0702	BETAMETHASONE ACET&SOD PHOSP			1/1/2009	No Separate Payment	$0.00
J0706	CAFFEINE CITRATE INJECTION			1/1/2009	No Separate Payment	$0.00
J0710	CEPHAPIRIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0712	CEFTAROLINE FOSAMIL INJ		N	1/1/2017	Fee Schedule	$2.46
J0713	INJ CEFTAZIDIME PER 500 MG			1/1/2009	No Separate Payment	$0.00
J0714	CEFTAZIDIME AND AVIBACTAM		N	1/1/2017	Fee Schedule	$77.31
J0715	CEFTIZOXIME SODIUM / 500 MG			1/1/2009	No Separate Payment	$0.00
J0716	CENTRUROIDES IMMUNE F(AB)		N	10/1/2016	Fee Schedule	$4,246.69
J0717	CERTOLIZUMAB PEGOL INJ 1MG		N	1/1/2017	Fee Schedule	$7.38
J0720	CHLORAMPHENICOL SODIUM INJEC			1/1/2017	No Separate Payment	$0.00
J0725	CHORIONIC GONADOTROPIN/1000U			1/1/2017	No Separate Payment	$0.00
J0735	CLONIDINE HYDROCHLORIDE			1/1/2012	No Separate Payment	$0.00
J0740	CIDOFOVIR INJECTION			1/1/2017	Fee Schedule	$509.41
J0743	CILASTATIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J0744	CIPROFLOXACIN IV			1/1/2009	No Separate Payment	$0.00
J0745	INJ CODEINE PHOSPHATE /30 MG			1/1/2009	No Separate Payment	$0.00
J0770	COLISTIMETHATE SODIUM INJ			1/1/2009	No Separate Payment	$0.00
J0775	COLLAGENASE, CLOST HIST INJ			1/1/2017	Fee Schedule	$41.15
J0780	PROCHLORPERAZINE INJECTION			1/1/2009	No Separate Payment	$0.00
J0795	CORTICORELIN OVINE TRIFLUTAL			10/1/2016	Fee Schedule	$8.12
J0800	CORTICOTROPIN INJECTION			1/1/2017	Fee Schedule	$3,536.42
J0833	COSYNTROPIN INJECTION NOS		N	1/1/2017	No Separate Payment	$0.00
J0834	COSYNTROPIN CORTROSYN INJ		N	1/1/2012	No Separate Payment	$0.00
J0840	CROTALIDAE POLY IMMUNE FAB		N	7/1/2016	Fee Schedule	$2,670.24
J0850	CYTOMEGALOVIRUS IMM IV /VIAL			1/1/2017	Fee Schedule	$1,127.63
J0875	INJECTION, DALBAVANCIN		N	1/1/2017	Fee Schedule	$14.89
J0878	DAPTOMYCIN INJECTION			1/1/2017	Fee Schedule	$0.89
J0881	DARBEPOETIN ALFA, NON-ESRD			1/1/2017	Fee Schedule	$3.85
J0882	DARBEPOETIN ALFA, ESRD USE		N	1/1/2017	Fee Schedule	$3.85
J0883	ARGATROBAN NONESRD USE 1MG		N	1/1/2017	Fee Schedule	$1.86
J0884	ARGATROBAN ESRD DIALYSIS 1MG		N	1/1/2017	No Separate Payment	$0.00
J0885	EPOETIN ALFA, NON-ESRD			1/1/2017	Fee Schedule	$12.32
J0887	EPOETIN BETA ESRD USE		N	1/1/2017	No Separate Payment	$0.00
J0888	EPOETIN BETA NON ESRD		N	1/1/2015	No Separate Payment	$0.00
J0894	DECITABINE INJECTION			1/1/2017	Fee Schedule	$19.66
J0895	DEFEROXAMINE MESYLATE INJ			1/1/2009	No Separate Payment	$0.00
J0897	DENOSUMAB INJECTION		N	1/1/2017	Fee Schedule	$16.52
J0945	BROMPHENIRAMINE MALEATE INJ			1/1/2012	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J1000	DEPO-ESTRADIOL CYPIONATE INJ			1/1/2009	No Separate Payment	$0.00
J1020	METHYLPREDNISOLONE 20 MG INJ			1/1/2009	No Separate Payment	$0.00
J1030	METHYLPREDNISOLONE 40 MG INJ			1/1/2009	No Separate Payment	$0.00
J1040	METHYLPREDNISOLONE 80 MG INJ			1/1/2009	No Separate Payment	$0.00
J1050	MEDROXYPROGESTERONE ACETATE		N	1/1/2013	No Separate Payment	$0.00
J1071	INJ TESTOSTERONE CYPIONATE		N	1/1/2015	No Separate Payment	$0.00
J1094	INJ DEXAMETHASONE ACETATE			1/1/2009	No Separate Payment	$0.00
J1100	DEXAMETHASONE SODIUM PHOS			1/1/2009	No Separate Payment	$0.00
J1110	INJ DIHYDROERGOTAMINE MESYLT			1/1/2009	No Separate Payment	$0.00
J1120	ACETAZOLAMID SODIUM INJECTIO			1/1/2009	No Separate Payment	$0.00
J1160	DIGOXIN INJECTION			1/1/2017	No Separate Payment	$0.00
J1162	DIGOXIN IMMUNE FAB (OVINE)			7/1/2016	Fee Schedule	$3,039.53
J1165	PHENYTOIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J1170	HYDROMORPHONE INJECTION			1/1/2009	No Separate Payment	$0.00
J1180	DYPHYLLINE INJECTION			1/1/2009	No Separate Payment	$0.00
J1190	DEXRAZOXANE HCL INJECTION			1/1/2017	Fee Schedule	$196.90
J1200	DIPHENHYDRAMINE HCL INJECTIO			1/1/2009	No Separate Payment	$0.00
J1205	CHLOROTHIAZIDE SODIUM INJ			1/1/2017	Fee Schedule	$84.52
J1212	DIMETHYL SULFOXIDE 50% 50 ML			1/1/2017	Fee Schedule	$497.80
J1230	METHADONE INJECTION			1/1/2009	No Separate Payment	$0.00
J1240	DIMENHYDRINATE INJECTION			1/1/2009	No Separate Payment	$0.00
J1245	DIPYRIDAMOLE INJECTION			1/1/2009	No Separate Payment	$0.00
J1250	INJ DOBUTAMINE HCL/250 MG			1/1/2009	No Separate Payment	$0.00
J1260	DOLASETRON MESYLATE			1/1/2010	No Separate Payment	$0.00
J1265	DOPAMINE INJECTION			1/1/2009	No Separate Payment	$0.00
J1267	DORIPENEM INJECTION			1/1/2011	No Separate Payment	$0.00
J1270	INJECTION, DOXERCALCIFEROL			1/1/2009	No Separate Payment	$0.00
J1290	ECALLANTIDE INJECTION			1/1/2017	Fee Schedule	$419.75
J1300	ECULIZUMAB INJECTION			1/1/2017	Fee Schedule	$223.20
J1320	AMITRIPTYLINE INJECTION			1/1/2009	No Separate Payment	$0.00
J1322	ELOSULFASE ALFA, INJECTION		N	1/1/2017	Fee Schedule	$221.61
J1324	ENFUVIRTIDE INJECTION			7/1/2015	Fee Schedule	$18.63
J1325	EPOPROSTENOL INJECTION			1/1/2009	No Separate Payment	$0.00
J1327	EPTIFIBATIDE INJECTION			1/1/2017	Fee Schedule	$29.31
J1330	ERGONOVINE MALEATE INJECTION			1/1/2017	No Separate Payment	$0.00
J1335	ERTAPENEM INJECTION			1/1/2009	No Separate Payment	$0.00
J1364	ERYTHRO LACTOBIONATE /500 MG			1/1/2017	Fee Schedule	$59.70
J1380	ESTRADIOL VALERATE 10 MG INJ			1/1/2009	No Separate Payment	$0.00
J1410	INJ ESTROGEN CONJUGATE 25 MG			1/1/2017	Fee Schedule	$278.53
J1430	ETHANOLAMINE OLEATE 100 MG			10/1/2015	Fee Schedule	$404.09
J1435	INJECTION ESTRONE PER 1 MG			1/1/2013	Fee Schedule	$1.54
J1436	ETIDRONATE DISODIUM INJ			1/1/2011	No Separate Payment	$0.00
J1438	ETANERCEPT INJECTION			1/1/2017	Fee Schedule	$438.17
J1439	INJ FERRIC CARBOXYMALTOS 1MG		N	10/1/2016	Fee Schedule	$1.05
J1442	INJ FILGRASTIM EXCL BIOSIMIL		N	7/1/2016	Fee Schedule	$1.00
J1443	INJ FERRIC PYROPHOSPHATE CIT		N	4/1/2016	No Separate Payment	$0.00
J1447	INJ TBO FILGRASTIM 1 MICROG		N	1/1/2017	Fee Schedule	$0.71
J1450	FLUCONAZOLE			1/1/2009	No Separate Payment	$0.00
J1451	FOMEPIZOLE, 15 MG			1/1/2017	Fee Schedule	$7.86
J1452	INTRAOCULAR FOMIVIRSEN NA			1/1/2014	No Separate Payment	$0.00
J1453	FOSAPREPITANT INJECTION			1/1/2017	Fee Schedule	$1.86
J1455	FOSCARNET SODIUM INJECTION			1/1/2017	Fee Schedule	$69.14

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J1457	GALLIUM NITRATE INJECTION			1/1/2012	No Separate Payment	$0.00
J1458	GALSULFASE INJECTION			1/1/2017	Fee Schedule	$364.45
J1459	INJ IVIG PRIVIGEN 500 MG			1/1/2017	Fee Schedule	$38.67
J1460	GAMMA GLOBULIN 1 CC INJ			1/1/2017	Fee Schedule	$35.85
J1556	INJ, IMM GLOB BIVIGAM, 500MG		N	1/1/2017	Fee Schedule	$37.14
J1557	GAMMAPLEX INJECTION		N	1/1/2017	Fee Schedule	$39.01
J1559	HIZENTRA INJECTION			1/1/2017	Fee Schedule	$9.85
J1560	GAMMA GLOBULIN > 10 CC INJ			1/1/2017	Fee Schedule	$358.49
J1561	GAMUNEX-C/GAMMAKED			1/1/2017	Fee Schedule	$36.44
J1562	VIVAGLOBIN, INJ			1/1/2013	Fee Schedule	$12.72
J1566	IMMUNE GLOBULIN, POWDER			1/1/2017	Fee Schedule	$32.04
J1568	OCTAGAM INJECTION			1/1/2017	Fee Schedule	$35.40
J1569	GAMMAGARD LIQUID INJECTION			1/1/2017	Fee Schedule	$40.20
J1570	GANCICLOVIR SODIUM INJECTION			1/1/2015	No Separate Payment	$0.00
J1571	HEPAGAM B IM INJECTION			1/1/2017	Fee Schedule	$58.55
J1572	FLEBOGAMMA INJECTION			1/1/2017	Fee Schedule	$32.68
J1573	HEPAGAM B INTRAVENOUS, INJ			1/1/2017	Fee Schedule	$58.55
J1575	HYQVIA 100MG IMMUNEGLOBULIN		N	1/1/2017	Fee Schedule	$12.97
J1580	GARAMYCIN GENTAMICIN INJ			1/1/2009	No Separate Payment	$0.00
J1595	INJECTION GLATIRAMER ACETATE			1/1/2017	Fee Schedule	$196.27
J1599	IVIG NON-LYOPHILIZED, NOS			1/1/2011	No Separate Payment	$0.00
J1600	GOLD SODIUM THIOMALEATE INJ			1/1/2016	No Separate Payment	$0.00
J1602	GOLIMUMAB FOR IV USE 1MG		N	1/1/2017	Fee Schedule	$24.39
J1610	GLUCAGON HYDROCHLORIDE/1 MG			1/1/2017	Fee Schedule	$215.87
J1620	GONADORELIN HYDROCH/ 100 MCG			1/1/2013	Fee Schedule	$6.06
J1626	GRANISETRON HCL INJECTION			1/1/2010	No Separate Payment	$0.00
J1630	HALOPERIDOL INJECTION			1/1/2009	No Separate Payment	$0.00
J1631	HALOPERIDOL DECANOATE INJ			1/1/2009	No Separate Payment	$0.00
J1640	HEMIN, 1 MG			10/1/2016	Fee Schedule	$22.86
J1642	INJ HEPARIN SODIUM PER 10 U			7/1/2012	No Separate Payment	$0.00
J1644	INJ HEPARIN SODIUM PER 1000U			7/1/2012	No Separate Payment	$0.00
J1645	DALTEPARIN SODIUM			1/1/2009	No Separate Payment	$0.00
J1650	INJ ENOXAPARIN SODIUM			1/1/2009	No Separate Payment	$0.00
J1652	FONDAPARINUX SODIUM			1/1/2011	No Separate Payment	$0.00
J1655	TINZAPARIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J1670	TETANUS IMMUNE GLOBULIN INJ			1/1/2017	Fee Schedule	$376.51
J1680	HUMAN FIBRINOGEN CONC INJ		N	7/1/2012	Not Allowed	$0.00
J1700	HYDROCORTISONE ACETATE INJ			1/1/2009	No Separate Payment	$0.00
J1710	HYDROCORTISONE SODIUM PH INJ			1/1/2009	No Separate Payment	$0.00
J1720	HYDROCORTISONE SODIUM SUCC I			1/1/2009	No Separate Payment	$0.00
J1725	HYDROXYPROGESTERONE CAPROATE		N	1/1/2017	Fee Schedule	$2.75
J1730	DIAZOXIDE INJECTION			1/1/2017	Fee Schedule	$690.03
J1740	IBANDRONATE SODIUM INJECTION			1/1/2017	Fee Schedule	$96.52
J1741	IBUPROFEN INJECTION		N	1/1/2013	No Separate Payment	$0.00
J1742	IBUTILIDE FUMARATE INJECTION			1/1/2017	Fee Schedule	$182.89
J1743	IDURSULFASE INJECTION			10/1/2016	Fee Schedule	$522.04
J1744	ICATIBANT INJECTION		N	1/1/2017	Fee Schedule	$325.45
J1745	INFLIXIMAB NOT BIOSIMIL 10MG			1/1/2017	Fee Schedule	$82.22
J1750	INJ IRON DEXTRAN			1/1/2017	Fee Schedule	$12.46
J1756	IRON SUCROSE INJECTION			1/1/2013	No Separate Payment	$0.00
J1786	IMUGLUCERASE INJECTION			1/1/2017	Fee Schedule	$41.83
J1790	DROPERIDOL INJECTION			1/1/2009	No Separate Payment	$0.00

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J1800	PROPRANOLOL INJECTION			1/1/2009	No Separate Payment	$0.00
J1815	INSULIN INJECTION			1/1/2009	No Separate Payment	$0.00
J1817	INSULIN FOR INSULIN PUMP USE			1/1/2011	No Separate Payment	$0.00
J1826	INTERFERON BETA-1A INJ		N	1/1/2017	Fee Schedule	$482.21
J1830	INTERFERON BETA-1B / .25 MG			1/1/2017	Fee Schedule	$380.92
J1833	INJECTION, ISAVUCONAZONIUM		N	10/1/2016	Fee Schedule	$0.64
J1835	ITRACONAZOLE INJECTION			1/1/2013	Fee Schedule	$0.28
J1840	KANAMYCIN SULFATE 500 MG INJ			1/1/2009	No Separate Payment	$0.00
J1850	KANAMYCIN SULFATE 75 MG INJ			1/1/2009	No Separate Payment	$0.00
J1885	KETOROLAC TROMETHAMINE INJ			1/1/2009	No Separate Payment	$0.00
J1890	CEPHALOTHIN SODIUM INJECTION			1/1/2009	No Separate Payment	$0.00
J1930	LANREOTIDE INJECTION			1/1/2017	Fee Schedule	$52.23
J1931	LARONIDASE INJECTION			1/1/2017	Fee Schedule	$30.61
J1940	FUROSEMIDE INJECTION			1/1/2009	No Separate Payment	$0.00
J1942	ARIPIPRAZOLE LAUROXIL 1MG		N	1/1/2017	Fee Schedule	$2.42
J1945	LEPIRUDIN			1/1/2017	Fee Schedule	$12.71
J1950	LEUPROLIDE ACETATE /3.75 MG			1/1/2017	Fee Schedule	$1,031.56
J1953	LEVETIRACETAM INJECTION			1/1/2011	No Separate Payment	$0.00
J1956	LEVOFLOXACIN INJECTION			1/1/2009	No Separate Payment	$0.00
J1960	LEVORPHANOL TARTRATE INJ			1/1/2009	No Separate Payment	$0.00
J1980	HYOSCYAMINE SULFATE INJ			1/1/2009	No Separate Payment	$0.00
J1990	CHLORDIAZEPOXIDE INJECTION			1/1/2009	No Separate Payment	$0.00
J2001	LIDOCAINE INJECTION			1/1/2009	No Separate Payment	$0.00
J2010	LINCOMYCIN INJECTION			1/1/2009	No Separate Payment	$0.00
J2020	LINEZOLID INJECTION			1/1/2017	No Separate Payment	$0.00
J2060	LORAZEPAM INJECTION			1/1/2009	No Separate Payment	$0.00
J2150	MANNITOL INJECTION			1/1/2009	No Separate Payment	$0.00
J2170	MECASERMIN INJECTION			1/1/2013	No Separate Payment	$0.00
J2175	MEPERIDINE HYDROCHL /100 MG			1/1/2009	No Separate Payment	$0.00
J2180	MEPERIDINE/PROMETHAZINE INJ			1/1/2009	No Separate Payment	$0.00
J2182	INJECTION, MEPOLIZUMAB, 1MG		N	1/1/2017	Fee Schedule	$26.67
J2185	MEROPENEM			1/1/2009	No Separate Payment	$0.00
J2210	METHYLERGONOVIN MALEATE INJ			1/1/2009	No Separate Payment	$0.00
J2212	METHYLNALTREXONE INJECTION		N	1/1/2015	No Separate Payment	$0.00
J2248	MICAFUNGIN SODIUM INJECTION			1/1/2016	No Separate Payment	$0.00
J2250	INJ MIDAZOLAM HYDROCHLORIDE			1/1/2009	No Separate Payment	$0.00
J2260	INJ MILRINONE LACTATE / 5 MG			1/1/2017	Fee Schedule	$2.52
J2265	MINOCYCLINE HYDROCHLORIDE		N	1/1/2017	Fee Schedule	$1.51
J2270	MORPHINE SULFATE INJECTION			1/1/2009	No Separate Payment	$0.00
J2274	IN MORPHINE PRESERVATIV FREE		N	1/1/2015	No Separate Payment	$0.00
J2278	ZICONOTIDE INJECTION			1/1/2017	Fee Schedule	$7.33
J2280	INJ, MOXIFLOXACIN 100 MG			1/1/2009	No Separate Payment	$0.00
J2300	INJ NALBUPHINE HYDROCHLORIDE			1/1/2009	No Separate Payment	$0.00
J2310	INJ NALOXONE HYDROCHLORIDE			1/1/2009	No Separate Payment	$0.00
J2315	NALTREXONE, DEPOT FORM			1/1/2017	Fee Schedule	$3.25
J2320	NANDROLONE DECANOATE 50 MG			1/1/2017	Fee Schedule	$133.36
J2323	NATALIZUMAB INJECTION			1/1/2017	Fee Schedule	$18.78
J2325	NESIRITIDE INJECTION			1/1/2017	Fee Schedule	$72.97
J2353	OCTREOTIDE INJECTION, DEPOT			1/1/2017	Fee Schedule	$174.52
J2354	OCTREOTIDE INJ, NON-DEPOT			1/1/2009	No Separate Payment	$0.00
J2355	OPRELVEKIN INJECTION			10/1/2016	Fee Schedule	$467.22
J2357	OMALIZUMAB INJECTION			1/1/2017	Fee Schedule	$32.36

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J2358	OLANZAPINE LONG-ACTING INJ			4/1/2015	Fee Schedule	$2.92
J2360	ORPHENADRINE INJECTION			1/1/2009	No Separate Payment	$0.00
J2370	PHENYLEPHRINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2400	CHLOROPROCAINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2405	ONDANSETRON HCL INJECTION			1/1/2010	No Separate Payment	$0.00
J2407	INJECTION, ORITAVANCIN		N	1/1/2017	Fee Schedule	$24.66
J2410	OXYMORPHONE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2425	PALIFERMIN INJECTION			10/1/2016	Fee Schedule	$17.68
J2426	PALIPERIDONE PALMITATE INJ			1/1/2017	Fee Schedule	$9.46
J2430	PAMIDRONATE DISODIUM /30 MG			1/1/2011	No Separate Payment	$0.00
J2440	PAPAVERIN HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2460	OXYTETRACYCLINE INJECTION			1/1/2013	No Separate Payment	$0.00
J2469	PALONOSETRON HCL			1/1/2017	Fee Schedule	$22.54
J2501	PARICALCITOL			1/1/2009	No Separate Payment	$0.00
J2502	INJ, PASIREOTIDE LONG ACTING		N	1/1/2017	Fee Schedule	$266.99
J2503	PEGAPTANIB SODIUM INJECTION			4/1/2016	Fee Schedule	$1,054.70
J2504	PEGADEMASE BOVINE, 25 IU			1/1/2017	Fee Schedule	$343.50
J2505	INJECTION, PEGFILGRASTIM 6MG			1/1/2017	Fee Schedule	$4,117.23
J2507	PEGLOTICASE INJECTION		N	1/1/2017	Fee Schedule	$1,794.26
J2510	PENICILLIN G PROCAINE INJ			1/1/2017	Fee Schedule	$28.04
J2513	PENTASTARCH 10% SOLUTION			1/1/2013	No Separate Payment	$0.00
J2515	PENTOBARBITAL SODIUM INJ			1/1/2017	Fee Schedule	$49.44
J2540	PENICILLIN G POTASSIUM INJ			1/1/2009	No Separate Payment	$0.00
J2543	PIPERACILLIN/TAZOBACTAM			1/1/2009	No Separate Payment	$0.00
J2547	INJECTION, PERAMIVIR		N	1/1/2017	Fee Schedule	$1.68
J2550	PROMETHAZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2560	PHENOBARBITAL SODIUM INJ			1/1/2009	No Separate Payment	$0.00
J2562	PLERIXAFOR INJECTION		N	1/1/2017	Fee Schedule	$312.14
J2590	OXYTOCIN INJECTION			1/1/2009	No Separate Payment	$0.00
J2597	INJ DESMOPRESSIN ACETATE			1/1/2017	Fee Schedule	$13.36
J2650	PREDNISOLONE ACETATE INJ			1/1/2009	No Separate Payment	$0.00
J2670	TOTAZOLINE HCL INJECTION			7/1/2015	Fee Schedule	$1,600.40
J2675	INJ PROGESTERONE PER 50 MG			1/1/2009	No Separate Payment	$0.00
J2680	FLUPHENAZINE DECANOATE 25 MG			1/1/2009	No Separate Payment	$0.00
J2690	PROCAINAMIDE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2700	OXACILLIN SODIUM INJECITON			1/1/2014	No Separate Payment	$0.00
J2704	INJ, PROPOFOL, 10 MG		N	1/1/2015	No Separate Payment	$0.00
J2710	NEOSTIGMINE METHYLSLFTE INJ			1/1/2009	No Separate Payment	$0.00
J2720	INJ PROTAMINE SULFATE/10 MG			1/1/2009	No Separate Payment	$0.00
J2724	PROTEIN C CONCENTRATE			1/1/2017	Fee Schedule	$15.22
J2725	INJ PROTIRELIN PER 250 MCG			1/1/2013	Fee Schedule	$29.74
J2730	PRALIDOXIME CHLORIDE INJ			1/1/2017	Fee Schedule	$87.20
J2760	PHENTOLAINE MESYLATE INJ			1/1/2017	Fee Schedule	$398.32
J2765	METOCLOPRAMIDE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2770	QUINUPRISTIN/DALFOPRISTIN			1/1/2017	Fee Schedule	$435.31
J2778	RANIBIZUMAB INJECTION			1/1/2017	Fee Schedule	$380.22
J2780	RANITIDINE HYDROCHLORIDE INJ			1/1/2009	No Separate Payment	$0.00
J2783	RASBURICASE			1/1/2017	Fee Schedule	$255.06
J2785	REGADENOSON INJECTION			1/1/2014	No Separate Payment	$0.00
J2786	INJECTION, RESLIZUMAB, 1MG		N	1/1/2017	Fee Schedule	$8.85
J2788	RHO D IMMUNE GLOBULIN 50 MCG			1/1/2014	No Separate Payment	$0.00
J2790	RHO D IMMUNE GLOBULIN INJ			1/1/2014	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J2791	RHOPHYLAC INJECTION			1/1/2016	No Separate Payment	$0.00
J2792	RHO(D) IMMUNE GLOBULIN H, SD			1/1/2017	Fee Schedule	$22.32
J2793	RILONACEPT INJECTION		N	1/1/2013	Fee Schedule	$24.09
J2794	RISPERIDONE, LONG ACTING			1/1/2017	Fee Schedule	$8.13
J2795	ROPIVACAINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2796	ROMIPLOSTIM INJECTION		N	1/1/2017	Fee Schedule	$64.20
J2800	METHOCARBAMOL INJECTION			1/1/2017	No Separate Payment	$0.00
J2805	SINCALIDE INJECTION			1/1/2012	No Separate Payment	$0.00
J2810	INJ THEOPHYLLINE PER 40 MG			1/1/2009	No Separate Payment	$0.00
J2820	SARGRAMOSTIM INJECTION			1/1/2017	Fee Schedule	$37.13
J2840	INJ SEBELIPASE ALFA 1 MG		N	1/1/2017	Fee Schedule	$530.00
J2850	INJ SECRETIN SYNTHETIC HUMAN			10/1/2014	Fee Schedule	$34.78
J2860	INJECTION, SILTUXIMAB		N	1/1/2017	Fee Schedule	$90.04
J2910	AUROTHIOGLUCOSE INJECITON			1/1/2009	No Separate Payment	$0.00
J2916	NA FERRIC GLUCONATE COMPLEX			1/1/2009	No Separate Payment	$0.00
J2920	METHYLPREDNISOLONE INJECTION			1/1/2009	No Separate Payment	$0.00
J2930	METHYLPREDNISOLONE INJECTION			1/1/2009	No Separate Payment	$0.00
J2940	SOMATREM INJECTION			1/1/2011	No Separate Payment	$0.00
J2941	SOMATROPIN INJECTION			7/1/2015	Fee Schedule	$81.59
J2950	PROMAZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J2993	RETEPLASE INJECTION			10/1/2013	Fee Schedule	$2,301.91
J2995	INJ STREPTOKINASE /250000 IU			1/1/2013	No Separate Payment	$0.00
J2997	ALTEPLASE RECOMBINANT			1/1/2017	Fee Schedule	$81.22
J3000	STREPTOMYCIN INJECTION			1/1/2009	No Separate Payment	$0.00
J3010	FENTANYL CITRATE INJECITON			1/1/2009	No Separate Payment	$0.00
J3030	SUMATRIPTAN SUCCINATE / 6 MG			1/1/2013	No Separate Payment	$0.00
J3060	INJ, TALIGLUCERACE ALFA 10 U		N	1/1/2017	Fee Schedule	$40.42
J3070	PENTAZOCINE INJECTION			1/1/2017	Fee Schedule	$140.49
J3090	INJ TEDIZOLID PHOSPHATE		N	1/1/2017	Fee Schedule	$1.27
J3095	TELAVANCIN INJECTION			1/1/2017	Fee Schedule	$5.13
J3101	TENECTEPLASE INJECTION			10/1/2016	Fee Schedule	$102.43
J3105	TERBUTALINE SULFATE INJ			1/1/2009	No Separate Payment	$0.00
J3121	INJ TESTOSTERO ENANTHATE 1MG		N	1/1/2015	No Separate Payment	$0.00
J3145	TESTOSTERONE UNDECANOATE 1MG		N	1/1/2017	No Separate Payment	$0.00
J3230	CHLORPROMAZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J3240	THYROTROPIN INJECTION			1/1/2017	Fee Schedule	$1,574.82
J3243	TIGECYCLINE INJECTION			1/1/2017	Fee Schedule	$3.19
J3246	TIROFIBAN HCL			1/1/2017	Fee Schedule	$9.23
J3250	TRIMETHOBENZAMIDE HCL INJ			1/1/2009	No Separate Payment	$0.00
J3260	TOBRAMYCIN SULFATE INJECTION			1/1/2009	No Separate Payment	$0.00
J3262	TOCILIZUMAB INJECTION			1/1/2017	Fee Schedule	$4.26
J3265	INJECTION TORSEMIDE 10 MG/ML			1/1/2009	No Separate Payment	$0.00
J3280	THIETHYLPERAZINE MALEATE INJ			1/1/2009	No Separate Payment	$0.00
J3285	TREPROSTINIL INJECTION			1/1/2013	Fee Schedule	$61.24
J3300	TRIAMCINOLONE A INJ PRS-FREE			1/1/2017	Fee Schedule	$3.72
J3301	TRIAMCINOLONE ACET INJ NOS			1/1/2009	No Separate Payment	$0.00
J3302	TRIAMCINOLONE DIACETATE INJ			1/1/2009	No Separate Payment	$0.00
J3303	TRIAMCINOLONE HEXACETONL INJ			1/1/2009	No Separate Payment	$0.00
J3305	INJ TRIMETREXATE GLUCORONATE			1/1/2011	No Separate Payment	$0.00
J3310	PERPHENAZINE INJECITON			1/1/2013	No Separate Payment	$0.00
J3315	TRIPTORELIN PAMOATE			1/1/2017	Fee Schedule	$402.38
J3320	SPECTINOMYCN DI-HCL INJ			1/1/2009	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J3350	UREA INJECTION			1/1/2016	No Separate Payment	$0.00
J3355	UROFOLLITROPIN, 75 IU			10/1/2016	Fee Schedule	$132.66
J3357	USTEKINUMAB INJECTION SUB CU INJ, 1 MG			1/1/2017	Fee Schedule	$173.19
J3360	DIAZEPAM INJECTION			1/1/2009	No Separate Payment	$0.00
J3364	UROKINASE 5000 IU INJECTION			1/1/2009	No Separate Payment	$0.00
J3365	UROKINASE 250,000 IU INJ			1/1/2017	Fee Schedule	$262.79
J3370	VANCOMYCIN HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J3380	INJECTION, VEDOLIZUMAB		N	1/1/2017	Fee Schedule	$17.58
J3385	VELAGLUCERASE ALFA			1/1/2017	Fee Schedule	$342.99
J3396	VERTEPORFIN INJECTION			1/1/2017	Fee Schedule	$10.74
J3400	TRIFLUPROMAZINE HCL INJ			1/1/2010	No Separate Payment	$0.00
J3410	HYDROXYZINE HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J3411	THIAMINE HCL 100 MG			1/1/2009	No Separate Payment	$0.00
J3415	PYRIDOXINE HCL 100 MG			1/1/2009	No Separate Payment	$0.00
J3420	VITAMIN B12 INJECTION			1/1/2009	No Separate Payment	$0.00
J3430	VITAMIN K PHYTONADIONE INJ			1/1/2009	No Separate Payment	$0.00
J3465	INJECTION, VORICONAZOLE			1/1/2017	Fee Schedule	$3.60
J3470	HYALURONIDASE INJECTION			1/1/2009	No Separate Payment	$0.00
J3471	OVINE, UP TO 999 USP UNITS			1/1/2009	No Separate Payment	$0.00
J3472	OVINE, 1000 USP UNITS			1/1/2010	No Separate Payment	$0.00
J3473	HYALURONIDASE RECOMBINANT			1/1/2010	No Separate Payment	$0.00
J3475	INJ MAGNESIUM SULFATE			1/1/2009	No Separate Payment	$0.00
J3480	INJ POTASSIUM CHLORIDE			1/1/2009	No Separate Payment	$0.00
J3485	ZIDOVUDINE			1/1/2016	No Separate Payment	$0.00
J3486	ZIPRASIDONE MESYLATE			1/1/2009	No Separate Payment	$0.00
J3489	ZOLEDRONIC ACID 1MG		N	1/1/2017	No Separate Payment	$0.00
J3490	DRUGS UNCLASSIFIED INJECTION			1/1/2009	No Separate Payment	$0.00
J3530	NASAL VACCINE INHALATION			1/1/2009	No Separate Payment	$0.00
J3590	UNCLASSIFIED BIOLOGICS			1/1/2009	No Separate Payment	$0.00
J7030	NORMAL SALINE SOLUTION INFUS			1/1/2009	No Separate Payment	$0.00
J7040	NORMAL SALINE SOLUTION INFUS			1/1/2009	No Separate Payment	$0.00
J7042	5% DEXTROSE/NORMAL SALINE			1/1/2009	No Separate Payment	$0.00
J7050	NORMAL SALINE SOLUTION INFUS			1/1/2009	No Separate Payment	$0.00
J7060	5% DEXTROSE/WATER			1/1/2009	No Separate Payment	$0.00
J7070	D5W INFUSION			1/1/2009	No Separate Payment	$0.00
J7100	DEXTRAN 40 INFUSION			1/1/2009	No Separate Payment	$0.00
J7110	DEXTRAN 75 INFUSION			1/1/2009	No Separate Payment	$0.00
J7120	RINGERS LACTATE INFUSION			1/1/2009	No Separate Payment	$0.00
J7131	HYPERTONIC SALINE SOL		N	1/1/2012	No Separate Payment	$0.00
J7175	INJ, FACTOR X, (HUMAN), 1IU		N	1/1/2017	Fee Schedule	$6.52
J7178	HUMAN FIBRINOGEN CONC INJ		N	1/1/2017	Fee Schedule	$1.15
J7179	VONVENDI INJ 1 IU VWF:RCO		N	1/1/2017	Fee Schedule	$2.31
J7180	FACTOR XIII ANTI-HEM FACTOR		N	1/1/2017	Fee Schedule	$8.19
J7181	FACTOR XIII RECOMB A-SUBUNIT		N	1/1/2017	Fee Schedule	$14.65
J7182	FACTOR VIII RECOMB NOVOEIGHT		N	1/1/2017	Fee Schedule	$1.29
J7183	WILATE INJECTION		N	1/1/2017	Fee Schedule	$0.95
J7185	XYNTHA INJ		N	1/1/2017	Fee Schedule	$1.22
J7186	ANTIHEMOPHILIC VIII/VWF COMP			1/1/2017	Fee Schedule	$0.98
J7187	HUMATE-P, INJ			7/1/2016	Fee Schedule	$1.04
J7188	FACTOR VIII RECOMB OBIZUR		N	1/1/2017	Fee Schedule	$4.28
J7189	FACTOR VIIA			1/1/2017	Fee Schedule	$1.92
J7190	FACTOR VIII			1/1/2017	Fee Schedule	$1.02

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J7191	FACTOR VIII (PORCINE)			7/1/2015	Fee Schedule	$0.20
J7192	FACTOR VIII RECOMBINANT NOS			7/1/2016	Fee Schedule	$1.20
J7193	FACTOR IX NON-RECOMBINANT			1/1/2017	Fee Schedule	$1.12
J7194	FACTOR IX COMPLEX			1/1/2017	Fee Schedule	$1.31
J7195	FACTOR IX RECOMBINANT NOS			10/1/2016	Fee Schedule	$1.52
J7196	ANTITHROMBIN RECOMBINANT			1/1/2014	Fee Schedule	$103.35
J7197	ANTITHROMBIN III INJECTION			1/1/2017	Fee Schedule	$3.34
J7198	ANTI-INHIBITOR			1/1/2017	Fee Schedule	$1.93
J7200	FACTOR IX RECOMBINAN RIXUBIS		N	7/1/2016	Fee Schedule	$1.25
J7201	FACTOR IX ALPROLIX RECOMB		N	1/1/2017	Fee Schedule	$2.92
J7202	FACTOR IX IDELVION INJ		N	1/1/2017	Fee Schedule	$4.14
J7205	FACTOR VIII FC FUSION RECOMB		N	1/1/2017	Fee Schedule	$1.97
J7207	FACTOR VIII PEGYLATED RECOMB		N	1/1/2017	Fee Schedule	$1.74
J7209	FACTOR VIII NUWIQ RECOMB 1IU		N	1/1/2017	Fee Schedule	$1.70
J7308	AMINOLEVULINIC ACID HCL TOP			1/1/2017	Fee Schedule	$347.02
J7309	METHYL AMINOLEVULINATE, TOP			1/1/2014	Fee Schedule	$83.69
J7310	GANCICLOVIR LONG ACT IMPLANT		Y	1/1/2017	Fee Schedule	$11.71
J7311	FLUOCINOLONE ACETONIDE IMPLT		Y	1/1/2017	Fee Schedule	$20,114.60
J7312	DEXAMETHASONE INTRA IMPLANT			1/1/2017	Fee Schedule	$200.83
J7313	FLUOCINOL ACET INTRAVIT IMP		N	1/1/2016	Fee Schedule	$490.95
J7315	OPHTHALMIC MITOMYCIN		N	1/1/2016	No Separate Payment	$0.00
J7316	INJ, OCRIPLASMIN, 0.125 MG		N	7/1/2014	Fee Schedule	$1,046.75
J7321	HYALGAN/SUPARTZ INJ PER DOSE			1/1/2017	Fee Schedule	$86.14
J7322	HYMOVIS INJECTION 1 MG		N	1/1/2017	Fee Schedule	$16.16
J7323	EUFLEXXA INJ PER DOSE			1/1/2017	Fee Schedule	$157.35
J7324	ORTHOVISC INJ PER DOSE			1/1/2017	Fee Schedule	$150.99
J7325	SYNVISC OR SYNVISC-ONE		N	1/1/2017	Fee Schedule	$13.03
J7326	GEL-ONE		N	1/1/2017	Fee Schedule	$612.61
J7327	MONOVISC INJ PER DOSE		N	1/1/2017	Fee Schedule	$906.47
J7336	CAPSAICIN 8% PATCH		N	1/1/2017	No Separate Payment	$0.00
J7340	CARBIDOPA LEVODOPA ENT 100ML		N	1/1/2016	Fee Schedule	$2.14
J7342	CIPROFLOXACIN OTIC SUSP 6 MG		N	1/1/2017	Fee Schedule	$29.96
J7500	AZATHIOPRINE ORAL 50MG			1/1/2014	No Separate Payment	$0.00
J7501	AZATHIOPRINE PARENTERAL			1/1/2017	Fee Schedule	$235.79
J7502	CYCLOSPORINE ORAL 100 MG			1/1/2014	No Separate Payment	$0.00
J7503	TACROL ENVARSUS EX REL ORAL		N	10/1/2016	Fee Schedule	$1.23
J7504	LYMPHOCYTE IMMUNE GLOBULIN			1/1/2017	Fee Schedule	$1,479.34
J7505	MONOCLONAL ANTIBODIES			1/1/2017	Fee Schedule	$231.22
J7507	TACROLIMUS IMME REL ORAL 1MG			1/1/2014	No Separate Payment	$0.00
J7508	TACROL ASTAGRAF EX REL ORAL		N	1/1/2017	No Separate Payment	$0.00
J7509	METHYLPREDNISOLONE ORAL			1/1/2014	No Separate Payment	$0.00
J7510	PREDNISOLONE ORAL PER 5 MG			1/1/2014	No Separate Payment	$0.00
J7511	ANTITHYMOCYTE GLOBULN RABBIT			1/1/2017	Fee Schedule	$688.44
J7512	PREDNISONE IR OR DR ORAL 1MG		N	1/1/2017	No Separate Payment	$0.00
J7513	DACLIZUMAB, PARENTERAL			1/1/2017	Fee Schedule	$10.00
J7515	CYCLOSPORINE ORAL 25 MG			1/1/2014	No Separate Payment	$0.00
J7516	CYCLOSPORIN PARENTERAL 250MG			1/1/2014	No Separate Payment	$0.00
J7517	MYCOPHENOLATE MOFETIL ORAL			1/1/2014	No Separate Payment	$0.00
J7518	MYCOPHENOLIC ACID			1/1/2014	No Separate Payment	$0.00
J7520	SIROLIMUS, ORAL			1/1/2014	No Separate Payment	$0.00
J7525	TACROLIMUS INJECTION			1/1/2017	Fee Schedule	$170.75
J7527	ORAL EVEROLIMUS		N	1/1/2014	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J7599	IMMUNOSUPPRESSIVE DRUG NOC			1/1/2009	No Separate Payment	$0.00
J7665	MANNITOL FOR INHALER		N	1/1/2014	No Separate Payment	$0.00
J7674	METHACHOLINE CHLORIDE, NEB			1/1/2009	No Separate Payment	$0.00
J7799	NON-INHALATION DRUG FOR DME			1/1/2014	No Separate Payment	$0.00
J7999	COMPOUNDED DRUG, NOC		N	1/1/2017	No Separate Payment	$0.00
J8501	ORAL APREPITANT			1/1/2017	Fee Schedule	$12.27
J8510	ORAL BUSULFAN			1/1/2017	Fee Schedule	$23.72
J8520	CAPECITABINE, ORAL, 150 MG			1/1/2017	No Separate Payment	$0.00
J8521	CAPECITABINE, ORAL, 500 MG			1/1/2017	No Separate Payment	$0.00
J8530	CYCLOPHOSPHAMIDE ORAL 25 MG			1/1/2009	No Separate Payment	$0.00
J8540	ORAL DEXAMETHASONE			1/1/2014	No Separate Payment	$0.00
J8560	ETOPOSIDE ORAL 50 MG			1/1/2017	Fee Schedule	$73.55
J8562	ORAL FLUDARABINE PHOSPHATE			1/1/2014	No Separate Payment	$0.00
J8597	ANTIEMETIC DRUG ORAL NOS			1/1/2009	No Separate Payment	$0.00
J8600	MELPHALAN ORAL 2 MG			7/1/2009	No Separate Payment	$0.00
J8610	METHOTREXATE ORAL 2.5 MG			1/1/2009	No Separate Payment	$0.00
J8650	NABILONE ORAL			4/1/2016	Fee Schedule	$38.19
J8655	NETUPITANT PALONOSETRON ORAL		N	1/1/2017	Fee Schedule	$444.99
J8670	ROLAPITANT, ORAL, 1MG		N	1/1/2017	Fee Schedule	$2.45
J8700	TEMOZOLOMIDE			1/1/2017	Fee Schedule	$1.95
J8705	TOPOTECAN ORAL			1/1/2017	Fee Schedule	$103.82
J9000	DOXORUBICIN HCL INJECTION			1/1/2009	No Separate Payment	$0.00
J9001	DOXORUBICIN HCL LIPOSOME INJ			7/1/2012	Not Allowed	$0.00
J9015	ALDESLEUKIN INJECTION			7/1/2016	Fee Schedule	$3,067.64
J9017	ARSENIC TRIOXIDE INJECTION			1/1/2017	Fee Schedule	$64.98
J9019	ERWINAZE INJECTION		N	10/1/2016	Fee Schedule	$402.74
J9020	ASPARAGINASE, NOS			1/1/2016	No Separate Payment	$0.00
J9025	AZACITIDINE INJECTION			1/1/2017	Fee Schedule	$2.43
J9027	CLOFARABINE INJECTION			1/1/2017	Fee Schedule	$152.43
J9031	BCG LIVE INTRAVESICAL VAC			1/1/2017	Fee Schedule	$127.01
J9032	INJECTION, BELINOSTAT, 10MG		N	1/1/2017	Fee Schedule	$34.53
J9033	INJ., TREANDA 1 MG			1/1/2017	Fee Schedule	$27.98
J9034	INJ., BENDEKA 1 MG		N	1/1/2017	Fee Schedule	$23.69
J9035	BEVACIZUMAB INJECTION			1/1/2017	Fee Schedule	$73.73
J9039	INJECTION, BLINATUMOMAB		N	1/1/2017	Fee Schedule	$98.60
J9040	BLEOMYCIN SULFATE INJECTION			1/1/2014	No Separate Payment	$0.00
J9041	BORTEZOMIB INJECTION			1/1/2017	Fee Schedule	$46.26
J9042	BRENTUXIMAB VEDOTIN INJ		N	1/1/2017	Fee Schedule	$134.44
J9043	CABAZITAXEL INJECTION		N	1/1/2017	Fee Schedule	$154.22
J9045	CARBOPLATIN INJECTION			1/1/2014	No Separate Payment	$0.00
J9047	INJECTION, CARFILZOMIB, 1 MG		N	1/1/2017	Fee Schedule	$31.81
J9050	CARMUSTINE INJECTION			1/1/2017	Fee Schedule	$3,850.06
J9055	CETUXIMAB INJECTION			1/1/2017	Fee Schedule	$56.65
J9060	CISPLATIN 10 MG INJECTION			1/1/2014	No Separate Payment	$0.00
J9065	INJ CLADRIBINE PER 1 MG			1/1/2017	Fee Schedule	$23.20
J9070	CYCLOPHOSPHAMIDE 100 MG INJ			1/1/2017	Fee Schedule	$42.31
J9098	CYTARABINE LIPOSOME INJ			1/1/2017	Fee Schedule	$595.18
J9100	CYTARABINE HCL 100 MG INJ			1/1/2014	No Separate Payment	$0.00
J9120	DACTINOMYCIN INJECTION			10/1/2016	Fee Schedule	$1,276.38
J9130	DACARBAZINE 100 MG INJ			1/1/2014	No Separate Payment	$0.00
J9145	INJECTION, DARATUMUMAB 10 MG		N	1/1/2017	Fee Schedule	$46.92
J9150	DAUNORUBICIN INJECTION			1/1/2017	Fee Schedule	$31.39

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J9151	DAUNORUBICIN CITRATE INJ			1/1/2017	Fee Schedule	$243.80
J9155	DEGARELIX INJECTION		N	1/1/2017	Fee Schedule	$3.68
J9160	DENILEUKIN DIFTITOX INJ			1/1/2014	Fee Schedule	$1,646.18
J9165	DIETHYLSTILBESTROL INJECTION			1/1/2011	No Separate Payment	$0.00
J9171	DOCETAXEL INJECTION		N	1/1/2017	Fee Schedule	$2.56
J9175	ELLIOTTS B SOLUTION PER ML			1/1/2014	No Separate Payment	$0.00
J9176	INJECTION, ELOTUZUMAB, 1MG		N	1/1/2017	Fee Schedule	$6.23
J9178	INJ, EPIRUBICIN HCL, 2 MG			1/1/2014	No Separate Payment	$0.00
J9179	ERIBULIN MESYLATE INJECTION		N	1/1/2017	Fee Schedule	$108.08
J9181	ETOPOSIDE INJECTION			1/1/2014	No Separate Payment	$0.00
J9185	FLUDARABINE PHOSPHATE INJ			1/1/2016	No Separate Payment	$0.00
J9190	FLUOROURACIL INJECTION			1/1/2009	No Separate Payment	$0.00
J9200	FLOXURIDINE INJECTION			1/1/2017	Fee Schedule	$74.79
J9201	GEMCITABINE HCL INJECTION			1/1/2014	No Separate Payment	$0.00
J9202	GOSERELIN ACETATE IMPLANT			1/1/2017	Fee Schedule	$327.37
J9205	INJ IRINOTECAN LIPOSOME 1 MG		N	1/1/2017	Fee Schedule	$39.51
J9206	IRINOTECAN INJECTION			1/1/2013	No Separate Payment	$0.00
J9207	IXABEPILONE INJECTION			1/1/2017	Fee Schedule	$76.75
J9208	IFOSFAMIDE INJECTION			1/1/2017	Fee Schedule	$28.33
J9209	MESNA INJECTION			1/1/2014	No Separate Payment	$0.00
J9211	IDARUBICIN HCL INJECTION			1/1/2017	Fee Schedule	$34.37
J9212	INTERFERON ALFACON-1 INJ			1/1/2014	No Separate Payment	$0.00
J9213	INTERFERON ALFA-2A INJ			1/1/2017	Fee Schedule	$32.23
J9214	INTERFERON ALFA-2B INJ			1/1/2017	Fee Schedule	$26.73
J9215	INTERFERON ALFA-N3 INJ			1/1/2015	No Separate Payment	$0.00
J9216	INTERFERON GAMMA 1-B INJ			4/1/2016	Fee Schedule	$5,739.88
J9217	LEUPROLIDE ACETATE SUSPNSION			1/1/2017	Fee Schedule	$220.98
J9218	LEUPROLIDE ACETATE INJECITON			1/1/2017	Fee Schedule	$22.48
J9219	LEUPROLIDE ACETATE IMPLANT			1/1/2016	Fee Schedule	$168.48
J9225	VANTAS IMPLANT			1/1/2017	Fee Schedule	$3,152.29
J9226	SUPPRELIN LA IMPLANT			1/1/2017	Fee Schedule	$27,762.44
J9228	IPILIMUMAB INJECTION		N	1/1/2017	Fee Schedule	$142.59
J9230	MECHLORETHAMINE HCL INJ			10/1/2016	Fee Schedule	$265.89
J9245	INJ MELPHALAN HYDROCHL 50 MG			1/1/2017	Fee Schedule	$2,017.04
J9250	METHOTREXATE SODIUM INJ			1/1/2009	No Separate Payment	$0.00
J9260	METHOTREXATE SODIUM INJ			1/1/2014	No Separate Payment	$0.00
J9261	NELARABINE INJECTION			1/1/2017	Fee Schedule	$151.91
J9262	INJ, OMACETAXINE MEP, 0.01MG		N	1/1/2017	Fee Schedule	$2.72
J9263	OXALIPLATIN			1/1/2017	Fee Schedule	$0.32
J9264	PACLITAXEL PROTEIN BOUND			1/1/2017	Fee Schedule	$10.35
J9266	PEGASPARGASE INJECTION			1/1/2017	Fee Schedule	$13,913.32
J9267	PACLITAXEL INJECTION		N	1/1/2015	No Separate Payment	$0.00
J9268	PENTOSTATIN INJECTION			1/1/2017	Fee Schedule	$1,881.67
J9270	PLICAMYCIN (MITHRAMYCIN) INJ			1/1/2014	No Separate Payment	$0.00
J9271	INJ PEMBROLIZUMAB		N	1/1/2017	Fee Schedule	$46.54
J9280	MITOMYCIN INJECTION			1/1/2017	Fee Schedule	$104.81
J9293	MITOXANTRONE HYDROCHL / 5 MG			1/1/2017	Fee Schedule	$39.54
J9295	INJECTION, NECITUMUMAB, 1 MG		N	1/1/2017	Fee Schedule	$5.26
J9299	INJECTION, NIVOLUMAB		N	1/1/2017	Fee Schedule	$26.05
J9300	GEMTUZUMAB OZOGAMICIN INJ			1/1/2013	Fee Schedule	$2,742.59
J9301	OBINUTUZUMAB INJ		N	1/1/2017	Fee Schedule	$57.43
J9302	OFATUMUMAB INJECTION			1/1/2017	Fee Schedule	$53.26

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
J9303	PANITUMUMAB INJECTION			1/1/2017	Fee Schedule	$107.44
J9305	PEMETREXED INJECTION			1/1/2017	Fee Schedule	$63.81
J9306	INJECTION, PERTUZUMAB, 1 MG		N	1/1/2017	Fee Schedule	$10.90
J9307	PRALATREXATE INJECTION			1/1/2017	Fee Schedule	$237.37
J9308	INJECTION, RAMUCIRUMAB		N	1/1/2017	Fee Schedule	$56.39
J9310	RITUXIMAB INJECTION			1/1/2017	Fee Schedule	$818.50
J9315	ROMIDEPSIN INJECTION			1/1/2017	Fee Schedule	$306.14
J9320	STREPTOZOCIN INJECTION			1/1/2017	Fee Schedule	$318.61
J9325	INJ TALIMOGENE LAHERPAREPVEC		N	1/1/2017	Fee Schedule	$46.13
J9328	TEMOZOLOMIDE INJECTION		N	1/1/2017	Fee Schedule	$8.17
J9330	TEMSIROLIMUS INJECTION			1/1/2017	Fee Schedule	$67.93
J9340	THIOTEPA INJECTION			1/1/2017	Fee Schedule	$948.26
J9351	TOPOTECAN INJECTION			1/1/2017	Fee Schedule	$1.07
J9352	INJECTION TRABECTEDIN 0.1MG		N	1/1/2017	Fee Schedule	$283.34
J9354	INJ, ADO-TRASTUZUMAB EMT 1MG		N	1/1/2017	Fee Schedule	$29.56
J9355	TRASTUZUMAB INJECTION			1/1/2017	Fee Schedule	$94.53
J9357	VALRUBICIN INJECTION			1/1/2017	Fee Schedule	$1,148.89
J9360	VINBLASTINE SULFATE INJ			1/1/2014	No Separate Payment	$0.00
J9370	VINCRISTINE SULFATE 1 MG INJ			1/1/2014	No Separate Payment	$0.00
J9371	INJ, VINCRISTINE SUL LIP 1MG		N	1/1/2017	Fee Schedule	$2,502.76
J9390	VINORELBINE TARTRATE INJ			1/1/2014	No Separate Payment	$0.00
J9395	INJECTION, FULVESTRANT			1/1/2017	Fee Schedule	$95.74
J9400	INJ, ZIV-AFLIBERCEPT, 1MG		N	1/1/2017	Fee Schedule	$8.17
J9600	PORFIMER SODIUM INJECTION			1/1/2017	Fee Schedule	$21,219.57
J9999	CHEMOTHERAPY DRUG			1/1/2014	No Separate Payment	$0.00
L8600	IMPLANT BREAST SILICONE/EQ			1/1/2014	No Separate Payment	$0.00
L8603	COLLAGEN IMP URINARY 2.5 ML			1/1/2014	No Separate Payment	$0.00
L8604	DEXTRANOMER/HYALURONIC ACID			1/1/2014	No Separate Payment	$0.00
L8605	INJ BULKING AGENT ANAL CANAL		N	1/1/2017	No Separate Payment	$0.00
L8606	SYNTHETIC IMPLNT URINARY 1ML			1/1/2012	Not Allowed	$0.00
L8607	INJ VOCAL CORD BULKING AGENT		N	1/1/2017	No Separate Payment	$0.00
L8609	ARTIFICIAL CORNEA			1/1/2014	No Separate Payment	$0.00
L8610	OCULAR IMPLANT			1/1/2014	No Separate Payment	$0.00
L8612	AQUEOUS SHUNT PROSTHESIS			1/1/2014	No Separate Payment	$0.00
L8613	OSSICULAR IMPLANT			1/1/2009	No Separate Payment	$0.00
L8614	COCHLEAR DEVICE			1/1/2009	No Separate Payment	$0.00
L8630	METACARPOPHALANGEAL IMPLANT			1/1/2009	No Separate Payment	$0.00
L8631	MCP JOINT REPL 2 PC OR MORE			1/1/2014	No Separate Payment	$0.00
L8641	METATARSAL JOINT IMPLANT			1/1/2014	No Separate Payment	$0.00
L8642	HALLUX IMPLANT			1/1/2009	No Separate Payment	$0.00
L8658	INTERPHALANGEAL JOINT SPACER			1/1/2009	No Separate Payment	$0.00
L8659	INTERPHALANGEAL JOINT REPL			1/1/2009	No Separate Payment	$0.00
L8670	VASCULAR GRAFT, SYNTHETIC			1/1/2009	No Separate Payment	$0.00
L8679	IMP NEUROSTI PLS GN ANY TYPE		N	1/1/2017	No Separate Payment	$0.00
L8682	IMPLT NEUROSTIM RADIOFQ REC			1/1/2009	No Separate Payment	$0.00
L8690	AUD OSSEO DEV, INT/EXT COMP			1/1/2009	No Separate Payment	$0.00
L8699	PROSTHETIC IMPLANT NOS			1/1/2009	No Separate Payment	$0.00
L9900	O&P SUPPLY/ACCESSORY/SERVICE		N	1/1/2013	No Separate Payment	$0.00
P9041	ALBUMIN (HUMAN),5%, 50ML			1/1/2017	Fee Schedule	$11.32
P9045	ALBUMIN (HUMAN), 5%, 250 ML			4/1/2016	Fee Schedule	$54.72
P9046	ALBUMIN (HUMAN), 25%, 20 ML			10/1/2014	Fee Schedule	$22.49
P9047	ALBUMIN (HUMAN), 25%, 50ML			10/1/2014	Fee Schedule	$53.44

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
Q0138	FERUMOXYTOL, NON-ESRD		N	1/1/2017	Fee Schedule	$0.89
Q0139	FERUMOXYTOL, ESRD USE		N	1/1/2017	Fee Schedule	$0.89
Q0161	CHLORPROMAZINE HCL 5MG ORAL		N	1/1/2014	No Separate Payment	$0.00
Q0162	ONDANSETRON ORAL		N	1/1/2012	No Separate Payment	$0.00
Q0163	DIPHENHYDRAMINE HCL 50MG			1/1/2009	No Separate Payment	$0.00
Q0164	PROCHLORPERAZINE MALEATE 5MG			1/1/2009	No Separate Payment	$0.00
Q0166	GRANISETRON HCL 1 MG ORAL			1/1/2010	No Separate Payment	$0.00
Q0167	DRONABINOL 2.5MG ORAL			1/1/2009	No Separate Payment	$0.00
Q0169	PROMETHAZINE HCL 12.5MG ORAL			1/1/2009	No Separate Payment	$0.00
Q0173	TRIMETHOBENZAMIDE HCL 250MG			1/1/2009	No Separate Payment	$0.00
Q0174	THIETHYLPERAZINE MALEATE10MG			1/1/2014	No Separate Payment	$0.00
Q0175	PERPHENAZINE 4MG ORAL			1/1/2014	No Separate Payment	$0.00
Q0177	HYDROXYZINE PAMOATE 25MG			1/1/2014	No Separate Payment	$0.00
Q0180	DOLASETRON MESYLATE ORAL			1/1/2014	No Separate Payment	$0.00
Q0181	UNSPECIFIED ORAL ANTI-EMETIC		N	4/1/2014	No Separate Payment	$0.00
Q0507	MISC SUP/ACC EXT VAD		N	1/1/2014	No Separate Payment	$0.00
Q0508	MIS SUP/ACC IMP VAD		N	1/1/2014	No Separate Payment	$0.00
Q0509	MIS SUP/AC IMP VAD NOPAY MED		N	1/1/2014	No Separate Payment	$0.00
Q0515	SERMORELIN ACETATE INJECTION			1/1/2013	Fee Schedule	$1.80
Q2004	BLADDER CALCULI IRRIG SOL			1/1/2011	No Separate Payment	$0.00
Q2009	FOSPHENYTOIN INJ PE			7/1/2009	No Separate Payment	$0.00
Q2017	TENIPOSIDE, 50 MG			1/1/2017	Fee Schedule	$2,592.79
Q2026	RADIESSE INJECTION		N	1/1/2017	No Separate Payment	$0.00
Q2028	INJ, SCULPTRA, 0.5MG		N	1/1/2017	No Separate Payment	$0.00
Q2033	INFLUENZA VACCINE, (FLUBLOK)		N	7/1/2013	No Separate Payment	$0.00
Q2034	AGRIFLU VACCINE		N	1/1/2014	No Separate Payment	$0.00
Q2035	AFLURIA VACC, 3 YRS & >, IM			1/1/2014	No Separate Payment	$0.00
Q2036	FLULAVAL VACC, 3 YRS & >, IM			1/1/2014	No Separate Payment	$0.00
Q2037	FLUVIRIN VACC, 3 YRS & >, IM			1/1/2014	No Separate Payment	$0.00
Q2038	FLUZONE VACC, 3 YRS & >, IM			1/1/2014	No Separate Payment	$0.00
Q2039	INFLUENZA VIRUS VACCINE, NOS			1/1/2014	No Separate Payment	$0.00
Q2043	SIPULEUCEL-T AUTO CD54+		N	1/1/2017	Fee Schedule	$37,941.91
Q2049	IMPORTED LIPODOX INJ		N	10/1/2014	Fee Schedule	$508.43
Q2050	DOXORUBICIN INJ 10MG		N	1/1/2017	Fee Schedule	$429.60
Q3027	INJ BETA INTERFERON IM 1 MCG		N	1/1/2017	Fee Schedule	$46.34
Q3031	COLLAGEN SKIN TEST		N	1/1/2013	No Separate Payment	$0.00
Q4100	SKIN SUBSTITUTE, NOS			1/1/2009	No Separate Payment	$0.00
Q4101	APLIGRAF			1/1/2014	No Separate Payment	$0.00
Q4102	OASIS WOUND MATRIX			1/1/2014	No Separate Payment	$0.00
Q4103	OASIS BURN MATRIX			1/1/2014	No Separate Payment	$0.00
Q4104	INTEGRA BMWD			1/1/2014	No Separate Payment	$0.00
Q4105	INTEGRA DRT OR OMNIGRAFT			1/1/2014	No Separate Payment	$0.00
Q4106	DERMAGRAFT			1/1/2014	No Separate Payment	$0.00
Q4107	GRAFTJACKET			1/1/2014	No Separate Payment	$0.00
Q4108	INTEGRA MATRIX			1/1/2014	No Separate Payment	$0.00
Q4110	PRIMATRIX			1/1/2014	No Separate Payment	$0.00
Q4111	GAMMAGRAFT		N	1/1/2014	No Separate Payment	$0.00
Q4112	CYMETRA INJECTABLE			1/1/2014	No Separate Payment	$0.00
Q4113	GRAFTJACKET XPRESS			1/1/2014	No Separate Payment	$0.00
Q4114	INTEGRA FLOWABLE WOUND MATRI			1/1/2014	No Separate Payment	$0.00
Q4115	ALLOSKIN		N	1/1/2014	No Separate Payment	$0.00
Q4116	ALLODERM		N	1/1/2014	No Separate Payment	$0.00

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
Q4117	HYALOMATRIX		N	1/1/2015	No Separate Payment	$0.00
Q4118	MATRISTEM MICROMATRIX			1/1/2014	No Separate Payment	$0.00
Q4121	THERASKIN			1/1/2017	No Separate Payment	$0.00
Q4122	DERMACELL		N	1/1/2016	No Separate Payment	$0.00
Q4123	ALLOSKIN		N	1/1/2014	No Separate Payment	$0.00
Q4124	OASIS TRI-LAYER WOUND MATRIX		N	1/1/2014	No Separate Payment	$0.00
Q4125	ARTHROFLEX		N	1/1/2014	No Separate Payment	$0.00
Q4126	MEMODERM/DERMA/TRANZ/INTEGUP		N	1/1/2015	No Separate Payment	$0.00
Q4127	TALYMED		N	1/1/2016	No Separate Payment	$0.00
Q4128	FLEXHD/ALLOPATCHHD/MATRIXHD		N	1/1/2014	No Separate Payment	$0.00
Q4130	STRATTICE TM		N	1/1/2014	No Separate Payment	$0.00
Q4131	EPIFIX OR EPICORD		N	1/1/2015	No Separate Payment	$0.00
Q4132	GRAFIX CORE		N	1/1/2015	No Separate Payment	$0.00
Q4133	GRAFIX PRIME		N	1/1/2015	No Separate Payment	$0.00
Q4134	HMATRIX		N	1/1/2015	No Separate Payment	$0.00
Q4135	MEDISKIN		N	1/1/2015	No Separate Payment	$0.00
Q4136	EZDERM		N	1/1/2015	No Separate Payment	$0.00
Q4137	AMNIOEXCEL OR BIODEXCEL, 1CM		N	1/1/2014	No Separate Payment	$0.00
Q4138	BIODFENCE DRYFLEX, 1CM		N	1/1/2014	No Separate Payment	$0.00
Q4139	AMNIO OR BIODMATRIX, INJ 1CC		N	1/1/2014	No Separate Payment	$0.00
Q4140	BIODFENCE 1CM		N	1/1/2014	No Separate Payment	$0.00
Q4141	ALLOSKIN AC, 1 CM		N	1/1/2014	No Separate Payment	$0.00
Q4142	XCM BIOLOGIC TISS MATRIX 1CM		N	1/1/2014	No Separate Payment	$0.00
Q4143	REPRIZA, 1CM		N	1/1/2014	No Separate Payment	$0.00
Q4145	EPIFIX, INJ, 1MG		N	1/1/2014	No Separate Payment	$0.00
Q4146	TENSIX, 1CM		N	1/1/2014	No Separate Payment	$0.00
Q4147	ARCHITECT ECM PX FX 1 SQ CM		N	1/1/2014	No Separate Payment	$0.00
Q4148	NEOX 1K, 1CM		N	1/1/2014	No Separate Payment	$0.00
Q4149	EXCELLAGEN, 0.1 CC		N	1/1/2014	No Separate Payment	$0.00
Q4150	ALLOWRAP DS OR DRY 1 SQ CM		N	1/1/2015	No Separate Payment	$0.00
Q4151	AMNIOBAND, GUARDIAN 1 SQ CM		N	1/1/2015	No Separate Payment	$0.00
Q4152	DERMAPURE 1 SQUARE CM		N	1/1/2015	No Separate Payment	$0.00
Q4153	DERMAVEST, PLURIVEST SQ CM		N	1/1/2015	No Separate Payment	$0.00
Q4154	BIOVANCE 1 SQUARE CM		N	1/1/2015	No Separate Payment	$0.00
Q4155	NEOXFLO OR CLARIXFLO 1 MG		N	1/1/2015	No Separate Payment	$0.00
Q4156	NEOX 100 1 SQUARE CM		N	1/1/2015	No Separate Payment	$0.00
Q4157	REVITALON 1 SQUARE CM		N	1/1/2015	No Separate Payment	$0.00
Q4158	MARIGEN 1 SQUARE CM		N	1/1/2015	No Separate Payment	$0.00
Q4159	AFFINITY1 SQUARE CM		N	1/1/2015	No Separate Payment	$0.00
Q4160	NUSHIELD 1 SQUARE CM		N	1/1/2015	No Separate Payment	$0.00
Q4161	BIO-CONNEKT PER SQUARE CM		N	1/1/2017	No Separate Payment	$0.00
Q4162	AMNIO BIO AND WOUNDEX FLOW		N	1/1/2017	No Separate Payment	$0.00
Q4163	AMNIO BIO AND WOUNDEX SQ CM		N	1/1/2017	No Separate Payment	$0.00
Q4164	HELICOLL, PER SQUARE CM		N	1/1/2017	No Separate Payment	$0.00
Q4165	KERAMATRIX, PER SQUARE CM		N	1/1/2017	No Separate Payment	$0.00
Q4166	CYTAL, PER SQUARE CENTIMETER		N	1/1/2017	No Separate Payment	$0.00
Q4167	TRUSKIN, PER SQ CENTIMETER		N	1/1/2017	No Separate Payment	$0.00
Q4168	AMNIOBAND, 1 MG		N	1/1/2017	No Separate Payment	$0.00
Q4169	ARTACENT WOUND, PER SQ CM		N	1/1/2017	No Separate Payment	$0.00
Q4170	CYGNUS, PER SQ CM		N	1/1/2017	No Separate Payment	$0.00
Q4171	INTERFYL, 1 MG		N	1/1/2017	No Separate Payment	$0.00
Q4172	PURAPLY OR PURAPLY AM		N	1/1/2017	Fee Schedule	$120.11

Proc Cd	Proc Desc	Multiple Procedure	PA	Effective	Method	Fee
Q4173	PALINGEN OR PALINGEN XPLUS		N	1/1/2017	No Separate Payment	$0.00
Q4174	PALINGEN OR PROMATRX		N	1/1/2017	No Separate Payment	$0.00
Q4175	MIRODERM		N	1/1/2017	No Separate Payment	$0.00
Q5101	INJ FILGRASTIM GCSF BIOSIMIL		N	1/1/2017	Fee Schedule	$0.78
Q5102	INJ., INFLIXIMAB BIOSIMILAR		N	1/1/2017	Fee Schedule	$100.31
Q9950	INJ SULF HEXA LIPID MICROSPH		N	1/1/2017	Fee Schedule	$21.66
Q9951	LOCM >= 400 MG/ML IODINE,1ML			1/1/2014	No Separate Payment	$0.00
Q9953	INJ FE-BASED MR CONTRAST,1ML			1/1/2014	No Separate Payment	$0.00
Q9954	ORAL MR CONTRAST, 100 ML			1/1/2014	No Separate Payment	$0.00
Q9955	INJ PERFLEXANE LIP MICROS,ML			1/1/2014	No Separate Payment	$0.00
Q9956	INJ OCTAFLUOROPROPANE MIC,ML			1/1/2009	No Separate Payment	$0.00
Q9957	INJ PERFLUTREN LIP MICROS,ML			1/1/2014	No Separate Payment	$0.00
Q9958	HOCM <=149 MG/ML IODINE, 1ML			1/1/2014	No Separate Payment	$0.00
Q9959	HOCM 150-199MG/ML IODINE,1ML			1/1/2014	No Separate Payment	$0.00
Q9960	HOCM 200-249MG/ML IODINE,1ML			1/1/2014	No Separate Payment	$0.00
Q9961	HOCM 250-299MG/ML IODINE,1ML			1/1/2014	No Separate Payment	$0.00
Q9962	HOCM 300-349MG/ML IODINE,1ML			1/1/2014	No Separate Payment	$0.00
Q9963	HOCM 350-399MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9964	HOCM>= 400MG/ML IODINE, 1ML			1/1/2009	No Separate Payment	$0.00
Q9965	LOCM 100-199MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9966	LOCM 200-299MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9967	LOCM 300-399MG/ML IODINE,1ML			1/1/2009	No Separate Payment	$0.00
Q9968	VISUALIZATION ADJUNCT		N	1/1/2017	Fee Schedule	$2.39
Q9982	FLUTEMETAMOL F18 DIAGNOSTIC		N	1/1/2017	Fee Schedule	$3,498.00
Q9983	FLORBETABEN F18 DIAGNOSTIC		N	7/1/2016	Fee Schedule	$2,968.00
V2630	ANTER CHAMBER INTRAOCUL LENS			1/1/2013	No Separate Payment	$0.00
V2631	IRIS SUPPORT INTRAOCLR LENS			1/1/2013	No Separate Payment	$0.00
V2632	POST CHMBR INTRAOCULAR LENS			1/1/2013	No Separate Payment	$0.00
V2785	CORNEAL TISSUE PROCESSING			4/1/2016	No Separate Payment	$0.00
V2790	AMNIOTIC MEMBRANE			1/1/2013	No Separate Payment	$0.00